

## New police museum to open

New Zealand's second public police museum, having earlier been a brothel, is being established within a comfortable drive of Wanganui.

The museum is being established in Dannevirke by Bruce and Maureen Lyon.

The project also embraces bed and breakfast accommodation.

Bruce and Maureen now occupy an Historic Places Trust Building built in 1923, what was the Public Trust Building, in High Street.

Before Bruce and Maureen took over the building, it was a brothel.

Bruce said the only other police museum in New Zealand of which he was aware was in the Police College complex at Porirua.

He said his museum would be an International Police Museum, and two thirds of the ground floor was being converted for it. A part would be for the New Zealand Police, a part for what was the Ministry of Transport and a part for International Police.

The back of the 5,500 sq ft building would hold police cars and motorcycles, an old Ministry of Transport patrol car, an Italian Police motorcycle, a Police dog van and a Police prison truck.

Hopefully the collection would grow, although that was income-dependent, Bruce said.

Bruce was a senior sergeant in Hamilton before retiring from the police and shifting to Dannevirke. He became a traffic officer in 1973 and joined the police in 1992, when traffic officers were amalgamated with the police.

He said he used to say that when he retired from the police he would add a room on to his house to show his collection. Then the Dannevirke building had been for sale.

Bruce said he hoped to open the bed and breakfast part of the operation in a few weeks and, hopefully, the police museum would open in April.

There is a full wheelchair access suite downstairs, with provision for a caregiver, whilst upstairs there are two bedrooms, each with their own bathroom.

Rooms had been done up befitting the style of the 1920s.

### What is epilepsy?

Epilepsy is a common neurological condition affecting about 1% to 2% of the population of New Zealand. Epilepsy is characterised by recurrent seizures. Seizures may present themselves in many forms but are always due to temporary bursts of uncontrolled electrochemical activity within the brain.

Everyone who has epilepsy experiences it in a slightly different way. There are people who have just one type of seizure while others have several types. Some people may have additional medical problems that make adjustment to everyday living more of a challenge.

### Who can develop epilepsy?

Everyone has a genetically determined seizure threshold. Anyone can have a seizure if the trauma or disturbance is great enough to exceed their threshold. About 10% of people will have one or two seizures brought on by some particular trauma, but they will not go on to develop epilepsy. To be diagnosed with epilepsy a person must have ongoing, recurring seizures.

Anyone of any IQ level, any ethnic or socio-economic group, any gender or age, can develop epilepsy.

### What causes epilepsy?

Common causes are: Brain trauma; Severe brain injuries; Tumours; Infections – meningitis, encephalitis; Degenerative/Vascular; Stroke; Hormonal changes; Toxins; Generic; For about 50% of people the cause is unknown.

### Recognising seizures

As personality, movement, consciousness, memory, sensation, mood and our

senses are all controlled by the brain, a seizure can take any form depending on which part of the brain it arises from.

It may present as a convulsion, unusual body movement, a change in awareness, or simply a blank stare. The person may be fully conscious or completely unaware of what is happening.

Seizures are classified as partial – affecting a small part of the brain – or – generalised – affecting the whole brain.

### There are numerous types of seizures that affect people differently including:

**Simple Partial**  
Consciousness is not impaired. Symptoms may present as:

-Tingling, jerking or numb sensation in arm, leg, face, etc;

-Stimulation of a sense – smell, hearing, sight, taste, touch;

-Stimulation of an emotion – fear, anxiety, elation, depression, etc;

-An altered cognitive or psychological state;

-A change in an autonomic function – speeding or slowing of heart rate, blood pressure altered, nausea, etc.

### Complex Partial

During complex partial seizures the person's consciousness is changed, altered or impaired.

-They may appear confused or as if they were sleepwalking, drunk or drugged;

-Some people may simply stare in a vacant fashion;

-There may be semi-purposeful inappropriate movements or automatisms such as lip smacking, picking at clothes, picking up objects or wandering about.

Some people will respond verbally but usually in an incoherent fashion:

-Seizures may last for a

few minutes. The person is usually not aware of what is happening and afterwards may not know the seizure has occurred;

-Full consciousness returns gradually and complete recovery may take several minutes.

The person may be somewhat emotional as they are returning to full consciousness.

**Generalised seizures**  
These seizures involve the entire brain and a complete loss of consciousness.

### Tonic Clonic

Loss of consciousness and falling (if standing) and then there may be:

-Stiffening, breathing may be shallow or stop, skin may be pale – blue around mouth, followed by;

-Rhythmic muscle contractions jerking, shaking;

-Breathing may be shallow or noisy – may be froth or saliva from mouth;

-Bladder or bowel control may be lost;

-Usually last one to 15 minutes;

-Consciousness regained gradually;

-Confusion and tiredness after the seizure;

-Full recovery may take minutes or hours.

### Absence Seizures

These seizures begin in childhood and in most people do not continue into adulthood. A child can have hundreds of these seizures in a day.

-A brief loss of consciousness usually lasting five to ten seconds but the person does not fall;

-There may be fluttering of the eyelids or brief jerking of the head or arms;

-It can look like daydreaming;

-Recovery is instantaneous.

### Atonic

-Sudden loss of consciousness with a loss

of muscle tone – causing the person to fall, usually forward;

-Previously known as 'drop attacks';

-Injuries common, especially to the face and head;

-Recovery usually immediate.

### Treatment of epilepsy

Many people have their seizures successfully controlled with anti-epileptic drugs (AEDs). This is the most common way epilepsy is treated. AEDs do not cure epilepsy, their aim is to prevent seizures by acting in some way to control the excitability of the brain. There are various anti-epileptic drugs available, some of which are more suitable for certain seizure types than others.

Along with AEDs various lifestyle issues impact on the control of seizures. For information on this topic see the Epilepsy New Zealand brochure 'Epilepsy in Daily Life' or visit our website [www.epilepsy.org.nz](http://www.epilepsy.org.nz)

### Epilepsy should not be a barrier to success

Living successfully with epilepsy requires a positive outlook, a supportive environment, and good medical care. Coping with the reaction of other people to the disorder can be the most difficult part of living with epilepsy.

If you have epilepsy educate yourself and others about epilepsy. Your common sense, openness and directness with your family, friends and colleagues will help to dispel the concerns associated with epilepsy and let you get on with living.

When you and all your associates understand this condition you can really 'live well with your



epilepsy'.

Epilepsy New Zealand employs Field Officers who are available to discuss epilepsy and lifestyle issues with you. Should you wish to make

contact with your local epilepsy field officer please contact Lyn on (06) 347 1081 or phone (06) 346 1081 for an appointment, or email: [lyn.wng@epilepsy.org.nz](mailto:lyn.wng@epilepsy.org.nz)



### Our Field Officer Service

Providing: information, support, advocacy & social groups for people with epilepsy home & other visits available, education sessions for schools, community groups, carers and workplaces etc

Wanganui Branch  
Community House, Room 102  
Ph / Fax 347 1081  
Email: [wanganui@epilepsy.org.nz](mailto:wanganui@epilepsy.org.nz)  
0800 20 21 22  
[www.epilepsy.org.nz](http://www.epilepsy.org.nz)

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**STROKE FOUNDATION**

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Enquiries welcome.

President, Beryl Fishlock  
Phone 344 6911

Field Officer, Cheryl McIver  
Phone 343 2558

Secretary/Treasurer, Judith Massey  
Phone 348 9554

**Whanganui Stroke Support Group**

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**COMMUNITY HOUSE**  
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