REMARKS ON PUERPERAL CONVULSIONS.

By EDWARD DANIELL, Esq., Newport Pagnell.

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AMONGST the many sources of anxiety to which the onerous duties of our profession subject us, I know of none more harassing and painful to the sensitive mind than that of being called upon to exercise our art in combating a severe attack of puerperal convulsions. The suddenness of the seizure; the frequently fatal character of it; the distance it may be from the opportunity of consultation, as well as the absence of needful appliances in the country; the alarming and frightful character which the disease assumes; the terror and incapacity into which the feminine assistants at a labour are thrown; the rush of equally incompetent neighbours; with the hurry-scurry, the clatter, the crying, and the distraction of the whole tribe,—are the features of a scene of confusion which, I think, can scarcely be paralleled in the history of human tribulation. Yet, in the midst of this “confusion worse confounded” must the doctor remain seemingly unnerved, buckling on his armour for the contest, and ready with his panoply of judgment and skill to meet the enemy as best he can. The odds are fearful; but glorious is the victory.

In the few remarks which I am about to make on the subject of puerperal convulsions, it is not my intention to enter largely into the theory of this obscure disorder. I shall merely present facts which have come under my own observation, and draw inferences from the results of my own practice.

It has been my lot to encounter many cases of puerperal convulsions, but I shall confine myself on this occasion to only a few examples. It has been my happiness, in the course of an extensive midwifery practice, not to have lost a single case of this distressing disorder. The only fatal one I have witnessed was in a young and plethoric woman, to whom I was not called until eleven hours after her confinement, and ten hours after the setting in of convulsions.

I need scarcely refer to the two particular conditions which must always be understood in treating puerperal convulsions—the anæmic or the plethoric diathesis of the patients; for, although the character of the symptoms is similar in each, the mode of treatment is opposite.

Ordinary convulsions are often induced from an impoverished state of the blood, where the serum is in excess, or rather where the red corpuscles are deficient. Extreme hæmorrhage will produce convulsions; hence anæmic persons become the subjects of puerperal convulsions, from the circulatory system being deficient in mechanical power over the central and spinal system, whilst occult sources of irritation in the parturient state act unduly on the excito-motory system.

Let us take the following case in illustration of this view.

CASE. Mrs. S., a middle aged woman, was anæmic and very pale; her breathing was hurried; her muscles flaccid; her pulse weak; with other indications of poor and impoverished blood. Mentally, she was very excitable, of hasty temper, and naturally prone to either great depression or to undue elevation from equally trifling causes. I was engaged to attend her in labour; it was not her first child. During her pregnancy, she was continually ailing, at times hysterical, very low in spirits, and with sad forebodings as to the issue of her confinement. I was hastily summoned by a message that Mrs. S. was dying. I found her in violent puerperal convulsions; the distortion of the face was hideous; the mouth was twisted to one side; the eyes were convulsively forced upwards; the teeth were clenched; bloody saliva blubbered from the mouth, with the hissing noise peculiar to this disorder; and she had that livid and frightful aspect which nothing resembles but suffocation. I was anxious to know if any signs of speedy delivery were manifest; and, during the interval of a fit, I examined her, and found the os uteri dilated. The moment I withdrew my hand, a terrible fit supervened, which I could not but think was partly the effect of my own interference. I determined, therefore, to let the labour take its own course, and to use such means as suggested themselves to subdue the paroxysms. My first aim was to unload as speedily as possible the bowels, and thus take off one probable source of irritation to the excitor spinal nerves. For this purpose, I administered an enema composed of Venice turpentine, rubbed up with yolk of egg, and a drachm of powdered aloes dissolved in it. Two enemata were exhibited before an effect was produced, and then a copious evacuation of hard impacted fæces escaped, but without any abatement of the fits. I administered also, from the commencement, three or four grains of calomel in jelly, every

hour; and once a drop of croton oil. Sinapisms were applied to the feet and legs. The fits continued during the whole night, but certainly less severe: in the meantime, the bowels were freely emptied. I fancied I saw tokens of parturient pains; nor was I deceived; for, in the midst of a severe convulsion, a dead child was expelled, with the secundines. The fits continued after delivery for some hours; but they grew fainter, and in the end passed off entirely, leaving the woman in a profound apoplectic coma. She continued in this state, wholly insensible, and incapable of being roused, for forty-eight hours, when she gradually returned to consciousness, but was a week before she could be convinced she had given birth to a child.

