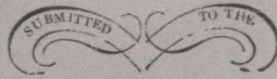


MAN

INAUGURAL DISSERTATION,

ON

The Signs of Pregnancy



PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



University of Nashville,

FOR THE DEGREE OF

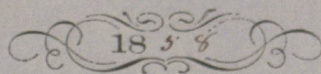
DOCTOR OF MEDICINE.

BY

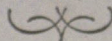
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Signs of Pregnancy

It is a matter of the greatest importance, for the medical practitioner, to be able to determine the existence of pregnancy, in its early stage; especially as his decision, may establish, the innocence of some slandered and injured female, and thus confer a great benefit on a virtuous and highly interesting creature; who, by a rash opinion pronounced by an ignorant physician, might be ruined and driven from her paternal roof, and outcast upon society, and perhaps compelled to pursue a practice, which is revolting to every instinct of her better nature; or on the other hand he may be the instrument of establishing justly the crime of the unfortu-

nate or guilty. Thus possessing the influence we do, admitted into the privacies of families, and becoming the depositories of interesting (and important family secrets, which are of great concern to individuals (and to the community, it behooves us to hesitate long before we pronounce, in cases where reputation or character is at stake; and how persevering and diligent should we be in acquiring all the information within our reach, which is calculated to shed light upon this highly interesting subject.

When a female becomes pregnant, important changes occur in her system. It speaks a language which can be read and understood. There is great excitement in the pelvic vi-

cers, and general hyperaemia throughout the system. The circulation becomes accelerated, the blood more plastic, the respiration is quickened, the secretions are augmented, the menses are suppressed.

Nearly all parts of the system are brought into sympathetic irritation with the uterus. The stomach responds to this irritation as soon as any other organ, and the female has nausea, and sometimes vomiting, sour eructations, and cardialgia. The bowels become costive. In some cases the nervous system sympathizes, then she has toothache, earache, head-ache, giddiness, stupor, or coma. It is not however, every woman, that is thus affected. Many go through the whole term of utero-gestation with almost uninterrupted

health; whilst with others it is one of perpetual suffering.

Having thus briefly enumerated many of the phenomena of pregnancy, we will dwell more particularly upon some of them.

Some women say, soon after they conceive, they have pain, frequently acute and lancinating, in the region of one of the ovaries, with weight and fulness of the pelvic viscera; and with many sensitive females, this is doubtless true. The pain being the result of a wounded corpus Luteum, and ^{the} escape of an ova from the Graffian vessel. The fulness is caused by an accumulation of blood, a congestion, in fact a condition analogous to inflammation in the uterus (and

its appendages. It is characterised by a weight, a fulness, a pressure, about those parts, and a frequent inclination to urinate, with some tenesmus. In reality, the womb sinks lower down into the pelvis during the first months of utero-gestation, and exhibits in many cases some of the symptoms of prolapsus uteri.

Suppression of the menses

Suppression of the menses, is regarded by all authors, as one of the first signs of pregnancy. It will not do, however, to depend on this alone, as it may be the result of various causes. viz, Cold, local disease, or the result of over-excitement and congestion in the newly arrived female, from too frequent copulation.

Neither are they always suspended, when conception occurs. Some women menstruate regularly for several periods after they become pregnant. Others, we are informed, menstruate at no other time. This is very rare.

After the second or third month, when the embryo fills the entire cavity of the womb, and its mouth is closed by a gelatinous substance found there, I am disposed ^{to} think it a matter of impossibility, for a woman to have a regular menstrual discharge. Owing to the great vascularity of the parts, perchance, there might be a secretion or effusion from the upper portion of the vagina and os uteri, (and hence simulate the regular menstrua. Therefore we cannot rely on this alone

Nausea and Vomiting

In the early period of pregnancy, the stomach is called into sympathetic irritation, and there is nausea and often vomiting. The woman rises in the morning, and begins to stir about. She turns suddenly sick (and frequently vomits). This may not last more than a few hours, or it may continue all day. Usually, by moderate exercise, in attending to the domestic concerns, or otherwise, the nervous influence is more equalized, and she is relieved. Hence it is generally called morning sickness. The appetite often becomes whimsical or fastidious. Articles of diet, that are usually disagreeable, are now greatly relished, and long cherished vendors, become

exceedingly disagreeable, and are even turned from, with loathing and disgust. She turns suddenly sick, and is compelled to leave the table.

