

On Spurious, Feigned, and Concealed Pregnancy. By THOMAS MORE MADDEN, M.D., M.R.I.A., Examiner in Midwifery in the Queen's University in Ireland; Ex-Assistant Physician, Rotunda Lying-in Hospital, Dublin; Member of the Royal College of Surgeons in England; Licentiate of the King and Queen's College of Physicians in Ireland; and of the Faculty of Physicians and Surgeons of Glasgow; formerly Demonstrator of Anatomy, Carmichael or Richmond Hospital School of Medicine; Corresponding Member of the Gynecological Society of Boston, U.S.; Corresponding Fellow of the Edinburgh Obstetrical Society, &c., &c., &c.

SPURIOUS pregnancy is one of the most interesting subjects connected with obstetric medicine. The diagnosis between true pregnancy and pseudocyesis,^a including in this term cases of pretended as well as spurious gestation, as the occurrence of the symptoms of pregnancy without impregnation has been called, is oftentimes a matter of considerable difficulty and of the highest importance in a medico-legal, as well as in an obstetric point of view. Hence, the following particulars of several cases of spurious, feigned, and concealed pregnancy, together with the observations suggested by them, may, perhaps, be considered of some interest.

The comparatively large number of cases of spurious pregnancy which have come under my observation within the last few years leads me to believe that this morbid condition is of more frequent occurrence than is generally supposed. Nor is it confined to any class of society, as some writers think who speak of it as peculiarly affecting, idle and overfed, sterile, elderly, married women of the richer class. On the contrary, a large proportion of the cases of pseudocyesis, on the clinical study of which this memoir is based, came before me at the Dispensary for Diseases of Women, attached to the Lying-in Hospital.

The period of life at which pseudocyesis most frequently occurs is a point on which very eminent authorities differ. Thus the late Sir J. Simpson, speaking on this subject, in his *Clinical Lectures on Diseases of Women*, says:—"I feel pretty certain that the disease occurs at least as often during the first year after marriage as at any later period."^b Dr. Churchill has

^a *Ψευδής, a lie, and κύσις, pregnancy.*

^b *Medical Times and Gazette*, September 3, 1859, p. 225.

seen a case of this kind in a patient, aged 17,^a and similar cases at a still earlier age have been recorded by Dr. O'Farrell and others. But my own experience leads me to agree with Dr. Montgomery, who, in his admirable work on the Symptoms of Pregnancy, stated that spurious pregnancy is most frequently observed about the turn of life, when the catamenia, becoming irregular, previous to their final cessation, are suppressed for a few periods.^b

SYMPTOMS OF PSEUDOCYESIS.

In pseudo-pregnancy we frequently find most of the ordinary symptoms of true pregnancy counterfeited with wonderful similarity. In such cases morning sickness following on suppression of the menstrual discharge is very commonly observed, and so also are enlargement of the breasts, the areola, and turgescence of the nipples, and glandular follicles of the breasts, and even secretion of a lactescent fluid from them. The abdomen generally increases in size, usually indeed much more rapidly than is the case in true pregnancy.

The enlargement of the abdomen in pseudocycyesis may generally be traced to dropsical effusion into the peritoneal cavity, or to the tendency to fall into flesh about the period of "the change of life," giving rise to the excessive deposit of fat in the omentum; and thirdly, the increasing girth may be caused by indigestion, occasioning the distension of the large intestines, oftentimes to an almost incredible extent, by accumulated faecal matter, and still more frequently by flatus, constituting what the poor in this country very graphically describe as a "windy dropsy."

In almost every instance of pseudocycyesis that has come under my observation the patient asserted that she could distinctly feel the motions of the fœtus, and in one case where the woman had previously borne a number of children, she insisted, when suffering from spurious pregnancy, that she had never felt the motions of the child so strongly in any of her former pregnancies.

