tient as to how it came to be there. There has been no instrumentation of the urethra except on one occasion, a year after the onset of his symptoms, when a physician washed out his anterior urethra. The boy may have had an attack of urethritis and introduced the bougie himself as a curative measure.

I am very much indebted to Dr. F. J. Cotton for assistance during the operation. The early and excellent result obtained in this case was due in no small measure to the care with which the drainage apparatus was watched at the hospital.

A CASE OF LABOR IN AN EPILEPTIC.¹

BY ANNIE LEE HAMILTON, M.D., BOSTON.

THE case I am to report this evening entered the New England Hospital Dec. 11, 1903, during the service of Dr. Marion Nute. The patient's physician had accompanied her because, he said, he wanted us to know that the case was one of epilepsy rather than uremia.

The family history was negative. The patient was a primipara, married; twenty-six years of age; whose general health was said to have been good excepting the epileptic attacks to which she had been subject for twelve years. The first convulsion occurred when she was fourteen years old, at her first menstrual period. The first two attacks were thought to be purely hysterical, as the patient did not lose consciousness, but twitched, struggled and threw herself about. With the third attack, she lost consciousness and foamed at the mouth. This time, it was considered true epilepsy, and since then the attacks have been more or less frequent, usually associated with the menstrual period. She sometimes had as many as two or three attacks in a week. During her pregnancy they were less frequent up to the sixth or seventh month, then rather more frequent between the seventh and eighth months.

Up to Dec. 8 (four days previous to her entrance), she had not had a convulsion for four weeks. On Dec. 8 she had three, and two or three on each ensuing day until the eleventh when she had five before coming to the hospital. The patient had not been rational all day, but this was the first time she had ever been "out of her head" to her husband's knowledge. She had seemed to be in pain all day and was thought to be in labor. She was about eight and a half months pregnant.

Examination showed the patient to be a medium-sized, dark-complexioned, young woman, face somewhat cyanosed; unconscious; rather restless; pulse strong, full, regular. Heart normal. The fetus occupied the right sacro anterior position, breech presenting. The heart was loud and strong. The patient's pelvic measurements were fairly good; external conjugate 19 cm., ant. sup. sp. 22 cm., crests 24.5 cm., between trochanters 29 cm. Internal examination showed the os dilated to the size of a quarter, with a small part presenting, and the diagnosis of footling presentation was made.

The patient resisted examination, throwing herself about on the table and appearing to have severe pain. Just as she was taken from the table she had another attack, lasting three minutes. A hasty examination of the urine showed specific gravity 1,030, reaction acid,

merest trace albumin, urea 2.14%. At seven o'clock the patient had another attack lasting about three minutes. This appeared as follows: The eyes became fixed and staring, jaws tightly closed and whole body rigid; the face cyanosed, and the head turned to the left side. The breath held and finally caught with a great gasp. Then the twitching of face, hands and whole body began, at first fine, later of greater amplitude, then ceasing altogether. The face regained its normal color and the patient sank into a stupor, snoring loudly, foam escaping between the lips. There was no cry with this attack. She remained in this stupor for about an hour gradually recovering consciousness sufficient to answer questions in a stupid way. It was decided to dilate manually and deliver. As the patient now resisted manipulation very little and as it was felt that the smallest amount possible of ether should be given, the dilatation was started without an anesthetic and continued until nearly complete. As the pains now started in with renewed energy (they had been occurring at intervals of ten minutes all the evening) it was decided to see what work the presenting part would do in dilatation, and manipulations were stopped for the time. We did not wish to rupture the membranes, as the cord was coiled in the presenting pouch. At 11 p.m. she had another convulsion resembling the one described, but beginning with the true epileptic cry and lasting somewhat longer. The fetal heart remained strong, but we decided that it would be better to delay delivery no longer and, as soon as the patient's breathing and color improved sufficiently, started the ether, completed dilatation, ruptured the membranes and delivered a living male child somewhat asphyxiated but soon resuscitated by immersing alternately in hot and cold water and which cried quite vigorously. Child's weight 2,170 gm., about 4½ lbs. The placenta and membranes intact were expelled five minutes later. There was no laceration. The patient's pulse was 132, strong and full. She soon apparently recovered from ether, but did not recover consciousness. Rested quietly until 3 a.m., when she had another convulsion lasting about three minutes, resembling those described. After this she slept five hours. At 8 a.m., Dec. 12, she seemed rational and gave clearly some of the details for the birth certificate, but could not remember her street or number. She took nourishment readily. In the afternoon she became more stupid and answered no questions except when asked if she had seen her baby, when she answered "No."

Dec. 13, third day, T. 98.6°, P. 68, R. 20.

Patient seemed more stupid to-day; her appearance has changed. In the morning she had a fixed stare and seemed to hold her face and jaw perfectly rigid. Her body was stiff and she clutched the bed-clothes with arms rigidly extended. She drooled from the mouth. Respiration stertorous, could be plainly heard outside the room. Pupils even, rather dilated. Tongue slightly coated. When asked to show it, and chin tapped with the finger, the mouth was slightly opened and the tongue very slightly protruded. In the afternoon another change came. She became much more restless, the limbs moved constantly, and her whole body twitched, her face worked and her eyes rolled, with staring expression. Several times it was thought that she was about to have another convulsion, but she did not. She attempted to sit up in bed once or twice. Her breathing could still be heard outside the room. She did not show any intelligence whatever except when the baby was mentioned. When asked what she would name it she brightened up and said, "Charlotte." It will be remembered that the child was a boy. Evening, T. 99.4°, P. 92,

¹ Reported at the meeting of The Suffolk District Medical Society, Section for Obstetrics and Diseases of Women, March 23, 1904.

