

three or four cases of pregnant epileptic females who came under our notice." I believe I am right in referring this passage to Dr. McClintock, and I shall hereafter have the pleasure of quoting his cases, with the notes of which he has kindly supplied me.

In his essay "On the Theory of Convulsive Diseases in Adults," Dr. Marshall Hall observes, respecting puerperal convulsion:—"There are many and most important questions to be solved in regard to this and many other forms of convulsion. Does it lead to subsequent attacks of epilepsy? Do previous attacks of epilepsy predispose to puerperal convulsion? In this latter is there sphagismus, laryngismus, or odaxismus? What relation is there between puerperal convulsion and puerperal mania; and between convulsion or epilepsy, and mania or insanity, and paralysis in general?" Thus, the relations between epilepsy and convulsions are involved in considerable obscurity, and I do not know that any collection of cases has ever been made to determine the point upon which such a difference of opinion exists.

The two diseases, epilepsy and puerperal convulsions, are so alike in their general features, that any one reasoning *a priori* would be apt to say that epileptics must necessarily be prone to the convulsions of the puerperal state, particularly when the excited condition in which the entire nervous system is brought by gestation and parturition is considered. But, upon reflection, it would become evident, that were this the case, few married epileptics could survive the repeated shocks of the puerperal seizures during the era of child-bearing. There are, too, certain points of difference between epilepsy and puerperal convulsion, both in the attacks themselves and in their antecedents and results, which, upon examination, go far to establish the distinctness of the two diseases.

Epilepsy is generally a chronic, puerperal convulsion, always an acute disease. Epilepsy is generally preceded by the characteristic aura; this is never present in puerperal convulsion. Puerperal convulsion is generally preceded by oedema of the extremities—a thing rarely observed in epilepsy. Epilepsy, when long continued, often leads to

idiocy or weakness of the intellect, with occasional paroxysms of insanity. Puerperal convulsion, when it affects the intellect, produces acute mania. The fits in puerperal convulsion are much more severe, and asphyxia is more nearly approached. The fits are many in number, following each other in rapid succession, and there generally is insensibility in the intervals; while in epilepsy the disease recurs by fits of one or two at a time, often at long intervals, with the speedy recovery of consciousness after the subsidence of the convulsion. Puerperal convulsion is a disease of days, or even hours! Epilepsy is a disease of years! It is seldom that epilepsy terminates fatally until the nervous system of the patient has been worn out by repeated seizures, while in the puerperal disorder the first attack may kill. Epilepsy is connected with the ordinary functions of the body, occurring at the most varying times, and from the most varying causes, while puerperal convulsion belongs to an extraordinary function, of limited duration. And after asking the question—Is epilepsy followed by puerperal convulsion? another question is suggested—Are the subjects of puerperal convulsion predisposed to attacks of epilepsy? If we examine into actual cases we shall find the facts to be, that existence of epilepsy is by no means necessarily followed by puerperal convulsion on the occurrence of gestation and parturition; and it would be difficult to prove that there is, in epileptics, even a greater predisposition than usual to the puerperal attack. In epilepsy, too, the exciting cause is generally eccentric, as, for instance, some irritation of the stomach, bowels, ovaria, &c. The circulating mass is not vitiated as far as its examination has yet gone. In puerperal attacks there are unmistakable indications of toxæmia, blood-poisoning, or centric irritation of the spinal marrow, the organ upon which all convulsive actions depend. The treatment required in the two diseases is very dissimilar; in the one, the time for the treatment is in the intervals between the fits; in the other, it is in the fits themselves. We should as seldom bleed in epilepsy as we should omit to do so in puerperal convulsion. [In a further communication the author substantiates the above views.]

—*Lancet*.