

and distressing condition that can be mentioned.

Diplegia, an extensive condition of disease affecting both sides of the body, sometimes occurs in infants soon after birth; it is due to inflammation of the brain.

CLASS II.—SPINAL.

Disease of the spinal cord, causing paralysis, may be due to myelitis, inflammation of the cord, hæmorrhage, spinal injury, or disease affecting the vertebral column.

Inflammation limited to the anterior portion of the grey matter of the spinal cord throughout a greater or less extent is termed "infantile paralysis"; in this condition the function of motion is affected, leaving that of sensation unimpaired.

Infantile paralysis may affect one limb only; it is then termed "Monoplegia." If both sides are affected, this will occur below the seat of injury, and be termed "Paraplegia." Paraplegia may be due to injury or disease of the spinal cord; it is also a form of paralysis commonly associated with disease or injury of the vertebral column, fracture, or caries.

In the case of the posterior portion of the spinal cord being affected, the function of sensation will be lost, and if laterally affected, spastic paralysis ensues.

When the spine has been injured the condition may arise at once, or in the case of disease it may be progressive, when all functions are lost; the bladder and bowels will probably also be similarly uncontrolled.

Progressive muscular atrophy is a disease of middle life—certain groups of muscles waste; this is due to the nervous system being affected, and if death results from this condition it is when the muscles of respiration are affected.

Before considering the nursing of paralysis it may be well to mention some kinds of peripheral paralysis.

CLASS III.—PERIPHERAL PARALYSIS.

The most common forms in this class are facial affections. This may be due to disease of the brain or the canal through which the special nerve passes. Neuritis is another example, also diphtheritic and lead poisoning paralysis.

The treatment of the different forms of paralysis differs widely. There are, however, a few common points as regards the nursing of such cases that it may be well to dwell upon. The most important of these, and the most universal, is the *prevention of bedsores* and, where they have occurred, their cure. As the circulation is much affected in the paralysed part, everything must be done to maintain it.

Massage will, therefore, be found of much benefit.

Cleanliness is a great point, and diet will need special attention; the care of the skin and bowels will need special consideration.

THE PREVENTION OF BEDSORES AND THEIR CURE.

In an extensive condition of paralysis, which is not due to an injury to the spinal column, and where the disease is in a chronic condition (not acute), nothing aids the nurse more when she desires to keep the patient's skin supple than bathing the patient by immersion in a warm bath, and, after thoroughly soaping, washing, and drying, briskly rubbing the skin with methylated spirit, and carefully powdering, taking great care that the palms of hands, groins, toes, and fingers are well dried and powdered. The patient may then be placed on a couch well covered, and general massage may be given if ordered by the medical man; after this the patient should rest and be allowed to sleep.

Should the skin become superficially red, kaolin may be applied to the part; but in every case where there is any appearance of pressure the pressure must be removed. There are many appliances in the present day to assist the nurse. A large water pillow is always of service, a ring pillow or horseshoe where there is total paralysis, or a divided bed, the mattress being in four pieces, with a square in the middle to contain a bed pan, and ring pillow, will be found of use; this, however, entails special sheets, and one loses the water pillow, unless two small ones can be used under the shoulders and feet. In a case of total paralysis, to sling the feet and legs on a cradle with a calico sling, with holes for the heels, has been found of service. Many are the devices used to ensure the one essential thing—prevention of pressure.

In the case of infantile paralysis massage is most helpful; so much can be done, if only the child's condition be noticed soon after the paralysis has occurred. During dentition, or after a chill, this may happen, and no notice be taken of the apparent uselessness of a limb or limbs, especially if the child is not walking. By massage much can be done to prevent muscular waste and promote the circulation and prevent deformity—by one set of muscles that are still active, but unopposed, pulling the limb out of place—or spinal curvature occurring. Massage should always be in the hands of a specially trained operator, who will know just what movements are required and how long to continue at one time.

General massage also much aids the digestion, and the patient, who cannot exercise,

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