The patient's nervous system may, in these cases, present all the anomalous symptoms of pregnancy, such as longings, alteration in tastes, irritability of temper, neuralgic pains, &c., with great resemblance. Indeed, those who suffer from pseudocycyesis have, as a rule, either borne children, and know all the symptoms by experience, or else have as it were "coached" themselves up on the subject, which now occupies their thoughts most prominently, and apply their knowledge to themselves with such a morbid concentration of ideas on the one topic that they become monomaniacs upon it, and ultimately deceive themselves as well as others.

^a Theory and Practice of Midwifery, 5th edition, p. 152. Dublin, 1866.

^b Signs and Symptoms of Pregnancy, p. 169. London, 1837.

No class of patients are more unsatisfactory to meet with in practice than those now under consideration. The duty of a medical man is seldom more unpleasant than when he is obliged to inform a woman, who for nine long months has cherished the belief that she is with child, who has communicated this intelligence to her friends, and made all the usual preparations for the expected little stranger, and who, perhaps, deceived by those anomalous periodic abdominal pains that sometimes occur in such cases, sends for medical assistance under the impression that labour is commencing, that she is not even pregnant. On the other hand, if the physician falls in with the patient's opinion at first without sufficient inquiry, and thus unconsciously makes himself a party in her self-deception, as soon as the true state of the case becomes obvious, he will incur an almost incredible amount of odium from the patient, who, not unnaturally, though often very unjustly, makes him the scape-goat for all the bitterness and vexation of which a woman's wounded pride is capable.

Even when merely called in by another physician to see a case of this kind in consultation, the consultant is placed in a very awkward position. He finds that the patient is not pregnant, and must say so. But as far as is possible, consistently with the patient's advantage, which, as in all other circumstances, is the first consideration of the physician, he should perform this duty so as to spare the reputation of his brother practitioner who may have pronounced her pregnant. In one case in which I was consulted, I found this a matter of no small difficulty, but, even then, I succeeded in disabusing the patient's mind of the belief that she was pregnant, and still, at the same time, maintained her confidence in her medical attendant.

CAUSES OF PSEUDOCYESIS.

The causes of spurious pregnancy are very numerous. Besides those already mentioned—namely, "change of life," as it is popularly termed, dyspepsia, dropsy and obesity—pseudocyesis may result from a variety of other causes. Of these, two of the most interesting are molar pregnancy and uterine hydatidiform disease.

Molar pregnancy is a comparatively rare form of spurious gestation, although the poorer class of female dispensary patients frequently date the commencement of any uterine disease from the period at which they suppose they had what they term "a false conception." On inquiring into such histories we generally find the case to have been one of an ordinary miscarriage. In two instances in which the so-called mole was kept for examination, I could discover nothing but a simple clot. A few examples of molar pregnancy have, however, come under my observation.

In the early period of supposed pregnancy there is no possibility of discriminating with certainty between molar and true pregnancy. Generally these substances are expelled from the uterus between the third

and fourth months, but if retained beyond the latter period the absence of the positive signs of pregnancy will of course determine the question.

Pregnancy may also be simulated by uterine hydatidiform disease, or cystic degeneration of the ovum. In a memoir published some years ago I discussed the symptoms, pathology, and treatment of this condition very fully.* At that time I had seen only two examples of this very rare disease—two other cases of the same kind have since then come within my observation. In all these instances of uterine hydatidiform disease the patients supposed themselves with child, until they were undeceived by the expulsion of the hydatidiform mass from the uterus. In one case the woman strongly insisted (and she had given birth to living children previously) that she felt the motions of the child distinctly. The existence of these hydatidiform moles has been explained in various ways, but, like most others, I still think my own theory, as developed in the essay already referred to, the most plausible. In it I observed the theory most generally adopted at present is that hydatidiform moles are the result of the pathological degeneration or abnormal development of some one of the embryonic structures already existing in the uterus. But uterine hydatids sometimes occur under circumstances which prevent the possibility of their being connected with degeneration or abnormal development of any of the embryonic tissues—that is, in cases in which pregnancy never existed. In what light, then, are we to regard the occurrence under these circumstances? The answer to this is, I think, that we must ascribe such cases either to those constitutional changes which lead to the formation of true hydatids in other parts of the body, or else, and more probably, to morbid action set up within the ovary of an unimpregnated female, and which results in the production of hydatidiform disease in a graafian vesicle, and of its escape from the ovary into the uterine cavity, where it continues to increase in bulk until it excites uterine irritation and expulsive action.