In connexion with this, the salivary glands are more or less implicated, and she spits a tough whitish cottony looking mucus, or else, she is profusely salivated. In some instances, this is very troublesome. In others it is of no consequence. As nausea and vomiting are the result of various conditions of the economy, we cannot rely on them alone, as unequivocal signs of pregnancy; but in conjunction with other phenomena, they are valuable.

The Enlarged Mammæ

One of the most valuable signs of

Pregnancy is to be found in the changes which occur in the mammæ. Soon after gestation commences, they enlarge, become knotty, or lobulated, in fact, the whole organ seems to burst into new life, as the result of irritation extended to it from the uterus.

Changes in the Areola.

The areola changes, from a pinkish color to a dark brown, in first pregnancies, and it is darker in each consecutive pregnancy, than when the woman is not in that condition. The nipple is erect, and there is a turgescence of the little sebaceous glands or follicles situated beneath the cuticle of the areola, which gives it a rough and uneven surface. This is the most

valuable of all the equivocal signs, when taken alone, in determining our minds, in reference to the diagnosis. Nevertheless, it has its exceptions. We are taught that some females, have all these phenomena, in the mammae without being pregnant, nay, more, that all pregnant females do not present them, and to be of the highest it is ~~at~~ value, it is necessary, we should know the peculiar tint in each case previous to fecundation.

The Discoloration of the vagina. We are informed upon high authority, that the mucous membrane exhibits a peculiar purple appearance, during almost the whole term of utero gestation. It is altogether

reasonable that the capillary circulation of the vagina, may be modified, by the changes, which take place in the uterus, so as to present the color observed. This sign can be of no use in common practice, but where it is of the greatest importance, to decide in a doubtful case, we should use every means calculated to throw light upon an obscure question. Hence its value.

Specifically Kysteine

The urine of gravid females, contains an element called Kysteine, which is almost pathognomonic of that condition. After the urine stands three or four days, whitish opalescent globules will rise to the surface, and gradually form a pellicle

or similar to that which is observed on the surface of soap after cooling. This is the Kysteine and will exhibit itself in most cases of pregnancy. There are however a few exceptions, which I will not stop to enumerate.

Quickening

At the end of about the eighteenth week of utero gestation, the female quickens as it is called. In the earlier period the foetus is not sufficiently developed, to cause itself to be felt. But when the mother feels the motions of the foetus in utero, she knows herself to be pregnant.

Palpation

By placing the subject on her back, with her shoulders elevated, and her knees drawn up, so as

To relate the abdominal muscles, we may examine the condition of the uterus. In the four first months of impregnation, we will not be able to obtain any useful information, by this procedure. For the uterus with its contents, does not mount up into the abdominal cavity, so as to be felt, before the end of the fourth or fifth month, after which we can obtain much information relative to its form, size, elasticity, &c.

Ballottement

If we are still in doubt, we may make an examination per vaginam. Let the patient be erect, then place the fore finger upon the body of the uterus

and with the other hand on the surface of the abdomen, give a sudden succussion, a peculiar sensation will be communicated to the finger, which will go far to convince us of the gravid condition of the uterus, Or we may place the finger behind the neck of the womb, and by suddenly elevating it, feel the foetus descend through the Ligum. Amnii, and thus obtain the same knowledge.

Auscultation

By means of the stethoscope, or the ear, placed upon the abdomen of the pregnant female we become acquainted with two sounds. One is the pulsation of the foetal heart. The other is

called the placental or uterine m-
urmur. The pulsations of the foetal
heart are usually heard in
one or the other iliac regions, and
varies from 120 to 160 or 180,
beats in a minute. It has been
compared to the ticking of a watch,
under a pillow. This sign
cannot be obtained, before the fourth,
or fifth month, (and when
heard satisfactorily, is one of un-
equivocal import. It matters not
what our suspicions or doubts
may have been, if we can hear
the pulsations of the foetal heart,
we can affirm with the utmost
confidence, that the woman is
pregnant and also that she is
half gone.

For reference to the other sound,

There is a great discrepancy of opinion, between different authors. Some, suppose it to be caused by the blood circulating in the uterine artery, others say it is in the umbilical cord, others, in the placenta, others again, say it is in the iliac and hypogastric arteries, Some writers call it the uterine Souffle; The bellows sound, or placental murmur, It is a blowing, puffing, cooing, sound; and is probably caused by pressure upon some of the large vessels in the pelvic cavity, and may be produced by various uterine or abdominal tumors, hence it is not of much import, in forming a diagnosis.