

OBSERVATIONS ON PSEUDOCYESIS, AND ON PREGNANCY IN  
ITS RELATION TO CAPITAL PUNISHMENT.<sup>1</sup>

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THE title of this paper may be considered somewhat technical, inasmuch as it is an appellation not very commonly employed in obstetric or gynecological literature. *Pseudocyesis* is derived from the two Greek words *ψευδης*, false, and *κίησις*, pregnancy, meaning therefore literally, *false pregnancy*. Translating the term more liberally, I use it to express that condition of mental aberration in which a woman falsely believes herself pregnant, and frequently persists in this false belief contrary to reason and to the most positive statements of competent medical counsel. I do not mean to include under this designation that class of cases of spurious pregnancy in which the uterus contains a mole, hydatids, or diseased growths, causing such enlargement and other signs of gestation as to occasionally perplex and even mislead the experienced practitioner. The relatively few who have written upon this subject have adopted in the main the restricted definition above given.

In order to illustrate my views concerning pseudocyesis, and to furnish a text for my remarks concerning that affection, I have selected three cases which I beg to narrate. I have chosen these particular cases also with a view to represent the different social conditions of the parties affected, as well as the phases of the disorder in question. The first was that of a young woman who had never been married, the second was at the menopause and married, the third also at the menopause, but a widow.

CASE I.—I well recollect having often seen this patient at Blackwell's Island Hospital when, many years ago, I attended clinics in that institution. She was of American birth, single, about twenty-five years of age, and believed implicitly in her pregnancy. And, indeed, she presented to the ordinary observer the appearance of a woman ad-

<sup>1</sup> Read before the Cincinnati Obst. Soc., July, 1877.

vanced to the eighth month of utero-gestation. Having secretly incurred the risk of pregnancy, and presenting what to her seemed indubitable evidence of its existence, it was impossible to convince her of the contrary. Menstruation had ceased, and abdominal enlargement had been progressive. Moreover, she felt distinctly movements which she confidently believed to be those of the child. But when put profoundly under the influence of chloroform, the enlargement speedily collapsed, leaving no indication whatever of pregnancy, and showing conclusively that the inflation was in reality a variety of "phantom tumor." Upon recovering from the influence of the anesthetic she would again become rapidly inflated as she returned to a state of consciousness.

CASE II.—Several years ago I was consulted by a married lady, still residing on Betts Street, in this city, in reference to her approaching confinement. Indeed, I was consulted more for the purpose of engaging my services at her expected accouchement than for any other object in connexion with the case. She, of course, had no doubt whatever of her pregnancy, but her age—which was fifty-two—led me to suspect that she was in error. I therefore arranged for an examination at her house, not acquainting her, however, with my doubts. The lady was at the time happily married, and her youngest child was a girl sixteen years of age. She presented the usual appearance of a woman far advanced in pregnancy, had not menstruated during the last six months, and, indeed, had menstruated at only irregular periods during the preceding six years. The examination proved conclusively that she was not pregnant at all, and upon my imparting to her this information, she received it with blank incredulity. "Why, Doctor," she replied, "I *know* I am that way, for I have during the whole of the last two months felt plainly the motions of the child." It was of no use to argue the question, for—if I may be permitted to parody a well-worn distich from Hudibras—

Woman convinced against her will  
Is of the same opinion still.

I told her that time would prove the correctness of my assertion, but she preferred to trust her own perverted sensations, and accordingly prepared clothing for the expected little stranger. She kept that clothing many months in blissful expectation of her repetition, but it came not; and ever since then the bare mention by me to her of that extra suit of baby's attire is sufficient to ensure my expulsion from that house.

CASE III.—Six months ago a lady, who for twelve years had been an irreproachable widow, came to my office in great trepidation. I had known her many years, and knew also that no whisper of calumny had ever been uttered against her high character. Yet she assured me that she was pregnant! The lady gave her age at fifty-one, which was certainly not above the estimate I had formed. Having been engaged in literary pursuits during the greater part of her life, it is therefore scarcely necessary to mention that she was unusually intelli-