Ovarian tumours may be confounded with pregnancy, or may co-exist with it. The diagnosis in such cases is, I think, comparatively easy, and may be arrived at by a manual examination of the abdomen, as well as by the state of the os and cervix uteri, which in ovarian disease is long and low down, while the uterus can be distinguished as a separate body from the ovarian tumour.

Pseudo-pregnancy may also be caused by ascites, by fibrous tumours of the uterus, by physometra, by hysteria and some other morbid conditions, into the consideration of which the limits of this memoir do not permit me now to enter.

Diagnosis of Pseudocyesis.—In the early stage of false pregnancy it is

* On Uterine Hydatidiform Disease, or Cystic Degeneration of the Ovum. By T. M. Madden. 1868.

always a matter of considerable difficulty to pronounce an opinion as to the true nature of the case. But, however closely the symptoms of pregnancy may be simulated in the early months of pseudocyesis, the positive signs of pregnancy after the fifth month cannot be counterfeited. And, even from the very first, in spurious pregnancy it may generally be ascertained, on careful inquiry, that there is something unusual in the symptoms—either some essential one is wanting, or else the symptoms which belong to one period of pregnancy manifest themselves at another, and commonly earlier time than is natural.

Physical examination affords us comparatively little assistance in the diagnosis of pseudocyesis until the fifth month, and, as a rule, neither patient nor physician ever dream of the possibility of the case being one of spurious pregnancy at an earlier period.

With regard to the value of auscultation as means of diagnosis, I must confess myself to be somewhat doubtful. Even in the last month of gestation the fact of the sounds of the foetal heart and placental souffle not being distinguished on auscultation is, as I have shown elsewhere, no proof that the uterus may not contain a living child.* Therefore, how much less reliable must this negative test be when employed, as in cases of this kind, at a much earlier period of gestation, or of spurious gestation.

Nor is the value of the positive evidence derived from the sounds of the foetal heart and placental souffle as certain as it is sometimes supposed to be. It is unquestionable that an experienced auscultator can pronounce on the existence of a living child *in utero* with all the certainty of actual knowledge from the auscultatory signs present. But all medical practitioners are not and cannot become experts in this special subject. Hence the error of fixing, as is done by some authorities, on a supposed pathognomic proof of pregnancy which is difficult to employ, and relying on which, to the neglect of other and more easily employed tests, opinions are sometimes pronounced in haste, which have to be repented at leisure. I am induced to make this observation by the fact that in two of the cases of pseudocyesis which came under my notice the patients were told they were pregnant, their medical attendant having in each instance persuaded themselves that they had discovered the sounds of the foetal heart on auscultation.

A manual examination of the abdomen with both hands will, if we succeed in relaxing the rigid condition of the abdominal muscles, which is so generally present in such cases, enable us to ascertain if there be any uterine enlargement or not, although not to distinguish between the enlargement caused by disease and that occasioned by pregnancy. To do this we must institute a digital vaginal exploration to determine

* Maunsell's Dublin Practice of Midwifery. Edited by T. More Madden. London, 1871.

whether the conditions of the os and cervix uteri be what are usual at the corresponding period of pregnancy.

In those cases of pseudocyesis where the patient, being anxious to be thought pregnant, is either consciously or unconsciously contributing to the deception by making her abdominal muscles so tense and rigid that it becomes impossible to ascertain the size and position of the uterus by a manual examination, we may readily succeed in dissipating the phantom tumour, and overcoming the action of the abdominal muscles, by putting the patient under the influence of chloroform, and then examining her.

If the abdominal or uterine enlargement be occasioned by flatus or by physometra, percussion over the tumour will afford an easily applied means of discovering this.

CASES OF PSEUDOCYESIS.

