

Spinal Injuries and Paraplegia

Introduction

by

Professor Sinha

Ladies and Gentlemen—Firstly I would express my pleasure in attending your inaugural function this morning and would congratulate the Trained Nurses Association of India on the manner in which it was conducted.

Secondly I would thank you for inviting the Orthopedic Team of the King George Medical College Hospital to participate in your Conference programme. We are grateful for your interest, and stimulated and encouraged by your choice of subject, for care of spinal injuries call for the best that your profession has to offer. It demands not only a high standard of technical skills but those warm personal qualities that are tied up in the word NURSE.

You have met together to discuss the many problems facing the nursing profession. To plan together ways and means for raising nursing standards, and to further the progress of nursing education. The content of your programme emphasises your concern to bring something worth while to your members who have travelled many miles to meet here in Lucknow.

Nursing is a hard task master. It involves considerable discipline, hard work and self restraint. Any one who has the experience of working in a hospital will agree that task of the nurse is a wide one; there are the doctor's orders—the demands of the patients—the details of ward administration—the tactful handling of the public, to mention a few. Tied up with this, many problems arise, and it is a body such as yours, that is able to give thought to them and work out solutions to solve them. That your Association is doing this is a matter of great satisfaction to me and I am sure that with the able leadership you have, you will go forward.

Spinal Injuries was presented in a Seminar during the Annual Conference held in Lucknow.

Presided over by Professor B.N. Sinha F.R.C.S., F.I.C.S., Head of the Department of Orthopedic Surgery, King George Medical College Hospital, Lucknow, various aspects of treatment and care of spinal injuries was dealt with by members of the Orthopedic Team of doctors and nurses.

The papers read were supported by demonstrations, and an exhibition of splints, beds and instruments used in this field of work.—Ed.

I have a few suggestions to offer for your consideration either here, or at a future date: That you might consider including a "Scientific Section" during your conferences when papers, demonstrations and symposia could be used to present advances in medicine and surgery. To keep in step with the medical profession, the nursing profession must closely follow and keep before their members such advances that demand nursing service. This will do much to raise the standard and the status of your profession.

Further, more specialised nursing needs to be introduced in our country and one such speciality, need I say, is orthopedic nursing. This is a field of work that demands special training for effective support of medical and surgical treatment. Men nurses are specially fitted to undertake orthopedic care.

Another aspect of nursing that I would mention is the need to develop a spirit of cooperation—the *team spirit*—so that nurses, doctors and technicians may work together toward promoting a sound hospital service to the community. We should make greater efforts to cultivate mutual self-respect and develop a sincere

regard for each other,—to acknowledge each others contribution to a common cause—that of serving our patients.

Once again I thank you for the honour you have done me in asking me to share this Conference with you. I must also thank the members of my staff—Dr. Goel, Dr. Srivastava, the House Surgeons

and the Nursing Staff who have taken a keen interest in organising this symposium. My thanks go to Dr. Sahani, Superintendent of the Hospital for his permission to bring some of our patients and equipment here ; and our Director of Medical and Health Services, Dr. Lal, for providing transport.

Nursing Problems in Paraplegia

by

Dr. M.K. Goel, M.S. (SURGERY) M.A. (ORTHO).

Lecturer in Orthopedic Surgery

I would first speak a few words on the 'Nursing Problems in Traumatic Paraplegia' in our hospital. I feel it is a privilege to speak on this subject before this distinguished gathering of nurses.

A few year ago young patients afflicted with traumatic paraplegia were condemned to the monotonous life of permanent crippledom. Not only this, but these patients underwent severe agonising mental and physical tortures ; they used to lie all day long, often soiled in faeces, wet in urine, and would inevitably develop large foul bed sores, intractable cystitis, the most revolting deformities, and finally sink in few weeks or months into the jaws of death. Their plight was pitiful, their sight horrible.

What a different scene today ! Due to the never waning zeal and enthusiasm, crossing obstinate hurdles with smile and perseverance, my revered Teacher and Chief-Professor B.N. Sinha, Head of the Department of Orthopedic Surgery, King George Medical College, Lucknow, has been able to establish an Orthopedic Rehabilitation Unit in this hospital where patients with traumatic paraplegia are properly treated and cared for. This has brought about a dramatic reduction in the mortality rate of these cases as compared with the high mortality rate of the past. We have been able to reduce the mortality rate to 15% and disprove the old conception that the paraplegic was unproductive, unemployable and socially useless. This

is probably the only Orthopedic Centre in our country where so many cases of traumatic paraplegia are being treated and rehabilitated to a life of useful citizenship. In spite of this we are miserably short of funds, equipment and trained nurses to efficiently carry out the complete management of these patients. If adequate facilities are provided, we can be certain that the mortality rate could be still further reduced.

Whatever else is said and done, nursing problems and opportunities, in these cases of traumatic paraplegia are tremendous. I will briefly discuss a few of them that we encounter in our department, under the following headings :

1. Reassurance to the patient.
2. Care of the skin.
3. Care of the bladder.
4. Care of Bowels.
5. Nutrition.
6. Sexual functions, spasms.
7. Physiotherapy.
8. Social and Occupational.
9. Some Problems.
10. Sympathetic and helping attitude of relatives.

1. Reassurance to the patient

We loudly emphasise the need to reassure the patient but it is often