

ON
THE SEVERE AND OBSTINATE
FORMS OF VOMITING
DURING THE LATTER MONTHS OF PREGNANCY.

BY CHARLES CLAY, M.D.,

AUTHOR OF "RESULTS OF OVARIOTOMY;" "OBSERVATIONS ON UTERO GESTATION;"
"HAND-BOOK OF OBSTETRIC OPERATIVE SURGERY;" &c., &c.; AND LATE EDITOR
OF THE "BRITISH RECORD OF OBSTETRIC MEDICINE AND SURGERY."



LONDON:
LONGMAN, BROWN, GREEN, LONGMANS, AND ROBERTS.
MANCHESTER:
J. AND T. CORNISH.
BIRMINGHAM:
CORNISH BROTHERS, 37, NEW STREET.

ON THE
SEVERE AND OBSTINATE FORMS OF VOMITING
DURING
THE LATTER MONTHS OF PREGNANCY.

BY CHARLES CLAY, M.D.,

AUTHOR OF "RESULTS OF OVARIOTOMY;" "OBSERVATIONS ON UTERO GESTATION;"
"HAND-BOOK OF OBSTETRIC OPERATIVE SURGERY;" ETC., ETC.;
AND LATE EDITOR OF THE "BRITISH RECORD OF OBSTETRIC MEDICINE AND SURGERY."

Irritability of the stomach, inducing nausea and vomiting during the early months of pregnancy, and often continuing with greater or less severity for a considerable portion of the gestative period, is amongst the most common sympathetic actions excited by the pregnant state; and these symptoms, with their peculiarities and treatment, are familiar to most practitioners. So long as this condition is confined to the usual characteristics, it forms no part of this my present inquiry; but when violent, constant, and excessive retching, with a high degree of gastric irritability and acidity immediately after taking food or drink, or on assuming the upright position (most harassing and distressing to the patient from the frequency of the attacks and the debilitating and depressing influence of such affections) occur, then the question becomes one of serious importance to the medical attendant, and, in respect to the patient, not unfrequently terminating fatally from exhaustion before the gestative period is completed, unless saved by the induction of premature labour. It is, then, to such cases that I would now wish to direct the attention of the reader, and with as much brevity as the importance of the

subject will admit. Several cases are on record by Montgomery, Marshall Hall, Haighton, Davis, Johnson, and others, where the cases sank in spite of every and the best efforts to relieve, and where no apparent cause for death was discovered on examination, beyond the fact of mere starvation from the want of a sufficient amount of food being retained on the stomach, to produce the requisite portion of nutriment to the due support of the system; no trace of disease even in the slightest degree could be found.

I shall content myself by giving the particulars of three cases with widely different terminations, and attach to each a few observations that have suggested themselves during their progress.

CASE I. Mrs. M * * * * of R. Park, *ætat* 40, married at the age of 34, and soon after became pregnant, but aborted between the fourth and fifth months. This lady aborted five times in succession about the same period of gestation; at all events, before the fifth month was completed. She again became pregnant for the sixth time, when she was recommended to consult me, as the successful issue of pregnancy was a subject of considerable importance to the family, independent of the ordinary desire to have a living child. By great care, recumbent position, limited exercise, close attention to the state of the bowels, with an occasional opiate, when indicated by uterine excitement, I was able to controul the tendency to abort beyond the period at which it had usually occurred previously. Under these circumstances the case proceeded satisfactorily to the commencement of the seventh month, when a new feature presented itself in the case, consisting of violent, constant, and distressing vomiting immediately after taking any food or drink, accompanied with flatulency and eructations from the stomach, acidity, and extreme excitability and irritability. Every variety of food and drink was tried that could possibly be suggested, with the view of discovering something that might succeed in being retained on the stomach; recumbent position, little or no exercise, mild aperients, and opiates when necessary; antacids were freely and frequently prescribed, and in great variety, more particularly as the prevailing acidity of the stomach seemed to indicate the propriety of their use; but not the slightest advantage appeared to result from their application. Prussic acid, creasote, preparations of bismuth, opium, musk, liq. potassæ, iodid. potass., ice, and many other remedies were tried—in fact, the *materia medica* was ransacked from one end to the other for a successful remedy, but in vain; nothing appeared to give any respite from the constant and harassing symptoms. The only exception (and that was for a very brief space) was the common carbon. magnes. grs. vi, vel. viij, in as many fluid ounces of dill. water; a tablespoonful taken frequently. This remedy had been suggested to me by my friend Mr. Hunt, and had acted very well in some cases of excessive vomiting after ovari-

