

PART FIRST.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Case of Enteritis, Simulating Pregnancy, and Labour at the Full Time.* By M. BARBIERI, Surgeon, Limekilns, Fifeshire.

THE following case of enteritis, simulating pregnancy, and labour at the full time, by proving the occasional extreme difficulty of the diagnosis of pregnancy, besides forming a suitable counterpart to three cases in the January Number of this Journal for 1842, p. 71, has seemed of sufficient importance to warrant its insertion. Under this impression, I now submit it, with some remarks and critical reflections bearing upon the medico-legal question of concealed pregnancy.

Mrs M— W—, aged 32, rather stout, who had enjoyed good health for the last fifteen years, the mother of two living children born at the full time, and of one still-born at the eighth month, sent me a hurried message to attend her in her fourth accouchment, at 8 P.M. of the 16th of December 1840. On entering the lady's bed-room, I found her suffering severe and repeated uterine pains, such as occur at the end of the first stage of natural labour, and recurring, at an average, every five minutes; they commenced in the back, and stretched round the pelvis, and down to the anterior part of the thighs. From answers to various questions put, the following statement is drawn up:—The catamenia had been absent for nine months and two days; she quickened at the end of four months and a half; the motion of the fœtus had become progressively stronger every month; she had experienced morning sickness, vomiting, heart-burn, irresistible longings, aversion to wine and tea, dysuria, spots and ephiledes on the face and skin, frightful dreams, cramp and pain in the legs for the last fort-

night, hæmorrhoids, varicose veins, and anasarca of the legs for the last two months. All these, with the exception of anasarca, cramp, and the aversion to wine, had occurred in her three former pregnancies. She directed my attention to the size of her abdomen, which was that of a woman at the full period of gestation; besides being hard, the uterine enlargement felt prominent and distinctly circumscribed; the entire abdomen bore the most minute and firm pressure at any point, without her experiencing the least pain or inconvenience. Her breasts, naturally rather small, were distended with an abundant secretion of good rich-like milk, such as to render it necessary to apply breast-glasses, which were emptied every quarter of an hour. This secretion of milk had occurred for the last two months and a half, and had never taken place in any previous pregnancy. The silvery lines referred to by Dr Montgomery, were moderately visible. The areola around the nipple was strongly marked; the nipple was turgid and prominent; about 14 of the glandular follicles immediately around the base of the nipple were sufficiently conspicuous to indicate a former pregnancy, but by no means such as to justify the conclusion of its present existence. She, moreover, told me that the liquor amnii had been discharged about half an hour before my arrival, and that she had a slight sanguineous discharge for the last three days, which caused her some anxiety, as it had rather an offensive odour. Before proceeding further, I may state, that her nausea and vomiting had left her for the last three months; her pulse was 130, full, hard, and incompressible; her tongue was clean and moist, and the bowels were open.

Notwithstanding the above formidable array of the signs of pregnancy, I felt dissatisfied at the absence of the glandular follicles at the base of the nipple, having always found them very prominent in all her former pregnancies; besides that, my educated ear (having been nearly thirty years in active practice,) was not reconciled to her present pains; I therefore hinted my doubts of the existence of her condition, at which she felt very indignant, referring me, *first*, To all the signs individually, laying great weight on the absence of the catamenia for nine months, stating that the menstrual secretion had previously always been healthy, as to time, quantity, and quality; *second*, To the size and hardness of her abdomen; *third*, To the quantity of her milk; *fourth*, To the quickening and motion for the past four months and a half; *fifth*, To her previous experience of pregnancy; and, *sixth*, To the impossibility of her reckoning being wrong, owing to the absence of her husband during the entire period. About this time, I was hastily called away to visit a sailor who had received an accident in the neighbourhood, for which reason I gave her two grains of opium, and four of calomel, and left her for two hours. On my return, I found her labouring under powerful expulsive pains, such, indeed, as nearly led me to alter my opinion of the case. The lady herself declared that I would

not be detained above two hours. But as it has often happened that females and their medical attendants have expected delivery for days, when there was no pregnancy (Ryan, Hamilton, Blundell, &c.), I proceeded to examine her per vaginam.

