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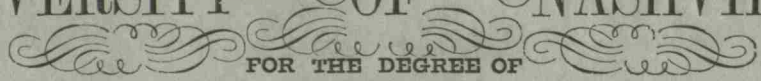
The Signs of Pregnancy.

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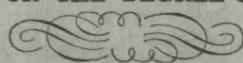
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF



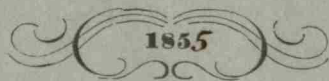
DOCTOR OF MEDICINE.

BY

E. G. Davis

OF

Kentucky



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Signs of Pregnancy

To
Professor John M. Watson
These Pages
Are Respectfully Inscribed
By
The Author

Signs of Pregnancy

A thorough knowledge of the various signs of pregnancy with their relative, individual and aggregate value, is invested with an importance to the practitioner of medicine, arising not only out of the bearing such knowledge must frequently exert upon the treatment of disease, but also from the fact that, that which is dearer than life or health, the claim to honor to virtue, and to fair fame is often involved in the decision he may be called upon to make. In both of these respects then, it is of utmost importance that the physician should be

fully acquainted with these different signs, and qualified to assign to each the weight to which it is entitled in forming a diagnosis,

" Errors of diagnosis elsewhere may lead to the improper administration of drugs, and the patient may perhaps sink to an untimely grave, but with the honor of an untarnished reputation; but here such errors may upon the one hand conceal and encourage crime, or upon the other brand disgrace and shame upon the very forehead of virtue, and consign innocence to the grave of infamy whose unvisited sod may never be hallowed by the tears of sad but pleasing remembrances. While it is sometimes the unpleasant, but no less imperative duty of the physician, to hold to a strict accountability for the preservation and forthcoming of her illgoten charges, the female who in an unguarded moment has fallen a victim to the

wife of the unprincipled seducer, or stepped
aside from the paths of virtue to quell the ^{vehement}
of excited passion; it is also occasionally his high
prerogative to wipe the stain of disgrace from the
brow of Virtue, and pluck out the poisoned arrows
of slander that rankle and fester in the bosom
of Innocences

„ Another consideration which should in-
duce the student to devote himself with assidui-
ty to the study of this subject, is the difficulty
with which it is invested. It is not a diffi-
cult matter to commit to memory the different
signs of pregnancy, for a few moments will enable
any one with the capacity of a parrot, to
count them over upon his fingers; but ~~this~~
this is not sufficient. They must not only be
known by name; but they must be recognized
when present, and their value as proofs of pre-
gnancy, understood and properly appreciated;

or we may be led into the most grievous errors. The difficulty sometimes attending investigations of this character will not be questioned when it is told that some of the most eminent men of the profession have committed errors in regard to the existence or nonexistence of pregnancy. Sir Astley Cooper tells of a celebrated surgeon and teacher of medicine who charged upon a woman, trocar in hand in the presence of his pupils, expecting to catch the contents of her belly in a tub, but finding ~~that~~ no fluid followed the instrument, ordered his assistants to "do her up" and dryly informed his class that it was a case of "dry tapping." Such instances ought certainly to put us on our guard. It is often, and especially in the early stages of uterogestation, impossible to make out a positive and unequivocal diagnosis, and he is untrue to himself and to society, and derelict of the high obligation im-

-posed upon him as a member of an honorable profession, who in the absence of the positive proofs of pregnancy dogmatically and positively assert that this condition does, or does not exist.

The physicians difficulties are often increased, ^{and} his duty rendered doubly delicate and embarrassing by a desire on the part of the female to deceive him, and consequently we must be prepared to meet with every species of falsehood and duplicity.

"We can only attempt within the limits of a thesis to pass in rapid review the most important of these signs, and indicate as far as may be, the value to which each is entitled. The effects produced upon the economy by the presence of a fetus in utero, are very remarkable and manifest themselves in almost every part of it.

The quantity of blood in the vascular system is increased; and often so altered in its constitution as to present the buffy coat when drawn and set aside.

The pulse will usually be found harder, stronger, and more full. The animal heat is said to be slightly elevated over the whole body. There is often a flushing of the face and a disposition to headache. The nervous system also participates in these general changes, and exhibits its sympathy with the physiological developments going on in the uterus, in a variety of ways. Sometimes there is a singular alteration, and even perversion of taste, and the woman longs for articles of food of which she had never dreamed before perhaps; and which under other circumstances would be entirely disgusting to her, while at the same time she loathes her accustomed diet. We must not look however to find the taste always thus altered and perverted; but there is generally more or less capriciousness of appetite.

