PSEUDO-PREGNANCY.

REPORT OF CASES.[1]

BY

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WHEN we bear in mind the fact that in many instances the diagnosis between true and false pregnancy is by no means easy, and think of the frequency with which the symptoms of gestation are either simulated or obscured by disease, not to mention the possibility of the condition being deliberately and wilfully feigned, it should not be necessary to insist upon the necessity of greater caution than is sometimes shown by medical men in answering the simple query, "Am I pregnant or not?" Upon our reply to that apparently innocent question may obviously

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depend the good name of a young woman, the happiness of a wife, or the reputation of a physician. Indeed, there is perhaps no complaint which, when misunderstood and mismanaged, may give rise to greater trouble to practitioner as well as patient than pseudo-pregnancy, and none in the diagnosis of which mistakes are more commonly made. I think I am justified, therefore, in saying that the subject is deserving of more than passing attention or merely theoretical interest. In the pre-aseptic days, before the present perfected technique in abdominal surgery had been evolved, and when operations within the peritoneal cavity were attended with such danger, the differential diagnosis of pregnancy was a matter of supreme practical moment. The surgeon who opened the peritoneum in search of a supposed tumor, only to find a physiological tumor—the pregnant uterus—had oft-times made a serious and costly error. At the present day, when exploratory celiotomy has become a comparatively safe procedure and is so often employed as a diagnostic resource, this phase of the subject has far less practical significance. Conversely, however, the differentiation of the various intra-abdominal and intra-pelvic conditions which may present a more or less complete mimicry of pregnancy is still of very considerable importance, involving, as it does, either an entire omission or an indefinite postponement of treatment when the indications for remedial measures may be imperative.

In view of these facts, and of the scant attention accorded the subject in the obstetrical and gynecological text books, I have thought that it would not be unprofitable to bring this topic before the Faculty. If, in doing so, I should succeed in eliciting some discussion of pseudo-pregnancy, and above all in giving never so little additional emphasis to the importance of being less hasty in diagnosticating pregnancy where in most cases its non-existence can be easily established, my purpose will have been accomplished.

The frequent occurrence of pseudocyesis as a climacteric condition has been pointed out, especially by those engaged in dispensary and hospital practice. This fact may have led some who have given little or no attention to the subject to associate it almost exclusively with that period of a woman's life. Such an impression is altogether erroneous. Pseudo-pregnancy may occur at any period from puberty up to and beyond the menopause. I need only refer to the varied forms of disease by which

pregnancy may be counterfeited, some of them occurring in youth as well as in old age. Any morbid condition which causes an enlargement of the intraperitoneal cavity, such as ascites and visceral tumors, and especially solid and cystic growths of the uterus and the ovaries, may give rise to difficulties in diagnosis. Less frequently, physometra, or gaseous distension of the uterus, hematometra, the so-called "phantom tumor," and molar pregnancy may be encountered. In some of these conditions—such, for instance, as hematometra, myxomatous mole, and intramural fibroid tumors of the uterus—not alone the symptoms but many of the signs of normal gestation may be present in such array that the most careful observations and the most thorough diagnostic skill are required to arrive at a correct conclusion.

Of the differential diagnosis of these conditions it is not my purpose now to speak, particularly since it must be said that they are relatively infrequent, and that the largest number of cases of false pregnancy are found in women, approaching or beyond the menopause, in whom there is no gross lesion of the intrapelvic organs, and since also it must be acknowledged that it is in just such cases that the proper diagnosis can most easily be made. The two cases about which I shall speak belonged to this class. One of them was Mrs. C., residing in the southern section of the city, who called me from the house of a neighbor and made a statement substantially as follows: She was 35 years old; had been married about ten years, but had no children. Her previous personal history was good and she had enjoyed excellent health. She was pregnant; of that she was sure. She not only felt that she was pregnant herself, but a physician had told her about three months previously that she was in the seventh month of gestation. She desired to consult me because she had been suffering greatly with gastric disturbance, had little or no appetite, could not sleep at night, was extremely nervous, and, besides, the movements of the child caused her a great deal of discomfort. Moreover, the time of her expected confinement had already passed and that had begun to create no little anxiety. She simply wanted to know what was wrong, if anything, and in what way relief could be obtained. In reply to questions from me she said that she had menstruated regularly up to ten months before, at which time the menses became very scanty, and that they had finally disappeared entirely. At about the same time she began to suffer from nausea, her breasts became larger and were painful, her appetite was capricious, and her nervous sys-

tem markedly deranged. Several months after the beginning of the symptoms enumerated (she could not say definitely just when) she began to notice the movements of the child, which had gradually become stronger, until at that time they were extremely vigorous and persistent. About this time, also, her abdomen commenced to enlarge and had continued to increase in size somewhat rapidly. Her friends had noticed the marked change which she had undergone, and of course agreed with her physician and herself that she was pregnant and joined in the delightful anticipation of her approaching maternity. I was told by a mutual friend and neighbor that unusual preparations had been made for the anxiously-awaited event and that baby clothes in great abundance had already been completed.

