

OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW OF CEREBRAL PALSY. DESCRIBE CAUSES AND INTELLIGENT TREATMENT OF CHILDREN SUFFERING FROM IT.

We have pleasure in awarding the Prize this month to Miss Amy Phipps, S.R.N., 19, Links Road, Ashford, Middlesex.

PRIZE PAPER.

Cerebral palsy is a disease due to the disturbance of motor function, occurring as a result of damage to the brain during, before, or after birth. Heredity is sometimes a cause or predisposing cause.

The condition may follow accidents during pregnancy, disease in the mother, or inter-cranial hæmorrhage immediately after birth.

The actual division of all cases is difficult, as the symptoms are insidious, and are definite, in many cases, months or years after birth.

For instance, the child is brought to our notice, and we find that (a) It is suffering from a past lesion rather than actual disease; (b) the tissue changes being fixed rather than progressive, and diffuse rather than localised. As a result (a) the anatomic lesion and functional disturbances will not change to any extent; on the other hand, the nerve cells and tissues are replaced to a negligible extent only; a not entirely optimistic outlook. (b) Largely due to a lack of oxygen from a physiological cause. The cells of certain regions suffer more than others.

The deficit of tissue is not localised, and the physiological disturbance is likely to be confused.

An important point is that the damage has been inflicted on a growing organism, and therefore the influence of the lesion on the growth of the brain, etc., explains many of the difficulties which disturb those in charge of the management of these children.

To appreciate the whole sequence of symptoms, etc., one *must* have a clear mind picture of the normal brain and the effects, or probable effects, of accidents or abnormalities on the entire nervous harmony, and in attempting this, it is so easy to get out of one's own depth, in this mighty and wonderful subject.

Having diagnosed the case of cerebral palsy, it is for the medical physiologist to suggest treatment.

The plan of treatment must be individual to the child, if the maximum of success is to be the result.

In every case, a most minute report must be kept of symptoms, treatment and evidences of response to treatment. It means the wholehearted work of a very highly *specialised* State Registered Nurse in every case. This is essential.

The parents must be made to understand the importance of treatment and must be made to co-operate.

The doctor having outlined the treatment, the physiotherapist works with him.

The clinics, etc., which are now in existence for the help of cerebral palsied cases have added equipment and personnel to deal with the problem of physical therapy.

These plans include:—

- (1) Daily exercises in hospital and/or school.
- (2) Muscle training in an out-patient department.

(3) Surgical operation if necessary in some cases, and will probably be followed by training, etc.

In all after care the co-operation of the child and his parents is absolutely essential to success. Patience and perseverance and divine hope are necessary, but optimism is often justified.

Later, massage is of enormous help, combined with electrical baths and graduated movement, always combined with the highest scientific psychological help.

Every child must be considered and treated individually. No two children display the same difficulties and possibilities.

It follows that no two children will make the same progress. While the physiotherapist and doctor are primarily concerned with the child's condition, the psychologist's concern is the appraisal of the mental status.

There is no absolute standard: persons trained differently will stress their own particular points.

The child with the more spastic type of cerebral palsy may seem fairly free with his hands, and show a marked disability in writing, etc., and *vice versa*.

The chief points in the care and treatment of these children are:—

(1) Early diagnosis. Here I would stress the responsibility of (a) anti-natal and post-natal centres, to detect any possible cases, especially those resulting from congenital syphilis; (b) Welfare centres and children's hospitals, out-patients, etc., to detect the earliest symptoms of these cases; (c) School clinics, and, indeed, doctors dealing with any type of school child, it being remembered that certain types show evidence of disease at the ages of 7 to 10.

(2) A comprehensive and sympathetic system of dealing entirely satisfactorily with *all* cases of palsy in children.

(3) The creation of a panel of S.R.N. nurses, with post-graduate training in nervous diseases, and where necessary, financial help towards post-graduate training in this connection for women of the *right temperament* and *psychology*.

(4) It cannot be too strongly emphasised that *all* public health workers should be on the watch to find these children at the earliest symptom and get them treated adequately without delay; that all private nurses, hospital, and district nurses should co-operate, that the best may be done for these children.

Treatment includes:—

(1) Good hygienic surroundings, both mental and otherwise.

(2) The treatment of any symptoms which may arise.

Continuous baths are sometimes employed in well-chosen hospitals.

(3) After care, in the hands of physiological experts, will include the training applicable to the individual, with massage, etc., etc.

(4) Occupational therapy is a highly scientific part of the above. Mention must be made of congenital palsy usually due to syphilis. Symptoms include: Speech defect, difficult articulation due to muscular in-co-ordination, involving the finer speech movements.

There are also tremors of muscles, of lips, hands and tongue, uncertain gait, general muscular weakness with

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