

NOTES OF SIXTEEN CASES OF ABORTION.

By JOHN DOUGALL, M.D. GLASGOW.

THE abridged particulars of the following cases are submitted, not to illustrate any novelty in treatment, but from their variety and clinical interest.

CASE 1.—Mrs. D—, aged thirty-six, in fifth month, second abortion, fifth pregnancy, got a kick on the abdomen from her boy in bed. Two days after had slight oozing of blood from vagina, with pelvic and lumbar pains. On third day both increased. Os uteri was somewhat open, and the foetal limbs could be felt. Cold was applied to the vulva, and ergot with digitalis prescribed. About four hours after the foetus was expelled. Ergot was again given to assist the expulsion of the placenta, but after two hours, during which the hæmorrhage was trifling, the os was found nearly closed and the cord running into it. Matters remained thus for three days; ergot had no effect. The hæmorrhage, though slight, was constant. I insisted on giving chloroform and exploring the uterus, but she objected. Latterly she was anaesthetised with difficulty. The hand was passed into the vagina, as recommended by Dr. Barnes,* and the finger swept round the uterine cavity, when the placenta was found free from attachment, and removed with ease. Made a rapid recovery.

CASE 2.—Mrs. W—, aged twenty-five, in fourth month, first abortion, second pregnancy, began to lose blood without apparent cause. Opium and horizontal rest were prescribed with temporary success. On the third day after, hæmorrhage returned greatly increased, with severe bearing-down pains. I was told "all was away," and found the foetus lying among a mass of coagula. I searched in vain for the placenta. The os admitted the point of the finger, but the uterus was too high to be explored satisfactorily. I took the usual precaution to abate hæmorrhage, and administered ergot repeatedly. In twenty-four hours expulsive action was evoked, accompanied several times in the intervals with a gush of blood. Feeling the placenta dilating the os, and having tried in vain to liberate it with the fingers and ovum forceps, I introduced my left hand into the vagina with comparative ease, and steadying the uterus above the pubes with the right, insinuated two fingers between the placenta and uterine wall, and instantly brought away the mass entire. She made a good recovery.

CASE 3.—Mrs. McD—, aged twenty-six, in tenth week, first abortion, first pregnancy, six months married, had been doing some extra cleaning, and was attacked with slight hæmorrhage and bearing-down pains. She continued to work till compelled to desist from increase of hæmorrhage and pain. Os closed, cervix remarkably elongated, from which the probability of averting the impending danger was inferred. I prescribed Battley's solution, with digitalis and sulphuric acid, light diet, horizontal posture, abstinence from fermented liquors, and cold to the vulva. On the following morning the ovum was shown me entire, having

been expelled during the night. This was rather unexpected, from the condition of the os and cervix the previous evening. Recovery was rapid.

CASE 4.—Mrs. McA—, aged twenty-five, in tenth week, first abortion, first pregnancy, four months married, when assisting in hanging pictures, was suddenly seized with severe pain and hæmorrhage. Four hours after I found the ovum unruptured lying in the vessel. Patient was extremely sorry at her mishap, having a strong desire for offspring. She was kept in bed ten days and carefully nursed. She convalesced rapidly. After twelve months she consulted me in regard to her not being again pregnant. Is healthy, menstruating easily and regularly, but complains of dull pain over right ovarian region. The os is healthy, but pointing abnormally backwards and to the right. After repeated attempts I managed to introduce the sound. The uterus was flexed diagonally, its fundus lying in the left sacro-iliac synchondrosis. On the least rotation of the sound unbearable pain was produced. Subsequently I made several similar trials with the same result. It is three years since she aborted, and, though healthy, has not again conceived.

