

ART. II.—*On Spurious Pregnancy and Hysteria.* By  
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burgh.

Among the numerous nervous disorders incident to the female, none seem to present so many interesting and peculiar phases as those arising out of the physiological relations existing between the different organs of the body.

That apparently unconnected and altogether distant parts of the system have intimate and special relations existing between them, has long been sufficiently well-known; and that extensive sympathies, as they have not inaptly been termed, intimately connect the various organs or systems of organs in the female, are points too well established to require farther confirmation.

There are, however, certain peculiarities in the *characters* of such female sympathetic relations which, from the comparative rarity of their occurrence, have not been so generally observed; and which, moreover, from the difficulty of detecting the starting point, and of tracing the various links in the chain of the perturbed action, have not by any means been satisfactorily explained.

Of the many intricacies connected with the conditions referred to, none appear to be so misty, or so difficult to unravel, as those which form the subject of this communication.

In directing the attention of others to their consideration, I have been influenced, certainly not by the hope of rendering the subject less obscure, but simply by the circumstance

of my having enjoyed repeated opportunities of witnessing, if not of studying, cases in which some of the more complicated and rarer forms of hysteria and spurious pregnancy were in various degrees presented, and which it will be my principal aim, in the following paper, faithfully to report.

I am well aware that the singular phenomena, so often presented in what are usually termed *hysterical* affections, are generally considered unworthy of special record unless they present some novelty in character, or illustrate some interesting point in practice, or establish, or dis-establish, some physiological or pathological opinion; and, moreover, think that the reporting of instances devoid of such useful illustration is only adding dross to the already too bulky heap of undigested material existing on the subject.

Without desiring to add to the sufficiently superfluous mass of unsatisfactory lore already existing in regard to the Protean, and too often inexplicable symptoms, which have been classed under the indefinite term *hysteria*, I shall (even at the risk of over-dealing in tedious narration) endeavour to relate the particulars of some of the more striking cases that have come under my immediate observation.

In the first instance that occurred to me of what has since been termed *spurious pregnancy*, the usual indications of utero-gestation, and subsequently, even those which immediately precede and accompany delivery, were so fully developed as to lead to the conviction, on the part of the patient, as well as others, that parturition had not only commenced, but was actually though slowly progressing.

Apart from its peculiarities in regard to pregnancy, the singularly freakish characters which it otherwise presented during its most erratic progress, may be deemed a sufficient reason for its being here fully recorded.

I deem it, however, proper to state that the points of obstetric interest in the case now referred to, were communicated by me some time ago to the Obstetrical Society, a summary of which appeared in the published records of that Society, with the promise, however, that I would afterwards more fully report the case. On being reminded of my published promise by Dr Montgomery of Dublin, I brought the subject before the Medico-Chirurgical Society of this city, with the view of having, if possible, some light thrown upon those cases of spurious pregnancy, which (to use the words of Dr Montgomery to me) are "so full of curious wonders," and which are considered, even by those who, like him, have enjoyed the best opportunities of studying their

phenomena, to be exceedingly puzzling and far from being easy to explain.

The notes of the case are here given as taken by me at the time of its occurrence, when practising in Dundee now a considerable time ago, which may account for the style of description which, now that our attention has been more fully directed to the subject, may with truth perhaps be considered unnecessarily detailed. Instead, however, of presenting a new edition of an old report, I prefer, on the present occasion, simply to quote the particulars of the case, almost as I find them extended in my case book.

CASE I.—On the 14th September 1838, I first visited Elizabeth Berrie, a millworker, residing in Dundee, and found her complaining of symptoms which I then imagined depended on uterine derangement.

The symptoms were those indicating a hysterical tendency of constitution, together with a tumid and tympanitic abdomen, a feeling of weight over the stomach, pain in the right side, acid eructations, with frequent vomiting of meals; bowels constipated, and absence of the catamenia.

