REMARKS
ON
EPILEPSY OR PUERPERAL CONVULSIONS.

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THE following remarks on epilepsy or puerperal convulsions were written for the next meeting of the Bath and Bristol Branch of our Association, but finding it too lengthy for the short time then allowed for reading papers, I send it for insertion in the *Journal*, thinking if not instructive it may not be uninteresting.

To the obstetric practitioner, epilepsy and convulsions are disorders we frequently meet with in our practice, and they generally cause us much anxiety and trouble without our being often able to render the subjects of them much assistance or real benefit. But when they occur under the circumstances we are now considering they are not only troublesome and difficult to manage, but they excite in us the deepest interest and anxiety for the safety of our patient. Much has lately been said and written on the relations between epilepsy and puerperal convulsions, and rules laid down by which we are to distinguish the one from the other. Those cases are so rare in private practice, that there are but few practitioners who have seen enough of them to enable them to recommend any particular mode of treatment or rules for the guidance of others. There is, no doubt, a considerable resemblance between an attack of epilepsy and puerperal convulsions, but the minute difference and nice distinctions drawn by many writers in practice on this subject, are of but little use, and are much more calculated to confound the practitioner than to assist him in relieving the patient; and whether we use the term convulsions or epilepsy, if the disease attacks the patients in the puerperal state or during parturition—although we may be puzzled to define the one from the other—the practice and treatment must be very much the same. Fortunately these are not very common cases, and we are not often called to witness such frightful and troublesome accidents in the practice of midwifery. From my having met with an unusual number in my practice lately, (three within the short space of five or six weeks,) and having successfully treated these contrary to the rules of practice laid down in such cases, some little account of them may be acceptable to the readers of the *Journal*.

Although Dr. Davies says,—“I do not recollect a single instance of the accession of such convulsions either immediately before or at any early period of a labour, which had not been preceded by severe headache, great sense of weight in the head, giddiness, violent throbbing of the temporal arteries, impaired vision, or such other unequivocal symptoms of an excessive fullness of the blood-vessels of the brain,” and although a pupil of the Doctor’s—I am not a disciple of his—my experience is in direct opposition to this.

How is it, if we have all these symptoms and fore-

warnings, that we have no record of the means that have been and are to be employed to ward off these awful attacks? There was nothing unusual in the labours or the attack, in my cases, to call for any particular and special notice, except that they were quite unexpected, and as is, I believe, invariably the case, the fits were most sudden and instantaneous, and there was not the slightest indication of their approach in either of the cases. The practice recommended for the relief and cure of these dreadful and dangerous disorders, and taught by teachers and professors of midwifery, and I believe followed by almost all obstetric practitioners, is equally prompt and instantaneous; for no sooner than the attack appears, not a moment is allowed for the poor patient to recover herself from the shock, but out is drawn the lancet, and the practitioner is commanded by the highest obstetric authorities, both modern and ancient, not only to bleed, but the bleeding is to be copious and repeated. Dr. Ramsbotham says:—“To fix any specific quantity of blood to be withdrawn at one operation is ridiculous.” Dr. Blundell says:—“I once myself abstracted from a patient seventy ounces of blood in the course of two or three hours, and the patient did not suffer from inanition.” But she must have been an awful wreck when the Doctor left her, and the recovery greatly retarded by such terrible treatment. I cannot bring my mind to believe that a patient who is already reduced and suffering from great exhaustion and fatigue from intense pain, or labouring under mental excitement, is to be relieved by the loss of thirty or forty ounces of blood. But I can very easily imagine that under such circumstances it may be a very efficient auxiliary in hastening a fatal termination, and that we should find the blood-vessels extraordinarily empty of blood. I can also imagine, that when the vital energy or principle is almost annihilated by these drainings, and such rash treatment, that the convulsions would cease from the loss of that power or principle which had contributed to the support of such powerful muscular contractions and emotions of the body; but we should bear in mind, that functional disorder or derangement is not organic disease. Dr. Gooch says:—“That puerperal convulsions is a disease generally but not always depending on cerebral congestion, and after one of those enormous bleedings commonly practised in these cases, no morbid appearances were discovered after death in the brain.” Very great constitutional derangement and disorders may and often do arise and subside without much interference of the medical attendant. We have repeated instances of epilepsy and violent convulsions arising from other causes, leaving the person without also producing any apparent constitutional effects, and in an hour after, they are commonly in their usual state of health, without any aid or assistance from us, as the case I am about to bring forward will clearly prove. Convulsions may arise from various causes—a deficiency of the circulating blood, or even the abstraction of a large quantity may produce them equally with an overcharged state of the blood-vessels of the brain. Dr. Marshall Hall says, in his work

