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ST. MARY'S HOSPITAL.

A CASE OF SPURIOUS PREGNANCY.

Under the care of DR. TYLER SMITH, Physician-Accoucheur to the Hospital.

[Reported by HANNOTTE VERNON, M.D., Resident-Obstetric.]

THE difficulties encountered in attempting to decide as to the pregnancy or non-pregnancy of any particular female submitted to examination, even by persons not unaccustomed to deal with such cases, render the history and differential diagnosis of an instance of spurious pregnancy always interesting and instructive. The aspects of such cases are so various, and so little capable of being systematised, that a mere knowledge of principles, as categorically laid down in text-books, often proves of little real value, when an attempt is made to apply them to the investigation of any particular case; some unlooked for complication almost invariably evolving new conditions to which our old tests do not apply.

CASE. M. B., aged 25 years, married, was admitted into Boynton Ward, July 27th, 1855. She was labouring under virulent and obstinate leucorrhœa, which had persisted for several months, in defiance of every external application or internal remedy. Coexistent with this uterine affection, there was tubercular disease of the lungs, and inveterate diarrhœa, which appeared to be connected with a similar affection of the bowels. There was flattening and dulness on percussion under the right clavicle; the rhythm of the respiratory movements was altered, the breathing being very rapid, and the difference in duration between the inspiratory and expiratory murmurs altogether inappreciable; sibilant as well as moist râles were heard over a great part of the chest, the latter best marked where the dulness on percussion existed; the expectoration was very copious and muco-purulent with a minimum of pus; emaciation was going on rapidly. For some time after admission, she was quite unable to leave her bed; but eventually the chest symptoms in a great measure disappeared, she began to gain strength and flesh, and at last became even extremely corpulent. It is unnecessary to enter into the details of the treatment, which extended over several months, here, as the points of interest are the great corpulency attained, and the simulation of pregnancy. The difficulties which attended the diagnosis will, moreover, be more fully appreciated, by reserving for a time that item in the treatment which produced one of the cardinal signs of pregnancy.

In the beginning of October, the patient declared her conviction that she was in the family way, dating her pregnancy from March, since which month she had been separated from her husband. The symptoms of utero-gestation presented were: First, cessation of the catamenia. She had, however, menstruated once shortly after admission; but as she had menstruated during part of a former pregnancy, and as such an occurrence is by no means without a precedent—as witness the writings of Burton, Dewees, and Gardien—it could not be said that the continued suspension of the catamenia for several periods was

without its value as a sign of pregnancy. Secondly, the breasts enlarged, became very irritable, and the seat of frequent shooting pains; the areolæ were enlarged, and the areolæ and nipples assumed very much the appearance described by Montgomery, in his able monograph on the signs of pregnancy. Thirdly, the abdomen steadily and progressively enlarged, and conveyed to the hand that idea of elasticity which the belly of a pregnant woman usually imparts; no distinct outline of the uterus could be traced through the integuments; but as these were loaded with fat, and pressure induced contraction of the abdominal muscles, this method of examination was not as satisfactory as under ordinary circumstances. Fourthly, the appetite was capricious in the extreme, and the patient displayed all those longings we are so accustomed to meet with in the pregnant woman. Fifthly, she positively affirmed that she could feel the motions of the child, and that the sensations she experienced were exactly similar to those which occurred in her former pregnancy: and so settled were her convictions on this head, that she began diligently to make arrangements for her supposed approaching accouchement.

