

Sims (J. marion)

PREGNANCY-VOMITING

BY

J. MARION SIMS, M. D., LL. D.



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[Reprinted from the ARCHIVES OF MEDICINE, June, 1880.]

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NEW YORK  
G. P. PUTNAM'S SONS  
182 FIFTH AVENUE  
1880



## PREGNANCY-VOMITING.

By J. MARION SIMS, M.D., LL.D.

PREGNANCY-VOMITING has long been regarded as a reflex symptom, but has never been treated as such until very recently

A few years ago Graily Hewitt enunciated the doctrine that it was due to flexure and malposition of the uterus, and published cases confirmatory of this view.

In February, 1878, Dr. M. O. Jones, of Chicago, published a paper on this subject, in the *London Lancet*, in which he took the ground that it was due to congestion or granular erosion of the cervix uteri, and that it was to be treated locally by nitrate of silver or other escharotic, and he related several cases relieved by this treatment.

Three or four years ago the late Dr. Copeman, of Norwich, England, brought the subject prominently before the profession by various articles published in the *British Medical Journal*, in which he maintained that it was due to induration of the cervix uteri and contraction of the canal. On this theory he simply dilated the cervix mechanically with the happy result of curing his cases in two, three or four days.

Many of them were cases of a very rebellious character,

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in which the patients were greatly prostrated from prolonged vomiting and consequent inanition.

Others have reported cases in the *British Medical Journal*, treated successfully and speedily by Copeman's method.

I have seen several cases relieved in a few days by Dr. Jones' method. In all of these there was granular erosion, to which I applied a solution of nitrate of silver, ʒi to the ounce. In 1878 I saw a case in Paris, at the third month, where the vomiting was excessive and uncontrollable by ordinary means. The cervix was small and indurated; but there was no granular erosion. However, I applied a solution of nitrate of silver two or three times, but without any decided improvement. I then tried dilatation of the cervix according to Copeman's plan. There was marked improvement in three or four days. But she was not wholly relieved. The uterus was ante-flexed. The fundus was bent slightly forward toward the pubic arch, while the os tincae looked directly in the direction of the vaginal outlet, and the whole organ seemed to sink deeply in the pelvis. A Meigs ring elevated the uterus and gave relief to the distressing symptoms.

Possibly my patient would have been relieved by the dilatation if I had persevered with it. However the pessary was a valuable adjunct to the dilatation, and rendered the cure complete.

Copeman's method consists in gradually forcing the finger into the os and carrying it along till the first joint of the finger enters the cervical canal, taking care not to push it so far as to impinge against the os internum.

Theoretically this would appear to be hazardous; there would be some risk of producing abortion. But so far we have reports only of successful results.

I desire to place on record here the history of a case which may serve as a guide and warning in similar cases hereafter:

Mrs. E. aged 35, a blonde, of medium height, weighing 120 pounds, was married at 16, and at 17 gave birth to a child at full term.

She had puerperal convulsions; was in labor thirty-six hours; and a dead child was delivered with forceps. She was in convulsions for twenty-four hours before the forceps were used, and was dangerously ill for two or three weeks afterward. She lost her mind entirely for several days; forgot even how to comb her hair; and had to learn how to do many things like a child.

A whole month passed away before she recovered her faculties entirely. Eighteen months after this she gave birth to a second child at full term. The labor was natural and her recovery prompt. But remembering the dangers of her first confinement, and having had a constant dread of convulsions in the second, she determined if possible, to avoid another pregnancy. She consulted medical men in various parts of the country, and thought herself perfectly justified in refusing to become a mother again. In 1869 she had a miscarriage which was produced because she was afraid of puerperal convulsions if she should go the full term. Ten years after this, in September, 1879, she had another miscarriage at the third month, which was wholly accidental.

Prof. Reamey attended her in this miscarriage. She was exceedingly ill and barely escaped with her life.

The business affairs of her husband compelled him to leave Cincinnati before his wife entirely recovered, and she insisted on accompanying him, contrary to the advice of her physician; so, about ten days after the accident she came to New York, and was under my care for a month before she entirely recovered. Then on April 3, 1880, she returned again to New York after an absence of four months, and I found her pregnant two months and a-half. She suffered exceedingly with nausea and vomiting—vomiting almost everything she ate.

