

On the Signs & Symptoms of Pregnancy
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"Ad nullum consergit opus, cum corpore languet."

I commence the following observations on the "Signs and Symptoms of Pregnancy" with an inward sense of incompetency and inability to do anything like justice to the important branch of Medical Science I have chosen for my dissertation. I do so however not with any expectation of shedding new light on the matter or of adding fresh evidence to facts already well proved, but simply in order to comply with the regulations of the University, and as in accordance with such regulations I must write on some professional subject I have selected that in which I have had most experience, naturally enough supposing that though I might write badly on any subject, it is just possible I might write less badly upon this.

The subject is so essentially a practical one that my task will be rendered all the more easy inasmuch as I shall not have to discuss abstruse speculations, refer to fabulous statements, or quote astute theories, as to the cause of "this" the effect of "that" or the object

of

of the "other" thus my course being quite clear I have nothing but plain sailing before me and as "experience" is said to "teach," I think I may with safety trust my pen to its guidance, the more confidently too as my mental helm will be under the control of, and steered by, the important and valuable information acquired from the lectures of my much esteemed teacher Dr. Arthur Farre of Kings College, London

The consideration of the "Signs and Symptoms of pregnancy" is a subject of vast importance to students in Medicine and to young practitioners especially, it is one of the most vital consequences, as a clear knowledge of it, may be the certain means of making his start in life successful, while ignorance of, or only a partial acquaintance with it, may as certainly mar, nay perhaps destroy altogether the bright prospects with which he commenced his career. Thus self interest, even if no higher feeling actuate him, renders it imperative

imperative for the practitioner beginning his professional life, to make himself perfectly acquainted with the various phases which the state or condition of pregnancy is subject to, this study, to a certain extent, demanding more of his skill and knowledge than any other branch of his profession, for he must observe the different changes that take place during gestation, not in their medical and physiological bearings only, but also from their social and domestic points of view, and in determining his diagnosis from the various phenomena that come under his notice, he must bring to his aid, not only all the information acquired and experience gained during his educational course, but also all his natural acuteness of mind, and innate decision of character, for with the manifold, and often, complex nature of the various interests involved in a correct diagnosis, he can not possibly be too circumspect in his judgment

judgment, and in doubtful cases he will have to consider, that the happiness and respectability, not probably, of an individual only, but of a whole family may rest upon his opinion, and that upon the opinion thus given, rests not only the reputation of his patient but that of himself also. No doubt such extreme cases may be "few and far between", yet the possibility, nay probability, of their occurrence must not be overlooked on that account, so that like the prudent mariner, while hoping for, and enjoying the best, he must be always prepared for the worst. The serious nature of the responsibility incurred by the practitioner in giving a decided opinion, must necessarily demand most careful and complete examination, before arriving at a final diagnosis, and this final diagnosis, must not be based on "book learning" alone, but in addition, must be corroborated
by

by common sense and "backed up" by experience, for to be armed at all points with a correct knowledge of the general rules laid down in books and lectures on Obstetrical Science, - though this is of course of primary and paramount importance - is not sufficient, unless there be superadded, a fair practical experience in Midwifery. Theory no doubt is very good, but practice is much better, this latter however will not suffice of itself, and therefore to be competent to form a safe, trustworthy, and correct, diagnosis, especially during the earlier months of pregnancy. Both theory and practice must be combined. Under the most favourable circumstances however mistakes have been made, and even by men considered eminent in the profession, one of the many examples of which sad errors in judgment we have in the melancholy case of the late Lady Flora Hastings.

Such

Such errors in "high places" I can not understand, for though among the less distinguished of our profession such errors do undoubtedly occur, I can not for a moment believe that such men as Simpson, Rigby, Farre &c are ever mistaken, as to the pregnancy or non-pregnancy of any patient they may have been called on to examine. As I proceed further with my subject I will illustrate cases of mistaken pregnancy by describing one or two examples that have occurred either in my own practice or within my cognisance.

Having prefaced thus far I will at once enter into the consideration of the task imposed upon me by your regulations again however calling for indulgence for recapitulation and want of originality, for though I quote from no book, I am well aware that I am but travelling over a perfectly known and well beaten track, yet still though no doubt written in a hacknied and unlearned style, this

Thesis

Thesis - if I may be permitted to dignify this insignificant attempt by such an important and high sounding appellation - will not on perusal be found to belong to that order of Theses which one of our learned Professors has not inaptly, as I understand, termed "ingenious compilations".

In treating on the "Signs & Symptoms" of pregnancy it is, I believe, usual to classify the various changes that occur during gestation, to divide and subdivide them and refer each class of phenomena to a particular cause and period, thus we have the appearances peculiar to the first months of pregnancy, then we have the signs usual during the middle period, "winding up", with the symptoms always present during the latter months of gestation. No doubt such classification would be deemed necessary in writing a scientific work on the subject, but as this "paper" is merely intended as a "top" to the "Cerberus" of the Senate I will not attempt
any

A scientific arrangement not necessary

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any high flying, lest like that ambitious individual whom we read of in "The Athen Mythology" I might happen to get my wings singed for my pains. With such an example before me I will not attempt any elaborate division or subdivision, but simply mention the different changes and peculiarities that alter and derange the disposition, temper, habits, and appearance of the woman herself and add to them the various "Signs and Symptoms" in the order as nearly as I can recollect in which they occur during the course of pregnancy, but as I before observed, without any attempt at elaborate or scientific arrangement.

