

FACTS & OBSERVATIONS ILLUSTRATIVE OF THE
NATURE & TREATMENT
OF
THE DISEASES OF WOMEN,
WITH REMARKS ON SOME
SUBJECTS CONNECTED WITH MIDWIFERY.

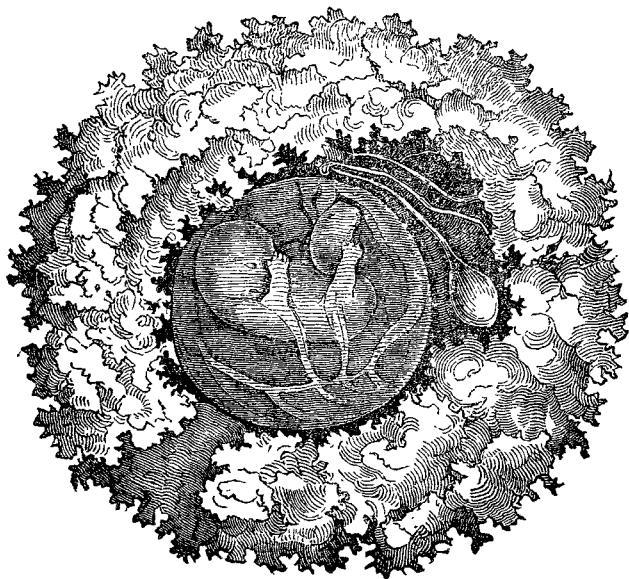
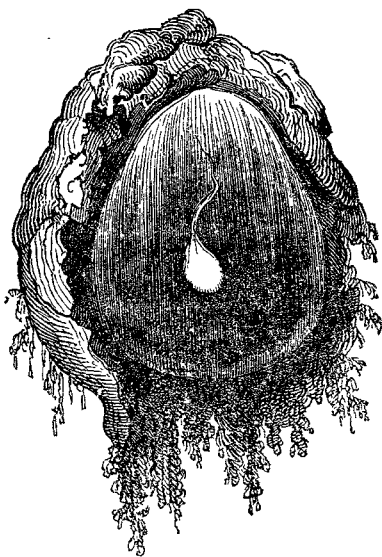
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(Continued from page 339, vol. ii. 1844.)

ABORTION.

MANY years ago, in examining an ovum which was expelled from the uterus at a very early period of utero-gestation, after having washed away a considerable quantity of coagulated blood, and removed some membranes, I exposed a membranous bag, transparent throughout, with the exception of a white, opaque, pyriform spot, the largest part of which, in diameter, was about that of a small split pea. The fluid contained in this membranous sac was also transparent, and, upon the most careful inspection, I could find no embryo floating in it. I supposed this white spot to be a morbid condition of the umbilical vesicle—an organ, according to the opinion of M. Velpeau, important to the vitality and growth of the embryo at this early period of intra-uterine existence, the diseased condition of which must, of necessity, more or less affect its vitality, and in many instances utterly destroy it.

About this time, I happened to meet Dr. Hodgkin, and mentioned the fact to him; he said he had observed the same thing, and entertained the same opinion respecting it—viz., that the white spot was a diseased condition of the umbilical vesicle. I have

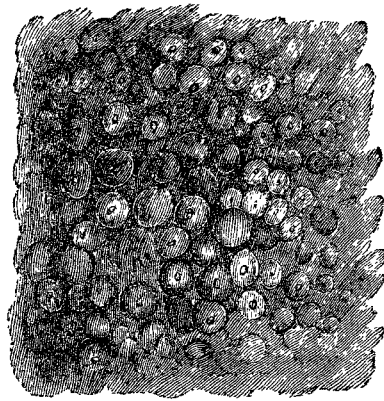


seen several cases of the same kind since, and in all, the ova were expelled at too early a period of utero-gestation for this state of the umbilical vesicle to be considered its normal condition, as it has been observed by M. Velpeau, perhaps the best authority upon this subject. "Il est probable qu'elle acquiert ses plus grandes dimensions dans le courant de la troisième ou de la quatrième

