

AN

INAUGURAL DISSERTATION

ON

Signs of pregnancy

SUBMITTED TO THE

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FOR THE DEGREE OF

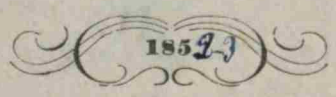
DOCTOR OF MEDICINE.

BY

Joseph W. Cowan

OF

Tennessee



1854

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To
The Faculty,
Delivering
The
Second annual
Course of lectures,
In The
Medical Department,
Of the
University of Nashville,
This essay
Is respectfully inscribed,
By

The Author.

Signs of pregnancy.

These are divided into Sensible or Physical, and rational signs: and these two classes: each have their subdivisions peculiar to itself: which occur at stated periods during gestation.

The former, (physical) is the one, to which we can only attach any importance: with a degree of certainty.

While the latter, (rational) may occur in an abnormal condition of the uterus independently of pregnancy.

The sensible signs are said

not to be manifestly developed, until the ovum is nearly, of its full size: While the rational signs are made plain ⁱⁿ during the earlier months of utero-gestation.

The diagnosis, in any of the earlier stages is deemed to be of much difficulty: and deserving of more attention than is now given to it.

A few of the most prominent and manifest rational signs are all that will be necessary to mention here.

A plethoric condition of the system: variations of temper, and taste: the stomach slow in performing its duty.

Cessation of the menses; which

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is recognized as one of the first;
and most prominent signs.

But it will not be practical,
nor will it be scientific at once:
after the cessation, to assert that
the patient is enceinte, for there
are various causes to which this
might be attributed; which
causes do not call our attention
at this particular time.

Morning sickness is thought
to be produced from the
near, or direct relation exist-
ing between the stomach, and
uterus.

Salivation is one to which
much importance is attached.
Though this is entirely differ-
ent from, and not to be con-

founded with) mercurial ptyalism. Spongings of the gums, nor the fetid breath: are neither present in this condition.

Quickening; (the period at which the ancients thought the fetus received its soul, or viability) is that when motion becomes perceptible—after this it was considered by them to be infanticide to cause death.

Authors differ very much, at the present day, in regard to what is the efficient cause of that motion. Some have ascribed it to be the first movements of the child: while others assert that it is caused by the sudden rise of the uterus from the pelvis over

The prominence of the os sacrum into the abdominal cavity; which frequently causes syncope.

But, as a sign of pregnancy there can be but little value attached to it.

Kristine, is a symptom to which authors frequently direct our attention as one of the primary marks of utero-gestation.

This is a peculiar whitish substance; which forms a pellicle on the urine of the patient if allowed to stand for a few days.

When taken in conjunction with other phenomena it is thought to be of valuable aid in making out the diagnosis, in early pregnancy; but otherwise of

little importance. The presence of this accumulation is thought to increase the probability of pregnancy "Twenty to one"

The rational signs of pregnancy, (or the most of them,) to which our attention has been directed, are of but little, or no value; we merely remark them in passing; to keep them from oblivion.

We will leave the rational, and direct our attention for the present; to a few of the most important; of the physical signs.

The sensible or physical signs of pregnancy, are those by which the presence of a fetus

in-utero is made manifest, from an examination of the organ itself.

Enlargement of the abdomen begins to be perceptible about the end of the second month; before, or previous to this the abdomen is flattened. Others say that this enlargement does not begin until about the middle of the fourth month.

Balottement, is an examination per-vaginam to determine the presence of a foetus in-utero: though this is not worthy of much note, as we might meet with a morbid condition of the womb, that would present to us, near the same phenomena. (Polypi)

This manipulation is to be made with the patient in an upright position, or in a semi-recumbent posture; and one hand (the left) is to be placed upon the parietics of the abdomen, immediately over the fundus, to hold it steady; then the index finger of the right hand, to the cervix uteri: and suddenly throwing it up; and the finger retained in situ: the os uteri will rest it self on the finger again. This to be done frequently.

This manipulation is not to be performed until the fifth or sixth month.

Auscultation is often resorted to for the purpose of determining the presence of a foetus.

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Three distinct sounds have been pointed out by different observers on this point; viz that of the foetal heart; of the placental circulation; and of the pulsations in the umbilical cord.

The first of these, is that to which most importance is attached.

By applying the stethoscope to the abdomen of a pregnant female after the fifth month, the pulsations of the foetal heart are audible. We may by this examination be able to determine when the pregnancy is multiple or not, by the pulsations of two or more hearts.

It is positively stated that

This sound has been heard in case of uterine, and other tumours. Dr Dunglison speaks of having met with a case of this nature in his practice; he says "in one case of fibrous tumour of the uterus, the author certainly heard it distinctly."

In addition to the two sounds that have been mentioned, a third sound has occasionally been heard; and this is the pulsation of the umbilical cord. This has been termed the "funic bellows sound."

We think under favourable circumstances, and with a practised, & sagacious ear, we may be able to distinguish:

or rather detect the sound of the umbilical cord.

The situation most favourable for the stethoscope is a little to the left of the median line drawn from the scrobiculus cordis to the symphysis pubis near its center. We might expect to hear the sound there when we have a natural presentation: but in case of perversion we could not expect to find it at that point.

And in consequence of there being more natural presentations than otherwise: we most frequently find it at this point. The pulsations of the fetal heart are much more fre-

quent, than those of the maternal heart.

The pulsations of the embryo's heart, varies from 120 to 150, per minute; and seem entirely independent of the maternal circulation. Some estimate this to vary from "120 to 180, per minute." And it has been noticed depressed as low as 50, or 60 per minute.

The sound of the foetal heart is compared to the ticking of a watch, when placed under a pillow. This is one of the most prominent diagnostic signs. If this be once heard the nature of the case is unequivocally determined.

Movements of the child, this may be detected by placing the hand upon the abdomen of the mother: but this would not be reliable until the fifth or sixth month. But the movements of the bowels are so assimilated to these, that we may be mistaken as to the correct diagnosis.

We will now merely enumerate a few of the physical signs.

Increase of the size, and weight of the uterus. The mobility of the womb daily diminishing.

The cervix uteri is to some extent directed towards the symphysis pubis, and the fundus thrown back.

There are many variations in the mouth of the os uteri; and dependant upon the multiplicity of the contents of the uterus.

In case where we have primiparae the os uteri is nearly round; in multiparae it is very irregular in its circumference, and more or less open: this is the case in the second month.

In the third, and fourth months we will find fullness & dullness over the hypogastric region. The movements of the foetus are increasing rapidly through the fifth and sixth months.

The os in the sixth month, and in multiparae is sufficiently open to admit the ^{end} of the finger.

Considerable increase in the size of the abdomen in the seventh month; and active movements of the foetus.

Remollissement of the cervix at the end of the eighth month is nearly complete. In the first half of the ninth month the fundus is pressing against the stomach.

In the latter half of the ninth month it descends.

There are many signs, to which our attention has not been drawn; that we might have dwelt upon—But probably, not advantageously; as we may find them in print.

"Finis."