R. 22. Catheterization necessary. There was no more albumin and the urine was reported normal. Feces were passed in the bed.

Dec. 14, fourth day, T. 99.2°, P. 56, R. 20. The patient did not sleep all night; was very restless but quieted by sodium bromide. Constantly moving all day, but did not speak until evening when she asked to see her baby. It was brought and she said she would name it Charlotte, she kissed it and showed considerable interest in what was going on around her. She passed urine and feces involuntarily. When the urine was not passed for eight hours she was catheterized. She took nourishment readily and would take a piece of bread in her own hand and eat it. P.M., T. 99.8, P. 68, R. 22.

Dec. 15, fifth day, A.M., T. 99.2°, P. 56, R. 20. Patient rested better during the night. In the morning the twitching had ceased and she lay perfectly rigid in bed. Did not appear as bright as last evening. Asked for her baby and showed interest in it. After dinner she began repeating short sentences over constantly to herself. She said, "I'm going to keep it, anyhow — papa won't let him come home, but I'm going to keep it, anyhow." Visited by her husband and sister, she recognized the sister, but did not admit that she recognized the husband; it was thought that she did, however. T. 99°, P. 60, R. 18, P.M.

Dec. 16, sixth day, A.M., T. 98.6°, P. 60, R. 22; P.M., T. 99.6°, P. 60, R. 20. Answered some questions in a rational manner, at other times stared vacantly at the questioner. Went to sleep at 10 A.M. and slept, except when wakened for nourishment, etc., the entire day and until early next morning.

Dec. 17, seventh day, T. 98.6°, P. 72, R. 20. Talked incessantly all day in an irrational way, was very restless, insisting upon sitting up, and once jumped out of bed. Dr. James J. Putnam was asked to see the patient in consultation. He thought no definite opinion of the case could be given as yet. It might be simply a post-epileptic condition which would clear up or possibly would develop into a puerperal mania. Advised very close watching. No special change in the treatment. With the next day came a marked change.

Dec. 18. Patient slept from 11.30 to 5.30, waked up quite rational, told of various affairs in her early life, and although she wandered a little at times kept to the line of thought remarkably well. After this she improved steadily and by Dec. 25 was "looking brighter than for some months," the family said. The pelvic condition was good from the first, and Dec. 22 the patient sat up in a chair and felt very well.

Dec. 29. In the morning while sitting in a chair reading, she had a convulsion and fell on the floor. This attack lasted about three minutes but was not severe; patient slept only fifteen minutes afterwards and then sat up apparently all right. When asked if she had had any warning of the attack, she said she had felt very well and had had no queer sensations such as she used to have before attacks. There was no cry.

Dec. 31. Patient sent home; general condition very good. Pelvic condition good.

With regard to the treatment while in the hospital it was chiefly symptomatic. Elimination was carefully looked after, the bowels moving several times daily. The nervous symptoms were treated with sodium bromide and hydrotherapy.

In response to a note sent to the husband I learn that since the return home her convulsions have been decidedly less frequent. This is no doubt due to the fact that she is kept under the care of her physician who is treating her with bromide.

The baby did very well for the first week, but after that looked badly and did not gain although he took his food well and apparently digested it. During the second and third week he failed perceptibly. When the patient was sent home, the child did not accompany her, but was cared for outside by a nurse, and lived only one week after leaving the hospital, dying in convulsions.

In looking in rather a hasty way over the literature of the past twenty-five years, I find very little reported with regard to this condition. It is apparently an unusual one as, although puerperal convulsions are unfortunately very common, they are, as a rule, due to uremia.

Edgar, in his "Practice of Obstetrics," says: "Epilepsy is a rare complication, because epileptics are usually sterile, and if gestation does occur are often free from an attack during pregnancy, the disease returning during the lying-in state. It may be confounded with an eclamptic attack. Children born of epileptics usually die of congenital epilepsy when quite young." Various other authors whose books I consulted do not speak of the condition, or only mention it in passing on to eclampsia.

Eben Duncan, Glasgow, who has made a study of the subject, says: "The discovery of albumin in the urine of a woman who has had several epileptiform convulsions is not necessarily evidence of uremia. It has been proved that albumin is the effect and not the cause of the fits."

In conclusion, I wish to thank Dr. Nute for permission to report the case, and Dr. Blanche Boyle, who was interne during the service, for her excellent notes from which I have drawn freely in writing this paper.

Reports of Societies.

AMERICAN MEDICAL ASSOCIATION. SECTION ON PRACTICE OF MEDICINE.

(Continued from No. 24, p. 654.)

SECOND DAY. JUNE 8. — (Continued.)

A STUDY OF ONE HUNDRED AND EIGHTY-SIX CASES OF MITRAL AND TRICUSPID STENOSIS.

DRS. JUDSON DALAND and E. L. McDANIEL, of Philadelphia, made a report on a heart showing mitral and tricuspid stenosis, and gave an analytical and statistical study of 186 cases of this affection that had appeared in literature from 1809 to 1904. In 157 cases the age of the cases, 14%, occurred between the ages of ten and twenty, 40% between twenty and thirty, 26% between thirty and forty, 12% between forty and fifty, 4% between fifty and sixty, and 1% between the ages of sixty and seventy. Males were afflicted in 21%. All cases occurred in the white race. In 21% of the cases it was distinctly stated that rheumatism was not the cause. From the observations made, the only important known cause of this affliction