semaine," (page 162;) and it is farther observed, by the same author: "Quelquefois on ne la trouve plus dès le troisième mois tandis que dans d'autres circonstances on la rencontre encore sur des produits de quatre, cinque, et six mois." (Page 163.) The smaller and upper annexed cut exactly represents this affection—the white opaque spot. This was taken from a rough sketch, drawn from an ovum immediately after its expulsion. The other, the lower one, is copied from one of Dr. Seiler's plates, and is stated by him to represent an entire ovum at the eighth week of pregnancy, taken from the uterus of a strong and healthy woman, aged twenty-two, who hanged herself.—*Die Gebärmutter und das Ei des menschen in den ersten Schwangerschaftsmonaten.* (Table 10.)

After having examined, carefully, three or four ova of this kind, expelled at a very early period of utero-gestation, I began to consider this morbid condition of the umbilical vesicle as the cause of the death of the embryo, and the consequent expulsion of the ovum; and I find this opinion receives support from M. Velpeau himself, for, in speaking of the diseases of the ovum as a cause of abortion, he observes—"Tantot c'est sur la vesicule ombilicale ou son conduit, ou sur le sac allantoïdien que porte d'abord la maladie." (Page 211.)

Whether we look upon this state of the umbilical vesicle as a morbid condition, a cause of the death of the embryo, and consequent expulsion of the ovum; or view it as a normal change taking place prior to its final disappearance, the fact is important in a diagnostic point of view; it may assist us in distinguishing cases of early aborted ova without an embryo, from the false membranes sometimes expelled in cases of dysmenorrhœa; this does not lessen the value of Dr. Montgomery's most useful practical remarks in these cases, deduced from his investigation and description of the deciduous membrane, a representation of which I have given in the annexed cut, copied from Dr. Montgomery's plate.—*An Exposition of the Signs and Symptoms of Pregnancy*, p. 133.



I am not aware that any one has taken this view of the subject, the importance of which will, I think, be readily admitted, when it is considered, that to mistake the membrane produced in dysmenorrhœa for an early ovum, might destroy the character of an unmarried virtuous young woman; and the opposite mistake might involve the happiness of a married one; for it has been considered by men of talent and experience, that women who have expelled this membrane do not bear children; and as a general observation, this may be said to be true, but there are some exceptions. Morgagni has related the case of a lady, who, while absent from her husband for several months, expelled these membranes, but conceived upon returning to her husband's bed. (Epist. xlviii. art. 12.) And I have seen a case, in which a lady, previous to marriage, had suffered severely with dysmenorrhœa, and frequently expelled such membranes, but when she married, the painful state of menstruation left her, and she became the mother of a family.

It is a curious fact, mentioned by M. Velpeau, that abortion has been known to have been epidemic, and he has mentioned several periods at which it has occurred in this form: the more recent periods are, 1811, 1816, and 1821.

An occurrence not less extraordinary, and which, it would seem, would have exerted not less influence, although in an opposite way, in the population of Europe, is mentioned by Hecker, in his account of the "Black Death." He observes: "After the cessation of the black plague, a greater fecundity in women was everywhere remarkable; a grand phenomenon, which, from its recurrence after every destructive pestilence, proves to conviction, if any occurrence can do so, the prevalence of a higher power in the direction of general organic life. Marriages were, almost without exception, prolific, and double and treble births were more frequent than at other times."—*Dr. Babington's Translation*, p. 31.

If the ovum be expelled before the sixth month from the commencement of pregnancy, the process is called abortion; but if after that period, and before the completion of the ninth month, it is called premature labour. Dr. Granville has stated abortion to be the premature extrusion of the ovum before the foetus is capable of maintaining life independent of the parent; if it is so capable, it is premature labour, and not abortion. Before the sixth month, it is difficult, and sometimes impossible, to render manual assistance for the extraction of the foetus, and it is very uncommon for women to die with uterine hæmorrhage before this period. I never saw an instance of it. But after this period women frequently die with uterine hæmorrhage, and artificial delivery can be much more readily effected.