gent. Fifteen years ago her last child was born. She believed herself *enceinte*, principally because she thought she could distinctly feel the movements of the child, and because her abdomen was progressively increasing in size. She spoke vaguely of having some months before had a weird dream, the particulars of which she could not definitely recollect, but she had dreamed of having sexual intercourse with a man, who, in her sleep, she believed to be her husband. Upon awaking, her daughter, with whom she had slept at nights for years, was lying by her side. The window had been left open when she retired, and when she awoke it was still open, the moonlight streaming through it into the chamber, and withal there were no signs whatever of an intruder having entered. The thought occurred upon her waking, that perhaps all this had not been a dream, and that idea had haunted her ever since—indeed it had now almost driven her to suicide. She hesitated not to say that she would destroy herself if she was not speedily relieved of her mental anxiety, and from my knowledge of the woman I believed her. She had not menstruated for five months, and her menstrual epochs had been quite irregular since her forty-fifth year. The idea of existing pregnancy had taken such deep hold on her disordered mental faculties that no amount of ridicule could efface it. I made a very careful investigation, and, as I had before supposed, found no evidence of any body within the uterus. Indeed, it was already pretty well atrophied. Unusual tympanitis existed over the course of the large intestine, and the passage of flatus along its channel plainly gave rise to the movements which, to her disordered imagination, seemed “proof as strong as Holy Writ” of fetal motions. All this I explained to her, and knowing her unusual intelligence, I was the more surprised that she should still remain incredulous. I prescribed remedies suitable for her condition, and after I had positively reassured her she left my office.

A fortnight later I was unexpectedly made the recipient of another call from my patient who had not yet got rid of her delusion. Again, to satisfy her anxiety, I made a careful exploration, and to some extent calmed her feelings by repeated assurances that she was mistaken in her fears. Recognizing the necessity for medication, I conjoined therapeutical remedies with assurances tending to inspire confidence in my prognosis, and finally I succeeded in eradicating from her mind the incubus which had almost driven her to self-destruction.

Upon reflection I am not satisfied that in this case there was any clandestine indulgence in illicit intercourse to inspire the false belief. Ordinarily, I place little or no credence in statements similar to those made to me in this instance, for “human nature is weak,” and physicians early learn how very frequently prevarication is resorted to in these matters. But here my convictions favor the virtue of my patient, a lady respected for her fervent piety, as well as for intelligence and good character. And when I come to analyze more closely her mental condition I find that she had suffered from hallucinations as well as the delusion already specified. Three years ago she had lived for a few months in a house which she was compelled to aban-

don on account of hobgoblins and apparitions of divers kinds, which she could both see and hear, and which annoyed her greatly during her residence in that abode. Strange to say, her two children, the eldest of whom was twenty-eight years of age and quite intelligent, also believed they saw and heard the spectres. However, as my patient left off housekeeping, began boarding, and therefore was not so frequently alone, the natural was substituted for the supernatural, and I have since heard nothing more from her about apparitions.

Since I have employed the terms *delusion* and *hallucination*, and as these expressions will be used again in the discussion of this subject, it seems proper that before proceeding farther I should define them clearly. Upon this point the definitions given by standard writers on insanity will certainly be accepted.

"A *delusion* is a false belief in some facts which, generally speaking, personally concerns the patient, of the falsity of which he cannot be persuaded, either by his own knowledge and experience, by the evidence of his senses, or by the demonstrations and declarations of others. A man thinks his head is made of brass, that he has a fire in his inside, that he is a beggar or a prince, and no amount of proof convinces him of the contrary."<sup>1</sup>

"*Hallucinations* are false perceptions of the senses, the eye, the ear, the nose, and so on."<sup>1</sup>

Here then is the key to the phenomena of pseudocyesis, and, in reference to this delusion concerning pregnancy, I state the general proposition that, *when we come to inquire carefully into the mental condition we will ordinarily find also other evidence of deviation from the normal standard.* This is well illustrated in the third case here reported, in which not only existed the delusion concerning pregnancy, but there were "false perceptions" of the eye and ear constituting true hallucinations, the patient believing for a period of several months that her house was haunted with apparitions which she both saw and heard. In the other two cases my attention was not particularly called to this point, and it is to be regretted that I did not in those instances make a proper analysis of the intellectual operations.

