

AN
INAUGURAL DISSERTATION
ON

Puerperal convulsions One form of.

SUBMITTED TO THE

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To

The Faculty of the Medical Department
of the University of Nashville

As a Testimony
of my exalted Opinion of your
Profound Medical Attainments
And the astonishing and
Masterly genius Displayed
By you in Communicating
Them to Others

This Humble and Hasty
Effort Is Respectfully
Inscribed by the
Author.

Puerperal Convulsions one form of.

Puerperal Convulsions present to the physician and friends one of the most frightful scenes that the eye ever beheld in the parturient woman.

A convulsive attack may occur under two extreme states of the system, diametrically opposed to each other; in one of which, the cerebral vessels are inordinately distended with blood; and the other, when they have been drained almost empty, as in the case of excessive haemorrhage; consequently we see that too great an emptiness of the vessels, and too great a fullness, will produce, in this respect the same phenomena exactly.

Puerperal Convulsions may occur at any period of the latter half of pregnancy, or in any stage of labor;

They too, frequently make their attack many hours after the child is born, and the placenta expelled. The period at which we most frequently meet with them is during the last few weeks of utero-gestation or in the first stage of labor, previous to the entire dilatation of the os uteri; but more rarely they occur when the head is pressing on the outlet and distending the perineum, — when the uterus has been acting excessively strong, and the labor somewhat lingering; rather indicating that they might have been induced by the pain and pressure on the soft parts. These convulsions may assail women of all ages, and of all kinds of constitution; women with their first child, as well as those who have borne many; but they, by far the most frequently, accompany first labor, as has occurred to

me in my limited observations. The kind of patient most obnoxious to their attack is the stout, robust, florid women of strong muscular fibre, with a thick set form, and a short thick neck - thus seeming near a kin to apoplexy. There is no doubt, also, that excessive sensitiveness of the nervous system may predispose to the disease therefore, summing up all our information relative to that formidable enemy of the mother, we may say that it is a disease confined to the following period of limitation, say from the third month of gestation to the end of the puerperal month; as we will show by referring to the following authorities, to ^{Mr} J^r Perfect and John Rambotham. "J^r Perfect says he saw two well defined cases prior to the period of quickning on the one extreme, so, on the other extreme, J^r Rambotham

relates a case as late as the eighteenth day after delivery.

Proximate Causes— The most usual proximate cause of this disease, is probably, pressure upon the brain, this pressure may be produced by the rupture of a vessel causing sudden effusion of blood upon the brain; sometimes by serum exudation into the ventricles or between the membranes; but by far the most frequently, — by simple congestion of the cerebral vessels themselves.

I cannot say that the causes here detailed are undoubtedly true to the letter, because postmortem examinations prove that the disease has terminated fatally, without any organic lesion being discoverable whatever; yes, even without any

preternatural fullness of the vessels.

I will now report a case of puerperal Convulsions, which may suffice as symptoms and treatment of this form of the disease.

Mary a young woman about (19) nineteen years of age of low stature, and heavy build of plethoric habit was delivered of her first child, a midwife of very limited information in attendance, stated that she had a reasonable good time, as she expressed it, - the child was born dead, the cause of the death she could not tell; the placenta was thrown off with ordinary facility, and appeared to her to be doing well, when suddenly, without any premonitory symptoms observed by the friends, she was seized with a violent convulsion

soon followed by another and continued until my arrival, a little more than three hours from the commencement of the attack. On inquiring how many convulsions she had had, the friends said they did not precisely know, though, supposed she must have had forty or fifty up to that time. I observed the symptoms to be about as follows, - About every eight or ten minutes she was violently convulsed characterized, first, by slight twitching of the eyelids, and globe of the eye, the muscles of the cheeks, very soon followed by violent convulsions of the muscles of the upper extremities, flexing the forearm upon the arm, or rather towards the arm, manifesting a succession of jerks, the head slightly thrown back, the angles of the mouth