Her history, as subsequently gleaned from her mother, is as follows:—

She is nineteen years of age, and has not enjoyed good health previous to her present illness, having suffered much during her infancy; when about five years old her belly became large and tense; this continued for a considerable time, and then gradually disappeared, the abdomen however becoming distended at an after period.

When about ten years old, she was first sent to work at a mill, where she subsequently received a severe bruise from a belt of the machinery having caught her clothes. This accident occurred when she was fifteen years old, but the injury sustained must have been slight, as she was able to resume work a few days after its occurrence. Her mother, however, states that the catamenia first appeared immediately previous to this injury, that they were then copious, but after the mill accident they quite disappeared, until about a year ago, when a scanty menstrual discharge took place, which was repeated in a slight degree three weeks afterwards, these being the only two catamenial appearances from the time of her injury up to the present illness.

She continued under my care only for a short time (a fortnight) after I first saw her, but I afterwards ascertained that her symptoms increased in severity, and that she had been prescribed for by several practitioners, who, judging from the various modes of treatment said to have been

adopted, must have differed in opinion (as perhaps they had good reason to do) as to the nature of the case.

I heard no more of her, except surmises that she was in a state of pregnancy, until about nine months afterwards, when I learned from some of the neighbours, whom I was then attending, that she was "near her full time," and that her accouchement, now daily looked for, would prove the incorrectness of my former diagnosis.

In June 1839, during one of my visits in the neighbourhood of her residence, I was duly apprised of her *labour* having at last commenced, and that a certain accoucheur, (who, though devoid of a legal qualification, enjoyed at that time an extensive midwifery practice among the poorer class in the district) was in attendance. Day after day I learned that "Betty," as they called her, was still in labour, and that the doctor alluded to was almost continuously in attendance upon her, and that he considered it one of the most difficult and puzzling cases he had met with. That he looked upon the case as one of extreme difficulty and danger, may be believed from the fact, that after about a fortnight's attendance, he came to the determination of relieving the patient and himself, *by performing the Cesarian section*, as he found "the bones of the pelvis so grown together that the child could never be born in the natural way, dead or alive!"

On the 25th of June, I was waited on by Mrs B., the mother, who begged me very earnestly to pay her daughter a visit as she had been "in labour for upwards of a fortnight," having been taken ill on the 9th, when she was first seen by the individual referred to, who continued in close attendance for a week, after which she settled, *i. e.* the pains subsided till the 16th, when the symptoms of parturition re-appeared, and so increased as to induce her attendant to propose as the only alternative, the immediate performance of the operation of "cutting the child out of her side."

From what I had heard of the now much spoken of *difficult labour* (for by this time the poor girl's sufferings, as evinced by her screams, had become the topic of the neighbourhood), I felt anxious to ascertain the real nature of the difficulty, and therefore consented to visit the patient, provided the bold operator would, for the time being, discontinue his attendance. This being promised, I lost no time in calling, and on entering the apartment, which presented the usual preparations for an accouchement, I found a midwife, along with an assemblage of women, who had inquisitively dropped in to learn the result. After clearing the room of the useless in-

truders, I commenced without any misgivings as to the parturient nature of the case to make an examination, expecting indeed to find some very unusual presentation, or deformity, or other cause of detention. On examining her, however, I was not a little astonished to find the entire absence of any *uterine* tumour, or any semblance of a foetal presentation; the os and cervix uteri natural; the former closed, and the latter, as well as the body of the uterus, in the normal unimpregnated state. The uterus, feeling light, and easily moved on the tips of the fingers, made me at once decide that it was empty, and that *pregnancy*, was not the cause of her futile attempts at delivery. I immediately informed the bystanders of the result of my examination, of my conviction that the girl had no child within her, which opinion however was any thing but credited, they all affirming, the patient herself among the rest, that the movements of the child were distinctly felt by the hand, and even seen on looking at the greatly enlarged abdomen. I had some difficulty in persuading them of the erroneousness of their notions respecting the supposed foetal movements, which were evidently the result of increased nervous excitement, and consequent abnormal condition of the abdominal muscular walls. My opinion, however, was fully corroborated by the want of the mammary and other special signs of pregnancy. On minutely examining the peculiarly distended abdomen, she complained bitterly of the slightest percussion or pressure, and especially complained of her left side, through which she said "the child was like to leap;" the midwife and the mother at the same time positively assuring me that its movements, during her "tedious labour," were distinctly felt on the application of the hand. Her pulse at this time was as high as 120, full and bounding, and she seemed to suffer from considerable nervous excitement. I carefully examined her *per anum*, as well as *per vaginam*, in order to ascertain if any tumour existed about the uterus or its appendages, but could discover nothing unusual. The rectum appeared preternaturally distended, and the vagina (I presume from the fortnight's obstetric efforts that had been made to reach the imaginary child) sufficiently capacious. The whole muscular apparatus of the abdomen and perinæum was extremely irritable.