CASE No. 1.—I was recently sent for in great haste to see a lady living a couple of miles from town, who was said to be in labour. I obeyed the summons at once, and on arriving at the patient's residence was met by the nurse, an old and experienced midwife, who expressed much pleasure that I had arrived in time, as she was sure, she said, that the child would be born before eight o'clock, it being then past seven o'clock. She added that it was a natural presentation, and that the os was nearly fully dilated. On entering the patient's room I found her in the usual obstetric position, lying on her left side, groaning loudly, and pulling hard at a strap fastened to the bed-post. She was a primipara, a delicate, hysterical looking woman, aged about twenty-eight, and about twelve months married. She had presented all the ordinary symptoms of pregnancy, except that she had a slight menstrual discharge, but paler and more scanty than usual, recurring at irregular intervals. She complained of the incessant tumultuous motions of the child, and stated that the overflow of milk from her breasts had spoiled all her clothes. On examination, however, I found the cervix long and low down, the os small and circular, the uterus presenting no sign of pregnancy, the abdomen very large and tympanitic, and the rectum enormously distended by accumulated feces. Seeing that she was in a very nervous, excitable condition, I told her cautiously that there was nothing so urgent as she imagined in her case, as there was no sign of labour at present, and recommended her to call on me soon. Accordingly she came in to consult me within a few days. But when I hinted to her my opinion that she was not pregnant, and that it would be desirable for her to see another accoucheur in consultation, to ascertain the cause of the symptoms she suffered from, she became very indignant, pointed triumphantly to the lactescent fluid she squeezed from her breasts, insisted that she could feel the foetal movements, and the next thing I

heard of her was that she had placed herself under the care of another physician, whom she wished to engage for her confinement, but who, being a very experienced and judicious accoucheur, had declined the engagement.

CASE No. 2.—August 12th, 1869.—L. P., aged twenty-five, an engine-fitter's wife, who was two years and three months married, and had one child, still-born, at full term a year previously; applied for advice at the dispensary of the Rotunda Hospital, as she believed herself to be in the seventh month of pregnancy, reckoning from the time of the supposed quickening, although she menstruated every month. She had suffered severely from morning sickness, and for the last three months believed that she felt the child's motions. There was a well-defined areola; the vagina was pale; the os and cervix uteri were hypertrophied and ulcerated; the abdomen was greatly enlarged, and resonant on percussion; the umbilicus was retracted, and the uterus was low down and small. Her bowels were habitually constipated, and her food of the coarsest kind. She was very hysterical, and nervously anxious about her condition. The enlargement of the abdomen, supposed foetal motions, and all the other symptoms in this case, were evidently caused by the distended condition of the large intestines, and by foecal matter and flatulence. She was purged freely, and ordered a mixture containing sulphates of iron and magnesia in infusion of quassia, and within a month's time regained excellent health.

CASE No. 3.—In midsummer, 1871, I was asked to see a lady residing in the country, in consultation, under the following circumstances. Mrs. —, aged forty-one, a stout, plethoric woman, having no family, though over ten years married, and who, till within the last year, had always menstruated regularly, and enjoyed excellent health, eleven months ago, for the first time, commenced to suffer from nausea and retching every morning. Shortly after her breasts began to enlarge and got painful, her appetite became capricious, her nervous system evinced considerable derangement, and obstinate diarrhoea then set in, which persisted up to the date of my visit. Her menses still returned every month, but instead of lasting for three or four days as usual, now only remained for a few hours each time, and were extremely pale and scanty. She consulted her medical attendant, who said that she was probably pregnant, but advised her to visit an accoucheur in Dublin. This, however, she refused to do. The period fixed on for the expected confinement was the end of April. Four months from the commencement of the symptoms just referred to, she began, as she said, to feel the motions of the child, which gradually became stronger and stronger, and the abdomen continued to enlarge. The doctor shortly

after this time imagined that he was able to detect the sounds of the foetal heart and placental souffle.