First then I will commence with the changes that take place in the general appearance of the woman herself and for the greater convenience of demonstration I will suppose her young and pregnant for the first time of course premising that all the peculiarities I am about to mention

Changes in
the general
appearance
of the pregnant
woman.

may

May be, and indeed often are, considerably modified in different women may in many instances they may be altogether absent, but as such cases are the exceptions not the rule I will proceed as clearly and succinctly as I can to describe the varied departures from nature that are peculiar to the pregnant state

Generally speaking there is a marked change in the mental as well as in the physical economy of the pregnant woman, before conception she was perhaps thin, pale, flabby, jiddy, fidgety and inactive, her mind undoubtedly requiring a tonic as well as her body, most of her time is passed in dressing or dreaming and when not thus engaged she "moores" about the house without aim or object now languidly endeavouring to perform what she tries to "make believe" are her household duties, again lazily reclining on a couch "killing time" and banishing ennui by the mental process pretty generally known as "building castles in the air" in this way she passes

Mental and
physical
changes.

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The time seemingly careless of the present and thoughtless of the future. But see after conception has taken place. What a magic change there is; no more have we the listless objectless day dreaming, novel reading, Romantic School girl but in her place appears the brisk, staid, energetic, domestic woman. Romance gives way to reality for she feels that she has just entered into a new and important epoch of her life. She intuitively knows that she must now exert herself, she feels that another than herself claims consideration, the reign of selfishness is over and henceforth she dedicates herself to the contemplation of the mysterious something that now almost unconsciously as it were influences her whole being. She becomes active in her habits, an industrious mania seems to have taken possession of her, she efficiently and methodically performs her domestic duties, the hours before spent in dreaming

or novel reading are now passed in working, and from trying to "kill time" as formerly she now feels that the hours are too few and pass almost too quickly for the due performance of her multifarious duties. When not engaged in her household concerns she will probably be found busily interested in matters more nearly concerning her "interesting condition" that is diligently plying her needle, "Stitch stitch stitch" is her motto, an unerring instinct urges her to make preparations for the advent of the coming "stranger". If a visitor enters her room unexpectedly, she will perhaps be seen hurriedly and blushing as if she felt she had been detected in the perpetration of some act that she ought to be ashamed of - endeavouring to conceal various specimens of needlework, which if closely inspected by the said visitor - would, probably, turn out to be lilliputian articles of millinery and Mantua making. She is cheerful and

Conversational

conversational, her person has become more plump, rotund and firm, red blood colours her cheeks and lips, her pulse beats stronger, her carriage is confident, her step firm and elastic, her general appearance is more matronly and altogether she is in better condition both physically and mentally than when we first saw her. This is the bright side of the picture, and however much I should prefer dwelling upon it, I must not forget that it is necessary to look upon and examine the dark side as well.

Some women undergo marked changes ^{Capricious} contrary to the above. The nervous system ^{fancies.} becomes singularly altered, so much so that women who had been, prior to pregnancy, noted for good and genial temper - after conception - have become irritable, captious, unreasonable and inconsiderate, the cream of their naturally benevolent dispositions and cheerful minds being soured by the acids of vitiated tastes and morbid fancies. In such cases the mental barometer is scarcely ever stationary, up and down every

every hour of the day, so that such a woman is subject to many and violent variations both of temper and disposition.

She resigns herself to indulgence in morbid appetites and strange fancies, craving after things which can not be conveniently procured and exhibiting the most extraordinary and unreasonable caprices, which she thinks ought to be gratified at any cost, or inconvenience.

These morbid tastes, and capricious appetites, are sometimes indulged in to absurd lengths, often indeed terminating in strange and ludicrous scenes, more particularly among the humbler classes of our population, though the higher, and middle classes are by no means exempt from such supulative fancies.

Among the peasantry of the South and West of Ireland and in the Highlands of Scotland too I believe, a very general and wide spread superstition exists that if a pregnant woman wishes for or desires "longs for" is the popular expression, anything, her wish or desire ought to

Pitiated tastes

Superstitions entertained by some people with regard to pregnant women

be

be gratified at any sacrifice, as in the event of its not being complied with, danger to the child in the womb, is believed to be the invariable result, hence congenitively maimed, blind, deaf, dumb, deformed and idiotic children are popularly referred to the fact or circumstance, that the mother while in the pained condition "longed" in vain, that is, that some wish of hers had not been satisfied. From the almost universal belief in such untoward consequences to the infant, it may be easily inferred that among such naturally hospitable, kind and credulous people few child bearing women have their "longings" left ungratified, indeed to such extreme lengths is this prejudice carried that I have no doubt, idle, designing and unscrupulous women often make their pregnant condition a means of supplying for a time their daily wants, and more than one case has come under my own notice, in which vagrant women have simulated pregnancy in order the better to extort charity from their honest and more industrious fellow women.

and

of the longings of
pregnant women

and the instances in which poor people have given away a portion of the very food they were in the act of eating, perhaps not having wherewith to supply its place, are by no means rare, [the following anecdote bearing on the subject I can vouch for, the incident having occurred under my own immediate observation.