"On the Morbid Effects of the loss of Blood," that:—"Next after syncope, the most familiar of the effects of blood-letting is convulsions." But whether the fit of convulsions is produced by irritation, morbid excitement, from mental impressions, or from exhaustion, the medical treatment must be pretty much the same. I believe that epilepsy and puerperal convulsions more frequently occur from mental impressions and uterine irritability than from active congestion of, or determination of blood to, the brain, and therefore the abstraction of large quantities of blood in such cases would be highly injurious and improper, and eminently more calculated to destroy the energies of the system than to restore or to relieve them. TIME is a wonderful restorative: if we had faith and patience to wait, it would vastly assist us in these cases.

The only rational mode of treating these alarming and dangerous affections appears to me to begin with brisk cathartics. This is the main remedy, and these should be of the most active kind. Although I have deprecated the hasty use of the lancet, promptitude and decision here is of the greatest importance. A good dose should be given immediately after the first attack, for if the fits should continue, there will be great difficulty in getting the patient to swallow anything in the shape of medicine. This, and occasional opiates, great vigilance, and the utmost care and kindness, in the management of the unfortunate patient, are the grand principles to be employed to sooth and restore the suffering patient to consciousness and health, and by these means we prevent all the ill consequences of large and repeated bleedings, the torture and annoyance, and often sloughing from blistering, as well as the despoliation of removing the hair. I believe that the surprise and regret that is felt by the woman when she rallies, and discovers that she has lost what is considered to be by most females the first addition to beauty—a fine head of hair—and the remorse which follows, tends greatly to retard the progress of convalescence and recovery. I will now, as concisely as I can, give the history of the three cases that lately came under my care.

On Sunday morning, the 18th of last November, I was called to a strong healthy young woman, who was in labour with her first child. On my arrival I made an examination, and found the os uteri dilating and the head presenting, and the pains regular. I left her for about an hour and a half, with an assurance that all was going on right, and would soon be over. On my return, the moment I entered the room, the old nurse exclaimed—"Oh! Sir, Mrs. has had one of the most dreadful fits I ever saw." This was not, under the circumstances, the most pleasant piece of information one could receive. The woman was on the bed, and seemed very mopish, hardly sensible, and did not appear to know what was going on, yet she bore down to the pains, which were strong and more frequent, and before twelve o'clock a fine living child was born. The birth of the child did not rouse her much, but she was sensible enough to take a little gruel, with some brandy