CASE 5.—Mrs. A—, aged twenty-eight, in fourth month, first abortion, third pregnancy, without apparent reason had an oozing of blood for five days, when it greatly increased, accompanied with violent bearing-down pains. I found her very weak. She said it was a miscarriage, and handed me a foetus about one inch long wrapt in a bit of newspaper. I examined the clots, soiled cloths, &c., for the secundines without finding them. The os was almost closed, and nothing protruding from it. I prescribed ergot, digitalis, and sulphuric acid, rest, low diet, &c., and left her comfortable. Next day she felt perfectly well; a vaginal examination showed only a slight sanguineous discharge and tumidity of the labia uteri. On the second day she was in the same condition; no pain, resting quietly. In the afternoon I was hurriedly summoned, as she had suddenly flooded. Os still closed. Having stanchd the hæmorrhage by stuffing the vagina with sponge wet with vinegar, as recommended by Dr. Dewees, and taken other precautions to prevent bleeding, I left. Two hours after she had lost no more blood, but was extremely weak, with a dicrotic pulse, and a presentiment that she was about to die, "as she once had a sister who died from the same symptoms." Suddenly she felt as if the bowels would move, but could not. I withdrew the sponge, gave a large simple enema, and retired to the adjoining room. In about five minutes I was called, and found the placenta expelled entire with the enema, but no faecal matter. Recovery was rapid.

CASE 6.—Mrs. P—, aged twenty-four, in third month, first abortion, first pregnancy, six months married, had been losing blood for two days, accompanied with severe pain. I was shown "something that had come away"—part of the foetal involucre. I prescribed rest, ergot, sulphuric acid, and digitalis. The hæmorrhage was trifling. Next day she had a slight attack of metritis, the lochia becoming fetid, which was allayed by opium, poultices over the abdomen, with vaginal injections of an aqueous solution of hydrochloric acid. On the whole, recovery was tedious. Three months after she began to menstruate, having missed the previous term. Had no pain, but felt sick; os closed; bleeding trifling. She was kept in the horizontal posture, and laudanum, digitalis, and sulphuric acid given. The hæmorrhage ceased in two days, and she was going about in a week. Two months after she lost about six ounces of blood per vaginam. It began while using a light wooden rake in a garden plot. There was no pain nor sickness. The last mixture was again prescribed, and the utmost quietness enjoined. In four days the hæmorrhage ceased; in two weeks she was going about. Latterly has had a living mature male child; breech presentation.

CASE 7.—Mrs. D—, aged thirty-two, in fifth month, second abortion, fifth pregnancy; attributed her mishap to prolonged grief. I found her nearly pulseless from loss of blood, while a male foetus about twelve inches long, with the cord and placenta attached, lay among the hæmorrhage. Still bleeding profusely, cold was applied to the vulva and abdomen, the vagina stuffed with sponge soaked in a weak solution of perchloride of iron, and brandy with ergot given. As the bleeding resisted the usual means of arrestment, she was put under chloroform on the third day, and the uterus explored. The os was open and patulous, but except one or

* Obstet. Oper., p. 391, second edition.

two small clots, nothing was found in its cavity. Next day, the napkins being still largely stained with florid blood, I introduced an elastic catheter, with the opening at its point, into the uterus, and injected about half an ounce of aqueous solution of iron alum (strength two scruples to the ounce), which had the desired effect. In two days the injection had to be repeated, after which the bleeding gradually stopped. I had ceased attending for a week when she took a sudden flooding after washing her feet in hot water. The same means were employed as hitherto, and were attended with the same difficulty. After a course of iron and quinine she eventually recovered.

CASE 8.—Mrs. A.—, aged twenty-eight, very anæmic. Eleven weeks previous to my visit had a mole abortion at third month. Had a living child the first year of her married life; had three consecutive abortions since, of which the mole was the last. This was preceded by much hæmorrhage, and at the time of visit (eleven weeks after) it had not ceased. The uterus was found somewhat retroflexed, and measuring three inches and a half, the os open, and its labia tumid. The uterine malposition was comparatively easily adjusted, though causing some pain. The organ apparently contained no shreds of membrane nor clots, nor was the discharge fetid. She was advised to keep her bed, use cold astringent injections, take chiefly albuminous diet, also milk, wine, steel, and quinine. In about three days the bleeding completely ceased, and in a fortnight she was fairly convalescent.

