

AN
INAUGURAL DISSERTATION

ON

Signs of Pregnancy

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Signs of Pregnancy

This is a subject that would require many pages to be written and a long course of study to do it full and ample justice

There are so many signs of pregnancy that I do not deem it necessary to attempt to mention all of them; but to give attention only to most prominent ones.

In order to be able to do full justice to those that I shall mention, I shall only advert to those which are most prominent and that have and do attract the most attention. There are many signs which have heretofore attracted attention, are now regarded as of no service to the Practitioner of Medicine in forming his diagnosis in such cases.

It should be borne in mind that a large number of these signs are to be regarded as of a very equivoical nature and that we are not to regard every woman

as pregnant because she presents a few symptoms or signs of pregnancy

It is the duty of the physician to make a thorough investigation into all the signs of pregnancy and if he then finds an unequivocal sign he may then form his diagnosis without the fear of being in error. The sign that generally attracts our attention is the cessation of the catamenia. The woman herself is apt to regard herself as pregnant when the catamenia has ceased to make its appearance, provided she has had sexual intercourse with her husband within a short time of this occurrence; but we are not to rely implicitly on this sign as there are many circumstances which would produce this effect: other signs are to be taken in connection so as to form a complete chain of irrefragible testimony before we can assert positively that

the woman is pregnant,

Nausea. and vomiting, pygalism and anorexia are all generally felt by the woman. When she rises in the morning, she is apt to feel sick. and vomiting ensues, her appetite is diminished with frequently an entire loss of it.

The hypogastric region becomes unnaturally flat, with a slight enlargement of the abdomen, discoverable upon a close examination. The Mammæ becomes tumidified and somewhat tender, this can be easily discovered in a large majority of cases, though not in every one. Cases are on record showing that the Mammæ did not exhibit any sign of pregnancy until several days after the birth of the child.

The uterus becomes somewhat enlarged and heavier owing to an enlarge-

-ment of its vessels, or in other words the womb increases in vascularity than in the unimpregnated condition, the womb is apt to be slightly prolapsed and the mobility of it is diminished.

The cervix uteri is now pointing towards the symphysis pubis, the mouth of the womb in a primipera will be round and regular. but is very different in those who have borne children, instead of being round and regular, it will be irregular in its circumference and more or less dilated. The mucous membrane covering the cervix uteri becomes softened: but the fibers do not so readily. All of the signs above enumerated occur during the first and second months of utero gestation

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During the third and fourth months, nausea and vomiting continues, and by an examination of the hypogastric region a slight prominence may be perceived as well also as a marked depression of the umbilicus, the tumefaction of the mammae increases, the nipple also is more prominent with a slight discoloration of the areola. If at this period the urine be examined keistone can be found in it. At the end of the third month the fundus of the womb is elevated rather above the brim of the pelvis and at the expiration of the fourth month it may be found about two inches above the os pubis. The hypogastrium becomes full and dull upon percussion and at this time a small tumor can be detected in the hypogastric region. The long diameter of the womb is now changed

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it is now made to correspond with the axis of the brim of the pelvis and the os uteri is in the excavation. The softening of the inferior portions of the cervix is increased. In women who have borne children the mouth of the uterus is more open, but in those who have not it will be found closed.

During the fifth and sixth months some of the signs mentioned during the first and second months such as nausea and vomiting &c usually cease, though these symptoms sometimes occur during the whole period of utero gestation and occasionally endanger life though this is not often the case. The prominence of the umbilical region is considerably increased.

The size of the abdominal tumor is perceptibly increased, it is round and elastic

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and very frequently in women that have thin abdominal walls, the irregularities of the foetus may be distinctly felt. The region of the umbilicus is now more prominent and at the end of the fifth month the fundus of the womb is within an inch of the umbilicus. If the hand be placed over the uterus and retained there for some time the movement of the foetus may be felt in most all cases, At this period the movements of the foetus are very active. By close examination the pulsation of the foetus may also be readily distinguished. the placental souffle may be also recognized. Ballotment is now important as a diagnostic sign and it is much relied on by many authors. By this time the discoloration of the areola is more marked, it becomes darker with

an enlargement of the subcutaneous glands and when the discoloration of the areola is very marked we may rely upon it as a sign of the greatest importance. If we have an unequivocal sign independent of the movements of the foetus or the hearing of the foetal heart this is one. During the seventh and eighth months some of the signs heretofore mentioned cease; the stomach is not nauseated so much, nor does the woman vomit as she did in the early months of her pregnancy. The abdominal tumor becomes greatly increased, the navel is found protruding more or less. The nipples are more prominent with an enlargement of the sebaceous follicles. The mammæ will be found now to secrete milk and it may be pressed from the swollen mammæ. At the end of the seventh month

the fundus uteri will be found to extend two and half inches above the umbilicus and will reach as high up as to be within the epigastric region. At the termination of the eighth month the movements of the foetus will be very active and cannot be mistaken for anything else. Ballotment cannot be so perfectly felt now as in the seventh month on account of the increased size of the foetus. During the first half of the ninth month vomiting reappears but from a very different cause, not from nausea but from the pressure of the gravid womb against the stomach. The abdomen by this time is greatly enlarged & the woman will find difficulty in respiration in consequence of the upward pressure of the uterus on the diaphragm. which results in great distress to the woman. By an examination "per vaginam" the whole cervix will be found

softened with the exception of the internal orifice which remains firm and closed. During the last half of the ninth month the vomiting ceases as the tumor descends from the epigastric region; by the sinking of the tumor the stomach is relieved from the pressure. Respiration is now less oppressed by the fundus uteri sinking lower down into the abdominal cavity. Considerable inconvenience is experienced in walking on account of the descent of the tumor. The bladder and rectum may be greatly disturbed, the bladder has to be evacuated often and this may be constantly desired, the rectum may be in a like condition. If the woman has had hemorrhoids they will now be greatly increased and the varicose condition of the veins will also be increased.