A poor man recovering from Typhus Fever had been sent some soup, a few days after the donor of the soup called at the "cabin" to see how the convalescent was progressing, and having asked how he liked the soup, received as a reply "orra a drop I had at all" "at all". The sender of the soup looked at the man's wife for an explanation, which was as follows.

"Wisha my lady as I was bringing the soup down" "from the big house who should I meet but Biddy" "Grady poor creature and she big wid child" "too (axing you pardon me lady,) and the way she" "looked at the sup of broth, wint clane to my heart" "an I sed, Biddy sed I flory be your bed an don't" "be after longin' for the broth, fa tis for Barney" "poor fellow an sure he's down wid the fever; but" "poor thing she couldn't keep it me lady by reason"

of

"Case"

"of her being so near her time, as she says to me"
"Peggy acushla why did you let me see it, sure I"
"we longed for it already and it is ^{my} ~~me~~ ^{mouth} that"
"is watering for it this blessed minnit, an so me"
"lady what could I do but give it to the poor thing."

In addition to the alterations of disposition, caprices of taste, alternations of temper and multiplicities of fancy, just described, there are several other minor observable conditions appertaining to the pregnant state, but as they are of scarcely any importance I will not waste any more time or space in describing them I must not however pass over in silence a symptom that has been noticed by the early writers. It is a peculiar change in the physiognomy of the pregnant woman, which from the fact of its having been mentioned by Hippocrates is called "*Facies Hippocratica*". It is represented as a very peculiar furrowed wrinkled or careworn expression of the face as if the facial muscles had been thrown into a state of partial paralysis. I have never observed this myself, and therefore can not describe the exact appearance presented and I merely mention

Minor signs
not referred to.

Facies
Hippocratica

Mention it here as having been included as one of the signs of pregnancy. These deviations from the ordinary condition are mere generalities and must not be looked at otherwise than as incidental phenomena, except when supported by more evident and special changes, when they must be deemed as corroborative evidence. The special "signs" and "symptoms" however upon which our opinions must be founded are to a limited extent also uncertain, especially during the earlier months of gestation, and we ought on that account to be all the more careful and circumspect in our enquiries, examinations and diagnoses.

Special
signs and
indications.

One of the earliest tangible changes that occur after conception, is the cessation of menstruation, and it is this stoppage of the usual monthly discharge, that thoroughly awakens the woman's mind to a suspicion of her gravid condition. Now though this suppression of the catamenia, is one of the most constantly present and unvarying of the "signs" of pregnancy, so much so indeed that

Cessation of
Menstruation

That the circumstance is usually considered by women as the proof of conception, and also as affording the most correct date, by which they can reasonably calculate the probable period of parturition. It must by no means be received as conclusive evidence of the fact, nor can it be relied upon, before the age of fourteen, or after that of forty five. Besides all women do not cease to menstruate during pregnancy, the woman may continue to menstruate for the first month or two after conception, but though such cases are comparatively speaking, of rare occurrence, they do occur sometimes, and in point of fact many cases are recorded in which the discharge appeared, at the usual periods, during the whole time of gestation, and no doubt many other such cases occur in "private", "Club", and "pauper", general practice, that are not taken cognisance of. The existence of such exceptions to the general rule would very naturally lead one to enquire, How can a woman menstruate after successful impregnation, considering the change that then takes place in the decidua or secretory surface of the womb? The catem
enial

Cessation of
menstruation
taken by itself
not a proof of
pregnancy.

The catamenial (?) discharge flows, not from the secreting surface of the uterus, but from the neck and borders of the Os, and also perhaps, from the vessels supplying the mucous membrane of the vagina. Again, a second question obtrudes itself on our notice viz. Are we to consider every woman pregnant when she ceases to menstruate? Certainly not, for we shall find many circumstances occur to cause the suppression of this periodical flow. For instance the menstrual secretion may never have taken place, there may be an absence of it altogether, this is however a very rare event, but still infrequent though it be we must not lose sight of its possibility. The discharge may be and often is, suppressed by various morbid conditions of the system, such as fever, inflammation, cold, fright &c &c, again there may be various local obstructions to menstruation, such as Imperforate Os, Adhesion of Labia, Absence of Womb and Absence of Ovaries. These two latter however are extremely rare. again the flow of the menses may be held in check by the supervention of another secretion viz Lactation. If then menstruation may be suspended by other causes

Morbid
suppression
of the Menses.

Mechanical
impediments to
Menstruation.

