With our present knowledge I am firmly convinced that, with proper precautions, the operation for removal of tonsils and adenoids can be performed on out-patients with as little risk as upon in-patients.

REFERENCES

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EPILEPSY AND PREGNANCY

BY

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The following cases are examples of a condition which appears to be sufficiently uncommon to merit notice.

Mrs. A. B. was seized with what was at first taken to be a series of very severe eclamptic convulsions starting ten days after the birth, at full term, of her first and only child (a stillborn male) in October, 1928. The description given by her husband was that she twitched all over and frothed at the mouth, and that she became unconscious and remained so almost continuously for four days, during which time there were frequent twitchings and convulsions, accompanied at times by the passage of urine and faeces. For the last month before delivery she had been confined to bed on account of albuminuria. Apart from this there was no history of previous illness; her husband also was healthy. Five months later, and again at intervals of seven and three months, she had further fits. During this time she had been treated with bromides. The omission of this drug shortly before she attended hospital in June, 1930, was followed by the occurrence of further fits, which were similar to the first, but not so severe, and lasting only a few minutes.

The only point of interest in the family history was that the father, who was still alive, had suffered from asthma as long as the patient could remember. Her mother and one brother were alive and well; the patient had never had any other brothers or sisters. There was no abnormality to record in the menstrual history. Physical examination failed to reveal any condition pointing to the presence of a cerebral tumour or other organic disease. Neither albumin nor sugar was detected in the urine. The blood pressure was 130/80. Wassermann and sigma reactions of the blood were negative.

In the second case, the patient was aged 28 when she had the first fit, in January, 1924. She was then six months pregnant with her first child. Whilst she was walking she had a sudden loss of power, preceded by numbness and accompanied by twitching in the left arm and leg. This lasted, she estimated, about three minutes, after which she was able to walk again. A few days later she had a "fit" during the night. On this occasion she "struggled violently," bit her tongue, was incontinent of urine, and later on suffered from a severe headache. During the remainder of the pregnancy the attacks of twitching and loss of power—always in the left leg and arm—increased in frequency up to three or four per day. The labour was normal, but fits continued afterwards with varying frequency. In June, 1926, just before admission to hospital, the frequency of the local fits was once every ten minutes of the day.

Examination in this case also failed to reveal evidence of organic disease. The cerebro-spinal fluid was normal, as also were the visual fields and retinae. The Wassermann and sigma reactions were negative. There was no history of any serious illness in either the patient or her family. During the subsequent four and a half years in which the patient has been watched and treated with bromides, fits have occurred from time to time, and have usually been left-sided.

The third case is similar. The patient in this instance was aged 26 when first seen, and had two children—a girl aged 2 years and 4 months, and a boy aged 7 months. During each pregnancy she had a single convulsion accompanied by unconsciousness, and without doubt, from the description of

those who saw it, an epileptic attack. There was no past history of such attacks or of petit mal, but she had suffered from headache and severe symptoms of neurasthenia since an attack of "feverish illness" at the age of 18. There was a history of "concussion" at the age of 13. Physical examination when she was first seen in consultation proved negative, as also had previous examinations and exhaustive investigations, except that the uterus had been found to be retroverted. Throughout the following five months, during which she led a normal life, there were no attacks, but then she had a typical epileptic attack, followed during the next two months by several more, always occurring at night. She was almost unconscious of them, but in the morning she had recollections of a bad nightmare, which disturbed her considerably. The question of cerebral tumour was considered, but no evidence was found to support that diagnosis. There was one further attack in the following month, but during the seventeen months for which the case has been subsequently followed there have been no more attacks, in spite of the fact that no luminal or bromide has been administered in the last twelve months. Her general condition is that she is easily tired; and there are symptoms of intestinal dyspepsia. Menstruation has been irregular since it first commenced, the periods being often ten to fourteen days late and lasting six or seven days, but the loss appears to be normal and there is no dysmenorrhoea. The patient's mother has suffered from the severest form of migraine.

Similar examples previously recorded include those mentioned by Gowers,¹ who found ten in his series of 3,000 cases of epilepsy (52 per cent. females and 48 per cent. males) in which the onset was associated with pregnancy. In five of these cases the onset was before parturition and in five soon after. In one of the former group the attacks occurred during each of five successive pregnancies, but only during sleep. They then became constant, and occurred also during the day. Muskens² quotes the case of a woman who had her first epileptic fit, at the age of 32, in the sixth month of her first pregnancy; this caused a miscarriage. For some time afterwards she had attacks every four weeks, and later pregnancies were often accompanied by fits. After the climacteric she had epileptic fits and syncopal attacks. This patient's father suffered from severe headaches, and her sister was an epileptic. Toulouse and Marchand³ mention two cases, out of a series of 350, in which the epileptic attacks started during pregnancy—in one at the third month of the first, and in the other at the fifth month of the third—and persisted thereafter. They also mention cases recorded by others in which the "epileptic attacks" ceased with the end of pregnancy. These included one of a woman who had eight children—five male and three female—in whom a pregnancy with a male child was accompanied by fits. In this type it seems at least probable that the attacks were eclamptic in nature. Aldren Turner⁴ and Féré,⁵ it is true, consider eclampsia to be an acute form of epilepsy, and present a large number of cases in support of their opinion. This raises further important questions, and if, as seems probable from the recent work of Theobald,⁶ this proposition should be established, still further support will be given to Collier's⁷ view that epilepsy should be classed as a metabolic dyscrasia.

I am indebted to Professor F. R. Fraser and Dr. Geoffrey Evans for permission to publish particulars of the second and third cases respectively, as these were under their care.

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