OUR PRIZE COMPETITION.

WHAT IS MEANT BY APOPLEXY? HOW IS IT CAUSED? DESCRIBE THE SYMPTOMS, SIGNS AND SEQUELÆ, AND THE NURSING CARE.

We have pleasure in awarding the prize this month to Miss Amy Phipps, F.B.C.N., Eden Cottage, Ashford, Middlesex.

PRIZE PAPER.

Apoplexy is the term applied to a certain set of symptoms, occurring as the result of the rupturing of diseased blood vessels in the brain, with extravasation of blood within and around the substance of that organ, the severity of the condition varying according to the extent and position of the diseased vessels.*

There are three forms of apoplexy:—

(*a*) Congestive, where the cause appears to lie in an engagement of the blood vessels of the brain and meninges.

(*b*) Serous, liable to occur in the subjects of kidney disease, and caused by sudden effusion into the ventricles.

(*c*) Spasmodic, where spasm of the arteries causes slight hæmorrhage, resulting in temporary paralysis and loss of speech.

These symptoms of apoplexy also occur as a result of cerebral thrombosis (a stationery clot in a cerebral blood vessel, preventing circulation in the part) or embolism (where the clot has been carried from a distant part, as occurs sometimes in valvular heart disease).

The immediate cause of the disease is the degenerative changes in the walls of the blood vessels, which are apt to occur in any organ after middle life. These changes affect the minute arteries, as well as larger vessels, rendering their texture fragile, and at the same time impairing their function of carrying nutrition to the brain.

In the immediate vicinity of the diseased vessels, the substance of the brain itself undergoes degeneration, becomes softened, and the smaller vessels, having lost their natural support of surrounding tissue, and being here and there distended by disease, are liable to give way, with resulting central hæmorrhage.

This may be slight, and in an unimportant locality; on the other hand, when a large vessel has ruptured, and especially where the site is at or around the important structures and vital centres at the base of the brain, a severe, and probably fatal, fit of apoplexy may result.

The predisposing causes are:—Kidney or cardiac disease, anæmia, heredity, syphilis, tuberculosis, secondary deposits of cancer in the brain, and certain cumulative poisons and drugs.

The exciting causes include:—Anything which tends, directly or indirectly, to increase tension within the cerebral vessels, such as alcoholism, severe exertion, violent emotion, exposure to hot sun or over-heated rooms.

Symptoms.—The onset is often sudden, the patient being more or less suddenly deprived of consciousness, and power of voluntary motion; he lies with flushed face, high temperature, slow, full pulse, stertorous breathing, with typical puffing of the cheeks during expiration, the pupils are uneven and contracted, and do not re-act to light.

There is usually complete paralysis of a part, known as hemiplegia, paraplegia, or diplegia, according to the extent affected, with paralysis of the facial muscles of the opposite side, due to the crossing of the nerves in the medulla oblongata: there is aphasia and often complete incontinence of evacuations, and unconsciousness, with profuse perspiration.

Although the onset is often sudden, in some cases there are premonitory symptoms such as persistent headaches of a dull throbbing character, noises in the ears, vomiting, giddiness, with slight mental confusion, and some numbness of a limb or limbs. These symptoms may exist for a varying time and, especially when associated with existent predisposing causes, should indicate danger of apoplexy. In a severe attack of the disease death may occur within a few hours, or there may be days or even weeks of unconsciousness.

In a favourable case, there is a gradual return to consciousness, though in most cases there is a resulting paralysis, of a varying degree, of one side of the body, with impaired mental faculty.

Nursing Care.—The patient should be kept in a quiet, warm, well-ventilated room, in a recumbent position with the head raised, and on one side, that the uppermost lung may have full play, to relieve stertor. Two drops of croton oil are usually ordered, and are put on the back of the tongue, when they are involuntarily swallowed. A catheter must be passed, if necessary. Hot bottles, well protected, should be applied if necessary, and every effort should be made to prevent the formation of bedsores, which are very liable to occur at all pressure points. It is usually wise to place the patient on a water bed immediately.

The diet must be light, and of course during unconsciousness, will consist of concentrated fluids, given with a feeding cup, fitted with a short rubber catheter; this nourishment must be supplemented by rectal feeding, if necessary, if such food can be retained.

During convalescence, every effort must be made to ward off another attack; the patient must live a quiet, restful life, and take good, digestible nourishment.

Preparations of potassium are sometimes given to promote absorption, etc., and are valuable in some cases.

Locally, electricity and massage to the paralysed limbs are sometimes prescribed, and are beneficial in selected cases.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Gertrude Hilder, R.S.C.N., Miss J. McNeillie, Miss P. Evans.

Miss Hilder points out that an apoplectic fit may be mistaken for alcoholism, therefore the odour of the patient's breath should be noted; at the same time it should be borne in mind that alcohol may have been administered to him, subsequently to the attack, by a well-meaning but mistaken onlooker or friend, in the hope of restoring consciousness.

QUESTION FOR NEXT MONTH.

What dangers attend an intravenous infusion? What are a nurse's duties in preparing for and assisting with such an infusion? What would you record after the treatment?

* The term apoplexy is sometimes applied to bleeding into the lung substance, but practically cerebral apoplexy is understood in this connection.

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