Believing the case to be essentially of an hysterical nature, though in doubt as to the cause of the unusual symptoms present, especially the preternaturally protuberant abdomen, I prescribed an opiate, and ordered it to be repeated until a soothing effect was produced. Notwithstanding the free and

continued use of opium, hyoscyamus, &c., the symptoms were little changed—the relief from these being only temporary. Turpentine enemata, counter irritation to the abdomen, purgatives, anti-spasmodics, diuretics, &c., were severally and assiduously tried without subduing the painful symptoms. For days her screams were heard as if still in the pangs of parturition, and some weeks elapsed before her immediate neighbours were convinced that the disturbance to which they had been so long exposed did not depend on “Betty’s labour pains.”

Drs Bell and Nimmo visited her along with me, and corroborated my opinion as to the absence of pregnancy; but like other medical friends who afterwards saw her, could not throw any light on the pathology of the case, which afterwards became in other respects extremely puzzling.

During July and August, the abdomen continued even to increase in size, feeling tympanitic, and very irritable and painful on pressure. The bowels were generally constipated, and the pulse always quick and easily excited when awake. She sleeps little and unsoundly, awakes suddenly and with nervous starts, which she attributes to a sense of suffocation during her short intervals of repose. The treatment generally adopted in cases of Hysteria was persevered in but with little or no benefit. The already sufficiently obscure symptoms continued, and were rendered still more complicated on the 20th of August, when the case assumed a new feature, which puzzled us all to explain, or detect the true nature of. On that day she commenced to vomit quantities of bloody mucus, which collected in the mouth and pharynx, so as to prevent her from enjoying her former snatches of sleep, for no sooner was she about to forget her apparent suffering in sleep, than she suddenly awoke with a sense of suffocation produced by the accumulation of the bloody secretion in the throat, and which she seemed convulsively and painfully constrained to expectorate. This anomalous symptom continued during her long and painful indisposition, and like the other symptoms mentioned, seemed very little influenced by the remedies prescribed.

*September 15th.*—Former symptoms continue. For the last fortnight the bloody fluid from the mouth has increased in quantity, being about 4 oz. daily, and in appearance not unlike menstrual discharge. When asleep, it constantly oozes from the angles of the mouth: sometimes pure, sometimes frothy. She seldom sleeps longer than about 15 minutes at a time, the bloody secretion in the mouth and pharynx preventing any more lengthened repose; pulse 120; appetite

almost gone. The discharges from the bowels yesterday were very copious and highly offensive, mixed apparently with bloody matter. The menstrual discharge appeared to-day, but as usual "a mere show," she having had a similar scanty flow about four weeks ago. 22d, To-day examined her, along with a few medical friends. In placing her in the upright position, the protuberance of the abdomen appeared enormous. In the posture she assumes while attempting to stand, the head and shoulders are thrown backwards fully two feet behind the heels, which awkward-looking attitude is necessary in order to enable her to support and counteract the weight which she says is continually dragging her forwards.

