

CASES EXEMPLIFYING SOME OF THE DIFFICULTIES ENCOUNTERED IN DETERMINING THE EXISTENCE OF PREGNANCY, AND THE VALUE OF AUSCULTATION AS A MEANS OF DIAGNOSIS.

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1. On the 16th May, 1861, I was sent for into the country to visit Mrs. B—, a Farmer's wife, æt. 33, the mother of seven children, and healthy previous to this illness. She herself believed she had conceived in December last, at which time the catamenia stopped, and she experienced the usual symptoms and signs of pregnancy. Two months afterwards she had rather a severe loss, which continued "off and on" for nearly a fortnight; but this was not accompanied with any pain. Since that time she has had no loss, and believes she is five months gone. She has engaged her nurse for September; but, since the loss above referred to, her body has so rapidly increased in size, that she is now as large as at full term, or even larger; but the breasts have rather diminished than increased, and she has not felt any movements like those of a child. The stomach, however, has sympathized more during the last two months than at an earlier period, and she has been obliged to put herself under medical treatment for the gastric disturbance, which has been already much relieved by citrate of potash and hydrocyanic acid. Bowels regular, and tongue now clean, but spirits uncertain, and pulse above 100. The abdomen is very large, and traversed by distended veins; there is perceptible fluctuation, but not distinct as in ascites, more like that which occurs in ovarian dropsy when the sac is thick or multilocular. There is dulness on percussion all over the abdomen except

in the left hypochondriac and lumbar regions, where the bowels lie distended with air. Before Christmas there was no enlargement of the body whatever, neither was the patient cognizant of any tumour at that time. I could not detect any movement, but there was more resistance in some parts of the body than in others, giving the feeling as if they might be either thickened portions of ovarian sac, or parts of a child. In several places I could hear with the stethoscope distinctly the beating of a heart at the rate of 120 in a minute, exceedingly like that of a foetal heart; but then it was synchronous with the mother's, and might be the sound of that transmitted through a tumour. The rapidity of the mother's pulse, therefore, rendered this sign valueless as a proof of pregnancy. I heard also in one or two situations a sound exactly similar to a placental *souffle*; but this, again, might have been caused by the large vessels of an ovarian pedicle or sac. Examination *per vaginam* did not much facilitate the diagnosis, for the uterus, although apparently enlarged, was not low down, neither could I feel any floating body in it, nor any fluctuation. The os was somewhat patent, and the cervix was short and soon lost in the rest of the uterine structure. I remarked that I had never met with a more puzzling case, but was inclined to the opinion that she was pregnant at the time she supposed; that at the period at which the hæmorrhage took place the foetus ceased to live, and that since that time the villi of the chorion had undergone hydatidiform degeneration which, by their rapid increase, distended the body to its present volume.

Some time afterwards I received the following additional particulars from the surgeon whom I had met in consultation. "About three weeks after you saw her, one morning when I was called I found she had slight pains; and on making an examination, I found the os dilated to about the size of half a crown; and by making a slight pressure the membranes ruptured, and the gush of water was something tremendous. I had different vessels procured, and caught rather over four gallons, no inconsiderable quantity having escaped besides. There were two dead children, one larger than the other. I

should say they were between four and five months. After the waters had escaped some considerable hæmorrhage came on, when I immediately relieved the womb of its contents, gave a dose of ergot, and everything with a little attention did well. I am happy to say Mrs. B— is quite well at this time.”