Abortions may be divided into three classes—1st, those occurring from premature action of the uterus; 2nd, those occurring from partial or complete detachment of the ovum; 3rd, those which take place in consequence of the death of the foetus, or imperfect development of it or of other parts constituting the ovum.

Premature action of the uterus may be the effect of constitutional or local causes; the latter may be an affection of the uterus itself, or of some of the neighbouring organs.

Undoubtedly, many constitutional affections tend to produce abortion, but not always, by first effecting the death of the embryo or foetus. A female may acquire the habit of aborting, and to this kind of abortion, which has been called spontaneous abortion, the weakly, nervous, and hysterical, are the most liable, and in such constitutions abortion is often preceded by diarrhœa. The two best remedies are, opium and the recumbent position. But this kind of abortion is not confined to the weakly and hysterical, the healthy and robust are also liable to it, and in such constitutions it most frequently takes place at the accustomed catamenial periods; and in cases of this kind, the best remedies to prevent its occurrence are, the recumbent position, and such means as will have a tendency to lessen vascular action in the uterus, exciting the action of some other organ, especially the mammæ, or bleeding in the early months at each catamenial period. (Case 1.) I am indebted to my esteemed friend, Dr. Marshall Hall, for the following anecdote:—Dr. Gregory was consulted, in the town of Ayr, in the case of a lady who had repeatedly miscarried, with dreadful hæmorrhage, in spite of every remedial means which could be devised by the first medical authorities in Scotland. Dr. Gregory saw the patient on one of these occasions; he prescribed for the hæmorrhage; and when this had been arrested, and the patient had sufficiently recovered, he examined the state of the mammæ, found them distended with milk, and directed a lusty infant to be applied, and nursed for nine months. The lady became pregnant, the mother of a living child, and ultimately of a numerous family, her labours being unattended by hæmorrhage.

The local causes producing premature action of the uterus may be affections of the uterus itself, many of the diseases to which this organ is liable, as well as its displacements, especially prolapsus uteri. I have related two cases of the kind in my paper on Prolapsus Uteri, in a former number of this widely-circulated journal; such adhesions to the adjacent parts as impede the proper development of the pregnant uterus, and certain drugs which are said to act immediately upon the uterus, especially the secale cornutum; and mechanical means, also, which are sometimes criminally resorted to.

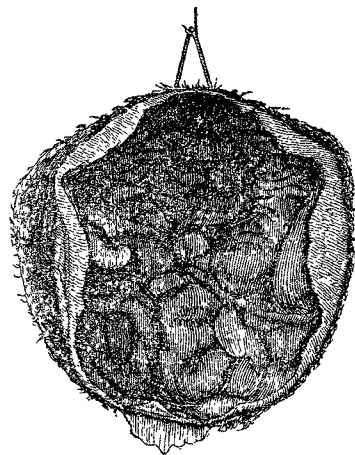
Any irritation in the neighbouring organs may be communicated to the uterus, and thus become the cause of its premature action to expel the ovum, ascarides in the rectum, hæmorrhoids, hardened fæces, diarrhœa, tenesmus, or any disease of this part; any irritation of the bladder by stone, inflammation, or any other cause; or violent medicines, which especially act upon the rectum, large doses of drastic purgatives especially.

