

## POST-CARD EXAMINATIONS.

WE are pleased to be able to announce that the eighteenth of this series of examination questions,

"Describe what you would do in the case of a patient being seized with an Epileptic Fit,"

has brought forth an unusually large number of responses. Nurse Birrell, whose card we reproduce, has secured the prize of a book or books of the value of five shillings:—

22 Portland Place  
 Carlisle  
 April 10/91  
 Nurse Birrell  
 M.R.B.N.A.  
 The following is what you would do in the case of a patient being seized with an Epileptic Fit.  
 To loosen everything around the patients neck and raise him to a sitting position and apply cold vinegar cloths to the head. A cork or something similar placed between the teeth to save the tongue being bitten. Mustard poultice applied to the calves of the legs and waps of the neck and a hot bottle to the feet and the fumes of ammonia held under the nostrils should the convulsions continue a drop or two of Croton Oil should be placed on the tongue and an injection of 1 oz of Spirit of Turpentine & a pint of gruel should be given.  
 I obtain the Nursing Record from Mr. Steward Bostcher's sale.

The following are considered worthy of honourable mention:—

MRS. E. M. NEWTON, M.R.B.N.A. :—

I should at once place a folded napkin or piece of soft wood between the teeth to protect the tongue. Remove any tight clothing, especially about the neck, and if possible place the patient on a bed or sofa; raise the head very slightly;

apply heat to the feet and cold to the head, and have plenty of fresh-air in the room.

MRS. C. SKENE KEITH :—

If a patient is seized with an epileptic fit and you can see it coming on, place him in a safe position and loosen all clothes round the neck and body. Nothing can be done during the fit, except to prevent the tongue from being bitten, so place a cork or several folds of a pocket handkerchief between the teeth; and hold the lower jaw down, and push the tongue back if already caught. Let the patient sleep afterwards if inclined, and no drink or fluids should be given. If the warning begins in the hand or foot, a ligature may be tied tightly round the limb at some part above, as it may prevent the convulsions. Diet, moderate.

MISS FLORENCE SHEPPARD :—

The patient should be quickly placed in a safe position, all clothes being loosened about neck and body; place a pencil, india-rubber, or several folds of pocket handkerchief between the teeth, the lower jaw being held down, and the tongue pushed in if it is already caught. No stimulants or fluid of any kind should be given. After the attack the patient should be induced to sleep.

MISS JANE QUINTON, M.R.B.N.A. :—

In case of epileptic fit, take the patient firmly round the waist and place him gently on the floor, the head slightly raised on a cushion. Roll a handkerchief into a small pad, and place between the teeth as much to side of mouth as possible to prevent biting the tongue; in no case restrain or hold a patient, except to prevent his hurting himself against the furniture. When the paroxysm is over, cover him with a rug, or place him gently on a couch, and let him sleep as long as he will.

MISS HEY :—

In the case of a patient being seized with an epileptic fit, I should at once lay him (or her) down, raising the head slightly. As quickly as possible I should remove anything which might injure him, loosen anything tight about the throat, and insert a piece of india-rubber, or anything soft which was at hand, between the teeth, to prevent the biting of tongue and lips, which is so frequent in these attacks. This being done, I should watch quietly by the patient, taking care that the sleep which usually follows an epileptic fit, and which is so beneficial to the patient, should not be disturbed.

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