

Chapter

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Second-trimester surgical abortion

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Abstract

From the early reports from the Joint Program for the Study of Abortion (JPSA) published in the early 1970's, the medical community learned to its surprise that surgical abortion was safer in the early second trimester of pregnancy than the more widely-used induction methods being used at the time.[1] Moreover, the JPSA study challenged the sacrosanct notion that a surgical procedure could not be performed at all in the period (13-16 menstrual weeks) immediately following the first trimester. Conventional wisdom held that, following the first trimester, the physician must wait until the 16th or even 17th week of gestation, then apply an intra-amniotic solution of hyperosmolar saline, for example, to induce the abortion. Although "dilation and evacuation" ("D & E") abortions had been performed in England by Drs. Sopher, Bierer, and Finks, among others, and by the Japanese physicians, it was not until the JPSA Study report was published in 1972 that such a procedure was acknowledged in the United States. A 1977 report from the Centers for Disease Control confirmed the earlier JPSA findings.[2] In December, 1976, a paper describing the use of serial mutple laminaria dilation of the cervix prior to surgical evacuation was presented at the annual meeting of the Association of Planned Parenthood Physicians, although the decision to accept the paper for presentation on the program was extremely controversial. The paper was published the following year in *Advances In Planned Parenthood* as the first clinical report of D & E in the American literature.[3] Dilation and evacuation ("D & E") is now the accepted method of choice in second trimester abortion in the United States, although the details of how this is done vary from physician to physician and from clinical institution to clinical institution. Laminaria are often used, sometimes with a single application, and sometimes with a serial multiple application. Synthetic hygroscopic dilators are sometimes used in place of laminaria. Misoprostol is becoming studied as a principal or adjunctive method of cervical dilation. Anesthesia is sometimes administered as a local anesthetic, and sometimes general anesthesia is used. The emphasis here is on the principles of operative technique in second trimester abortion from 13 through 26 menstrual weeks of gestation. While the lower range may not be considered by some to be in the second trimester, the principles of operating in the 13-14 menstrual week range may have more in common with procedures performed at a later stage than with commonly used procedures in the early first trimester. The emphasis also is on outpatient practice in a freestanding clinic or private office setting. Detailed step-by-step methods are described in specialized texts and reports.[4-6]

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... 46-49 Initial reports of second-trimester surgical abortion from England described both mechanical dilation of the cervix with large metal dilators and laminaria placed overnight before instrumental evacuation through the cervix. 47 Hanson, Hern, and others popularized the use of laminaria in the United States. [47][48][49] Laminaria methods have prevailed, probably because of concerns about cervical injury from mechanical dilation to large diameters and the greater technical ease of second-trimester procedures after laminaria treatment. ...

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... Hern has developed a combination D&E technique useful for later procedures. 46, 47 After multistage laminaria treatment over 2 or more days, 1.5-2.0 mg of digoxin are injected into the fetus under ultrasound guidance, the membranes are ruptured, and intravenous oxytocin is started (167 mU/min). ...

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April 1968 · JAMA The Journal of the American Medical Association

Ernest Atlas

A case of pyogenic arthritis caused by the organism *Serratia marcescens* is believed to be the first reported in the American literature. The patient presented initially with ocular signs, following by calf pain and tenderness, mistakenly interpreted as thrombophlebitis, and finally refractory pyogenic arthritis which led to amputation.

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Translating *The Mill on the Floss* into French

January 2011

Alain Jumeau

Before dealing with my personal experience of translating *The Mill on the Floss* into French, I shall start with a few remarks on George Eliot's literary status in France compared with that in English-speaking countries. In Britain, in the States and other English-speaking countries, George Eliot is usually regarded as a great novelist of the same magnitude as Dickens perhaps, although her novels

...omitted, George Eliot is usually regarded as a great novelist, of the same magnitude as Dickens perhaps, although not novel ...

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