Exercise.—Re-education.—The best stimulus to recovery arises from efforts made to use paralysed muscles. The weakened muscle bears the same relation to a normal task as a normal muscle to an excessive task. Although the muscle is weak we must exercise it to the fullest extent but fatigue is our greatest enemy, so we must be careful to find just what amount of exercise a muscle will take before fatigue is brought on. Excessive exercise will do harm and muscle will gradually lose strength. Exercise then must be given in suitable doses, and the masseuse is guided by the muscle chart in treating each muscle. The treatment is carried out each day, and in addition general exercises are given to the unparalysed parts.

The masseuse is trained to estimate the extent of paralysis and to make the child use the weakened muscles. The exercises are continued until it is seen that no more improvement is likely.

Residual Paralysis.—Finally a stage is reached when no further gain in muscle power is noted and a certain amount of weakness is left. Use is now made of shoes, surgically corrected braces, calipers and of operations to minimise the disability.

Nursing Points.

Co-operation with masseuses is essential. The nurses learn to bandage the children in the splints, noting the varying precautions in each individual case.

In previous years it was found preferable to have the child nursed at home for the patient was looked after better at home than in a hospital. Ward work is a routine, but these cases are not routine; every case is an individual problem, especially in the bandaging. In an institution they cannot receive that individual care which a mother may give her child, for of necessity the nursing staff are frequently changed.

A firm mattress is required and fracture boards are used, as the splints can be easily bent. The head of the bed is raised so that the child can look around the ward or room. The position of the bed is changed frequently.

There are certain pressure points in the splint, and various ways have been evolved to prevent trouble from these—as rubber covering on the splints, hardening of the skin and applying elastoplast.

Paralysed abdominal muscles often cause constipation and regular panning, etc., is necessary. Urinary infection is common, and must be guarded against. The child is stood up for exercise as soon as possible provided no harm is done to muscles and this will do a lot to combat the urinary stasis, which is a frequent forerunner of urinary infection.

The child must always be carried carefully and supported adequately, so as not to stretch any of the affected muscles. Small trolleys are sometimes used to run the children to the bath to avoid any stretching of weak muscles.

The children must be kept warm, for in the paralysed limbs there is often a sluggish circulation which makes them very liable to chilblains and absence of movement tends to favour coldness of the limbs. Great care must be taken to keep the limbs warm. Also, something should be done to help occupy their time, and help to keep them contented and happy.

Social Aspect.

In the case of many diseases such as typhoid, the doctor cannot achieve much without efficient nursing service. The doctor and the nurse form a team which cannot do one without the other. Infantile paralysis has another factor just as important to the child—the social aspect. The child may come into the hospital and be discharged greatly improved. If there is not home supervision the child may go back, may get deformity gradually. In any case the child may have lost a lot of schooling, and when it gets older may have some disability which may prevent it from earning a living. If this results in the child having to lead an idle life, in receipt of a pension, we have failed. Our object should be to enable each patient to become a self-supporting independent unit of our community. Thus we have the social aspect. These children need, besides medical and nursing care, social care. Education must be given, and a suitable occupation can be suggested for all except the greatly disabled.

The Society for Crippled Children has been formed to complete this work; after discharge from hospital the children are looked up by the Society and grow up under its supervision. They are given a vocational test and are then taught a trade or occupation which is suitable and at which they are able to earn their living. There are certain occupations which are suitable for a boy with a paralysed arm and foot, and at these he may often become more proficient than a boy with the use of both. This educational and vocational training is a very important aspect of the work of after-care. It attempts to fit almost every child to earn his own living.

Economic Aspect of After-Care.

A child drawing the pension at 16 may receive £2,000 while he lives. There were 2,000 patients in the last epidemic; if 30 per cent. became cripples the country would have to pay ultimately in pensions £1,200,000 approximately, but if only 10 per cent. became cripples, only about £400,000 will be paid.

MEMORIAL TO THE LATE MISS A. M. PETERKIN.

We have much pleasure in publishing the enclosed notice which we have received from Miss C. M. Eales, Hon. Secretary of the Association of Queen's Superintendents.

A Memorial to the late Miss A. M. Peterkin, C.B.E., General Superintendent of the Q.I.D.N., is being arranged to take the form of either an annuity for an elderly Queen's Nurse, or a Convalescent Fund from which any Queen's Nurse might receive a special grant-in-aid.

It is felt that many ex-Queen's Nurses would wish to contribute, and that as Miss Peterkin's interests were so widespread other than Queen's Nurses may wish to participate.

The fund will close in November and donations should be sent to the Hon. Treasurer, Miss G. H. Vaughan, 1, Burlington Avenue, Kew Gardens, Richmond, Surrey.

THE PASSING BELL.

We regret to record the sudden death at Lancing, from cerebral hæmorrhage, on September 12th, of Miss Dora Cooper, Matron of the Annie McCall Maternity Hospital, Jeffreys Road, Clapham, S.W. The funeral took place at Morden on September 16th, and was largely attended by many from the hospital.

Dr. McCall, the Director and Visiting Physician to the hospital, writes: "She had been with us four years and was much beloved, and it is a very great blow to us. It will be difficult to replace her. She was so unselfish, and devoted to the interests of the patients."

We regret to record the death, in New Zealand, of Mrs. E. Bonner, formerly Miss Alice Tarr, who as the permanent nurse-assistant of Sir Frederick Treves shared with Nurses Fletcher and Haines in the nursing of King Edward VII in the critical operation for appendicitis in June, 1902, which caused postponement of his Majesty's Coronation

previous page next page