

**NOTES ON
PATHOLOGICAL AND
OPERATIVE OBSTETRICS**

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Notes on pathological and operative obstetrics by Lyle G. McNeile

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LYLE G. MCNEILE

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LYLE G. McNEIL

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AND OPERATIVE
OBSTETRICS

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BY

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INTRODUCTION

The obstetric art is rapidly assuming its proper position among the medical specialties. The importance of the subject is today receiving more recognition than ever before, as a result of the late war, and consequent need for child conservation. The medical student of today is far better equipped to deal with the intricacies and difficulties which arise in the delivery room than ever before in the history of medical education. While in the other branches of medicine and surgery the attendant is usually able to look up the authorities regarding the diagnosis and treatment of the condition with which he is confronted, in obstetrics he is compelled to put into practice the knowledge which he already possesses, and to apply that knowledge at once. If he is faulty in his technical skill, the patient and her offspring are the innocent sufferers.

Regard for the welfare of the unborn child is growing year by year. This entails a more careful supervision of the patient, during pregnancy and labor, and the early recognition and treatment of the various obstetric accidents. The attendant must recognize that he is treating two patients, and that the rights of both are to be respected. For the mother to endure the disability due to pregnancy, and the suffering of labor, with its consequences, and then to be presented with a dead child, is a serious calamity.

The fundamental principle in obstetrics is to deliver a healthy child in a manner which traumatizes or otherwise damages both mother and child in the least possible manner. It is not sufficient to measure obstetrical success by the number of living mothers and babies, but the morbidity, which may incapacitate the patient, must always be considered.

An "obstetric conscience" is essential. In general surgery, the physician is often prompted through fear of criticism on the part of his associates, to be aseptic, and to be conservative. In private obstetrical practice, on the other hand, his environment is such that without this "obstetric conscience" he may find it easy to excuse errors in technique and in judgment, by the application of a time-worn phrase, "Due to poor surroundings."

After several years of experience in teaching obstetrics, and in consultation practice, the author has concluded that many of the errors into which medical students and young practitioners fall are due to lack of specificity in outlining diagnosis and treatment, as found in the larger text-books. He feels that in the early years of his practice, the physi-

cian can obtain better results if he has a definite plan to follow, than would be the case if he is compelled to choose, without experience, from the many varied modes of treatment to be found in even a single large text-book.

No claim for originality in these notes is made. The notes are not to be considered in any sense a substitute for a text-book. The object has been the correlation of the essentials of pathological obstetrics, presented in such a form as may perhaps be suitable for senior medical students, or for busy practitioners. Neither are the notes to be considered as a quiz-compend, for they do not contain a great deal of material which is considered quite essential by the various medical examining boards.

Extracts and quotations have been freely made, particularly from the text-books of De Lee; Cragin; Hirst; Edgar; Shears; Polak; Berkeley and Bonney; Galabin and Blacker; Bourne; and from Notes issued by Chas. S. Bacon; Herbert M. Stowe; and Chas. Edward Ziegler.

My sincere acknowledgments are made to those members of the Class of 1917, College of Physicians and Surgeons, Medical Department of the University of Southern California, through whose cooperation these notes were made possible, and to the Western Linotyping Company of Los Angeles, for their most painstaking work in the composition of the notes. To my wife, Dr. Olga McNeile, I am indebted for her encouragement and great help in the preparation and proof-reading of the notes.

LYLE G. McNEILE.

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SECTION I

Pathological Pregnancy

CHAPTER I

Abortion

Def.—The term abortion is generally held to mean the premature expulsion of the ovum before it is viable. Some authors limit abortion to the expulsion of the ovum prior to the sixteenth week; miscarriage from the sixteenth to the twenty-eighth week, and premature labor between the twenty-eighth week and full term. By **threatened abortion** we mean that signs of the premature expulsion of the ovum have appeared. By **inevitable abortion**, or abortion in progress, we mean that the expulsion of the ovum has progressed to such a point that the abortion cannot be prevented by surgical or medical means. By **incomplete abortion** is meant that while a portion of the products of conception have been expelled, there is a retention of a part of the ovum within the uterus. **Missed abortion.** As a rule, upon the death of the fetus it is expelled within a short time, but may be retained within the uterus for months. **Induced abortion.** The bringing about of the expulsion of the ovum by medical or surgical means. **Spontaneous abortion.** An abortion resulting without interference by mechanical or medical means. **Therapeutic abortion.** The termination of pregnancy by artificial means, for the relief of conditions which threaten the mother's life.

Pathological Anatomy—**First month**, generally expelled entire with decidua vera. **Second month**, either entire, with decidua, or else the sac ruptures and the fetus and decidua are expelled separately. **Third month**, rarely entire. Usually the fetus is first expelled, followed after hours or days, by the placenta and membranes. The fetus may be alive or dead. Retention of the placenta is especially liable during the third and early fourth month owing to its close attachment to the uterus during this period. Whatever the etiology of an abortion, the pathological result is usually the effusion of blood into the decidua or between the