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drawn upwards; the mouth at first closed, soon becomes widely open, by this time by this time the whole body and extremities became generally and inordinately convulsed; about this stage of the convulsions the head becomes slightly drawn forward, the jaws approach each other and become powerfully clenched; the tongue seemed inclined to protrude beyond the teeth while the mouth was open, and had in this case badly wounded the tongue before my arrival; I had it guarded by slipping a piece of wood between the teeth and allowing them to close on it; for every fit went off with the jaws firmly closed. There was throbbing of the Carotids, a turgid face, and projection of the eyes from their sockets. As the paroxysm was

pretty far advanced the muscles of respiration seemed to be the last of the muscles attacked, for the inspirations and expirations were more spasmodical, than at any other stage, — hence appeared the froth at the angles of the mouth and around the dental arch, forcibly passing the saliva through the small apertures between the teeth and inflating at the same time the saliva with air in its passage between the teeth, thus forming a number of small air bubbles in the foam. During the interval of the paroxysms the patient was utterly unconscious of what was going on around her, (or seemed so), for she did not, and I think, could not speak. The pulse seemed not uniform, but was a little slower and fuller during the interval of the spasms.

The respiration was deep, heaving and stertorous at the decline of the fit, and slightly so during the intermission. These paroxysms lasted about two or three minutes, and the intervals eight or ten. I found the bowels to be loaded on observation by the syringe.

It might not be improper to remark here that all the symptoms of the various forms of puerperal convulsions are not detailed above; but only the symptoms of only one form. The first duty that will suggest itself to the doctor will be to protect the patient from injuring herself by the violence of her struggles excited by the powerful contractions of the muscles, and prevent the recurrence of the fits. With the first, the indication is readily fulfilled by a strong assistant. To fulfill the second

indication, we must take a way blood
in a full stream from the arm;
for it is on bleeding we place our chief
reliance to remove the cause. We do not
bleed here for ounces, but for effect. We
prop the patient up on the bed and
secure her there by a reliable assistant,
and bleed until we reduce the force of
the pulse, or produce nausea or a slight
perspiration on the face; or in other words
~~we must produce~~, we must produce a
decided impression upon the system.
If the paroxysm be still persistent, and
pulse rise again we will unbind the
arm, and pull open the orifice and
bleed for the impression on the arterial
system again, recollecting at all times,
that a woman will bear the loss of a larger
quantity of blood in puerperal convulsions
without fainting, than in almost any other

affection. Bloodletting ought not be attempted during a fit on the account of the difficulty in performing it well. After the second bleeding, the paroxysms having continued up to the second, unattended, which was about one hour and a half, I immediately, having all things in readiness, proceeded to the exhibition of an enema, composed of thin gum Camphor, salt Capsicum, asafoetida and spirits of turpentine; not having the opportunity of administering any medicines by the mouth, owing to the degree of Stupor and unconsciousness. The success of my first injection was very imperfect owing to the rectum being so completely filled. I, however continued ~~my~~ my efforts until I succeeded in relieving the rectum, and afterwards the whole alimentary canal.

Two hours and about a half after my arrival, the convulsions ceased, the patient having had during this time seventeen. From this time forward her consciousness gradually returned, as did deglutition. The first opportunity now offered itself for the exhibition of remedies by the mouth, whereupon I gave Calomel and jalap each ten grains and two grains of ipecac, discovering the bowels a little tympanitic and tender, I applied flannels saturated in hot spirits of turpentine; in ten hours all the symptoms much abated, no return of paroxysms, consciousness fully restored, pulse diminished in frequency and force; passed the night quietly, getting some refreshing sleep; the bowels thoroughly evacuated the next morning, some

thirty hours after the attack. The second day all the symptoms much improved; I recommended the muriated tincture of iron to be commenced in four or five days and continued some eight or ten days for the renewal of the colouring material in the blood; pronounced her convalescent.

I do not think it necessary to enumerate the diagnostic symptoms to distinguish puerperal convulsions from its several kindred affections, all peculiar to the female, (except apoplexy); such as hysteria, epilepsy and catalepsy. The history and symptoms present in each case will always enable the physician to diagnose correctly; if he be at all familiar with the symptoms of these several diseases.

I am done; as I only intended to show
the one form of this disease.—

Puerperal convulsion in the plethoric
female after delivery and its
treatment.