The time of her expected confinement at last arrived. The nurse took up her quarters in the house; some of the family came down from town to be present at the anxiously-looked-for event, and all her preparations, baby linen, &c., were completed. No sign of labour, however, manifested itself as week after week passed beyond the expected time. Her friends got tired out, her family returned home, and she herself became exceedingly nervous and desponding, as her mother had died of dropsy at about her present age. But still she insisted as strongly as ever that she could feel the child's motions distinctly. Such was the history of her case up to the time that I was asked to see her.

On examination I found the breasts slightly enlarged, but soft and flaccid. The nipples were somewhat turgid; there was a well-marked areola, and the glandular follicles around the base of each were prominent. The abdomen was about as large as that of a woman at the end of the ninth month of pregnancy. But the uterus was small, as I discovered, when, with some difficulty, I succeeded in taking her attention off for the moment, and overcame the resistance offered to any manual examination of the uterus by the abdominal muscles, which were tense, rigid, and arched. There was resonance on percussion, the large intestines being enormously distended by flatulence, the movements of which she had taken for those of the foetus. There was also a considerable quantity of fluid in the peritoneal cavity. The vagina was pale; the cervix and os uteri were low down, hypertrophied, and in a state of extensive granular ulceration.

Her chagrin, when informed that her preparations were not necessary, for the present at least, was naturally very great. Her medical attendant now agreed with me in recommending change of air, sea bathing, and a continuation of tonics and diuretics. Under this treatment the abdominal swelling and the symptoms of pseudocyesis disappeared with astonishing rapidity. The ulceration was treated with equal success, and her condition is now better than it has been for a long time.

CASE No. 4.—August 26th.—F. M., a clerk's wife, aged twenty-four, came to the dispensary to know what she should do to stop her changes, as she believed herself five months pregnant. She had had two children in three years since her marriage, and had on the present occasion suffered from all the symptoms she had before experienced when pregnant—morning sickness, enlargement of the breasts and abdomen, &c., and had fainted, as she always had done, as she said, "when she felt life in the child," a month previously. In this case, on examination, a large fibroid uterine tumour was discovered.

CASE No. 5.—M. T., aged 29, a plethoric woman, three years married,

had given birth to two still-born children. She was delivered of the last in January, 1869. Menstruation was then regular till June. She did not menstruate in July; complained of morning sickness, and imagined herself pregnant. At the end of August she had a profuse "discharge of the reds," in her own parlance, and came to the dispensary at the Rotunda Hospital for advice. I ordered her rest, cold astringent applications, and gallic acid with Dover's powder internally. She was desired to return in a few days, but she did not come back to the dispensary till February 19, 1870, when she told me that the treatment had completely checked the hæmorrhage. She still firmly believed herself to be pregnant, as her abdomen had been enlarging, her breasts had got full, and, as she asserted, there was milk in them, in proof of which she then squeezed a considerable quantity of a lactescent fluid from the nipples, which were prominent. The areola were well defined, and the sabaceous follicles around the base of each was as distinct as in any case of pregnancy. The patient, as usual in such cases, insisted that she could feel the child's motions, and that her sensations were in every respect similar to those she had experienced in her former pregnancies. For the last few days she had suffered from frequent micturition, especially at night, from tenesmus, and from irregular cholicky pains in the abdomen. She therefore believed herself very near her confinement, and had come to the hospital to obtain the usual admission ticket. On examination I found the abdomen very tense, and so protruded as to be fully equal to that of a woman at the end of the ninth month of gestation. But the appearance of the abdominal tumour was very different from that of pregnancy, being globular and uniform, not oval or pyriform as in pregnancy. The umbilicus was also retracted and the tumour disappeared when I succeeded in taking off the patient's attention by engaging her in conversation, so that I was able to satisfy myself that there was no uterine enlargement. The vagina was pale, and the cervix uteri was long and low down. She was exceedingly dissatisfied when told that she was not pregnant, and expressed her doubts in very indignant terms. She returned in a few days, however, and was ordered a cathartic draught, followed by a mixture, with sulphates of iron and magnesia in infusion of quassia, and under this simple treatment she rapidly regained her accustomed health.