Was venesection indicated in this case? I opine not. Was vesication indicated? With my views, irritation over the spinal marrow is more likely than otherwise to keep up this disturbance in the excito-motory system; and I believe that, in this view, I am not singular. I have little doubt that my examination *per vaginam* increased the severity of the fit, trifling and temporary as that irritation was. What was the probable effect of the frequent doses of calomel? My impression is that they aided in the equalisation of the circulation, and exercised a specific sedative power upon all the nervous energies, central, spinal, and ganglionic; as well as assisting the expulsion of the alvine excretions. The spasmodic closure of the glottis in puerperal convulsions is, I think, one of the fearful characteristics of the disease, as the venous congestion in the central organ may so speedily terminate life, either by rupture of vessels or by effusion into the cerebral ventricles. In this case, I refer the long stupor either to congestion in the lateral ventricle, or to effusion there. One curious feature in the case is, that this woman, years after her convulsions, died paralytic. Was this traceable to spinal injury? Might not an organic lesion in the nervous system have existed previously to the fits? Was any *eccentric* source of irritation, coupled with the ordinary excitability of the spinal nerves, the cause at all of the convulsions? She was not paralytic until four or five years after her fits. Was the medulla oblongata involved by counter-pressure during the distended condition of the brain? The following is illustrative of what *eccentric* irritation will do, even when existing in a remote organ. Dr. Simpson, in recording a case of puerperal convulsions considered by him as produced by diseased kidneys, gives the following description of the *post mortem* examination:—

“When the lateral ventricle of the right side was opened, fluid blood escaped. The corpus striatum and outer part of the optic thalamus were broken up, and mixed with a large quantity of coagulated blood, forming a clot of large size. The fluid blood was found in the opposite lateral ventricle, also in the third and fourth ventricles. The right kidney was converted into numerous cysts, of about the size of a walnut, containing unhealthy pus, which passed along the ureter, and filled the bladder. The left kidney exhibited an advanced stage of Bright’s disease.”

Another case of anæmic puerperal convulsions fell under my care about twelve months after the one recorded. It was so perfectly alike in character, in symptoms, in treatment, and in result, that it would be a waste of time to describe it. In this case, the woman died a year afterwards, of tuberculous consumption. Might not the tuberculous deposit have been a considerable auxiliary in inducing the puerperal disease? I should assume that anything which interfered with the respiratory system would be very likely to impede the mechanical impulse which the nervous system requires, and which in health it receives from the circulation of unsophisticated blood.

The structure which is the seat of disturbance in puerperal convulsions is admitted to be the most delicate and least understood in the animal economy; and its widely spread sympathies are as freely acknowledged. The uterine function, in all its phases, makes considerable claim upon the nervous energies. We know of multitudes of disorders wholly dependent upon irregularities in the function of this organ, which involve both the cerebral, the spinal, and the ganglionic systems, creating a series of derangements, alike as difficult to comprehend as to cure—such as chorea, etc. Yet most of the disorders thus created are of the asthenic order, and involve a condition—an impoverishment—in the vital fluid itself, rendering it likely enough to be the direct agent of the mischief. If this view be correct, I take it that our business is not always with the uterine system, pregnant or unimpregnated, parturient or non-parturient.

Sources of irritation are traceable to other localities, to lesions in other organs. Occult they may be, but they exist; and

such conditions, I doubt not, are oftentimes the primary movers of puerperal disease. The spinal system becomes more susceptible, and less capable of enduring the claim made upon it by the process of parturition. When I speak in this way, I speak especially of anæmic puerperal convulsions. A weak bodily state must have a cause somewhere. If all the functions of life were perfect, life would be perfect. If all the organs of the body were in a normal state, should we have tokens of an abnormal condition? Would the face be pale? Would the powers of locomotion be impeded? Would the breathing indicate that the function of the lungs was at fault? Pregnant or otherwise, nature would exhibit all its processes perfect, all its functions normal; and the indications of health would be apparent under every phase of being, and especially during utero-gestation and parturient expulsion; and so, thank God, it does proceed in the great majority of parturient women, or Heaven knows who would take it upon themselves the office of accoucheurs.