On applying percussion and otherwise minutely examining the greatly distended abdomen, no fluctuation, or tumour, or enlarged organ could be detected. The left side appeared, as it has all along done, more protuberant than the right, she having constantly complained of a dragging sensation from the left side of the stomach to the left iliac region, as if (to use her own words) "something was dragging her stomach down to the left side of the bottom of her belly;" to which region she invariably pointed when describing her painful feelings. In addition to considerable spinal irritation, evinced by excessive tenderness on pressure over the lumbar region, (especially opposite the fourth lumbar vertebra) which even when slightly pressed causes much pain and excitement, the left lower extremity is observed to be somewhat contracted on the trunk. When erect she cannot place the foot flatly on the ground, the heel being slightly raised. After this time the symptoms continued almost as before, the bloody discharge, or mucus mixed with blood, constantly flowing from the depending angles of the mouth, pulse ranging from 110 to even 160 when she is raised into the upright position, darting pains from the sacrum to the hip joints, and forwards through the distended abdomen,—all of which seemed to be aggravated than otherwise by treatment. The usual concomitant of hysteria,—retention of urine—appeared about this time, and I was often sent for to relieve her, but knowing well from past experience that catheterism in hysterical females is not only a bad thing to encourage, but troublesome to attend to, I, except on two occasions, left the bladder to perform its own duty, especially as there appeared to me to exist that singular mental or emotional state which so often gives rise to malingering, which indeed I had suspected, and, as I shall afterwards show, with good reason.

During October and November the symptoms continued.

The left leg has gradually contracted until it has become completely flexed on the thigh, the heel continuing for some time in contact with the left hip, but latterly it has become implanted in the sulcus beneath the hip, the foot being singularly bent beneath the right thigh. The pain in the left leg and side has all along been more than in the right.

The menses continued to appear as before very irregularly and scantily, sometimes every three, but oftener every four weeks, and only a mere show of a single day's continuance, the symptoms becoming much aggravated at each period. Although she eats very sparingly, and although she has continued so long in such a painful state of excitement, she seems to have lost little, if any, of her usual plumpness.

*December.*—Continues as before. The tympanitic distention of abdomen still great, and the general uneasiness rather on the increase than otherwise. Pulse continues quick, 120. Respiration panting when awake and suffocative when asleep, apparently in consequence of the bloody secretion collecting, causing a considerable gurgling in the throat. The fluid continues, as before, to flow at intervals from both angles of the mouth. The left leg is still contracted on the thigh, the flexed knee as well as the foot, which lie bent beneath the hip in the unnatural and constrained position already mentioned, being acutely painful.

*24th.*—Has passed occasional bloody stools during the last three days, complaining of great pain in bowels, the abdominal distention apparently increased, the precordial region particularly being more bulging, and more than usually painful on pressure. The right leg now feels cold and pained the same as the left did, before assuming its present contracted position,—she fears its becoming like the left—pulse down to eighty to day, and is now vomiting what little food she constrains herself to take. She retains some wine, however, and relishes it. I saw her lifted out of bed to-day, the left leg firmly retained its unnatural position when in the erect attitude. This contraction has existed now for nearly three months.

*January 1840.*—The symptoms remain in their former aggravated form, being in no respect abated. 13th, Pulse 120. Complaining much of the pressure of the left heel on the vulva: to-day again had her lifted out of bed, presents the same curved and helpless appearance when supported in the upright position; when placed in the sitting posture, sits on the side of chair with left foot bent up under the hip; the right leg is more contracted, the toes being pointed as those of the left foot at first were. When the limbs are in any degree



forcibly extended, she complains of acute pain in the abdomen, "as if the stomach was being dragged towards the lower part of the belly." The bloody secretion still flowing as before from the mouth. 22d, Visited her to-day with Dr Bell. The swelling and other symptoms as before. She retains her former plumpness, which even seems preternaturally increased around the pelvic region. Dr Bell agreed with me that the case was one of those in which moral treatment and little medicine appeared the most suitable.

