

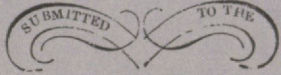
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INAUGURAL DISSERTATION,

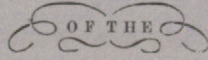
ON

Abortion

#492



PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



University of Nashville,

FOR THE DEGREE OF

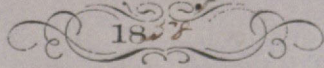
DOCTOR OF MEDICINE.

BY

G W Murray

OF

Fennell



CHARLES W. SMITH,
BOOKSELLER AND STATIONER,
NASHVILLE, TENN.



To

John M. Watson M D
Professor of Obstetrics and diseases
of Women and Children in the
University of Nashville in
admiration of his ability as
a Medical Teacher and philosopher
this dissertation is most
respectfully dedicated

By the Author

Abortion

By abortion or miscarriage is meant the premature expulsion of the contents of the impregnated uterus before the full period of gestation; I shall consider abortion under two principal divisions, first embracing those cases in which there is but little hemorrhage, the second those cases in which the hemorrhage is sufficient to produce alarm. Miscarriages of the first six months may with propriety be considered as abortions and those of the last three months as premature Labour.

History. all women are liable to abortion but it is more frequent among the higher circles in those who live an indolent and luxurious life than it is amongst the poor labouring class, labouring women are more

exposed to exciting causes than those
in the higher circles but this liabil-
-ity in the one is more than com-
-pensated for by the excitability of
the nervous system and the extreme
sensitiveness of the others conseque-
-nt on a life of indolence, abort-
-ion may take place anytime dur-
-ing utero gestation the ovum
may be thrown off whole from
the uterus and this is generally
the case in the early weeks or the
membranes may burst and the
fetus expelled first and the plac-
-enta afterwards as generally
happens at a more advanced
stage the ovum may be expelled
at any period subsequent to its
death or it may be alive the
moment it is thrown off

It is sometimes retained some weeks after it has lost its vitality, if the conception has been originally tw^o-ins both ova may be thrown off together or one maybe expelled and the other retained for sometime, perhaps to the end of gestation, and it is a matter of great importance when abortion is threatened that we should be able to ascertain whether the ovum retained its vitality or not because if we were assured that it retained vitality it would be our duty to ~~endeavour~~ to carry the patient on to her full term of gestation unless her existence was endangered, but on the contrary if we were convinced that the ovum was lifeless there

could be no object in preserving it
in the uterine cavity, by so doing it
would act as a foreign body and
might possibly originate many evils.
our most sure signs to determine the
Fetus is alive is in the latter months
the sensation communicated to the
mother by the motion of the fetal limbs
we may also gain the same information
by the stethoscope, but in the early weeks
of pregnancy neither of these means
will answer our purpose we may then
judge the death of the ovum by the
sympathetic irritation of pregnancy
being suddenly suspended, the cessation
of the morning sickness is the most
common occurrence of ^{lost} vitality of
the ovum. It will happen that a pati-
ent who has been regularly attacked
with morning sickness on rising in the

Morning finds herself free from it and congratulates herself that she is free from the annoyance, if this cessation has been gradual and about the time of quickening we may suspect that its disappearance is owing to a natural cause, but on the contrary if it is sudden and happens about the second or third month of pregnancy we should regard it with suspicion because the circumstances will vary probably depend on the death of the ovum, the loss of other sympathetic irritations such as increased secretion of saliva indicate that vitality has been destroyed with these prominent marks the breast becomes flaccid the milk secretion, provided there has been any is no longer formed little doubt can remain that gestation is arrested

by the ovum having lost its vitality, the time occupied by abortion, varies considerable sometimes the whole process is completed in an hour or less at other times days and even weeks may elapse before the uterus has got rid of all its contents, the expulsion of the ovum, is always followed by some discharge similar to lochia subsequent to labour, sometimes the suffering under abortion is very great, the pain being ~~even~~ more than the patient has ever experienced, in labour at the full period, though this is not generally the case, causes, the causes of abortion, are predisposing and exciting in some cases no predisposing cause exists but the woman meets with one or more exciting causes thus a woman

