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, gave birth 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 fetal limbs could be felt. Cold was applied to the vulva, and ergot with digitalis prescribed. About four hours after the fetus was expelled. Ergot was again given to assist the expulsion of the placenta, but after two hours, during which the hemorrhage 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 hemorrhage, though slight, was constant. I insisted on giving chloroform and exploring the uterus, but she objected. Latterly she was assisted with difficulty. The band was passed into the vagina, as recommended by Dr. Barnes,* and the finger swirled the uterus 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, and had apparent cause. Os uteri and horizontal were prescribed with temporary success. On the third day after, hemorrhage returned greatly increased, with severe bearing-down pain. Os uteri was visited, and found the fetus lying among a mass of oozing. I swabbed in vain for the placenta. The os admitted the point of the finger, but the stoma was too high to be explored satisfactorily. I took the usual precaution to abort hemorrhage, and administered ergot repeatedly. In twenty-four hours the exjuet had escaped, accompanied several times in the intervals with a gush of blood. Feeling the placenta dilating the os, and seeing the patient in a state of exhaustion, I introduced my left hand into the vagina with compressive ease, and feeling the uterus above the pubis with the right, I seized it with the fingers from the placenta, and instantly brought away the mass entire. She made a good recovery.

Case 3.—Mrs. D.—aged twenty-six, in tenth week, first abortion, first pregnancy, six months married, had been doing in an extra cleaning, and was attacked with slight hemorrhage and bearing-down pain. She continued to work till compelled to desist from increase of hemorrhage and pain. Os closed, cervix remarkably elongated, from which the probability of averting the impending danger was inferred. I prescribed Bailey's solution, with digitalis, salicylic acid, light diet, horizontal posture, abstemious from fermented liquors, and sold to the patient. The following the ovum was shown me entire, and ergot had 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. M.—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 hemorrhage. Four hours after I found the ovum unruptured lying in the vessel. The patient was extremely sorry at having been so careless of the dangers she involved herself in, and was painting abnormally backwards and to the right. After repeated instructions I managed to introduce the sound. The uterus was flexed from the fundus lying in the left sacro-iliac synchondrosis. On the least rotation of the sound unbearable pain was produced. She was subjected to 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, severe pre-eclampsia, had an oozing of blood for nine days, and greatly increased, accompanied with violent bearing-down pains. I found her very weak. She said it was a miscarriage, and handed me a fetus about nine inches long, and a bit of paper. I examined the clot, bled the patient, and after finding the placenta, and nothing protruding from it, I prescribed ergot, digitalis, and salicylic acid, rest, light diet, and left her comfortable. Next day she felt perfectly well; a vaginal examination showed only a slight sanguineous discharge and tenderness 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 fainted. She still closed. Having stanching the hemorrhage by lying the vagina with sponge wet with vinegar, as recommended by Dr. Barnes, took another course of hormones. Next day I left. Two hours after she had lost no more blood, but was extremely weak, with a diastole 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 with a cold sponge gave a more simple enema, and retired to the adjoining room. In about five minutes I was called, and found the placenta expelled entire with the ovum, but no fetal matter. Recovery was rapid.

Case 6.—Mrs. P.—aged twenty-four, in third month, first abortion, first pregnancy, had been losing blood for two days, accompanied with severe pain. I was shown "something that had come away"—part of the fetal involucrum. I prescribed rest, ergot, sulphuric acid, and digitalis. The hemorrhage was trifling. Next day she had a slight attack of vertigo, the lochia becoming more, which was allowed by giving peans, and the abdomen, with vaginal injections of an azequous 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; blapped the trilling. She was kept in the horizontal posture, and landau, digitalis, and salicylic acid given. The hemorrhage ceased in two days, and she was going about in a week. Two months after she lost about six ounces of blood per vaginalum. It began while using a light wooden stool. The gardan plan was used. The last mixture was again prescribed, and the utmost quietness enjoined. In four days the hemorrhage ceased; in two weeks she was going about. Latterly has had a living, mature male child, and the presentation.

Case 7.—Mrs. P.—aged thirty, in fifth month, second abortion, fifth pregnancy, attributed her mischance to prolonged grief. I found her nearly pulseless from loss of blood, while a male fetus about twelve inches long, with the head and placenta attached, lay among the hemorrhages. She was placed in the horizontal posture, but was unable to urinate, the abdomens, the vagina stuffed with sponge soaked in a weak solution of potassium nitrate, and dried with ergot given. As the bleeding ceased she was unable to urinate, and was put under chloroform on the third day, and the uterus explored. The os was open and patulous, but except one or

two small clots, nothing was found in its cavity. Next day, the
nephraxis being still largely stained with blood, I in-
truded an elastic catheter, with the opening at the 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
subsided. The first attempt at dilo went for naught, but a sudden
felling 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 was eventually recovered.

