AN INAUGURAL DISSERTATION
ON
Abortion

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Abortion

In the discussion of this interesting subject, I shall not attempt to give any of my own original ideas, but will simply collect and note down the opinions of others, whom I consider among the best of authors; presenting the subject agreeable to my understanding of the case.

History—All pregnant women are liable to abort, but it is more commonly found among those that fall in the highest circles of society, who lead a luxurious life, than in the laboring class. Laboring women and much more exposed to accidental causes, than those who fall in higher circles of life; but this liability is more than balanced by the excitement...
of the nervous system following a life of indolence and refinement, led by the other. There is no animal that is exempt from the liability of losing the fruit of the uterus prematurely.

Abortion consists of two parts: the first is the separation of the ovum from the uterus, and the second is the expulsion from the cavity of the uterus. The first part is attended by loss of blood, and the latter by pain. The ovum in some cases passes off while from the uterus, and in other instances the membranes may burst and the fetus will be expelled first, and the placenta afterward.
In the earlier weeks of pregnancy, the ovum generally foils off and is not generally formed until later; but in the later periods, the separation usually takes place. The life of the foetus may be destroyed some hours or days before abortion takes place, but it may in many instances be a life at that time as it is thrown off. It is of vast importance that we should be able to ascertain, if possible, whether the foetus is alive or dead, whenever abortion is threatened; because if the foetus still retains its vitality, it would be the duty of the physician to endeavour to preserve its life and carry the labor to its full term; under
The life of the mother should be endangered thereby, but if the foetus were already dead, it should not be retained within the uterine cavity any longer than it could with safety to the mother. If the dead foetus be left remaining a great while in the uterine cavity, it would act as a foreign body, and might be the origin of mameble.

It is supposed that the death of the foetus, in a majority of cases precedes the expulsion. It may generally suppose the foetus to be dead by the symptoms of pregnancy being suddenly arrested. One of the most common signs in the cessation of
Morning sickness at an earlier period of gestation, should the patient who has been regularly troubled with morning sickness and increase of salivary symptoms, find herself suddenly freed from these symptoms, together with a sagging breast and the milky secretions be arrested; and at the same time, if the abdomen decrease in size, with a sensation of weight in the pelvis, or abdomen, we should suspect that gestation was arrested by the death of the ovum. The cause of abortion are said to be immediate, predisposing, and exciting.
The contraction of uterus is an immediate cause. 
This is effected in the same 
way as the expulsion of a 
mature foetus at the end of 
gestation by the contraction 
of uterine fibres acting 
upon the foetus. 
In many cases we have no 
pre-disposing causes, but 
the parturient woman is 
subjected to many exciting 
causes, for example a parturient 
woman in good health, 
receives a blow or meets 
with a fall, or become the 
subject of some violent mental 
excitement. 
These are exciting causes.
In disposing causes are divided into local, and general. And first of the local causes, we have uterine weakness, induced, probably by too frequent indulgence in venery, and also when the patient becomes subjected to miscarriage, by debilitating discharge, which are probably the most usual cause. Adhesion of the uterus to the bladder, or neighboring viscera, is also one of the causes of abortion, and this is obvious from the fact that the fetus grows, and enlarges, and if the uterine attachment to these neighboring viscera.
Hold it so that it will not admit of extension when the focus fills the uterus. So that it is forced to contract and expel its contents. These together with many other causes, lead to the premature expulsion of the ovum, if this takes place before the seventh month of pregnancy, it is called abortion, and after that period premature labor.

Symptoms: They are similar to the usual symptoms of natural labor: Such as periodical pain, and the appearance of a sanguinous discharge from the vagina. The pains are at first—
felt in the abdomen, back, and going, shooting down the thigh. At the commencement they recur at long intervals, and their duration is short, as they advance, becomes gradually more severe, and the interval is shortened. The discharge are at first quite slight, and increase as the action of the uterus proceeds. This consists of three divisions. The first is to prevent it from occurring if possible. The second is to check it, when threatening, and the third, is to conduct the patient through safely, if it cannot be checked.
When a woman has been the subject of abortion before, and is threatened again about the same time, if we can carry the patient safely over the period of quickening, she will generally be considered free, for that pregnancy. Peace, and quietude of body, with a preservation of a calm state of the mind, is very necessary for the successful management of these cases. The patient should be kept in the house until after quickening, best to be kept in a horizontal posture, by remaining within doors. She will escape all the exciting
Causes: During this confinement, the patient's bowels should be kept regular, if castor oil mild and proper, should be administered, but such as will not produce excitement, the saline cathartics are the best. When the peritoneal pains have set in in addition to the above preventing treatment, the patient should be placed in a horizontal posture in bed, and no dress or bustle allowed to come near to disturb her. The diet should be light and cool, acidulated drinks should be given. She must have a cool atmosphere to breathe, and should
use Opium and other Anaesthetics, combined with Muriatic acid. Should all these means fail, and the pains continue with an increase in the discharge, we may safely apprehend that abortion will take place within a few hours. The physician should sustain the patient, spirits and dispel all fear apprehensions of evil. When the whole process is over, the patient should remain in the horizontal posture, for at least a week after delivery.