Why are we references

causes on the one hand, and may continue during pregnancy on the other it is reasonable to suppose that by itself the cessation of menstruation is not a proof of successful impregnation, although it is of considerable value as evidence particularly when combined with other signs.

Morning sickness is another sign though by no means a reliable one. It usually sets in about the end of the second or third week after conception, generally continuing until the third or fourth month, and from the fact that it nearly always comes on in the morning, it has derived its name. It sometimes however occurs at night and during the latter months of pregnancy the vomiting being sometimes so continuous and excessive as to cause the death of the woman.

Dr. Marshall Hall mentions a case ending in death at the fifth month. Dr. Van der Kolk records a case terminating fatally at the seventh month. In the Medical and Chirurgical Review two fatal cases are described and the Lancet reports one case as having terminated fatally at the fourth month. These of course are exceptional cases, the sickness of pregnancy being usually of a harmless character,

producing

Morning
Sickness.

Fatal cases
resulting from
excessive
morning sickness.

producing merely temporary inconvenience. As an evidence of pregnancy, its occurrence during the before stated time, that is, during the first three months, and in the morning, is of great importance when combined with other symptoms, but the exceptions are so numerous that we must consider the presence of "Morning sickness", by itself, merely in the light of negative evidence, besides it does not follow that "Morning sickness", is, by any means, a necessary concomitant to pregnancy, for it very frequently happens that women may be pregnant, and at the same time perfectly free from either nausea or sickness. Again, if sick, the sickness may be the result of disorder or irregularity of the digestive functions. "Morning sickness" however, if it be present, must be always looked upon as corroborative evidence. Sickness in the earlier months of pregnancy is caused by the intimate sympathy existing between the womb and the stomach, when it occurs during the latter period of gestation it is excited by the direct contact of the two organs.

Salivation is another of the characteristic signs

Morning sickness
by itself to be
considered only
as negative
evidence of
pregnancy.

Salivation
signs

"Signs." The irritation caused by pregnancy may affect the salivary glands and so produce salivation, it is not however of very frequent occurrence, and though of old reckoned as one of the usual "signs," it is now considered merely as an occasional "symptom," and as of no value when taken by itself. Salivation may supervene at all periods of pregnancy, the second month however being the earliest period at which it has been noticed, the fourth or fifth month is about the usual time of its appearance. The least motion of the jaw renders the flow of saliva more abundant, and sometimes the quantity excreted is so profuse in some recorded cases amounting to three, four, and even five pints in the twenty-four hours. as to seriously imperil the health of the woman, and in one case that occurred in the practice of Dr. Farre, the quantity of saliva was so excessive as to endanger the life of the patient, Dr. Farre having been compelled to induce premature labour in order to stop the flow. This singular activity of the salivary glands is particularly associated with the state of pregnancy and is easily distinguished from

Cause of
Salivation.

Case of
excessive
Salivation.

from mere salivation, by the fact that there is an entire absence of the metallic taste, fetid breath, soreness of fauces and sponginess of gums peculiar to Mercurial styalism.

Another very important "sign" of pregnancy is the change that takes place in the appearance of the mammary glands. About the end of the second month, after conception, the woman has her attention attracted to the state of her breasts, her dress feels too tight, and seems to press upon her bosom, giving her the idea, that it was rubbing against & irritating the nipples, she feels a sense of fullness and uneasiness on and around the parts, the breasts and nipples themselves, too, throb and tingle painfully. On examination she notices a great change, her breasts have become larger firmer and more globular, they have a peculiar knobby feel, the nipples have become more developed and stand out in "bold relief," and she finds her linen moistened and stained by a secretion that oozes from the parts, the nipples and their immediate bases presenting the appearance of being in a state of perspiration. Thus far the woman

Change in the appearance of the mammary glands.

Changes in the nipples.

herself

herself notices, the practiced eye of the
physician will, in addition to this
increase in bulk firmness and rotundity,
of the breasts and projection of the nipples,
distinguish the formation of a coloured
disc - the "Areola" so called. Round the
nipple, the secretion of milk being at
the same time easily detected. Taking
these fresh indications let us examine
each by itself and see what value can
be placed upon their separate existence
as evidences of pregnancy. As to the
increase in the size of the breasts, we must
not attach very much importance to it,
for we must remember that the breasts
may enlarge from various causes quite
independent of the state of pregnancy.
They may be enlarged from corpulency,
by deposits of adipose tissue &c at each return
of the menstrual period too, the breasts are
very commonly enlarged; in cases of suppressed
menstruation they are likewise enlarged;
at the "turn of life" also they are nearly always
increased in bulk. Distension of the womb
from hydatids, polypus or other causes
produce

Formation
of an Areola.

produce similar appearances in the size and form of the mammary glands. Under such circumstances therefore we can not be justified in trusting implicitly in this altered appearance of the breasts, as certain evidence of pregnancy, still though not direct evidence we must look upon it as a suspicious indication of the fact, and if we find it in conjunction with the formation of a decided "Areola", it is much more reliable and worthy of consideration.

