

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

---

VOL. LXIII.

THURSDAY, DECEMBER 6, 1860.

No. 19.

---

PUERPERAL CONVULSIONS—EXPECTANT TREATMENT—RECOVERY.

[Read before the Norfolk District Medical Society, Nov. 14th, 1860, and communicated for the Boston Medical and Surgical Journal.]

BY J. P. MAYNARD, M.D., DEDHAM.

OWING to the comparative rarity of the occurrence of puerperal convulsions in the private practice of most physicians, it is difficult to obtain a sufficiently extended basis, to form any decisive opinion from personal observation. It is in that view more important that all should contribute their quota, however limited, that others may, from the aggregate thus obtained, adduce conclusions that may either favor, qualify, or alter the method of treatment they have deemed most beneficial in similar cases. In furtherance of this object, I have very briefly condensed a report of seven cases that have occurred under my care.

These cases comprise primiparæ and multiparæ—all robust and plethoric. In two of these, the convulsions occurred *previous* to delivery and not subsequently—in two others they existed *after* delivery and not previously. In three cases they took place both before and after delivery. In only one of them were the forceps deemed advisable.

CASE I.—Mrs. H. P., æt. 30, multipara, of rather large size, and healthy, was taken with labor-pains on the night of Dec. 23, 1849, and was delivered, naturally, on the morning of the 24th of a living female child. Placenta expelled without difficulty.

On the 25th she was quite comfortable, the usual after-pains being slight.

26th.—Slept well last night, and was free from any trouble. Doing well.

On the 27th, I was sent for in great haste at 9, A.M. On arrival, found she had been suddenly seized with puerperal convulsions, immediately after being got out of bed into a chair. Found her with trismus of lower jaw, eyes fixed and staring, pupils insensible to

Vol. LXIII.—No. 19

light, the whole muscular system violently convulsed, and the usual frightful aspect of this disease. Pulse small and weak, extremities cold, face sunken, with frothing at the mouth, and the peculiar hissing respiration common to such cases. This was followed by the usual profound coma. As soon as the power of deglutition would permit, carbonate of ammonia was administered every hour.

6½, P.M.—Has had convulsions of frequent occurrence and long continuance, alternating with profound coma. Applied mustard sinapisms to calves of legs and soles of feet.

28th.—Was free from convulsions from 10 last night till 5 this morning, when they again recurred. I now made trial of the remedy recommended so highly by Dr. Hamilton—gum camphor, one grain every half hour, accompanying it with a stimulating injection.

4, P.M.—Notwithstanding the administration of the camphor for the last ten hours, as well as a free operation from the bowels, the convulsions continue as severe and frequent as before. Strong beef-tea, by injection, was ordered when she was too insensible to swallow.

9½.—Convulsions still continue, though less frequently.

29th.—The convulsions, of thirty-six hours' continuance, have been succeeded by natural sleep of two hours' duration, from which the patient awoke, and has had no difficulty since.

CASE II.—April 30, 1851, was called to Mrs. J. P., æt. 28, primipara, short, stout, and in robust health. The labor-pains, which had begun at 8, P.M., the evening previous, were now tolerably strong, and the os uteri was dilating well, but the perinæum was very rigid, and the progress of labor slow. At 11½, during a severe pain, a convulsion occurred, lasting five minutes. In half an hour afterwards, the child was expelled, stillborn. The placenta soon followed. In ten minutes after its expulsion there was another convulsion. During the succeeding twenty-four hours, thirteen convulsions took place, the last one being very severe, terminating in coma of four hours' duration, which gradually passed off, and for the first time in twenty-four hours consciousness returned.

May 2d, forty-eight hours after confinement. Is doing well, and has had no return of the spasms.

In this case no specific remedy was used. Ice to the head and mustard applications to the feet were, however, not omitted, and small doses of carbonate of ammonia were given.

CASE III.—Mrs. W. S., æt. about 30, multipara, small figure and good health. July 26, 1856. Labor-pains commenced this morning. Os uteri dilating well. The pains becoming more severe, are now accompanied by convulsions, succeeded by coma. As the labor was progressing favorably, it was not interfered with,

and, in a short time, she was delivered of a living male child. The convulsions did not subsequently recur.

