

AN
INAUGURAL DISSERTATION

ON

The Signs of Pregnancy

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

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OF

Kentucky

March 1857

W. T. BERRY & CO.,

BOOKSELLERS AND STATIONERS,

NASHVILLE, TENN.

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These pages are respectfully in-
scribed by

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The Signs of Pregnancy

As Medical men it frequently becomes our duty to decide this era in the lives of females, both married and unmarried.

It is therefore necessary that this subject be fully and thoroughly studied by every practitioner.

We should ever be slow in giving an opinion where the signs are not fully prominent, or to our satisfaction but slightly indicative; and where the future happiness of our patient is dependent on our decision.

It also becomes necessary in the administration of our remedies to know whether our patient be pregnant; as the action of medicines are then modified.

The Signs of Pregnancy are generally divided into Rational, and Sensible. In the first class, or Rational; are to be found the general effects produced on the System; such as increased frequency of the pulse, increased plasticity of the Blood, rapidity of respiration, the general increase in the secretory functions; and those varying phenomenon which give rise to so many changes in her normal condition.

These are all of little value taken alone, but have their bearings when found and taken in conjunction with others of the more prominent signs. And they should thus be viewed.

Suppression of the Catamenias,
has been viewed from Time
immemorial, as a most valua-
ble Sign, but considered alone
would prove a most fallacious
one; as it is well known that
this Suppression, often occurs
from other causes than that
of Pregnancy. Yet in females
who have menstruated regul-
-arly, a Suppression of the same
would, deserve more notice;
provided there was no evidence
of a Suppression from other
exposure. Again we find ins-
tances where this function has
been regularly performed dur-
ing the entire Term of Utero
Gestation.

Nausea, and morning sickness, when found in conjunction with other signs have some bearing. The function of the salivary glands are found to be increased, and an abnormal quantity of saliva is being constantly discharged. "Sensible Signs;" Changes which take place in the mammary gland, aid us in making out the case, other symptoms connected, but alone proves little, as this change may take place from other causes. These changes take place about the second month. The gland enlarges, the nipple projects, and becomes more erectile, and assumes a deeper

line. The areola will be changed from a pink to a deep brown. The subcutaneous glands become enlarged, causing an uneven appearance around the nipple. These changes are most perceptible in first pregnancies, as the deep brown tinge rarely ever gives way after once being fully formed. Enlargement of the abdomen, although a constant attendant on the pregnant state, must not be viewed at all times as unequivocal, as it often occurs from other causes, which will be presently noticed. During the first weeks of gestation the uterus descends lower into the pelvis,

owing to its increased gravity,
and if the Pelvis be roomy, does
not rise up into the abdomen
until the third or commencement
of the fourth month. Thus
we observe a gradual increase
in the tumour from below
upwards, thus giving us a good
diagnostic point of discrimination
between pregnancy and Ascites.
As before stated, this condition
— abdominal enlargement — may
arise from disease, such as
Ascites disease of the Ovaries,
uterine, or other Abdominal Tu-
mours. We may readily diagnose
between pregnancy and Ascites,
by placing the patient in the
different recumbent postures.

If it be an accumulation of water the most dependent part will be occupied by it, whereas in pregnancy such modification is not produced by posture; that is the whole of the abdominal cavity will not be occupied on as complete a level as in ascites. which fact percussion will clearly reveal.

Modifications in the neck of the womb may be classified among other signs, and aid us in diagnosing the pregnant state. In the nonpregnant state this portion of the organ, is about one and a half inches in length, and of firm fibrous texture to the touch.

Soon after pregnancy takes place this firmness gradually gives way, and the parts become soft and pulpy. The neck becomes somewhat enlarged as well as soft to the touch. This softening takes place gradually from below upwards, and by the sixth month one half of the neck has undergone softening, and by the first of the ninth month this process has extended the whole length of the Cervix. The Cervix, in point of Situation, is found to vary during the term of gestation. In the early stages of pregnancy it will be found low down, and inclined to the Symphysis pubis. During the latter stages, we find it thrown back,

into the hollow of the Sacrum.
The os uteri, will not be so readily felt as in the early Stage, as it is far back in the hollow of the Sacrum, and often inclined slightly upwards.
Quickening, is among the first of the unequivocal Signs of pregnancy. It will be observed to take place at about the 16th week, though it may be noticed sooner, or later, than this period. It has been observed to take place at three months. Again as late as six months. We are liable to be deceived in examining for this Sign, by mistaking some movement, or, contraction of the abdominal muscles, or exalted peristaltic movement of the

intestines, or rapid passage of
fluids through them. For making
an examination to ascertain this
fact correctly the contents of the
bowels should be removed, the pati-
ent placed recumbent, with the
abdominal muscles relaxed. The
hand, after being immersed in
cold water, applied on the abdom-
en, which will cause the foetus
to move, if it be viable, which
movement, will be readily convey-
ed to the hand through the abdom-
inal parietes.

Balottement, when directly felt
is considered a proof positive of
the existence of a foetus in utero.
For making this examination,
the patient should be placed

in the erect posture. Introduces
the finger for Vagina, and place
it on a portion of the body
of the uterus, while with the
other hand steady the uterine
tumour externally. The finger
that is introduced should not
be placed on the neck of the
uterus, but on a portion of the
body anterior to the neck. As the
desired sensation will not be
so readily transmitted by the
neck, owing to its greater density.
By suddenly percussing the uterus
with the finger in tact, a
sensation will be experienced
of something having receded
from it, which will in moment
or two fall back on it.

The jerk of the finger upon the uterine body opposite the point occupied by the foetus, causes it to float upwards in the liquor amnii, its own weight enables it again to descend.

This test is most valuable during the fifth or sixth months. Pulsation of the foetal heart is a positive sign of the existence of a foetus in utero.

This sign is not audible during the first months of pregnancy, owing to the feebleness of the heart's action. It is first observable during the fourth or fifth months. Even then its distinctness will be modified by the amount of liquor

Amnion; Strength of the Foetus,
its position, and the thickness
of the abdominal parietes of
the Mother.

We are enabled by observing this
Sign closely to detect Twin
pregnancy. And by closely observ-
ing the pulsation during part
urition indications would pres-
ent enabling us to judge as to
the necessity of a speedy delivery
by artificial means.

It will be seen from a perusal
of the above enumerated Signs
that there is only one, the pres-
ence of which would, in any
case justify us in pronouncing
that pregnancy positively existed,
and that one is the pulsation

of the foetal heart. From
the former Signs and Symptoms
noticed, we would have evidence
sufficiently strong to guard
us in our management of a
Case applying for advice, but
not sufficient to justify us in
pronouncing unhesitatingly,
and thus commit ourselves, and
forever blast the prospects, hopes,
and future happiness of an
innocent female.

Wm. D. Johnson

Jan 27th 57