

year, Part A beginning on the fourth Tuesday in October, Part B on the Second Tuesday in November.

The fee for admission or readmission to each part of the Examination is two and a half guineas.

Every person entering for this Examination should apply to the University Extension Registrar not later than September 24th for a form of entry which must be returned to the Accountant filled up, together with the proper fee, not later than October 1st.

A Diploma under Seal of the University, signed by the Chancellor, will be delivered to each candidate who has passed, after the Report of the Examiners has been approved by the Senate.

Appended to the Regulations and Syllabuses is a list of Books suggested for study or occasional reference, which should prove very useful to intending students.

The institution of this Diploma, upon which we cordially congratulate the Senate of the University of London, is one more proof of the manner in which—now that the Registration of Nurses has been established by Acts of Parliament—further progress can be made, and further educational tests and distinctions arranged for those who desire to qualify themselves for the higher posts in the Nursing Profession; and also for the guidance of hospital committees, and public bodies in selecting candidates for educational, administrative, and public health posts. The forward wave of educational opportunities for nurses since the passing of the Nurses' Registration Acts in 1919 makes us rejoice that we spent the best years of our life in promoting the passage of these Acts into Law.

OUR PRIZE COMPETITION.

MENTION SOME OF THE CAUSES WHICH PREDISPOSE TO CEREBRAL HÆMORRHAGE. DESCRIBE THE PRINCIPAL POINTS TO BE OBSERVED IN CARING FOR A PATIENT SUFFERING FROM THIS CONDITION, AND THE NURSING CARE.

We have pleasure in awarding the prize this month to Miss Gertrude Hilder, R.S.C.N. Nurses' Home, St. Bartholomew's Hospital, London, E.C. 1.

PRIZE PAPER.

THE PREDISPOSING CAUSES TO CEREBRAL HÆMORRHAGE MAY BE EITHER OF THE FOLLOWING:—

Chronic Nephritis, Arterio-Sclerosis, Syphilis, Gout, or chronic poisoning by alcohol or lead.

Or there may be some exciting cause such as a sudden fit of anger, or a severe muscular effort.

It usually occurs in elderly people, and is more commonly found amongst men than in women.

The onset usually is sudden, the patient becomes giddy, falls down, and perhaps vomits, and then becomes unconscious. In severe cases unconsciousness suddenly occurs, and the patient is struck down immediately.

POINTS TO BE OBSERVED IN CARING FOR PATIENT.

Notice whether patient is partially or wholly unconscious.

Condition of the pulse, whether full and bounding, or weak and rapid.

The eyes may be turned either to the right or to the left, and the pupils either retracted or dilated. Special attention should be paid as to whether there is conjugate deviation present; this may help to determine the position of the lesion of the brain which has caused the hemiplegia.

The limbs may be limp, or rigid and difficult to move.

Observe respiratory symptoms, breathing is usually noisy and of a "snoring" character, the cheeks receding with each inspiration, and being "blown out" on expiration.

Note if there is paralysis of either side of the body, this can be determined even while the patient is unconscious. If there is hemiplegia present the affected limbs will fall quite limp and powerless when raised up, while the limbs of the opposite side present a certain amount of muscular activity which prevents them falling like a dead weight. The paralysed limbs appear cold to the touch, the skin is "shiny," and a congested appearance is noticeable. The limbs may also lose their sensation. There is no marked muscular waste. The paralysis may pass off altogether after a time, or there may be improvement for a few weeks and then their condition remains stationary, and no further gain in power is noticed on the paralysed side. If, instead of gaining power, the limb becomes rigid and is held rigidly bent, any forcible attempt to straighten it will cause the patient intense pain.

Aphasia, or disturbance or limitation of the power of speech is sometimes present, especially when the right side of the body is paralysed.

Mental disturbances are almost bound to be present, unless the case is very slight.

In very severe cases there is an increased tendency to emotional display, and a marked loss of mental power.

NURSING CARE OF PATIENT.

When the attack occurs the patient should be put to bed immediately, with a great deal of care: try to avoid every unnecessary movement or jolting. Place the head fairly low, one small feather pillow being allowed. Put on a warm, open garment, which can easily be removed, and bed socks. If the patient is very collapsed, give extra blankets, and place well protected hot-water bottles to extremities. Protect the bed with mackintosh and draw sheet, as the patient is likely to be incontinent both of fæces and of urine.

Ice may be applied to the head with some relief. It may be found necessary to pass a catheter, and regulate the bowels with either an aperient or an enema when required. Keep the patient on fluid diet until consciousness is restored, then give light easily digested nourishment. Careful feeding is necessary, especially during the period of unconsciousness, as there is great difficulty in swallowing. Feed two hourly with milk, milk and water, beaten egg, weak tea, thin Benger's Food, etc. Pay great attention to the cleanliness of the patient's mouth and tongue, swab out with a solution of Sodium Bicarbonate \mathfrak{z} i to water \mathfrak{z} iv. Turn the patient from side to side and carefully avoid anything that would tend to the formation of bed-sores. Change damp or soiled bed-linen and clothing immediately, and wash patient thoroughly with soap and water, and rub with methylated spirit and apply starch powder at all pressure points. When the patient has returned to consciousness avoid all excitement and worry and keep very quiet.

QUESTION FOR NEXT MONTH.

What do you know of rickets, the principal causes, the means taken for its prevention and cure, and the nursing care?

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