CASE No. 6.—December 6, I was consulted by E. B., aged 40, who had been many years married, and had no family. Her menses had been regular, or rather profuse, ever since puberty, until about two years ago, when they ceased. For some years past she noticed that her abdomen was enlarging, but she did not pay much attention to this, until within the last eight months, when she rapidly became so large as to attract the observation of her friends, and to be incapable of following

her usual avocations, and she suffered much from loss of appetite and dyspepsia. Her neighbours pronounced her pregnant, and a medical man whom she consulted, after some examination, appears to have favoured their opinion. Acting on this, she made the customary preparations for her confinement, but at length entertaining some doubt as to her real position, she came up to Dublin to have the question decided. I found the breasts large, but soft and flabby, no areola, and the nipples very small. The vagina was narrow, and the os uteri, which was high up, was a small circular orifice not larger than the meatus urinarius. The abdomen was much enlarged, measuring thirty-five inches in circumference. This enlargement was caused by a solid uterine tumour, occupying the greater part of the abdominal cavity, but more particularly developed in the right hypocondriac and lumbar region than in the remaining parts of the abdomen. A distinct fremitus was perceptible on the right side, and also, though not so clearly, on the left. On applying the stethoscope a well-marked blowing sound was very plainly heard on the right side of the tumour, which was audible, though more of a cooing character, and not so distinct on the left side. This sound might very probably have been mistaken for the placental souffle, and thus misled the physician who first saw the patient. It is not necessary to pursue the history of this case further.

CASE No. 7.—Shortly before I left the Rotunda Hospital, a respectable looking girl, apparently about twenty years of age, a national school-teacher, was brought to me at the dispensary by her aunt, with whom she lived. Her friends had accused her of being pregnant, and her aunt insisted on her submitting to an examination. As her changes had ceased for some months, her abdomen was considerably enlarged, her appetite had failed, and she frequently suffered from retching. She herself denied the possibility of pregnancy. On examination, the hymen was found intact, the parts extremely small, no mammary signs of pregnancy, and it was ascertained that the enlargement of the abdomen was produced by a fibroid tumour.

Cases such as those I have just related should make us most cautious in pronouncing a woman pregnant or not, as well as in accepting obstetric engagements, until we have ascertained if our patient be really in the family way. Most patients come to their medical attendant merely to announce their condition, and to secure beforehand his services at the time of their expected confinement, and not to express any doubt or to submit to any examination; and as cases of pseudocyesis are comparatively unfrequent in ordinary practice, we are naturally apt, unless something unusual in the patient's age or symptoms attract our attention, to take it for granted that she is pregnant, on her own *ipse dixit*, and without further investigation.

PREGNANCY OBSCURED BY DISEASE.

Very closely connected with the subject of pseudocyesis, in which pregnancy is counterfeited by disease, or by art, is the consideration of those cases in which pregnancy simulates disease, or is concealed by the patient under pretext of it.

Pregnancy may exist under circumstances that seem very unfavourable to its occurrence, in persons of advanced age, and under conditions which render its recognition difficult and obscure. Hence, the necessity for much caution in giving expression to any opinion on this subject until we have made a careful examination of the patient.

Many cases, illustrative of the foregoing remarks, have come within my observation. One (Case No. 8) was that of a woman, aged thirty-eight, who had been married eighteen years and had no family. She had never had any symptom of pregnancy. Her menses were irregular, and she suffered from extensive granular ulceration of the os and cervix uteri, for which she had been under my care as an extern patient at the dispensary of the Rotunda Hospital, for a considerable time, without any substantial benefit, as the disease would at times almost completely subside under the treatment adopted; she would then absent herself for some time, and return as bad as ever. I induced her at last to come into the chronic ward of the Hospital. She was suffering at the time of her admission from menorrhagia, to which, as is common in such cases, she was occasionally subject. The os and cervix uteri were congested and in a very angry looking granular state. The granular surface was cauterized with nitrate of silver, and cold douching was employed night and morning. Under this treatment the bleeding was checked, and for several days she progressed favourably. In about a week from the time of her admission, however, I was called up late one night to the chronic ward, being told that Mrs. B. had a bad attack of cholice, and that the hæmorrhage had also returned, and within a few moments of my arrival a considerable gush of blood escaped, and with it was expelled a very perfect ovum of between the second and third months.

