ON FALSE PREGNANCY.

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In the course of long obstetric experience a considerable number of cases of false pregnancy have come within my observation. In some of these the patient had been previously under medical treatment without recognition of the true nature of her condition; and in others its investigation ultimately became the subject of legal inquiry and elicited very divergent opinions from the several experts examined. In one remarkable instance of this kind I was called on to disprove the physical possibility of maternity in the case of a lady who had pretended to give birth to a child, which having been accepted as his own by the alleged father, was, after his death, on legal investigation deprived of the inheritance thus acquired. In consideration, therefore, of the comparative frequency of cases in which symptoms of pregnancy may be simulated by disease, and the possibility of their being counterfeited by design, as well as their clinical interest and occasional medico-legal importance, some observations on this subject to which, many years ago, I first directed attention in the *Transactions* of the former *Dublin Obstetrical Society*, may not be devoid of practical utility.

Under the heading of the present communication two conditions of a distinct character are included, viz.: First, cases in which symptoms dependent on disease may give rise to unfounded belief in the existence of pregnancy; and secondly, the less frequently met with class of cases in which symptoms of gestation are decidedly counterfeited. With regard to the former, it may, and indeed often does occur, as was well observed by Dr. Montgomery,

> "that a woman with an enlarged belly arising from some purely accidental or morbid cause, becomes an object of suspicion, and afterward the sudden reduction of her size may, however, unjustly affix upon her the imputation of clandestine delivery; and although such charge may never be made the subject of a legal or criminal investigation, its influences would be alike unjustly prejudicial to the character of the individual and injurious to the moral interests of society."

Such cases are, however, fortunately of less common occurrence than those in which pseudocyesis is not the occasion of reproach, but rather,

for a brief period at least, a matter of congratulation for its subject. This occurs in nine cases out of every ten of the kind in childless women desirous of offspring, and in exemplification of the old adage, "The wish is father to the thought."

In this way it happens that spurious pregnancy is as often psychological as physical in its origin, and in either case is no less commonly met with in hospital practice amongst the poorer classes than it is in those belonging to the wealthier ranks of society, whose idle, overfed, sterile matrons are supposed by some to be its only victims. In both classes, however, it is most commonly met with in previously sterile women at about the period of the menopause, although in some exceptional cases I have observed it in pluripaæ, and at a very early age.

Where this condition is thus psychological, its recognition is comparatively easy, but its management is more difficult than in those cases presently to be referred to, where it results from physical disease. Nor do I know any duty more thankless and unpleasant than that of the consultant when obliged, as I have too frequently been compelled, to disillusion a patient who, having persuaded herself and those about her that at last she has become pregnant, has made the usual preparations for the expected event, and ultimately is, by some anomalous abdominal pain, deceived into fancying herself in labor, and under that impression sends in haste for medical assistance. In such a case I have more than once been called in consultation to the aid of a young practitioner, who unfortunately allowed himself as well as his patient, to imagine not merely that she was pregnant, but actually in labor; and I have sometimes found it no easy matter to smooth over the trouble in which both patient and doctor were involved, and to prevent the latter being (and perhaps not undeservedly) made the scape-goat for all the vexation of which a woman's wounded pride may be conceived capable under such circumstances.

The possibility of pseudocyesis should, therefore, never be lost sight of in accepting an obstetric engagement; nor should one ever be booked down as a mere matter of routine and without sufficient inquiry to prevent such an untoward mistake, than which few errors of judgment might be more prejudicial to a practitioner. In many instances the diagnosis is by no means facile, especially in the case of patients who have borne children and hence are conversant with the symptoms of the condition which they desiderate, and to which they have persuaded themselves they have again attained. Nor is it less difficult when our would-be clients are sterile, *passé* married women craving for offspring, that, having familiarized their minds with everything relating to this subject, have become monomaniacs thereon, and who oftentimes succeed in deceiving others as well as themselves.

In this way, and more particularly when dealing with women approach-

ing the menopause, we may have presented not only the Protean nervous and sympathetic disturbances supposed to indicate pregnancy, but also many of its common symptons, such as morning sickness following suppression of menstruation, enlargement of the mammæ and areolar papillæ, or even the secretion of a lactescent fluid, which I have seen triumphantly expressed in proof of her supposed approaching maternity by a patient whose uterus was void of any fœtal tenant. If at the same time the abdomen, whether from mere obesity or flatus, the rumblings of which are insisted on as evidences of the movements of the imaginary fœtus, or from any more tangible morbid condition becomes gradually increased in bulk (though in such cases this increase is nearly always much more rapid than occurs at the corresponding period of normal gestation), then heaven help the practitioner who ventures to suggest a doubt as to the nature of the case!

The causes of pseudocyesis are indeed Protean in their variety and complexity, and oftentimes manifest themselves in such a form as to give rise to no little difficulty in their differential diagnosis. Thus, in addition to those already alluded to, namely, change of life, hysteria, and obesity, the existence of pregnancy may be counterfeited by various intra-peritoneal morbid conditions, including, amongst many others, ascites, ovarian, tubal, and uterine tumors, physometra, hæmatometra, etc.