and twenty drops of laudanum in it, immediately after, and before I had taken away the placenta she had a violent convulsive fit, which continued for about five minutes, when she sank down in the bed as straight as though she had been "laid out," and in this situation I had to remove the placenta, which I did, after much difficulty. In this state I left her, with directions that when she rallied she was to be got into bed. At four o'clock in the morning the husband called me up to tell me that the nurse had got his wife into bed, since which she had had three very bad fits, and she was then in one, which quite shook the bed. I gave him to understand that I could be of no service while she was in the fit, but sent two pills, containing Hydr. Chlor., gr. vj., Pulv. Opii Antim. Tart., utr., gr. j., to be given immediately, and a strong aperient draught to be taken two hours after. At eight o'clock in the morning I called on her, and found they had given her the pills, but they could not get her to take the draught. She had not then had a fit for two hours. I got the draught down, and saw her again at eleven o'clock. There had been no fit, but she was unconscious, and the bowels had not been open. I then ordered Ol. Ricini, oz. iss., and Ol. Terebinth., oz. ss., to be given directly, which she kept down. About twelve o'clock the fits returned with great violence; I was sent for, but not being found for some time, the family were much alarmed, and in their anxiety had sent for another medical man; but before he got there I had seen the patient again, and was quite satisfied that when the bowels had been acted on she would do very well; however, her relations did not think so, and my medical friend and neighbour was again sent for without my knowledge, and he saw her, after which he very properly called on me, and we talked the case over. He thought it a very bad one, and considered that some more active treatment should be adopted, or she would die, and recommended the hair being cut off immediately, and cold applications to the head. I assured him that if she was left alone, she would come round again. What I meant by her being left alone was, no shaving of the head, bleeding, or blistering; or perhaps what would have been a more professional phrase, there was to be no *pure* surgical treatment. After my friend left me, I went to her, and took with me a powder, containing Hydr. Chlor., gr. vj., Pulv. Jalap., gr. xv., Sacch. Alb., gr. vj. This I shook into her mouth dry. From that time she never had a return of the fits. Late in the evening the aperients had acted copiously; after which she never had a bad symptom, except being rather dull for a day or two, and she suffered great inconvenience from the soreness of the tongue, which she had very much bitten in the fit; it was much swollen and troublesome for a few days. Independent of this she got about as soon as any other woman in an ordinary confinement.

On Sunday morning, December 23rd, about ten o'clock, a ticket was brought to me, requesting my attendance on one of the patients of the Dorcas Lying-in Charity, who was in labour with her second child: she

was a very excitable little woman. On my arrival I found everything going on well. It was a natural labour, and in about an hour she was delivered of a fine living child.

At 5 P.M., passing the house, I looked in, and found her as I thought going on very well. The only complaint she made was, that she had had a pain at the pit of the stomach, which she had felt ever since she was confined. As I saw they were going to tea, I said take a little warm tea, and you may be better. On my return home I was informed that a young person had been for me to call on this patient. I thought that this must be a mistake, as I had seen her about an hour before, I therefore did not go; a second messenger came in great haste to say that she had had a fit, and was throwing up blood. I followed the messenger, and certainly I was surprised at the change that had taken place in the short time since I left her. It was a frightful scene; the fit had gone off, and she was partially insensible. There was a great deal of blood about the bed-clothes, and also coming out of her mouth; this I very soon discovered came from the tongue, which she had bitten during the fit. I did not understand that she was much convulsed in the fit, but very restless and uncontrollable. The treatment was very similar to the other case, and need not be repeated here. The fits continued at intervals of three or four hours till Tuesday night, when she had a copious motion in the bed; of this she was quite unconscious, and it was only detected by the smell. After this she began to improve, but there was a wildness about her looks I did not like, very much the appearance of puerperal mania, and I believe that this is a state into which these affections frequently degenerate. Wednesday there was no fit. On Thursday it was considered by her friends that she was well enough to have the child brought to her; she had not seen it since the after-part of the day, (Sunday,) that it was born. When I called on her in the after-part of this day, (Thursday,) I found her collected, and capable of answering my questions rationally. She had plenty of milk, and the child was at the breast. The discharge had come on fresh, and she had then a nice moisture on the skin; this I thought arose from the Vin. Antim. Tart. that I had combined with the Tinct. Opii in the mixture she was taking. With all these favourable symptoms, I did not hesitate in giving her husband to understand that she would do well, and was then in a convalescent state, but in the night she again became unmanageable, and frightened her relations, and they called up my medical friend who saw the other case, which I do not regret, as it gave him an opportunity of witnessing the case, and enabled him to bear his testimony to the appearance of the patient, as well as to the treatment. It being in the night he prescribed for her, and in the morning I gave up the case to him. I learnt that he thought that some more decisive plan of treatment ought to be adopted, and he began his treatment by ordering the hair to be cut off, and the tonsor was in attendance; but fortunately for the poor creature she was not suffi-

ciently controllable to allow this process of mutilation to be performed, and the hair was preserved. In the evening this medical attendant very judiciously gave a full dose of Tinct. Opii, and I believe but little other medical treatment was necessary, and in a few days the patient was quite herself again.

