

AN
INAUGURAL DISSERTATION
ON

Abortions

SUBMITTED TO THE
President, Board of Trustees, and Medical Faculty
OF THE

UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY

Thomas Clegg

OF

Georgia

1859

MEDICAL JOURNAL OFFICE,
NASHVILLE.

Abortion

In the discussion of this interesting subject, I shall not attempt to give any of my own original ideas, but will simply collect and note down the opinions of others, whom I consider among the best of authors: presenting the subject agreeable to my understanding of the case.

History— All pregnant women are liable to abort; but it is more commonly found among those that pass in the highest circles of society, who lead a luxurious life, than with the laboring classes.

Laboring women are much more exposed to accidental causes, than those who pass in higher circles of life; but this liability is more than balanced by the excitement

of the nervous system following a life of indolence and refinement, led by the others.

There is no animal that is exempt from the liability of losing the fruit of the uterus prematurely.

Abortion consists of two parts; the first is, the separation of the ovum from the uterus, and the second is, the expulsion from the cavity of the uterus. The first part is attended by loss of blood, and the latter by pain. The ovum in some cases peels off whole from the uterus, and in other instances the membrane may burst and the foetus will be expelled first, and the placenta afterwards.

In the earlier weeks of pregnancy the ovum generally passes off whole; but in the later period, the separation usually takes place. The life of the foetus may be destroyed some hours or days before abortion takes place, but it may in many instances be a live at the time it is thrown off.

It is of vast importance that we should be able to ascertain, if possible, whether the foetus is a live or dead, whenever abortion is threatened; because if the foetus still retains its vitality; it would be the duty of the Physician to endeavor to preserve its life and carry the labor to its full term; unless

The life of ^{the} mother should be endangered thereby; but if the foetus were already dead, it should not be retained within the uterine cavity any longer than it could with safety to the mother. If the dead foetus be left remaining a great while in the uterine cavity, it would act as a foreign body, and might be the origin of mania.

It is supposed that the death of the foetus, in a majority of cases precedes the expulsion. We may generally suppose the foetus to be dead by the sympathetic irritation of pregnancy being suddenly arrested. One of the most common signs is the cessation of

morning sickness, at an earlier
 period of gestation, should
 The patient who has been regu-
 larly troubled with morning
 sickness, and increase of saliva,
 find herself suddenly freed
 from these symptoms, together
 with a flaccid breast, and
 the milky secretions be arrested,
 and at the same time, if
 the abdomen decrease in size,
 with a sensation of weight in
 the pelvis, or abdomen; we
 should suspect that gestation
 was arrested, by the death of the
 ovum.

Causes. The causes of abortion
 are said to be immediate,
 predisposing, and exciting.

6

Contraction of ^{The} Uterus is an immediate cause.

This is effected in the same way, as the expulsion of a mature foetus at the end of gestation by the contraction of uterine fibres acting upon the os.

In many cases we have no predisposing cause; but the parturient woman, is subjected to many exciting causes. for example a parturient woman in good health, receives a blow, or meets with a fall, or becomes the subject of some violent mental excitement.

These are exciting causes.

7

The Disposing causes
are divided into the local, and
general.

And first, of the local causes,
we have uterine weakness,
induced, probably by too
frequent indulgence in
venery, and also when the
patient become subjected
to miscarriage, ^{or} by debilitating
discharges, which are probab-
ly the most-usual cause.
Adhesion of the uterus to
the bladder, or neighboring
viscera, is also one of the
causes of abortion, and this
is obvious from the fact that
the foetus grows, and enlarges,
and if the uterine attachments
to these neighboring viscera

8
hold it so that it will not admit of extension when the foetus fills the uterus so that it is forced to contract and expel its contents. These together with many other causes, lead to the premature expulsion of the os, if this takes place before the seventh month of pregnancy, it is called abortion, and after that period premature labor.

Symptoms. These are similar to the usual symptoms of natural labor: such as periodical pains, and the appearance of a sanguinous discharge from the vagina. The pains are at first

felt in the abdomen, back,
and loins, shooting down
the thighs. At the commencement
they recur at long intervals,
and their duration is short,
as they advance, become
gradually more severe, and
the interval is shortened.

The discharges are at first
quite slight, and increase
as the action of the uterus
progresses.

Treatment. This consists
of three divisions, ~~the~~ The
first is to prevent it from
occurring if possible, the second,
is to check it, when threatened,
and the third, is to conduct
the patient through safely,
if it cannot be checked.

When a woman has been the subject of abortion before, and is threatened again about the same time; if we can carry the patient safely over the period of quickening, she will generally be considered free for that pregnancy.

Rest, and quietude of body, with a preservation of a calm state of the mind, is very necessary for the successful management of these cases. The patient should be kept in the house until after quickening, best to be kept in a horizontal posture, by remaining within doors. She will escape all the exciting

causes: during this confinement, the patients bowels should be kept regular, if costive mild aperients, should be administered, but such as will not produce excitement, the saline cathartics are the best.

When the perivaginal pains have set in in addition to the above preventing treatment, the patient should be placed in a horizontal posture in bed, and no noise or bustle allowed to come near, to disturb her, the diet should be light and cool, acidulated drinks should be given, she must have a cool atmosphere to breathe, and should

use Opium and other
Anodynes, combined with
Muriatic acid.

Should all these means
fail, and the pains continue,
with an increase in the
discharge, we may safely
apprehend that abortion
will take place within a
few hours.

The Physician should sus-
tain the patient's spirits and
dispel all bad apprehensions
of evil.

When the whole process is over
the patient should remain
in the horizontal posture,
for at least a week after
delivery.