while gestation is going on regularly receives a blow meets with a fall or becomes subject to some violent mental agitation, but where there is no evident exciting cause we may reasonably infer that there are some predisposing existing these may be local and general of the local is weakness of the uterine organs by too frequent indulgence in venery by constant miscarriages or by debilitating discharges are perhaps the most frequent adhesions which the uterus may have contracted with other organs may be considered both a predisposing and exciting cause this we can understand by the uterus being bound down it cannot enlarge and therefore cannot remain stationary while the ovum

lives and grows it is compelled to contract
and abortion is the consequence. The
predisposing causes in the general
system consists principally in circum-
stances of a debilitating nature un-
der such a state the ovum may die
for want of sufficient nourishment
or the uterine nerves partaking of the
general excitability of the whole nerve
system may induce abortion.
An opposite state to this however may
produce abortion a highly plethor-
ic condition of the system or
a local determination of blood to
the uterus in too large a quantity
may prove ^{to be} the cause of abortion.
Of the exciting or accidental causes
some originate in the mother and
others are referable to the ovum
those that are referable to the ovum

lose diseases of its own structure and these may be in the body of the embryo or in some part of the appendages of the exciting causes referable to the mother. palpitations and syncope are not uncommon for they continue sometimes so long and to such intense degree as to cause the death of the ovum. abortions may be occasioned by external violence, such as falls, blows, violent exercise of any kind as well as by violent passions of mind as fright, anger, Joy, grief or sorrow. is another cause of abortion by means of frequent constipation if it exists in such a degree that excessive straining is required for the expulsion of the feces is another cause, a syphilitic taint imparted to the new being from

either parent may excite abortion by depriving the embryo of life to produce this effect it is not necessary that either mother or father should be the subject of this disease in its primary state if there be secondary symptoms existing in the system of one or both the ovum will be infected in all probability to such an extent as to destroy its vitality other poisons existing in the mother's system such as smallpox may cause abortion. of all the exciting causes a rupture of the membranes is the most certainly followed by abortion.

Prognosis $\frac{3}{4}$ The danger of abortion is to be estimated by several circumstances by the time of pregnancy arrived at by the previous state of the patient's health, and by the Amount.

length of time the patient has been suffering from hemorrhage, the younger the ovium the stronger the patient's health the less the quantity of discharge the less will be the danger, but we must not overlook the state of the uterine action in forming our judgement for the more perfect the organ ^{disposed} is, to contract the more likely it will be to expell the ovum speedily and consequently the ~~arterial~~ vessels will be closed and a stop put to a mediate danger of hemorrhage, we may lay it down as a general rule that early abortions are attended with but little danger but not a rule without exceptions.

^m
Symptoms $\frac{3}{4}$ The symptoms of abortion may be arranged under two heads,

Those which precede the occurrence, and those which accompany it and indicate that the process has commenced the first are the loss of those sympathetic irritations that generally attend the pregnant state.

The second are those which attend upon the process and indicate that it has begun and are similar to the first symptoms of labour and the chief are the accession of periodical uterine pains and the appearance of sanguinous discharge.

Treatment; In the treatment of a case of abortion three indications must be attended to, the first is to prevent it occurring in those who have become habitually subject to it the second is to check it when it is threatened and the third

is to conduct the patient through
safely, when we know that a wo-
man is habitually subject to abor-
tion it becomes our duty to in-
sist on ^{the} adoption of such a plan
immediately after pregnancy has taken
place that will counteract the dis-
position, the uterus has to call into
action its expulsive powers before
the fetus is perfected, and this we
shall find difficult to effect
perfect rest and quietude of
body together with a calm state of
mind are absolutely necessary for
success the patient must be con-
fined to her room after she has
become pregnant untill she has
quickered, it is not necessary that
she should be confined in bed
But it is quite necessary that she

should be kept quiet and in a horizontal posture and this as much for the purpose of preventing herself from the exciting causes of abortion such as a fright or a stumble as to preserve a state of uninterrupted rest and during this state of quietude most likely the bowels will become constipated this tendency must be counteracted by aperients avoiding those a drastic kind epsom salts or The sedlitz powders will generally answer the purpose, but if we should find our patient plethoric passing a strong muscular fibers suffering pain in the head we may suppose that the system is unduly charged with blood when this is the case we should have recourse to the lancet enjoying spar diet exhibiting

