

CONCUSSION.

CAUSE AND TREATMENT.

By MISS L. GODDARD, S.R.N.

Concussion may be due to violent shaking of the body which, when communicated to the brain or to the whole of the nervous system, may cause unconsciousness, also as the result of a severe blow or collision of the body with some external object, or by blast.

Death may occur from concussion alone, without any visible signs of injury or destruction to the skin, owing to the rupturing of an internal organ or organs.

Recovery may take place very quickly, even within a few hours, in which case the injury may leave no constitutional disturbance; this is, of course, according to the force of the concussion.

If there are no signs at all of any injury, recovery may also take place in a few hours.

The patient is usually unconscious, pale, and the pulse weak and almost imperceptible, breathing irregular and sighing, the pupils slightly contracted, and there may be incontinence of urine and fæces.

The condition either ends in death or the patient has a slow reaction which may be very severe.

Treatment.—This should be as for shock; warmth to the surface of the body, fresh air, and stimulants may have to be resorted to.

Concussion of the brain may be produced by violent blows on the head or by a fall, such as falling on the feet or in a sitting position which, shaking the brain, causes an interruption of its functions, and in some cases causes bruising or some structural lesion of the nervous system.

The patient will suffer according to the severity of the fall or blow. If it is not too severe a state of giddiness, headache, nausea and vomiting may occur only. If severe, stupor or a semi-conscious condition may take place, which is the chief feature in concussion of the brain. The face is pale, and the skin cold and clammy, nausea, vomiting and a feeble pulse rate with slow and shallow respiration. The patient lies on his side with the face away from the light and the knees drawn up; there may be retention of urine.

Slight hæmorrhage may also occur from either ear, or a hæmatoma may be present over the seat of the injury.

Treatment.—Absolute rest in a darkened room in a recumbent position and cold compresses to the forehead. Hot-water bottles and warm blankets should also be applied, the bowels kept well open and the patient catheterised if necessary.

The patient may slowly become drowsy after the return of consciousness, when the breathing will be stertorous and the signs of compression appear, the patient becoming eventually unable to be roused from the stuporosed condition. The pupils are dilated and unequal now, and the pulse slow. This condition may last for weeks and special attention must be given to all pressure parts.

No stimulants are given as they raise the blood pressure, and may cause further cerebral irritation.

Concussion of the labyrinth may be caused by blows upon the ear or by an explosion near it; deafness, vertigo and sometimes tinnitus, are the chief symptoms.

Treatment consists chiefly of rest and nursing, as for concussion of the brain.

Concussion of the retina may occur when a blow falls upon the eye, causing a disturbance of vision and in some cases without any visible lesions; or the retina may become detached and there is loss of vision.

Treatment consists of complete rest in bed, the patient not being allowed to do anything at all for himself, not to sit up or to turn over, read or write; dark glasses may be ordered with the head of the bed turned away from the light.

Concussion of the spinal cord. This may be caused by heavy blows or shocks affecting the cord, causing muscular enfeeblement and atrophy, with pains in the back and limbs. Mental disturbance and general debility may follow later.

If compression on the spinal cord has taken place owing to crushing or very heavy blows upon the spine, prolonged rest of several months and careful watch for bedsores are necessary, and attention to the bowels and the bladder, as there may be interference due to the injury.

BLOOD TRANSFUSION SERVICE IN SCOTLAND.

Speaking on the eve of the Blood Transfusion Week throughout Scotland, when house-to-house collections for the Aberdeen and North-East of Scotland Blood Transfusion Service took place in Aberdeen, culminating in a flag day on June 13th, Professor John Cruikshank, director of the Aberdeen blood bank, revealed that war-time expansion of the transfusion services had resulted in considerable advances being made in the knowledge of blood, not only in the knowledge of the distribution of blood groups but also in the finding of important factors in certain groups. "These factors," said the Professor, "are helping to explain the very occasional occurrence of severe reactions in what were hitherto thought to be transfusions of directly compatible blood."

Another discovery has been made in maternity homes, said Professor Cruikshank. Sometimes children were born with jaundice and died within a few days. No explanation had hitherto been found. But now this condition is known to be due to an antagonism between the blood of the mother and child. In time, it is hoped to overcome this reason for infant mortality.

Professor Cruikshank stressed the point that it is not only wounded servicemen and "blitz" victims who are benefiting from blood transfusion. "Blood is being used steadily in hospitals for medical and surgical cases," he said. "Donors as well as hospital authorities have come to know that the blood transfusion service is one which can never be dispensed with."

"TWELVE MONTHS' HOLIDAY AND THREE WEEKS' HELL."

The President of the Royal Victorian College of Nursing, the Council and all members extend in *Una* a welcome home again to the group of young Australian nurses who have been through such terrifying hardships in Malaya and on the roundabout journey to their own land. They have gained and deserve the good opinion of all in authority for their courage and devotion to duty. "Twelve months' holiday and three weeks' hell," was the summing up of one of the sisters.

[previous page](#)

[next page](#)