Such were the circumstances and such the condition of the woman at the time of my call. I told her it would not be possible for me to advise her intelligently without first making an examination, to which she readily consented. Her abdomen was bared from symphysis to sternum and hastily explored. It was quite as large as that of a woman at the end of pregnancy, but was not tense. The enlargement lacked the definiteness of outline, the prominent ovoid shape which we are accustomed to observe in advanced gestation, but was more generally distributed and more uniform. The umbilicus was not prominent, but retracted; there was little or no pigmentation of the linea alba, and no evidence of the so-called lineæ albicantes or striæ gravidarum. Percussion gave a note that was flat in the lower portion of the abdomen and semi-resonant above. On grasping and lifting the abdominal wall between my hands, very great thickening was made out and much of the swelling disappeared. Auscultation did not disclose fetal heart sounds, but did reveal marked gurgling due to imprisoned intestinal gas. On making a vaginal examination my reserved diagnosis was abundantly confirmed. The vaginal walls were not discolored, were not unusually moist, thickened, or redundant, and, above all, the cervix was long, conical, and hard. On pushing the cervix backward in the direction of the posterior vaginal fornix and lifting it up on my forefinger, while the outstretched fingers of the other hand were as far as possible pushed beneath the roll of fat and held firmly against the lower abdominal wall, I was able to palpate the body of the uterus, which was apparently undersized. I promptly told Mrs. C. that she was not pregnant, but she evidently did not believe me; so I suggested that, in order to make "assurance

doubly sure." I would call again the next day, bring my instruments, and give her an even more thorough examination. To this also she agreed. However, I received a terse note from her the next morning in which she said that it would not be necessary for me to call again. Strange to say, this lady was visited shortly afterward by a prominent physician, who also eliminated pregnancy, but advised her to go at once to a hospital to be operated upon for an ovarian cyst. She followed his advice, was very properly and wisely examined under anesthesia at the hospital, when it was discovered that the so-called cyst had "silently stolen away." The diagnosis was eventually made of a premature menopause, a great excess of abdominal and omental fat, and dystrypsia associated with a great deal of gaseous distension of the bowels.

The case of Mrs. E., living on Eutaw street, was somewhat similar. She was also sterile, about 32 years of age, and had menstruated regularly up to nine months before. At that time she stopped menstruating, began to suffer from nausea, noted enlargement and tenderness of the breasts, followed some months later by great increase in size and what she assumed to be fetal movements. She had convinced herself and her husband that she was pregnant, and, after waiting for the expiration of her time, actually believed labor to be coming on and sent for a monthly nurse. Labor, however, did not progress to her satisfaction, and, after several days of anxious waiting, she sent for me. I did not examine her abdomen, but found the vaginal indications of a non-gravid uterus sufficiently definite to warrant a positive conclusion. The vagina was pale; the cervix was small, conical, and firm; and while the uterus was not clearly palpable, it was evidently not enlarged. I communicated the very unpleasant information to her, but her young husband had been so anxiously and so cheerfully awaiting the advent of an heir that, after my departure, she concluded she would not undeceive him; so, with the assistance of the nurse, and in his absence, she procured a young baby, which he found on his return snugly ensconced by her side, and which has since, so far as I know, successfully filled the rôle of the genuine article—the real prince.

It is remarkable with what exactness the symptoms of pregnancy may be counterfeited in many of these cases. Occurring, as they so often do, in women who are approaching either a premature or a normal menopause, who are very desirous of having offspring, and who perhaps have familiarized their minds with

everything relating to the subject, it is not surprising that the unwary physician is made to share in the opinion so confidently expressed by the deluded woman. In this way it is that we may have not only the various nervous and sympathetic disturbances supposed to indicate pregnancy, but also such symptoms and signs as morning sickness, enlargement of the breasts and areolar papillæ, and even the secretion of a lactescent fluid. If at the same time the abdomen becomes gradually increased in bulk, whether from an excessive deposit of fat in its walls and in the omentum, from intestinal distension caused by fetal accumulations and by flatus, or from any of the various diseased conditions to which I have referred, the position of the practitioner may become an eminently delicate and undesirable one. For the same reasons, also, it can truthfully be said that spurious pregnancy is often psychical as well as physical in its origin.

I have already adverted to the great difficulties which may be experienced in differentiating various disorders from true pregnancy, especially early pregnancy, even when the most thorough physical exploration is made by the most skilful hands. The class of cases of which the two given may be taken as examples is not so difficult of recognition, and embarrassments only occur either when no examination is made at all or when perhaps an incomplete survey of the breasts and abdomen is all that is attempted. The breast signs and the auscultatory abdominal signs should not, in my humble judgment, be depended upon by the average practitioner, since the sources of error are so numerous. The most generally valuable and reliable diagnostic test, it seems to me, is that afforded by a properly conducted vaginal and vagino-abdominal examination, telling us, as it does, the position, shape, size, and consistence of the cervix, giving us valuable information in regard to the color and character of the vaginal walls, and enabling us in most instances to map out with greater or less definiteness the body of the uterus.

I have therefore selected my two cases designedly, belonging, as they do, to that variety of pseudo-pregnancy most frequently met with, in which the psychical element plays a conspicuous part, in which the physician would do well always to be on his guard, and in which, above all, the results of simple diagnostic methods are so convincing and satisfactory. To epitomize my remarks, then, or rather to reduce them to their ultimate analysis, would be to say that my experience leads me to believe that a closer study should be made of the vaginal indications of true and

false pregnancy, that a greater reliance should be placed upon such indications, and that a more frequent resort should be had to the vaginal and vagino-abdominal method of examination in cases where there is the slightest reason for the entertainment of a doubt.

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