Before proceeding to the next case, which is one of a different character, although of the same class, I think I should state, that it is pretty clear that in the first case the convulsions arose from some irritant in the alimentary canal, as all the symptoms subsided immediately after the operation of the aperient medicine. The delivery seemed to have had no effect on the fits, as they were quite as violent after, as they were before, the birth of the child, which is a proof that the uterus had but little to do with it, except by its being distended; although this distension and increase of size is very gradual and natural in the state the patient is in, yet the abdominal viscera in the latter months of pregnancy, must be by such enlargement of the uterus, displaced or deranged, and this displacement and the consequent pressure on some parts so great as to impede the circulation; and the intestines and omentum, by being pushed against the walls of the abdomen may be irritated, and thereby be much more likely to become inflamed; and I believe that when women die of puerperal convulsions that this inflammation is the cause of death, and not hysteritis. The womb is an organ that will bear much more rough handling than any other part of the abdominal viscera, and is often very roughly treated. Those that have not had much difficult midwifery would suppose that the scraping its internal coat in detaching a piece of adherent placenta, would cause inflammation; or that the very great straining and distension in cases of arm and other unnatural presentations, would produce some neuralgic affection of such a large muscular organ. But however long and trying these operations may have been, I never recollect one patient complaining or referring to any pain or inconvenience in that part after it. Convulsions generally occur after quick and natural labours, and not after long and tedious ones. This I think proves that the cause which gives rise to them must exist before the commencement of parturition.

The second case I think I could trace to passion or mental impressions, although I could not get any clue to the first attack. Many hours had passed without a fit, and the next was brought on by her putting herself in a rage because the elder child was not allowed by the grandmother to go to his mother's bed-room. This the husband told me. After this the woman's symptoms were, although she was convulsed, more of the character of puerperal mania. She could not be kept in bed, but at intervals she was perfectly sensible, and took her gruel and medicine. I may notice here, that I lost the confidence of the woman's relatives, by what they supposed to be my do-nothing practice. They wanted faith to believe that this great discomposure was to be allayed by merely looking on, and a little physic. They know nothing, or think but little, of the wonderful workings of Dame Nature and patience, and

what extraordinary assistance we derive from them in these intricate and very perplexing disorders. They think that depriving the poor creature of her head of hair, would be better than doing nothing. To them ignorance is bliss, as they know nothing of the awful bleeding, and the frightful mistakes committed, as well as the lives sacrificed, by the interference of a meddling doctor.

The next case was a private patient whom I was engaged to attend in her confinement with her first child. She was a healthy woman, aged 27, and on Thursday morning, January 3rd, I was requested to give her an early call. The messenger told me that it was not labour, but she was in her last month, and there was something a great deal worse than labour. I saw her about ten o'clock, and found her standing by the fire in her bed-room. She told me she was comfortable in the erect position; she had not been able to lie down in the bed for some time without suffering the greatest inconvenience. I at once saw that she was labouring under general anasarca. Effusions of water had taken place in all the principal parts of the body. She was in her last month, and a tremendous size; the arms and hands were so large that she could scarcely use them, and the countenance so bloated that her eyes were almost obliterated, and her lips so thickened that it was with much difficulty any one could understand her when she spoke. The whole was not yet told me, I was to stop till a neighbour was fetched, who was to tell me all about it. When she arrived she informed me that there was no sign of labour, but there was something such as she had never seen before, and she was the mother of a large family, and she thought that I had better examine her, which I did, and found the right labium swollen as large as, and something the shape of, a cocoa-nut, and the right nympha enlarged and much elongated, and projecting externally about two inches. All this effusion or swelling of these parts had come on during the night, but the general enlargement had been increasing for some weeks. Her thighs and legs were like marble pillars, and not unlike the feel, for they were cold, independent of her not being able to move about. The only inconvenience and pain she felt was the friction of the enlarged labium against the thigh. I recommended the horizontal position, and soft cloths to be dipped into warm water, and to be kept between the parts, and assured her that all the swelling would go down when labour came on. She had that morning taken a dose of castor oil. In the evening of the same day, about nine o'clock, I was sent for in a great hurry, as she was in a fit: when I got to the house it had gone off. The mother informed me that she was very much convulsed. She was then on the bed, and the swelling of the external part was somewhat less. She did not know me, nor answer any question that was put to her. Her breathing was rather difficult, and there was a sort of snorting and puffing as in apoplexy. The position she was lying in, and the effusion about the neck and head, I thought might be the cause of this.