Twelve months after she again became pregnant, of which I was duly apprised, and reiterated my advice to avoid physical and mental excitement. She obtained my consent to reside a short time at the coast. A few weeks after she had to hurry to reach the boat. On arriving home she had slight hæmorrhage, shivering, felt sickly, also bearing-down pains, with backache. I found the os closed, but feared, from her abortive diathesis, another miscarriage. Stimulants were prohibited, a light diet ordered, with rest and quietness in the horizontal posture, and solution of opium with digitalis prescribed. This treatment seemed successful, and in a week I ceased visiting. In two days I was called, when the ovum entire was shown me. It contained a three months' embryo. Recovery was rapid, after which she resided some weeks at the seaside, having salt water baths daily, and taking compound syrup of phosphate of iron, with a regular allowance of light dry sherry.

In five months she was again pregnant. Being extremely anxious for offspring, and remembering previous experience, she put herself entirely under my care, and ultimately had a daughter at full term. Previous to her confinement there was much œdema of the lower limbs, slight swelling of the features, and considerable albuminuria. These gradually disappeared under appropriate treatment after parturition. She made a good recovery, and is now in better health than for some years. The child, aged twelve months, is well. She is again five months pregnant.

CASE 9.—Mrs. J.—, aged twenty-two, in third month, first abortion, first pregnancy, married four months. Two days before had been polishing a friend's table, the obvious cause of her illness. I found her much depressed and vomiting. There was little bleeding, but severe and frequent bearing-down pains. The ovum was projecting through the os. A dose of ergot was given. After an hour, no change taking place in her condition, I left. On my return in six hours I was shown the ovum entire, newly cast off. The hæmorrhage was trifling. Three days subsequently she had a slight attack of metritis, which yielded to subchloride of mercury and compound ipecacuanha powder, with hot applications to the abdomen, and washing out the vagina with water acidulated with HCl; otherwise she made a good recovery.

CASE 10.—Mrs. M'C.—, aged twenty-eight, in the fifth month, first abortion, fourth pregnancy. When in her fourth month she had an oozing of blood from the vagina, with bearing-down pains—the apparent result of a long walk. She was kept in bed a week, and sedatives administered successfully. Soon after she had severe acute bronchitis, causing prolonged paroxysms of coughing, for which she was kept in bed two weeks. When scarcely recovered, an only child had inflammatory diarrhœa, causing her much anxiety and extra trouble. After he got well she set to a day's cleaning, in direct opposition to my emphatic instructions and also those of her husband. The same night uterine

contractions began. I found little hæmorrhage; the funis prolapsed and pulseless. The presentation was footling; the lower half of the fetal body lay in the vagina; the upper was grasped by the uterus. Traction on the limbs with two fingers failed to disengage it. Ergot with borax had no effect. During the next twelve hours I saw her several times. Latterly the foetus was expelled. A large dose of ergot was given to assist in the expulsion of the placenta; the effect was again nil. On tracking the cord in the vagina, it was found entering the os, which only admitted the point of the finger. Causing an attendant to grasp the uterus over the pubes, I made slight traction on the cord with the right hand, and endeavoured with my left to dilate the os and otherwise assist in extracting the placenta; but the cord parted within the uterus. I tried to pass the hand into the vagina, but failed. There being still little bleeding, I resolved to wait and see what nature would do. Nature took matters easy. For two days she fed well, slept soundly, and was painless; but I was getting anxious. Chloroform was given, and with the left hand in the vagina and the right steadying the uterus over the pubes, I dilated the os to the size of a crown-piece, and found the placenta adhering to the left uterine wall and part of the fundus. The most extreme difficulty was experienced in getting it separated, the two fingers not being able to work at the fundus, nor the hand to enter the uterus; consequently, about two-thirds of it was extracted in small shreds. Latterly the adhesion was separated, and a good hold obtained of the remaining large part, which was liberated coincident with a uterine spasm. Five hours after the patient was flushed, and complained of headache; pulse 108. Next day the pulse was 72; headache gone. She recovered rapidly without a bad symptom.

