

raised; or it may be obvious that the leg and arm on one side are more flaccid than those on the other.

The muscles of the face share in the paralysis, and the cheeks are puffed out and sucked in with the processes of respiration. Sometimes, however, the limbs of one or both sides are in a condition of rigidity, the muscles contracted and resisting extension, or flexion. The deep reflexes are commonly increased and the skin reflexes are absent. Occasionally the head and eyes are forcibly turned to one side (conjugate deviation).

The pupils are variable; they are sometimes contracted, at others dilated or unequal. The temperature shows a slight fall, which may continue until death, or, if life is prolonged, it will rise a little above the normal. Sugar and albumen are occasionally found in the urine, from pressure on the medulla oblongata.

In very severe cases the pulse and breathing are rapid; there is profuse sweating, and intense flushing of the face and skin generally. After a time the patient becomes livid, the pulse gets weaker, the breathing slower, until finally death takes place.

In more favourable cases the patient lies simply comatose, with but little disturbance of his pulse or respiration, and gradually regains his senses in the course of a few hours or two or three days.

Miss Alice Rhind defines apoplexy as an extravasation of blood into the brain, and says:

The term "apoplexy" as commonly employed is nearly equivalent to the popular term "stroke," and is used so indefinitely that by professional people the more accurate terms—cerebral hæmorrhage, cerebral thrombosis, or embolism—are used.

*Causes.*—The cerebral blood-vessels of an apoplectic person are usually weakened by disease; sometimes by alcohol. Any factors which create a sudden extra-strain of the vessels, and cause a sudden rush of blood to the head, may bring on an attack, and one of the first questions usually asked by a doctor is whether there has been any known sudden or severe muscular effort, any severe shock or violent emotion, an attack of rage, &c., any of which might be a possible predisposing cause.

Miss M. Dods writes:—The symptoms which would lead me to suspect apoplexy are: A state of profound insensibility or stupor, coming on suddenly or at least rapidly. Pulse slow, strong, irregular and laboured. Breathing and snoring difficult, cheeks puffed out with each expiration. Saliva frothy, flowing from mouth. Limbs motionless; if one is raised

it falls as dead. Pupils contracted, or in bad cases one or both pupils may be dilated, insensible to light. Teeth clenched, muscles rigid. Skin bathed in cold, clammy sweat. Face puffy and congested at first, then getting pale. Vomiting occasionally.

Miss Florence E. Roberts draws attention to the following points:—Bedsore must be carefully guarded against, owing to the incontinence of urine and fæces, also to patient lying so heavily in one position.

The back should be rubbed constantly with spirit and powder, each time at least that the sheets are drawn. This movement, besides aiding the circulation, will also help to prevent patient developing hypostatic pneumonia. Heels should also receive careful attention. The patient should be sponged between blankets twice a day, and when there is much sweating, as is usually the case with a high temperature, he should be rubbed down constantly with warm towels, and the shirt changed for a dry one.

The bowels should be kept very regular, as this helps to relieve the symptoms (a simple enema can be given if patient cannot swallow), and a specimen of urine, if possible, should be saved for the doctor. The mouth will also need constant attention, patient's tongue and breath usually being very foul. Swabs of wool fastened round a pair of forceps, dipped in boric and glycerine, mouth being done out with this two-hourly or oftener.

Doctor will usually order milk only as nourishment, if patient can swallow.

Miss Gladys Tatham gives the necessary warning:—It must not be forgotten that a patient in this condition is quite unable to judge of heat or to retain urine or fæces; so be careful to cover hot bottles and to put something under the patient to protect the couch or bed on which he lies. As consciousness returns, the patient may vomit and feel faint, his mind may be very confused, and there may be complete aphasia (or speechlessness).

Miss S. A. Cross writes:—Nursing in these cases is always arduous and of great consequence.

Perfect quiet in good hygienic surroundings is most essential. Extreme cleanliness is necessary to prevent the formation of bed-sores.

The patient is kept in the recumbent position. The head must be kept cool, with extra warmth to the body; but hot bottles, even when covered in flannel, must not come in contact with the skin. If ice is ordered it must be broken in small pieces, and only a light bagful applied (taking care to put a piece of lint

[previous page](#)

[next page](#)