SIGNIFICANCE OF CONVULSIONS IN INFANCY

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There are two opinions about the significance of convulsions in infancy. One is that convulsions within the first two years of life are of no serious significance, that many children have them, and that these children are no more likely than others to have convulsions later in life. This view is often held by parents and general practitioners. Peterman (1939) supports this view, as follows: "The young child is subject to certain hazards and diseases. These diseases are characterized by a tendency to produce convulsions. Once these hazards have been safely passed, the child is no more susceptible to seizures than is the adult under similar circumstances." The second opinion is favoured by neurologists. They usually hold that infantile convulsions are the early manifestation of epilepsy. Turner (1907) found in his series of 1,000 epileptics that the greatest number beginning in any single year occurred in the first year of life.

The purpose of this paper is to present some evidence which may contribute to the formation of an opinion on the significance of these convulsions.

Present Investigation

The evidence is based on observations obtained from two groups—a group of 200 patients attending hospital as out-patients on account of epilepsy, and a control group. Each group is subdivided into two according to age—namely, one to contain subjects aged 2 to 15 years, and the other to contain those from 15 to 35. The 100 controls aged 2 to 15 were out-patients at the Hospital for Sick Children or at the Leicester Royal Infirmary, which they were attending for disorders other than epilepsy; the 100 controls from 15 to 35 were acquaintances of one of us (P.W.N.), and included a large number of hospital workers, nurses, technicians, and doctors. The 200 epileptics were out-patients attending the National Hospital on account of this disorder.

It will be understood that in the epileptic groups there is selection to the extent that no one is included who has to live in an institution—such as an epileptic colony, an institute for mental defectives, or a mental hospital. The epileptics are those who remain within the normal community, living in their own homes, attending London schools, and working; and those in the control groups are their counterparts, but having no fits. No one was admitted into the control group unless he was able to find out from his parents whether he had had infantile convulsions; also, in the epileptic group the history was always obtained from a parent, who was asked about the occurrence of any convulsions, fits, faints, sudden stiffenings with loss of consciousness, or facial expression of vacant staring.

Of the control subjects, two (2%) in each age group had had infantile convulsions. Of the 100 epileptic subjects from 2 to 15, 34 had had infantile convulsions, and of the 100 from 15 to 35, 14 had had infantile convulsions.

This pronounced difference—2% in the control groups and 14% and 34% in the epileptic groups—makes it clear that convulsions within the first two years of life are to be taken as a manifestation of epilepsy, and that the subject so afflicted is likely to have a recurrence of fits in later years. It also seems that the recurrence is likely to show itself before the fifteenth year. It is of interest that this percentage of those having a recurrence of fits before the age of 15 is so much higher than that of those having a recurrence after the age of 15. This may indicate that the longer the child lives free from convulsions the less likely he is to have any.

The question arises, If convulsions within the first two years of life indicate that the child is an epileptic, should some treatment be started? General neurological opinion holds that the longer the subject remains free from attacks the less likely he is to have further attacks. The lower percentage in the older epileptic group supports this belief. This observation upholds the view that any child having convulsions should be treated with anticonvulsant drugs for a prolonged period, and possibly for years.

REFERENCES

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Medical Memoranda

Bilateral Hydrosalpinx with Torsion of Both Tubes

Torsion of the Fallopian tube is an uncommon condition, but cases are reported in the literature fairly regularly. Anspach (1912) was able to collect 95 cases, and in 62 of them the lesion of the tube was a hydrosalpinx. Eastman (1927) brought the number of cases of torsion of hydrosalpinx up to 91, and Goldberg and Olim (1938) increased the figure to 108. The condition, therefore, is not excessively rare, but bilateral torsion is extremely uncommon. Anspach records seven instances in his paper, and since then additional cases have been described by Sénéchal (1932), Pineda and Campagnoli (1934), and Ficklen (1938).

CASE REPORT

A nulliparous married woman aged 24 was admitted to the West Middlesex County Hospital on May 31, 1948, complaining of a sharp knife-like pain in the right loin, radiating round to the front of the abdomen and down to the pubes, of twenty-four hours' duration. There had been nausea but no vomiting. Her bowels had been regular and micturition had been normal apart from slight difficulty in initiating the act since the onset of the pain. Her periods took place every 23 days and lasted seven days. She experienced some backache on the first day. Her next period was expected on the day after her admission, and in fact it began that day. She complained of some yellow vaginal discharge which was most pronounced on the two days before the onset of menstruation. Her previous health had been good; she had never experienced a similar attack of pain in the past. She had undergone two minor operations for the correction of a narrow introitus.

On physical examination her temperature was 100° F. (37.8° C.), pulse rate 92, and respirations 20. The tongue had a moist white coat. The abdomen moved fairly well on respiration, and there was slight tenderness and muscle-guarding in the lower quadrants of the abdomen, greater on the right side than on the left. Rectal examination revealed the presence of two cystic swellings (or one bilobular swelling) in the pouch