The external parts were greatly relaxed, and the vagina so much dilated as easily to admit my closed hand, and from it a sanguineous discharge issued, whose odour and external characters could not be distinguished from those of the ordinary lochia, unless, perhaps, in being somewhat more offensive; but we all know, that this smell, like that of sweat, is subject to considerable variety. The uterus was in an unimpregnated and healthy state, as regarded its body, cervix, and orifice; the os uteri retained distinctly its transverse orifice, with well defined and firm margins. I felt at a loss to account for the so-called discharge of the liquor amnii already referred to. It could not proceed from hydatids, cauliflower discharge, nor those splashes of urine which sometimes come away from pregnant women, as noticed by C. M. Clarke, owing to the state of the uterus. The catheter was therefore introduced, and upwards of two pints of high-coloured transparent urine drawn off, divided into two portions, and reserved for analysis.

As the bowels had been opened by castor-oil a few hours before my arrival, I proceeded to examine the abdomen under the chemise. In addition to what has already been stated, I found a pale-brownish stripe, nearly an eighth of an inch in breadth, in the mesial line, running from the umbilicus to the ensiform cartilage, but which certainly did not correspond to the description or opinion given of it by Mr Turner. The effects of percussion were tried, as advised by Andrieux and Piorry, but having no pretension to the same extraordinary tact possessed by these eminent men, no dependence was placed on its results. A marked degree of dulness and sonorous sound was heard from one to two inches of each other, in every direction, whether anterior or lateral. Owing to the state of the uterus, auscultation was not had recourse to, knowing the uncertainty of its results in real pregnancy in the most skilful hands, as may be observed in the writings of Ryan, Montgomery, Nægèlè, and Velpeau, notwithstanding the opinion in favour of it by Laennec, Mayer, De Leus, Kennedy, Fergusson, and Elliotson; besides, "the results of auscultation exist, in some degree, when the foetus is dead, and also in extra-uterine gestation." (Ryan.) On examining the dorsal region, I found that firm pressure could not be endured without her wincing at every attempt. Perplexing as the case to me was, I now arrived at the conclusion, either that it was inflammation and great enlargement of the kidneys, or inflammation of the posterior aspect of the intestines; but how could the immense indurated abdominal tumour be accounted for, more especially as the bowels were represented always to have been open?

Aware that pregnancy is simulated by so many diseases, and

vice versá, and that a knowledge of these ought always to be at our command, otherwise that lamentable mistakes may be made, prejudicial to the life or character of the female, and not less injurious to professional reputation, by giving rise to dangerous errors in practice, as well as causing false inferences to be drawn as to the result; and as errors of this kind are not visionary, but have been of frequent occurrence, even to the most eminent in the profession, as Harvey, Cullen, Hunter, Smellie, Denman, and others, I reviewed the causes of abdominal enlargement, and found them to be, diseased liver or spleen, accumulations of fat, or fæces, tympanitis, ascites, distended bladder, suppressed catamenia, dysmenorrhœa, moles, hydatids, hydrometra, hydroamnios, abdominal or uterine tumours, and enlargement of the Fallopian tubes.

From the state of the uterus, and the absence of the glandular follicles around the base of the nipple, several of these causes were quickly dismissed from the mind; while the total want of correspondence in the symptoms of some others, assisted in the diagnosis. On the other hand, the list still presented a sufficient number of diseases to render their detection a matter of great embarrassment, many of them having frequently been known to simulate all the principal signs of pregnancy, in illustration of which, the following evidence will suffice:—

“Enlargement of the ovary may either simulate pregnancy, or co-exist with it;” along with enlargement of the mammæ, secretion of milk, and the dark areola round the nipple, motion has been felt, with other signs, which are more or less noticed by Gooch, Merriam, Montgomery, Ryan, Mackintosh, Burns, Copland, Good, Vater, M. Robert, and C. L. Schmalz. In Dr Ryan’s case, “the disease became developed in eight months, the woman had dead children, the catamenia were suppressed, and she supposed herself pregnant. The diagnosis was difficult, the uterus was undeveloped, the legs anasarcaous, the abdomen larger than at the end of gestation, and the respiration very difficult.” In one case, the ovarium was so prodigiously enlarged, that on the *post-mortem* examination, it was found to weigh fifty pounds. (Corvisart.)¹ We should also keep in recollection the celebrated case of the Demoiselle Famin, published by Valentin in 1768. Extra-uterine pregnancy has often “mimicked the entire process of utero-gestation.” (Good, Ryan, Burns, Davis, Capuron, and Duverney.) In Saxtorph’s case, the uterus was not enlarged at the end of the ninth month; and in Dr Ramsbotham’s case, “the uterus itself was not the least enlarged” in the seventh month. “Ascites has been mistaken for pregnancy, and *vice versá*.” (Ryan and others.) More frequently, however, pregnancy has been treated for dropsy. (Foderè, Mauriceau, Capuron, Avenzoar, Marsa, Gooch, and Beck.) “Suspicion may arise from the catamenia being obstructed by an imperforated hymen.” “Cases of this descrip-