CASE 11.—Mrs. C.—, aged twenty, in third month, first abortion, second pregnancy, after walking about seven miles, had bearing-down pains with profuse flooding. I found her supported by two persons and unable to move. She was put to bed, and as the pain was unusually severe, thirty minims of sedative solution of opium were given. The os admitted the finger, and the foetal ovoid was found jammed in the cervix. A towel soaked in cold water was applied to the vulva, the pelvis raised, and the shoulders lowered. This lessened the hæmorrhage, while the opium soothed the pain. About three hours after her bowels inclined to move, she insisted on getting up, and fainted. On my arrival she was recovering, but blanched and nearly pulseless. Brandy had just been given, by which, with the horizontal posture, she revived. The membranes were now protruding, the hæmorrhage had ceased, and the pain was nearly gone. After waiting about an hour, and her condition remaining the same, ergot with borax was given, and, assisted by the two fingers grasping the membrane, resulted in the expulsion of the ovum entire. Patient made a fair recovery, and was pregnant four months after.

(To be concluded.)

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(Concluded from page 598.)

CASE 12.—Mrs. E—, aged twenty-four, in third month, second abortion, second pregnancy, on a journey from London to Glasgow by railway, became ill soon after leaving Carlisle, but bore up till her destination was reached. She had lost a deal of blood, the result of which was obvious in her feeble polycrotic pulse, exsanguine lips, and anæmic features. An ounce of brandy was at once given, the shoulders lowered, and the pelvis raised. The os was slightly open, and what seemed a portion of ruptured ovum involucre hanging from it. As she was still bleeding, the vagina was stuffed with sponge wet with a solution of tincture of perchloride of iron, and warmth applied to the feet. She began to revive, but being too weak to bear any attempts at extracting the foetal structures, I resolved to wait, and ordered beef-tea and wine with chicken broth and arrow-root. Next day she was much better; and had slept a few hours, though wakened several times by uterine pains. On withdrawing the plug it was followed by several large clots and fresh hæmorrhage. A cold astringent lotion was injected. The os was somewhat open, but no projecting body felt. The plug was again used successfully, and the extruded coagula were carefully searched, yet no traces of embryo or membranes were seen. That night the plug was once more removed, but had to be replaced. Next day I proposed to give chloroform and explore the uterus, but patient and husband objected. Ergot, strychnia, and steel were prescribed, and for nearly a week the treatment was merely a repetition of the foregoing. Latterly the hæmorrhage so far lessened that the plug could be dispensed with. Astringent injections were continued for some days, when the discharge gradually assumed a lochial character, and ultimately ceased. Convalescence was protracted. She was in fair health and menstruating six months after.

CASE 13.—Mrs. F—, aged thirty-two, in third month, first abortion, second pregnancy. I found her in a most perilous state from loss of blood, her features sunk and blanched, her extremities cold and pulseless; in fact, *in articulo mortis*. The vessel contained about half a gallon of blood, while a great portion of her bed and body clothes were saturated with it. As there were no stimulants in the house, I had to wait till some were procured. In the interval the pillows were removed from under her head and placed beneath the pelvis, and cold applied to the vulva and pubes. A friend having returned with half a tumblerful of whisky, she was at once made to swallow about three-fourths of it, while heat and friction were applied to the extremities. Either from nearly absolute depletion, or from general vascular contraction caused by the muffled and weakly flicker of the heart, or more likely from both, the hæmorrhage had spontaneously ceased before my arrival, or was easily arrested by the means stated. In a short time the radial and temporal pulses could be detected—quivering threads, and she answered one or two questions in monosyllables. A mixture of egg and brandy was now given in small and frequent doses, and in an hour after she was much improved; pulse 160. A vaginal examination now made showed the os uteri much dilated, and a round body protruding, which I slightly tried to extract, but failed. Next morning she was further improved. I liberated the body from the os, which proved to be a large black coagulum. For some days she was carefully fed and nursed. There was no more hæmorrhage, and, being naturally healthy and muscular, she made a rapid and uninterrupted recovery. No portion of the ovum was found.

