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Abortion

Amongst the many affections to which the pregnant woman is subject abortion is one not the least deserving of attention from the medical man, for although in the majority of cases it is not fatal yet it is often habitual in the same patient causing her and her partner in life frequent disappointments, and tending rapidly to break up her constitution.

During any period of utero-gestation this process may be arrested and the fruits of conception lost; when this occurs before the sixth month it is commonly called abortion, after the sixth month premature labour. This although not the only division is for practical reasons the best, because after six months the treatment is like that of labour at full time, while before then it is in some respects different, and we cannot although it were necessary introduce the hand into the uterus. The French speak of the foetus as being viable after the sixth month.

All animals are subject to abort, domestic animals more so, and in the human subject

the civilized and the luxurious living are most apt, it is not so frequent amongst the labouring classes, and probably less frequently still amongst barbarous nations.

Abortions are very common during the first weeks of pregnancy but no idea of their frequency can be given as they are often unknown to the woman or do not require the assistance of a medical man. When it happens about the seventh week it is usually believed to be only delayed menstruation. The eighth and twelfth weeks are very common periods, at this stage however the symptoms are as a rule very moderate and do not require much or any interference, although in some cases the danger is very great. Dr. Kambootham relates, with one woman from whom he removed two of the smallest ova he ever obtained the haemorrhage was so alarming that on the first occasion although only seven weeks gone he "scarcely ever saw a woman, in so great peril, as she appeared to be, recover" she was perfectly senseless, colourless and cold, and in a state of almost incessant prostration, with occasional convulsions alternated. And in the case of a Mrs. Lyne under my own care, at the 8th week I found her as pale almost as death, recovering from one

thus often being the case in those whose menstruation has been irregular. Or on the contrary plethoric women will have the same misfortune from the opposite cause, conception bringing too much blood to the uterus and by its overaction stopping that process which it was required to forward. Irritation in another organ may cause abortion, diarrhoea or the action of drastic purgatives either on account of the bearing down caused or the drain on the system. Extreme constipation by the violent action required to relieve the bowels, prolapsus ani, the irritation of piles may even do it so that these should not be unattended to. Violent coughing or vomiting may so affect the uterus as that some of the fine vessels ramifying on the internal surface of the uterus may rupture and cause partial separation and expulsion of the ovum.

Dancing, running, making a false step, may also cause partial separation either from the jar given to the body or from the excited circulation which follows. Emotions of the mind, grief, fear, anger, joy, when these are present to any great extent may cause the same thing through the nervous system which holds great power over the uterus; and we find that nervous excitable women are most apt to miscarry.

Inflammation or violent disease in any

important organ will by exhaustion and its disturbing influence on the system weaken the hold on the ovum.

Displacements of the womb itself may prevent its expansion and so the growth of its contents, as retroversion or prolapsus, which however often come right, but in the latter pregnancy has been known to go the full term the uterus remaining external. There may be rigidity (Dr John Burns however does not think this a cause) or flaccidity of the uterine fibres as of any other fibres in the body the first preventing expansion and the second not answering properly the calls of nature. Disease of the uterus, ulceration for instance, weakens its action and is the cause of loss of the ovum.

Tumours in the pelvic region by their pressure may injure the action of the womb and prevent its expansion. Excessive venery and prolonged lactations are also causes of abortion.

External injuries will produce abortion, still it often takes a great amount to do so. Jane Terry a patient under my own care, was severely assaulted by her paramour in the fifth month, receiving two black eyes, and three kicks on the abdomen which caused a deal of ecchymosis, yet there were only

a few pains which were easily relieved, she had no haemorrhage externally, and bore a healthy uninjured child at the full time. The immediate effect in such cases is usually partial separation of the placenta, this however is sometimes recovered from if small, the mouths of the ruptured vessels getting closed up and permitting gestation to run its full course. Sometimes however the foetus comes rapidly away on the receipt of the injury and is seen to move for some time. Out of fifty cases of abortion related by Dr Robert Lee external injury was the cause of four. The foetus itself may be injured without its connection with the uterus being disturbed as is seen when a child is born with a badly united fracture. Criminal abortion usually requires an amount of violence which either proves fatal to the woman or leaves her frame in such a shattered condition that recovery takes place very slowly. When brought about by medical interference, as sometimes requires to be done to save the life of the patient, for nothing short of that should make us do it, it is very dangerous and nearly always proves a difficult matter. After the sixth month it is easier.