The aberration from the healthy standard is not often so great as to constitute actual insanity, although it cannot be said

<sup>1</sup> Blandford on Insanity, p. 158.

in any case that the woman is of sound mind. Occasionally cases of this character are met in which the changes occurring in the mental condition are so great as to amount to positive insanity. And in the last case of the series I have reported the woman would have undoubtedly committed self-murder had she not under medical counsel been divested of her delusions. Upon this point Barnes says: "In many cases where the nervous centres are involved in the climacteric confusion, the sensations arising in the belly are misinterpreted and are the immediate occasion of mental phenomena verging upon, and not seldom passing into, insane delusions."<sup>1</sup>

The delusion in all these cases of spurious pregnancy is a false interpretation of bodily sensations occurring for the most part in the abdominal viscera. (a.) Air moving about in the bowels, whether giving rise to tympanitis or not, is the most frequent source of the sensation which the disordered brain falsely recognizes as movements of the child. Or (b) simply the twitchings of the abdominal muscles may be mistaken for the sensation of quickening, the disordered mental faculties being unable to appreciate the difference. (c.) Simple distention of the abdomen, whether from intestinal gases or graver causes, may also give rise to a false belief in the existence of utero-gestation. These appear to me to be the sensations which are most frequently mistaken for those of pregnancy, and it is perhaps unnecessary to enumerate other conditions or bodily sensations of minor consideration which by a disordered mind may be interpreted as certain signs of existing gestation. In all of them the delusion refers to herself, and originates by stimulations from without the cerebrum. These feelings experienced by the organism generally, are the source and material from which the false ideas are developed.

Attempts have been made to distinguish these emotional and intellectual aberrations from genuine insanity. True it is that in the great majority of cases this is easily enough done. There are cases where it is certain that the woman is in reality *not sane*, and others in which it is impossible to determine satisfactorily whether she is *compos mentis*—so narrow indeed is sometimes the boundary between sanity and insanity. Conolly, as quoted by Barnes, lays special stress upon the statement that in

<sup>1</sup> *Diseases of Women*, p. 235.

women suffering from the affection described, there is still left "the power of comparison and judgment," which *he* says is not retained by the insane. This test it seems to me is not sufficient to form a line of demarcation, for some women possess the test upon all matters except the one under consideration, and it is well-known that certain individuals—males as well as females—undeniably insane, retain still the faculty of comparing and judging correctly concerning all subjects except the particular ones upon which they have delusions.

Although not germane to the foregoing subject, which I shall again take up before concluding this paper, I yet desire to make reference here to the old English law which directed in a certain event that to determine the question of quickening, a jury of matrons should be summoned. Under the laws of English criminal jurisprudence, as under our own, a woman convicted of a capital crime is allowed to plead pregnancy in delay of execution. And by the English statute the judge is directed to have summoned a jury of twelve women, to ascertain whether the prisoner is quick with child. This law is derived from the jurisprudence of ancient Rome, and has been established in England from the earliest periods.<sup>1</sup> These twelve are to be selected from women who happen to be at the time in court, and if there be not that number present, then the panel is to be completed by selecting other discreet matrons. When we reflect upon the ignorance of women in general upon such matters, the absurdity of such law becomes at once glaringly apparent. How are women, who are so frequently deceived concerning their own condition in this respect, to judge correctly of the existence or non-existence of pregnancy in others? Doubtless under the operation of that statute mistakes have been made sacrificing infant life in a large and unknown number of instances. We are necessarily forced to this conclusion when we come to examine the multiplied cases in which the law has been applied. In no infinitesimal proportion of these cases, where the matron-jury have pronounced the capitally convicted woman *not* pregnant, some trivial or accidental circumstance has happened to expose their mistake, and by its consequent

<sup>1</sup> *Vide* Bishop on Criminal Procedure, Vol. i., page 867.

correction saved the life of the child. Criminal jurisprudence is interspersed with the history of numerous such hair-breadth escapes, and no one conversant with the subject will for a moment believe it possible that all such errors have been detected. As scientific and medical knowledge grew apace, English courts became so well satisfied of this grave defect in their jurisprudence, that in cases where a doubt was raised, the verdict of the jury of matrons was submitted for revision to skilled medical counsel, who examined the case, either *with* the matrons or *separately*, if so directed. But it was as late as the second quarter of the present century before even this advance was initiated of calling in medical counsel to *assist* in clearing up cases where doubt of previous quickening had existed. In the *London Medical Gazette*, Vol. xii., is recorded the first instance where medical evidence was formally required in a case of this kind. This occurred in the year 1833, and by resort to skilled counsel the mistake of the jury was corrected and the child's life saved.