CASE 14.—Mrs. T—, aged twenty-eight, in seventh month, third abortion, third pregnancy. Is tall and heavy, but lax of fibre, anæmic, and weak. The night previous she had been doing some extra housework, though suffering from diarrhoea. I found her in bed, with the body of a dead female fetus protruding from the vagina. The liberation of the head was only wanted to complete the birth, and was easily done, previous to which I gave ergot and borax in cinnamon water. The placenta came away easily, followed

by considerable hæmorrhage. She progressed favourably till the thirteenth day, when pain commenced in the right inguinal region, with increased swelling and stiffness of the corresponding leg (her limbs were anasarcaous previously), thirst, and headache—symptoms indicative of phlegmasia dolens. She was kept in the horizontal posture, with the affected limb raised, four leeches were applied to the most painful part, hot fomentations, liniments, and dry friction used, milk, wine, raw infusion of muscle, and chicken soup ordered, and a mixture of steel and strychnia prescribed. Under this treatment she improved, and was out of bed in three weeks. She then stayed two months in Arran. At present (eight months after her confinement) the limb is still much swollen. She complains of a dull and constant pain in the knee-joint, while her general health is obviously impaired.

CASE 15.—Mrs. C—, aged twenty-six, in third month, first abortion, first pregnancy, married two years and a half, first consulted me in regard to general debility and leucorrhœa. She was much improved by a course of tonics and vaginal injections. Soon after she had a large vulval abscess, which discharged copiously and reduced her health considerably. She then had fistula in ano, and was operated on. After this she was put on steel and cod-liver oil, by which she laid on flesh very rapidly. I then advised her to stop the oil and continue to take ten minims of tincture of perchloride of iron thrice daily. About eight weeks afterwards she called to say she had missed two of her monthly periods. In less than a week I was requested to see her. She had been losing a little blood for two days, and had now bearing-down pains. "She was sure it was not because she had not taken the steel drops, as she had not missed a single dose." Though I had an idea that the iron might have contributed to causing her pregnancy, I now thought that her taking it after might be the cause of her aborting. The os was slightly open, but no ovum could be felt. Opium, digitalis, and sulphuric acid were prescribed, with light diet, the horizontal posture, and quietness. This treatment seemed successful, but next day the pain and bleeding returned, and the bag of membranes was felt dilating the os. Ergot was given, and, after four hours' severe suffering, the ovum was shed entire. She made a good recovery. The fistula was unhealed four months afterwards.

CASE 16.—Mrs. B—, aged thirty, in fifth month, first abortion, fifth pregnancy. The previous evening she fell from a chair while adjusting some clothes on a rope. I found her on the verge of syncope from loss of blood and in great pain. On examination the membranes were found entire and beginning to part the labia pudendi. They were at once ruptured, as recommended by Prezos,* and almost immediately the fetus was expelled by the breech. Ergot was given, and in five minutes the placenta was easily removed, hæmorrhage and pain quickly ceasing. Patient was up in a week.

Remarks.—Some points in these cases are common to all such, as the period when abortion took place, its cause, chief symptoms, &c. But there are others, illustrating certain doctrines in regard to abortion generally, to which the following remarks apply.

1. The removal of a retained ovum or placenta is effected in three ways: (a) by the giving of substances which stimulate the uterus to contract; (b) by the avulsion of the ovum or placenta with forceps, &c.; (c) by passing the hand into the vagina and the fingers into the uterus and turning out its contents. (a) Cases 1, 2, 5, 6, 7, 9, 10, 11 show that, whatever effect ergot or borax had in lessening hæmorrhage, they had little if any in causing uterine contractions. (b) The use of the ovum forceps, wire crotchet, &c., for dragging away the ovum or placenta is generally and justly condemned from the obvious risk of wounding the uterus. Only in Case 2 was the ovum forceps used and without benefit. (c) Cases 1, 2, 10 show that the placenta may be retained a considerable time without danger, also the success attending its removal by the hand in the vagina. In Case 10, where the placenta was adherent, and uterine stimulants failed, obviously no other procedure could have resulted nearly so satisfactorily.