2. On the 14th August, 1862, I was consulted by a lady between thirty-five and forty years of age, who had been married three or four years and had no family. About four and a half months ago she ceased to menstruate, but had been previously quite regular. Shortly after this she perceived a lump in her body which moved from side to side, but as it enlarged it became more fixed, was situated to the left of the median line, and was occasionally tender. She also discovered another swelling towards the right hypochondrium, and sought the advice of a homœopathic practitioner, who recommended iodine friction to the swellings, and told her they were tumours which could not be cured, but might possibly be stopped in their growth so as not to materially interfere with her health or life. After treating her for some little time, and the tumours increasing in size, he advised her to take my opinion, and as he knew I would not meet him, he said he would willingly give up the case if she would like to put herself under my care. This was done; and on examination I found the lower swelling very like a uterus nearly half gone in pregnancy; the breasts were enlarged, with increasing colour around the nipple, and with the usual nodulations. The cessation of the catamenia might have been the result of change, and indeed had been considered to be so; but connecting this with the state of the breasts, I suspected pregnancy. I also thought I could with the stethoscope hear a placental souffle, but it was too indistinct to be quite certain about it; and the second swelling was obscure, so that I left the case for further examination, prescribing only mild aperients. At the same time I stated my suspicion to the patient that her complaint was pregnancy; and as she said a visit to Yarmouth would certainly have the effect of making her unwell if she *could* be so, I

advised her to go for a month and put it to the test. On her return I saw her again, and although even then there was a degree of doubt about the symptoms, yet I heard a sound which from experience convinced me that there was at all events a placenta. A foetal heart I could not hear, but as the abdomen was large, the breasts more developed, and the general health good, there was no reason to suppose that if pregnant her child was dead. I now gave her a more positive opinion, advised her to go again to Yarmouth for a few weeks, and to divest her mind of all apprehension of incurable disease. On her return she wrote me that there was no occasion for any more examinations, as she could distinctly feel the movements of her child, and had no doubt about my opinion being correct.

On the 12th January, 1863, I was summoned by Mr. —, whom she had selected to attend her, on account of a very tedious and difficult labour which had already lasted many hours. I delivered her of a very fine living male infant by means of the vectis, and she had a good recovery. *No tumour remained in the abdomen.*

3. In May, 1863, I was consulted about a lady of middle age, the mother of two or three children, as to whether she was pregnant. The catamenia had been irregular, and she was supposed to have aborted a few months ago, when she had a good deal of hæmorrhage. She now thought herself pregnant again, but did not feel as usual. Her general health was out of sorts, and she could not understand her illness. The breasts were large, and discharged large quantities of fluid which stiffened her linen, "but was not milk." She felt no movement in her body, nor was she increased in size. *She was puzzled, her surgeon was puzzled, and I was called in to solve if possible the mystery.* This lady was immensely fat, her abdomen large but soft, and I could feel no trace of uterus. Examination *per vaginam* threw no light upon the matter; the os could scarcely be reached, and I could not feel any tumour like an enlarged uterus, or indeed any unusual fulness at the top of the vagina. But on examining the abdomen with the stethoscope I heard a sound which has never yet

deceived me, and which I interpreted to be a weak placental bruit; so weak indeed that her surgeon could not hear it. We recommended her to leave home for a month, and on her return I heard this peculiar sound louder, and pronounced her pregnant, although no other signs had developed themselves by which she could convince herself of the fact. Nevertheless it turned out to be so, and she was confined of a large stillborn child in the following September. Her labour was difficult from impaction of the head, and her delivery, which I accomplished with the vectis, unavoidably slow from the large size of the child, the shoulders of which measured six inches across. She had a good recovery.

4. A middle-aged lady came from a distance to be under the care of an experienced medical man in this neighbourhood, having suffered very much from pain and tenderness with swelling in the right iliac region, her health suffering much in consequence. She had not been unwell for more than three months, although generally regular; the breasts were enlarged and had raised papillæ around the nipple; and she had had some morning sickness, giving her the impression that she was pregnant. This was also the conclusion at first arrived at by the gentleman she consulted, but afterwards they both thought otherwise, and sought for some other cause for the persistent pain and tenderness in one particular part of the abdomen. After a while I was consulted about the case, and met Mr. M—, who gave me the above history and wanted my unbiassed opinion. I found, as I thought, almost all the ordinary signs of pregnancy; if pregnant, she was not far enough advanced for the foetal heart to be heard; but on examining with the stethoscope I felt sure I heard a soft distant placental souffle, and I stated my rather positive conviction that she was pregnant. My fellow-practitioner, however, maintained the opposite opinion, and we agreed to defer any other than palliative treatment until time should further disclose the real nature of the case. I should mention that the surgeon with whom I was consulting could not hear the placental bruit, although familiar with its sound at advanced periods of pregnancy, and, therefore, could not

