

AN  
INAUGURAL DISSERTATION  
ON

*Puerperal Convulsions*

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# Puerperal Convulsions

A practical treatise on this subject is an exceedingly difficult task in consequence of it having received but little attention from our most practical authors, not enough we think to shield the young practitioners from many embarrassments in the practice of Medicine. There is no affliction to which pregnant and parturient women are liable that is so dreadful in its character and so fearful in its consequences as that of Puerperal Convulsions. It never occurs without carrying terror among those interested in the unfortunate patient.

It is with some difficulty that you can diagnose this disease from epilepsy the difference which characterises this disease is the severity of the paroxysms.

In view of the excited state of the blood vessels that accompanies labor and the

rapidity of the circulation produced by that condition we are not to wonder at the appearance of this disease. In consequence of the excited condition of the circulation the brain is brought into a state of the highest nervous activity and the function of innervation become so considerably and irregularly augmented in consequence that the muscles of the body fall readily into convulsive movements. This disease may and does occur from the sixth month to the full period of utero gestation and even after that period. A case came under my observation. The patient was a primipera woman of eighteen years of age. The convulsions set in after labor her habit was plethoric and up to the time of labor in the enjoyment of excellent health there was nothing of an alarming character about her labor. her pulse was very tense

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and but little uterine hemorrhage and pain in the epigastrium. About five hours after the commencement of labor. Convulsions set in and continued for about twelve hours and terminated favorably,

The causes which produce these convulsions ~~are~~ to be traced to the condition of the uterus its great vascularity or nervous irritability. I think that all cases of puerperal convulsions may be classed under one of the above heads and without entering any farther into the details of the cause I shall proceed to give the characteristics

The paroxysms <sup>are</sup> are periodical and in this respect closely resemble labor pains and towards the last the pains are more frequent. they do not always occur with labor pains but between them, the uterus is contracted down, the os uteri dilates if there has been no previous labor pains

and continues in that condition so long as the convulsions last whether they be labor pains or not if the foetus be expelled before they set in the uterus is contracted down unusually hard

When puerperal convulsions arise from an engorgement of the vessels. peculiar symptoms are evidenced which are readily detected and require prompt and energetic action on the part of the "accoucheur."

Severe pain in the head. the pulse is hard full and bounding and greatly accelerated suddenly the muscles of the whole body become convulsed. and the unfortunate woman writhes with the features horribly distorted. the respiration is accompanied with a hissing noise. and froth issues from between the teeth. the vision is imperfect with a rolling of the eyes. which indications if not promptly treated will inevitably

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result in extravasation or premature labor.

If the convulsions are very frequent the patient falls into a state of deep coma and remains so during the intervals of the paroxysms. you will be enabled by close observation of the patient during the intervals to know when the convulsion is approaching.

About the crisis of the convulsion the skin becomes of a dark purple hue and continues so until the paroxysm ceases and then it assumes its natural appearance

I regard the prognosis of this disease as extremely doubtful and that the danger of the patient is in proportion to the duration of the spasms and the shortness of the intervals and the degree of consciousness between the paroxysms.

Treatment If called upon

during the periods in which there is distress about the head and the attendant symptoms which I have previously enumerated I would promptly bleed and evacuate the intestinal canal. If not called in until convulsions had set in I should take from the patient twenty five to thirty ounces of blood at a single venesection. If there is any disease known to the practice which demand the bold and daring employment of the lancet it is in puerperal convulsions.

It may be necessary to take thirty or forty ounces of blood in the course of a few hours, for depletion will avail us but little unless a very decided impression be made upon the system generally.

Authors of an ancient date have advised the opening of the jugular

vein or the temporal artery; but we think this unnecessary, for if general depletion will suffice, the opening of the cephalic vein will fully answer the exigencies of the case. If the patient is so far gone that a resort must be had to such an extraordinary venesection my impression would be relatively to such a case that a recovery was extremely doubtful and in reference to cases already reported of patients recovering after the opening of the temporal artery or jugular vein I think that they would as readily recover had they been bled sufficiently from the arm for I am sure that take blood where you may if you take a sufficient quantity it will relieve the engorged vessels and the simple difference in bleeding in the arm and neck is that from the neck you obtain the same amount



of blood in less time than you could  
from the arm. I do not think that  
the difference in the time is a sufficient  
justification to resort to an operation  
involving as much danger, as necess-  
arily follows it, notwithstanding  
it has been done successfully.

After having bled the patient  
sufficiently: you should then endea-  
-vour to evacuate the bowels by the  
use of clysters, for you will find  
that the patient is in no condition  
to swallow anything.

If the convulsions continue you  
can inject with a solution of Antimony or  
if you prefer use a decoction of Tobacco  
during which time you should cons-  
-tantly apply (large flannel cloths dipped  
in hot water) to the bowels.

Antispasmodics are also

recommended such as the tincture of assafoetida and valerian, also garlic applied to the palms of the hands and soles of the feet; but I feel assured that they are agents of an equivocal character in this disease, especially arising from vascular engorgement, but while I do not believe to be reliable in producing any practical benefit to the patient, they surely do no harm.

During Coma, make constant applications of cold water or ice to the head. Where this disease arises from nervous irritability you should bleed moderately, and cup the temples and between the shoulders. In this case I should resort to Antimony until I reduced the nervous tension. Sedatives should also be employed such as opiates in this case I prefer laudanum

Antispasmodics would in this stage be reliable.

Should the above remedies fail I should then have recourse to a moderate use of Chloroform, and should a moderate use of this anæsthetic fail I should bring the patient under the complete influence of it: for I regard it as the best remedy known to the Medical world.

With these observations I leave the treatment to the ingenuity of the practitioner.