

Clinical Notes on Some Common Ailments.

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FITS.

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We come now to the treatment of fits or rather of the patient who is suffering from one, and we can best deal with the subject by considering first what should be done to a person actually in a fit, and then how the recurrence of the attacks may be prevented.

Now we have to remember that to the lay mind a fit is a very alarming occurrence, and the natural instinct of the bystander is to do as much as possible; generally, many people do the same thing all at once and accomplish nothing of any value except getting in each other's way, though it must be admitted that this is of itself of some importance inasmuch as it prevents some at least of the prospective remedial measures from being applied to the patient. Perhaps the only point on which unanimity is at all common is that all the household at once consults the domestic medicine supplement of the cookery book, a literary effort which was probably written about the time of the battle of Waterloo, and whose precepts are generally distinguished for a similar heroic activity.

As a matter of fact, it is very seldom that we require to treat a single fit at all. We have to see that the patient does not hurt himself or others during the fit, but unless the attack is unusually protracted so that the circulation of the patient shows signs of failure, or he passes from one fit into another with but brief intervals of consciousness, we can usually do more good by treating the bystanders. The response of a certain much wearied house physician to an importunate sister who wanted to know what she was to do if one of her patients had a fit, namely, "Let him fit," perhaps made up in practical utility what it lacked in courtesy.

For convenience, we can divide this part of our subject into two parts, namely convulsions in infants (and young children) and fits in adults. In infants it is more often advisable to interfere during the attack than it is in adults, as the resistance of the patient is not so great, and we may, therefore, adopt measures which are calculated to check the convulsions if they do not stop of themselves in a short time or if the colour of the child is at all bad. In this connection, blueness of the lips is not of such bad import as pallor of the face, for the former rapidly improves as soon

as the child gets some deep inspirations, while the latter indicates that the left side of the heart is not acting well and that there is, therefore, danger of the brain not receiving enough blood.

In infantile convulsions, the best remedy lies in immersion of the child up to its neck in a warm bath to which a little mustard may be added. This generally checks the attack, and its only drawback lies in the fact that, if the attack is of itself a fatal one, the remedy is apt to receive the blame. Still, as this applies to almost every procedure that appears to the laity to be at all heroic, fear of the consequences should not deter us from adopting a generally useful measure.

Another very useful remedy is an enema of castor oil, or, if this is not at hand, a simple enema. As very many convulsive attacks are due to a loaded rectum this often acts like a charm, and in any case can do no harm. If the convulsions are very severe, a small dose of chloral hydrate may be added to the enema, but this requires some caution in its administration, as babies do not always stand chloral well. After the attack, when the child is able to swallow, a sedative such as two or three grains of bromide of potassium may be given in a mixture every four or six hours. A careful watch must in all cases be kept on the stools for the presence of intestinal worms, which are not infrequently a cause of infantile convulsions. If the infant is "teething" the old fashioned remedy of lancing the gums is more useful than is now generally supposed. Like venesection in other complaints, it has fallen into undeserved disrepute.

In adults, the problem is more complex, as the fit may be due to so many different causes, but we must first attend to the position and comfort of the patient so that he does not injure himself. He should be laid flat on his back on the ground, the clothes should be loosened about the neck, and in a female any tightly fitting corsets should be removed. Then, a spatula, or a piece of smooth wood, should be placed between the teeth so that the patient does not bite his tongue. In the fit itself this is all that is necessary, unless the attack is very prolonged, in which case a few inhalations of chloroform may be given. The mistake that is almost always made by the sympathetic bystander is the administration of something stimulating. Generally, brandy is given, but the feminine alternative of a cup of hot tea or coffee is almost as bad. The mere existence of convulsions of any sort is an absolute bar to any stimulant, and if the attack is due to a cerebral hæmorrhage, the

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