The formation of the "Areola" or coloured disc around the nipples, commences about the beginning of the third month after successful impregnation. The circle is at first about an inch and a half in diameter of a deep roseate tint, blended with a peculiar brownish tinge, the surface particularly that portion lying immediately around the base of the nipple, being studded over with little glandular follicles, which are quite moist. At the fourth month the circle has become enlarged to about the circumference of
an

Character of
the Areola.

an inch and three quarters, while at the fifth month it has attained the diameter of three inches, and at this period we find the colour of the disc extending to the gland itself. At the sixth month a more decided change takes place, for then we find that the follicles have become more enlarged, the disc appears blotched like a water colour painting upon which drops of water have been allowed to fall, and presenting somewhat the appearance of an abdomen that has been frequently subjected to the operation of tapping; the veins permeating the gland itself, appear more blue, tortuous and transparent from having become larger and more clearly defined. This formation of the "Areola" or "pigmentary sign" as it is sometimes called, takes place thus decidedly only in some females, the marked colour of the disc varying in density according to the complexion of the individual, the pinky hue of the "Areola" being peculiar to the fair, or Saxon type of women, while in the

Appearance
of the Areola
at the sixth month

dark

dark complexioned, the colour of the pigment is quite different, simulating that of dark brown chestnut or Mahogany.

With regard to the follicles they grow and enlarge in order to prepare the gland for its function and from the size of a small pins head, they increase gradually until at the full period of gestation they have reached to the size of a Mustard or hempseed.

There are many exceptions to these well defined and decided changes in the "Areola" and nipples. The colour which is usually the most marked alteration. May not become so evident, the pigmentary deposit may be only in a slight degree darker than the rest of the gland, indeed there are numberless cases of fair complexioned women in which the tint of the "Areola", scarcely if at all differs from that of the neighbouring integuments, and in women who have had many children, it is, frequently, not at all evident. - "when the colour of" "the skin around the nipple, has been once" "modified by pregnancy or nursing it is"

Follicular
growth.

"Pigmentary
depos't not always
present.

"no longer a conclusive criterion". D. Ingleby.
Again — "in other cases the sebaceous glands"
"are but slightly developed, but the puffy state"
"of the areola in first pregnancies, is almost"
"invariably present. On the other hand something"
"resembling the deepened colour of the areola,"
"as well as enlargement of the mammary glands"
"is said by various writers and observers to be present"
"when the uterus is distended from other causes,"
"and follicles have been seen developed in"
"women neither pregnant or nursing". Churchill

Besides a woman may be pregnant without
any of these mammary indications being
evident. The following case in which there
was a singularly apparent absence of all
mammary signs whatsoever, may not be
inappropriately, introduced here, as an
illustration of the total absence of all
the breast and nipple appearances usual
in pregnant women. In a Borough
Town in one of the Midland Counties, a great scandal
was caused by the circulation of a report, that
the niece of one of the "Corporate Body" was pregnant
her Uncle being reported as the seducer, of course the
report was not long in reaching the ears of the
gentleman

There may be
pregnancy without
any development
of mammary signs

gentleman in question, who immediately took the necessary steps to refute the scandal. His niece indignantly denied the scandalous impeachment, but this denial did not satisfy her Uncle, who strong in the consciousness of his own integrity and firmly believing in the honour and virtue of his niece, resolved to give the scandal the fullest possible contradiction. Accordingly he had his niece examined by two of the principal Medical men of the town. I was assistant to one of them at the time. Both, after careful (?) examination certified that the young lady was not en-ciente, and so the matter seemed settled to the satisfaction of all parties. About two months after I was called up at night to attend this same young lady who was supposed to be suffering from an attack of English Cholera. On going into the bedroom I was particularly struck with the peculiar character of the expressions of pain that proceeded from the patient, and all at once I remembered the former circumstances concerning her, my suspicions were suddenly awakened, and it directly occurred to me that she was in labour. Such in fact turned out to be the case, and in about half an hour after my arrival, a fine, full grown male child was born, the mother denying to the last moment any

Case

Knowledge

Knowledge of the affair and indeed thoroughly ignoring the presence of the baby. By and by she came to the conclusion that "facts were stubborn things", and could not be ignored, so making "a virtue of necessity," she confessed her shame, at the same time stating that the father of the child was, not her Uncle, but one of his servants. Now at the time of the examination by the Medical men, there were no mammary indications of any kind, neither were there any, at the time of her confinement. The globes of the breasts were not at all defined, there was no appearance of an areola, the nipples were not developed in "relief," but appeared sunken and as if pressed below the surface of the adjoining integuments and having the skin furrowed or wrinkled immediately around, as we often see in the navel. Under all circumstances however I am inclined to think that the changes in the breasts and nipples, especially when combined with absence of menstruation, are decidedly the most unmistakable of all the earlier signs of pregnancy. Thus far I have attempted to describe the chief mammary symptoms, it only now remains for me, to briefly discuss the third, and last, "breast sign", namely the secretion of Milk. With regard to this sign, it can scarcely be

secretion
of Milk.