During the two succeeding months of February and March, the symptoms continued more or less violent, the discharges from the bowels were occasionally copious, pultaceous, and highly offensive, the blood-like excretion from the mouth as well as the great distension of the abdomen continuing as formerly.

Towards the latter end of March, however, the long continued symptoms began to yield, the left leg, although still contracted on the thigh when in the lying posture, could now be somewhat extended when she is raised out of bed, which I insisted on being done daily; she now takes and relishes her food, and the sanguineous discharge from the mouth has gradually disappeared.

In the beginning of April the most painful symptoms had so much abated that she expressed a wish and appeared exceedingly anxious to be taken out of doors, and on Sunday the 12th April, after a confinement of upwards of ten months, with some assistance walked out for the first time. By way of redeeming a promise which she had made to a kind neighbour who had shown her great attention during her protracted illness, she succeeded in climbing (or rather in crawling up) a long stair, which led from her own to her friend's house, but unfortunately for her yet abnormally conditioned nervous system, she was there exposed to a cause of excitement which again kindled up the flame, which had just appeared to be about to expire. In the house of her friend to whom she had promised to pay this her first visit, she encountered an individual whose diagnostic powers, and most original mode of exploration, will I doubt not be here sufficiently acknowledged.

This individual, who had taken upon himself the duties of a clergyman, and who, I presume, had been paying a pastoral visit when the still protuberant abdomen and otherwise peculiar aspect of my patient first attracted his attention, desired to be made acquainted with her past sufferings and present sensations, as he had seen cases which he, judging from her general appearance, was inclined to consider as altogether

analogous. On being told the history of her complaint, he immediately concluded regarding the nature of the case in strict accordance with his first surmises, to wit, that the long hidden but now discovered cause of all the anomalous symptoms which she laboured under, and was still suffering from, was nothing more nor less than a *Viper!* and as the circumstances attending this startling announcement offer a good example of the extreme credulity which obtains among the uneducated regarding remedies as well as disease, I may briefly record the procedure adopted by this gentleman to prove the correctness of his diagnosis; a procedure which however gross, absurd, and ludicrous, was considered by the patient, as well as her friends, quite sufficient to prove to their satisfaction the existence of a viper, and that moreover of the most voracious species! The patient was requested to go home and get to bed as quickly as possible; meanwhile a small piece of pork or bacon ham was ordered to be gently roasted, this done, the reverend viper catcher essayed to convince the mother, and other female attendants, of the reptile's voracity, and this he readily accomplished by simply applying the half roasted pork chop to the mouth and nose of the much excited girl, and pointed to the movements of the abdomen as yielding the looked for proof of what the experimenter described as the viper's effort to reach the savoury morsel of pork!

This wonderful discovery was no sooner thus settled beyond the suspicion of the too credulous patient and friends than the propriety of immediately acquainting me with the circumstances attending it was determined upon. The mother lost no time in running to my house to communicate the important intelligence, and which she almost breathlessly did as follows:—"Oh! Doctor, we have found it out at last, Betty has a viper within her; we saw it and she felt it as if it would leap up to her mouth;" then anxiously enumerating the farcical circumstances already detailed, and seriously announcing to me that Mr —— intended to call upon me to give me his opinion of the case, and to advise with me regarding treatment which he had seen successfully adopted elsewhere in several cases of exactly the same kind.

This new source of irritation and excitement was immediately followed by an aggravation of the symptoms to such a degree as to render her unable to leave her bed during the remainder of April, the symptoms being simply those of relapse, being entirely similar to those I have already described. During *May*, after again trying various remedies, suggested from time to time by authorities on the subject,

and by professional friends, (for every specific got fair trial,) Elaterium, Iodine, Turpentine, (internally and externally), &c., but all with very little benefit. Finding that all the medicinal and other treatment adopted had apparently no effect whatever in altering the character of the symptoms—and, I may truly enough here add, finding that I was getting tired at fighting with a shadow, whose substance I had not sufficiently detected,—I recommended a change of air and scene as the more likely means of effecting a cure.

