PREGNANCY DIAGNOSIS STATION

REPORT ON THIRD YEAR'S WORKING

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The second report¹ on the working of the Pregnancy Diagnosis Station, which was, like the first,² published in this *Journal*, dealt with the cases diagnosed up to the end of January, 1931. The present report embodies the cases dealt with up to the end of January, 1932. As in previous reports, only cases submitted by practitioners, hospitals, or public health authorities are considered.

TECHNIQUE

No alteration in the technique has been introduced in the year of the report. The treatment of the urine with sulphosalicylic acid has been continued, and has given satisfactory results, so that only one case remained undiagnosed because of toxicity of the sample.

RESULTS

In all, 1,477 cases have been dealt with in the period of the report (as against 840 cases in the first and 835 in the second year of the working of the station); 824 cases have so far been controlled by clinical diagnosis. In 96.61 per cent. the diagnosis as arrived at by the test was confirmed clinically. In 3.39 per cent. the diagnosis differed from that given by the station. Yet, as in previous reports, it must be emphasized that the latter figure cannot be regarded as the real error of the method. A positive reaction may be obtained in the absence of a living foetus when other living products of conception are still present, as well as under other conditions enumerated in previous reports. On the other hand, a negative test may be obtained in the presence of clinical signs of pregnancy when the secretory products of conception have died although expulsion of the foetus has not yet occurred. Considering these facts the "real" error of the method during the third year was 2.67 per cent. (as against 2.41 per cent. in the second year). This figure can be regarded as generally correct if it be assumed that the proportion of errors in the whole group of tests is the same as in those tests which were actually controlled by clinical diagnosis. This seems probable, but no definite conclusion can be arrived at until all clients of the station agree to fulfil the request of the station to send information regarding the ultimate diagnosis.

Attention was drawn in the last report to cases where the test gave a negative result while clinical symptoms made the existence of pregnancy probable. It was reported that in a number of such cases pregnancy was terminated by abortion. This year's material again contains instances of such cases. As mentioned in a previous report, the prognosis for uneventful termination of pregnancy does not seem to be very favourable in cases where a negative diagnosis was returned although clinical symptoms indicated existence of pregnancy. It may be that future findings will suggest a definite clinical basis for the application of a possible method for the prevention of abortion, which has been referred to elsewhere,³ and which might be submitted to a more extensive clinical trial by being applied to the cases under discussion.

FRIEDMANN TEST

The station now accepts samples for diagnosis by a test which represents a modification of the original Friedmann test. For this test rabbits are injected with a preparation made from the sample of urine by a method described elsewhere,⁴ and the diagnosis can be given within twenty-four to thirty-six hours. In most cases an even more rapid diagnosis is possible (with a lower degree of reliability). A full report on the results will be given in due course when a sufficient number of cases have been

treated and controlled by clinical diagnosis. At present it appears that the test is not as reliable as the original Aschheim-Zondek reaction; yet in cases where a positive diagnosis has been returned the latter may be regarded with confidence. In all cases where a rapid test is demanded by the sender part of the sample is retained for an Aschheim-Zondek test. If the rapid test is negative, while the Aschheim-Zondek reaction gives a positive result, the latter should be regarded as decisive.

FEES

The fees charged by the station for the Aschheim-Zondek test are 10s. for cases sent by private practitioners and 3s. for cases from hospitals or public institutions. The fees charged for the rapid test are £1 10s. for cases from private practitioners and £1 1s. for cases sent by hospitals or public institutions. The fees for the rapid test cover the expenses for telegraphic information and the Aschheim-Zondek test carried out with every sample, along with the rabbit test.

The fees charged serve solely to cover the expenses of the station, which will continue its work, being financially secured against deficit by a guarantee from the Medical Research Council. Thanks are also due to the latter for a grant which covered the expenses of the preliminary experiments necessary before the adoption of the rabbit test.

Careful packing of the specimen is essential, and the name and address of the doctor should be put on the parcel. It has occurred on several occasions that parcels were destroyed by the Post Office (in accordance with its regulations) when the bottle containing the sample was broken, so that fluid escaped. In several such cases the station was unable to trace the sender. It is therefore particularly requested that details regarding the case, and the name of the sender, should be forwarded to the station under separate cover, and that the fee accompany this information in order to save unnecessary expenditure and work.

ROYAL MEDICAL BENEVOLENT FUND

At the September meeting the committee of the Fund voted sixty-nine grants amounting to £1,421 5s., as compared with thirty-four grants amounting to £577 10s. at the corresponding meeting in 1931. The increasing number of cases, and the necessity of helping the many applicants who are known to be deserving and in great financial difficulties, render the appeal for support of the Fund the more urgent by those who have not yet subscribed. Cheques should be made payable to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W.1.

The following are particulars of a few cases helped.

Widow, aged 65, of M.R.C.S., L.R.C.P. Since the death of her husband in 1906 had enjoyed an income of £250 per annum paid from money left in trust. The trustee, who had entire control of the trust, has proved to be fraudulent, and is now in gaol. The widow's income has therefore suddenly and unexpectedly stopped, as all securities have disappeared, and she is left penniless. Fund voted special gift of £20, and £26 payable in four instalments over one year.

Widow, aged 36, of M.R.C.S., L.R.C.P., who died at the age of 38, leaving widow with a yearly income of £33 and three children, aged 6, 4, and 2, to maintain and educate. The husband had a distinguished war service, received the D.S.O. for outstanding courage, and paid for his medical education from what he received from the war. He was working as a medical officer on a salary of £500 per annum, which was eaten up in the simple necessities of life. By his early death from phthisis his widow and three young children are left without means of support. Fund voted a special gift of £20, and £26 payable in four instalments over a period of one year.

M.R.C.S., L.R.C.P., aged 71, has worked as a ship surgeon. He is now totally incapacitated from tuberculous glands in the neck and arthritis. His wife is an incurable lunatic, and has been in an asylum for the last forty years. Applicant's income was £96 per annum. He is obliged to employ help in dressing, walking, and general needs. Fund voted £40 in four instalments over a period of one year.

The Ladies' Guild of the Royal Medical Benevolent Fund still receives many applications for clothing, especially for coats and skirts for ladies and girls holding secretarial posts, and suits for working boys. The Guild appeals for second-hand clothes and household articles. The gifts should be sent to the Secretary of the Guild, Tavistock House (North), Tavistock Square, W.C.1.

¹ *British Medical Journal*, 1931, i, 860.

² *Ibid.*, 1930, i, 662.

³ *Lancet*, September 3rd, 1932, p. 509.

⁴ *Quart. Journ. Exper. Physiol.*, 1931, No. 2, xxi, 147.