The disposition also frequently undergoes a marked change; so, ^{that} those who are naturally cheerful and gay, become gloomy and reserved, and vice

versa. Women possessing a mild and gentle temper sometimes become fretful and peevish, and the hasty and irascible, sometimes become patient, agreeable and pleasant. These changes alone however cannot be depended on as proof of the existence of pregnancy, and are valuable only when in association with other and more reliable signs.

The stomach generally sympathizes with the womb in pregnancy, and becomes irritable, and the woman is troubled with nausea and vomiting, and usually in the early part of the day, and hence it is generally called morning sickness. It most frequently occurs two or three weeks after conception, but it may be as many months, and may not occur at all. Of course this symptom may be produced by other causes than the one now under consideration, but in such instances the health suffers in other respects, and the vomiting may be traced to some local disease, or disordered function.

"The sympathetic irritation which in the stomach causes nausea and vomiting may extend to other parts of the alimentary apparatus, causing alterations in the quantity and quality of the various secretions.

"This is especially manifest occasionally in the copious and complete salivation which is produced by it, a symptom which has been set down as one of the occasional signs of pregnancy since the time of Hippocrates. The saliva is sometimes of a white, tenacious and frothy character, and hence the phrase, "spitting cotton."

Suppression of the menses is very generally the result of conception, and is very properly regarded as an important proof of pregnancy, but every physician who has had much experience, will find numerous exceptions to the rule, "that when a woman has a suppression of her catamenia she is pregnant." In fact if the testimony of the most respectable writers is to be taken, a woman may con-

time to menstruate notwithstanding the presence of a fetus in the womb; or again, she may conceive without ever having menstruated at all. Suppression of the menstrual discharge may occur from a variety of causes which it is not necessary now to mention, and which are wholly independent of pregnancy; we must therefore be careful not to attach too much importance to it in making out our diagnosis. We deem it unnecessary to detail the various irregularities to which this function is subject both in the pregnant, and nonpregnant condition, suffice it to say, that suppression may occur from many causes other than pregnancy, that it may continue after conception for an indefinite number of periods, and that pregnancy may occur in women who are not menstruating at the time, and according to good testimony, it may occur in women who have never menstruated, and cases are on record of women who only menstra-

ated during pregnancy. It may, and does sometimes happen that a woman will have her menstrual functions established at puberty, but afterwards from a rapid succession of pregnancies she may never menstruate again. A knowledge of these facts will of course prevent us from placing too much stress upon suppression of the catamenia as a proof of pregnancy.

As nature designs that the breasts of the mother shall furnish nourishment to the child in the beginning of its extra-uterine existence, it is not to be wondered at, that they should take on some changes during the development of the fetus in utero, preparatory to the fulfillment of that end. These changes are important signs of the process going on in the womb, although they may not be appreciable at a very early period of pregnancy. The breast enlarges and becomes more prominent and full; and occasionally becomes painful and

hard. From the tension of the skin and their own turgidity the veins assume a deep blue hue and are much more noticeable than in the ordinary condition. The nipple itself grows darker.

But the change to which the most importance has been attached by writers, is that which occurs immediately around the nipple, and is called the areola. It is darker in women of black hair and eyes, and sallow skin, than in those of an opposite complexion. There is much diversity of opinion amongst writers as to the value of this sign.

Many maintain with Denman that the alteration in the areola "may be produced by any cause capable of giving to the breasts a state resembling that which they are in at the time of pregnancy;" while many others of no less authority, such as Williams Hunter and Smellie, contend that it is the result of pregnancy only. Dr Montgomery also maintains the opinion of Hunter and Smellie, and thinks the

discrepancy of authors arises from a "want of sufficient care in observing, and accuracy in describing the essential characters of the true areola." The want of space forbids our transcribing his description of it.

But while the state of the areola may be regarded as one of the best single proofs of the existence of pregnancy, it is necessary to know the hue in each particular case in the unfecundated state, before it can be properly appreciated; and even then must not ^{be} looked upon in the absence of other proofs, as an absolute sign of pregnancy. It may be regarded as of more value in first pregnancies than in subsequent ones.