CASE NO. 9.—A lady, who having been married at a very early age, had three children before her twenty-first year, and then had no sign of pregnancy for over seven years, was attacked by fever, on recovering from which she was affected by violent hysteria; this ultimately passed into acute hysterical mania, necessitating her being placed under restraint for a short time. Before this step was taken her menses having suddenly ceased, she was treated by the strongest emenagogues in very large doses, and persisted in for a considerable period for the purpose of restoring the catamenia, very providentially however without any effect. After the complete subsidence of the cerebral symptoms her general health became excellent, and a short time after, whilst travelling, her figure, which was

naturally slight, suddenly altered, and she very rapidly increased in size. She now, for the first time, suspected that she might possibly be pregnant, and soon after her arrival in this city, consulted an eminent physician, who, misled by the complication of hysteria in the case, and by the fact that until six weeks previously there had been no abdominal enlargement whatever, concluded, as indeed was very natural under the circumstance, that the case was one of hysteria, and that the sudden abdominal enlargement was due to the distension of the large intestines by flatulency. He therefore told her that she was not pregnant. He, however, called in an accoucheur to visit her, who recommended a midwife to be sent for, and the following day the child was born.

MEDICO-LEGAL ASPECTS OF PRETENDED AND CONCEALED PREGNANCY.

Pregnancy may be feigned for the purpose of committing fraud or escaping punishment, and it may be concealed to avoid disgrace or with the intention of perpetrating crime. The former cases are I believe much more common than is generally supposed, although they are less commonly obtruded on the notice of medical practitioners than the latter. Still their occurrence is a matter the possibility of which should not be forgotten, especially by those engaged in obstetric practice. I had written out the notes of one attempted case of this kind that came within my own experience, but for reasons that need not be dwelt on have determined to omit it from this paper.

I need not enter at length into the legal aspects of this question, as these are fully discussed by writers on medical jurisprudence.

It is sufficient for our present purpose to state that two most important topics fall under this head. First as regards the existence of pregnancy, which may be pleaded in a criminal case as a bar for punishment, as the English Common Law, founded on the Roman Law, which exempted a pregnant woman from punishment until after her delivery "*Quod pregnantis mulieris damnata pœna differatur quoad pariat,*" provides that if a woman be capitally convicted and pleads her pregnancy, though this is no cause to stay the judgment, yet it is to respite the execution till she shall be delivered. In this case a judge may direct a jury of twelve matrons, or discreet women, *de circumstantibus*, to be empanelled to try "whether the prisoner be with child of a quick child or not." For Blackstone distinctly states what appears to be still the law of England, that "barely with child, unless it be alive in the womb, is not sufficient."* If she be found quick with child she is respited until she is either delivered, or proves by the course of nature not to have been with child at all, otherwise the sentence will take effect.

If cases such as I have recorded, in which not only women who had

* 4 Blackstone's Commentaries, p. 395. 

no motive for practising any deception, and who had before borne children, went on throughout the course of pregnancy, until almost the moment before delivery, without ever suspecting themselves with child, and in which qualified medical men, on examining such women, denied that they were pregnant, as well as the more numerous cases in which the contrary error was made, have any value whatever, it is that they show the absurdity of the law in committing the solution of a question of such gravity as this, which may involve the issues of life and death, to any twelve matrons, however ignorant, who may happen to be present when this plea is raised. Nor can anything more at variance with common sense and modern physiological science be conceived than retaining the barbarous distinction in such cases between a foetus after the sixteenth week when *quickening* was supposed to occur and one before that period, as the veriest tyro in medical study should know that the living embryo at the moment after conception is as certainly living, or quick, as the fully matured man in the prime of his manhood, and that the crime is as great to destroy the one as the other.

