

TREATMENT OF ABORTION.

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I shall include under abortion the early expulsion of the ovum, *i.e.*, during the second to the fourth month of pregnancy, without any further discussion of the terms abortion, miscarriage, and premature delivery; and, in my remarks on treatment, I shall say nothing as to prophylaxis, but refer only to cases in which we have decided that abortion is inevitable. I wish particularly to compare the two ordinary methods of treatment, which have been designated the expectant and radical methods.

In the expectant plan there is no active interference. The expulsion of the contents of the uterus is left to nature, the patient in the meantime being kept quiet in bed, while ergot, or something of the kind, is being administered. Experience proves that in the great majority of cases such treatment is effective to a certain extent, *i.e.*, in time the products of conception are expelled. In many cases women call in no physician, but after enduring pains, and suffering considerable hemorrhage, the uterus is emptied, and recovery more or less complete ensues.

It will probably be pretty generally admitted, even by those who practise this manner of treatment, that grave dangers exist during this process when at all protracted. The immediate dangers are hemorrhage, sepsis, and inflammations; while among the more remote are secondary hemorrhages, chronic uterine or periuterine inflammations, and the presence of the so-called fibrinous polypi; while the anæmia which follows a serious hemorrhage, a septicæmia, a metritis, a pelvic peritonitis, or a pelvic cellulitis, may be very protracted.

In the radical method an entirely different course is adopted. Nature's efforts are largely ignored. The uterus must, according to this plan, be immediately emptied to guard against the evils to which I have alluded in the expectant method. If the cervix be dilated or dilatable, the cavity must at once be cleaned out by the fingers or suitable instrument. If the cervix be not dilated, steps must be taken

to dilate by the forced introduction of the finger or some form of tent. As soon as this dilatation has been accomplished, the contents of the uterus are to be removed. A wondrous zeal and energy are exhibited by some who adopt this plan. Their great aim appears to be to reach the fundus uteri in the shortest time possible, and the risks arising in attaining their main object are scarcely considered at all.

The dangers of this plan are sepsis and the various forms of inflammation which may arise from unwise and harsh treatment of the cervix and body of the uterus. The great advantage of this procedure consists in the fact that the hemorrhage is, as a rule, effectually stopped; but this immunity is sometimes purchased at too high a price.

The two methods to which I have referred represent the extremes of opinions existing at the present time on this subject, and it is certainly true that good results ensue in many cases from both forms of treatment; but, at the same time, neither can with certainty be recommended as the best and safest course to pursue in all instances. As usual, where difference in opinions arise on methods of treatment, the truth lies somewhere between the two extremes, and each practitioner who takes the trouble to think for himself must use his own judgment in discovering this truth, because it is simply impossible to lay down certain rules which will apply to all cases. I may say that I have no new ideas to impart on the subject, but wish to refer to some of the many grave dangers which are apt to arise, and to indicate some means of overcoming them.

I believe in the expectant plan of treatment as I think it should be carried out. If nature is able to complete the process without any accidents, I let her do it. I bear no malice against nature, nor am I envious of her success; but I must say that I am always suspicious, and watch her efforts with great care, and sometimes with considerable anxiety. If I find that the unaided efforts of nature are insufficient, or if dangerous symptoms appear, I consider it best to interfere. In a large proportion of cases the ovum is thrown off entire, without any rupture of the foetal membranes, and no interference of any kind is necessary.