She was consequently removed several miles into the country, but after a short trial of very ill-conditioned quarters, she was again brought to town, no worse at all events, seeing that she managed with assistance, though with much pain and difficulty, to walk some distance to the railway station. After lying a few days at home as before, she was again removed to the house of a friend in the outskirts of the town, where she remained for about six weeks. Her general health was much improved during the early part of this change of residence, she being soon able to walk about a little every day, and on one occasion (though pained, and still as large as any woman advanced in pregnancy), walked to her mother's house without assistance.

The catheter was once required during this period, and although her appetite improved, and the vomiting of blood ceased, the distension of the abdomen continued, although not to the same degree as formerly, this slight diminution of bulk being attributed by herself, to what she described as excessive discharges of blood from the bowels during stools, and which she assured me had much relieved her. Notwithstanding the improvement which had taken place during the first week or two of her stay in the country, I found her on the 16th August (when she again returned home), still labouring under her old symptoms, some of which had been only temporarily subdued. The nervous symptoms continued, her vision appeared (as she affirmed it to be) much impaired, the pupils dilated, and eyes apparently somewhat amaurotic.

For sometime afterwards the case assumed various aspects, at one time as if to undergo a rapid improvement, but only to be followed by the recurrence of the entire group of complicated symptoms already mentioned; the vomiting of blood, together with the suffocating-like appearance she presented when asleep, and the consequent watching required having urged her return home, sooner than would otherwise have taken place.

I continued watching the progress of the case from time

to time, until the 29th September, when she left Dundee for Aberdeen.

10th February 1841—After an absence of four months, she again returned to Dundee, in a condition sufficiently good to admit of her resuming her former employment of mill-worker.

The abdomen, however, was still tumid, and although greatly improved in general health and appearance, she feared that her former symptoms were gradually recurring.

Her menstrual function has been getting more irregular, as she has had no catamenial discharge for at least two months. Her demeanour and aspect were of a decidedly hysterical character. She continued at work after this only about a fortnight, when the old symptoms re-appeared to such a degree as to oblige her again to take to bed, when, from the helpless condition she was in, in lodgings, I had her (on the 13th March) removed to the Dundee Infirmary, where she remained for a short time, without much improvement. As it daily became evident that the symptoms were becoming more and more confirmed, I urged the propriety of her again returning to Aberdeen, before she became more entirely helpless. She was accordingly removed, and (with the exception of a short note of information from her mother soon after she reached Aberdeen), I heard nothing of her after progress, until the 8th June 1849, when she made her appearance in Edinburgh (along with her father, mother, and child, for there was now a real, child in the case), for the purpose of again consulting me respecting her symptoms, which on examination I found to be analogous to those she formerly presented, although in a minor degree.

Her general appearance was considerably changed since I last saw her in Dundee (in 1841), a period of eight years having thus elapsed, and yet the abdomen continues as formerly preternaturally large and tympanitic in external character, not unlike that of advanced pregnancy.

I was then informed by her mother of the following curious circumstances respecting her *bona fide* pregnancy, and real delivery in Aberdeen, about four years ago. After leaving Dundee the swelling of the abdomen continued, but after a time she was able to walk about and work occasionally. During her pregnancy, and after her accouchement, with the exception of the abdominal signs of enlargement, all her old and formerly almost constant painful symptoms disappeared. Her general bulk and appearance were so little changed by the addition of the uterine tumor during her pregnancy, that even up to the time of delivery, no suspicion

whatever existed as to her novel condition. And if their statements regarding this part of the story be credited, the girl herself seems to have been somewhat in the dark as to the real nature of the no longer spurious movements. It would appear at least that the medical gentleman who had been attending her for her old Dundee complaint as they called it, had examined her abdomen carefully the day before her delivery, at her own special request, as she thought the movements in the belly (which she confounded and connected with the movements she experienced of old, when led to believe herself really pregnant in Dundee), must be now "gathering to a height." Be that as it may, the mother declared to me that both she and the Doctor were totally ignorant and unsuspecting of the new nature of the case.

