

The latter condition is usually rapidly fatal in old people; the thickened vessel does not contract, the blood continues to pour out, and by its pressure breaking down the tissues, affords more room for a further escape of blood. And in some instances, therefore, the process steadily continues—the patient shows the classical signs of internal hæmorrhage—the quickening pulse, the blanched lip, the cold perspiring skin. Meanwhile, the disintegration of the brain substance prevents the due supply of nerve power to the heart and lungs, and so unconsciousness deepens into coma, while the breathing becomes shallow and laboured, and the circulation, first through the lungs and then through the general system, becomes weaker and inefficient, and so gradual death occurs. It is instructive to contrast with this the self-same condition of rupture of a bloodvessel on the brain when it takes place in a healthy child or adult—say as the result of a heavy fall fracturing the skull. At first sight, it would seem that so severe an injury would be more certainly fatal than the mere spontaneous breaking of a bloodvessel in an old man. But the whole difference consists in the power of contracting and closing, possessed by a healthy artery or vein. After the accident, for example, there may be a great deal more blood poured out at once, but directly the patient falls down unconscious, the heart's force relaxes, and the ruptured vessel closes, so that no further escape of blood can take place. Then the treatment adopted by the doctor would probably cause the bloodvessels around the injured part to suck up into the circulation most, if not all, of the fluid part of the effused blood. So that, in a few hours, all that would be left would be a firm dry clot, which would probably day by day diminish in size, and therefore cause continually less and less pressure on, and disturbance of, the brain. It is, therefore, easy to understand how, even after most severe injuries to the brain, the patient may recover consciousness, and under proper care and treatment become completely well again. Emphasis is laid on this distinction, because it illustrates not only the reason why many healthy people recover completely, or at any rate for a time, from the effects of a rupture of a bloodvessel on the brain, and also the absolute necessity of keeping all such patients at rest. While there is the least chance of hæmorrhage going on they must not be allowed to move themselves,

and they must be moved as little as possible. If cold is ordered to be applied to the head, it will probably be a matter of life and death that the application should be *cold*, not luke-warm or hot.

The importance of this has been already explained in cases of inflammation, but it cannot be exaggerated when hæmorrhage is present. The cold may contract the bloodvessels, check bleeding, assist the absorption of the blood already poured out, but an ice-bag full of warm water will allow the vessels to dilate, and may promote therefore the return of the hæmorrhage.

There is a popular superstition that the first attack of apoplexy is always recovered from, but that a third attack is invariably fatal. As a matter of fact it entirely depends upon the position of the bloodvessel which is implicated, and the precise change which takes place. For example, a clot forming in one of the smaller cerebral arteries may cause a "stroke" as it is called, the patient may speedily recover consciousness, suffer from a marked paralysis, and live for many years thereafter. Or, on the other hand, the rupture of a large vessel on the brain may speedily cause death.

So far as the Nursing goes, both patients would require precisely the same treatment—absolute rest at first. And in general terms it may be said that quiet, cleanliness, and feeding sum up the Nursing of brain cases. So far as the first condition is concerned, its necessity does not cease, but rather increases with the return of consciousness to the patient. Because then the brain is excessively sensitive to outside impressions, and the slightest noise may cause, therefore, a sensation of acute pain. It often taxes the Nurse's patience and tact to the utmost in these cases to subdue the ordinary noises of the household or of the outer street. And the simple device of plugging the patient's ears with cotton wool, and securing over the ear a thick pad of wool by thin strips of strapping, often gives an amount of relief, and secures natural sleep in a measure which can hardly be understood except by those who have found how hyper-sensitive these patients are.

(To be continued.)

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