So far, there were at least five tolerably well marked signs of pregnancy, viz., suspension of the catamenia, the usual mammary sympathies and changes, progressive abdominal enlargement, the usual derangements of the appetite, and the subjective sensations of a person who had been pregnant before, and had no possible motive for endeavouring to practise a deception. Taken together, these symptoms amount to evidence of pregnancy; separately, they are none of them worth much. Suspension of the catamenia, although most commonly relied upon as indicating pregnancy, where liability to impregnation has existed, is perhaps as little to be trusted in a doubtful case as any other symptom which can be mentioned. Some women menstruate once during pregnancy, some three or four times; in rare instances menstruation continues during the whole period of gestation, and cases have been known of women who, running counter to the common course of nature, perform that function only whilst pregnant. Puzos, Johnston, Baudelocque, and numerous other writers, mention singular aberrations of this kind. The mammary are liable to changes, very similar to those which occur during pregnancy, from various affections of the uterus; and if pregnancy has occurred only once before, the condition of the areolæ and nipples loses some of its value in relation to utero-gestation. Progressive abdominal enlargement may, of course, depend upon a great variety of circumstances; in the present instance, part of the increase was evidently owing to mere corpulency; it could not, however, be at once and incontrovertibly asserted that the whole abdominal increment was due to adipose deposit. The patient was phthisical, and consequently a capricious appetite, or even longings, like the cravings of pregnant women, might be a part of her disease. But a phthisical patient would be the last person in whom one would expect a fatty abdomen to simulate pregnancy. The subjective symptoms it is very difficult to fix a value upon; in a first pregnancy they are not worth much, in subsequent pregnancies they acquire more importance, but in many cases they prove altogether nugatory; cases are on record in which women have given birth to living children at the full time, without having even once felt any intra-uterine movements.

The evidence against pregnancy amounted to this, viz., that vaginal examination did not disclose those changes in the os and cervix uteri which should accompany pregnancy

advanced to between the sixth and seven months; as the case progressed, the umbilicus did not rise to the level of the general abdominal surface, but remained as a depression somewhat deeper indeed than natural; the parietes of the abdomen were obviously loaded with fat, and there was a feasible explanation of this localisation of adipose deposit; and, finally, although for some time there was a difference of opinion as to whether a placental bruit could be heard or not, some of those who examined being confident of its existence, it was ultimately agreed by every one who saw the patient that there was no auscultatory evidence of pregnancy.

The negative evidence, however, was not entirely free from considerations which affected its value. The vaginal examination was very difficult to make, on account of the involuntary resistance offered by the patient, who appeared to suffer intensely from the procedure; previous pregnancy had, of course, diminished to a certain extent the value of any indications afforded by the condition of the os and cervix uteri, and the long standing uterine disease had resulted in such engorgement of the organ as tended still further to falsify the data to be derived from this source. The absence of auscultatory evidence is by no means conclusive against the existence of pregnancy, even in a somewhat advanced stage; the factus may change its position *in utero*; an excess of liquor amnii militates against the transmission of the *bruit de cœur*; and the *bruit placentaire* as well as the *bruit de cœur* are both liable to intermissions from unascertained causes. Paul Dubois expressly states that the absence of the *bruit placentaire* is no proof of the non-existence of pregnancy; and Barth and Roger make the same remark in relation to the sounds of the foetal heart. Cases, well authenticated, have occurred in which neither the foetal nor placental murmur could be heard, and in which the result has been nevertheless the birth of a living child at the full time. The non-protrusion of the umbilicus was perhaps as crucial a symptom as any observed; when pregnancy has reached the sixth or seventh month, it perhaps never, or at any rate very rarely, occurs, that the navel presents the appearance of a deep pit; the only possible exception being those cases in which a foetus has been blighted at the earlier months, and is retained.

Dr. Tyler Smith from the first decided that the patient was not pregnant; and the result justified his diagnosis. The condition of the os and cervix uteri was not reconcilable in his opinion with the patient's supposed advanced state of pregnancy; no resistant mass could be felt between the interior lip of the "os" and the pubis, however high the finger was carried; and the immense abdominal enlargement appeared to be the result of the treatment adopted for the phthisical aspect of the case. On the 7th of September, half an ounce of cod-liver oil had been ordered to be rubbed into the skin twice a day, on any convenient part. The abdomen and back were the parts principally made use of for this purpose, and these were the localities in which the deposition of fat was most remarkable.

