OUR PRIZE COMPETITION.

WHAT SYMPTOMS WOULD LEAD YOU TO SUSPECT APOPLEXY? GIVE NURSING TREATMENT OF APOPLEXY.

We have pleasure in publishing the paper written by Miss Lucy M. Park, Registered Nurses' Society, 431, Oxford Street, which gained the prize in our competition of December 28th.

PRIZE PAPER.

Apoplexy is generally due to rupture or occlusion of a cerebral vessel.

The Causes are morbid changes in the blood vessels due to gout, &c. Anything causing pressure will in this condition produce hæmorrhage (emotion, drink, heat, cold, &c.).

Symptoms.—There may be some preceding headache, after which the patient passes gradually into a comatose condition, or there may be paralysis without loss of consciousness; but the usual symptoms are—sudden loss of consciousness, cyanosis, inequality of pupils, stertorous breathing, hard high tension pulse, and loss of voluntary movement.

Later symptoms are hemiplegia on opposite side of body to lesion, slight atrophy of paralysed limbs, and sometimes aphasia. The patient may recover consciousness in a few hours, or perhaps not for a day or two.

Treatment.—The most important point is the prevention of fresh hæmorrhage; therefore, give absolute rest in bed with head raised. The application of cold to the head may be ordered in the form of Leiter's coils or an ice-bag.

If a purgative be ordered it will be small in bulk, and if placed on the back of the tongue can be swallowed involuntarily, or an enema may be given. The catheter may also be required.

Nutrient enemata may be needed until the patient recovers the power of swallowing, but in all cases the diet must be light and nourishing.

Frequently the patient can give no information as to when a change of posture is necessary, so that he must be moved regularly and methodically, the skin being carefully looked to each time.

Improvement takes place in certain order as hæmorrhage is absorbed, or pressure diminished, viz.: proximal parts before distal, legs before arms, hands and fingers last. Flexor muscles recover before extensors; therefore great care must be taken to prevent contractions. From the first the paralysed arm should be kept in an extended position and the elbow abducted by means of a small pillow placed in the axilla. In the same way the lower limbs must be prevented from becoming fixed in faulty positions. The soles of the feet should be supported to prevent foot-drop, caused by contraction of the gastrocnemius muscle and the Achilles tendon.

At the end of ten or fourteen days, as ordered by the physician, begins the very interesting work of helping the return of power to the paralysed limbs. This consists of passive movements to joints to prevent articular adhesion, very gentle massage to paralysed limbs to repair muscular atrophy and increase nutrition, and friction and vibration to nerves, to keep them in working order until the brain cells can resume their work.

No abdominal massage should be given, as any increase in blood pressure may produce fresh hæmorrhage.

Later on active resisted movements may be given, and the patient must be encouraged to practise moving the paralysed limbs and taught to move them correctly.

Let the patient's will power act by inducing him to accomplish gradually increasing movements daily. Never tire patient.

Electricity may be ordered about six weeks after improvement has commenced. This treatment should only be undertaken by a nurse with a good knowledge of massage, under medical direction.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss S. Simpson, Miss Alice Rhind, Miss Gladys Tatham, Miss S. A. Cross, Miss A. Wellington, Miss M. Dods, Miss Nora Playne, Miss Florence E. Roberts, Miss F. Mackintosh, Miss J. Maloney.

After describing other premonitory systems, Miss S. Simpson writes:—The first symptoms may show themselves in the motor system; the patient mumbles in his speech, or his arm falls powerless, and he gradually droops over to one side, falling if not supported, and then lapses by degrees into coma. Or the coma may be developed in a few hours through stages of increasing drowsiness. Occasionally the attack begins with convulsions, or vomiting occurs as an early symptom.

The person suffering from apoplexy lies completely unconscious, and cannot be roused by shouting or any form of stimulation of his skin. The face is flushed, the pulse is full and tense, the breathing is stertorous in consequence of the palate or tongue falling back and impeding the passage of air into the chest. The condition of the limbs varies; both legs and arms may be quite flaccid, falling at once when

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