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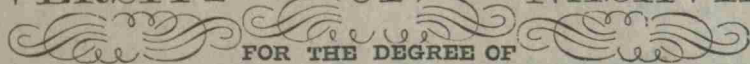
*The signs
of
Pregnancy*

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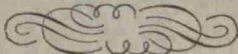
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



DOCTOR OF MEDICINE.

BY

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The Sign of Pregnancy

This dissertation, is respectfully dedicated as an expression of Remembrance of the valuable instructions I received, while under your tuition, and a tribute of respect to your high intellectual attainments in the Science of Medicine. In offering a Thesis for the perusal of my estimable Tutors I am inspired with a profound sense of my inability to perform reputationally the task imposed upon me by the laws of the Medical School. If it is expected of me, to advance any thing new or original in this Medical Composition, I am about preparing, I might as well desist from the attempt to liberate myself from the task required of me. I will now proceed to clothe in my own language what I com-

- give to be the most approved views of our
 ablest Modern Medical Authors, upon the signs
 of Pregnancy. From the th teaching of the
 best books ^{re}commended me for examination and
 the information I have acquired from stud-
 ious attention to the Doctores, I am made
 fully aware of the uncertainty and falla-
 bility of all the symptoms of Pregnancy;
 and the perplexity and embarrassment of
 mind the Practitioner of Medicine is subjected
 to in attempting to arrive at a correct diagnosis
 of Pregnancy, and consequently, the great
 necessity of vigilant Caution and wariness
 in every Physician especially the youthful
 in expressing an opinion in Cases where
 pregnancy ^{either} is or may ^{be} suspected; lest the
 Physician find himself placed in an ^{un}erri-
 ble ~~perilous~~ ^{and} ludicrous position, exposed to

course,

the Jeers, and scuffs of the Community
 in which he may be offering his services
 in the healing art: and he left without
 a thread upon which to hang a reasonable
 hope of ever securing a reputable and
 lucrative practice in Medicine; without
 a change of location, Shame, Anger and
 Resorse will perhaps be the reward of
 haste and temerity in pronouncing
 decision unequivocally. The responsibility
 which is incurred by the Physician is
 great; the Honor and Reputation of the
 female depends upon his decision: the
 tranquility and peace ^{of families} ~~depend~~ ^{rest} upon it.
 The Signs of Pregnancy have been differ-
 ently Classified. The general condition of
 a pregnant woman is plethora and fibrous
 blood, the pulse is quicker and fuller, the
 quantity of the circulating fluid, is thought

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to be increased, Instant regard are excited
into sympathy, that extend amounts to distressing
irritation and the nervous system made
to suffer both primarily and secondarily.
Change in temper and disposition
frequently occurs; a fastidious and capricious
taste and appetite, Derangement of the chy-
lopoetic viscera ^{are} often observed. The skin
in some women may be pallid and discolor-
ed in patches, in others, more florid with
eruptions on the face. Some Ladies increase
in corpulence during pregnancy while others
lose flesh, Suppression of the Catamenia
Suppression of the Catamenia may originate
from various causes and yet impregnation
may occur, Irritability of the Stomach owing
to the intimate sympathy between the Stom-
ach and Uterus. Most of females after Concep-
tion are troubled with nausea and vomiting

upon rising in the morning there originates the vulgar name morning sickness. The irritability generally sets in about the sixth week though it may set in sooner or later and ceases about the twelfth week the daily attacks are usually of short duration after which the person entirely recovers and has an appetite for nourishment. Salivation is mentioned as one of the signs of pregnancy though I discover modern authors are not disposed to attach that importance and value ^{which} the eastern authors did. Mammary Glands. Two or three months after conception the attention of the female is drawn to the condition of the breast there is an unpleasant feeling of fullness with throbbing ~~and~~ and tingling pain in the nipples and the body of

the mammaries. The breasts increase in size and fulness, and have a peculiar knotty glandular feeling the areolae ~~darken~~ and after awhile a milky fluid is secreted. In the virgin state the color of the nipples and areolae differs but little from that of the contiguous skin it will be found generally a shade darker. After the sixth month a great many streaks of a dirty blue may be seen owing doubtless to the distention of the mammaries.

