

Lectures on Elementary Physiology, in relation to Medical Nursing.

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LECTURE V.—THE NERVOUS SYSTEM.

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TO take, then, an ordinary case of Apoplexy, we find that the history of the attack is usually somewhat as follows.

An elderly person has been suffering, perhaps, for some days, or even weeks, from slight premonitory symptoms of brain disorder, such as headache, tingling and numbness of one or both hands, slight forgetfulness and loss of memory, attacks of drowsiness or unusual desire to sleep. Or, the onset may be even more gradual; there may be, for example, for some weeks or months, increasing loss of memory, increasing loss of power in the limbs on one side, or occasional outbursts of purposeless irritability. In other cases, again, the attack occurs after the patient has only complained for a day or two of acute pain in the head, with vomiting, and occasional faintness.

However ushered in, a typical attack of apoplexy shows the following features. The patient suddenly falls to the ground, his face becomes livid, his pupils dilated, and the mouth, as a rule, is drawn to one side; the extremities become cold, and the skin bathed in a cold sweat. According to the injury which has taken place to the brain substance, as already pointed out, death may occur in a few minutes, or after a few hours or days; or more or less complete recovery may ensue. The amount of unconsciousness is a good test of the severity of the attack. When the patient falls suddenly, without any previous warning of illness, when he is absolutely unconscious, and hours pass by and the insensibility appears to deepen, it is certain that the amount of injury to the brain tissue is not only considerable, but is even increasing. Such cases, therefore, present to the experienced medical man a very gloomy prospect of recovery, or, to use the technical phrase, the *prognosis*, or forecast of the case, is bad. On the other hand, if, with or without the premonitory signs which have been noted, the unconsciousness is only momentary, or at least is quickly recovered from, it is evident that

there is no severe disturbance in the brain functions; and, therefore, the probability is greater in favour of the patient's ultimate recovery. Sometimes, indeed, the blocking of the blood vessels in the brain may not cause loss of consciousness at all, as is seen, for example, in cases in which the patient awakes one morning and finds that he is paralysed on one side; or, perhaps, as he is walking across his room he suddenly stumbles and falls, and, without losing his senses, becomes what is termed *Hemiplegic*—that is to say, loses the power of motion of the right, or of the left, arm and leg.

Sometimes, a difficulty may arise in distinguishing between an apoplectic seizure and unconsciousness due to other causes. For example, persons who are deeply intoxicated may present the same livid face, the same slow pulse, the same deep, snoring, unconsciousness, which are found in apoplexy. The old-fashioned method of distinction depended upon the breath of the patient; if this was free from any odour of alcohol he was supposed to be suffering from brain disease; if his breath smelt of spirits he was said to be suffering from intoxication. But, unfortunately, mistakes of a very grave character often arise, even at the present day, from such cursory diagnosis; because it may be safely said that the first impulse of nine out of every ten ordinary British citizens, when they see a fellow creature suddenly fall unconscious in the street, is to procure brandy as speedily as possible, and pour some between his unconscious lips. The result has been, in well-known cases, that those who trusted alone to the odour of the breath have believed that the apoplectic patient, who had been thus dosed with brandy by the man in the street, was suffering from intoxication; and, in too many instances, the sufferer has been taken, on the evidence of the olfactory senses of a policeman, straight to a police cell, and, after a certain number of hours, has been discovered there—dead. The point is well worth emphasizing, because the possibility of such a mistake illustrates a golden rule—that all cases of unconsciousness are more or less serious, and should always be regarded as dangerous. Whether the senses are lost from the effects of poison, or from the effects of kidney or brain disease, the patient's life is in danger; and it is, therefore well that the fact should be very clearly impressed upon Nurses that all patients in a state of unconsciousness should be, as

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