

emphasis; not as if they were condescendingly bestowed by a patronising benefactor. It is essential for Student Nurses to have their own separate bedrooms, and to be able to relax at tennis, badminton and swimming. But these normal things ought not to be advertised merely in order to attract a certain type of girl, who may be tempted to enter nursing just for them and nothing more.

Many of us really believe that this country possesses numbers of young women of the right type who would be eager and anxious to train as Nurses—if only we knew how to get them interested and to appeal to their youthful ambitions in the correct way and enlist their sympathies for our sick fellow-countrymen.

G. M. H.

## Brain Injuries

By L. Goddard, S.R.N.

INJURY TO THE BRAIN may lead to immediate or remote results according to the extent of injury and the part of the brain affected.

Concussion of the brain, due to a direct blow or by falling from a height and dropping on the feet or in a sitting position, badly shaking the brain, causes an interruption of its functions in some cases bruising or causing some structural lesion of the nervous system, will affect the patient according to the severity of the fall or blow.

Should the basal ganglia be injured, instantaneous death results; but the fracture of the base of the brain is not so serious, it may, in some cases, give rise to serious symptoms, but in a few, complete recovery of the patient has been known and he has lived for many years.

*Wounds of the Cerebrum.*—When this occurs, inflammation of the brain and the meninges may set in and abscesses may form after several days or weeks; this is a very serious condition owing to the suppuration from the wound not having free exit.

The effect of such injuries may have far reaching results, such as epilepsy, paralysis or insanity.

The symptoms being headache, vomiting, pyrexia and disturbed vision; pyrexia does not occur when the abscess lies in the temporal lobe, it is usually subnormal.

*Contusion of the Brain.*—This usually occurs at the base and the middle lobes, but may be confined to the site of the blow.

The symptoms are indefinite, according to the site of the injury, unconsciousness and convulsions of an epileptic form may take place; if the frontal lobes are injured, cerebral irritation is apt to occur and the symptoms may appear similar to those of compression, but if they do not occur for several days, inflammation of the brain and membranes has taken place; this usually happens when the injury appears to be slight, and must be watched for.

Compression of the brain usually results from a depressed fracture or from extra dura haemorrhages, when a fracture of the temporal or parietal bone occurs, the middle meningeal artery may be ruptured and this often causes the compression.

A growth of a tumour may also cause similar symptoms which are as a rule, severe headache, drowsiness and eventually coma, this takes place after several hours of the injury according to the extent of the damage to the artery, hemiplegia may occur or paralysis of certain groups of muscles, difficulty of breathing sometimes

which is laboured and often Cheyne-Stokes in character, there is, retention of urine and the pupils are often unequal, unconsciousness has been known to last several weeks or death may occur within a few hours.

There may be partial recovery should clotting occur in the vessels and the haemorrhage be temporarily arrested, but should the patient become excited and the heart's action increased, or the use of alcohol or a large meal be taken, the clot may be loosened and haemorrhage commence again.

It has been known for an individual to have been knocked down and rendered temporarily unconscious, and on recovering, walk home, have a good meal and go to bed; but in the morning is found either comatose or dead.

The treatment consists of trephining for the drainage of the blood and pus.

Intoxication or head injuries often co-exist, an intoxicated person may fall and receive injuries to the brain, the condition of insensibility is similar, as also is epileptic coma, sunstroke, diabetes, uremia and opium poisoning, but a differential test can be made between drunkenness and head injury by compression of the supra-orbital nerve, as it passes over the incisura supra-orbitalis, there is no reaction in cases of concussion or compression; if due to drunkenness the person will wince or scowl.

## Mobile Nursing Exhibitions

MOBILE NURSING EXHIBITIONS form part of the campaign run by the Ministry of Labour and National Service in conjunction with the Ministry of Health, the Department of Health for Scotland, and the Central Office of Information, to attract recruits to the nursing and midwifery professions. They were first introduced in November, 1946, when the original two vans took part in the Lord Mayor's Show. These went on tour during the summers of 1947 and 1948, and were then replaced by the three vans at present in use. During the three and a half years ending December, 1951, approximately 166,000 persons are recorded as having passed through them, including 42,800 in 1950, and 46,000 in 1951.

The Exhibitions are six-wheeled vehicles each fitted out partly as an exhibition with photographs, a nursing panorama, a model operating theatre, and a display of modern uniforms, and partly as an interviewing room in which persons interested—young people, parents, teachers and others—may ask questions about pre-nursing courses, training, salaries, and any other points concerning the nursing and midwifery professions. A Technical Nursing Officer of the Ministry of Labour and National Service is in attendance to give information and impartial advice to those who are interested in nursing and midwifery as a career.

Plans for 1952 include visits to all regions in England, and tours in Scotland and Wales. The co-operation of local education authorities, local hospitals, schools, and similar institutions is sought in making the itineraries widely known.

Although there are now many more practicing nurses and midwives, and student nurses, than there were before the War, there is still a vital need for attracting more recruits to these eminently worthwhile professions.

UNDER A SPECIAL ORDER made by the Minister of Health, Kingsbury Maternity Hospital, Honeypot Lane, N.W.9, has been made a member of Charing Cross Teaching Hospital Group. Formerly it came under the North West Metropolitan Regional Hospital Board.

A Ministry of Health official explained: "This transfer will much facilitate the teaching of the Hospital students. At the same time it will not deprive the locality of any necessary hospital maternity services."

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