

A well-marked case of spurious pregnancy, with its train of imaginary symptoms well described, and its reflex phenomena well developed, is one of the most singular experiences any one can have, and is most bewildering to those unaccustomed to physical examination of the pelvis. It is by no means confined to women at the climacteric, as many authors seem to have taken for granted without having properly analyzed the facts; and it is not even confined to married women, or such as have engaged in sexual functions without being married; for I have seen a very well-marked case in a young woman, twenty-two years of age, who presented all the usual and most trustworthy features of virginity.

There is some peculiar nervous machinery put in action the moment a fertilized ovum becomes attached to the uterine or tubal mucous surface, and that machinery sometimes gets a false start. How this occurs, we do not know, but the result is the appearance of all the symptoms without the reality of pregnancy.

One of the most perfect cases of phantom pregnancy or pseudocyesis which I have ever met with, was one I saw in consultation with Dr. Charles Warden and Mr. Machin, of Erdington. The patient was thirty-two years of age, had been married eleven years, and had menstruated with perfect regularity until June, 1872. Menstruation was then suddenly and entirely arrested, she slowly increased in size, and had morning sickness and many other symptoms of pregnancy. The breasts enlarged, she described the sensations of quickening, and she engaged Mr. Machin to attend her in the confinement she expected in March. Nothing, however, came of it. When I saw her in the following May she presented all the appearances of being pregnant at the full time, the breasts containing quite an abundant supply of milk, and the question to be considered was, had she an extra-uterine pregnancy? As the uterus was perfectly normal, having no tumor of any kind in association with it, this suspicion was at once dispelled; and on placing her completely under the influence of ether it became at once apparent that the pregnancy was a phantom, which ultimate test for pseudocyesis is one of the many triumphs of gynæcology due to the genius of Simpson. This patient was in the same condition in 1879.

Another condition which frequently gives rise to the suspicion that the patient is suffering from a tumor, and therefore, of course, most probably an ovarian tumor, is the curiously rapid growth of omental fat which many women put on at the climacteric period. Only a few days ago a remarkable instance of this occurred in my experience, the description of which will serve for all I have to say upon this subject.

A lady was brought to me from a distance by her medical attendant, who was a gentleman of exceptional experience and ability, but, of course, like other men engaged in general practice in the country, he had but very occasional opportunities for obtaining experience in the diagnosis of abdominal tumors; and, as he frankly told me, he knew very little about them. He brought his patient to me because he was in doubt, and there was no discredit due to him by reason of his difficulty. The patient was forty-seven years of age, and for about a year her menstruation had become irregular, her abdomen had increased very much in size, and she had lost flesh in the face and limbs. Her arms bore distinct evidence of this, for the subcutaneous fat had disappeared from them and the skin was wrinkled and flabby. Her abdomen was large, and, as she said, dresses she could wear only a few months before, she was now wholly unable to put on. As she lay on the couch the appearance was certainly that of an abdominal tumor, but the moment I touched the abdomen and felt the tight condition of the skin, I suspected what I had to deal with. The layer of subcutaneous fat there was extremely thick, for on taking up a handful of the skin it was found to include considerably more than two inches of fat. All over the abdomen a clear resonant note could be determined, no traces of fluctuation could be detected, the cavity of the pelvis was perfectly normal, her functions were healthy, and nothing distressed her but the size of her abdomen. But for my previous experience in such cases I might have hesitated to give the opinion I did, that the case was nothing but a climacteric accumulation of fat in the abdomen. I comforted both the patient and her doctor with the assurance that after the climacteric period was over a redistribution of fat would probably occur, that it would become more equalized over the body and less pronounced in the abdomen, and this I have seen occur so many times that I have little doubt that in the case I am describing I shall find in about two years that my prognosis will be verified.

This of course was a somewhat extreme case, because it is much more usual to find a general increase in the adipose tissue of the body than that it should be deposited in the abdomen at the expense of the other regions. I can, however, recall to mind a sufficient number of mistakes which I have made in such cases as this to be able to give a warning to others to be cautious in expressing an opinion concerning the existence of a tumor merely from an increase in the size of the abdomen of a woman at the climacteric period.