Those abortions which belong to the second class, such as take place from a partial or complete detachment of the ovum, may arise from shocks, violent coughing, or a blow. As it is not unusual for several days to intervene between the application of the cause and the appearance of the hæmorrhage, which indicates a partial or complete separation of the ovum, we cannot, in every instance, detect it. It is surprising what physical violence, in some instances of pregnancy, may be applied, without producing the expulsion of the ovum. Mauriceau has related the case of a woman, seven months advanced in her pregnancy, who, in order to escape from a fire, allowed herself to slip down by a sheet from a third story. She was soon seized with fear, and let go her hold. She fell upon the stones, and fractured her fore-arm, but pregnancy was not disturbed by it. Madame Lachapelle has mentioned the case of a young girl who had a contracted pelvis, and who threw herself from the top to the bottom of a cellar staircase, in order to cause abortion, that she might escape the Cæsarian section. She died in consequence of her wounds, but it did not produce abortion.

M. Velpeau observes, "As fruit which is withered before it is completely developed becomes separated, and, upon the least shock, falls from the branch, so does the foetus or embryo, when blighted, and its life has ceased, become detached, and soon expelled from the uterus."—*Traité complet de l'Art des Accouchements*, p. 211.

The death of the foetus gives rise to the third class of abortions, from disease, or want of proper development of the various parts constituting the ovum, the membranes, the placenta, the funis, and in the early periods of utero-gestation, from a morbid condition of the umbilical vesicle.

The decidua may be morbidly affected; the chorion may become thickened, opaque, and, on its internal surface, rough, and uneven; at its external part, the villi may become swollen and enlarged, giving rise, according to M. Velpeau, to "clustered hydatids." The amnion, also, is liable to undergo morbid changes, and there is an affection of this membrane described by M. Breschet, which is very well represented by the accompanying woodcut, taken from a preparation in my possession.



The umbilical vesicle undergoes morbid changes, to which I have before alluded.

Certain morbid alterations in the umbilical cord will, occasionally, be found to have destroyed the foetus. Sometimes the placenta is irregularly developed, and it is obnoxious to all kinds of disorganization; it is occasionally found softened to such an extent, that it will not bear handling without being broken; sometimes it is much firmer than in its natural state; in some instances a considerable quantity of calcareous matter is found on its maternal surface, and when the patient has completed the full period of utero-gestation, the separation and expulsion of the placenta has been attended with profuse hæmorrhage. Sometimes coagulable lymph is thrown out between the placenta and the uterus, causing morbid adhesion to the uterus. Portions of the placenta, too, are frequently converted into hard masses of a yellowish-white colour; when a small portion of the placenta undergoes this change, no perceptible influence upon the foetus takes place, but when this morbid change of structure occurs to a considerable extent, it retards the growth, and eventually destroys the life, of the foetus; so that a dead foetus, not in the least degree decomposed, expelled at the seventh or eighth month of pregnancy, may not be larger than one at five or six months; the foetus may, under these circumstances, have derived materials sufficient to preserve its vitality almost to the moment of its expulsion, though not adequate to continue its growth. (Case 1.)

In some rare instances, the foetus and funis umbilicalis have been expelled in a putrid state, whilst the placenta has appeared fresh, and liquid blood can be pressed from it. I have seen only one instance of this kind. Just as I had written these lines, my intelligent friend, Mr. Humby, reminded me of another which I had seen with him and Mr. York, the gentleman with whom he is in partnership. (Case 2.) An explanation of this fact, I think, can be found only in the supposition, that this organ receives nutrient vessels from the uterus; as regards their function, analogous to the bronchial and coronary vessels, but quite independent of the placento-foetal circulation, and, like those vessels of the lungs and heart, having for their office only the support and nourishment of the organ which they supply. That the placenta must have derived its materials of vitality, at least in this case, from the uterus, seems to me evident. Dr. Marshall Hall suggested to me that the placenta might derive its nutrition by the process of *endosmose* and *exosmose*.

The head, the chest, the abdomen, and almost every organ of the foetus, have been observed to be the seat of disease, acute as well as chronic; and sometimes to have proved fatal to the foetus in utero. And many diseases of the mother, too, are

known occasionally to destroy the life of the fœtus, and, consequently, cause abortion or premature labour. Fevers, especially typhus; the exanthemata, as small-pox, scarlet fever, measles, &c.; cholera; erysipelas; and syphilis. In these cases the fœtus does not always die before its expulsion, (Case 3,) although this is generally the case.