¹ Jour. de Méd., vol. xviii. p. 360.

tion resemble those of true pregnancy so much, that a correct diagnosis is of great importance to the credit of the practitioner, and the character of the patient." The quantity of the accumulated fluid has been from four to ten pounds. (Smellie, Denman, Montgomery, Davis, Macaulay, Dewees, Chamberlain, Sherwin, Eason, Frye, Benevoli, F. Hilden, Fab. Abaq. Wier, Kæyner, Benevenius, Bardy, Frank, and Boivin.) "The circumstances attending dysmenorrhœa have sometimes given rise to a suspicion of pregnancy and early abortion, because the female may have pains resembling those of labour, accompanied by red discharge, and followed by the expulsion of a substance somewhat resembling the decidua." (Montgomery, Denman, Beatty, Mackintosh, Locock, Burns, Davis, Good, Friend, Royer-Collard, and Chaussier.) "Sometimes the membrane expelled has an exact resemblance to the membrana decidua." (Denman, Hunter, Baillie, Beatty, Conquest, and Morgagni.) "The existence of hydatids in utero is always accompanied by the ordinary symptoms of pregnancy." (Montgomery, Denman, Burns, Davis, C. M. Clarke, Ryan, Gardien, and Desormeaux.) "Moles give rise to the same phenomena as true pregnancy." (Baudelocque, Voigtel, Velpeau, Smith, Ruysch, Rust, Ryan, Burns, Davis, and Good.) "In some instances, the symptoms of a case of polypus are very perplexing." (Mayer, Burns, Sam. Cooper, Davis, Espagnet,¹ Vater,² Mackintosh, and R. Lee.) In tympanitis uteri, "the uterus is sometimes observed to counterfeit the phenomena of pregnancy; but ultimately, and when the destined period arrived for its expulsion or escape, instead of the legitimate fruit of conception, only a spurious vapour is produced." (Davis, Gooch, Hooper, Baillie, Delamotte, Dugès, Boivin, Chomel, Astruc, and Ambrose Stegmann.)

Induration and enlargement of the uterus has occasionally been such, as to weigh in one case 10 pounds, (Ryan), and in another 50 pounds (Mackintosh). Dropsy of the unimpregnated uterus has accumulated to the prodigious extent of 50, 60, or even 100 pints of water. (Lieutaud,³ Hoffman, Geoffroy, Astruc, Davis, Turner, Burns, Copland, and A. T. Thomson). "The bladder may be sometimes so dilated as to contain two gallons, and cause a resemblance to the last stage of pregnancy." (Ryan). A great enlargement of the liver has been mistaken for disease of the ovary. (Davis). Diseases of the Fallopian tubes have frequently proved very perplexing. (Andral, De Haen, Frank, Boivin, Dugès, Portal, and R. Lee). In dropsy of the Fallopian tubes, the cyst has been found to contain as much as 110 pounds of fluid (by Munnik), 140 pounds (by Harder), and 150 pounds (by Cypriani).

Having reviewed the above causes, as far as recollection served me, I now considered the present case to be one of chronic inflammation that had assumed the acute form; and that it demanded

¹ Mém. de l'Acad. de Chir. tom. iii. p. 531.

² Haller, Disp. Chir. tom. iii. p. 621.

³ Tom. i. p. 319, and p. 333.

the most immediate and energetic treatment, whatever might be its situation, or the cause of the induration and enlargement: and I trusted that the lancet would open the eyes of ignorance. Having communicated my decided opinion, and prepared the lady for the measures to be adopted, which were heard with profound astonishment, I proceeded without further delay.