A verdict of the matron-jury that the woman was pregnant, was not sufficient. "She must be found to be quick with child,"<sup>1</sup> in order to entitle her to a postponement of the execution. At the *present day*, "whether under the English law a woman would be hanged who could be proved to be *privement enceinte*, beyond all doubt, is not certain; but in *this country*, it is presumed, if it could be made to appear indubitably that the woman was pregnant, though not quick with child, the execution would be respite until after delivery."<sup>2</sup>

By the laws of France, "if a woman condemned to death declares herself to be pregnant, and it is verified that she is pregnant, she shall not suffer her punishment till after her delivery."<sup>2</sup> Since the French code does not provide that quickening must have taken place to allow the woman to plead pregnancy successfully in bar of execution, but extends its protection to the infant at *any* period of utero-gestation, it is therefore much more in accord with physiological science than that of the English; and that it is more humane must be at once apparent. The French, true to their accustomed gallantry, are here superior to the more conservative English.

<sup>1</sup> Bouvier's Law Dictionary, 2d ed., Vol. ii., p. 808.

<sup>2</sup> Code Pénal, Art. 27.

But as our common law is derived from the English, it follows that the obnoxious statute in relation to summoning a jury of matrons to determine the question of pregnancy may take place here, too, except in such States as have passed special legislative enactments upon the subject. And, indeed, we must not boast too much of the enlightenment and intelligence pervading the people of our Republic, for this very statute, which is a disgrace to the dark ages even, has been enforced in our own country.<sup>1</sup> True, it has not recently nor frequently been executed, but that it has ever been carried into effect at all in this country is a blot upon American civilization. Fortunately, many of our States have legislated upon this subject, thus wisely making special legislation take the place of the common law. In the State of New York it is provided, that "if a female convict, sentenced to the punishment of death, be pregnant, the sheriff shall summon a jury of *six physicians*, and shall give notice to the district attorney, who shall have power to subpoena witnesses. If, on such inquisition, it shall appear that the female is quick with child, the sheriff shall suspend the execution, and transmit the inquisition to the governor."<sup>2</sup> It is to be regretted that in the latter sentence of the above quoted act the word "pregnant" was not substituted for the phrase "quick with child;" but, as has before been stated, it is presumed that in this country, if it could be made to appear that the woman was *privement enceinte*, the execution would be respited until after delivery. Upon this point the criminal jurisprudence of Ohio is more explicit, and in agreement with the teachings of medical science. It provides, in effect, that if a female convict sentenced to the

<sup>1</sup> The following case was tried in 1795, and is found in Vol. i., p. 489, of South Carolina Reports—*State v. Arden*: The prisoner, after having been convicted of murder, was asked if she had anything to offer why sentence of death should not be pronounced against her? upon which she pleaded pregnancy. Thereupon she was remanded to jail, and the sheriff was directed to summon a jury of matrons, *de ventre inspiciendo*. The court adjourned from day to day until the inquisition was found, which was returned by the sheriff into court, under the hands and seals of twelve matrons, in which they certified that they had examined the prisoner, and found that she was not pregnant. The prisoner then received sentence of death, and was afterwards executed pursuant to the sentence.

<sup>2</sup> 2 Rev. Stat., 658, *quod vide*.



punishment of death appear to be pregnant, the sheriff shall summon a jury of six persons, who shall determine the question of pregnancy, and, if they return a finding that the woman is *enceinte*, she shall be respited, regardless of the stage of pregnancy.<sup>1</sup> Although the act specifies only that the commission shall consist "of six persons," yet the practice is of course always to summon six physicians.

It is needless to inquire what legislation exists in other States upon this subject, which is one of great interest and paramount importance to the medical profession.<sup>2</sup> Indeed, in a large proportion of the States of our Union there is no legislation whatever upon this matter, and in such States there of course prevails the common law of England. Enough has been stated to show, that for ages infant-life has been sacrificed through barbarous laws, founded upon the fatal error that life does not exist in the fetus, until it shall have obtained sufficient intra-uterine age and strength to make itself felt in "quickening." Enough, too, has been shown to impress upon him who practices the obstetric department of medicine, that he should not withhold necessary information from legislators, and that he be not unmindful of his duty of protection to the unborn. All enlightened legislation more recently effected upon this subject has been inspired by medical science, but the members of the medical profession should be unwearied in their efforts to influence the expunction of the obnoxious statutes under consideration. True, they have more recently been ignored almost entirely—particularly in certain of our own States which have no special legislation concerning the matter, but they still stand upon English statute-books, a disgrace to our civilization, and a relic of the barbarism and ignorance of the age in which they were begotten.