CASE IV.—Mrs. L. D., æt. 26, primipara, size above medium, florid complexion, and vigorous health. July 9, 1857. Has had slight labor-pains since early morning. At 3, P.M., they were sufficiently strong to induce her to lie down. Soon after, in the midst of a severe pain, violent convulsions ensued, followed by the usual coma, and were repeated about every three quarters of an hour until 10, P.M., when, during a convulsion, the patient was delivered of a living female child. The placenta came away within half an hour. Instead of any relief being afforded in this case by the birth of the child, the convulsions continued with unmitigated severity, and were rapidly exhausting the patient, whose appearance was now most unpromising. The extremities were cold, the countenance sunken, the pulse barely perceptible, and, she being unable to swallow, stimulants and beef-tea were given by injection. From 3, A.M., until 2, P.M., eight convulsions occurred, which had now apparently exhausted the patient's strength, and she seemed to be rapidly sinking. The pulse could no longer be felt; the respiration grew slower, and finally ceased. On auscultation, however, there was found a faint pulsation of the heart. Inflation of the lungs was resorted to, though apparently a hopeless expedient, and this was assiduously maintained for more than half an hour, when a slight gasp indicated the possibility that these efforts would not prove unavailing. A longer continuance of artificial inflation resulted in finally establishing the respiration. During the succeeding half hour the breathing barely rose to 6 in the minute; in an hour more, to 8; in three hours to 12. The patient remained in the profound coma of the last convulsion twelve hours, then gradually recovered her consciousness, without any return of them.

In this case the convulsions were equally severe, and prolonged after childbirth as before. I should not omit to mention that the aid of both ether and chloroform was resorted to, in order to allay the spasms, without producing the slightest control over them, and it was therefore abandoned. Nourishment by the mouth while she was able to swallow, and by injections afterwards, was the sole reliance.

CASE V.—Mrs. S. R., Dec. 7, 1857, multipara, healthy. Was delivered naturally, after a labor of twelve hours, of a male child. In this case the convulsions did not occur until after the birth of the child, and the expulsion of the placenta. After about an hour they ceased, and the patient regained her consciousness. This is the second instance that has come under my notice where the convulsions have occurred only *after* delivery.

CASE VI.—Mrs. F. C., æt. 25, primipara, short, stout, and in robust health. Aug. 2, 1860. Labor-pains commenced at 6, A.M.

VOL. LXIII.—No. 19\*

Convulsions occurred at 12, M., and continued at intervals of about half an hour, without any return of consciousness. Great œdema of both labia. Extreme rigidity of the os uteri, which dilated very slowly. Expectant treatment. Continue ice to the head and stimulating poultices to the feet. Convulsions continued until 6, next morning, when they ceased spontaneously, but the profound coma remains. Pulse 155. Respiration feeble, and now becoming very slow. The urgency of the symptoms demanded the application of the forceps, and, the condition of the os uteri permitting, delivery was effected at 10, A.M. The coma still continued until 6, A.M., of Aug. 4, twenty hours after delivery, and forty-two hours from the commencement of the convulsions. The patient regained her consciousness, and rapidly convalesced.

CASE VII.—Mrs. H., multipara, of medium size, healthy. Aug. 28, 1860. Was taken with puerperal convulsions during the last week of gestation. Os uteri somewhat rigid and undilating. Within twelve hours, the convulsions and coma ceased, the patient recovered her sensibility, but delivery did not take place until six days afterwards, when she gave birth to a male child, without any return of convulsions.

It will be seen that the treatment of the above cases consisted in the entire avoidance of all violent remedies, dependence being placed rather on local applications and support of the system when needed, by nutriment and mild stimulants, thus affording nature an opportunity to resist and overcome the disease. The results showed her fully equal to the task.

A temporary trial of the effect of ether was attempted in Cases IV. and VI.; in the former, as has been stated, without any impression on them; in the latter they seemed to increase, though this may have been merely a coincidence rather than a result, but its further use was suspended.

That the few grains of camphor given in Case I., or the nominal dose of ammonia in Case II., had any real efficacy, can hardly be pretended. That powerful purgatives or emetics would have benefited any of them seems at least improbable. That they could have survived the Sangrado treatment, so universally recommended, may be pronounced doubtful, if not impossible. Owing to the frightful appearance of all the patients in this disease, the apparent danger of the symptoms, and consequent alarm of friends, have we not sometimes embarrassed rather than assisted Dame Nature?

We have on record the average fatality of the disease when treated according to the ordinary means advocated by high authority. In the cases reported by Dr. Collins, out of 16,414 deliveries there were 30 of puerperal convulsions. Of these, 5 died, or 1 in 6; and in the face of this appalling result, profuse bleeding was his main reliance. Prof. Huston relates 13 cases and 2 deaths, or 1 in 6½. Dr. Merriman 48 cases, with 11 deaths, or 1 in 4½ near-

ly. Dr. Dewees has attended 9 cases, and 2 died, or 1 in  $4\frac{1}{2}$ ; he, also, was a firm believer in the lancet. Dr. Meigs has had 24 cases and 6 deaths, 1 in 4, and with that record is strong in the same faith. What the profession now most need, is a collection of statistics where the *Vis Medicatrix Natura* has been unfettered and enabled to assert her power.