In reference to the treatment, my circumscribed limits confine me to a general outline alone. The pulse being strong and frequent, 64 ounces of blood were abstracted from a large orifice, in the erect posture, without inducing the least approach to syncope. Its effects on the pain and expulsive action were great and immediate. So far the doctrine inculcated by Dr Marshall Hall, Mr Wardrop, and Mr Barlow was illustrated,—that “little blood will flow if the frame can bear to lose but little; much will escape, if a large depletion be called for by the constitution.” Moreover, I was entirely regulated by the effects of the blood-letting, and not by its quantity. In about ten minutes, a state of the most profound syncope and collapse followed, which continued nearly a quarter of an hour, accompanied by an incredible discharge of liquid feces, amounting to at least four large chamber urinals, with an immense quantity of flatus, more noisy than offensive. Alarming as the case now was, I determined in trusting to her age and former constitutional powers. On recovering from this state, three grains of opium, and eight of calomel, were administered, to prevent reaction. On examining the abdomen, the enlargement and induration had disappeared; and all the vertebræ could be easily touched through the parietes of the abdomen. She was now necessarily left for eight hours, owing to an obstetric engagement. At my second visit, I found she had enjoyed six hours' comfortable sleep and freedom from pain; that the pain had returned during the last two hours, but was, for the first time, confined to the abdomen, where the slightest pressure could not be endured, while the back was free from it. The blood was now examined, and found to have a buffy coat of more than two lines in thickness, greatly cupped, firm, and elastic; the coagulum was very dense, and floating in a small quantity of serum. One portion of her urine was then submitted to the action of heat at the temperature of 170°, and coagulated rapidly, showing distinctly the presence of a large quantity of albumen. The case appearing one of enteritis, complicated perhaps with Bright's disease of the kidney, she was immediately bled to the extent of 32 ounces, in the erect posture, but without producing any of the former results. This was followed up by the application of 40 leeches to the ileo-cæcal region, and the hip-bath when they fell off; a blister was applied over the entire abdomen, to be dressed night and morning with the *ungt. hydr. fort.*; and it was resolved to give her two grains of calomel, with a fourth of a grain of opium, every four hours. On the third day, the inflammation seemed to have been subdued. On the fourth, I had acute

gastritis to contend with, and that alone; and notwithstanding the most energetic local treatment, and the immediate suspension of the calomel, she experienced no relief, except from the unceasing use of small portions of ice; from which, while the supply continued, she remained free from the burning pain, and other uneasiness. This, however, failed on the 21st; and after enduring several hours' suffering, she died on the 22d day of the acute attack.

Morbid appearances.—On the abdomen being opened, there was found increased vascularity and thickening of the peritoneum; effusion of coagulable lymph, in the form of flocculi, with about four ounces of pus into the peritoneal cavity. The stomach presented great vascularity; two patches, the size of a half-crown piece, of softening of its coats, near the pylorus; and nearly the whole of the small curvature was more or less deeply ulcerated. Great vascularity of the duodenum, ileum, and rectum; a few very small patches of softening were seen on the coats of the colon; a number of circumscribed superficial follicular ulcerations, with one small perforating ulcer, were found in the last twelve inches of ileum.

Here we have increased vascularity, ulceration, coagulable lymph, pus, and softening, as the results of inflammation. But we are told by Andral that vascularity alone is too often taken for an unequivocal indication of previous inflammation. Again, Bichat and Broussais maintain that inflammatory injection may have existed during life, and yet wholly disappear after death. Dr Stokes states, that even ulceration, perhaps the most certain proof of all, may occur under circumstances in which it is impossible to trace it to an inflammatory origin. And it is well known that the same remark applies to the softening of the coats by the gastric juice. These facts show, that “no morbid appearance whatever, taken singly, is a certain proof of the occurrence of inflammation;” but when combined they are irresistible.

The kidneys were in every respect healthy, as also the uterus, and all the other abdominal viscera.

We now come to the questions, Was the case one of inflammation? Was the quantity of blood abstracted too large? The state of the pulse, of the blood, the increased pain on pressure, the quantity of blood borne in a full stream for ten minutes, the relief resulting, the duration of the disease, the age of the lady, and the morbid appearances, sufficiently answer for themselves. The state of the blood, I admit, is of itself no argument:—We know from Ratiér, Belhomme, and Sir A. Cooper, that the blood in health may sometimes be buffed and cupped; Dr Crawford says that the same takes place in pregnancy, and in such as have been in the habit of being bled; and in influenza, as observed by Dr Graves, “it is generally buffed, even where there is scarcely any febrile excitement in the system, and thus affords a very fallacious indication.”

We know that the presence or absence of pain, in the abdominal

or iliac regions, even with the assistance of light or firm pressure, is no evidence of the existence of inflammation, as has been well pointed out by Andral and Elliotson.