For three or four days I gave her the ordinary remedies under such circumstances, but without avail. I then examined critically the condition of the uterus and found it flexed at the os internum, the fundus looking toward the pubes, and the os tinæ toward the ostium vaginae. The cervix felt rather indurated and the canal was contracted. There was no granular erosion—and I concluded to try Copeman's method. I forced the point of the index finger into the os to the depth of the finger nail, about half an inch. On the next day I did the same thing, carrying the finger a little further,

and after this she had less nausea. On the third day I repeated the operation, passing the finger into the cervix uteri, but could not pass it any further than I did on the preceding day, because as the body of the uterus was flexed forward, the cervix would be driven back toward the sacrum by the pressure, so that it was impossible to pass the finger in deeper than I had previously. To overcome this difficulty I pushed the fundus of the uterus backward with the left index finger in the vagina, and held it there by pressure of the right hand above the pubes, when it was easy enough to pass the left index finger nearly to the depth of the first joint into the cervix, which is about three-fourths of an inch.

I held the uterus in this position for a minute or two, forcing the fundus back toward the promontory of the sacrum with the right hand externally, while the index finger of the left was used for the dilatation of the cervix.

After this the nausea disappeared entirely, and my patient was able to take food freely. Two days after this I found her complaining of intermittent uterine pains threatening miscarriage. I resorted to large doses of opium but with no effect, for on the next day the foetus was thrown off.

The placenta partially protruded through the os tincae, and the neck of the uterus was sufficiently dilated to allow the passage of the finger into the cavity. I found the placenta adherent to the anterior wall near the fundus where it was with difficulty separated by the finger, and removed, and all bleeding ceased. After this my patient recovered rapidly.

I report this case to show that the Copeman method is not always free from danger, and I believe it is the first one on record in which any accident has occurred. Of course a woman who has had one or two miscarriages, is always more liable to have another on very slight provocation, and this seems to have constituted the danger in this case, for my patient had had two miscarriages.

During my residence in Paris some years ago, I saw two deaths from pregnancy-vomiting, and I saw two cases that were snatched from the jaws of death by the induction of abortion. Prof. Trousseau and Dr. Johnston of Paris, were consulted in these two cases, and both agreed that prompt abortion was the only means of saving life

In this connection I wish to put on record the history of a case, which, from mere personal considerations, I ought long ago to have published. I report it now to clear myself from censure which I have (not very patiently) endured for the last seventeen years.

On January 4, 1863, I was consulted by Mme. X., young, beautiful, and representing two of the first families of the aristocratic Faubourg St. Germain. This young woman had been married three or four years, and consulted me on account of her sterility. She had complete vaginismus, and the marital relation was a physical impossibility.

I explained the nature of the operation necessary for her relief; she was exceedingly anxious for offspring, and gladly submitted to the operation. It was performed on January 20, 1863.

Sir Joseph Olliffe and Dr. Johnston assisted me. Dr. Johnston gave ether. She was well of the vaginismus in a fortnight, and she conceived three months afterward. Within a week after conception she began to vomit. She had retroversion, and I replaced the uterus and applied a Hodge pessary, which held the organ in its place.

In June I went to Baden-Baden, and my patient and her husband followed me there soon afterward. The nausea and vomiting grew worse from day to day, although the uterus was held perfectly in place by the pessary. They remained at Baden about six weeks. I became very anxious about my patient, and I told her husband that I feared it would be necessary to produce a miscarriage, if his wife did not soon change for the better. And he replied that she must determine this question for herself.

A few days after this, early in August, they returned to Paris. I went with them and placed my patient in the hands of Dr. Campbell, then the fashionable accoucheur of Paris. After examining Mme. X's case carefully, he said that he had safely brought through many cases of severe vomiting in pregnancy and he thought he could tide Mme. X. over all danger.

She was failing fast, and I did not believe it possible for her to live, and insisted on his producing miscarriage. He said, "no, let us wait a few days longer, I see no immediate danger." I was so anxious about Mme. X. that I then went to her mother, and told her that I considered her daughter's life to be in great danger, and advised abortion at once as the only means of safety.

She objected most positively, saying that she was the mother of five children, that she had vomited from the beginning of conception to the sixth and seventh month of each pregnancy, and went through safely, and she did not see why her daughter should not be as fortunate as she was.