If bleeding should have been thought advisable in this case, I do not believe a vein could have been got at, from the cedematous state of the whole body. I sent two pills, as in the other cases, to be given immediately, (as it is a form that I keep,) made up with a mixture:—Mag. Sulph., dr. vj., Pulv. Jalapæ, dr. ss., Aq. Ment., oz. vj., to be taken during the night. Early the next morning I saw her; she had seven convulsive fits during the night, had taken the pills, but only one dose of the mixture. The bowels had not been open, nor had she passed any water. There being no improvement, but evidently increasing danger, and believing that the whole of this great constitutional derangement must arise from the condition she was in, the only prudent and correct mode of proceeding, as I considered, would be to endeavour to remove the exciting cause, which was the child; now, this could only be done by bringing on labour, but how this was to be accomplished, and how she was to be placed in a proper and convenient position, and made to understand what was going on, I did not know, as she was such a lump and such a weight that it required four persons to move her; and the moment I attempted to make an examination it roused her, and produced the greatest agitation, in consequence of the tenderness and tumefied state of the external parts. To get at the os uteri seemed not only to be difficult but almost impossible; however, after much patience and great perseverance I felt the uterus, but could not find its mouth. At last I got at it, it was inclining much more than usual towards the sacrum; it was quite closed, but I gradually got a finger in, and passed it round between the uterus and the membranes, thinking this would be sufficient to rouse some action of the uterus, and relieve some of the pressing symptoms, without rupturing the membranes.

After sitting by her nearly two hours, I fancied that there was something like regularity in her moanings, as though produced by uterine pains, I made another examination, when I ruptured the membranes, the os uteri being more lax and slightly dilated. I was surprised to find so little Liquor Amnii escape on the membranes being broken. I expected a large quantity. As there had been now no fit for four hours, I left her for three or four hours, when a woman came to me in a great hurry, to say that the child would be born before I got there. When I arrived at the house I found her on the bed on her back, violently convulsed, her husband and two women holding her down, and another woman with her hand in the vagina. I requested the husband to leave the room: his answer was, that if he did she would be out of bed in a minute. I assured him that I would be answerable for all that happened after he left the room, which he did, with very great reluctance. I immediately took the old woman's place at the vagina, and found the child's head almost in view. The woman said it had been there for an hour. From the moveable state of the bones of the cranium I gave them to understand that they were not to expect a living child. I expect it would have been born long before had it not been for the tumefied condition of

the external parts. It was two hours after I got there before I was able to bring the child away. There were pains, but they had no effect; the state of the labia prevented its exit. It was dead, and a small child: such as we should expect in a premature birth. The woman seemed to be quite unconscious of what had taken place, except being a little restless, and she was got to take a little tea. In attempting to bring away the placenta, which I invariably do immediately after the delivery of the child, I found it did not move, and I was obliged to use some little force; still it did not yield, and I felt the funis giving way. As I could not tell whether the uterus had contracted or not, in consequence of the very great enlargement of the abdomen, I could not ascertain the position of it so as to assist the expulsive power by pressure. I was then again obliged to introduce my hand into the cavity of the pelvis, when I found a membranous bag which I could not make out, and in endeavouring to ascertain from whence it arose, I broke it, and down tumbled another child, which, after two or three pains was also still-born. The placenta then came away without much trouble, and the labour was completed without anything occurring worth notice, except that convulsions rather accelerate labour than retard it.

