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MANITOBA MEDICAL ASSOCIATION.

READ AT LAST MEETING.

ABORTION.

BY DR. McDIARMID.

Gentlemen—No apology perhaps is necessary for the selection of so commonplace a subject for discussion on this occasion. No other perhaps is of more general interest, as this comes within the sphere of every general practitioner.

Of the causes of this accident I shall simply enumerate briefly such as are necessary to indicate the, if possible, preventive treatment. Among the first class of causes are death of the foetus, diseases of the membranes, pathological conditions of the placenta, traumatism and maternal diseases which have a direct effect upon the embryo. To the second class belong such maternal conditions as primarily produce active contraction of the uterus. A misstep, the jolting of a carriage, horseback exercise, extraction of a tooth, severe fright, irritation of nipples from nursing of a child, pruritus vulvae, chronic constipation, laceration of the cervix, spasmodic muscular action as in uncontrollable vomiting or coughing, chorea, eclampsia, epileptic and hysterical convulsions, maternal blood conditions as produced by the poison of the infectious diseases, by pneumonia and by chronic heart disease, but whether due to the irritation of the micro-organisms, the production of leucomaines or the deficient oxygenation of the blood is still uncertain, uterine displacements and adhesions, fibromyomata of its wall, and overdisten-

sion. Lastly I would mention septic infection as a possible cause in lying in hospitals. Epidemics have been observed in cows said to be due to a micro-organism resembling the leptothrix buccalis.

The appearance of the substance expelled differs according as the ovum is surrounded by the decidua or simply presents its shaggy chorionic coat; as the embryo is extruded alone or enclosed in its amnion without the decidua and chorion. As a rule at least a portion of the decidua vera remains adherent to the uterus. This greatly thickened membrane, before it has undergone the atrophy which begins in the third month of pregnancy, suddenly cut off from its blood supply by uterine contraction, either becomes a dead mass of flesh, or else portions of it attracting increased blood supply, form new growths, giving rise to alarming hemorrhages. It is this complication that has raised the mortality of abortion almost to that of childbirth. How best to avoid these two great dangers, hemorrhage and septicaemia must engage the anxious thought of every practitioner. Early abortion may be confounded with irregular menstruation. In the latter the signs of pregnancy are wanting and the blood is said to escape in a stream, not in clots, and the os is not patulous. Again an effort to expel a polypoid tumor may so resemble an abortion that dilatation of the os or expulsion of the uterine contents will alone verify their nature. In all cases of doubt the treatment should be adapted to the diagnosis of abortion.

Abortion may be regarded as inevitable if pain is considerable, hemorrhage persists, the os dilates and the ovum can be felt within the os. Effacement of the angle between the neck and body of the uterus anteriorly has also been mentioned as indicating contracting of the longitudinal uterine fibres and descent of the ovum. Whether a part or the whole of the uterine contents has been expelled is also important to determine. In the former case the os will be found patulous and the finger will detect portions of decidua, placenta or foetal membranes; in the latter the os is retracted, the uterus firmly contracted and digital examination