

THE STETHOSCOPE AS A MEANS OF DIAGNOSING
THE SEX OF THE CHILD.

BY JAMES CUMMING, M.D.

FEBRUARY 23, 1870.

AUSCULTATION OF THE FŒTAL HEART.

TABLE I.—MALES.

| | No. of Pulsations per Minute. | Character of Pulsations. | | No. of Pulsations per Minute. | Character of Pulsations. |
|-----|--|--------------------------------|-----|-------------------------------------|--------------------------------|
| 1. | { a. Heart in right groin, 120. b. Heart high in left hypocho- ndrium, 154 } | ..... | 12. | 136 | ..... |
| | | | 13. | 133 | ..... |
| | | | 14. | 134 | ..... |
| | | | 15. | 116 | ..... |
| | | | 16. | 120 | Distinct, 116-124 |
| 2. | 138 | ..... | 17. | 120 | ..... |
| 3. | 138 | ..... | 18. | 138 | ..... |
| 4. | 135 | ..... | 19. | 125 | Distinct. |
| 5. | 130 | ..... | 20. | 140 | Distinct. |
| 6. | 130 | ..... | 21. | 140 | Distinct. |
| 7. | 132 | Distinct. | 22. | 137 | 130-144 |
| 8. | 132 | ..... | 23. | 140 | ..... |
| 9. | 140 | ..... | 24. | 141 | ..... |
| 10. | 132 | ..... | 25. | 122 | ..... |
| 11. | 140 | Distinct, 136-142 | | | |

TABLE II.—FEMALES.

| | No. of Pulsations per Minute. | Character of Pulsations. | | No. of Pulsations per Minute. | Character of Pulsations. |
|----|-------------------------------------|--------------------------------|-----|-------------------------------------|--------------------------------|
| 1. | 150 | ..... | 9. | 140 | Indistinct. |
| 2. | 142 | Indistinct, 140-144 | 10. | 152 | Indistinct. |
| 3. | 150 | 144-150 152-160 | 11. | 140 | Indistinct. |
| 4. | 140 | ..... | 12. | 143 | 140-146 |
| 5. | 144 | Indistinct. | 13. | 144 | Indistinct. |
| 6. | 140 | Indistinct. | 14. | 141 | 142-140 |
| 7. | 140 | Indistinct. | 15. | 160 | ..... |
| 8. | 144 | ..... |  |  |  |

TABLE III.—EXCEPTIONS.

| | Pulsations per Minute. | Character of Pulsations. | Sex. |
|-----|------------------------|--------------------------|---------|
| 1. | 136 | ..... | Female. |
| 2. | 134 | ..... | Female. |
| 3. | 138 | ..... | Female. |
| 4. | 130 | ..... | Female. |
| 5. | 118 | 116-120 | Female. |
| 6. | 136 | ..... | Female. |
| 7. | 128 | Very Indistinct, 126-130 | Female. |
| 8. | 120 | Indistinct. | Male. |
| 9. | 132 | ..... | Female. |
| 10. | 136 | Very Indistinct. | Female. |
| 11. | 124 | 120-128 | Female. |
| 12. | 132 | ... .. | Female. |
| 13. | 122 | 120-124 | Female. |
| 14. | 118 | ..... | Female. |
| 15. | 158 | Distinct. | Male. |
| 16. | 120 | ..... | Female. |
| 17. | 150 | ..... | Male. |
| 18. | 116 | 112-116 | Female. |
| 19. | 150 | ..... | Male. |

REMARKS.—In Table I. the first case was one of twins, where the heart of the one foetus was heard in the right groin, beating 120 in the minute (distinct), and on delivery, it proved to be a male. The second foetal heart was heard in the left hypochondrium, beating 154 per minute, and on delivery, it proved to be a female.

In Table I., the pulsations varied from 120 to 140 per minute; and in the majority, the pulsations were characterised by distinctness. On applying the stethoscope to the abdomen, the foetal heart was at once heard beating, and could be easily counted. On delivery they all proved to be males.

In Table II., the pulsations varied from 140 to 160 per minute, and were, as a rule, indistinct. It was often several minutes before the heart could be made out, and difficult to count the pulsations from their rapidity and indistinctness.

Table III. consists of exceptions to Tables I. and II.—that is to say, in fifteen cases when the pulsations varied from 116 to 138 per minute, the foetuses were

found to be females; and in three cases, pulsations 150-160, they proved to be males. I include one case in this table, where, although the pulsations were 120 per minute, they were so very indistinct that a female was predicted.

There are two points thus to be observed when auscultating the foetal heart:—

1. The number of pulsations per minute.
2. The character of the pulsation, whether distinct and readily diagnosed or indistinct.

Judging from Table I., where the pulsations vary from 116 to 140 per minute, and are distinct, a male may be predicted.

And again, judging from Table II., where the pulsations vary from 140 to 160, and are indistinct, a female may be predicted.

But Table III. contains all negative results, as in fifteen, with pulsations varying from 116-138=females; and in three, with pulsations 150-160=males.

Of fifty-nine cases, the diagnosis of forty was correct, and nineteen incorrect.

From the above few cases, it would be premature to form any conclusions; besides, there are several other points which should, if possible, be ascertained, namely:—

1. The ratio of the maternal pulse to the foetal pulse.
2. The ratio of the paternal pulse.
3. The weight of the child.
4. The quantity of liquor amnii, etc.

Dr Keiller remembered that this subject had been investigated a long time ago by Dr John Buchanan, but no reliable results were arrived at.

Dr Bruce thought that Dr Cumming's observations tended to prove that we cannot with certainty ascertain the sex, but was of opinion that the subject should be further examined.