

convulsed; the eyes, as a rule, are fixed, and turned upwards beneath the lids, and it is useful to remember that the pupils are dilated, and do not contract when exposed to the light, a fact which distinguishes these attacks from convulsions due to other causes. The breathing sometimes becomes gasping or difficult, the jaws open and contract suddenly, so that if the tongue is protruded, as often happens to be the case, it may be bitten almost through; and if there be any injury to the tongue the foam which, in consequence of the action of the jaws, issues from the mouth becomes blood-stained. After a few seconds or minutes, the convulsions gradually cease, leaving the patient as a rule insensible and motionless; and if left to himself he will frequently sleep for several hours. The French term this affection *grand mal*, in distinction to another form of epilepsy which is very frequent, and which is termed *petit mal*. The latter consists of sudden giddiness, with or without loss of consciousness, with mental confusion or incoherence, and with or without slight convulsions. This form has aroused considerable interest because the patient sometimes becomes maniacal and may injure himself or others whilst suffering from the epileptic seizure. There are many cases on record in which patients in this condition have killed others or have killed themselves, and in the former case were quite unconscious afterwards of what they had done. An interesting fact with regard to Epilepsy is that an attack is often preceded by what is termed an *Aura*, that is to say, some definite premonitory symptom. For example, the patient may have sudden flashes of light before the eyes, or sudden loud noises in the ears, or some offensive smell, or a peculiar bitter taste in the mouth. Sometimes, the patient has an attack of palpitation of the heart, sometimes an attack of vomiting. Or, a sharp, sudden pain may commence in the hands or legs and slowly or quickly pass upwards, till it reaches the head, when the patient instantly falls, and has a typical attack. Whatever the premonitory sign may be, it is a curious fact that the patient almost invariably has the one and only symptom. At the present day, medicines are known to possess controlling effects over Epilepsy, and, therefore, the nursing to a large extent depends upon ordinary care of the patient between the attacks, while, during a fit, the first thing to be done is to introduce a small gag, such as the rolled up edge of a handkerchief, between the teeth, to prevent any injury to the tongue; to place a pillow under the head; to loosen the clothing round the throat and chest; and, generally, to pre-

vent him from injuring himself in the attack. It should be always remembered by nurses that epileptic attacks frequently occur during the night, and even during sleep, and it is known that patients may have the attacks for weeks or months before they are discovered to be suffering from Epilepsy; the first thing for which the doctor is consulted being perhaps, an unaccountable swelling and soreness of the tongue.

CATALEPSY.—Catalepsy is extremely rare, but it occurs with sufficient frequency to merit some description here. It consists of a sudden loss of consciousness with more or less fixation of the body in the position in which it happens to be at the moment. The body becomes perfectly rigid, and the insensibility of the skin is so complete that a pin can be pushed deeply into it without the patient feeling it, a fact which distinguishes true catalepsy from the spurious form which is one of the symptoms of Hysteria. The characteristic of the fit is that after lasting a few minutes the patient suddenly recovers consciousness, and may go on talking, playing, or working just as if nothing had happened. The disease is not known to be fatal except when the patient injures himself by falling, for example, upon a fire or in a bath, being burnt to death or drowned. The nursing, of course, consists chiefly, therefore, of watching the patient to prevent any such untoward accident happening during an attack.

(To be continued.)

## Lady Dudley's Scheme

FOR THE ESTABLISHMENT OF DISTRICT  
NURSES IN THE POOREST PARTS OF  
IRELAND.

Mrs. Gough (*née* Keyes) having resigned on the occasion of her marriage, Miss Bradshaw has been appointed to the Secretaryship of the above scheme. All communications, therefore, should now be sent to Miss Bradshaw, 30, Molesworth Street, Dublin, at which address the offices of the scheme are now situated.

The Secretary takes this opportunity of making known the fact that old linen of all kinds is urgently needed, and will be most thankfully received by her at the above address.

The object of the scheme, and the fact that only well-trained nurses are employed in connection with it, must commend it to public support.

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