

cal profession to resist any and every attempt to register Midwives, and the equally steady growth of feeling in favour of the Registration of medical, surgical, and obstetric Nurses. With our wide knowledge of the Nursing profession, we are convinced that we are on the verge of great changes in the calling. The old order is passing away, with most wonderful rapidity, and giving place to new. The most strenuous opponents of reform are becoming more and more converted to the doctrine which we, nine years ago, propounded—that reforms *must* be made in the Nursing world, and that the interests of the medical profession and of the public are too keenly involved for the present abuses to continue to exist. And, consequently, in every Hospital we see, almost every month, improvements and reforms being effected. From private information, we have reason to believe that the coming year will see very marked advances made in this direction; and that the great and old abuses—the deception of the public by sending out probationers from the wards of the Hospitals as thoroughly-trained Nurses, to the sick, and the sweating of the Nurses involved in this deception—may receive what will hereafter prove to be their death-blow. The prospects for the coming year, indeed, are much brighter than one could have hoped for, last December. And in that good hope we have all the more pleasure in congratulating our readers and ourselves upon the future, and in wishing them, one and all, a very Merry Christmas and a most prosperous and happy New Year.

Lectures on Elementary Physiology, in relation to Medical Nursing.

BY BEDFORD FENWICK, M.D.

Physician to The Hospital for Women, Soho Square.

LECTURE V.—THE NERVOUS SYSTEM.

(Continued from page 491.)

THEY will, perhaps, awake out of sleep with a startled scream, and immediately become convulsed; or, even more commonly, they may suffer from an attack and wake up in the morning feeling exhausted and worn out, and with a deep laceration in their tongue, due to the organ having been

bitten during their struggles, but entirely unaware of the fact that they have had an epileptic seizure. In such cases, the disease may not be recognised for some time, but gradually the general health begins to fail, the brain power becomes enfeebled, the attacks become more frequent, and take place even during the day. It is then that a typical attack of epilepsy occurs. The patient may be walking along the street and seemingly in his natural health, when he suddenly utters a loud cry and falls to the ground insensible; the face is convulsed, the tongue is protruded and bitten, blood and froth issue from the lips; the face becomes pale, the lips blue; violent convulsions of one or both sides of the body begin and continue for several minutes; these gradually cease, consciousness returns, and the patient is able to stand up and walk. But after a genuine attack, he usually remains more or less dazed and exhausted for some hours, and if put to bed will probably fall into a deep sleep. The whole attack has been aptly described as a "nerve storm," and its similarity to an electric disturbance is complete.

It is of considerable interest and importance to distinguish a true epileptic attack from an ordinary attack of fainting, from convulsions due to other causes, and even from feigned attacks of epilepsy. The violent convulsions distinguish Epilepsy from Syncope, in which the heart failure has caused consciousness to be lost, and in which, therefore, the patient lies completely quiet. In what are called "hysterical attacks," the patient, in order to obtain sympathy or notoriety, may feign to be unconscious, and to be convulsed, but she rarely, if ever, hurts herself in falling, as the epileptic often does. She does not bite her tongue, and she screams a great deal more; and in her case an application of the electric battery to the hands rapidly cures the attack, or even a glass of water dashed in the face is, in many instances, sufficient to effect recovery, whereas in an epileptic convulsion neither method would have any effect. In true, as distinguished from feigned, Epilepsy, the condition of the pupils is an unfailing test. They are usually dilated in the latter condition, and do not contract even when a strong light is brought near the face, whereas, during a feigned attack, lifting the eyelids and passing a light close to the eye causes the pupil at once to close.

(To be continued.)

[previous page](#)

[next page](#)