

## OUR PRIZE COMPETITION.

A PATIENT BECOMES UNCONSCIOUS FROM CEREBRAL HÆMORRHAGE; WHAT WOULD YOU DO IN SUCH A CASE? IN THE EVENT OF THE PATIENT BECOMING HELPLESS FROM HEMIPLEGIA AFTERWARDS, INDICATE HOW YOU WOULD NURSE THE CASE.

We have pleasure in awarding the prize this week to Miss Doris Tayler, St. Bartholomew's Hospital, Rochester.

### PRIZE PAPER.

If a patient is unconscious from cerebral hæmorrhage all tight clothes should be immediately removed, and the head and shoulders kept slightly raised. The head should be turned slightly to one side, so that the veins of the neck do not become compressed.

On no account should stimulants be given. Cold compresses can be applied to the head, and hot bottles placed at the feet.

It is advisable for a bed to be prepared as near as possible to the place where the attack occurred, in order that undue movement is spared the patient and the hæmorrhage is not increased.

If the patient becomes unconscious whilst downstairs it is better to place him in bed on the ground floor rather than risk carrying him to a room upstairs.

The room should be darkened, and kept as quiet as possible. As soon as ice can be obtained, an icebag can be applied to the head.

It will be necessary to administer aperient medicine to the patient, and one minim of croton oil is often ordered. It should be placed at the back of the tongue. If this is not effectual, a castor oil enema can be given. A catheter may also be required.

If the patient recovers consciousness, a light, simple diet can be given, but if he remains unconscious, nourishment must be given per rectum.

Whilst nursing a hemiplegia it is interesting to note why the cerebral hæmorrhage should cause such extensive paralysis in such a short time.

Hæmorrhage in the brain will cause rupture of the brain substance and destruction of some of the motor cells. A lesion in the internal capsule will produce a much more extensive paralysis than a lesion in the cortex of the brain, because the internal capsule contains many more nerve fibres, which are converging from the cortex to enter the spinal cord.

The paralysis will be in the muscles supplied by nerve fibres which branch from the destroyed nerve cells.

Hemiplegia is said to be a disease of the *upper motor neurone*.

The *upper motor neurone* consists of:—

1. Motor cells in the cortex of the brain.
2. Fibres in the internal capsule.
3. Fibres in the pyramids of the medulla oblongata.
4. Fibres from these pyramids which cross over and pass into the lateral columns of the spinal cord, forming the crossed pyramidal tract.

We therefore understand how it is that the one-sided paralysis, or hemiplegia, is on the opposite side to the lesion in the brain.

A case of hemiplegia will require very careful nursing. In order to prevent the formation of bedsores a water bed is of great value, and attention must be paid to all pressure points. The back should be carefully attended to every four hours, and the draw-sheet pulled through. In incontinent cases it is advisable to apply ointment to the patient's skin rather than methylated spirit and starch and zinc powder.

The mouth should be swabbed after every feed with glycerine and borax.

The upper extremity is, as a rule, the most affected, and is the last to recover. The muscles of the arm which are most often affected are the extensors of the wrist and fingers, and the supinators and extensors of the forearm. This must be borne in mind, and means should be employed to prevent *drop wrist* and flexion of the fingers into the palm of the hand.

The muscles of the leg most affected are the flexors, with the dorsi-flexors of the foot. To prevent *drop foot*, the leather boot designed by Sir William Gowers can be worn in bed.

*Facial paralysis* is another complication in hemiplegia, and in a right hemiplegia the speech centre may be affected, and the patient said to have *aphasia*. The voice is not lost, but there is inability to utter words.

In the treatment of the degeneration of muscles and nerves, massage and electricity play an important part, but should not be given until a fortnight after the cerebral hæmorrhage occurs. Gentle kneadings of the muscles to keep up nutrition, and passive movements to prevent stiff joints, are needed. The treatment should be given in moderation for the first few weeks. Abdominal massage raises the blood pressure, and should not be given before the end of the sixth week.

The slightest movement of the affected limbs should be noticed and encouraged. The nurse or masseuse must urge the patient on to perform still greater movements, so that instead of "hanging fire," he gradually improves, and

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