HÆMORRHAGE IN EARLY PREGNANCY PRACTICALLY CONSIDERED.

By J. HENRY BENNET, M.D.,
PHYSICIAN-ACCOUCHEUR TO THE ROYAL FREE HOSPITAL.

HÆMORRHAGE during the early stages of pregnancy is generally, if not always, a source of anxiety and doubt both to the patient and to the medical attendant. Of anxiety, because it is the constant forerunner of abortion; of doubt, because its repeated appearance, simulating irregular menstruation, often throws a doubt on the reality of the pregnancy.

Hæmorrhage occurring under these circumstances is still too exclusively considered by accoucheurs in connexion with diseased conditions of the ovum and of its membranes. The important fact, that it is frequently the result of chronic inflammatory conditions of the body and neck of the uterus and of the cervical canal—a fact to which I drew attention many years ago—is still generally ignored and overlooked: and yet the additional experience I have since acquired has completely confirmed the truth of the views I then brought forward.

Hæmorrhage may occur during early pregnancy, owing to the partial separation of the ovum from its uterine connexions; owing to the existence of a blighted ovum or mole; or owing to the above-mentioned inflammatory conditions.

When the connexion between the ovum and the uterus is modified, under the influence of the maternal, fœtal, or accidental causes, which are generally recognised as the causes of abortion, hæmorrhage is the usual result. In a case of this kind, if the cervix uteri is brought into view, it is found quite healthy, merely presenting the size and colour that pertain to the stage of pregnancy which the patient has reached. The blood is seen gently oozing from the orifice of the cervical canal. These are the cases in which rest and constitutional treatment alone are required, and often succeed, especially when the hæmorrhage has followed some accidental cause. As long as the fœtus is alive, there is reason to hope that any mischief that may have occurred may be repaired, the hæmorrhage arrested, and the pregnancy saved. Moreover as we cannot tell positively, at first, whether the fœtus has died or not, it is our duty to continue our efforts to preserve it, until the violence of the hæmorrhage has destroyed all hope, or until the abortion has actually taken place.

The hæmorrhage which is occasioned by the conditions that lead to abortion is, generally speaking, either subdued, or it continues, notwithstanding treatment, until the abortion has occurred. It may be arrested, and then break out again and again, but this is the exception. When uterine hæmorrhage occurs irregularly in the early months of pregnancy, the cervix uteri being free from inflammatory lesions, stopping and returning repeatedly, without uterine contractions, it is generally occasioned by the presence in the uterus of a blighted ovum or mole; and, in some rare instances, by that of hydatids.

The fœtal germ may die soon after conception, and become atrophied, absorbed, or lost, whilst the membranes and placenta may continue to grow, like moss on a wall, deriving nourishment from the inner surface of the uterus, and forming an indistinct fleshy vascular mass. It is to intra-uterine masses of this description, the true origin of which was long unknown, that the term mole has been given. Their presence in the uterus, and progressive development, sometimes for many months, gives rise to many, if not most, of the symptoms of pregnancy, and is attended, all but invariably, with repeated irregular hæmorrhage. Sometimes the hæmorrhage is constant; sometimes it is irregularly periodical, simulating morbid menstruation. When these symptoms are present, the state of the patient is necessarily one of doubt and uncertainty, until the mole is expelled. The morbid product to which the name of hydatids of the uterus has been given, is probably generated under the same circumstances, and its presence is attended with identically the same symptoms—viz., irregular, constantly recurring hæmorrhage, and the more or less perfect reproduction of the ordinary signs of pregnancy.

The above are the generally recognised causes and forms of hæmorrhage during the early stage of pregnancy, and with them we may group chronic inflammation of the body of the uterus. The cause to which I wish specially to draw attention—viz., inflammatory lesions of the cervix uteri, although overlooked as yet by most accoucheurs, is most certainly the one which is by far the most frequently met with in practice, and the one also over which we have the greatest therapeutical control.