When any of the exanthemata attack a pregnant woman she is very apt to abort, typhus fever, scarlet fever and small pox are the worst in that respect, peritonitis often follows and these cases prove fatal.

Syphilis is very frequently a cause of abortion by its killing the embryo, and the mother may become affected through the diseased foetus. Neither father nor mother may have an open chancre, but if one or both are suffering from secondary symptoms the ovum becomes affected. Death of the foetus from whatever cause stops the act of gestation, and the dead foetus acting as a foreign body sets up contraction in the uterus which now empties itself of its contents. In forty six of the fifty cases of abortion related by Dr Lee disease of the embryo or its covering was the cause. The ovum, ^{in life} to various diseases, hypertrophy or atrophy, calcareous or fatty degeneration or apoplexy of the placenta, cysts in the cord, cysts in the villi of the chorion, dropsy of the amnion, fluid between the chorion and amnion, induration of the decidua, shortness, twisting or knotting of the cord; in the embryo we may have any disease almost from which it would be likely to suffer after birth, peritonitis, often syphilitic and other inflammations, chronic

hydrocephalus. Any of these affections will cause the death of the foetus, but not necessarily its expulsion though that is the rule, it may be retained a long time even till the sixth or ninth month purely longer, in these cases it has changed in character, it has become what is called a mole, which may be either fleshy or hydatidiform, if hydatidiform the embryo has died in the early weeks before the villi of the chorion have disappeared. When a mole is formed no air has been admitted and no putrefactive change has commenced. In cases of twins one embryo may die, become a mole and be carried to the full time with the living child. The embryo may wither up and take on a form resembling what has been called adipocere; when however it dies in the early weeks it may dissolve in the amniotic fluid.

The symptoms of abortion during the early weeks are as a rule little different from ordinary menstruation, as before mentioned, and only to be recognised as abortion if the ovum is not seen, from the cervix uteri being found softer and more velvety than usual and the os somewhat open while the

pain is not relieved by the discharge. At the third month or before it, if there has been morning sickness that stops, the breasts get flaccid and the pains leave them, there is a general feeling of languor, faintness, slight acceleration of the pulse, a little discharge comes away, slight pains are felt first at the lower part of the abdomen then extending to the lumbar region; these pains now become more severe and pressing, a few clots with the embryo are passed, and after a little rest the patient gets well again. At other times the haemorrhage comes to a considerable extent even to syncope, with little pain for a time, the os is open and after a little some clots come away one of them very likely containing the ovum, or the membranes may have ruptured, the embryo escaped and its coverings come away in shreds. A discharge continues for some days afterwards having some characters common to lochia at full time, and milk may be secreted. In the case of Mrs Hunter who aborted the second month while still nursing, the milk which was very scanty before was much increased and she continued to nurse for some time. When the foetus has further advanced, the membranes are very likely to

give way, the contents to escape and the placenta with the membranes to remain behind for hours or days. When past the time of quickening the symptoms of death of the foetus are plainly felt by the woman, the motions of the child are known to have ceased, she has a feeling of weight and coldness in the region of the uterus and before long pains begin and they may make little progress for hours or days.

The treatment of miscarriage naturally divides itself into two parts, preventative and when that is impossible the application of means to hasten and complete the process.

In cases of habitual abortion it is the duty of the medical adviser to discover if possible the cause or causes of former losses and endeavour to remedy these. Rest is of paramount importance but many women cannot or will not take the necessary amount. In the worst cases the reclining posture day and night either on sofa or bed, with strict confinement to their room. If they leave their room they may make a false step, or get a start with the slamming of a door or something falling which will at once put them down and the whole of their former care is lost. This rest and retirement must be kept up till the critical period is over and if it should be in the early months till quickening, some relaxation may then be allowed. In weakly constitutions an iron tonic may be

advantageous while attention is paid to the bowels and the other functions. I have given dilute nitro hydrochloric acid with infusion of quassia to advantage. Cold bathing is almost always of service and that is best done in the morning.

