TWO CASES OF ABORTION,

WITH PERMANENT RETENTION OF THE PLACENTA IN THE ONE, AND GRADUAL DISCHARGE OF THE OVUM IN THE OTHER CASE.

By J. ASHBURTON THOMPSON, L.M., etc.

THE following cases of abortion fall under that embarrassing class of incomplete discharge of the uterine contents, unaccompanied by present urgent symptoms. There appears to be much difference of opinion as to the treatment of these cases; the notices of them in obstetric works are but cursory, and these conflicting in their *dicta*. Regarding the subject from one point of view, it is the *absence* of complication which embarrasses. Were we in attendance upon a case of this sort, accompanied by hæmorrhage, by long continued pain in the exhausted patient, or by putrescency, our course, that of emptying the uterus, would be sufficiently clear. But when, after the expulsion of a fetus of three or four months, we find the secundines retained beyond the reach of the finger; the uterus contracting, indeed, but so contracting as to further withdraw and envelope them; hæmorrhage ceased; and the condition of the patient all that could be wished, if the abortion were complete—then, indeed, there is an absence of indication whether to interfere with the contracted organ and withdraw its contents, or to wait for the supervention of active symptoms. Each of these courses is open to serious objection; and perhaps this question resolves itself into one of the relative harm attendant upon action or expectancy. In weighing their respective merits, it must be remembered that our means of interference, though ample, are not unattended by danger. The introduction of an instrument is universally condemned; its point must, of course, pass beyond the guard of the finger. The introduction of the hand, or even of one finger, is regarded by Dewees and F. H. Ramsbotham as impossible; by Denman and D. Davis, it is not mentioned in the course recommended; by Churchill, though acknowledged practicable, it is considered admissible in exceptional cases only. Finally, Tyler Smith has never seen any ill result arise from the introduction of the hand into the vagina and a finger into the uterus; and recommends such an operation, but with the all-important qualification, “when the hæmorrhage is alarming, the case urgent, and the os uteri sufficiently dilated to admit the finger.” On this side also are Priestley and Hall Davis. It may also assist us to know that the early placenta does not undergo putrefaction with the same rapidity as that retained at the full time; it may be retained for days or even weeks, and then, by some new uterine action, expelled almost unchanged. (F. H. Ramsbotham, 1867, p. 693.) In the extremely favourable cases of this description—*i. e.*, in those unattended by exhaustion, and, above all, by hæmorrhage—we may perhaps, therefore, be justified in trusting, for a time at least, to the powers of nature, and in waiting for symptoms. Such would be a return of hæmorrhage, of exhausting pain, or the appearance of putrid discharge with constitutional irritation, betokening dangerous absorption.

The above are some of the reasons which led to the adoption of the line of treatment followed in the adjoined cases. The expected symptoms never arose, and nature appears to have conducted the cases to a conclusion at least as satisfactory as could have been expected from more active interference.

CASE I.—E. S., aged 36, married, had had eight labours at full term. She had never miscarried. She last menstruated on January 7th, 1868. Having had a slight sanguineous discharge from May 21st to May 25th, she was delivered, after two hours of slight pain, of a fetus of about four months, healthy, recently dead. The fetus remained attached by the funis to the placenta, which examination showed to be just within the os externum. Pain continued from this time (10 A.M.) to 4 P.M., without in the least altering the position of the placenta. At the latter examination, the umbilical cord was separated. She continued to lose a small amount of blood up till 10 P.M.; when, the hæmorrhage decreasing, and uterine pain having ceased, notwithstanding the administration of ergot, it was determined not to attempt the extraction of the placenta, for the present at least. All that had passed since the morning had been carefully examined by me. A final digital examination at 10 P.M. showed the placenta to be still in that position to which it had been traced by following the umbilical cord—*viz.*, just within the os externum; and the patient, having been told that the after-birth was retained, was warned to save all that passed for inspection. She was ordered small doses of liquor ergotæ, with dilute sulphuric acid, with a view of controlling hæmorrhage.

