

CONVULSIONS.

The term "convulsions" is more popular than scientific and covers a great number of widely different conditions. Broadly speaking, there are two main forms, infantile convulsions and the convulsions which are a synonym for epilepsy. In each of these two main classes there is an almost infinite variety of diseases whose complete description would require many books. But even in the space of this short Red Cross article, it should be possible to outline some of the most important and interesting features of these diseases.

Infantile Convulsions.

A French medical society, with branches in all the Provinces, has recently organised a system of collective research. A special subject having been chosen, the general practitioners of each branch meet locally and pool their knowledge and experiences of this subject. Each branch then sends a report or representative to a general meeting in Paris where the same subject is again pooled, and a summary is made of the observations and general conclusions. In January 1934, the subject of this discussion at the Hotel-Dieu in Paris was infantile convulsions.

Their frequency appears to be declining in many areas thanks to the educational activities of the medical profession, to pre-natal and post-natal welfare, and to the campaign against alcoholism. Though the public is firmly convinced as to the importance of the part played by the teeth and intestinal parasites in the genesis of infantile convulsions, medical opinion is still divided on this score. Heredity, however, it is generally agreed, plays an important part, as do birth injuries.

Every mother wants to know if her child's convulsions are serious or not, and what the implications are for the future. Are they the forerunner of epilepsy or some other serious disease of the brain? The answer is reassuring. The convulsions which overtake a child between the third month and the third year of life nearly always pass off without serious consequences. But though very few subjects of infantile convulsions become epileptic, many if not most epileptics have a history of convulsions in early childhood. At the time, no one can say whether infantile convulsions are the forerunner of epilepsy or not. There is just this safe generalisation: most infantile convulsions lead to nothing worse.

Epilepsy.

Epilepsy is so common that most of us have encountered it more than once. Our ancestors traced it to the influence of heavenly bodies or to the invasion of the patient's body by a demon. Many ancient works, including the New Testament, give accounts of this disease. Not only its causes, but also its manifestations are most varied. At the one extreme there is the full-fledged fit (*grand mal*) and at the other there is the brief moment of mental confusion with automatic acts which easily escape notice. Transient loss of consciousness without convulsions is commonly known as *petit mal*. According to Dr. W. G. Lennox, only about 5 per cent. of the epileptics in the U.S.A. are in institutions. The majority of epileptics, when given a proper chance, are able to live fairly normal lives. Mental deterioration is not inevitable. Indeed, it is the exception rather than the rule. And the tendency towards mental deterioration can in some measure be combated by the maintenance of interest in life and by sensible adjustment to the environment.

Popular opinion has much exaggerated the importance of heredity. But the hereditary factor must not be ignored, particularly when an epileptic contemplates marriage. In the absence of a family history, and in the presence of some birth or other injury responsible for the epilepsy, the patient who marries is not more likely than his neighbour to beget

epileptic children. Other predisposing causes of epilepsy than birth injuries and accidents involving the brain later in life are certain infections such as meningitis, encephalitis, syphilis, etc. Such poisons as lead and alcohol may also predispose to epilepsy.

Once a tendency to epilepsy exists, a convulsion may be precipitated by almost any irritation or stimulus—constipation, eye strain and the whole gamut of emotional storms. Here, then, is the clue to preventive treatment. The patient whose environment is harmonious and whose physical and mental health is maintained at a robust level, may pass months and even years without a full-blown attack. The diet should be varied and should include meat. In the case of children, at any rate, a diet rich in fats and poor in starchy food is often very beneficial.

Drugs do not cure, but as sedatives they are often useful in lessening the number and severity of the fits. The choice and the dosage of sedatives must be left to the doctor in charge; and the patient who doses himself with the expensive proprietary remedies advertised by unscrupulous quacks is not only risking his health and fortune, but is also laying himself open to the charge of that mental deterioration with which his fellow patients are so often unjustly credited. The patronage of patent medicines is often, but not invariably, evidence of mental deficiency.

(Communicated by the Secretariat of the League of Red Cross Societies.)

THE POLISH STATE LAW FOR NURSING, 1935.

Miss Olive Baggallay, Secretary of the Florence Nightingale International Foundation, during her Study Tour with Miss A. Goodrich to ten European countries collected some extremely interesting information in Poland concerning the Polish State Law for Nursing, 1935, which was passed in February, published in April, and came into force on July 1st. From the details with which Miss Baggallay has kindly supplied us we publish the following items:—

SECTION I. REGISTRATION OF NURSES.

Chapter 1. (i) By nursing practice the following functions are understood:

The professional care of the sick, both in the Hospital and in the Home.

The carrying out of doctor's orders for the care of the sick.

The promotion of hygiene, the teaching of personal hygiene and the prevention of disease: both in the homes and in social institutions of various kinds.

Chapter 2. (i) Only those are entitled who are qualified in the manner prescribed by the Law, and they alone may use the title of "Nurse."

(ii) The administration of this Law is the responsibility of the Minister of Social Welfare.

Chapter 3. The right to be registered as a nurse may be:—(i) permanent; (ii) temporary.

(i) Permanent registration can be acquired by those holding the certificate defined under Chapters 10 and 11 of this Act.

The Minister of Social Welfare may give the rights of registration to those Polish citizens who hold a foreign certificate of nursing of recognised standing.

(ii) Temporary registration may be given by the Minister of Social Welfare to those persons not Polish citizens who—

(a) Before this Act had completed a course of training in a recognised Polish training school;

(b) Have completed the course of training prescribed by this Act;

(c) Have completed an approved course in a foreign training school.

[previous page](#)

[next page](#)