In some cases of syphilis, even where the process of abortion seems actually to have commenced, indicated by the presence of recurrent pains and hæmorrhage, it has been arrested by a mercurial plan of treatment and the reclined position, and the patient has completed the full period of utero-gestation, and brought forth a healthy infant. (Case 4.)

Manchester-square, March, 1845.

A PRACTICAL HISTORY OF INFLAMMATION, ULCERATION, & INDURATION OF THE NECK OF THE UTERUS.

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PART II.

(Continued from page 289.)

Cases illustrative of the more severe forms of inflammatory ulceration and induration of the cervix, in women who have borne children, or are pregnant.

CASE 8.—*Disease severe, the result of abortion; cure incomplete.*—Fanny Mercier, aged twenty-seven, applied for advice at the Hospital St. Louis, the 1st of July, 1843, and was admitted. Of robust constitution, her health had always been good, and she had menstruated regularly from the age of fifteen. She had a full-grown child at four and twenty, and recovered easily from the labour. About ten months ago she miscarried at three months. The abortion was caused by a journey, and was followed by flooding, which lasted six weeks. A month after the cessation of the flooding, the menstrua returned, but were attended by great pain. She experienced great hypogastric and lumbar pains from the time of this miscarriage, and these sensations gradually increased, each menstrual period becoming more and more painful. Her general health completely failing, she determined on entering the hospital. On admission, she was found to present the following symptoms:—Considerable emaciation; great general debility; abundant leucorrhœa; great pain in the lumbar and hypogastric regions; sensation of pelvic weight and bearing down; pain in making water; also slight uterine pain on evacuation of fœces; cardialgia. Toucher: cervix low down, near the vulva, turned rather backwards, very voluminous, hard, insensible to pressure; the general induration of the cervix does not sensibly extend to the uterus; lips open, hard, but presenting a velvety sensation; increased heat. Speculum: mucous membrane of vagina injected, especially in the superior region; cervix very large, can scarcely be admitted into the largest-sized speculum; of a livid red colour, and presenting an ulceration larger than half-a-crown. This ulceration is covered with fungous bleeding granulations. The mucus between the lips of the os uteri is purulent, but it evidently does not come from the uterine cavity. Treatment: at first emollient, and then astringent, injections; general baths; cauterization once a week with the acid nitrate of mercury; rest, in an horizontal position; very light diet.—Under the influence of this treatment, the inflammatory symptoms gradually diminished, the ulceration began to cicatrize, and the general health rapidly improved. On the 28th, the ulceration was nearly healed. The hypertrophy of the cervix had diminished by half; the leucorrhœal discharge had nearly ceased; and the pains in the loins and hypogastric region were scarcely felt; the cervix had nearly regained its normal position in the pelvis. Same treatment. On the 1st of July, she was made to work, for one day, by the sister of charity of the ward, and the bearing down and lumbar pains returned. Work of any kind was forbidden. On the 15th of July, the ulceration was quite healed, and the mucous membrane of the cervix had nearly regained its natural colour; the cervix itself, however, was still rather voluminous and indurated, and when she walked she felt heaviness and slight lumbar pain. The leucorrhœa had quite disappeared, and the general health was tolerably good. She wished to leave, and was allowed to do so.

In this case, we see the disease beginning with the abortion, and its symptoms gradually increasing for ten months, until the health began to fail. The inflammatory hypertrophy of the cervix had then become chronic, confirmed, and we consequently see that the treatment which cured the ulceration was only

partially successful in reducing the general induration of that organ. It persisted, indeed, to a certain extent, when she left the hospital, and was destined, in all probability, to bring back the ulceration, to occasion prolapsus, retroversion of the neck,—in a word, to perpetuate uterine disease until more effectually cured.