In an able paper by Dr. Salter, some of whose views I cordially endorse, six cases are related in which he attributes the recovery to the use of stramonium. Might it not as properly be referred to his judicious avoidance of all the ordinary violent means which he condemns? Yet the administration of half-ounce doses of tincture of stramonium may be deemed bordering on the heroic, by one in favor of a conservative treatment. Had that remedy been given in the seven cases I have reported, stramonium might have obtained a credit to which it was not entitled.

Is it then asked, shall all active medication be withheld? My experience replies, the less the better. But this does not imply inactivity on the part of the physician. On the contrary, to decide whether the involuntary muscles of the womb are able in due time to accomplish the labor, unassisted, with greater safety to the mother and child; or when and to what extent shall artificial aid be given to hasten delivery; to relieve the bladder of the insensate form before its distension by urine adds to the danger of the patient; to test if the albuminous condition of the urine establishes the diagnostic that may prove probably a coincidence, but possibly a cause; all these, and other points that suggest themselves to clinical experience, will be found to tax the judgment of the physician and the resources of medical art, to insure the welfare of the patient, quite as much as the more popular routine of bleeding ad deliquium, the use of powerful purgatives, and similar measures.

To collate statistics requires only time and care—to draw just inferences from them is quite another thing. So much depends on the bias of the mind; prejudice, of which we may be totally unconscious, so easily creeps in to warp our judgment. It is so very natural as well as consolatory to think our remedy has cured, when perhaps the patient has simply survived both treatment and disease.

It is well to bear this in mind, in analyzing and comparing statistics. In referring to the reported cases of Drs. Collins, Huston, Merriman, Dewees and Meigs, we find that, on an average, only four fifths recover after bleeding, purgatives, &c. The six cases reported by Dr. Salter prove that they have all recovered without bleeding, and with stramonium. The seven cases that have formed the subject of this report show that an equally successful result may be obtained without the use of either—the entire treatment of the disease being based on the maxim, *Natura docet*.

TABULAR STATEMENT OF CASES.

Case.	Primipara.	Multipara.	Before delivery.	After delivery.	Before and after.	Continuance of convulsions.	Duration of labor.	Male child.	Female child.	Stillborn.	Fatal.
I.		1		1		36	10		1		
II.	1				1	24	16		1	1	
III.		1	1			4	8	1			
IV.	1				1	36	18		1		
V.		1		1		1	12	1			
VI.	1				1	42	28	1		1	
VII.		1	1			6	8	1			
Total.	3	4	2	2	3			4	3	2	None.

NOTE.—Dr. Ramsbotham's report of 26 cases shows the still larger fatality of 10 deaths, or 1 in  $2\frac{2}{3}$ .

#### OVARIAN DROPSY—ACUTE DYSENTERY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Your JOURNAL for to-day (Nov. 22d), brings us a report from Dr. JACKSON, of a case of ovarian dropsy in a girl of 15 years. In Oct. 1855, I was called to a similar case. The patient was, I think, only 16, and reported the enlargement of the abdomen to have commenced three years before. She had felt well for more than two years after its commencement, but at this time complained of a tired sensation. The catamenia had never been regular—had occurred a few times about the period of the commencement of the abdominal enlargement, but had been entirely suppressed for some two years. She was of small stature, and presented much the appearance of being at the full term of pregnancy. I did not measure the circumference of the abdomen.

Under the use of iodide of potassium and iron, with alterative cathartics, her general health and strength greatly improved. Only slight and temporary effect was produced upon her size.

She was under treatment more or less until August, 1856, when she was tapped, and 18 1-2 pounds of perfectly pure serum were drawn off. I then applied an abundance of compresses over the abdomen, secured in place by a towel drawn tightly around the body. No fainting occurred. She lay quietly in bed forty-eight hours. I then removed the band and compresses. The anterior walls of the abdomen seemed to rest directly upon the posterior. The aorta, spine and kidneys could be clearly felt; but the stomach and intestines appeared to be entirely wanting. I re-applied the compresses and band, kept her in bed one week, then let her get up more and more each day. She recovered rapidly. The catamenia appeared after a few months, and she has as yet had no return of the disease.