After several weeks persistence in this treatment, the patient's health improved so much that, at her own urgent request, it was discontinued. She was then plump generally, as well as having the remarkable localisation of fat alluded to. The estimated increment in her weight, after seven weeks' inunction, was about 12 lbs.; soon after its discontinuance, she began to diminish in bulk, one by one the other symptoms of pregnancy cleared off, and ultimately the menstrual function was re-established.

The term "spurious pregnancy" has been prefixed to the present case, not merely on account of certain signs which might have been mistaken for gestation, but because the suspension of the catamenia, the steady increase in size, the changes in the mammae, and the subjective symptoms of the patient, lasted about the usual term of pregnancy, and then disappeared almost suddenly. These circumstances appear to bring it into the category of those cases in which, in consequence of some change in the ovaria, the symptoms

of pregnancy are imitated; and under this influence, without the occurrence of impregnation, women arrange for an accouchement which they suppose to be impending, animals prepare their lairs, and birds build their nests. In the case of M. B., cod-liver oil inunction was tried a second time, but with no such results as those which have been detailed.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

THREE CASES OF EXCISION OF THE KNEE-JOINT.

By GEORGE MURRAY HUMPHRY, Esq., Surgeon to the Hospital.

CASE I. Eliza Hobbs, aged 20 years, a light complexioned, not very healthy looking person, had suffered from disease of the left knee for more than six years. The synovial membrane was first affected, and subsequently the other structures of the joint. She was under my care in the hospital three years ago, when the disease was so severe that we feared amputation might be necessary. However, it gradually fell into a quiet state, and she went to her home to wait the effect of time. She returned in October 1854 with her general health improved. But the lower limb was useless, indeed burthensome; for though the disease in the knee had ceased, and the swelling had subsided, the joint was left in so mutilated and impaired a state that she could not bear upon the limb, or move the leg upon the thigh, or even lift it from the bed. Passive movements could be effected in a limited range, but these gave pain. The patella was fixed; the whole extremity flabby, though not much smaller than the other. There was little hope of the limb being brought into a useful state by any ordinary treatment, because some displacement of the ends of the bones had taken place, causing deformity of the limb. The inner condyle of the femur projected on the inside of the knee, and could be felt to be knotty from bony deposit upon it. The leg was inclined outwards from the knee to the ankle, forming an obtuse angle with the thigh. It was also a little bent and rotated outwards. I contemplated amputation; but the girl was very anxious that some attempt should be made to save the limb. My cousin, Mr. Frederick Humphry, now practising at Brighton, was going round the hospital with me and saw this patient. He told me that he had seen good results from excision of the knee, and recommended me to try it in this case. Having thought over the matter, I proposed the operation to my colleagues, who agreed in thinking it worth while to give the operation a trial in a case of this kind, although they, like myself, were not much prepossessed in its favour.

October 27th. I made a transverse incision over the patella, more than half round the joint, and short cuts upwards and downwards at right angles to it at either end; reflected the flaps thus made, and cut into the knee-joint, dividing the lateral ligaments. The patella had acquired close connexions with the outer condyle; and in the endeavour to separate it, and press it on the outside of the joint, with the view of saving it, the ligamentum patellæ was torn up from the head of the tibia. I thought it best, therefore, to remove the bone. The joint was then bent, the adhesions between the bones, which were of fibrous nature, and the crucial ligaments being at the same time divided with the scalpel. The ends of the bones being now sufficiently uncovered, I sawed about three-quarters of an inch off the condyles of the femur, and a thinner slice from the tibia. Placing the cut surfaces together, I found that the leg was inclined a little outwards. This was rectified by sawing off another thin oblique slice from the inner part of the cut surfaces of the bones. Some of the articular arteries required ligatures. Finally, the limb was bandaged upon a straight splint, with a pad under the head of the tibia to raise it; and proper apposition was secured by the pressure of broad lateral splints.

No unfavourable symptom followed. Not the slightest