There are many exceptions to the ^{important} ~~valuable~~ changes in the color, ^{which} is the most prominent alteration and may not in women of fair complexion differ but little from the surrounding skin.

Milk in the breast is regarded by some practitioners of medicine as conclusive and

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unequivocal evidence of Conception but in
my humble opinion there should be but
little Consideration given it or at least the
Mind should not be permitted to discard
fear and doubt in making out a diagno-
sis though that invaluable sign as regarded
by some should be present. For we have
instances mentioned by eminent Medical
Doctors, when the breast has been known to
secrete Milk, when there was no possible
Chance for ~~them~~ to the individual to
have been impregnated, It is ^{also} said that
the Male have been known to secrete
Milk *labium* for the infant - *Stimulus*
Abdominal Enlargement; We find the
abdomen gradually increasing in size
during the fourth Month of Gestation
the womb rises above the Symphysis
Pabis a round hard tumor may be felt

Which continues to increase until it occupies the whole abdominal cavity pushing the umbilicus forward and causing it to project in most women,

The enlargement may depend upon a gaseous or fecal accumulation in the intestines which can be distinguished from that of pregnancy the uterine tumor is firm hard elastic presenting its shape in the different position of the body though much more remarkable when the patient is upright; Upon the other hand the defined tumor is wanting the ^{from} absence of the laws of gravitation.

The best mode of examining the uterine tumor is first, make the patient stand up, and then lie down this will present the form of the womb better than to keep the person in one posture. By percussion

we can distinguish tympanitis from pregnancy then being a want in the latter of that peculiar Resonant-Sound, Characteristic of Confined air. There ^{are} numerous Cases presented the physician which are perplexing and embarrassing for the uterus may be distended by air Hydatis & causing the uterus and abdomen to present the same form as in pregnancy. In such Cases we must turn our attention to the history of the case and an investigation into the state of the vagina and uterus with the hope of having to some extent the mist and darkness dispelled.

Quickening, By this time we know the first movements of the fetus the mother takes Cognizance of.

The first perceptible movements of the

fetus in the greatest number of cases takes
 place between the twelfth and sixteenth weeks
 after conception, The sensation at first is
 feeble and slight though it often causes
 sickness of the stomach and even
 complete syncope. By degrees the sensations
 become stronger and more frequent
 until the motions of the different extremities
 are perceptible. There are various opinions
 offered in elucidating of the fact that
 gestation does not take place until
 the fourth month or thereabouts. I think
 the opinions of the late Dr. Hutton of Edinburgh
 is entitled to more consideration than any
 others I have noticed. He ~~the~~ movements
 of the fetus while the uterus is in the
 cavity of ~~the~~ ^{the} pelvis are not perceived
 because the uterus is not ~~it~~ supplied
 with nerves of sensation and it is

surrounded ^{by} parts similarly deficient - but
 when it emerges from the pelvis it comes
 in contact - anteriorly with the ~~abdominal~~ abdomi-
 nal parietes which are liberally supplied
 with sensitive nerves, and which by con-
 tact of substance feel the movements
 and then the woman becomes conscious
 of them. Its importance as a symptom
 of pregnancy is considerably impaired
 by the length of time that often intervenes
 between the first faint sensation and its
 repetition. By ~~the~~ placing the hand particularly
 when it is cold upon the abdomen
 after quickening we may be enabled to feel
 the movements of the fetus. Place the patient
 in an upright position or if this is not
 practicable have the shoulders raised when
 in a recumbent posture. The operator
 should then introduce the index finger

