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
Mastertly genius Displayed
By you in Communicating
Them to Others
This Humble and Hasty
Effort is Respectfully
Inscribed by the
Author.
Puerperal Convulsions consist 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 the 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 part of the first stage of labor, forming as 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 pains and pressure on the soft parts. These convulsions may afflict 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 labors, as has occurred to
me in my limited observations. The kind of patient most objectionable to their attack is the stout, robust, florid woman of strong muscular fibre, with a thick set form, and a short thick neck—thus seeming near a kiss to apoplexy. There is no doubt, also, that depressive 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 periods 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 Dr. Perfect and John Ramsbotham. Dr. Perfect says he saw two well defined cases prior to the period of quickening on the one extreme, so, on the other extreme, Dr. Ramsbotham
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 blood accumulation 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 pulsings of the vessels.
I will now report a case of purpoe-
real Convulsions, which may suffice as symptoms and treatment of this form of the disease.
Many a young woman about 12
nineteen years of age of low stature,
and heavy build of plenitude 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 expe-
rienced it,—the child was born dead.
The cause of the death she could
not tell; the placenta was thrown
off with ordinary facility, and appe-
ared to her to be doing well, when
suddenly, without any premonitory symp-
toms observed by the friends, she was
seized with a violent convulsion
Soon followed by another and con-
tinued 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 follow: About every eight or ten
minutes she was violently convulsed
characterized, first, by slight twitch-
ing of the eyelids, and globe of the
eye, the muscles of the cheeks, resp., and
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
drawn upwards; the mouth at first closed, soon became widely open, by this time the whole body and extremities became generally and inordinately convulsed; about this stage of the convulsions the head became 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 twitching of the Carotids, a turgid face, and projection of the eye from their sockets. As the paroxism was
pretty far advanced the muscles of respiration seemed to be the last of the muscles attached, for the inspirations and expirations were more spasmodic, than at any other stage—hence appear the froth at the angles of the mouth and around the dental arch, forcibly pashing the saliva through the small aperture 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), but 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, hurried and flustered at the decline of the fit, and slightly so during the intermissions. These paroxysms lasted about two or three minutes, and the intervals eight or ten. I found the towel to be loaded on observation by the spring.

It might not be improper to remark here that all the symptoms of the various forms of subperal 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 fit. With the first, the indication is readily fulfilled by a strong assistant. To fulfill the second...
indication, we must take away blood in a full stream from the arm, for it is on bleeding the 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 produced 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 this paralysis be still persistent, and pulse rise again we will embroil 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 protracted convulsion 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, stupefied, 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 capricum, aperitif, and spirits of turpentine, not having the opportunity of administering any medicines by the mouth, owing to the degree of stupefaction and unconsciousness. The success of my first injection was very imperfect owing to the rectum being 20 completely filled. I, however, continued 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 conscious-nz gradually returned, as did degluti-tion. 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 opium; discover-ing the bowels a little tympanitic and tender, I applied flannel saturated in hot spirits of turpentine; in ten hours all the symptoms much abated, no return of paroxysms, convulsions nelp fully restored, pulse diminished in frequency and force, passed the night quietly, getting some refresh-ing sleep; the bowels thoroughly evacu,ated the next morning, some
thirty hours after the attack. The second day all the symptoms much improved, I recommended the diluted 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 end, form of this disease—
Puerperal Convulsion in the plethoric
female after delivery and its
Treatment.