Such are the fits which occur during teething in children, or from the presence of worms in the intestine, or those that are due to irritation from the pressure of a tumour or abscess on some part of the brain, or we may get the same thing in inflammation of the brain or its coverings. In children, constipation, a carious tooth, or even a plug of wax in the ear may give rise to rather alarming attacks of convulsions.

The commonest cause of destruction of part of the brain is some interference with its blood supply; thus we may get a hæmorrhage ploughing up part of the brain tissue, or a group of nerve cells may die from the cutting off of their blood supply by reason of the artery being blocked, either by a clot of blood (thrombosis) or by a portion of inflammatory tissue, or new growth which has been detached from some other part of the body and has been carried to an artery in the brain—this is known as embolism. Or there may be destruction of a portion of the surface of the brain from an injury, such as a fracture of the skull, with laceration of the brain by a fragment of depressed bone. In all these cases convulsions are often a prominent symptom.

The onset of convulsions is always sudden and usually unexpected, though in epilepsy the patients sometimes have premonitory sensations which enable them to know when to expect a fit. In the majority of convulsive attacks consciousness is lost, and the tongue may be bitten, and urine and fæces passed involuntarily during the attack. These latter signs are important as evidence of loss of control, and are useful in enabling us to distinguish between a fit which is due to disease and the feigned illness of the malingerer, or the emotional disturbance of the hysterical invalid.

Inasmuch as the majority of fits come on so rapidly that the patient is taken unawares, it is not uncommon for injuries to be sustained therein; the patient may fall and fracture a bone, or may tumble over a cliff, and several very interesting medico-legal questions have arisen over the point as to whether the injuries were the result of a sudden fit, or were produced by external violence. A practical point is that it is always advisable to make a very careful examination for broken bones or other injuries when we have to deal with anyone who is said to have had a fit, and some occurrences of the "shocking scandal in a hospital" type (which are so beloved of the Sunday papers of the more lurid type) have originated in the neglect to take this precaution before sending the patient home after a fit.

I do not propose to describe in detail the various kinds of fits or to discuss their diagnosis; these points can be studied in any text book of medicine. I have dwelt mainly on the pathology of fits in general as leading up to the practical point as to what we ought to do when a patient has convulsions, and this will be dealt with in the next article.

(To be continued.)

Fastidiousness in Nurses.

By Dr. Anne E. Perkins,
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We are inclined to think of nurses as immaculate, gentle, low-voiced, and softly moving, as indeed many of them are, writes Dr. Anne E. Perkins in the *International Hospital Record*. But anyone who has known a large number of probationers and nurses cannot fail to be surprised unpleasantly many times at some things that have not been eliminated in the evolution of training. In the matter of personal niceties, for instance, unless there is close supervision, nurses' rooms are likely to be left in disorder, with remnants of lunches, soiled clothes thrown about, etc. I have seen a nurse hang an artistic laundry-bag full of soiled clothes on the head of her bed and sleep with it there. How many are wearing corsets that would bear inspection? The average woman in all walks of life wears her corsets until they are astonishingly dirty, for which there is no excuse, as they can be readily cleaned or washed. How many would exhibit their tooth brushes? I have been astounded to see what people will put in their mouths. How many are never seen with a ragged petticoat, or a soiled collar, or missing buttons, soiled dressing sack or kimona?

I wonder if those who work closely over sick people realise how scrupulously careful they should be about odours of perspiration? Again and again one sees the nurse's uniform soaked with perspiration, in the axillæ, when she is moving or bathing a patient. A fastidious nurse will wear dress shields and frequently wash them, and certainly not economise in bathing daily. Unless sick people are very ill or unconscious they notice at once neglect of nails, teeth, presence of dandruff, odour of offensive perspiration and scent of perfume and sachet powder. The nurse is often the only one to come in close contact with a sick person for days or weeks, and everything about her is likely to be closely observed to her credit or discredit.

I have seen patients complain that a nurse used a wash-cloth to give a general bath and then used it again on the face.

Failure to cleanse a thermometer properly

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