After it was all over the patient looked up with a vacant stare, and took some gruel, but she was not sensible, did not speak, and took no notice of what had happened. Before I left her she was pretty conscious, and I got her to take a good dose of the aperient mixture (oz. iij.) This was about twelve o'clock, midnight. The following morning I found that she had had no return of the fits during the night, and had been quiet, but the bowels had not been opened and she had not passed any water. The lochial discharge was but scanty. It was now near forty-eight hours since she had made water; I therefore made an attempt to pass the catheter, but it so disturbed her and she made such a noise that I was obliged to give it up. In the latter part of the day there was a motion from a second dose of the mixture, and she passed a large quantity of water, and from that time she began to improve, but it was two or three days before she was quite herself and could be made to understand that she had been confined. On the tenth day I took my leave of a very troublesome patient, but of a very interesting case.

Dr. Blundell, in his lectures, relates a similar case to this, when he says he freely bled to the amount of forty or fifty ounces at least, and the patient died of puerperal fever a few days after.

I have perhaps been rather too minute and prolix in detailing these cases, but we must bear in mind that I am relating facts and drawing attention to practical points, which are at all times much more important and interesting to the general practitioner, than theoretical discussions or speculative observations, therefore we cannot be too lucid and explicit, and when we travel out of the usual course of practice, I think we are expected to state our reasons for so doing, and to be more particular and minute in the description of the

cases we have seen and treated. To walk in an untrodden path, or to deviate from a line of practice that has been sanctioned by ages and universally adopted by practitioners in this peculiar branch of our profession, and to withstand the anxious entreaties of relations, the whispers of friends, as well as the significant insinuations of the nurses and the ignorant by-standers, requires of the accoucheur, in order to encounter this, great presence of mind, much firmness, untiring patience, and great moral courage. All this is very trying, but if we wish to act conscientiously and to do justice to our patients, we must put up with it. I trust the day is far distant when any of my readers may be so perplexed by being called to witness one of those troublesome and painful cases. If any one should be so unfortunate, although the plan of treatment adopted by me in this frightful disorder is in direct opposition to that recommended by all teachers and professors of midwifery, I hope that the cases I have brought forward, are sufficiently varied, (in the first the fit or convulsion was during the labour, the second after, and the third in the last month of pregnancy,) the treatment so uniform, and the result so satisfactory, that the members of this Association may be induced to adopt it. If they should, I shall deem it as a particular favour if they will inform me of the result through the *Journal*.

P.S. It is well known how difficult it is to administer medicines to patients in convulsions or fits. As soon as they are able to swallow, I have often been successful in this way:—I place myself on the right side of the patient, and then get a large tablespoon (an iron one is best,) between the teeth, and with the left hand pour the physic into the bowl of the spoon, while it is between the teeth. In this way it generally goes down; they cannot well spit it out. Nutriment may be given in the same way. Neither of the women had ever been subject to epileptic attacks. It will be observed that I have not noticed the state of the pulse in either of the cases. As we might naturally expect with so much bodily excitement, the action of the heart was affected, and the circulation greatly increased, but there was not that fulness and throbbing to indicate the use of the lancet. In the last case it was quick (100), but it was more feeble than strong, and this quickness and feeble state of the pulse continued after the fits had left her and during convalescence.

Bath, February 12, 1850.

CASE OF PUERPERAL CONVULSIONS WITH PUERPERAL MANIA,

TERMINATING SUCCESSFULLY.

By H. WILLIAMS, Esq., Surgeon, THRAPSTON.

I WAS called about five o'clock A.M., to Sarah Fellows, of Islip, from 31 to 32 years of age, in her first confinement. The os uteri was just dilated enough to admit the finger; a head presentation, and natural.