Selected Articles.

THE TREATMENT OF ABORTION.

I am prompted to write upon a somewhat worn subject by the fact that during the past year I have met with an unusually large number of cases of incomplete abortion which have been allowed to run on until they have developed more or less grave septic conditions, or have become seriously anæmic from the continued bleeding.

These cases, which I might use as illustrative, were none of them from my clinic at the Polyclinic, where we see them only too frequently, and where poverty, ignorance, and often previous treatment by equally ignorant midwives, lead us to expect conditions otherwise inexcusable, but were all of them from the upper and middle classes, and were referred to me by intelligent physicians. So it seems, in spite of all that has been said and written in favor of active, efficient, and early interference, many practitioners prefer to take the chances of time and ergot in the hope, sometimes, it must be admitted, realized, that all will finally come right. Others, recognizing the necessity of action, but with an imperfect technique, partially succeed in clearing out the uterus by the aid of the finger or curette, and in the attempt carry infection into the uterine cavity.

It is true that cases of incomplete or neglected abortion do not usually die, either from the continued hæmorrhage or from sepsis; they struggle through a period of acute anæmia, or fever and prostration, and finally may recover perfectly, but more often are left with a chronic infection affecting the endometrium or extending also to the tubes and peri-uterine structures, a condition which, in the light of modern pathology, we cannot consider inconsequential, knowing that it so frequently leads to the most serious pelvic trouble. The truth of this statement may be easily proved by reference to one's private case-book, or by the records of any large gynæcological clinic. Thus, out of five thousand consecutive gynæcological cases which have come under my observation at the New York Polyclinic, fourteen hundred and ninety-two, nearly thirty per cent. (29.8), had aborted one or more times, and of these, five hundred and thirty-five, nearly thirty-six per cent. (35.8), suffered from disease of the uterus or appendages directly traceable to infection following abortion. It is safe to say that the immediate, thorough, and aseptic removal of the ovum, or its fragments, in these cases would have prevented the greater part of this disease and its attendant disability.

Before discussing our subject further it is necessary to understand what we mean by abortion, and to sketch briefly its causes, diagnosis, and course.

Abortion is defined by nearly all lexicographers as "expulsion of the fœtus before the seventh month, or before viability;" but to insure clearness it is advisable to limit the word to its stricter sense, of "expulsion of the ovum before the end of the third month," and to employ the term "miscarriage" for expulsion between that period and the time when the fœtus becomes viable.

Abortion or miscarriage may be from pathological causes affecting the fœtal or maternal organism, or may be induced.

Maternal causes may be systemic—from poisons circulating in or conditions impairing the mother's blood, or disturbing the circulation mechanically, as syphilis, malaria, the exanthemata or other fevers of severe type; cholera, poisoning by CO, CO_2, and other gases; salts of certain metals (lead, copper, etc.), and vegetable alkaloids; albuminuria, cholæmia, lithiasis, anæmia; and visceral (liver, lung, and heart) disease affecting vascular tension.

Maternal causes may be local—from retro-displacements of the uterus, pelvic adhesions, endometritis, pelvic or uterine tumors. They may be reflex—from gastric, rectal, or mammary irritation, mental shock, or excessive emotion, exhaustion of nerve-force, as in chorea or in epilepsy.

Fœtal causes may be primary or the result of maternal dyscrasia, and include disease of the fœtal envelopes, as fatty, hydatidiform, or fibrinous degeneration, or inflammation or hæmorrhage of the chorion or placenta, death of the embryo, or any malformation affecting the circulation of the fœtus and causing hydramnion or oligohydramnion.

Finally, abortion may result from combinations of any of these causes. Induced abortion may be accidental, legitimate, or criminal. Accidental causes may be uterine traumation from blows, falls, wounds, excessive or violent coitus, etc., and we might again include here excessive emotion and mental shock. Criminal abortion may be from general violence, mechanical injury to the uterus or ovum, or from the administration of certain drugs.

The symptoms vary with the time at which the abortion occurs. If within the first six weeks the woman may complain only of a moderate amount of lumbar pain, dull and heavy or cramp like, or there may be no pain and an amount of hæmorrhage, which she may consider as simply an excessive menstruation. Very often she does not recognize the passage of any shreds of tissue, or clots, and the abortion passes unnoticed. At other times portions of chorion remain behind, and she comes to the physician complaining of the prolonged spotting or flow. Later, and up to the time when the placenta is fully developed, the lumbar pains are more marked, the cramps more severe and rhythmical, and the hæmorrhage much greater in amount. If the abortion be the result