

OUTLINES OF THE THEORY AND PRACTICE OF MIDWIFERY.

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I. FLOODING.

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ABORTION.

ABORTION is, "The premature delivery of the foetus;" which comprehends every period before the evolution of its system be sufficiently complete to enable the child to exist after the connection with the parent is dissolved. Some authors still make the following distinction. When the ovum is expelled in the early months, they call it an **abortion**; and, if the foetus be delivered at any period between the fifth month and the full time, a miscarriage. **Abortion** is commonly preceded by some of the following symptoms: Flooding, pains in the back or belly, uterine bearing-down pains with regular intermissions, the discharge of a watery fluid.

If, along with flooding, any portion of a vascular skinny substance, which is the membrana decidua, should be discharged, **abortion** for certain will ensue. None of the other symptoms are infallible; even the evacuation of a watery fluid is not necessarily followed with delivery, since it may proceed from a collection on the outside of the ovum, between the lamellae of the membranes. In the early months excessive floodings sometimes occur; and yet, by proper management, the woman is often enabled to retain the child.

There is less fear of **abortion** while the blood evacuated is pure and without clots, unattended with uterine pain and pressure. But, in forming a judgment, the constitution, occasional cause, and term of gestation, must be regarded. **Abortions** happen more frequently from the beginning of the second to the end of the third month, than at any other period. The immediate cause of **abortion** is the same with that of real labour.

The more remote causes are,

I. Whatever interrupts the regular circulation between the uterus and placenta; as,

1. Diseases of the uterus.
2. Imperviousness, or spasmodic constriction, of the extremities of the uterine blood-vessels.
3. The separation of any portion of the cake, or decidua, from the uterus.
4. Determination of the fluids to other parts.

II. Every cause which prevents the distention of the uterus, or excites spasmodic contraction of its muscular fibres; as,

1. Extreme irritability, preventing the extension of that organ.
2. Violent exertions, as coughing, sneezing, vomiting, straining at stool: mechanical injuries, as strains, falls, &c.
3. Irritation from the confined motion of the foetus, its kicking or strugglings.
4. A habitual disposition to **abortion**.

III. The death of the foetus; which may be occasioned from,

1. Diseases peculiar to itself.
2. An original defect transmitted from the parents.
3. External accidents affecting the mother.
4. diseases of the placenta, membranes, or cord.
5. Too slight adhesion of the cake or membranes to the uterus.
6. Weakness, or want of resistance, in the texture of the membranes; or an excessive quantity of the liquor amnii.
7. Knotty circumvolutions of the umbilical cord.

The size of the abortive ovum in early gestation is as follows: Six weeks after conception, its bulk is nearly equal to a pigeon's egg; in eight weeks, to that of a hen; and in twelve to that of a goose. Where there is no reason to dread **abortion**, every probable mean ought to be employed to relieve painful symptoms by rest and opiates, to check haemorrhagy by the means already directed, and to obviate occasional causes as much as possible; and the woman should be encouraged to hope as long as there is grounds for it.

As **abortion**, in many instances, is preceded by no alarming symptom, till a discharge of watery fluid, or an excessive flooding, with clots and portions of the decidua, announce the approaching event; either to remove immediate symptoms, or prevent the accident that is dreaded, often baffles our boasted skill; for the circulation in the ovum perhaps had ceased a considerable time previous to any threatening symptom of its expulsion. Little, therefore, can or ought to be done by way of treatment, besides obviating plethora, advising rest of body and tranquillity of mind, and guarding against every cause of irritation.

Though the mother may suffer a considerable shock from miscarriage, and it may be some time before her constitution be sufficiently restored for any future fortunate pregnancy, women are rarely known to suffer fatally, but from mismanagement in the early months. Any manual operation to assist delivery, is seldom necessary at an earlier period than the sixth month of gestation, unless the mother's life should be in danger from flooding. When this happens, the bag may be broken by thrusting the finger against it in time of pain, or endeavouring to assist its expulsion when within reach of the finger; but otherwise the delivery should be wholly trusted to nature. It is even hazardous to destroy the structure of the ovum in the early months: for when it breaks, the small foetus is first expelled; and the bag or placenta may be afterwards retained for a week or more, during which time the flooding often continues to be excessive; whereas, if the conception comes off entire, the effusion generally ceases immediately.

From long retention, the placenta, without circulation, is liable to become putrid: it is then expelled in different portions; and inflammation, excoriation, or gangrene of the uterus and vagina, often ensues. In these circumstances there is a necessity for keeping the parts clean, by frequent bathing, or by injections thrown into the vagina; and bark, with elixir of vitriol, should be given freely. Gently stimulating glysters, to promote the contraction of the uterus, in cases of retention of the placenta where there is no great flooding, are often useful. As women who have once aborted are liable to a repetition of that accident from a similar or very trifling occasional cause, it ought to be guarded against by every possible means. With this view, the management during pregnancy should be properly regulated.