

Lectures on Elementary Physiology, in relation to Medical Nursing.

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LECTURE V.—THE NERVOUS SYSTEM.

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AND secondly, whilst the fluid is passing down the tube the funnel should be kept nearly full so as to prevent the entrance of air into the stomach; because if, for example, the funnel becomes empty, air will rush into the tube, and if more fluid be then poured into the funnel it will force the air before it into the stomach, and will probably cause not only pain to the child but may even set up vomiting, and thus may prevent the much needed nourishment from being retained.

In severe cases of Meningitis, as of all other brain or spinal diseases, there is a great tendency to the formation of bed-sores, and therefore extra attention must be paid to the prevention of this trouble. Formerly, these cases were looked upon as almost hopeless, but with improved medical treatment and Nursing many of them now recover. In fact, in many Brain diseases, CURE depends essentially upon CARE; and it is an old and well established truth, which Nurses would do well to remember, that in children no disease is unimportant, and no disease should be regarded as hopeless until the very last. The vitality of many children is enormous; and while, on the one hand, an attack which seems at first to be trivial may in a few hours progress to a fatal result; so, on the other hand, many illnesses which appear to be hopeless are with proper care and attention safely recovered from.

The Nursing of Meningitis in adults is of course the same as in the case of children—rest and quiet being the first essentials; the proper administration of nourishment and medicines, of the next importance; and extreme care to keep the patient clean, and to avoid bed sores being in all cases needful. When the patient is suffering from a "fit" it is important first to see that he does not bite his tongue severely, as in many convulsive attacks the tongue is violently protruded, and then the spasmodic closure of the teeth may

even bite through the organ, or, at any rate, lacerate it severely. It is, therefore, well to have a piece of cork in readiness, and an ordinary wine bottle cork split into two is practically sufficient for the purpose. If the tongue is protruded the piece of cork can at once be slipped between the teeth on one side or the other and thus prevent their closing upon the tongue. It is well to have a piece of stout cord or silk tied firmly round the cork, and this can either be tied round the patient's head or attached by a safety pin to his clothing so that the cork shall not slip within the mouth, and so, perhaps, into the throat. Failing a cork, an ordinary tooth-brush handle, with a turn of a handkerchief round, and inserted between the teeth, will act as an efficient gag to prevent this biting of the tongue. In the next place, it is important to prevent the patient from falling out of bed, or otherwise injuring himself. It has, for example, happened that patients who have been left by the Nurse during an attack of convulsions, have fallen out of bed upon the floor, and in one such case, at least, the man was found to be dead. It is possible that he died from causes connected with his disease, but the Nurse incurred the most severe censure for having left him while he was convulsed; and the patient's friends were fully persuaded that his death was due to the fall out of bed. The case points therefore a most important lesson that patients who are subject to attacks of convulsions should never be left entirely unattended to, because sometimes a fit will occur without any warning; and if it came on, for example, while the patient was in a bath, drowning might easily ensue.

EPILEPSY is a disease which often comes under the notice of the medical Nurse. It is characterised by violent attacks of convulsions, during which the patient is entirely unconscious. These attacks may occur at frequent intervals, or only occasionally. As a general rule, when they are not due to some direct pressure upon the brain, such, for example, as is caused by tumours, or splinters of the skull bones pressing into the brain substance, the attacks begin somewhat insidiously and very commonly in the night. This is specially the case in patients who show an hereditary tendency to brain mischief, and who, early in adult life, begin to suffer from the disease.

(To be continued.)

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