

## ARTICLE XVIII.

A CASE OF EPILEPTIFORM CONVULSION CURED BY A SIMPLE DETACHMENT OF A GLANDULO-PREPUTIAL ADHESION. By D. B. SIMMONS, M.D., Surgeon to Ken Hospital, Yokohama, Japan.

H——, a delicate boy of 12 years, entered the hospital December 10th with the following history: About a year ago his mother first observed that his sleep was occasionally disturbed by slight convulsive movements. These continued to increase in severity till two or three months later they assumed the form of decided epileptiform seizures. At the date of coming under my observation there occurred once at least every night, and sometimes twice, epileptiform convulsions. Their duration varied from ten to fifteen minutes, and they were followed by a state of unconsciousness of an hour or more. On further inquiry I discovered that these attacks occurred *only at night*, which led me to examine into the condition of the genital organs. I found the prepuce long, but no phimosis. On attempting to expose the glans, however, an adhesion of the two mucous surfaces was disclosed, just in front of the corona. By firm pressure upon the glans while drawing back the prepuce, its detachment was easily accomplished, as is usually the case when this condition exists. That night the grandmother, who remained awake, *thought* only that she discovered two or three starts such as had ushered in the regular seizures. In a word, the cure was complete, no return of even these slight symptoms of the disease having occurred during the following ten days in which the patient remained under observation.

This adhesion or gluing of the preputial and glandular mucous membranes I have found to exist in nearly every case of nocturnal incontinence of urine in boys—and that its removal always resulted in a complete cure. In one case there was a discharge of feces with the urine, which was also cured by this little operation.

## ARTICLE XIX.

TEN CONSECUTIVE BREECH PRESENTATIONS IN THE SAME WOMAN. By RANDOLPH WINSLOW, A.M., M.D., Assistant Demonstrator of Anatomy in the University of Maryland.

THE usual ratio of breech to other presentations is 1 to 35, or, according to some authors, 1 to 45. The rationale of this presentation has never been satisfactorily explained, and probably is dependent upon different causes in different cases. Previous to the seventh month of pregnancy, the foetus floats freely in the amniotic fluid, and its position in utero is influenced by the various shocks to which the mother is subject, as well as by her changes of posture. If an impulse of sufficient strength to rotate the child upon its long axis should occur late in pregnancy, and cause the