I shall now take the converse of the cases I have recorded.

CASE. In September 1853, I attended Mrs. C., 25 years of age, of full habit and florid complexion. She was in labour of her first child. It was a somewhat protracted case, but no real difficulty presented. In fact, it was in no way different from half the cases we meet with in *parturient women in labour with their first children*. She had been confined about half an hour, and I was preparing to return home, the case being in a village three miles from my residence, when my attention was arrested by the appearance of the patient. Her head was thrown back upon the pillow; her mouth distorted; bloody saliva was oozing out; and she presented all the common characters of puerperal convulsions. Fortunately at this moment my son, anxious at my protracted stay, rode up to inquire the cause. Nothing could have been more opportune; for the attendants were too wild and excited to understand any orders I gave them. My son instantly made a large opening into the vein of the arm, and abstracted, in a very short period, twenty-five ounces of blood. I applied sinapisms to the legs and feet, and waited my son's return with the turpentine and aloetic enema, which was then administered; and frequent doses of calomel were given as in the former case. The result was satisfactory. In seven hours the fits left her, and on the following morning, with the exception of the weakness which the abstraction of so much blood would necessarily produce, no untoward symptom presented itself. The woman has had three other children since this event, with no indication of convulsions. My son attended her in her labour with the last child only five weeks since.

CASE. Mrs. B., a short, thick set woman, twenty-two years of age, fat, and with a remarkably short neck, in labour with her first child, was seized in April 1855 with puerperal convulsions. She had complained of intense headache for several days; and cooling aperient medicine had been administered. To describe the fits would only be to repeat what has gone before. Her case resembled in all the symptoms that of Mrs. C., the difference being that in Mrs. C.'s case the convulsions occurred after confinement, while in Mrs. B.'s they set in before any token of labour had commenced. She was bled instantly to the amount of twenty-five ounces: sinapisms to the legs and feet, cooling lotions to the head, and enemata of turpentine and aloes were repeatedly administered until the rectum was emptied. Calomel in very large doses was given in this case every hour or two. A dead child was delivered during a convulsive paroxysm. Several hours elapsed before the fits ceased, although a lessening in their severity was manifest. She remained afterwards in a comatose state for ten hours. A severe form of fever supervened, which rendered for ten days my prognosis uncertain. She has since had a living child, without any untoward symptoms, except a somewhat singular irritable state around the nipples, where the skin was denuded to the size of a crown piece, rendering the process of suckling exceedingly painful. She was residing at Leamington at the time of the birth of this child, but came home to visit her parents a few weeks afterwards, in order to consult me respecting her breasts. A solution of sulphate of zinc, with refrigerant medicine, very speedily cured this ailment.

If the value of medical treatment depends upon the successful issue, we may fairly infer that in these cases the end did justify the means. I am, however, inclined to take a wide field in the consideration even of well reported facts; and there can be no doubt, in the depths and intricacies of medical science, that practitioners have arrived at the same haven even by different, if not by opposite paths. The advantage, I think,

of recording experience is to teach us by how many ways we may sometimes attain the same end: yet we are not permitted to shoot in the dark, on the mere chance that we may hit the object we mean to shoot. Something like a principle of philosophy should pervade all our doings, and something like "a reason for the hope that is in us" should influence our own minds, and satisfy the minds of those interested in the well-being of those whom we treat.

If we are satisfied that analogous symptoms may arise from opposite conditions—sthenic and asthenic—common sense will tell us that we cannot fairly and legitimately adopt like measures in both conditions. Here, then, is the grand secret of scientific practice. In the anæmic state we have deficiency of the red corpuscles—a weak and impoverished state of the blood; and this condition is proved to be a fruitful source of disturbance in the nervous system; quite as fruitful, if not more so, than its opposite, an overbalanced weight of nutrient material. As the causes are opposite, so must be the treatment.