The possibility of the case being one of intestinal irritation, abdominal neuralgia from uterine irritation, or morbid sensibility, could not for a moment be maintained:—first, because nearly all their symptoms were absent; and secondly, because any of them would have been aggravated by bleeding.

With regard to the kidneys, had I been guided by the urine, we ought to have had Bright's disease. The result showed otherwise. Dr Graves distinctly states, that we may have albuminous urine without Bright's kidney, and on the other hand, that we may have Bright's kidney without albuminous urine. Again, he observes, "that in various cases which came under treatment in the hospital, he had shown that this state of the urine may depend on mere functional disease of the kidney." In my case, this fact was important in a practical point of view. Dr Bright lays down the doctrine, that in cases of dropsy, the presence of albumen in the urine ought to deter us from the use of mercury. Now, Dr Graves observes, "I have treated several such cases successfully with mercury."

Lastly,—notwithstanding the deplorable ravages committed on the patient's organs of digestion, the tongue continued, throughout the whole of her illness, clean and moist. This illustrates the justness of a remark made by Andral and Dr Graves, that some persons are too hasty in drawing inferences from the state of the tongue as to the existence of affections of the digestive organs, a statement which applies especially to the late Dr Armstrong, and some of our best writers.

To revert to the second portion of the urine, which was examined on the third day: it was found to have a small crust on its surface, formed of small, white, flaky, grumous matter, part of which had fallen to the bottom of the vessel, and resembled caseine. The precipitation was more abundantly procured by adding a few drops of alcohol to the urine.

The presence of a particular principle in the urine of pregnant women, resembling caseine, has more or less engaged the attention of the profession since 1486, when Savonarolo wrote on it. Some, as M. Nauche, have had the most perfect faith in this sign. Of the moderns, Foderè, Montgomery, Golding Bird, Stark, Griffith, Lubanski, Turchetti, and Cenni, have written on the subject, and admitted its importance.

By Bird, it was always found in the urine of pregnant women, with the exception of some who had been labouring under inflammatory diseases. By Turchetti, it was found in the urine of non-pregnant women, as well as in those that were pregnant; it existed in women labouring under inflammatory complaints, as well as in those of good health. By Cenni, it was found in the urine of non-pregnant as well as of pregnant women; and also in that of men.

From the above few observations, we find how equivocal a sign of pregnancy the urine must be. We have in these likewise an explanation of the existence of caseine in the case of Mrs W——; of which, from its very embarrassing appearance at first, I determined to probe every available test.

The fatal termination of the case suggested the following retrospective view of the cause of the remaining anomalous signs and sympathies already adverted to:—

1. *Catamenia*.—"Neither the absence nor the presence of the catamenia can be made a means of diagnosis, or considered as evidence that a woman is or is not with child, without leading us into absolute error." (Montgomery).

"As an increase of bulk, together with many of the other symptoms of gestation, may proceed from suppression of the menses, we cannot positively, from those signs, pronounce a woman to be with child." (Burns).

We should bear in recollection the occasional cessation of menstruation at the early age of 25, (Haller, Dewees, and Velpeau); others before the age of 30, (Locock and Dewees): frequently at the 35th year, (Ryan and Davis); and that it afterwards simulates pregnancy, (Locock).

A suppression of the menses may happen from a variety of other causes altogether unconnected with pregnancy, such as different forms of disease; exposure to cold, to hardships, or to mental emotion; change of life in consequence of marriage; functional weakness of the uterus; hydatids; moles; accumulation of menstrual fluid in the uterus; polypus uteri; tympanitis uteri; various uterine tumours; sometimes in ovarian disease; imperforate and cribriform hymen; extra-uterine pregnancy; chlorosis; fevers, &c.

Conception has taken place previous to menstruation, (Morgagni, Foderè, Desormeaux, Mauriceau, Frank, Capuron, Montgomery, Locock, Ryan, Low, and Davis).

Menstruation has occurred during pregnancy, (Mauriceau, Capuron, Foderè, Belloc, Deventer, Baudelocque, Gardien, Desormeaux, Haller, Heberden, Hossack, Francis, Dewees, Perfect, Ryan, Mayo, Gooch, Montgomery, Locock, and Beck). On the other hand, this discharge was not held to be the menstrual fluid, by Van Swieten, Hoffman, Frank, Sims, Denman, Davis, and John Clarke.

The occasional occurrence of the catamenia during lactation is admitted by Denman, Locock, Montgomery, Davis, Robertson, and Ryan.