The presence of milk in the breasts of a woman who is not nursing a child is popularly regarded as an infallible proof of pregnancy; but nothing is further from the truth, as abundant facts are on record to show that it may occur under circumstances entirely disconnected with this condition. It has

occurred in girls before puberty, and in women advanced in life, and in whom the generative faculty had ceased, and cases are not wanting in which milk has been secreted in the breasts of men. Although then this may be a valuable sign when taken in connection with others, no great deal of reliance is to be placed on it per se.

Usually about the fourth month a pregnant woman is conscious of certain movements of the fetus, felt just above the brim of the pelvis and in one or the other of the iliac fossae, and occurring most frequently in the morning or at night on going to bed. These movements are at first very delicate, owing to the imperfectly developed state of the fetal muscles, but gradually become stronger as pregnancy advances. When the woman begins to feel these motions she is said to be quickening, and is in Medico-Legal language, said to be quick with child. A very

mother and examiner however are liable to be deceived in regard to these motions, since twitching of the muscles of the maternal abdominal wall, and the passage of gasses along the bowels may so nearly simulate them, as to be readily mistaken for them. Numerous instances are on record to substantiate the truth of this remark.

Another important sign of pregnancy is afforded by what the French call Battotement. This mode of examination is to be instituted in the following way. The patient may be placed upon her back with her shoulders very much elevated; or what is better she may remain on her feet. Then one or two fingers are to be introduced into the vagina and applied upon the anterior portion of the cervix uteri, as high up as may be done without using force, and kept in constant contact with the part to which they have been thus applied. The examiner must then place his other hand

upon the abdominal tumor and press it down towards the cavity of the pelvis; and then with the fingers which are in contact with the neck of the womb, a quick pushing or jerking motion is to be made against it, and if the woman be pregnant, (from four to six months advanced) the fetus will be felt to bound away from the fingers, and in the course of a moment, or two it will descend again upon them with a gentle but distinctly "pat."

When distinctly recognised this sign is positive proof of the existence of a child either living or dead in the uterus, as there is no other condition of the womb capable of giving these sensations of a solid body floating in its cavity. But, the most carefully conducted examination may fail to furnish this test, even in the periods of pregnancy in which it is most readily discerned. As intimated above, between the fourth and sixth

months is the time at which this sign is most easily made available. In the earlier months the fetus is so light that it can not well be felt, and in the more advanced stages of pregnancy, it so nearly fills up the uterine cavity that it can not be made to float about so freely.

The stethoscope furnishes us with two signs of pregnancy; one of them, the placental murmur, of but comparative little value, the other viz; the pulsations of the fetal heart when clearly made out, a positive proof that pregnancy exists. Although the first mentioned sound is called the placental sound, authors are by no means agreed as to the mode of its production; but that it is often present in the absence of pregnancy, and not unfrequently absent when that condition exists, there is no room to doubt. The placental sound is usually first heard about ^{the} fourth month of gestation when the fundus of the uterus begins to keep above

the anterior wall of the pelvis. It is said to resemble the sound produced by blowing over a wide-mouthed vial, and accompanied by a rushing sound or noise. It is synchronous with the mother's pulse, and varies with it. According to Dr Montgomery, its site varies in different cases, but when once heard at any particular spot in a given case, it need not be sought at any other point, since it is permanent in its locality, although it is liable to intermissions, disappearing for a greater or less length of time, and then reappearing.

The pulsations of the fetal heart when once heard is unequivocal evidence of pregnancy. These pulsations vary in number from 120 to 160 in the minute, being nearly or quite double that of the mother's pulse; by which they may be readily distinguished apart. The impulse conveyed to the ear is said to be very delicate and resembles the ticking of a watch.

heard through ones pillow at night. Its seat being the fetal heart, the point at which it will be heard varies as the fetus changes its position, but as a general rule, it will be found in one side, and on a line from the umbilicus to the anterior inferior spinous process of the illeum, and generally ~~is~~ on the left side. Although it may be occasionally detected earlier, we need not generally expect to find it before the end of the fifth month.

This sign is not only proof of pregnancy, but also of the life of the child. On the other hand if the child be dead, we can derive no information whatever from the Stethoscope. Although this sign if recognised puts the question of pregnancy beyond all dispute, it must be admitted that it only affords us light during that period of gestation least obscured by doubt. And its absence would not justify a negative opinion in a case where even less valuable proof indicated