If women would send for us when symptoms of abortion set in we could be often of more service, but many wait till too far gone and nothing can be done to save their offspring.

When called to a case the state of the os must be examined, if it is dilated the membranes protruding and the discharge considerable with signs of a dead foetus, we of course give up all hopes of stopping progress. But if we find little discharge, the os not open, no evidence or doubtful evidence of the death of the foetus, confinement to bed and soothing draughts will likely put all right.

When syphilis is the known cause of abortion it is well to administer either the bichloride of Mercury or iodide of potassium or both to the person affected for some time before conception, and after conception let the woman continue taking it. In the few cases under my own observation iodide of potassium alone did well.

Displacements of the gravid uterus often become right of themselves, but in a case of retro-flexion to which I was called I had considerable difficulty in rectifying it. When

I examined it - I believed abortion to be unavoidable, there were severe bearing down pains and a great amount of clear fluid escaped which however could not have been amniotic, because after I had reduced the fundus and given her a soothing draught she got well and carried to the full time. She was fully 3 months gone and had been subject to a certain amount of prolapse of the womb some months before.

When haemorrhage is very great, active measures must be adopted to stop it. Cold water cloths over vulva and abdomen, or plugging the vagina perhaps with ice in a napkin if convenient, or some astringent, cold drinks, warmth to the feet and a little ergot internally. Generally these measures will be successful, the diet afterwards ought to be light and given in small quantities at a time, an iron tonic might also be administered. Cold water injections into the uterus is sometimes employed but the plugging is to be preferred. Portions of the ovum are sometimes left and these are to be felt within the os, they ought not to be pulled away roughly as they are apt to tear and leave some behind. It is more judicious to wait till they are well shrunken while ergot might be given to assist, then cautiously to work them out with two fingers. If part of the placenta should remain behind it

putrefies and thus more so the further advanced the pregnancy has been, a foetid discharge then establishes itself which is both weak-
ening and dangerous to the patient, it is well to use here injections of disinfecting fluids from time to time.

When the membranes have long been presenting it is sometimes necessary to rupture them, when the foetus will soon descend; the greater portion of them present the breach. The placenta should then be removed as soon as possible before the os firmly closes. The abdomen is then bandaged and the patient kept in bed for at least a week.

There is frequently a desire on the part of the patient to get up too soon, women in general not thinking so seriously of miscarriage as they ought and we find this to be a frequent cause of prolapsus. If the breasts get distended with milk an evaporating lotion will very likely be all that is necessary.

A case of no small interest to me was that of Mrs Lindsay, a carter's wife who had an abortion previously. She took ill during the fifth month. When called I found her having regular pains and the membranes protruding, there was no haemorrhage, but the movements of the foetus had not been felt for some days. Progress was very slow but I gave ergot and waited some hours after which there was little or no difference, I then ruptured the membranes bringing down

the patient very easily, but there was considerable delay and difficulty in extracting the placenta. She was very weak and exhausted but made a rapid recovery, so much so that - on the third day she could not be persuaded to keep the bed, contrary to the wishes of her friends she went into the stable a few steps distant and lifted a pot with some horse's food on to a fire. When I visited the fourth day she was unable to speak but was active enough in other respects, she nodded the head when giving an affirmative answer to a question and shook it for a negative reply, the pulse was not more than 100, appetite fair and the lochia natural but she was much inclined to sleep. She was apparently anxious to speak but was unable and appeared disappointed at the failure. I applied three times a small blister to the back of the head. On the next day she was able to say "aye" in answer to a question, and day by day she was able to add a few more words to her vocabulary, but it was long before she could do a sentence with any freedom, and when I saw her about ten months after, she had not then become as fluent as before. Her age was about 30 and from a child she was dull of hearing but since her illness she can hear perfectly well, this she herself attributes to the blistering.

David Young - M.D. C. 1800