2. *Areola*.—The areola was held to be a more convincing proof of pregnancy than the presence of the hymen, by Hunter. Smellie and Gooch had the most perfect faith in this sign. "Pregnancy may exist and the areola remain deficient, and sometimes absent," (Montgomery). "In other subjects, the areola has presented a deepish tinge in the absence of pregnancy, and even in persons who

had not been pregnant at any former period," (Davis). "Swarthy women have naturally, in the virgin state, a mahogany-coloured areola," (Hamilton). We have already seen it strongly marked in the case under consideration, though it was nearly absent in her three former pregnancies.

The dark areola has been seen as late as the time of labour, without the prominence of the glandular follicles; but their development has never been seen without the concurrence of pregnancy. Their absence, therefore, is no proof against the existence of pregnancy; though their presence is a convincing proof of previous conception. We must be cautious before the period at which the characters are in general developed and perfected, and which will be between the 3d and 4th month, (Montgomery).

"If a woman has been pregnant before, and particularly if she suckled, or is now nursing, it may greatly embarrass our investigation," (Montgomery).

Our opinion may be required of a woman, who has perhaps very recently miscarried, and whose breasts may exhibit all the true characters of the areola, combined with several other circumstances really indicating a state of pregnancy. In such a case, we must use great caution, although really correct, (Montgomery).

Before passing an opinion in any case, I would earnestly entreat the practitioner to consult the account of the true characters of the areola, as given by Dr Montgomery, in the *Cyc. of Pract. Med.*, vol. iii. p. 473, and in his work on the *Signs and Symptoms of Pregnancy*.

The dark areola has been found round the nipple, with enlargement and tenderness of the mammæ, in cases of ovarian dropsy, by Mackintosh and Copland.

3. *Milk*.—Milk may be secreted by morbid causes capable of distending the cavity of the uterus, and thereby exciting the sympathetic changes in the breasts, as hydatids, (Denman, Montgomery, Davis, Burns, and Male); moles, (Davis and others). In moles "the breasts will be flaccid," (Ryan, Mason Good, and Sam. Cooper); also in polypus uteri, (Mayer and Moyle). At page 419 of this Journal for 1841 will be found an interesting case of polypus uteri, by Mr Moyle, in which "the third day after her riddance of the tumour, she said that her milk had risen, and that her breasts were very painful; it is true they were much distended, and that the secretion of milk was abundant." In ovarian dropsy, (Vater, M. Robert, Burns, and Carl. Ludwig Schmalz); in physometra and hydrometra, (Frank); and in spurious pregnancy, (Gooch).

The breasts often secrete milk at various periods of pregnancy, (Ryan, Burns, Montgomery, Foderè, and Belloc.) In one instance as much as a pint and a half was daily poured out in the 5th month, (Savages). In the case of a young woman, with her second child, I have seen more than two pints daily poured out during the last three months; and what is singular, the secretion ceased at the end of the first week after delivery, without any assignable cause.

Milk has been found in the breasts at ages antecedent to puberty, (Cruger, Lanzoni, Baudelocque, Belloc, Foderè, Magendie, Beck, and Locoock). After the cessation of the generative faculty, (Davis, Smith, Beck, Locoock, Kennedy, T. Stack, G. Semple, Capuron, Foderè, and Diemerbroeck).

Males have occasionally been found capable of supplying milk in abundance, sufficient to suckle children, (Magendie, Beck, Humboldt, Captain Franklin, &c.).

4. *Quickening*.—In a legal point, the subject of quickening is of great importance; though, from all that has been written on it, it will be seen how fallacious a sign it is. This is, moreover, confirmed by the ridicule heaped on the English law by Drs Ryan, Montgomery, Traill, Paris, and Fonblanque, Beck, Gardien, and others. Indeed, the law as it stands, is immoral, unjust, and irrational. With many others, we should keep in recollection the case of Genevieve Supplice, who, after being hanged for robbery, was publicly dissected, and found pregnant of a child of five months, contrary to the opinion of the surgeons and midwives who had examined her, as is related by Riolan;¹ as also of another woman, in 1666, mentioned by Mauriceau,² who was hanged, publicly dissected, and found to be pregnant four months, notwithstanding the report of professional persons, who pronounced her not pregnant, and that on the ground of her continuing to menstruate.

