

## A CASE OF EPILEPTIC CONVULSIONS DURING LABOUR.

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ANY variation from the usual phenomena of parturition is so full of interest to the obstetrician that perhaps the following case may be considered so much so as to be worthy of record.

E. S—, aged nineteen, of fair complexion. Said never to have had a day's illness till the present moment, being pregnant for the first time. She was taken in labour on Friday evening, March 7th, 1873.

When examined about nine o'clock, the skin all over the body was peculiarly harsh and dry, though quite free from heat or fever; pulse regular; tongue clean; no head symptoms; urine had just been passed; pains regular; and a peculiar very deep-coloured rusty-brown-black ring around each nipple.

On examination per vaginam, the head was well down in the pelvis (which seemed to be rather over than under the usual standard), and covered by the uterus. The os uteri would not admit the finger during a pain, but in the interval it relaxed to about the extent of a sixpence. The membranes had given way, liquor amnii escaping freely. Head presenting in first position. At the vaginal orifice could be felt what was at first thought to be a thick fold of vaginal mucous membrane, with which it was continuous, as it then seemed, on the right side, but free on the left, and attached above to the symphysis pubis beneath the urethra, and below lost on the posterior wall of the vagina. It was subsequently found that this thick band was attached only by each end—at the upper part just below the urethra, and below to the posterior wall of the vagina, and rather to the right of the median line.

On Saturday, March 8th, I was called in haste at 7 A.M. Was told the patient had just recovered from an hysterical attack. She was making great complaint of the severity of the pains, being quite conscious, and was with great difficulty induced to keep anything like quiet, or remain in bed. On examination the head was well down in the cavity of the pelvis, and labour going on rapidly. In a few moments the patient was attacked with a very severe fit of epilepsy in which she became very livid, and seemed about to die from suffocation. Cold water was freely applied, and the patient soon recovered, becoming perfectly conscious, and at the same time so very unmanageable that she was obliged to be held by myself and attendants to keep her in bed. The convulsions being repeated, it became evident the sooner she was delivered the better; and it being quite impossible to effect this unassisted, owing to the violent struggles of the patient, I asked my brother, Dr. Bloxam, of Mount-street, to oblige me with his advice and assistance. He, having examined the case, thought that it would be better not to give chloroform if it could be avoided, and having carefully made out the attachments of the band before mentioned, determined to remove it, as it not only prevented the descent of the child's head, but so narrowed the vagina that to introduce the forceps was impossible, and even if that could be effected, to extract the head without laceration of the soft parts was out of the question. While the attendants and myself held the patient down on the bed in the necessary position, my brother applied a

carbolised catgut ligature to the upper end of the band, just below the urethra, and to the lower, well within the vagina, and cut out the intervening portion. The patient was no sooner replaced in bed than she had another very severe convulsion, and as soon as it had passed off, and while in a state of stupor, Dr. Bloxam rapidly applied the forceps, while the patient was kept from any unexpected movement by myself and the attendants, and she was delivered of a live female infant. The placenta followed in due course, without the least hæmorrhage.

The convulsions continued frequently after delivery, the patient now being quite unconscious during the intervals, with a very rapid pulse, hot skin, and congested face. Cold was applied to the head, and twenty grains of hydrate of chloral given for a dose, to be repeated in two hours if the convulsions again took place. This still being the case up till five o'clock in the afternoon, a powder of eight grains of calomel and two drops of croton oil was given; and fifteen grains of chloral with twenty grains of bromide of potassium in a tablespoonful of water every hour till the fits no longer occurred. When seen again, about nine in the evening, the powder had not operated. The patient quite unconscious; pulse too rapid to count, but firm and full; convulsions rather less frequent. Bromide mixture to be continued. At eleven another convulsion took place, during which a small clot had been passed from the uterus. An enema of castor-oil and turpentine was now given, and the patient left for the night. To continue the bromide mixture.

March 9th, 10 A.M.—No convulsion since 11 o'clock the previous night. Enema operated well, the bowels also being moved several times during the day. Patient in an insensible state, but with great difficulty could be made to put out the tongue. Pulse too rapid to count.

From this time the patient continued slowly to improve; the pulse, however, remained at 130 up till Friday, March 15th, when it fell to 96 per minute, at which rate it still remains. The wounds in the vagina have nearly healed. No convulsions.

In conclusion, let me draw attention to the treatment of this case. First, chloroform was not given on account of the congested state induced by the severity of the epileptic attacks. Secondly, bearing in mind the late Dr. Tanner's views of these attacks during labour, opium was equally to be avoided, none having been given from first to last; and though he says that bromide of potassium is the only drug that can do good in the way of medicine, it seems to me the hydrate of chloral is a valuable remedy under such circumstances, and particularly if combined with the bromide. Thirdly, the diet consisted of large quantities of milk, yolks of eggs, beef-tea, jelly, &c., no wine or spirit having been given.

The sudden termination of the convulsions on the expulsion of the small clot from the uterus must not be forgotten, nor the fact that, though the catheter was duly passed during the first few days, but very little urine was ever found in the bladder. The urine was passed into the bed, and the quantity in the course of a day or two became very large; it now being passed in the usual manner.

The patient was the victim of seduction, and had undergone great mental anxiety. The infant has been brought up by hand from its birth, and with her mother continues to improve daily. From Friday evening till Saturday night the patient had in all twenty fits of epilepsy.

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