

side of the body frequently affected more than the other. There is violent closing of the jaws; the tongue is liable to be bitten; a foam issues from the mouth, often coloured by blood; the eyes quiver or roll about, or are fixed and staring; the hands are firmly clenched, and the thumbs bent inwards upon the palms; urine, &c., sometimes escapes involuntarily; the breathing is impeded by spasm of the larynx and performed with a hissing sound; the cheeks and lips are of a deathly pallor; the veins of the neck and forehead distended, the heart acts tumultuously, and death seems inevitable. Gradually, however, the symptoms remit, and the patient recovers consciousness slowly and regards the attendants with wonder, and then generally falls into a quiet and sound sleep, and awakes without any suspicion of having had an attack, and may merely feel languid and inert. During the fit the patient needs to be watched and care taken to prevent the tongue being bitten: it is a good plan to put a firm but soft plug of cork or some similar material between the jaws.

The convulsive movements should not be restrained by force; artificial restraint during attacks may result in more rapid loss of reason. The patient's head should be slightly raised, and all tight clothing loosened, which is likely to interfere with circulation and respiration.

Medicinal remedies are all three salts of bromide, the strength and doses according to the age of patient and severity of attacks. Excitement should be avoided: diet generous, but simple; vegetable is preferable to animal food; only a small amount of meat is allowed, alcohol, strong tea, and coffee are forbidden. Epileptics are personally unfitted for married life, and are incapable of having healthy children.

Petit mal is a mild form of the disease, in which there is slight or even unobserved convulsion, only a transient pallor of the face, no bitten tongue, no foam, and only momentary obscuration of the mental faculties. There is an endless variety of this milder form, and it often alternates with Grand mal, or the lesser develops into the greater.

Some patients have premonitory symptoms called the "Aura." The most striking premonition is a sensation of cold or warm air, or the creeping of an insect along the skin towards the head, and as soon as it stops a fit occurs. This knowledge helps a patient to secure a place of safety for himself, or in some instances a remedy, such as nitrate of amyl, may avert the paroxysm.

Other patients have in modified epilepsy

peculiar delusions, and may become dangerous to those about them.

Epilepsy may continue from childhood to advanced age. The consequences are generally disastrous, both on the physical and moral condition: severe attacks enfeeble the memory, and in some cases terminate in general paralysis.

A remarkable historical fact has not been accounted for by physicians. Julius Cæsar, Wellington, Napoleon, and the Grand Duke Charles of Austria, four of the greatest generals the world has known, were all subject to epileptic fits. (Taken from "Hic et Ubique" by Sir William Fraser.)

And a distinguished physician remarked of Mahomet (who was an epileptic) if he had been dosed when he was young with twenty or thirty grains of bromide thrice daily for a long period, the course of the world's history might have been differently ordered indeed.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss M. Cullen, Miss S. Simpson, Miss B. Widdop, Miss A. Dyer, Miss Dawson, Miss T. Guinan, Miss H. Scott, Miss S. Crisp, Miss J. E. Gilchrist, Miss M. Spencer, Miss J. van Sermbeek.

Miss S. Simpson writes:—Although the name is commonly associated with the idea of convulsions, and these indeed occur in the most typical and severe forms of attack, still, it is important to note that coma is almost invariably present with the convulsions, and in many slighter attacks there is no convulsion at all; and its recognition, to a certain extent, depends on the absence of any other symptom from which the existence of structural lesions or diseases likely to cause convulsive phenomena could be inferred.

Miss B. Widdop points out that in the intervals between the fits the patient should lead as quiet a life as possible, free from excitement and worry. His food should be plain and nutritious, containing the minimum amount of alcohol possible. His bowels should be kept open by a frequent aperient. Some patients can abort the complete attack by certain manœuvres after the warning given by the aura. Often they can lie down on the floor, and thus avert mechanical injury. They should be instructed to do this. They must not, of course, follow a dangerous occupation.

QUESTION FOR NEXT WEEK.

What do you understand by summer diarrhoea in infants, and what is the cause?

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