be

be looked upon as of any value in evidence of pregnancy, for though among women generally it is looked upon as conclusive proof, yet it occurs so frequently independent of pregnancy that no certain deduction can be made from its presence. The formation of Milk therefore, can not be considered by itself as sufficient or satisfactory evidence of successful impregnation. Besides it is a well established fact that Milk has been secreted by females who had not arrived at the age of puberty, and by women long past the period of pregnancy, and there are even four reliable cases recorded of men having secreted Milk. So much then for the secretion of Milk, and other mammary indications, as evidences of pregnancy. It will be thus seen how doubtful must be the diagnosis of pregnancy during the earlier months after conception. "No single sign can be relied upon as conclusive" "it is only when two or three are present and" "occur in proper sequence that we can" "feel certain. For example, if a patient" "miss one or two periods, we may have" "grounds for suspicion, and these will" "be strengthened if morning sickness occur"

Secretion
of Milk by
itself, not
conclusive
evidence of
pregnancy.

"in the second month; but if to these"
"be added enlargements of the breasts"
"and darkening of the areola, the case will"
"be pretty certain. In many cases too we"
"may derive assistance from the"
"character and circumstances of our"
"patient. It is not however until the"
"latter half of gestation that we"
"obtain positive evidence which can"
"neither be simulated or evaded." Churchill.

I will now proceed to the consideration
of the changes that occur during the
latter months of gestation and among
them, first in importance is the
enlargement of the abdomen, but
this, though so important as a "sign"
leads to errors of diagnosis more
frequently than any other, if however
the extent, situation and character of
the enlargement be carefully studied
and examined, we can scarcely fail
in arriving at a correct opinion.

But to return to the enlargement itself,
During the first three months there is
scarcely, if any, enlargement, indeed

Enlargement
of Abdomen

at

at the end of the second month, the abdomen is flatter than before, about the fourth month the abdomen becomes enlarged to a limited degree, at the end of the fifth month the uterus can be distinguished easily, at the sixth month the fundus uteri is on a level with the umbilicus, during the three remaining months the fundus rises to the end of the ensiform cartilage and in the middle of the ninth month it again descends in order to prepare the parts for the period of parturition. I may as well mention here some very significant changes that take place in the navel, changes which if properly observed may prove of great value in cases of doubtful enlargement. About the third month the navel is drawn in and depressed, at the sixth month it has advanced to a level with the abdomen, and towards the end of gestation, it protrudes considerably. These changes

Changes in
the appearance
and position of
the navel.

in the situation of the navel, are peculiar to pregnancy and do not occur in cases of morbid enlargement, so that it becomes a valuable means of distinguishing one from the other. Having thus briefly digressed I will now return to my subject. There enlargement of the abdomen, must not be considered as direct evidence of pregnancy, for many are the causes that tend to produce enlargement.

The uterus itself may be diseased and in a state of non malignant fibrous tumour. It may be distended by the presence of polypus, a condition of womb that is by no means infrequent, and as its presence causes sympathetic action of the Mammarye it simulates pregnancy more completely than any other uterine affection and is oftener the cause of errors of judgment than most other morbid conditions. A good illustration of this happened under my own immediate observation while acting as Assistant to a "General Practitioner" in the mining District

Enlargement of the Abdomen not to be considered as direct evidence of pregnancy.

district of Gloucestershire. W^m D. aged 32 had been married six or seven years without having once proved pregnant. She was a tall, thin, chlorotic looking woman enjoying however pretty good general health. During a lengthened absence of her husband she was observed to grow stouter, month after month, until at last so evident did the enlargement of her bust and abdomen become, that her neighbours pronounced her in the "family way," and as "bad news of his fact and fair" her husband who was at the time employed in some mining works in Staffordshire very soon heard the news. He instantly hurried home and accused his wife of unfaithfulness. This she denied declaring that she was not pregnant, and stated her willingness to submit to an examination by any medical man her husband might wish to name. My employer, as being the oldest and most respectable practitioner in the neighbourhood, was selected, and associated with him was another gentleman of long standing

Case of
Polypus of
the womb
mistaken for
pregnancy.

in the

in the district, and famous among the miners wives for his obstetric skill.

The united opinion, founded on I suppose, very careful and minute (?) examination, being that she was undoubtedly pregnant. This was of course a sentence of banishment for the wretched wife, the poor woman was immediately turned out of the house by her irate husband, and after having "run the gauntlet," of the village, receiving in transitu, some very rough and humiliating treatment from the hands and tongues of her self-righteous neighbours whose outraged virtue could not suffer such a crime to pass without a vigorous exhibition of proper indignation the excess of their zeal blinding them to the observance of the proverbial "beam" by which their own optics were obnubilated, found an all but refused shelter in her fathers house. About two months after

as nearly as I can recollect. I was summoned to attend this same woman in labour. She had resigned herself to the

Case

idea

idea that somehow or other she was pregnant. I went immediately and found her exceedingly weak, and flooding very much, especially during the occurrence of the pains which were described as "sharp like knives, but not at all forcing"

On examination I found the Os dilated to about the size of a Crown piece, the aperture being plugged with a soft, semi-elastic, spongy feeling mass. Considering it a case of placental presentation I introduced my hand to "turn", but much to my astonishment could feel no fetus, but instead I discovered that the cavity of the womb was almost filled with a glandular mass, "free" on all sides, except at the fundus, to which it was attached by a short, thick stalk, which almost instantly broke on manipulation the entire mass coming away with my hand. It turned out to be an enormous, semi-transparent, gelatinous polypus.