In anæmic cases of puerperal convulsions, I studiously avoid lowering my patients. I look for other causes than uterine irritations or uterine action for the effect produced; and I have shown, by the experience of others, as well as by my own, that these causes do very considerably operate in producing the disorder under consideration. I have not read a single case of puerperal convulsions where the removal of scybalous fæces did not serve to mitigate the severity of the attack; and one case I remember to have read where a distended state of the bladder was supposed to influence, if not excite, the fits: five pints and a half of turbid urine were withdrawn, which sensibly lessened the severity of the convulsions.

I object in all cases to what is called counterirritation—or rather vesication—in the neighbourhood of the spine itself; as I have not read a well recorded case where it did not rather increase than lessen the severity of the fits. Although it is well to simplify the case by delivery, it is very seldom that interference in this matter puts a stop to the puerperal fits. On the contrary, the fits always continue for hours after delivery. Forced delivery, objectionable at all times, is, I humbly opine, singularly objectionable in puerperal convulsions, on account of its increasing the severity of the paroxysms.

Bloodletting is the sheet anchor in plethoric puerperal convulsions. It has an immediate sedative influence on the spinal system, and averts the danger, to which the congested state of the brain renders it liable, of rupture or effusion during the paroxysm, while it helps to relieve muscular pressure which an over excited vascular system produces. But even in the use of this great auxiliary in the treatment of plethoric puerperal convulsion, we must not "out-Herod Herod." If we can remove the mechanical pressure on the spinal marrow and the brain, and especially the counter-pressure exerted on the medulla oblongata, by lessening the excess of almost stagnant blood, which a condition approaching to asphyxia has produced, then we have accomplished a great end. In my cases I have stopped short at one large bleeding, and have been afraid to persist in this agent to the heroic extent recommended by many, lest I should, by that very excess, increase the excitability of the spinal marrow.

In presenting these cases, and in dilating upon them, I wish you to understand that I do not presume that there may not be conditions where it might be wise to depart from the practice which I have pursued. For instance, an anæmic patient may have her brain so severely congested, as to render it imperative to abstract some blood, in order to avert a greater evil. A plethoric woman may bear with impunity severer discipline than I have adopted; but these are matters for judgment, for the exercise of common sense, and of that discriminating quality with which, we trust, the enlightened practitioner is always furnished. A patient reduced to a shadow from acute rheumatism, who had never been bled during her attack, was seized with endocarditis. A few ounces of blood abstracted at this crisis checked the evil, and saved the patient. In practice rules and regulations are nought; the wisdom and common sense of the practitioner form the only guide of safety upon which he ought to rely.

P.S. This paper was written with a view to discussion. Of course, as I believed, many opinions would go counter to mine; and many cases were named where every possible success attended immediate delivery. Of this there can be no doubt; but my views and practice would be to make the operation the *dernier ressort*, not the primary act, if it were at all likely that nature

would or could right herself. One gentleman asked what was to be done in cases of preternatural presentations. It is a curious fact that, in puerperal fits, the presentation is never preternatural—at least, it has never been so in my practice, and I am not aware of a single case on record. Nevertheless, if such cases should occur, it is clear that, if the child could not be delivered without manual help, manual help must be employed, let the circumstances assume what form they might.

I am far from wishing to establish or uproot a principle: I simply wish to state my practice and its results, not knowing how soon I may be called upon to change it altogether, which I should not hesitate to do if, in my judgment, the case or cases imperatively demanded it.

CASE OF RETROVERSION OF THE UTERUS PRODUCING RETENTION OF URINE, SUCCESSFULLY TREATED BY A NEW PESSARY.

By NATHANIEL COATS, Esq., Sirhowy Iron Works, near Newport, Monmouthshire.

THE person was Mrs. L., aged 28, the mother of five children, and having had one miscarriage. She was very healthy, and had at the breast an infant nineteen months old. She saw the menses when the child was twelve months old, and once since; but considered that she had not seen them for four months. I was called to see her on the evening of February 26th, 1857. She was then suffering from retention of urine. Her employment, that of keeping a public-house, caused her to be constantly on her feet. She was not aware of being pregnant; but was, no doubt, about three months advanced. Her symptoms were relieved by the catheter.

