

bleeding is made more extensive by this means. Most of the "drunk or dying" tragedies have arisen in this way. A man has a fit; someone gives him brandy, and the policeman who eventually appears on the scene smells the stimulant and labels the patient as a candidate for the police cell, and so it has happened that when the cell has been opened the next morning in order that the unfortunate man may be haled before the magistrate, he has been found dead, and the post-mortem examination has disclosed a large cerebral hæmorrhage. The evening papers have then dilated on the incompetency of the authorities concerned.

In attempting to prevent the recurrence of fits we have two objects in view, to diminish the excitability of the nerve cells in the brain, so that they do not respond quite so readily to stimuli (or messages from various parts of the body), and then to search for any source of irritation which may be keeping up the attacks, and remove it if possible.

For diminishing the irritability of the brain cells, there is nothing to equal bromide of potassium or of ammonium. The bromides have a direct action on the cells themselves, and unless the dose is too large do not usually affect the patient's general health to any marked extent. Under a course of the bromides, any fits which are not due to an irritant often pass away completely, and it is possible to give them for an almost indefinite period. In epilepsy they are the only drugs that are of any real value, and in hysteria they are often almost as useful.

When the nurse sees a patient for the first time after any fit, she should endeavour to obtain a specimen of the urine for examination, as a convulsion is not infrequently the first sign of grave disease of the kidney, which has not previously given rise to any symptoms except general ill health. If the urine be not examined, it is quite easy to mistake the case for one of epilepsy or even hysteria. This error is a very grave one as far as the patient is concerned, for it means that no attempt would be made to eliminate the uræmic toxins by hot packs, and so on, in the manner described in a former paper in this series.

It is also very important that the nurse should observe—when she sees a patient in a fit—in what group of muscles the convulsions begin, and whether they are confined to that group or become generalised. Convulsions that begin and remain in one part of the body point to the existence of an irritant, which is annoying one particular part of the brain, so,

in such a case we are often able to determine what part of the brain is affected, and if that part is in an accessible situation, it may be possible to cure the patient by removal of the irritant. In this connection, I may describe a case which came under my notice not long ago and which illustrates the importance of the observation of a trained nurse. The patient was a child who had suffered for some weeks from headache, vomiting independently of food, and general muscular wasting, together with increasing dimness of sight. These signs, coupled with the fact that on examination of the eye a condition of inflammation of the ends of the optic nerve was found, pointed to the existence of a tumour somewhere within the skull, but that was as far as we could get. The wasting progressed, and the child was rapidly becoming blind, but any surgical procedure was hardly possible as there was then no indication whatever as to what part of the brain was affected. Though she was seen repeatedly by many medical men, no localising signs could be detected until one day the nurse reported that, for a short time only, there was a convulsive movement of the eyeballs when the eyes were directed to the right, and also a slight twitching of the fingers of the right hand, together with a slight loss of consciousness that lasted for a few moments only. Some days passed, but there was no return of these signs; still there was this observation of the nurse, who was quite positive on the point. Slight as the signs were, they yet, when taken together with some other small points, suggested that the right half of the cerebellum was probably affected. An operation was therefore performed, and on opening the skull in this region a large mass was found pressing on the right half of the cerebellum; this was removed, and the child made a complete recovery, and regained her sight. Had it not been for this one observation, it is possible that relief might have come too late, or not at all, as it was not by any means certain that the localising convulsion would have recurred.

It should always be remembered that convulsions may be feigned, and it is by no means uncommon for a malingerer to secure admission to hospital (generally just before Christmas) by a well timed fit in the casualty room. It is always good practice, in any fit, to make sure that the patient has not secreted a piece of soap in his mouth wherewith to imitate the foaming, which, though beloved of the novelist, does not, as a matter of fact, often occur in a real attack of convulsions. When the malingerer falls down "insensible" he

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