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## Original Communications.

## ADDRESS ON MIDWIFERY.

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Lead 5th August, 1874, before the Canada Medical Association 1

The subject of the Uterine Decidua that I have entured to bring before you on the present occason is one that has occupied but little attention atil within the last two or three years.

I feel some confidence and pleasure in this undereking inasmuch as I had the honor of giving to he tof won the first paper upon the uterine deduar egard to some of the phenomena met sith at the bed-side of the lying-in-woman. ver, it is not upon the plea of novelty that I ask our favorable consideration, but rather trust to cure your approval by presenting sound theories, ad established facts, that will tend towards greater access in the practice of midwifery.

The external envelope of the fœtus, the only one applied by the mother, is the altered mucous memane of the uterine cavity. This membrane is andular; but without entering upon the details of physiological anatomy, it is found to contain, coording to the late researches of Dr. G. Leopold, rich supply of lymphatic glands.

It well to bear in mind that the decidua is in aid of the mucous membrane of the cavity of utions alone, and that at labor it is east off, be-Issuered from the mucous membrane of the neck ich remains in situ. As to the change occurring arious to detachment, at menstruation and during station, Kundrat and Englemann have stated at "if we examine the process of menstruation,

the tubular glands undergo rapid proliferation, especially those layers which are nearest to the cavity of the uterus, while the glands themselves participate in this activity, becoming thereby larger, and thrown into wavy folds, in order to accommodate themselves to this increased length. If there is no necessity for further development, a process of fatty degeneration commences in the most superficial layer, where the growth was most rapid, inchilding the interglandular tissue, the epithelium of the glands and the blood vessels—which may possibly be caused by the fact that this extreme activity of growth may have cut off, by the compression of the bloodyessels, the source of nutrition. walls of the capillaries now rupture, and the meristrual hemorrhage is established, while the superficial layer of the mucous membrane is gradually cast off with the discharge.

But if fecundation has occurred, this retrograde process does not take place, but, on the contrary. excited by the stimulus of the growing ovum, the inner two-hirds of the mucous membrane now participate in the process, many of the cells in the interglandular substance become larger, and send out prolongations, while their nuclei undergo repeated division.

The orifices of the glands are separated from each other, while their calibre is narrowed by the advancing growth. The mucous membrane gradually loses its peculiarities of structure, and finally appears a transparent homogeneous membrane at term. The ovular and uterined ecidua coalesce after the fifteenth week. At birth it has been observed that the uterine decidua hangs in shreds upon the ovular decidua. Virchow notes a case where the membranes after birth "were found to contain not only hypertrophid decidual elements, but also muscular fibre cells; and he further remarks, the case, in this respect, remains unique." I have no fault to find with Virchow's facts as to the actual presence of muscular fibrecells attached to the decidua, inasmuch as I have time and again recognized the same condition under the microscope, and if that illustrious pathologist had deigned to read the paper, (I have already mentioned,) presented to the Obstetrical Society of London, in July, 1872, he would have found that the case related by him is by no means a unique The same author would have found that the character of labor that occurred in the case he rewill find that the cellular elements surrounding cords is precisely the same as a case noted by my