Quickening, and the motions of the foetus, are simulated by various irritations and diseases; thus, nervous and hysterical women very frequently make this mistake, (Ryan and Foderè;) flatus in the bowels will produce the same effects, (Burns, Ryan, Davis, and Hooper;) accumulation of menstrual fluid in the uterus, (Dewees and Montgomery;) hydatids, (Davis, Collins, Mauriceau;) and ovarian disease, (Burns, Vater, and C. L. Schmalz.)

But even in real pregnancy, "some women never perceive the spontaneous motions of the foetus and quickening during the whole period of gestation," (Ryan, Johnson, Gooch, Dewees, Burns, Davis, Montgomery, Beck, Baudelocque, and Gardien.)

Quickening does not take place in uterine moles, (Burns, Ryan, and Mason Good;) nor in polypi, (Cooper and Mayer.)³

5. *Labour*.—Simulated labour will generally occur in the expulsion of hydatids, moles, polypi, retention of coagula in the uterus, tympanitis uteri, imperforate and cribriform hymen, extra-uterine pregnancy, membranes expelled in dysmenorrhœa, various uterine tumours, &c.

In the famous extra-uterine foetation of Anne Mullerin, a native of Wirtemberg, she had simulated labour pains, which lasted seven weeks;⁴ and in Mrs Hope's case, labour continued for three weeks.⁵

¹ Anthropog. lib. vi. c. 2.

² Maladies des Femmes Grosses, tom. i. p. 71, 72.

³ De Polypis Uteri. Berolini, 1821. ⁴ Hist. de l'Acad. Roy. des Sciences, 1721, p. 33.

⁵ Med. and Phys. Journal, vol. vi. p. 360.

A woman who was in real labour, but whose uterus at the same time contained three stones, was not delivered for three weeks, according to the chronicle of Antoninus, quoted by Louis. Persons who have stones in the uterus experience violent pains in it, and have bearing-down efforts similar to those of labour, (Ambrose Parè.)

On the other hand, there have been some rare cases of extra-uterine pregnancy, in which the woman has sustained nothing like the pains of labour at any time, (Perfect, Davis, and Gualandris.)

Again, at page 610 of the July Number of this Journal, for 1842, we find "A case in which Pregnancy was unattended with the usual signs, and in which Parturition occurred without Labour Pains," (Lewis.) A celebrated case is related by the late Dr John Clarke, in the *London Practice of Midwifery*.

In the case of Mrs W., we have seen that not only pregnancy, but that the first and second stages of labour were simulated in the most perfect manner.

6. *Vagina*.—The dilatation of the vagina "may arise from fluor albus, chlorosis, menorrhagia, or certain malpractices," (Beatty.) "The orifice of the vagina is ordinarily narrow, but it may be relaxed by leucorrhœa, or may be larger in a virgin than in a woman who has been violated," (Ryan's *Medical Surgery*, p. 180.)

In the case of a girl, not 13 years of age, who formed an illicit intercourse with a man, "there was found extreme dilatation of the vagina," (Marc.¹) In the case of a girl, aged 16, the vagina would scarcely admit the introduction of a goose-quill. This state continued for eleven years after marriage. At the fifth month of pregnancy the vagina began to dilate, and at the full time it had acquired a size sufficient to permit the passage of the infant, (Beatty.)²

The dilatation and relaxation of the vagina and external parts may also be produced by the expulsion of a mole, hydatids, or retained menstrual discharge, and by long-continued leucorrhœal discharge, (Montgomery.)

Relaxation of the vagina takes place during labour, or even long before it, (Van Swieten and Plenk.) In one case, the urethra was greatly dilated, and had served as a substitute for the vagina, notwithstanding which the female became pregnant, and was delivered by dividing the hymen, (Champion.)

7. *Lochia*.—In extra-uterine pregnancy "the woman suffers much from pain, and there may be a sanguineous discharge from the uterus," (Burns.) The expulsion of the membranous substance in dysmenorrhœa is followed by lochial discharge, (Morgagni.) A discharge precisely similar "may be present after the expulsion of a mole or other morbid growth in the uterus, (Ryan and Burns.) What could occasion the sanguineous discharge in the case of Mrs W.?

¹ Dict. de Méd., art. *Violation*, tom. xxi. p. 353. ² Cyc. of Pract. Med. vol. ii. p. 600.

“ We must take care that we do not confound with the lochia some discharge of a different nature, such as the menstrual, or perhaps one of a morbid origin; from either of which, however, a careful examination of the uterus and external organs would almost certainly enable us to distinguish it,” (Montgomery.)