CASE 9.—*Disease severe; cause, abortion; general health much impaired; cure imperfect.*—Rosalie Allar, aged thirty-two, applied for advice at the Hospital St. Louis, on the 27th of May, 1843, and was admitted. Of rather weak constitution, she has nevertheless always enjoyed good health until within the last year. Was menstruated at thirteen, and has always been so regularly, unless pregnant. Has had three full-grown children; labours easy. Within the last year has had two abortions, one at four months, the other at five. In each instance the miscarriage was occasioned by a fall, which was followed by flooding for a month or six weeks previous to abortion. The last took place in January. She was afterwards obliged to remain in her room during two months, owing to excessive weakness; she suffered much, at the same time, from pains in the loins and hypogastrium. The menstrua did not return until three months after, were accompanied by very severe uterine pain, and did not last more than a few hours. They again appeared, but in the same manner, at the beginning of the present month, (May.) On admission, she presented the following symptoms:—Complexion rather pale and sallow; considerable emaciation; extreme debility; continued cephalalgia and vertigo; palpitations; cardialgia; tongue loaded; appetite bad; bowels constipated; great pain in hypogastrium and loins; sensation of pelvic heaviness and bearing down; great leucorrhœal discharge. Has been very low, irritable, and nervous; has fainted repeatedly of late, under the influence of slight mental impression. Toucher: cervix low down, turned towards rectum, voluminous, indurated in its entire extent; the induration passes on slightly to the body of the uterus; the surface of the cervix around the os feels fungous. Speculum: mucous membrane of the lower part of vagina natural; of upper portion and of cervix, vividly injected; ulceration as large as a half-crown around the os, covered with fungous granulations, which bleed freely even without being touched; abundant mucoso-purulent secretion tinged with blood. Treatment: astringent injections; baths; cauterization once a week; rest in the horizontal position; light diet.—For the first ten days but little relief was experienced, all the symptoms, local and general, then began rapidly to diminish in intensity, and the health to improve. She was seized, at different periods, with slight hysterical symptoms and diarrhœa, which, however, soon gave way under the influence of appropriate remedies. On the 27th of July, the ulceration was nearly entirely healed, and the mucous membrane covering the cervix, as also that of the vagina, had recovered its natural colour; but the general induration of the cervix, although the organ was much reduced in size, still persisted. The cervix was hard, resistant, more voluminous than natural, and retroverted. There was scarcely any mucoso-purulent secretion, and scarcely any pain in the lumbar or hypogastric regions. The general health was satisfactory, but not quite restored. She left the hospital in this state by her own wish.

The origin of the disease from abortion was here very evident. As in the previous case, we see the chronic induration of the neck resisting the means adopted to cure the ulceration, (owing to these means not being sufficiently energetic,) and remaining to perpetuate the disease at a future period. Although the disease was of less duration than in Mercier, it had made more impression on the general health, owing partly to the weak nervous constitution of the patient. The cure was still more incomplete than with the former patient. In all probability a few months of social life would bring her again nearly into the same state as when she entered St. Louis.

CASE 10.—*Disease very severe; cause, abortion; cervix deeply fissured; general health very much impaired.*—Elizabeth Droot, aged 35, entered the Hospital Saint Louis on the 1st of June, 1843. Of a naturally robust constitution, she has never had any important illness, except the present. Married at seventeen; she has since had eleven children, without a miscarriage. Her labours were always easy, and she soon recovered. Last November her husband died; she was then in the seventh month of her twelfth pregnancy. The following month she had a dispute with her husband's relations, and was beaten until she lost consciousness. Abundant flooding followed, and lasted five days, when she was forcibly delivered, with the forceps, of a dead child. She was obliged to remain in bed for a month, and was even then for many weeks scarcely able to sit up, and has remained very ill ever since. In April, the menstrua returned, but with flooding, which lasted twenty-two days. On admission, she presented the following symptoms:—Extreme emaciation; features drawn and