Enlargement again may be caused by distension of the uterus by menstrual fluid

Case

Enlargement caused by distension

fluid. Enlargement may also be caused by morbid conditions of the Spleen, Liver, Fatty Omentum, Dropsy and Flatus. Enlargement of the Ovaries too is by no means an uncommon occurrence and has been often mistaken for pregnancy several cases of this kind have come under my own cognisance, one of which I may as well relate, as having come under the observation of Professor Simpson of this University. The wife of a very wealthy and influential country gentleman, after having been many years married, without having been once in a position to present her husband with an heir to his name or estate was at last declared to be in that condition in which "ladies who love their lords" wish to be. The verdict of the family medical attendant was confirmed by the dictum of one of the most eminent London Physicians. The lady herself however had some doubts, and in order to settle the matter definitely, she resolved to consult Dr. Simpson, who much to the chagrin of herself and her husband, upset the verdict of the other two gentlemen by "finding" that she was not

Pregnant

Enlargement
of the Ovaries

Case of
enlargement
of the Ovaries
mistaken for
pregnancy.

pregnant, and that the mistaken diagnosis was due to enlargement of the ovaries. Such was the case, and the lady remains childless to the present day. Considering therefore the many influences that combine to distend the uterus, a question, referrible to the subject, presents itself for our consideration, that question is,

How can we distinguish between the enlargement of pregnancy and that caused by morbid conditions? Easily enough, if we only follow the indications. The tumour caused by the gravid uterus grows from below, upwards, it occupies the median line and is firm, hard, elastic and well defined, preserving its form in all positions, though more evident when the woman is standing.

Morbid enlargements grow from above, downwards they do not occupy the median line, for instance enlargement of the liver occupies the right side, that of the Spleen, the left, while the tumour itself is moveable and inelastic. No opinion however should be given until after, both external and internal examination, the former of which should consist in observing, whether the tumour is in the median line, whether right or left side, whether it has increased from above downwards or vice versa;

whether

Whether it is firm, defined and elastic or whether it is moveable, shapeless and incompressible, whether in fact it becomes hard like an India-rubber ball, on pressure by the hand, and soft again when the pressure is withdrawn. The presence of fluid may be determined except in cases where the Liqueur Amnii is excessive, by its fluctuation. Tympanites may be distinguished by the resonant sound, of air in the cavity, which the tumour emits upon percussion. So much then on the subject of enlargement, which, as I have endeavoured to show, may prove a source of great embarrassment to the careless or unskillful observer.

Quickning or movement of the fetus is another "sign", which is usually felt by the mother between the fourth and fifth month after conception. It is not however a very reliable sign, as some women never feel the sensation, still in the great majority of cases the movements of the fetus are felt by the pregnant woman and though at an early period one may be easily deceived as to the special character of the movements, at a later or more advanced period it would not be easy to mistake them. In a short time after the mother has become conscious that she has "quickened", the

How to determine the presence of fluid.

Quickening

Movements

Movements of the fetus may be felt by the Medical attendant, he must however be careful not to mistake the movements of the bowels, or spasmodic action of the abdominal muscles, especially in hysterical or nervous persons. for the plunging of the fetus.

The "uterine Souffle" is another sign peculiar to the gravid uterus, this uterine sound, respiration shall I call it? is heard on auscultation, as a single, intermittent whis-
-pering sound, like that heard when a conch shell is held to the ear, or still more like the soft murmuring of a gentle wind among distant trees. It has also been compared to the sound produced by blowing into the broad mouth of an empty vial. This blowing sound is caused by the motion of the blood in the uterine vessels, and occurs simultaneously with every beat of the maternal pulse. Though of great value as a test, it is not proof positive of pregnancy as similar sounds are heard in some cases of disease, for example, the existence of a tumour in the groin pressing upon the Iliac artery causes the same kind of sound. Pulsation of the fetal heart is another, and an

Uterine Souffle

Pulsation of the Fetal heart

of

of quick repetitions of short, sharp and regular pulsations, something like the ticking of a watch, each tick being repeated from one hundred and thirty, to about one hundred and fifty, times in a minute. In this respect - in the very rapid recurrence of the pulsation - it differs materially from the uterine murmur, which is by no means so quick. Another difference between the two sounds is; that, proceeding from the vessels of the uterus, is heard as early as the fourth month; whilst that of the fetal heart is never heard before the fifth month.

As before observed, if the fetal pulsation be heard, it is a proof positive of pregnancy, should it not be heard however, we must not, on that account decide that the woman is not pregnant, for the fetus may be dead, "or, as in some" "rare cases, they may be inaudible for a time" "though the fetus be still living."