make use of that as a guide for his own diagnosis. This patient soon afterwards returned to her own home and her own family surgeon; and after suffering several different times from severe attacks of pain in the right side of the body, after several months she was safely confined with a fully developed child, and had a good recovery.

5. Mrs. —, æt. 38, mother of several children,—two or three having been born dead. There had been no return of the catamenia since her last confinement, eighteen months before, until eleven months had expired; and then, which was seven months ago, she had rather a severe loss, and has had hæmorrhage now and then almost ever since, especially under any kind of exertion; and sometimes, as within the last few days, to a considerable extent. She had a large tumour in the abdomen, central, uterine, but has none of the usual symptoms of pregnancy, nor are the breasts at all enlarged. She had had the advice of two surgeons who were in doubt as to what was the matter, one of them being of opinion that the hæmorrhage was occasioned by a large uterine polypus. On the 29th October I was requested to meet them, and at the first view I was also uncertain of the nature of the case. But on fuller examination I distinctly heard both the placental souffle and the foetal heart, and decided it to be a case of pregnancy with the placenta attached very near the os uteri. The os uteri was slightly patent, the cervix gone, and I considered her to be about eight months advanced. Very shortly after this interview I was informed by Mr. M— that labour came on, and she was safely confined.

I was much surprised, in a recent work on the 'Diagnosis and Treatment of Diseases of Women,' by Dr. Graily Hewitt, to find him stating that "no dependence whatever is to be placed upon the placental souffle as a means of distinguishing the enlargement of the uterus due to pregnancy, from other forms of enlargement of this organ. In point of fact (he says) the retention of this sound among the signs of pregnancy is of no real service, and is likely to attract attention which would be more profitably spent in searching for the sound of the foetal heart. It is the foetal heart sound, *and*

*that alone*, in which any confidence can be placed in respect to all the signs derivable from auscultation."

Now I believe, on the contrary, that the placental soufflé is one of the most valuable signs of pregnancy, second only to that of the foetal heart, and the most dependable of all signs when the child is dead. To a practised ear the sound is peculiar and distinctive. It is not the blunt sound, or knock, such as the aorta gives if heard through a solid tumour situated over it; neither is it like what is occasionally heard—a kind of humming noise, when the stethoscope is placed over a large vascular ovarian sac; it is a softer sound, something like a guttural pronunciation of the word *woof*, synchronous with the heart's action, such as might be expected to be produced by forcing a fluid *per saltum* through a sponge; and towards the end of pregnancy it is so loud as to be accompanied with a twang or ringing noise. In fact it is like what might be expected to be produced by the circulation of the mother's blood through the porous or cellular structure of the placenta,—a physiological condition on which I believe the sound does in reality depend.

Dr. GRAILY HEWITT thought the uterine soufflé one of the signs of pregnancy which were not absolutely "reliable," and in this sense he had deprecated attention to it. In some of the cases now related, other observers had failed to hear it when it was evident to Dr. Copeman's more practised ear. He still believed it to be capable of simulation by other sounds, and in that sense of the word, "non-reliable."

Dr. J. BRAXTON HICKS thought that in the diagnosis of cases of hydrops amnii we might derive much assistance from external ballotment, and also from passing the finger carefully up the cervix, which in these cases is always more or less patulous, and the membranes felt within. He had also found very great assistance in many cases in determining pregnancy from observing the alternate relaxation and contraction of the uterus, which was observable from the earliest time we can feel the uterus till full term if the hand be laid on the tumour. He thought sufficient prominence had not been given in works generally to this most valuable sign.