Case 11.—Mrs. C., aged twenty-eight, very anemic.

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
headache and vomitings. The attempt at dilo was
fruitless. The uterus was found somewhat retroflexed,
and measuring three inches and a half, the cao open, and its
labia tenuis. The uterine malposition was comparatively
easily adjusted, though causing some pain. The organ
apparently contained no adhesions of membrane nor clots, nor
was the discharge fetid. She was advised to keep her bed,
use cold antiseptic injections, take chiefly albuminuous diet,
also milk, wine, stean, and quinine. In about three days
the bleeding completely ceased, and in a fortnight she was as
strong as a horse.

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
undergo another mole abortion. On arriving home she had
hemorrhage, shivering, felt sickly, also bearing-down pains
with backache. I found the os closed, but feared, from her
operative discharge, another miscarriage. Stimulants were
prohibited, a light diet ordered, with rest and quietness in
the horizontal posture, and solution of opium with digitales
prescribed, and a successful result ensued, and in the next
week she ceased visiting. In two days I was called, when the
ovum entirely 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 phosphates of iron, with a regular
allowance of light dry cherry.

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 normal delivery. She was confined some days, but was much
edema 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 four years. The child, a boy, 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 entirely, newly cast off. The
hemorrhage ceased, and the slight sense of being
atrocious of the body, and compound ippecuanha powder, with
hot applications to the abdomen, and washing out the vagina
with water acidulated with KOI; otherwise she made a good
recovery.

Case 10.—Mrs. McC., aged twenty-eight, in the fifth
month, first abortion, fourth pregnancy. When in her fourth
month she had an egress of blood from the vagina, with
bearing-down pains—she apparent result of a long walk.
She was given a dose of ergot in bed and also was given
successively. 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
cold had inflammatory division, causing her much anxiety
and extra trouble. After being well she took to a daily
eating, in direct opposition to my emphatic instructions
and also those of her husband. The same night uterine
contractions began. I found little hemorrhage; the tone
prolapsed and pulseless. The presentation was foetal;
the lower half of the fetal body lay in the vagina; the
upper was grasped by the uterus. Tract to the limb
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 fetus was expelled. A large
lobe of ergot was given to assist in the expulsion of the
placenta; the effect was again nil. On 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 uterine over the tubes, I made slight traction on
the cord with the right hand, and succeeded 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
felt well, slept soundly, and was pulseless; but I was getting
anxious. Chloroform was given, and with the left
hand in the vagina and the right on the uterus over the
veins, 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 anesthesia 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 minutes of sedatives solution of opium were given.
The os admitted the finger, and the fetal ovum 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 lessen the hemorrhage, while the opium
produced great less. About three hours after she bowels
induced to move, she insisted on getting up, and fainted.
On my arrival she was recovering, but blanched and nearly
dazeless. Brandy had just been given, by which, with the
horizontal posture, she revived. The membranes were now
protruding, the hemorrhage had ceased, and the pain was
nearly gone. After waiting about an hour, her condition
remaining the same, ergot with borax was given, and,
asisted 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 continued)
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By JOHN DOUGALL, M.D. GLENSO.

(Concluded from page 988.)