From the date of delivery, the lochial discharge continued up to June 10th, in quantity and quality perfectly normal, without ever becoming offensive, or containing any solid matter. Leucorrhœa then

appeared, as is habitual with this patient. On June 25th, she menstruated. The quantity was normal, and almost ceased on the third day, but returned again, and continued up to July 2nd. By the 6th, all discharge ceased. She had then recovered her usual health, and has since then menstruated in the ordinary manner. The quality of the discharge negatives, in this instance, the supposition of a discharge of the placenta disintegrated; and, from the precautions taken, it is certain that no solid thing passed *per vaginam* after the examination on the night of the 25th of May.

CASE II.—M. F., aged 22, married three years, had one labour at full term at the end of the first year, followed by prolapsus uteri. She had never miscarried. The catamenia appeared as usual on May 14th, 1868. There was a slight sanguineous discharge on June 4th. Considerable hæmorrhage set in on July 29th, and continued up to August 1st, when she came under observation. Examination showed the os to be flaccid and dilatable, admitting the top of one finger to feel the ovum just beyond. She was ordered liquid extract of ergot and dilute sulphuric acid. The hæmorrhage abated considerably; and on August 5th the os externum was found dilated to the size of a florin, the ovum almost projecting into the vagina. It was not found practicable to encircle the whole ovum by the finger; and its attachments were so firm, while its own structure was so weak, that any attempt at traction must have resulted in its rupture. The hæmorrhage had now almost ceased. The dose of ergot was increased to forty minims every three hours, with a view of causing expulsion of the ovum; but, although pains followed each dose, its position remained unaltered. On August 8th, the os was contracted, and the ovum withdrawn altogether into the uterus, and only just perceptible to the finger. On August 9th, the discharge was only just tinged with blood, and was offensive. The uterus was injected with lotion of carbolic acid. The discharge continued up to the 14th; it was much as on the 9th. It then became less offensive, and quite ceased by the 22nd. On the 24th, leucorrhœa returned, as is usual to this patient. On August 28th, she was discharged well, and has since gone into the country.

Sept. 20th. The patient has returned, and has menstruated once while away. She is in perfectly good health.

Throughout the whole of this time, the general health was good. Only a little pyrexia was observed at the onset of the offensive discharge, which, however, quite ceased in twenty-four hours.

The circumstances of this case seem to justify the supposition that this was a case of retention of the ovum, terminated by its gradual discharge in a state of disorganisation.

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CASE OF SPASMODIC CLOSURE OF THE ŒSOPHAGUS.

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HAVING seen some remarks in the JOURNAL “On Stammering with other organs than those of speech,” by Mr. Paget, I am induced to give a short account of a case of spasmodic closure of the œsophagus, in a female aged 74.

The patient, who was in good robust health up to last December, suddenly and quite unaccountably experienced a difficulty in swallowing on some occasions. The place where she felt the sensation of closure was more on the left side, at the root of the neck. These symptoms gradually increased, and when I saw her, three months from their first appearance, she was becoming gradually emaciated from actual starvation. The œsophagus would remain closed for hours, and if she attempted to swallow anything, even liquids, during this time, all was ejected in a few minutes. Suddenly she would find her throat opening and then called for food, both solid and fluid, which she eagerly took and retained. The œsophagus on these occasions would only remain open about half an hour, and this two or three times a day. Sometimes it would not open for an entire day, after which she became much exhausted, but would again regain strength after partaking of food. When the throat was closed she would sometimes spit up large quantities of saliva, often a pint; and, during any severe attack, the respiration would sometimes have a croaking sound in the throat. The symptoms gradually became more severe, the spasm continuing longer and the throat only remaining open a few minutes. Now, if she did not get something to swallow quickly, the throat would again close, and she would have to wait till it reopened. She died in one of these attacks, which kept the throat closed two days, during which time she had no nourishment. At no time did she complain of any pain in the throat. There was no swelling or hardness. She never ejected anything but what appeared to be saliva, perfectly clear and without any taste. There was no appear-