letting it rest upon the Cervix when whilst
 the other hand is placed upon the abdomen
 in order to keep the uterus tumour steady
 then suddenly just up the point of the finger
 which will impart to the operator the sensation
 of something having occurred, after a short
 delay he will feel the substance fall upon
 the point of the finger. This sign when
 discovered is regarded as conclusive evidence
 of pregnancy. Though I imagine the
 easiest part of the feat is the description,
 it being difficult to perform and requir-
 ing a more dexterous and skillful accou-
 cher than I shall ever be I fear.
 Auscultation. From the authorities that
 have come within the limits or range
 of my observation auscultation as a
 means to assist the practitioner in
 arriving at a diagnosis of pregnancy

was not known or introduced until
 as late as the present Century M. Mayg
 of Geneva first applied it in 1815 in
 detecting gestation since that time the
 subject has engaged the attention of the
 ablest and most eminent obstetrical
 writers of the day among the number
 May may be reckoned Hows, Kennedy and
 Montgomery, who by their diligent reser-
 ches and the light of their genius have
 illuminated the subject and given it
 additional importance and interest.

To the sources of the fetal heart by
 M. Mayg there has been two others added
 worthy of our ^{separate and} ~~attention~~ distinct conser-
 vation being the uterine Douffle and
 funic Douffle. At the time of making
 the examination the patient if possible
 should be placed on the back in the best

with the head elevated and a cloth spread upon the abdomen, by placing the patient in this position we can gain access to all parts of the uterine tumour except posteriorly which will be rendered accessible by turning the patient on the other side. The auscultator will then proceed to make the examination by placing the ~~head~~ ear to the abdomen or by means of the stethoscope. The auscultator should place himself in an easy posture and especially see that the head is not dependent lest he might mistake the throbbing of his own arteries for ^{the} sounds imparted from the patient. The stethoscope should be placed lightly upon the abdomen and the amount of pressure varied which will assist the performance in determining if the

sounds are in any degree altered by it
 we will now attempt a description of
 the different sounds imputed to them
 The uterine rattle. The period of time
 the sound becomes audible is generally
 about the latter part of the fourth month.
 The uterine rattle is heard prior to
 the pulsation of the fetal heart and
 may continue for some length of time
 after the death of the fetus. It is weak
 and feeble when first audible but
 increases in intensity and strength if
 it is ^{synchronous} ~~connected~~ with the fetal pulse of the mother.
 Pulsation of the fetal heart. This is
 revealed by a rapid succession of short
 regular double pulsations representing
 those of the heart of an adult except
 in force and frequency. The number
 of pulsations in a minute varies from

120 to 140. The pulsation of the fetal ^{artery} is heard most audibly about the middle or inferior abdominal region usually on the left side. The earliest period at which the pulsations are recognized is about the middle of the fourth month. The pulsation ^{of} the fetal heart in utero is proof positive of uterine conception.

Twin Pregnancy, There is an unusual size of the abdomen compared with the time of gestation, the flattened appearance of the abdomen in front and seeming to be divided into halves violent and tumultuous movements of the fetus; successive distention of the abdomen with accession of volume of the lower extremities are the signs most worthy of consideration in making a diagnosis of plur-

real Conception. Kestine - During pregnancy a peculiar substance analogous to Casein is found in the urine forming a thin pellicle upon its ~~soft~~ surface when it is allowed to stand which emits an odour resembling Cheese. It is not however ~~peculiar~~ ^{peculiar} to pregnancy but may occur whenever the lactal elements are not eliminated by the mammary glands at the same time the probabilities are as 20 to 1 that the female is pregnant if the Kestine be present. Blue Colour of the Vagina has also been looked upon by some writers as among the rational signs of pregnancy. Having gone through an ~~analytical~~ ^{analytical} analysis of the signs of pregnancy with what ability I must leave to the decision of my respected Teachers, I will bring this Thesis to a close hoping that the imperfections

that may be found and they are
they are doubtless many I fear, will
meet with indulgence from my
Reverend Instructors.