Case 12.—Mrs. E., aged twenty-four, in third month, second abortion, second pregnancy, on a journey from London to Glasgow by railway, came 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, polyploric pulse, eructating lips, and anaemic features. An ounce of brandy was at once given, the shoul-
derers lowered, and the pelvis raised. The os was slightly open, and what seemed a portion of ruptured ovum involuc-
ous hanging from it. As she was still bleeding, the vagina was stuffed with sponge wet with a solution of tincture of per-
chloride of iron, and warmth applied to the feet. She
began to revive, but being too weak to bear any attempts at extracing 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 weakened several times by uterine pains. On
withdrawing the plug it was followed by several large clots and fresh hemorrhage. A cold astringent lotion was in-
jected. The os was somewhat open, but no projecting body felt. The plug was again used successfully, and the ex-
tractions repeated. On the third day the plug was taken out, and the embryo or membranes were seen. That night the plug was once more removed, but had to be replaced. Next day I proposed to give chloride of iron; and explore the uteri, but patient and husband objected. Ergot, strychnine, and steel were prescribed, and for nearly a week the treatment was merely a repetition of the foregoing. Latterly the hemor-
rhage so lessened that the plug could be dispensed with.
Astringent injections were continued for some days, when the discharge gradually assumed a lochial character, and was ultimately cast. Cleanliness was scrupulously preserved. Sos 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 pernicious state from loss of blood, her features sunk and blanched, her extremities cold and pale; and a pulse 
a arterioso aceto. 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 walk till ame were procured. In the interval the patient lay under the bed, the hand and placed beneath the pelvis, and cold applied to the vulvas 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. Righ-ter to this, we permitted the patient to be seated, and a sul-
charious contraction caused by the musculature and weakly flexor of the head, more likely from both, the hemorrhage had spontaneously ceased before my arrival, or was easily arrested by the means stated. In a short time the radial and pulse beats could be detected—covering fingers, and she answered one or two questions in monosyllables. A mixture of egg and bran was now given in small and fre-
quent doses, and in an hour after she was much improved; pulse 80. A vaginal examination showed the os to be much dilated, and a sound 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 attended with nausea, and had a profuse moist
vulval discharge, 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. In tall and heavy,
but lean of fibre, anxious, and weak. The night previous she
had been doing some extra housework, though suffering from diarreoh. I found her in bed, with the body of a dead female foetus protruding from the vagina. The liberation of the head was only attempted to complete the task, and was easily done, previous to which I gave ergot and borax in emmenian water. The placenta came away easily, followed by considerable hemorrhage. She proceeded favourably till the sixteenth day, when pain commenced in the right inguinal region, with increased swelling and stiffness of the corresponding leg (her limbs were amnecious previously), thirst, and headache—symptoms indicative of pleurisy, though it was kept in the horizontal position, with the affected limb raised, four leeches were applied to the most painful part, hot fomentations, liniments, and dry friction used, with, milk, wine, raw infusion of muscne, and chicken soup ordered, and a mixture of salm, strychnin, and ergot taken. Under this treatment she improved, and rose out of bed in three weeks. She then stayed two months in Aran. 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 benefited.

Case 15.—Mrs. C., aged thirty-six, in third month, first abortion, first pregnancy, married two years and a half, first consulted me in regard to general debility and menstruation. She was much improved by a course of tonics and
mild injections. Soon after she had a large uterine ob-
scen, which discharged copiously and reduced her health considerably. She then had, as in ano, and was operated on. After this she was put on steel and cold-water oil, by which she was on flesh and seemed to stop the oil and continue to take buns minimus of tincture of perchloride of iron twice daily. About eight weeks after-
wards 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 in a low patient from two years, by which time turning-down. "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. Opiu, digitalis, and sulphur acid were prescribed, with lighted, the horizontal posture, and quinine. This treatment seemed successful, but the day the pain and bleeding re-
commenced, and a bag of pus came away, she showed pain. Ergot was given, and, after four hour's severe suffering, the ovum was shed entire. She made a good recovery. The distula was unhealed four months afterwards.

Case 16.—Mrs. B., aged thirty-five, in fifth month, first abortion, fifth pregnancy. The previous evening the fell
in a chair while adjusting some clothes on a rope. I
found her on the verge of syncope from loss of blood and great pain. On examination the membranes were found entire and beginning to push the uterine muscles. They were not once ruptured, as the shrinking down, and immediately the fetus was expelled by the breech. Ergot was given, and, in five minutes the placenta was easily re-
moved, hemorrhage, and pain quickly ceasing. Patient was up in a week.

Notes.

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

The removal of a retained ovum or placenta is effected in three ways: (a) by the giving of substances which stimu-
late the uterine to contract; (b) by the evulsion 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 the contents. In Case 1 show that the ovum was removed without ever effect ergot or borax had in lessening hemorrhage, they had little if any in causing uterine contractions. (b) The use of the ovum forceps, were crooked, etc., for dragging away the ovum or placenta in general and justly condemned. It was also in Case 2 that the placenta was adhered, and uterine stimulants failed, although no other procedure could have resulted so satisfactorily.

2. There is a strong presumption that the cause of abortion in Cases 1, 2, 10 show that the placenta may be retained a considerable time without danger, also the successive attend-
ing the removal by the same bottle. In Case 16 where the placenta was adherent, and uterine stimulants failed, obviously no other procedure could have resulted so satisfactorily.

* Dr. B. Midway, p. 96.
he 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 in labour is absolutely harmless.” These remarks applied to healthy persons.

Glasgow.