

OUR PRIZE COMPETITION.

WHAT ARE THE POINTS OF DIFFERENCE BETWEEN EPILEPSY, CHOREA AND HYSTERIA? GIVE THE TREATMENT AND MANAGEMENT SUITABLE FOR EACH.

We have pleasure in awarding the prize this week to Miss Eliza Noble, St. George's in the East Infirmary, Wapping, London, E.1.

PRIZE PAPER.

EPILEPSY is a disease which shows itself by sudden periodic disturbances of the brain functions, causing the patient to fall. It may assume two forms: (1) minor epilepsy, (2) major epilepsy. In the former there is only momentary loss of consciousness. In the latter the patient becomes unconscious, after which respiration is arrested and the muscles become rigid. The next stage is that of clonic spasm when respiration returns in a jerky manner and the muscles of both body and limbs twitch convulsively. The tongue may be bitten, there is frothing at the mouth, and urine and fæces may be passed involuntarily. The patient then passes into a comatose condition, but sometimes this stage is replaced by intense violence and excitement.

Treatment: (1) The Fits; (2) The Interval between them.—(a) During a fit prevent patient from hurting himself. Clear mouth if necessary, and place something between teeth to protect tongue. Loosen the clothing about the neck and waist. Place a pillow under the head and remove any furniture near patient and carefully watch him until consciousness returns.

(b) Epileptics require to be under constant supervision. Climbing should be prevented, or standing near open fire-places. The bedstead should be low and any false teeth removed. The bowels should be kept freely open, and nitrogenous foods given sparingly.

CHOREA is characterised by irregular involuntary movements of different parts of the body. It is chiefly a disease of childhood, and occurs most often in girls. It is rarely hereditary, but children whose parents are neurotic or rheumatic are ready victims.

Symptoms.—The child is in a constant state of movement, whether lying, sitting or standing. There may be mere restlessness and an inability to keep still, slight twitching of the face, and an involuntary tendency to protrude the tongue and make grimaces. These movements are exaggerated when the patient attempts to feed herself. The child is emotional, irritable, subject to fits of crying, and there may be much pain in the limbs.

Treatment.—Rest in bed is essential, and the bed screened off. Sometimes it is necessary to pad the bed to prevent patient from hurting herself. The diet should be nourishing and ample. A warm bath given daily, and before removal from bath, a cold wet sponge should be quickly passed down the spine and patient be briskly rubbed with hot towels. Massage is often very efficacious. Drugs which act both as a tonic and a nerve sedative are sometimes ordered, so as to allay the irritability and procure sleep, as the latter is a most important factor in preventing the wasting of the muscles.

HYSTERIA is a definite disorder, occurring chiefly in neurotic females. The symptoms include mental as well as bodily changes. The bodily symptoms consist of exaggeration, diminution or perversion of sensation. There may be loss of sensation of one limb, or the whole side of the body may be affected; or there may be paralysis of one or more limbs. The various systems of the body may undergo changes. There may be vomiting after food, retention of urine, high temperature, and loss of weight. The patient may have a fit, which at first resembles an epileptic fit, only she does not fall so suddenly, and seldom injures herself. The various stages of the fit are not so marked, and there is more design in the movement. The eyes are closed, the eyelids tremulous, and the eyeballs may be turned inwards or outwards. The tongue is not bitten. There is no definite clonic stage, and the fit lasts longer, and instead of the coma, the patient has wild outbursts of laughing or crying.

Treatment.—The patient requires to be firmly but kindly treated. A regular life is essential, and plenty of rest. The diet should be liberal and nourishing. Exercise should be taken in the strictest moderation. Special attention paid to the bowels, and any retention of urine reported.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Linda M. Smith, Miss M. James, Miss P. Thomson, Miss R. Ross.

Miss Linda M. Smith writes concerning the nursing of chorea:—Bed or cot rails should be well padded, and a mattress on the floor is in many cases advisable.

QUESTION FOR NEXT WEEK.

What do you understand by a disinfectant? What methods would you recommend for the disinfection of (a) sheets, (b) mattresses, (c) boots, and (d) furs?

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