Inflammation and ulceration of the mucous membrane covering the cervix uteri, and lining the cervical canal, is now generally admitted to be a lesion of frequent occurrence in child-bearing women. Such being the case, and the presence of these morbid conditions, although a cause of sterility in some, not preventing pregnancy in many, the two conditions, pregnancy and inflammatory ulceration, must and do often exist. Whenever their co-existence takes place, occasional hæmorrhage, slight or severe, may be said to generally occur, and the more readily as all ulcerative lesions of the uterine neck assume in pregnancy a very irritable fungoid character. Thus hæmorrhage may occur spontaneously, or it may depend on accidental causes, such as over-exertion, marital intercourse, &c. It may be irregular or it may be periodical, simulating menstruation. In any case, its existence is not so much, in most instances, a danger as a relief to the congested and inflamed uterus. The real danger is the existence of the inflammatory disease of the uterine cervix, which causes the hæmorrhage, and unfits the uterus for the functions which it is performing. The pressing therapeutical indication is to subdue the uterine disease, to heal the ulcerated surfaces from which the blood so readily oozes, and thus to put an end to the danger which threatens the life of the fœtus.

It will be perceived that valuable rules may be deduced from what precedes, for our guidance in practice. If a healthy pregnant female is suddenly attacked with hæmorrhage in the early stages of her pregnancy, we are warranted in considering the hæmorrhage the forerunner of abortion, and we must treat it accordingly. The patient must be kept in the recumbent position, mineral acids and sedatives should be given internally, and laudanum injected per anum if there are uterine tormina or contractions present. Of course no examination should be made, as it might prove an additional source of irritation. If, however, the treatment resorted to, at first successful, subsequently fails, the hæmorrhage again appearing; or if even on the first attack there are decided antecedents of uterine suffering in the history of the patient, a careful instrumental examination of the uterus and of its cervix should be made as soon as possible. If no inflammatory lesions are discovered, we may prepare for the doubts and uncertainties connected with blighted ova; but if, on the contrary, inflammatory lesions are recognised, they should be at once treated and removed. In the latter case, we may hope that the hæmorrhage merely proceeds from the inflamed or ulcerated mucous surface, and that the integrity of the ovum and of its attachments to the uterus has not suffered. Generally speaking, in such cases, if the hæmorrhage has not been allowed to continue too long, the pregnancy is saved by the cure of the local disease. I may safely say that I have saved very many pregnancies by applying the above rules of practice, and that many children now alive and well owe their lives to the recognition of these important facts.

In some instances, where the cervix is diseased, inflamed, and ulcerated, and the blood is seen, on examination, to ooze from the ulcerative surface, the fœtus is dead, and the ovum partly detached, when the examination is made; or these accidents occur before the practitioner has had time to modify the cervical inflammation. In such cases, the treatment of the latter disease does not, of course, save the pregnancy. As, therefore, we never can be sure that the fœtus is still sound

and alive, or will continue so, it is well to inform the patient and her friends, from the first, that all our efforts may be unavailing to save the existing pregnancy. Were this precaution not adopted, they might attribute the abortion to the very means used to prevent it.

It is worthy of remark, that cases of this description, in which chronic inflammatory thickening and hypertrophy of the cervix complicate the abortion, are those in which the hæmorrhage is the most severe, the most continuous, and the most intractable. The reason is very simple. The os uteri, thickened and hardened by disease, cannot open to allow the ovum to pass, so the latter is arrested *in transitu*, and the hæmorrhage continues, mechanically as it were, for days. I have repeatedly been sent for to cases of this kind, in which the patient, anæmic from loss of blood, was apparently at the last gasp, have found a morbid, rigid os, half open, and have been able with the speculum forceps to extract an ovum thus retained, thereby at once arresting the hæmorrhage. As pregnancy advances, the cervix, even when thus diseased, generally softens and yields.

Lastly, I may here repeat what I have elsewhere stated, that whenever I have been able to examine the uterus of a really pregnant woman, supposed to be menstruating during pregnancy, I have all but invariably found that there was more or less extensive inflammatory ulceration of the uterine neck. The so-called menstrual discharge was clearly, in these cases, merely a hæmorrhagic flux from the denuded cervical mucous membrane. It may, however, have occurred under the influence of the ovarian or menstrual molimen, which is no doubt still felt to a considerable extent by some females, during the early months of pregnancy.

This clinical fact offers another element of diagnosis in cases of controverted pregnancy. If a female who presumes herself, or is presumed by others, to be pregnant, notwithstanding the presence of a menstrual flux, is found on examination to be free from inflammatory and ulcerative lesions of the uterine neck, the presumption is that she is not pregnant. If she has such disease, it may be the source of the flux, and the presence of the hæmorrhage does not contraindicate the pregnancy.

Grosvenor-street, January, 1858.