The most important, however, of the conditions by which a woman not quick with child may be led to indulge in the delusive anticipation of maternity, is the so-called molar pregnancy, in either of its two well-known forms, viz., the *mola sanguinosa*, or else the *vesicular*, or as it was formerly termed, the hydatidiform mole. The latter is by far the most practically interesting in this connection of all these, as it is that most frequently met with. Having, however, elsewhere fully discussed the pathology of this condition, I need not here enlarge on it beyond observing that its presence is dependent on myxomatous proliferation in the placental chorionic villi of a disintegrated ovum; although it may be added that in some exceptional instances very similar-looking growths have been found *in utero* under circumstances which precluded the possibility of impregnation.

In all the instances of this kind that I have met, with only two exceptions, the patients, whilst suffering from myxoma of the placental chorionic villi of a blighted ovum, still supposed themselves carrying a living child, the imaginary movements of which they insisted they were conscious of, until ultimately undeceived by the expulsion of the vesicular growth, which generally occurs at about the fifth month, when by its bulk uterine irritation and expulsive action are produced. Nor before the fourth month is there any possibility of discriminating with certainty between molar and true pregnancy; but after this period the absence

of the positive signs of gestation should, of course, enable us to determine the question, as these can neither be simulated by disease nor counterfeited by design.

In almost every case of pseudocyesis, however, it may generally be ascertained that there is something unusual in the symptoms: either some essential one is absent, or else the symptoms that belong to one period of pregnancy manifest themselves at another and commonly an earlier time than usual.

Until the fifth month physical examination affords us comparatively little assistance in such cases, and, as a rule, neither patient nor physician ever dreams of the possibility of the case being one of spurious pregnancy at a previous date. From that time the recognition of the sounds of the fœtal heart, and, though with less certainty, the placental bruit, under ordinary circumstances affords the obstetric expert the means of discriminating between true pregnancy and pseudocyesis. Nevertheless, I must still confess myself somewhat sceptical with regard to the value of the information thus obtained by some practitioners as a test between these conditions. Even in the last month of pregnancy the non-distinguishability by an expert of the fœtal heart at the moment of examination is, *per se*, no absolute proof, as I have elsewhere shown, that the uterus may not then contain a living fœtus. How much less reliable, therefore, is this negative evidence when employed, as it often is, at a very early stage in such cases, and perhaps then by those who are not specially expert either as auscultators or as obstetricians. Nor is even the positive proof of pregnancy derivable from the stethoscope by any means as certain as a diagnostic, in the hands of the average medical practitioner, as is commonly regarded. I have myself seen this exemplified even by men of some experience, who had persuaded themselves that they could recognize both the fœtal heart-sounds and the placental bruit in cases in which neither existed, and who, on the faith of this supposed evidence of pregnancy, pronounced in haste opinions which were subsequently repented at leisure.

A more generally available test in such cases is that afforded by a properly conducted bimanual or conjoint abdominal and vaginal examination, by which the exact size and position of the uterus may be readily ascertained, as well as the cause of its enlargement in the latter months, though not in the early period of the supposed pregnancy. In those cases of pseudocyesis, in which the patient, being anxious to be thought pregnant, contributes, as is often the case, to the deception by making her abdominal muscles so tense and rigid that it becomes difficult to determine otherwise the condition of the uterus; this may easily be overcome by examination under chloroform.

It would be needless here to dwell on the diagnosis between pregnancy and those morbid conditions by which it may be simulated in cases of

pseudocyesis, as the differentiation between the various uterine, ovarian and tubal, and other intra-peritoneal tumors and diseases should presumably be found in any text-book of gynecology. Nor shall I in this connection occupy space with any reference to the relative importance of the several symptoms and signs of normal pregnancy, inasmuch as I have nothing to add on this point beyond the facts that may be found in my edition of *The Dublin Practice of Midwifery.* And, for similar considerations of economy of time and space I have also eliminated from this paper the history of several remarkable cases of spurious pregnancy which, from time to time, have come under my observation. The scope of the present brief communication precludes such exemplification of the foregoing remarks, or any allusion to other points of interest connected with the subject of pseudocyesis, my chief object now being to call the attention of junior practitioners to the frequency of cases in which the symptoms of pregnancy are either simulated or obscured by disease, as well as to the possibility of this condition being wilfully feigned in some instances.

In conclusion, therefore, I have merely to reiterate, what I am convinced by practical experience to be a much-needed word of warning as to the importance of greater caution than is sometimes exercised in answering, without sufficient knowledge, the often-asked question: "Is the person in whose case we are consulted actually pregnant or not?" On our reply to that apparently simple query may possibly depend the fair name of a girl, or the happiness of a wife, or even the life of a woman condemned to capital punishment, in whose case the plea of pregnancy may be raised in stay of execution. Issues so grave are not to be lightly regarded, or hastily disposed of; and in his decision thereon, as in all other obstetric difficulties, the practitioner's judgment should be arrived at and acted on "*nec temere, nec timide.*"