2. There is a strong presumption that the cause of abortion in Case 4 was uterine flexion and adhesion prior to pregnancy. Madame Boivin found, in the course of her dissections, that in many of those women who always

* Rigby's Midwifery, p. 95.

aborted when they arrived at a particular period of pregnancy, the uterus had contracted adhesions with the neighbouring viscera and the general pelvic cavity.*

3. Plugging the vagina with sponge wetted with some astringent fluid was done nearly a dozen times with unvarying success, the speculum being used in most cases. While admiring the scientific manner of plugging with tangle, recommended by Dr. Barnes, I have found it comparatively difficult to perform; besides, it is necessary, so as to be sure the plug will keep *in situ*, to stuff the vagina with a portion of sponge, lint, or some such body, which of itself might be sufficient to prevent hæmorrhage. If this be omitted, it may be found that the tangle is expelled as soon as it begins to expand the os, from the uterine contractions thereby originated.

4. In Case 5 the action of the enema in stimulating uterine contractions was very marked and successful. This plan is well worthy of further trial in cases of retained secundines with hæmorrhage, in conjunction with other means usually employed.

5. Vaginal injections of hydrochloric acid, where the lochia seemed at all fetid, were often used. The mineral acids, being reliable disinfectants in small quantity, as distinguished from mere deodorants, should be used in all such cases.

6. In six of the cases it was attempted, without success, to save the ovum. The twice-recurring threatened abortion in the pregnancy succeeding abortion, in Case 6, shows, however, that even where miscarriage is imminent (provided there is reason to believe the ovum or fœtus is living) the means to avert it should be employed.

7. I am not aware of any recorded instance of the injection of iron alum into the uterus. The astringency of this salt is very great; and in Case 6, where it was frequently used, the effect was highly satisfactory. I find the uterus is more tolerant of internal medication than is generally believed; and in cases of chronic endometritis I have frequently injected solutions of iodine and chromic acid, and also have often introduced pure carbolic acid with the probe invented by Professor Playfair, and as recommended by him in THE LANCET about two years ago.

8. The bracing effects of the atmosphere of certain places on the west coast of Scotland are well known. I have several times been struck with its curative influence on functional diseases of the female sexual organs, and have had at least four cases where some weeks' residence at the coast, along with other appropriate treatment, was soon followed by pregnancy after prolonged sterility. Whatever favourable effect the compound syrup of phosphate of iron may have had in Case 8, the woman herself is convinced that she owes, in great part, her improved health and living child to a lengthened stay at one of the Clyde watering-places.

9. Case 14 is typical of a class not uncommon, where nature, in a cachectic habit, with its usual malign concomitants, makes frequent abortive attempts at reproduction. In such cases utero-gestation is often, in the same patient, brought to the verge of completion, when, from some cause, fœtal or maternal, not easily eliminated and difficult to avert, the vital process is suddenly blighted, and a premature still-birth results. The phlegmasia dolens which followed in this case could not arise from the usual cause, great hæmorrhage, as that was only considerable.

10. Whether the continued administration of iron during pregnancy in Case 15 helped to cause the abortion is questionable, but I have thought proper to record the circumstance. At a meeting of the London Obstetrical Society† Dr. Barnes alluded to an instance where a pupil of his had given iron to a pregnant woman, and was in consequence accused of intending to produce abortion. Dr. Barnes said he had given it in dozens of cases, and never witnessed any ill consequences, or instances in which abortion could be traced to its administration. He thought iron might safely be given where anæmia was present during pregnancy, to improve the patient's condition and lessen the risk of hæmorrhage during parturition.

11. The quantity of blood women lose in abortion and parturition is often very great, yet it is astonishing how quickly they generally recover. Cases 7, 12, 13, and 16 are marked examples. In view of this, probably bleeding might

be had recourse to with benefit more frequently in acute diseases. The admirable address of Sir James Paget, chiefly on bleeding, at the Norwich meeting of the British Medical Association confirms the above. Amongst other things, he said: "At the present day we undoubtedly overvalue the blood, and estimate too cautiously the loss of it. The loss of blood to fainting is absolutely harmless." These remarks applied to healthy persons.

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* Ramsbotham: *Obstet. Med. and Surg.*, p. 653.
† THE LANCET, 1874: May 30th, p. 768, and August 1st, p. 158.