AN
INAGURAL DISSERTATION
ON
Puerperal Convolusions
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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 diagnosticate this disease from epilepsy; the difference which characterizes 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 primipara woman of eighteen years of age. The convulsions set in after labor her habitus was plethora 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.
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 cannot 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 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 cervix is dilated if there has been no previous labor pains.
and continues in that condition as long as the convulsions last whether there be labor pains or not if the foetus be expelled before they set in 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."

Sore 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 mothes with the features horribly distorted, the respiration is accompanied with a hisping 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
result in extramemation 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 period in which there is distempers about the head and the attendant symptoms which I have previously enumerated, I should 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 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 on think it 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 resection in my opinion
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 recovered had
they bled sufficiently from the arm
for I am sure that take blood while 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 life 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 necessarily follows it. Notwithstanding it has been done successfully.

After having bled the patient sufficiently, you should then endeavour to evacuate the bowels by the use of calomel, 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 Antimonials or if you prefer use a decoction of tobacco during which time you should constantly apply (large flannel cloths dipped in hot water) to the bowels.

Antispasmodics are also
recommended such as the tincture of aconite and valerian, also garlic applied to the palm 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 instability, 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 anaesthetic 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 practitioners.