

Elementary Anatomy, AS APPLIED TO NURSING.

By BEDFORD FENWICK, M.D., M.R.C.P.,
Physician to The Hospital for Women.

LECTURE II.

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It is not sufficient for the Nurse to say that some time in the morning the patient had a fit. She may find it necessary, for example, to report, that at 10.5 a.m. on a given date the patient made a sobbing noise, and rolled over in bed; the right arm and forearm and hand were convulsed; the movements also affected the right thigh, leg and foot, but to a much less extent; the movements continued till 10.10 a.m., when they ceased, first in the lower limb, and then in the upper. The patient during this time seemed quite unconscious, and his lips became rather blue; at 10.15 he sighed very deeply, and at 10.16 he opened his eyes, and appeared to be recovering consciousness; at 10.20 he apparently went to sleep, and slept till 4 o'clock, snoring heavily the greater part of the time. This, in brief, is what is meant by an accurate observation; and stress is laid upon the fact here, partly because, as has been said before, it is in nervous diseases that the doctor wants the assistance of skilled observation on the part of the nurse to the greatest extent; and partly because of the cardinal importance of such rigid accuracy in all observations which the nurse may be required to make. Convulsions are of various kinds and degrees, varying from slight, or it may be severe, attacks in children due to some peripheral or reflex irritation, such as teething or worms, to the convulsions which are caused by incurable disease of the brain. The nursing, of course, differs according to the nature of the disease; but, as a general rule—and certainly as an invariable rule, when convulsions are associated with unconsciousness, as they most commonly are—the patient must be kept very quiet, and care must be taken that he does not hurt himself by the violence of his movements, striking, for example, his head against the floor, if he has fallen thereon—in which case a pillow or some other soft substance should immediately be placed under his head. In children, of course, where the convulsions are due to pressure of a coming tooth, or a tender or inflamed gum, the old-fashioned remedy of lancing the gum, and so permitting free exit to the imprisoned tooth, gives speedy and complete relief and cure; or, if the irritation in the rectum, caused by worms, be the cause of the disease, then treatment in the form of an enema, and the necessary ointments and medicines will also cure the complaint and its consequence. One very distressing and typical form

of convulsions, in children especially requires more detailed account. In tubercular meningitis, or inflammation of the membranes covering the brain, which is found with no uncommon frequency in children of families possessing a consumptive taint, the attack is very typical, the child, after suffering for a few hours or days from attacks of vomiting with some fever, complains of extreme pain in its head, and shortly afterwards becomes dull and apathetic, and then unconscious; its head is drawn back, and its knees are drawn up, and from its movements and moans it is clear that the pain is considerable. The difficulty of Nursing these cases is very great, because it is sometimes almost impossible to make the child take the proper amount of nourishment and medicine, and besides, the great fatality of the disease makes its cure somewhat of a hopeless character.

Rigors.—These which are a consequence of other diseases, and, therefore, only a symptom, may be fitly considered here, because they are undoubtedly due to the influence of the nervous system. A patient who is suffering, as a rule, from some form of blood poisoning or septicæmia, commences to shiver, and may shiver so much that the bed is completely shaken, while the teeth loudly clatter; he complains of feeling very cold and ill, and yet, on touching the skin, it is found to be hot and dry, and with a peculiar roughness, which passes under the popular name of goose skin, or *cutis anserina*, and which is due to elevation of the papillae of the skin; the temperature, when taken, shows that it is perhaps as high as 103 or 104 degrees. After a variable time the patient complains of feeling burning hot, and then again, after another interval, chiefly dependent upon the treatment to which he is subjected, commences to sweat profusely. The temperature then rapidly falls even to below normal, and after a short time the patient may feel almost well again. In these cases, the Nurse's carefulness in reporting is of much importance; the number of attacks and the length of their duration is often essential to the proper understanding of the cause and progress of the disease. We shall hereafter have to consider attacks which are very similar to these, and which come under the care of the medical Nurse in the form of ague or Indian fever. For the nursing of cases of rigor during what is termed the cold stage, the patient will be relieved by an extra blanket or two being placed upon his bed, or by hot water bottles to his feet, perhaps by something hot to drink; when the hot stage arrives the heating appliances will be removed and nature allowed to complete her process by the free perspiration which ensues.

Lock-jaw or Tetanus.—Here we have another disease of the nervous system, perhaps one of the most terrible and rapidly fatal of any with which

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