Returning again to the topic first under consideration, it may be remarked that there is scarcely a limit to the age at which the phenomena attending false pregnancy may occur. Women, at three score and ten, have fancied that they were

<sup>1</sup> O. Crim. Code, Secs. 190, 191.

<sup>2</sup> It has been decided that "where a female is convicted of a penitentiary offence, her pregnancy is no cause for a new trial." *Vide* Holeman v. State of Arkansas, Vol. xiii., p. 105.

about to experience anew the ecstasy of motherhood, and no force of argument could convince them of their delusion. Cases, too, have been recorded by trustworthy observers of females who, falsely imagining themselves *enceinte*, had actually gone through all the throes of labor, extending in some instances over a period of many hours. Spurious labor forms a very rare termination of spurious pregnancy. Of the cases I have seen reported, none is more typical than one which was reported by Dr. Underhill, of the Obstetrical Society of Edinburgh:<sup>1</sup> Labor pains continued throughout a whole night and until the afternoon of the succeeding day. When finally assured that beyond doubt she was not *enceinte*, they suddenly ceased and she complained of nothing subsequently, save muscular soreness about the lumbar region. All there was to show for her long imitative labor was a few ounces of menstrual fluid. The case is unique in some particulars, which are well worthy of discussion, but their consideration here would extend too much the limits of this paper.

Although, as has before been stated, there is hardly a limit to the age at which the phenomena of pseudocyesis may be developed, yet, as had been stated by Montgomery (quoted by Simpson), by J. Matthews Duncan, Carmichael, and by nearly all who have studied the subject, the affection is much more likely to occur at the climacteric than at any other period. It may, indeed, occur in the virgin, and in the false labor in which the disorder sometimes terminates, the pains so well simulate those of genuine parturition—even in the woman who never witnessed a labor—that the ordinary observer cannot detect the difference. Spurious pregnancy and parturition are not limited to the human family, but certain domesticated animals, as the bitch<sup>2</sup> and ewe,<sup>3</sup> it is asserted, have exhibited all the phenomena of the malady.

In a small proportion of cases of false pregnancy there is local disease of the uterus or the ovaries, or some irritation of the internal organs of generation, giving rise to sensations which are falsely interpreted by a disordered mind. So, too, is it found that some of the most intractable forms of hysteria

<sup>1</sup> *Vide* Obst. Jour. Great Britain and Ireland, Vol. ii., page 42.

<sup>2</sup> Simpson.

<sup>3</sup> Harvey.

are induced and perpetuated by reflex action from uterine or ovarian affections. But it is rare that pseudocyesis originates in such local causes, and when local disease exists it is more generally to be regarded as a coincidence than cause. Upon this point Simpson says that it "depends rather on some disturbance of the ordinary functions of the generative organs than on any organic disease of these organs attended and attested by organic changes in their intimate anatomical structure."<sup>1</sup>

When spurious pregnancy of the kind here considered occurs in the unmarried female, it gives good cause for suspicion that she has secretly incurred the risk of pregnancy. Most frequently will it be found, if the truth be learned, that she has clandestinely indulged in sexual intercourse. Not all, however, should be suspected, for exceptionally it occurs in the undoubted virgin, more especially if she be of an hysterical organization.

With our improved means of diagnosis it certainly cannot be difficult for the intelligent accoucheur of the present day to determine whether a pregnancy is true or false. With the aid of an anesthetic, the sound, and manual examinations, a positive and correct solution of the question may be reached. Formerly it was quite possible for the enlargement to be mistaken for ovarian dropsy, and "dry tapping," it is known, has been performed in this condition, much to the disgust of the operator. Such error, with our present knowledge and appliances, could now hardly be committed. Under profound anesthesia the inflation vanishes as if by magic, so that in women of not unusual corpulence the hand can, by firm pressure, feel the back bone. But to accomplish these purposes the patient must be brought completely under the anesthetic, else the tumor will not disappear. With some it has been a question as to what causes the swelling in phantom tumor. It has been stated by an authority which is frequently quoted in this paper that no gas escapes upon the administration of chloroform. Simpson, who has written more upon pseudocyesis than any other authority consulted by me, says that he has carefully tested the matter and finds that as the inflation subsides no flatus whatever escapes per anum. Hence, he argues that it "depends