Pulsation of the Funicus, has been mentioned as one of the "signs"; no doubt it may be heard in special cases, that is when twisted around the neck, body, or limbs of the fetus, thus intervening between the bulk of the fetus and the sides of the uterus, it may also possibly be heard in women of

Pulsation
of Funicus

attenuated

attenuated condition of abdominal
parietes, but as a reliable indication
I do not think much value is to be
attached to it. I have never heard the sound
myself, indeed I have tried to hear it, and
consequently, what I say on the subject
can not be deemed worthy of much consideration.

Having thus imperfectly endeavoured to describe
the chief "signs and symptoms" of pregnancy, all
of which are capable of demonstration by external
examination, I think I can not do better than
conclude the subject with a few minor signs,
some of which are only demonstrable by internal
manipulation, these I will mention as succinctly
as possible, the more particularly as I fear I
have already trespassed too much on the time
and patience, of those whose duty it is, to
peruse such an inefficient attempt to
satisfy the requirements of the Senate, as
this is likely to prove. The state and condition
of the Os and Cervix Uteri are quite different
before, and during pregnancy, and the
knowledge of this difference may be employed
as a means of corroborating any opinion
we may have been inclined to form from
external

State of
the Os and
Cervix Uteri.

external observation. The question therefore that presents itself is, How can we distinguish the Os and Cervix of the unimpregnated, from those of the impregnated womb? In the former the cervix projects about half an inch into the cavity of the vagina, and has a peculiar cartilaginous feel, like the tip of the nose. In the latter, about the third month, the Cervix becomes, or seems to become, shorter, it loses its cartilaginous feel, the Os becoming partially open, and at the end of the gestative period, so patulous, that the finger can be easily introduced, the Os too having receded, at least it does not project into the vagina. Another means of calculating pregnancy or non pregnancy, by internal examination, is, by the process termed "Ballotement" or tilting up of the uterus, by the finger placed in the vagina. Usually speaking this mode of examination can not be successfully performed before the fifth or sixth month. This tilting up of the contents of the womb, if the womb is in a gravid condition, leaves the impression that you have propelled some body upwards, which after a moment or two according to the quantity of liquor Amnii, is felt to descend and resettle on the tip

"Ballotement."

tip of the finger, by whose agency it had been first propelled in the upward direction, somewhat analogous in fact, to the striking up of a shuttlecock & receiving it again on the battledore as it came down.

Varicose condition of the veins of the lower extremity Varicose Veins and turgid or congested state of the mucous membrane of the labia and vagina, are said to be other peculiarities connected with pregnancy.

The varicose condition of veins is produced by the pressure of the gravid uterus, the turgid or bluish hue, which is said to pervade the mucous membrane of the labia and vagina, being due to the same cause, viz congestion of the capillaries from superincumbent pressure. The blood of pregnant women, is said to Fibrin in be richer in fibrin, than that of non-pregnant individuals. the blood.

The presence of Kieestine in the urine of pregnant Kieestine. women is the last sign I shall refer to. If the urine of a pregnant woman is allowed to stand without agitation, for some twenty or twenty-four hours, a deposit is formed, which, after a further period of two or three days, rises to the top and forms a sort of crust very much resembling that found upon weak mutton broth after having got cold. This crust consists, for the most part, of the Caseine of the milk secreted in the breasts during gestation, and to it has been

given

given the name of Kiesteine. As a proof of pregnancy however, I do not think it as of much value, for inasmuch as I have before shown, that Milk may be formed in the breasts of non pregnant individuals, and as this Caseine, Kiesteine, or whatever it is, acknowledges Milk as its matrix, I have no doubt that Kiesteine would have been found had it been tried for in the urine of the children and men, who are referred to in my earlier observations as having secreted Milk.

Having now arrived at the conclusion of my essay it only remains for me to add, that I am well aware of the imperfect and unscientific manner in which I have discussed the subject I have however endeavoured to do my best, and though that best may be but a very crude and feeble effort, still it possesses one redeeming feature at least, and that is its originality. It is as nearly original as the discussion of such a well known subject can be, the only portions gleaned from

from books, being those marked with
inverted commas. It is natural
enough that I should deem this my
first attempt at essay writing,
worthy of some little consideration,
my hopes of success however proceed
not from any undue confidence
in the intrinsic merits of the
composition itself, but from
an innate conviction of the
generosity and kindness of its
censors, who I trust in their perusal
of this rough and ill digested
lucubration, will permit
mercy to sponge out the marks
of disapproval made by
justice, whose reputed blindness
will render the obliterating
process of the former all the
more easy. Thus having written
according to "reputation" and hoping
that in the "general parade", it
may pass "muster", I have
no more to say on the matter,
but merely finish up with
the

The not very inappropriate
quotation

"Mors parturibat, gemitus immanes cuncti,
"Eratque in terris maxima expectatio,"
"At ille murem peperit." —

D. D. O'Herlihy
Ph. R. C. I and L. S. A