We must keep in recollection, that even after delivery the lochial discharge “ is entirely absent in some natural cases, (Ryan, Frank, and Schoenberg.) There are cases recorded of the almost entire absence of the lochial discharge, without however being attended with any inconvenience,” (Davis.)

We shall now be enabled to dismiss the other signs and anomalous symptoms, as nausea, vomiting, heart-burn, longings, aversions, spots, and ephiledes, frightful dreams, dysuria, hæmorrhoids, cramp in the leg, varicose veins, and anasarca, by referring all of them to various irritations, sympathies, and pressure—acting and reacting on each other. In so doing, however, we leave this portion of the subject still involved in as great obscurity as before, equally ignorant of the derivation of their origin.

In drawing the present article to a conclusion, I shall avoid entering upon an elaborate discussion of the various arguments which may be adduced in favour of, or against the principal signs of pregnancy, and of enteritis. I shall merely inquire,—Are the symptoms detailed in the foregoing case to be ascribed primarily to the intestinal canal, as the centre of morbid action? or, are they to be connected with some irritation going on external to this organ of sympathy?

By adopting an abstract style, I have been enabled to condense a considerable mass of practical information, without the parade of special reference, or lengthened array of conflicting doctrines. My object was that of calling the attention of the young practitioner to the study of the signs of pregnancy, unbiassed by any preconceived notions, and independent of the trammels of dogmatism.

How often do we not hear the careless and ignorant pretender boast of his intuitive tact of discovering the existence of pregnancy, while the well-informed and cautious practitioner modestly assures us, that it would defy the united experience of Europe to predicate a case with certitude in every instance. M. Velpeau says, “ it is dangerous to forget, that there exist causes without number of deception, and that before the tribunals one ought never to give a decisive judgment, without having previously acquired a mathematical certitude of the fact upon which he pronounces.”

Moreover, there is much reason to fear that the great moral responsibility involved in such cases is frequently lost sight of, both as regards the life or character of the woman, and as regards our own reputation. When an opinion has been given as the result of science, mature reflection, and caution, can man enjoy a purer, prouder, more gratifying reflection?

It is a matter of much regret that we have no systematic arrange-

ment or compilation of simulated cases—no faithful record of the precise circumstances under which they occurred; though obstetric and medico-legal works of ancient and modern times, as also English, French, and German medical journals, abound with examples. The statements of medical men on this subject are vague, general, and contradictory. No special rules as a guide to the practitioner in any given case are laid down. This very circumstance has caused much confusion in medical opinions, and has occasioned the refutation and the downfall of many an infallible sign, “each of which is in its turn consigned to oblivion, and perhaps again revived as a novelty at some future period.”

In the present state of our knowledge, we must rely on the tact acquired by previous experience, research, observation, and reflection, and must often depend more upon a correct estimation of the general state of the patient, than upon the appearance or absence of any particular symptom.

We thus find, that the case under notice, is one of extreme interest, in whatever point of view we may regard it. And without fear of contradiction, I may remark, that there is no subject in medicine which has given rise to more controversy, is involved in greater obscurity, and offers so extensive a field for investigation, as the signs of pregnancy.

LIMEKILNS, FIFESHIRE, Feb. 2, 1844.

ARTICLE II.—*Upon Excision of the Superficial Layers of an Opaque Cornea as a Method of Restoring Vision.* By ROBERT HAMILTON, M.D., F.R.S.E., *Fellow of the Royal College of Surgeons, and one of the Surgeons of the Edinburgh Eye Infirmary.*

(Read before the Medico-Chirurgical Society of Edinburgh, Feb. 9, 1844.)

Last session, I ventured to bespeak the favourable regards of this Society to some recent suggestions for the improvement of ophthalmic practice; and with this object in view had the honour of reading two short memoirs,—the one upon the minute care to be observed in undertaking the principal operations on the eye, referring particularly to the times and seasons at which they may most safely be performed; and the other, upon the cure of inveterate pannus, by the inoculation of the matter of blenorrhœa.¹ Another subject I had then especially in view, was the one just announced: but fearful of making unbecoming demands upon the patience of the Society, I postponed its production to the present time—a course which is all the more fortunate, since, during the interval, together with many of my fellow-members, I have had the pleasure of much personal intercourse in this city, with my amiable and talented friend Dr Gulz, whose success in the not very rare, and truly distressing

¹ MONTHLY JOURNAL, vol. for 1843, p. 201, and p. 579.