

OUR PRIZE COMPETITION.

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

We have pleasure in awarding prizes this week to Miss Henrietta Ballard, S.R.N., Bermondsey Hospital, Rotherhithe, S.E., and Miss M. Cullen, West London Hospital, Hammer-smith, W.6. Both have sent short papers, which supplement one another. We therefore have divided the prize and awarded half to each.

PRIZE PAPERS.

MISS BALLARD'S PAPER.

The *symptoms* of concussion vary according to the severity of the blow or fall. In *slight* cases patient complains of giddiness, is noticeably confused, but may only be unconscious for a few minutes. In *severe* cases there is severe shock; pallor; cold, clammy skin; feeble, rapid pulse; shallow, irregular respirations, which cannot be heard often; complete unconsciousness for an indefinite time; the condition generally is one in which the functions of the body come to a temporary standstill.

Nursing Management.—Absolute quiet in a darkened room is essential, and treat immediately for shock. Place in hot blankets, place well-protected hot bottles to extremities, apply cold compresses or well-covered ice-bag to head and raise on a macintosh-pillow, to aid the congested brain, covered by a towel.

Stimulating enemata of saline or brandy or coffee may be ordered in very severe cases to aid shocked condition.

The *bowels* must be freely opened by enema at first if there is not incontinence of *fæces*. As soon as consciousness is returning, vomiting is usually present, and a skilled nurse will do much to aid her patient's comfort by holding the aching head during an attack.

Food by mouth cannot be given until consciousness has been regained. Rectal enemata of beef-tea, peptonised foods, &c., may be necessary should unconsciousness persist for a considerable time.

The patient may suffer from retention or incontinence of urine, and either condition must be reported. If the latter condition, the patient must be well washed and dried, and parts exposed to pressure rubbed with methylated spirit, and powdered, and clean sheets put in smoothly at least four hourly, or, owing to the lowered vitality of the body, bedsores will quickly form, but care must be taken that the patient is moved as little and as gently as possible.

The *mouth* must be kept scrupulously clean by regular cleansing with a weak antiseptic lotion such as glyco-thymolin, by the nurse.

The *bowels* must be kept freely open, calomel usually is ordered to lower the blood pressure on the congested brain by withdrawing a quantity of fluid, but Epsom-salts must follow.

Should a scalp-wound be present, all aseptic precautions must be taken to prevent sepsis arising which would lead to deeper trouble. As consciousness returns the patient's wants must be anticipated to prevent any exertion or undue use of the brain.

Any hæmorrhage from nose, eyes, or ears, or any discharge must be immediately reported.

Convulsions or fits may occur if any injury has been caused to the brain substance. Plenty of fresh air must be given, but chills must be guarded against. Absolute rest in bed is essential for at least three weeks, and gradual return to general routine insisted on as often relapse occurs as patient may endeavour to do too much.

A state of mental exhaustion may follow a severe condition, and mental instability or neurasthenia result, complete change away from home and business surroundings, free from worry, with plenty of healthy outdoor life is usually most beneficial.

MISS CULLEN'S PAPER.

Concussion signifies a sudden interruption of the functions of the brain, caused by a fall or a blow.

May be divided into two stages:—(1) Insensibility. (2) Reaction.

(1) The first stage comes on immediately on the receipt of injury; the patient may lose consciousness only for a few minutes, then completely recover; or it may last for a few hours, a few days, or even longer. The patient lies in an unconscious condition; but can, perhaps, be roused momentarily by shaking him, or shouting in his ear. There is loss of all power of motion, the muscles being relaxed, pulse feeble, fluttering, often frequent respirations, shallow, quiet, or sighing; and the surface of the body is cold, often clammy, temperature being low, viz., 97° Fahr., or even 96° Fahr. The pupils are variable, as a rule sensitive to light, but in many cases may be widely dilated, and give no light reflex. The sphincters are often relaxed at time of injury, causing incontinence of urine and *fæces*. This condition, after lasting a variable time, usually passes gradually into the second stage—that of reaction, or symptoms of compression, inflammation of the brain may come on with the patient recovering consciousness.

(2) The second stage, or that of reaction, is marked by a gradual return to consciousness, and is usually preceded, or accompanied, by

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