otomy; but in this case the relief was very transient, and it soon failed altogether. My patient now began to exhibit alarming symptoms of exhaustion, and I was not without my fears for the result. I could not avoid questioning myself as to whether I was not committing an unpardonable error in allowing the case to progress under such circumstances, and to such extremes, when I had at command the induction of premature labour, which in all probability would at once put an end to the case, by the most practicable and efficient means, and with every chance of recovery. Still, the earnestly expressed desire of both parents induced me to persevere a little longer: the operation was, therefore, deferred. Two or three more days were passed in unsuccessful applications, when I felt convinced something must be done, or my patient must sink. I, therefore, introduced my finger with the view of guiding an instrument to rupture the membranes and induce premature labour, when I found, on touching the os and cervix uteri, great tenderness and pain—so much so, that the slightest pressure almost instantly produced violent efforts of vomiting. At this discovery, it struck me as advisable, before inducing premature labour, to try the effect of lying quite prostrate on the back, with the head very low and hips considerably raised, and taking very small portions of food at considerable intervals, such as concentrated beef-tea, &c. By constantly enjoining this position, I found the disposition to vomit much less, and about twenty-four hours after small portions of food were retained. Encouraged by this success, and my patient having now reached the completion of the eighth month, I felt it my duty to advise a strict perseverance in maintaining this position, and so long as it was followed the sickness gradually abated, and ultimately entirely left; food was retained on the stomach, and my patient gradually gained strength. But up to the full gestative period (which she most fortunately accomplished), the slightest attempt to resume the upright position at any time, or even sitting up in bed, was almost immediately followed by violent retching and distressing vomiting. Thus, for the last month, my patient was kept almost constantly on her back, with her head low and hips raised; by which means the os and cervix were relieved from the pressure to which they had been subject in the upright position. Little or no medicine was given during this time; the acidity and flatulent eructations ceased altogether before the time of labour, which took place on the 26th of January, 1856, at the full period of gestation. She was safely and easily delivered of a male child. The process was perfectly natural, but the pains somewhat severe; there was, however, no peculiarity worth notice. She recovered rapidly, soon regained her usual strength, and ultimately did extremely well; indeed, few cases of so obstinate a character terminate as satisfactorily as this.

CASE 2. A lady, temporarily residing with a friend at Stockport, sent

for me under similar circumstances to those of case 1. Indeed so much so that I need not detail the particulars, except to state that the same tenderness existed at the os and cervix, but to a greater extreme, and the slightest pressure against either with the finger induced violent paroxysms of vomiting. As in the previous case every article of diet, drink, and medicine, was resorted to without the slightest advantage resulting from them. The position advised at the latter period of the last case was enforced, and it was found that when so placed, food could be taken, whilst in every other position it was immediately vomited up again; sometimes the vomiting would almost cease for three or four days, then return with redoubled violence. This case progressed with greater or less severity up to the completion of the seventh month, but without any apparent improvement. My friend Dr. Radford was now associated with me in the case, but though I had the benefit of his long experience, our joint endeavours to relieve signally failed. Premature labour was then considered the only chance, and was about to be accomplished when it occurred spontaneously, immediately after the completion of the seventh month; the foetus was a male, and slightly putrid; the exhausted condition of the patient at this time was very great, and though she appeared to rally for a short time, it was however only temporary, and in a few hours it was evident she was rapidly sinking: death took place on the second day after labour. A *post mortem* examination was instituted, but elicited nothing to account for as the cause of death, or the original symptoms which had characterised the case, though every part was examined most carefully by Dr. B. Harrison, in the presence of Dr. Radford and myself; the only circumstance deviating from the normal condition was, three or four small hard tumours within the texture of the uterine walls, the largest about the size of a common marble, situated near the fundus, and pendulating somewhat inwards, the rest were situated nearer to the middle portion of the walls and anteriorly; but there was nothing about these to account for the severe symptoms connected with this case, except that they might be an inducement for greater irritability of the uterine structure, and more so as the uterus became developed by the advance of pregnancy. This case married late in life.

CASE 3. Subsequently to the two cases just narrated, I was consulted by the medical attendant of a lady under very similar circumstances in almost every particular; and on the prominent fact being ascertained that the os and cervix uteri were extremely tender, and painful to the touch, causing the same disturbance and aggravation of symptoms as in the two former cases, I at once recommended four or five leeches to be applied, by means of a speculum, to the turgid os and cervix uteri; at the same time rigidly enforcing the position of lying on the back, as before described, with small portions of concentrated food

at long intervals. These applications, though very simple, had the desired effect of immediately relieving the distressing symptoms; and in a few days the lady was so much improved in every respect that she was anxious to resume the upright position, or at least to sit up in bed. This, however, I could not consent to (knowing the liability of such symptoms to relapse), without first ascertaining if any tenderness remained at the os and cervix. Finding, on examination, some tenderness still remaining, though pressure did not now excite vomiting, I advised four more leeches, and to continue the position a few days longer. This had the desired effect; and in about a fortnight from the first application of the leeches, she was entirely free from every distressing symptom, and pursued her household duties without any inconvenience. She progressed most favourably to the full period of gestation, at which time she was safely delivered: both mother and child ultimately did extremely well.

