

## SPURIOUS PREGNANCY.

A CRITICAL TREATISE FROM A PRACTICAL EXPERIENCE.

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THOUGH by no means rare, cases of spurious pregnancy are always of interest. Thus it is that, having had under observation three well-marked examples of this curious phenomenon, I venture to bring forward this short treatise on the subject. To briefly state the cases, they are as follows:

CASE I.—Nullipara, aged forty-six, married many years, ceased menstruating, and in due course quickened, and developed a prominent abdomen. She was also a martyr to severe “morning sickness.” The local medical adviser naturally pronounced her pregnant, and it was arranged that she should be confined in this city. Suitable apartments, nurse, etc., were accordingly engaged, and the lady came to town a month before the expected date of the confinement. At that time, upon casual observation, her advanced pregnant state seemed quite apparent. Labor pains arrived with the utmost precision upon their specified date, and upon being called in to manage the labor my consternation can be better imagined than described when I state that I found the uterus small and retroverted, while on percussion the abdominal tumor gave a tympanitic note. The announcement of the condition, I need hardly say, was a great blow to the would-be parents, a direct heir being in great demand to inherit their not inconsiderable estate.

I may add that, on careful examination, except the distended abdomen, no further signs of pregnancy were apparent, the breasts being small and flaccid, while no areola was manifest. Upon complete anæsthesia the abdominal swelling completely subsided.

CASE II.—A multipara, aged forty-eight, sent to the Maternity Hospital for a “doctor” (student), as she was about to be delivered of her thirteenth child. A tyro was accordingly sent, accompanied by the orthodox duet of nurses. They, after a long and watchful night, became alarmed at a little hæmorrhage which was taking place, and sent for assistance. On arrival I found the woman to be suffering from a pretty advanced carcinoma of the cervix, and quietly telling her of her mistake was roundly denounced as ignorant.

The signs of pregnancy in this case were not well marked; the abdomen, though distended, felt flabby, while the breasts were soft and flaccid, and contained no milk. The symptoms which had led the woman to believe herself pregnant were the cessation of menstruation and (apparently) active foetal movements, associated with other minor symptoms which she had found to be associated with her previous pregnancies.

CASE III.—A multipara, aged thirty-six, four children, youngest six years, considered herself pregnant about eight months, and came to consult me about her courses, which she said had continued through her entire pregnancy without any irregularity. She dated her period of pregnancy from the time of quickening, and a number of other minor symptoms, morning sickness, etc., which she knew from experience as indicative of that condition. Upon examination the abdomen was distended quite in accordance with the date of the pregnancy. It felt tense and hard, but gave no resonant percussion note. The breasts were large, heavy, and full of milk, which could be squeezed out in considerable quantity with ease. The uterus was normal in position, and slightly enlarged. On passage of the sound it entered  $3\frac{1}{2}$  inches, while a small fibroid was situated in the anterior wall. When told of her mistake my statement was received with incredulity, and even at the present moment she believes she was pregnant, but that I "took it away" when I put her under chloroform—for some further observations I wished to make—at a later period. The patient stated that the foetal movements were well marked, and at times even troublesome, while for four months she suffered more than usual from morning sickness.

After such an experience as detailed, one cannot; I think, agree with Pajot and Charpentier when they say "there is no such thing as spurious pregnancy." The cases before us simulated pregnancy, and it alone, in so far as it was possible without being the actual condition. No other state, either physiological or pathological, could be mistaken for it on subjective examination even by the veriest tyro; therefore, to me it appears strange and worthy of notice that two so well known and eminent authorities should make such a statement in the face of so many similar recorded cases.

Granted that there is such a condition, we naturally turn to inquire what the condition is, and how it comes about?

Many explanations have been given regarding the first query, such as wind in the womb, flatulent distention of the intestines, and excess of fat in the omentum.

Any of these, however, must be considered to be far short of the whole truth when we know that, in the great majority of cases, complete anæsthesia entirely dissipates the abdominal tumor. Evidently, then, the abdominal distention is in many cases entirely due to muscular contraction of a more or less complex nature.

The muscles chiefly involved are the recti, obliques, and transversalis abdominis. These, if contracted, will give a decided prominence to the abdomen, a state of matters which was quite new to me till one day,



after tapping a patient (for the fifty-second time, I may add) who was suddenly seized with a violent cough, with the result that the abdomen was protruded in a most marked manner: a process which was repeated, (although with much more prominence of the recti) when he attempted to raise himself from the reclining to the sitting posture.

An exactly similar condition was again demonstrated to me by a patient who suffered from severe vomiting immediately after the removal of a large ovarian tumor.

Having these cases on my mind when I saw patient No. III., I determined to try the result of an electric current through the muscles of her abdomen, when they were flaccid during anæsthesia.

The result passed expectation—a faradic current through the abdominal muscles causing the most marked prominence of the abdomen in a manner quite analogous to her condition before anæsthesia.

A similar purely muscular distention of the abdomen I have frequently felt during and after the third stage of labor, which rendered a grasp of the uterus most difficult to obtain.

As a result of this distention of the abdomen the intra-abdominal pressure will naturally be much diminished, and thus allow of much flatulent distention of the intestines—a condition which, being naturally generally associated with the prominent abdomen, has been frequently looked upon as the cause instead of the effect.

Such, then, being an explanation of the factors in this strange process, one naturally looks for an explanation of the prime cause—a much more difficult question.

On looking over the published cases it will be noticed that the great majority of examples have been furnished by women at the menopause, while the others have been associated with disease of the generative organs or vitiated mental conditions. We must, therefore, consider our essential cause primarily as purely nervous, but we can go still further, and subdivide it into two varieties, mental and reflex. The former is generally exemplified by the wish being father to the thought—women at the change of life clinging closely to the cherished ideal of their sex, and relinquishing it with reluctance. But again, it is occasionally due to fear, the result of some illicit intimacy, as is well exemplified by a case described by Gooch.<sup>1</sup>

That it is frequently, however, quite independent of purely mental origin, Cases II. and III. give excellent proof. Neither were desirous of having children; one had already had twelve and was barely able to support them, while the other personally told me she would rather not be pregnant, and seemed grateful at my supposed clandestine removal of the offending member. Both suffered from distinct pathological

<sup>1</sup> Gooch's Diseases of Females, p. 226.

states of the uterus, and I think we may legitimately infer that the abnormal condition was entirely of a reflex nature—an origin leaving little to imagination, when one considers the intimate nervous relations which exist between the uterus and abdominal muscles in the lumbar plexus.

To account for the cause of the other signs of pregnancy in any more lucid manner than by generally attributing them to nervous influences is hopeless; details are a mystery. But if, as is well known, sudden nervous impressions are sufficient to inhibit the secretion of milk, there seems no reason why other nervous impressions may not react in an opposite manner.

An example in the lower animals under my own observation illustrates, in a marked manner, the influence of will in promoting the lacteal secretion. A Dandie Dinmont bitch has had pups three times, the last litter five years ago; since that time, however, she has successfully nursed three litters of Highland terrier puppies, which she appropriated at the earliest opportunity after severe conflicts with the real mother, a weaker dog. Other cases such as this have been recorded by Harvey.<sup>1</sup>

The subject as a whole, though highly interesting and curious from a scientific point of view, demands from a practical standpoint special attention.

No more damaging error of diagnosis can be made than that regarding pregnancy, and none more certain to be revealed, and I might almost say, proclaimed from the housetops. Therefore these cases, though scant, must be of value in teaching how necessary it is to refrain from assenting to a diagnosis of pregnancy, without having satisfied ourselves of at least one *absolute* sign.