The history of one identical case, and another somewhat similar case recorded previously by other authors, are summarized, and theories of causation are discussed particularly in relation to the analogous auriculo-temporal syndrome.

The aetiology is somewhat uncertain, but the phenomenon would seem to be due to a reflex definitely related to the chorda tympani and abnormal regeneration of nerve fibres. It is suggested that the symptom-complex be termed "the chorda tympani syndrome."

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REFERENCES

- Baillarger, M. (1853). *Gaz. méd. Paris*, 18, 194.
 Bell, G. H., Davidson, J. N., and Scarborough, H. (1953). *Textbook of Physiology and Biochemistry*, 2nd ed., p. 765. Edinburgh.
 Ford, F. R., and Woodhall, B. (1938). *Arch. Surg. (Chicago)*, 36, 480.
 Fulton, J. F. (1949). *Physiology of the Nervous System*, 3rd ed., p. 224. New York.
 Goatcher, P. D. (1954). *British Medical Journal*, 1, 1233.
 Gray's Anatomy, 30th ed., 1949, p. 1086. London.
 Langenskiöld, A. (1946). *Acta chir. scand.*, 93, 294.
 List, C. F., and Peet, M. M. (1938). *Arch. Neurol. Psychiat.* (Chicago), 40, 443.
 Maggiolo, J., Rawak, F., and Mussio-Fourmier, J. C. (1954). *Bull. Soc. méd. Hôp. Paris*, 70, 950.
 Payne, R. T. (1940). *Lancet*, 1, 634.
 Uprus, V., Gaylor, J. B., and Carmichael, E. A. (1934). *Brain*, 57, 443.
 Vámos, L. (1938). *Derm. Wschr.*, 107, 1147.
 Wilson, W. C. (1936). *Clin. Sci.*, 2, 273.

SIMPLE CLINICAL TEST FOR THE DIAGNOSIS OF EARLY PREGNANCY

BY

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In 1953 Matthew and Hobson published their observations on the effects of intramuscular injections of progesterone and oestrogen ("disecron") as a means of diagnosing pregnancy. Although this test was associated with a high degree of accuracy and was more reliable than the Hogben test in the early weeks of pregnancy, it involved the disadvantages of two consecutive daily injections. To overcome this element of discomfort and inconvenience to the patient a further series of cases has been accumulated to show the effects of the administration of oral progesterone and oestrogen in circumstances similar to the earlier trial.

Present Series

As a dosage reasonably comparable with the injected preparation, a total amount of 100 mg. of ethisterone and 0.5 mg. of ethinyloestradiol has been given over two consecutive days. This entailed the administration of five tablets ("orasecron") each containing 10 mg. of ethisterone and 0.05 mg. of ethinyloestradiol on each of the two days. The tablets were taken singly at three-hourly intervals and in this way caused no real upset, although a few patients complained of mild nausea. In all, 94 patients have so far been subjected to this test. The interval from the last menstrual period did not exceed 16 weeks (112 days) in any instance; in fact, cases have not been included in which the diagnosis of pregnancy would be reasonably certain as a result of pelvic examination.

Patients have been derived mainly from the sterility clinic, and the average age of the total series was 27.6 years.

The cases have been divided into two groups according to whether uterine bleeding was associated with the administration of the test dosage of combined progesterone and oestrogen or not.

Time Menstrual Period Overdue

Days Menstrual Period Overdue	No. of Cases	
	Group 1	Group 2
1 to 7	9	10
8 .. 14	28	13
15 .. 21	18	4
22 .. 28	3	1
29 .. 84	4	4
Total	62	32

Group 1 consists of 62 patients (average age 27.7 years) in whom follow-up examination established the ultimate diagnosis of pregnancy (see Table). In this group there were no instances of uterine bleeding associated with the administration of progesterone and oestrogen in the dosage prescribed. It should be noted from the Table that in 37 patients (60%) the calculated interval between the first day of the missed period and the administration of the tablets was within 14 days, the period of pregnancy during which the Hogben biological test is not regarded as being reliable (Matthew and Hobson, 1953).

Group 2 consists of 32 patients (average age 27.5 years) in whom follow-up examination excluded the presence of pregnancy (see Table). Although cases of short-term secondary amenorrhoea in the absence of pregnancy are less often encountered, and thus the total number included in this group is smaller than in group 1, it would seem that the two series are comparable, especially in the timing of the test (see Table). In every patient in this group uterine bleeding occurred within a reasonable time from the taking of the progesterone/oestrogen tablets. The time interval before bleeding occurred varied up to a maximum of 14 days. Six patients began bleeding on the second day of the test, four on day 1 after completion of the course of tablets, one on day 2, six on day 3, three on day 4, one on day 5, two on day 6, and two on day 7. Thus in 78% of the cases bleeding occurred within a week of the test. Of the remainder, one patient had bleeding on day 8, one each on days 9, 10, 11, and 14, and two on day 12.

Summary

A further step has been taken in investigating withdrawal bleeding following the administration of progesterone and oestrogen in women of child-bearing age complaining of short-term amenorrhoea. Parenteral administration used in the previous trial has now been succeeded by oral administration and the results observed in a series of 94 cases. When amenorrhoea was due to pregnancy no withdrawal bleeding occurred and no untoward effects upon the pregnancy were noted. In cases of non-pregnancy amenorrhoea withdrawal bleeding occurred within a varying period of time up to a maximum of 14 days. Thus the oral administration of combined progesterone and oestrogen in the dosage prescribed would appear to constitute a reliable clinical method of diagnosing early pregnancy.

Generous supplies of orasecron were kindly made available by British Schering Ltd. for use in this trial.

REFERENCE

- Matthew, G. D., and Hobson, B. M. (1953). *J. Obstet. Gynaec. Brit. Emp.*, 60, 363.