Observations. From the peculiarities presented in these cases we may derive considerable interest and valuable instruction, more particularly as they are such as are very likely to occur to any practitioner. I feel convinced that there is pretty generally, if not always, considerable congestive inflammation and great tenderness about the os and cervix uteri which are best treated by local bleeding at the seat of mischief. That the irritable state of the stomach is purely symptomatic of that condition of the os and cervix uteri (that is) in these obstinate cases of the latter months. That these cases differ widely from, and must not be confounded with, those of nausea and sickness of the early months, however severe; and where the stomach itself particularly, and in some measure the entire digestive functions are much deranged: and attention to the condition of the stomach will in most, if not in all cases, be remedied by medicine and diet. That diet or medicine have little or no effect in the severer cases above described, *in the latter months*; but that a position of the body calculated to relieve the os and cervix from pressure against the pelvic viscera, best accomplished by lying on the back with the hips raised and head low, with food in very small quantities given at long intervals. *Lastly*, and mainly, I rely on the application of a few leeches, applied through the speculum, direct to the os and cervix uteri, the seat of congestive inflammation, and consequently the cause of general irritation and sympathetic action of the stomach and its consequences. The leeches are to be repeated if any tenderness remains, and the position strictly observed until the symptoms are entirely conquered. I do not say that this plan would succeed in all cases; but where medicine and diet alone have done so little, means so simple and, I believe, so effective, should not be altogether lost sight of; more particularly because if I am right that the condition of the stomach is purely sympathetic of the congested state of the os and cervix uteri, it

is perfectly useless to trouble the patient with medicines, as they only add to instead of diminish the severity of the symptoms.

This peculiar condition of the os and cervix is not often noticed in the *post mortem* examination of cases ending fatally; and this because death is mostly preceded by premature labour, and the loss of blood consequent on that, alters the condition of the os so much as easily to escape detection. There are, I believe, some few cases recorded where another and very different peculiarity exists; that is, when the attacks of vomiting come on when the patient is laid down, consequently most frequently in bed: such a condition is, however, extremely rare, and could not arise from any congestion of the os and cervix, but probably from some partial congestion of the uterine structure at or near the fundus uteri. I had a case or two some years ago of this description which had this character, as no tenderness was discovered at the os, but great pain and tenderness were found on the slightest pressure on the fundus uteri, accompanied by an aggravation of symptoms whenever the test of pressure was applied: these cases were soon relieved by stupes of warm turpentine and water, and the loss of a few ounces of blood from the arm.

The cases here recorded serve to show the obstinate character of the malady; that little relief is to be expected from medicine or diet; that the seat of mischief is not, as it has generally been conceived, at the stomach, but at the os and cervix; the stomach merely acting sympathetically, whilst the condition of uterine structure at the os is that of congestive inflammation.

If my views are correct they are sufficiently explanatory why so little good has ever been effected by medicine in these obstinate cases; and also explain the fact of no apparent cause discoverable after death to account for the severe symptoms during life beyond the sinking from mere starvation. In such cases nature herself seems to me to indicate the seat of mischief, and suggests the proper remedy by exciting the stomach to sympathetic action, *that very act alone* controuling in some measure the progress of the inflammatory attack, and preventing the local from becoming general inflammation; and lastly by premature labour occurring spontaneously, *if not artificially* induced.

The treatment of such cases has hitherto been so contradictory and unsatisfactory as to justify the opinion that the real cause has not been sufficiently attended to, consequently there can be no impropriety in directing attention to a plan of procedure that is apparently based on reasonable grounds. The cases related were similar in all their leading features, and the treatment of the last would in all probability have succeeded in the fatal case if adopted in sufficient time; local bleeding suggests itself to me as the most probable means of relief we have at command, but that must be assisted by causing as little pressure on the

part suffering from congestive inflammation as possible, and this can only be done by lying on the back as directed, and keeping the stomach as empty as possible for a considerable time. General bleeding cannot be so effective as when the congested part can be reached directly by leeches, but in cases where some other portion of the uterine structure suffers, and which cannot be so reached then, general bleeding must be resorted to. Drastic, particularly aloetic purges, are inadmissible, and rather increase than lessen the mischief.

I give these observations and cases in the hope of eliciting information from others. My mode of treatment is embodied in the third case, and if it is found to be based on sound principles and proves to be the means of saving life, I shall feel amply gratified.

Piccadilly, Manchester.