

## NOTES ON THE NURSING OF CHRONIC CASES.

(Continued.)

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### PART II.

Paralysis due to disease or injury of the spinal cord, is most commonly met with in children's nursing. Many different varieties occur. Tuberculosis is the primary cause of some cases, pseudo-hypertrophic is more rarely seen, but infantile paralysis accounts for a large number of cases. It is the old-standing cases of paraplegia that are the most helpless, but as nutrition is poor in such cases, the digestion will be the greatest source of anxiety, and great care should be exercised to prevent the evils of weak digestion. The first point is to ascertain that the urine is acid, and that mucus is not present. Plenty of cold water must be given to the patient to drink, and fresh vegetables (cooked) and fruit—should be bruised—to form part of the regular diet.

Sometimes there is muscular weakness and the patient's habits are undesirable. I have found that a simple enema on alternate days corrects this. It may be given carefully in the early morning hours, and if great encouragement is given to the patients, that they can be quite clean, this will often greatly help towards full control. Massage to the spine for ten minutes daily has a stimulating effect on the digestion and the habits.

If the digestion is at fault, patients suffering from paralysis often endure great discomfort from attacks of eczema: this, I believe, can be obviated if due care is exercised. Again, eczema appears also as the result of a chill, and is not easily got rid of; the attack will often recur at the change of seasons and cause much suffering.

Massage after the bath, and care that the patient does not take cold, will usually be sufficient to guard against such complications. When the weather is warm and flies are troublesome, a veil of thin gauze can be arranged with a little ingenuity to fall over the back of the patient's bed and act as a mosquito net. This is an important point when a patient is entirely helpless. The care of mouth and eyes should never be overlooked, also of palms of hands and between the fingers and toes. Paralysis cases often perspire greatly, and are much inconvenienced if not scrupulously cared for in these details. It is a fact much to be thankful for that these kind of helpless cases

rarely live to adult years. There is usually a falling off of health and nutrition between the fifteenth and sixteenth years, and they usually pass away between seventeen and eighteen years of age.

Paralysis from tubercular origin usually ends with a failure of health, over a few weeks, and then an attack of partial or complete meningitis. These cases are somewhat difficult to diagnose in the first stages, the family history being the best guide. Extensive infantile paralysis cases may be cut short by an attack of bronchitis or pneumonia, or may pass away from inanition.

Rachitis cannot be called incurable, yet many cases need tending over years to endeavour to eradicate past neglect, therefore are within the scope of chronic nursing.

Fresh air and pure nourishing food will work wonders physically; it is rather from the mental point that I have made observations. If a child has been ill-nourished during the first six months of life I have reason to believe that the mental deficit is rarely, if ever, made up. Should a case come under treatment physically at an early enough age there is more hope for the intellect, but even then experience appears to prove that the feeding during the first six months gives the casting vote in such cases. From experience I would urge that feeble-minded children should not be allowed to mix with normal ones, as often even from infancy the disastrous habit of masturbation may be, and probably is, present, and will need much correction. The saddest feature of dealing with the feeble-minded appears to be their moral as well as mental degeneracy. No words of mine can possibly express the necessity for recognition on this point; but to those who wish to know, the records of our work-house infirmaries bear witness. Want of mental concentration is the most noticeable feature of the mental condition of a feeble-minded child. When patients thus afflicted reach adult age they should not be allowed with children, even similarly affected, of tender years. Feeble-minded conditions appear to be the result of great nervous overstrain in the case of the parents: vicious habits appear to produce like results.

Zymotic diseases are a much dreaded complication in chronic nursing. Whatever the epidemic, it spreads rapidly, with sometimes fatal results. Measles has undoubtedly the first place, as regards tubercular conditions, it is most to be dreaded, not alone for the bronchial complications, but also for its well-

[previous page](#)

[next page](#)