Another of the conditions which simulate ovarian tumors, and one about which we must be more cautious than any other,

is pregnancy. I have already said that during the whole period of gestation menstruation may occur with normal regularity and in normal quantity, and also that a rapidly growing ovarian cystoma may arrest the menstrual flow. It has been my experience, as it must have been the experience of every special practitioner, to have patients brought to me as suffering from tumor when their real state was that of pregnancy, and I need hardly say that this occurs chiefly in unmarried women. I have, however, had it occur more than once in a married woman, and I can call to mind an instance of this of a somewhat dramatic kind.

A lady forty-two years of age who had been married twice and whose married life extended over eighteen years was brought to me by her doctor as a case of ovarian tumor. With very great difficulty indeed I persuaded him that it was a case of pregnancy, and that she must be within a few days of her confinement. My opinion, however, was entirely disbelieved by the patient, and it was only when the pains of labor came upon her that she accepted the accuracy of my opinion. She was confined of a dead child and her labor very nearly cost her her life. Only a few days ago a hospital patient was sent to me as being a case of ovarian tumor. She was of very large size, the feet and legs were much swollen, nothing could be felt in the pelvis, and she had seen no appearance of menstruation for sixteen months. Yet a careful stethoscopic examination revealed the sounds of the fetal heart, and by getting my hand into the vagina I found the cervix normal, though very high up. It turned out to be a case of pregnancy with cardiac dropsy.

In the event of a young unmarried woman presenting herself with an abdominal tumor the utmost caution must be observed, for there is no limit to the persistency of the denial such patients will make as to their condition. Medical experience is full of illustrations of this, and I have heard very many anecdotes from my professional brethren illustrating it. Some of their patients even went so far as to deny the possibility of their being pregnant when labor was in the third stage. A few weeks ago a patient came to the hospital to consult me concerning an abdominal tumor. It was manifestly a case of advanced pregnancy. Yet when it was delicately suggested what the possibility of her state was, she indignantly denied it; but when I proceeded with the requisite examination I found not only that she was pregnant but that the recto-vaginal septum had been completely destroyed in a previous labor. No amount of scepticism in these cases will therefore be too great, but the practitioner will be wise who keeps that scepticism to himself. If

the tumor is of small size and the patient is not suffering, only two questions need be asked—is her menstruation arrested, and, if so, was it regular previous to its recent stoppage? If these two questions are answered in the affirmative, I would advise that an examination should not be made at the first visit but that some slight *placebo* be given and the patient be asked to repeat the visit at an interval of seven or eight weeks; and at the same time some gentle hint may be dropped that the case is probably one of a nature that will not require operation. In the majority of cases I find this is quite enough, and that the patients very soon realize their position and do not trouble me again. If, however, they should come back, upon the second or third visit I advise that an investigation should be made. I need not here describe the evidences upon which we base a diagnosis of pregnancy, and shall allude to one only in detail, because it is one but little known as yet, and it is a sign more valuable perhaps even than that derived from auscultation, in that it can always be observed, whereas the fetal heart cannot always be heard. I mean the rhythmical contraction of the uterus. If the hands be placed on the abdomen of a case of suspected pregnancy and a fluctuating tumor be felt, that tumor will become quite tense and like a myoma if the examination be prolonged for a few minutes. Then again it will become flaccid and fluctuating, and this alternation will go on rhythmically at varying intervals. Once this sign has been felt and recognized, I think it will be impossible for the observer ever again to be deceived by a pregnant uterus. Let me again impress upon every one the necessity of caution in giving an opinion to the effect that a patient is pregnant.

A most disastrous case of this kind occurred some years ago in my practice, where a young and very attractive girl, who suffered from an ovarian tumor which I subsequently removed, was examined by four different practitioners, all of whom were men of experience and two of whom saw the patient together in consultation. All four of these men asserted, I am told, that they heard the fetal heart, a sign which is regarded as conclusive of the existence of pregnancy. The girl when seen by me communicated none of these facts; she was brought to me by her parents and I knew nothing of her previous history. I had no hesitation at all in pronouncing it to be a case of ovarian tumor, and in the course of a few days I removed it. One of the practitioners under whose care she had been, was foolish enough to continue his statement that the girl had been pregnant and that my statement that I had removed an ovarian tumor was a falsehood. For this extraordinary conduct he was very properly