apparents and at the same time enforce
ing the necessity of adapting the rules
as heretofore laid down, absolute rest
in all cases when a habit of aborting
has been formed, it is necessary that
the patient should abstain from
sexual intercourse until after the
time of quickening ~~though~~ it some
times happens that abortion is excit
ed by the marital embracing should
abortion ensue the same separation
should be continued for some months
afterwards that the uterus may be
allowed to rest, our attention must
next be directed to the best means
of checking the progress of the
symptoms when it becomes evident
that the process of abortion appears
to have begun if we find the
patient after some exciting cause

Suffering periodical pain in the uterus
and loins and a slight sanguinous
discharge we may infer that aborti-
on is immediately threatened and
it becomes our duty both for the
sake of mother and child if
possible to prevent it under this
state of things something more
is to be done beyond what is necessary
when our object is to ward off
the danger when it is more remote,
quietude is in a high degree useful
the patient must then be immedi-
ately ordered to bed and every
source of excitement must be
removed. in her diet she must
be restricted to cool and acidulated
fluids and fruits she must
breathe a pure atmosphere, and
opium combined with a mineral

-acid may be given in small doses
at short intervals, if the arterial
system be acting with undue power
blood letting with mild purgatives
will prove advantageous, but in
spite of strict attention to ^{the} method
proposed the pains instead of becom-
ing less are gradually on the
increase and we find that abortion
must occur we must leave off
the administration of opium and
direct our attention to conducting
the woman with safety through
the process in a few hours most
likely the ovum will be expelled
whole if it be within the first
three months the cyst broken if
beyond that time during the
whole process it should be our
duty to sustain the patient's spirits

and to dispel apprehensions when the process is completed we must confine our patient to the recumbent posture for a week or two, Abortion with Hemorrhage.

When this is the case we must pay no regard to the preservation of the ovum because the mothers life is in danger and because the probability is that the Embryo has ceased to Exist under these circumstances our attention must be directed to the safety of the mother, to moderate the discharge and insure the evacuation of the uterus as speedily as possible in view of stopping the Blood our patient should be placed in the recumbent posture apply cold and astringent lotions

- To the lower parts of the abdomen
the vulva loins & thighs administer cold
and acid drinks and avoid all of
a stimulating kind, it would be pru-
dent to make an examination per
vaginam to ascertain the condition
of the os uteri and the situation
of the ovum, for we may find
the mouth of the womb open and
the principal part of the ovum
protruded into the vagina but
still partly attached to the uterine
surface under such circumstan-
ces by introducing two fingers of
the left hand within the womb
behind it we may be able to sep-
arate it which nature has failed
to do and this will give the uterus
a chance to close its cavity the
hemorrhage will then cease

and we shall find the introduction of a plug into the vagina the most effectual is a piece of sponge or a silk or cambric handkerchief soaked in oil may be worked into the vagina until it will not contain any more and it may be left there a long or short time according to circumstances, if it produces no distress and the uterus continues inactive it may be allowed to remain from twelve to 18 hours but if it should stimulate the uterus to action it may be removed much with-
-in that time in the expectation that the ovum may be thrown off naturally or that it may have descended low enough to be extracted by the finger. It may be necessary where there is great depression to have recourse to stimulants the indications for their use are the same as under labour at full time they must

administered with caution it may hap-
pen that the ~~ovum~~ may break that
the fetus may be expelled and the pla-
centa remain for a considerable time
and so long as there is any portion re-
-maining in the womb so long will
the woman be in danger of flooding
it is therefore highly important that when
the fetus has passed the placenta should
be removed as soon as possible but this
cannot be effected by the agency of the
cord for it is so tender that the least str-
-aining will cause it to broke and will
also fail if we attempt to get it away
by the introduction of the hand within it
them unless it be lying partly in the vagina so
that we can detach it by the fingers we must
rely on means the best calculated to prevent
hemorrhage, including the plug and give
the ergot of rye in the hope of exciting the uterus