Having often thought over the case, and often spoken of the singular phenomena which it presented, (some of which I believed to be involuntary, others voluntary or emotional), I was rather pleased than otherwise to see her in Edinburgh with some of the symptoms which had formerly characterized the case, and with the view of having her watched, and the whole case thoroughly investigated, I sent her into the Maternity Hospital. A scanty menstruation appeared after her admission. On Sunday 10th, I received a note from one of the house surgeons, intimating that she had that morning "passed about one and a half pints of inky melanotic fluid" from the bladder, and requesting me to visit her, which I did in the evening, and found her asleep. The matron assured me that she had only seen one case of the kind before, and that in a woman whose word she could not depend upon, but she did not think Betty would or could practise any deception in the matter, and insisted that it could not be so, as she had "nothing in the room to blacken it with." On entering the room, however, to enquire into the probable cause of this new symptom, I found a small bottle of ink on the mantelpiece, which seemed to me to have something to do in the matter, for on handing it to the matron, and telling her to remove it along with the *black urine* which Betty (who was now wide awake) had passed, I could detect an unmistakeable expression which justified me in concluding that the urinary phenomenon mentioned was not real. On experimenting with the said bottle of ink, and the urine of another patient, a fluid in every respect similar in appearance and colour was readily procured.

11th June.—Visited her to-day with Dr Simpson, who examined her while under the influence of chloroform, and as this was the first case of the kind in which the singular

powers of that agent were observed in diagnosing such cases, I may here mention what took place on the occasion referred to.

Before the administration of any chloroform, the abdomen was much distended, tympanitic and tender on the slightest pressure. It was, however, dull on percussion over part of the left iliac fossa. On examination *per vaginam*, Dr Simpson at first thought that the uterus was tilted over, and bound down towards that region, thus accounting for the slight dulness there. On giving her chloroform, however, and introducing the uterine sound, the uterus was found to be quite free, and in every respect natural, and much to his astonishment, and to the amazement of all present, the abdomen became quite flat, the tympanitic protuberance of the belly entirely disappearing. The urinary bladder was found to be fully distended, it being very large. The urine was drawn off by the catheter, and found to be *quite free from melanosis*. As soon as the effect of the chloroform wore off, the abdominal parietes assumed their former condition, and the belly again became (as it had so long and so very puzzlingly been), tympanitic as a drum, and so protuberant as to defy any one to detect the existence of distended bladder, or other enlargement from mere external manipulation.

15th June.—A consultation was held to-day at the hospital, with the view of having the opinion of the medical officers as to the real nature of the abdominal symptoms, and with the object of again testing the effect of what has since then become a most invaluable, and indeed almost indispensable diagnostic agent in abdominal enlargements in the female, especially in those still little understood cases, which (for want of a more appropriate name, and because of the concomitant symptoms being so frequently mistaken for those of pregnancy, and even I might add those of parturition, which happened in the case, which I have at so much length now related), we now are in the habit of calling, *Spurious Pregnancy*.

Before exhibiting the chloroform on this *second* occasion, the shape and character of the abdomen were carefully noticed. The whole anterior abdominal wall was regularly protuberant in front, but concave or depressed on each side towards the hypochondriac regions, in character the distention was altogether tympanitic, it being so extensive as to prevent the distinguishing of any of the abdominal organs. So soon, however, as the again administered chloroform commenced its anæsthetic power, the protuberance, as before, gradually subsided, and the concavities in the hypochondriac

regions simultaneously disappeared. The front of the spinal column could now be readily traced from above downwards, its promontory being as easily distinguished through the now flaccid walls as under ordinary normal circumstances. Nothing peculiar was otherwise observed. On being roused from her deep unconscious sleep, the abdominal and other symptoms returned, though more slowly, than on the former occasion.

After remaining a month in the Maternity Hospital, under close observation, and under various treatment, she left the institution, and returned to Dundee, little improved during her stay here.

- (*To be continued.*)