Lastly I laid the subject before Mme. X., telling her frankly that her life was in danger if we should allow the pregnancy to go on. She said she had hoped and prayed for conception for the last three years; now that her prayers had been heard she would not for a moment entertain the thought of miscarriage; and then she told of her mother's patient sufferings under like circumstances. I then left Mme. X. in the hands of Dr. Campbell, and returned to Baden.

A week afterward I received a letter from Dr. Campbell saying that my patient was growing weaker every day, yet he hoped to bring her through in safety. A few days after the reception of this letter Mme. X. arose at seven o'clock in the morning, against the express orders of her physician, and got out of bed to attend to a call of nature. In doing this she fainted and fell over on the floor. The nurse, sleeping in the adjoining room, heard the fall, and rushed to her assistance. She was taken up and laid in bed in a state of unconsciousness. Dr. Campbell was immediately summoned. He arrived at eight o'clock, and found her in a very restless and nervous condition, with hurried breathing and rapid pulse. He could not understand the nature of this sudden attack, and sent for Prof. Trousseau. As soon as Trousseau saw the distressed panting, and rapid breathing, and felt the flickering, irregular pulse, he said that when she had fallen over in syncope, a clot had formed in the heart, and that she would die of embolus in three hours. She died at half past twelve—two and a half hours from the time of Prof. Trousseau's visit.

The death of this young woman was a great shock to society in the Faubourg St. Germain. And the daily press in noticing her death, said, "her physician is to blame for it." It was immediately reported all over Paris that I had performed an operation on the cervix uteri for sterility on Mme. X., and that it had caused her death. And to this day, this is believed by the medical profession in Paris.

Only last year a lady from the Faubourg St. Germain came to consult me on the subject of her sterility, and when I examined her case, I told her it was one that no treatment could relieve short of an incision of the cervix uteri. Her mother was with her, a lady of great intelligence and high social position (speaking English admirably), and she replied: "I can never consent to that operation, because it is the same that you performed many years ago on Mme. la Comtesse X., which resulted in her death." When I explained to her the nature of the operation I had performed on that lady, she said that everybody in Paris was laboring under an error in regard to it; and that she had heard more than one medical man speak of it who had told her that I had incised the cervix uteri in the case of Madame X., and that she had died in consequence of the operation.

Now it is to disabuse my brethren of the medical profession in Paris, that I have related the history of this case, hoping that they will at this late day do the same justice by me that they would have others do by them under like circumstances. All that could have been done at that time to save the life of Madame X. was to produce a miscarriage. I did my whole duty in the matter by urging this upon her and her husband and mother, and upon Dr. Campbell.

They unfortunately took an opposite view and my patient died. Her mother is now dead. Sir Joseph Olliffe, the consulting physician, died in 1868, and Dr. Campbell died a year ago. But Dr. Johnston, who was consulting physician and assisted at the operation I performed on Madame X., still lives in Paris, and can testify to the truth of my statement in regard to this unfortunate case.

With the light before us now, let us hope that we shall hear no more of deaths from pregnancy-vomiting, nor even of miscarriages induced to save the lives of mothers.

To the writings of Graily Hewitt, Jones and Copeman, we are indebted for direct and practical methods of treatment which seem to promise success in the management of these troublesome cases.

Yet these methods are not without a certain amount of risk, and must be cautiously tried.

In Graily Hewitt's plan we must be careful not to make undue pressure on the cervix uteri with the pessary. In Dr. Jones' plan, we must place the patient in the left lateral semi-prone position, apply a Sims' speculum, expose the cervix without touching it with the speculum, and then pencil the caustic solution on the granular surface and on that alone.

In Copeman's plan, we must gently insinuate the end of the index finger in the os tinæ and pass it into the cervical canal not more than three-fourths of an inch deep. This is to be done with the patient on her back. If the uterus should be flexed anteriorly (as it usually is in such cases), I must caution the operator not to throw the fundus up and push it back toward the promontory of the sacrum with the bi-manual method. For this bi-manual pressure in the early months of pregnancy may provoke abortion.

Of course we should not resort to this heroic method of treatment unless the case is urgent and rebellious.



# ARCHIVES OF MEDICINE FOR 1880.

A BI-MONTHLY JOURNAL.

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Subscription, per year, \$3 00. Price, per number, 60 cts. Specimen number sent on receipt of 25 cts.

G. P. PUTNAM'S SONS, Publishers,

182 FIFTH AVENUE,

NEW YORK.