

OUR PRIZE COMPETITION.

DESCRIBE THE PHASES OF AN EPILEPTIC SEIZURE.
STATE WHAT YOU WOULD DO FOR A PATIENT
DURING ONE AND AFTERWARDS?

We have pleasure in awarding the prize to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Epileptic seizures are usually divided into two forms, the severe or *grand mal* and the slight or *petit mal*.

An epileptic seizure of the severe type is sudden in onset. It is generally preceded by an "aura" or warning to the patient, which differs in various persons. It may be a feeling of general uneasiness, or feeling of dizziness, or some sensation in a part of the body peculiarly evident to the affected person. At the instant of the attack the patient may give a peculiar scream, become suddenly pale, and fall with the body and limbs perfectly rigid, the head and eyes turned to one side, with the features distorted. All consciousness is lost. The eyes are insensitive to light or touch. The rigidity lasts for a few seconds, giving place to violent convulsions. The face becomes flushed and then livid, as the respiration is stopped. There is frothing at the mouth, which may be streaked with blood if the tongue has been bitten, which not infrequently happens. The finger nails may indent the palms of the hands. The convulsions last about two minutes, and the termination is spontaneous. The respiration commences again; the lividity passes off, the spasms come to an end, leaving the patient relaxed; unconscious, and exhausted. He may gain consciousness after a short interval, but more usually falls into a deep sleep, waking with a feeling of dullness or depression, but without recollecting what has happened.

During a seizure of *grand mal*, incontinence of urine is frequent; fæces may also be voided, but more occasionally.

An epileptic seizure of slight degree, *petit mal*, is only momentary in duration; the consciousness is not lost, but clouded, the patient stopping suddenly in action in whatever occupation he may be doing, while the face turns pale, and the eyes have an absent-minded or strange staring look. There may be a feeling of faintness. Most cases recover immediately, and go on with their occupations without attracting notice to their condition. The principal danger in epileptic seizures is from accidents which may occur, such as falling into the fire or into water, or striking the head when falling suddenly, causing wounds and bruises.

In bed at night, when attacks occur during sleep, the face may be turned over on the pillow and breathing stifled.

If the seizure is preceded by a warning, the patient should be quickly guided to a safe position, laid down, and the clothing of neck and body loosened. A pencil, cork, or some hard substance should be placed between the teeth to avoid the tongue being bitten during the convulsive movements of the lower jaw. No drink should be given to the patient during an attack, and the head should be kept on one side in case of vomiting. Nothing particular can be done till the attack works itself out. Afterwards the patient should be allowed to sleep. Attention should be paid to the bowels, and light, easily digested food should be given. Attention should be paid especially to healthy habits of living, plenty of fresh air and sleep, with avoidance of late hours, excitement, or worry. Plain nourishing food should be insisted upon, and avoidance of constipation. In cases of adults, no stimulants should be taken, and their occupation should be a healthy outdoor one if possible, and where they will not be exposed to danger in case of an attack.

In children if attacks are frequent they should attend a special open-air school where there is no pressure of mental attainments required, and where they would be under trained supervision. The removal of enlarged tonsils and adenoids, and any measures which would improve the general health, should be recommended. In slight cases seizures may occur at long intervals, and cease altogether with care and attention. In chronic cases seizures may occur at frequent intervals, tending to loss of memory, depression of spirits, and fits of temper. In a large number of cases the patient may be weak-minded at the outset, the family history showing an hereditary lack of nervous balance.

The onset of epilepsy is most common from childhood up to twenty years of age. Epileptic children should be under medical treatment. The person in charge should take accurate note of the onset of attacks, their nature and duration, also the subsequent condition and behaviour of the patient, as the medical man may rarely have the opportunity of witnessing a seizure of a patient who is well enough to go about daily duties.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss B. Guy Johnson, Miss L. C. Cooper, Mrs. Farthing, Miss I. Somers Hancock, Miss R. Gleazer, Miss G. Burke, Miss M. Tucker.

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