<sup>1</sup> *Diseases of Women*, page 383.

on a peculiar affection of the diaphragm which, being thrown into a state of contraction, pushes the bowels downward." Others, however, have observed results diametrically opposite to those obtained by the late distinguished clinician just quoted; and my friend, Prof. Reamy, of this city, assures me that in one case of this character in which he exhibited the anesthetic there was discharged an enormous quantity of gas accompanied by feces. It appears to be now generally admitted that the abdominal enlargement is due chiefly to flatus.

It will be found that in most of these persons who fancy themselves pregnant there is marked derangement of the circulatory, digestive, and nervous systems—either one or all being usually implicated. Especially is this true of the alimentary functions, and flatulence is almost always observable. When pseudocyesis occurs at the climacteric it is probably, as a rule, more difficult of successful treatment than when occurring at any other period. Greater changes of a lasting nature are then taking place in the generative system than at any other time of life, except possibly at the establishment of puberty. The uterus ceases most frequently to perform its functions sooner than the ovaries. The ova are capable of being fecundated at a period of life somewhat later than the inner surface of the womb is fit to support embryonic vitality. In other words, fecundation is ordinarily possible a little later in life than conception. The more prominent changes taking place in the generative apparatus at the menopause consist in atrophy of the uterus, the Graafian vesicles and the ovaries. Indeed, after the cessation of menstruation they have no further office to perform in the animal economy, and may so far be regarded as foreign bodies. All these effects, as well as the wasting of the breasts, and psychical changes that are not infrequently observed, are directly the opposite of those which were co-existent with the first appearance of the menses. Women are differently affected by the reflection that they have arrived at that period when fertility ceases. Most of them are glad when they cease to bear children; some are indifferent, but there are a few who deeply regret having reached the time when child-bearing ceases. They still cling to the hope that they have sexual capacity, still cherish a desire for pregnancy, and so fondly do they sometimes cling to such

hope and desire that they not only falsely believe themselves pregnant, but even impose upon the medical attendant.

It is not surprising that a study of the physical changes taking place in the system about the "critical period" should give rise to the opinion that this period is fraught with unusual danger. Such opinion is further strengthened by alterations which frequently occur in the mental and moral nature about this time. But the danger attending the climacteric has certainly been greatly over-estimated. Indeed, Cazeaux, in his work on Obstetrics, states that statistics prove the mortality of women to be no greater between the ages of forty and fifty than at any other period of life.<sup>1</sup> While I do not accept as true this sweeping statement, I am nevertheless convinced from careful observation that, although the dangers of the "change of life" are greatly exaggerated, yet the mortality is somewhat higher at this than at any other period of adult existence.

Some writers affect to show that there is in the male a period corresponding to the climacteric in the female. But the mind which can detect phenomena in man constituting the analogue of those attendant upon the menopause in woman, is scarcely less visionary in its operations than is the disturbed intellect of the patient afflicted with pseudocyesis. The fact that men have imagined themselves *enceinte* is no proof that to the male sex belongs a period analogous to the climacteric in the female. It only proves that he is the subject of a particular delusion. It is exceedingly rare that this delusion is met with in man. More frequently he fancies himself a beggar, prince, or perhaps Christ. If he experiences pain in his head he straightway imagines it is of brass; if he feels discomfort in his chest he says he has fire within his breast; and if he distinguishes abnormal sensations in his abdomen he may conceive the notion that he is pregnant. Any of these or similar delusions is proof that the person so affected has passed from the domain of reason and is insane. Though insanity may exist without delusion, yet well-defined delusions never exist without insanity. If the delusion is not well rooted, nor strongly fixed, as is true of many cases of pseudocyesis, then the individual cannot be said to be insane, strictly speaking, though she is legally of

<sup>1</sup> Vide Cazeaux's *Midwifery*, page 108, 3d American Edition.

unsound mind. The latter term expresses a degree of mental aberration inferior to the former, though it is impossible generally to say just where unsoundness of mind leaves off and true insanity begins. My views upon spurious pregnancy differ in general from those usually accepted perhaps more in relation to the erratic mental phenomena present than in any other respect. To these I certainly attach much more importance than is usually allowed.

