

OUR PRIZE COMPETITION.

DESCRIBE (a) THE SYMPTOMS, (b) THE NURSING MANAGEMENT OF A CASE OF CONCUSSION.

We have pleasure in awarding the Prize this week to Miss Phœbe Goddard, North Western Hospital, Hampstead.

PRIZE PAPER.

Concussion is a clinical condition of paralysis dependent on the medullary centre.

The surface of the brain has membranes torn—shows hæmorrhage and laceration from some definite injury.

When the patient recovers completely in a day or two, then no hæmorrhage or laceration has taken place.

First stage of shock.—Patient unconscious—practically insensible—pallid—cold and collapsed. Temperature sub-normal, pulse rate increased, blood pressure low (often called cerebral shock). Condition due to blow on head, close to medullary centre, hence blood does not reach head, arteries too dilated for arteries to pass it on, therefore the heart beats quickly to try and make up for loss of blood.

The reflexes are not lost, except in severe cases shortly before death.

The condition remains unaltered for a few hours, when patient vomits (second stage of reaction), often there is a rise of temperature, and patient gradually returns to normal condition in a mild case, while in the more severe cases the symptoms of unconsciousness last for several days and death occurs, whilst in a third type the symptoms of concussion are replaced by those of cerebral irritation or compression. Cerebral irritation is merely a phase in the recovery of a patient suffering from concussion or laceration of the brain. The unconsciousness is replaced by mental irritability and restlessness and low muttering delirium.

There may be incontinence of urine or fæces.

Treatment.—First of all, carefully place patient in bed, with head low, hot-water bottles in between blanket and patient, but on no account give strong restoratives, such as brandy, &c.; place spatula in between teeth to prevent tongue from being bitten, and keep head on one side.

When reaction starts, remove hot bottles; next stage possibly full developed compression—this condition of the brain is like a sponge full of fluid, when squeezed out absolutely dry.

Diet.—A comatose patient requires nothing but water, and this is best given by injecting into rectum one pint of normal saline fluid, night and morning, until patient can swallow.

When consciousness has returned, then a plentiful fluid diet is given gradually, and a nourishing diet through convalescence. If the physician prefers, patient may be nasal fed instead of having salines injected.

Rest forms the principal part of treatment, and nurses can help much in this way by keeping the patient's mind at rest—in trying to understand the cause of any anxiety, and if possible removing it—also by attending to bodily comfort of the patient, attention to mouth and back, and careful observation of bowels. When patient is comatose, the latter should be regulated by means of enemata.

An ice cap applied to the head may be very soothing, provided that the stage of reaction has taken place, when the temperature will be raised. Compression of the brain may be associated with concussion; in the former, concussion may result from an injury causing pieces of bone, blood or pus to press on the brain. Unconsciousness is absolute, pulse strong and slow, respiration noisy, and in severe cases Cheyne-Stokes' breathing may occur. Hemiplegia, due to compression usually on one side of brain, temperature is usually a degree or two higher than on the normal side, and the reflexes are increased. Retention of urine, and incontinence of fæces. Attend to points of pressure; head should be propped up and treatment as in simple concussion.

Intra-cranial Hæmorrhage.—If the blood vessel which has burst is situated between the dura mater and the skull then bleeding occurs very slowly, and the symptoms of compression develop after one or two days, when the patient recovers from the unconsciousness of concussion, and then after a short interval again loses consciousness from compression. If this condition is recognised in time the skull may be opened and the clot removed and the vessel tied, when the patient usually completely recovers.

Fractured base of Skull.—Bleeding from ears, eyes, nose, or mouth may be seen. Cerebro-spinal fluid may escape from ear in severe cases; paralysis of the face or eyes. Unconsciousness is absolute.

Treatment.—Local, strict aseptic precautions in treating external bleeding from nose, eyes, ears, &c., and rest until the damaged brain recovers.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Jane McNellie, Registered Nurse, Miss Mary Ramsey, Miss Gertrude E. Weeks, and Miss Susan Long.

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