

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A CASE OF HEMIPLEGIA? WHAT CHANGES WOULD YOU REPORT TO THE DOCTOR?

We have pleasure in awarding the prize this month to Miss Jane McNeillie, Knockcoid Ervie, Stranraer.

PRIZE PAPER.

The patient should be nursed in a quiet, well-ventilated room, free from draughts, preferably with a fireplace.

A single bed, so placed that the patient can easily be reached from either side, requires additional draw-sheets, etc., as in the event of cerebral vomiting or incontinence, the comfort of the patient and the prevention of bed-sores must be secured with the minimum of disturbance—*rest* being so essential to recovery. As the dorsal position is imperative, the judicious use of thin pillows is necessary—a small soft pillow under the head, others so placed as to relieve pressure on the parts of the back that support the weight of the body. All bed-clothes must be cradled with the exception of one light, soft, warm, single blanket next to the patient (who will wear a loose-fitting flannel with back-fastening tapes; and long sleeve, and a stocking, on the unaffected limb); the paralysed limbs should be encased in cotton wool. In hemiplegia *special* care must be taken that hot-water bottles are well protected as owing to the often continuous, purposeless movements of the unaffected side, they are never long in the one place (if within reach of these limbs), and may touch the paralysed side and a burn be very easily produced.

The head must be kept cool (any cold applications ordered should be placed very gently over the probable site of the disturbing lesion); *the mouth must be kept clean* (as there may be paralysis of the tongue and pharynx there is sometimes difficulty in swallowing and great patience is needed when cleansing the mouth and throat and nose, and when giving sips of fluids, where these are allowed, and later on when feeding on solids); it is important *the excretory functions of the body should be carefully watched and attended to* (catheterisation for incontinence due to over-distension of the bladder and enemata may be necessary. In hemiplegia, constipation is sometimes obstinate, and is usually controlled by enemata unless aperients are specially ordered).

The treatment is directed towards supporting the patient's strength, while the nervous system is slowly restoring itself; and after a considerable time the judicious use of massage helps to improve the circulation in the muscles, and prevents stiffening of the joints. Possibly nerve tonics may be ordered and laxatives; and in order to exercise the muscles the faradic current, or failing it, the interrupted galvanic current.

In the earlier stages of the illness, when there is irritability, more or less, during the febrile period, which usually follows an unduly low temperature, careful sponging a small portion of the body at a time—may be soothing. The back must be kept scrupulously clean and dry, and in those cases which recover very slowly there is nothing more appreciated than the daily refreshing sponge-bath, attention to the toilet, warm clean flannel garments, and bed linen, clean handkerchiefs, and plenty of pieces of soft cloths

when using the feeding cup, when, owing to the facial paralysis, there may be trickling (saliva) from that side of the mouth. Afterwards, when the patient is allowed to sit up, clean tray cloths, etc.; pretty, cosy bed jacket; bed table; a few cut flowers (water in vases renewed daily); a growing plant and general brightening of the surroundings help and cheer. The visits of friends—one at a time—may then be enjoyed, but must be curtailed in case of tiring the patient. The necessity of the quiet darkened room gives place to a cheerier and brighter but still restful atmosphere; the hitherto small—"aid-to-ventilation"—fire becomes one which will keep the room very much warmer when the patient is out of bed (lifted on to a sofa for a short time each day), and afterwards, if there be paresis especially, a wheel chair, a crutch, or a walking stick, etc., may be used to get about, and out.

The report for the doctor must include the three vital signs—pulse, respiration, and temperature changes, such as the passing of unconsciousness, and semi-unconsciousness and defects of articulation (as is usual when the paralysis is on the right side); and return of muscular power, or feeling, in the paralysed side, and the customary charts for his inspection and directions, may be all that is required. On the other hand, when complications arise or any unfavourable symptoms are manifested the doctor must be informed immediately; an apoplectic seizure tends to recur, and the patient rarely survives two or three of these.

QUESTION FOR NEXT MONTH.

Describe the nursing care of a patient suffering from arthritis.

RED CROSS CLINICS FOR RHEUMATISM.

The British Red Cross Society has decided to establish Clinics for the treatment of rheumatism in adult sufferers in thickly-populated centres throughout the country, and is now appealing for the sum of £40,000 to establish the first special Clinic on a site near Great Portland St. Station, towards which £13,800 have been received.

The details of the scheme, published in *The Times*, show that it is proposed to treat chronic rheumatism by such modern methods as radiation, ultra violet rays and electric treatment, in addition to baths and massage.

It is intended that the Clinic when established shall be organised for the benefit and relief of the mass of men and women suffering from rheumatic affections who are able and willing to pay a reasonable fee for treatment; and of the industrial worker who can receive treatment and continue his employment in a normal manner. It is hoped to make the clinic self-supporting.

This decision is the outcome of a letter which appeared last March in *The Times*, on behalf of the British Committee on Rheumatism of the International Society of Medical Hydrology, signed by Dr. R. Fortescue Fox, Lord Dawson of Penn, Sir Thomas Horder, and others, drawing attention to "the rheumatism so common among industrial workers." The letter confirmed a view which had been previously expressed that physical treatment properly given, in conjunction with other special methods of treatment, was the best prescription for incipient and chronic rheumatism, and urged that clinics should be established for the investigation, diagnosis, and treatment especially of early cases.

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