In the majority of cases of pseudocyesis the false notion of pregnancy is based upon movements which the disordered mind recognizes as quickening. We all know now that the sensation of quickening<sup>1</sup> "does not represent the first movements of the child, for they are seldom perceived by the mother earlier than the sixteenth week, whereas, in abortions at a much earlier period, vigorous movements are often observed after the expulsion of the embryo."<sup>2</sup> It is also now known that the sensation cannot be transmitted by the sensory filaments of the cerebro-spinal system supplying the uterus, because they are too few in number and are limited to the neck and os. Hence the movements of the fetus cannot be felt until the womb comes in contact with the walls of the abdomen, supplied with sensory fibres which readily transmit sensations of all movements of the child sufficiently vigorous to be communicated through the uterus to the abdominal parietes.

Originally it was believed that quickening arose from the first motions of the child in utero, a view which, though not strictly correct, was certainly much nearer the truth than that adopted by the physiologist early in the present century. The doctrine promulgated just previous to the demonstration of our present rational views was, that the sensation of quickening had no relation whatever to either the life or the motions of the child, but that it was due *exclusively* to the sudden change in the position of the pregnant uterus. And then it went on to explain how the feeling of quickening differed from the sensation caused by the movements of the child—the former resembling more the feelings of fear or terror, followed sometimes by syncope—which latter condition was explained by the sudden removal from the iliac vessels of the pressure of the

<sup>1</sup> QUICK, a term of Saxon origin, denoting *living*.

<sup>2</sup> Leishman's System of Midwifery, page 165.

gravid uterus, producing thereby a temporary fulness of the blood-vessels of the lower extremities, anemia of the brain, and a general loss of balance in the circulatory system.<sup>1</sup> It is difficult to understand how the medical mind, even in the early dawn of medicine as a science, could have entertained the conceit that quickening marked the period at which the fetus receives the essence of vitality. Yet upon this preposterous belief, the error of which was exploded ages ago, has been founded the common law, which still recognizes it as true, since it prescribes that quickening shall measure the degree of criminality in cases of *abortus procuratus*, and that, as has already been shown, it shall determine whether the plea of pregnancy, in delay of execution, shall be allowed or rejected. Difficult as it may be to understand how such erroneous doctrine could ever have been fostered by the medical profession, it is yet equally difficult to realize that the phenomena of quickening have been but so recently explained fully and with scientific exactness.

There is yet another class of cases besides those which have been in the preceding pages discussed, to which only sufficient reference need be made to explain that they do not properly belong under the head of pseudocyesis. I refer to those singular instances of pretended pregnancy and feigned delivery, which have sometimes duped even distinguished members of our profession. Various motives may induce a wife to simulate pregnancy, and even to feign delivery, among which may be named the desire to appease the wrath of a husband who reproaches her for barrenness; also the wish to fix the affection of her husband, or some one else whom she may desire to have love either herself or child. Or, in case of illicit intercourse, more especially if the woman be seduced, the deception may be practiced for the purpose of bringing to terms the recalcitrant lover, and thereby hastening marriage. Other objects, which would be suggested upon a more careful consideration of the topic, may incite a female to pretend pregnancy; and indeed such cases are more frequent than would at first thought be believed. More properly, however, they belong to the annals of deception, and have little claim to be considered in the present paper.

<sup>1</sup> Vide Paris and Fonblanque's *Med. Jurisprudence*, Vol. i., pp. 239-240.

Finally, as to the treatment of pseudocyesis, little need be said. Frequently the most positive assurances of the medical adviser, based upon proper examination, are all that is needed. Conjoined with moral treatment, however, medication is sometimes advantageous, and especially is this true of hysterical cases, which are often benefited by assafetida, valerian, and more particularly by the bromide of potassium. The latter remedy is of course contraindicated in anemic cases, but even in them it may sometimes be advantageously employed in conjunction with tonics.

Occasional laxatives, if constipation exists, antispasmodics for flatulence, and remedies addressed to the defective condition of the brain, are the chief measures indicated. There is, as I have intimated pretty clearly in the body of this article, in all these cases a lack of nervous energy which, above all, should as far as possible be restored by all the means at our command.