The following day (February 27th), she passed urine naturally, and continued to do so until March 1st, when she again had retention of urine, which was relieved as before. She then went on well until March 6th, when she again had retention, and was again relieved by catheter.

March 7th. She had retention. I had kept her in bed, and tried to replace the retroverted uterus, but to no purpose, the retention still coming on. I then considered that if I could make anything to press on the fundus of the uterus and not on the neck, it would be likely to benefit her by taking off the pressure on the urethra. I therefore made the instrument, ex-

cepting the oval India-rubber air-cushion, and applied it at 1 P.M., on March 7th. It was easily introduced, and gave no pain. At 8 P.M., I saw her again. She had passed a little

urine. I passed the catheter, and drew off about half a tea-cupful of urine. The bowels had been relieved without any difficulty.

March 8th. She slept well, and passed urine at half-past nine A.M., and at one P.M. with ease: when out of bed, she felt more comfortable than before the introduction of the instrument.

March 9th. The patient was down stairs attending to her business. She had passed urine, and the bowels were also moved. She informed me that she had been up and down stairs several times without having the bearing down pain which she had prior to the use of the instrument.

March 10th. She slept well, and also passed urine freely.

March 13th. She removed the instrument last night, and cleansed it, and replaced it herself, and was very glad to do so, as it gave her great comfort.

On the birth of her first child, which was born alive, she had no unpleasant symptoms; nor at that of her second. When between two and three months advanced, she was assisting her sister-in-law to paper a room, standing on a chair, with the paper held over her head, she felt as if something had slipped or given way in her inside. A little time afterwards she had retention of urine, and the catheter had to be passed on several occasions, and at about four months she miscarried.

With the third, fourth, and fifth children, she did not suffer from retention, and the children were all born alive. With the sixth, when between two and three months advanced, she had retention of urine, and the catheter was obliged to be passed on many occasions. She had great difficulty in passing urine until the fourth month, when it ceased, and she went on well. The child was born alive.

REMARKS. I have now given the history of the case, and hope the treatment will be as successful with other practitioners as it has been with me. I have sent a sketch of the instrument, and have also forwarded one to Mr. H. Bailey, 418, Oxford Street, London, who, I have no doubt, will be happy to forward any gentleman one. I should like to hear, if any gentleman should have occasion to use one, whether it succeeds with him as it has with me.

CASE OF NEURALGIA OF THE ISCHIATIC NERVE, TREATED BY DR. ALEXANDER WOOD'S NEW METHOD, OF APPLYING THE OPIATE DIRECTLY TO THE PAINFUL POINTS.

By GEORGE LINDSAY BONNAR, M.D., Cupar, Fife.

ON July 30th, 1857, I was called to see Mrs. P., a stout active lady, of a sanguineo-nervous temperament, who had been, since the preceding May, more or less troubled with shooting pains, from the region of the left hip, down the posterior aspect of the thigh and leg of the same side, in the course of the great ischiatic nerve and its peroneal branch. The pain had a periodic character, with an evening, and latterly a morning, exacerbation as well.

I prescribed the saccharated carbonate of iron in repeated daily doses, nourishing diet, and an anodyne draught in the evening, to anticipate the time of the usual increase in the severity of the attack.

Various erythematous patches appeared in different parts of the limb: they were painful to the touch, but readily yielded to the employment of liquor plumbi diacetatis and tincture of opium mixed, largely diluted, and frequently applied.

The pain along the course of the nerve, after various degrees of occasional mitigation, gradually increased in severity, generally maintaining its periodic character, notwithstanding the application of various remedies, external and internal, until the usual means recommended in such cases were well nigh exhausted.

A strong embrocation, composed of compound tincture of camphor and Fleming's tincture of aconite, was rubbed into the hip and down the limb, morning and night; at first, with a very slight improvement, which, however, soon disappeared. The parts were repeatedly subjected to fomentations of hot turpentine, until the skin became too tender and fiery for the application; this in some measure mitigated the pain for the time being, but never overcame it. Acupuncture was also persevered in, not only over the hip, but all along the course of the nerve, even to the ankle, to which part the pain had gradually extended; and, from the decided improvement which took place, I had reason