Within the last few weeks this very issue was raised in the case of Christina Edmunds, who, on being found guilty of murder at the Old Bailey, pleaded pregnancy in arrest of judgment, and being found to be "not quick with child" by the jury of matrons who were empanelled to try this question, was sentenced to death, and would have been accordingly executed had she not been respited on other grounds. There can be no doubt that cases have occurred in which pregnant women have been executed on the faith of the verdict of "not quick with child" of a jury of matrons. An execution under such circumstances is unquestionably the judicial murder of the child.

It is certainly full time that measures should be taken to alter the existing most barbarous law on this subject, and this should be done before the unborn offspring of another woman is sacrificed as a victim to the ignorant inhumanity of our penal code. For, as experience has proved in similar cases, it is by no means impossible, though improbable, that the wretched woman to whose case I have referred—Christina Edmunds—might have been truly pregnant, despite the verdict to the contrary of twelve ignorant women, to whose decision the most difficult question in medical diagnosis is left by the law.

CONCEALED PREGNANCY.

Concealed pregnancy is of much more frequent occurrence than feigned gestation. This subject, though one of great practical interest, is altogether too wide a one for full consideration within the limits of a paper such as this, which is already, perhaps, over-long. But still I would desire to call attention to the fact that the practice of concealing pregnancy, with the intention of committing child murder, or of procuring

abortion, and especially the latter, is, I fear, becoming of late years more common in this city than was formerly the case. The reasons for this are the increasing proportion of illegitimate births, owing to circumstances still in operation arising out of the famine period, since which the proportion of the married to the unmarried, previously greater in Ireland than in almost any other country, has been considerably diminished. One result of this is that illegitimate births are more frequent than they were in Ireland. But this increased proportion of illegitimate births is by no means a full measure of the extent to which the evil to which I have referred has gone. For of late years, with the deluge of cheap bad literature which is poured into this country, and which circulates chiefly amongst the class that constitute the majority of the unmarried patients of the lying-in hospitals, a still greater evil has become familiarized to the oftentimes badly-reared and sorely-tempted victims of seduction, who too often seek what they falsely believe to be a safer mode of escaping the penalty of their error. Hence it now becomes more than ever necessary for every medical practitioner to be prepared to meet with cases of concealed pregnancy and attempted abortion under various disguises, and thus be able to detect and frustrate such crimes. So often have I detected pregnancy in patients who applied for emenagogues under the pretext of simple amenorrhœa, and who were most indignant when any doubt was thrown on their statements, that I never under any circumstances prescribed any emenagogue at the dispensary until I had convinced myself that the case was a fit one for their administration. In other words, the safe rule in such cases I believe to be just the reverse of the legal maxim, and we should, in cases of amenorrhœa, with the history and causes of which we are not perfectly acquainted, treat the patient as though she was pregnant until we are satisfied that she is not so. But I need not add that we should do this without expressing any suspicions that may, after all, be unfounded, and simply order some placebo when pressed to prescribe emenagogues, until, by a little observation, we have time to ascertain the true state of the case.

A considerable number of instances of concealed pregnancy have from time to time come under my observation. Amongst these I may mention that of a young country girl, who succeeded in persuading a number of experienced medical practitioners in different parts of the country into the belief that she was suffering from an ovarian tumour, she being at the time advanced in pregnancy, the existence of which was not even thought of. So far was the deception carried that a treaty was entered into with an eminent surgeon for the performance of ovariotomy. But as the fee required appeared to the girl's relations to be very large, they got her admitted as a patient into a metropolitan hospital, although they could well have afforded the necessary expense of medical treatment. She was admitted into the hospital as a suitable case for

ovariotomy, but a few days after admission the true nature of the case being detected, she was transferred to the Rotunda Hospital, where she was delivered the day following her admission. Even when labour set in she still, however, persisted in denying that she was or could be pregnant; and it was not till the child was born that she confessed the truth.

Cases such as those just related show the importance of every medical practitioner making himself thoroughly familiar with the diagnosis of all the cases in which pregnancy may be feigned, concealed, or counterfeited either by art or by disease.