On the Signs & Symptoms of Pregnancy

By

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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 not 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 out-of-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 leave nothing but plain sailing before me and as experience is to be taught, I think I may with safety trust my pen to its guidance, the more confidently too as my mental helms will be under the control of, and guided by, the important and valuable information acquired from the lectures of my much esteemed teacher Dr. Arthur Harve 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, may 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, demands 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.
judgement, and in doubtful cases he will have to consider, that the happiness and respectability, not merely of an individual only, but of a whole family may rest upon his opinion, and that upon the opinion whose fever, rests not only the reputation of this patient but that of himself also. No doubt such extreme cases may be few and far between, yet the probability, say 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 practitioners 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 obstetric 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, e.g. and even by men considered eminent in the profession, one of the many examples of which bad errors in judgment we have in the melancholy case of the late Lady Flora Hastings.
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, Riggby, Faree 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 cognizance.

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 this book I am well aware that I am but traveling over a perfectly known and well beaten track yet still though no doubt written in a hacknied and unlearned style this
Thesis—if I may be permitted to dignify this insignificant attempt by such an important and high-sounding appellation—will not, I am persuaded, 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 and 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
any high flying, lest like that ambitious 
individual whom we read of in "The Athen 
Mythology," I might happen to get my 
feathers 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 change 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 have observed 
without any attempt at elaborate or 
scientific arrangement.

First then I shall 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 a 
young and pregnant woman for the first time 
of course presuming that all the 
peculiarities I am about to mention 

May
May be, and indeed often are, considerably modified in different women. 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 then pale, flabby, jellly, irritable 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 mows about the house without aim or object more 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 the passing
The time seemingly careless of the present and thoughtless of the future. But see after conception has taken place. What a great change there is! No more have we the restlessness, objectless daydreaming, novel reading, romantic schoolgirl, 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 woman seems to have taken possession of her, she efficiently and methodically performs her domestic duties, the hands before spent in dreamy
or some reading are now scattered 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 stitching 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, the bile
perhaps has been whipped and blushing
as if she felt she had been detected
in the perpetration of some act that
she ought to be ashamed of endeavoring
to conceal various speecmens of
needlework, which if closely inspected
by the said visitor would instantly turn
out to beelligutuation articles of Millinery
and Mantuamaking. She is cheerful an
conversationable. Her person has become more plump, robust, and firm, her 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 contrary to the above. The nervous system 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 indecisive; the cream of their naturally benevolent dispositions and cheerful moods being soured by the seeds 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 indulgences 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 capricious 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
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 unvarying result, hence congenitively maimed, blind, deaf, dumb, deformed and idiotic children are popularly ascribed to the fact or circumstances, that the mother while in the proved 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 indolent, kind and credulous people few child bearing women have their longings left ungratified, indeed to such extreme lengths is their prejudice carried that there is doubt idle, designing and unscrupulous women often make their pregnant condition a means of subsisting for a time, their daily wants and more than one case has come under my own notice, in which vanrant women have simulated pregnancy in order the better to extort charity from their honest and more industrious fellow women.
At the longing
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 wherein to đặcly 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 home sick, a few days after the donor of the house called at the cabin to see how the convalescent was progressing and having asked how he liked the soup, received as a reply, "Some a drop I had at all," at all. The hand of the house looked at the man, wife for an explanation, which was as follows, "Micka my lady as I was bringing the soup down from the big house who should I meet but Biddy Grady from creature and the big wid child too (saying your hands on lady), and the way she looked at the keep of broth, went close to my heart. As I fed Biddy said, I sump be your lad an didn't he of after longing for the broth, for the for Barnicy, soon followed an here he's down with the fever; but upon they, she constant help it me lady by reason.
"if her skill to near her time, an the days to me? Peggy accursd why did you let me see it, then I
be/longed for it already and it is one month that
is barming for it this blessed minute, an to me
lady what coul d she best give it to the poor thing."

In addition to the alterations of disposition,
capricious 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
not waste any more time or space in describ-
ing them. I must now however pass on in order
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 fect of its having been mentioned
by Hippocrates is called "Hippocratic Facies".
It is reprented as a very peculiar surrond
wrinkled or careworn expression of the
face as if the facial muscles had been
thrown into a state of partial paralys.
I have never observed this myself, and
therefore can not describe the exact
appearance presented and
Sincerely

Mention
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 specific changes, when they must be deemed as corroborative evidence. The specific "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 the weight on that account to be all the more careful and circumspect in our inquiries, examinations and diagnoses.

One of the earliest tangible changes that occur after conception, is the cessation of menstruation, and it is this withdrawal 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
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 be no means be regarded 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 appears, at the usual periods, during the whole time of gestation, and as doubt many other such cases occur in "private", "club," and "haute", general practice, that are not taken cognizance 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 secreting surface of the womb? The catam
The catamenial (?) discharge flows, not from the secreting surface of the uterus, but from the neck and borders of the O, and also perhaps from the vessels supplying the mucous membrane of the vagina. Again, a second question attires 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 periodic flow. For instance the menstruation 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., again there may be various local obstructions to menstruation, such as Imperforate hymen, Adhesion of Labia, Absence of Womb & Absence of Ovaries. These two latter however are extremely rare. Again the flow of the menses may be held in check by the superintetion of another secretion by lactation of the menstruation may be suspended by other causes.
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 of 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 existing in death at the fifth month. Dr. Vana 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 merely temporary inconvenience as an evidence of pregnancy, its occurrence during the labour 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 is it is 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 executed by the direct contact of the two organs.

Salivation is another of the characteristic 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 little value when taken by itself. Salivation may appear 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 large—in some recorded cases amounting to three, four, and even five pints in the twenty-four hours—as to seriously impair 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
from mere delusion, by the fact that there is an entire absence of the metallic taste, fetid breath, looseness of stool, and scoriaceous or frothy, peculiar to Mercury Purgation.

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. Writhe the nipples, the feel a sense of fulness and uneasiness on and around the breasts, the breasts and nipples themselves too, swelle and tingle painfully. On examination she notices a great change, her breasts have become larger, firmer and more globular, they have a peculiarly smooth feel, the nipples have become more delicate and stand out in bold relief, and she finds her linen moistened and stained by a secretion that comes from the breasts, the nipples and their immediate bases, presenting the appearance of being in a state of perspiration. Thus far the woman herself
herself notices, the practised eye of the medical man 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. Around 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 them separate existence as evidence 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; 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, polypiæ or other causes produce
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 broad 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 rosy-rose tint, blended with a peculiar bronchial tinge, the surface particularly that portion lying immediately around the base of the nipple. Being studded over with little glandular follicles. These are quite moist. At the fourth month the circle has become enlarged to about the circumference of
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 "Medla", 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 "Medla" being peculiar to the fair, or Saxon type of women, while in the
Dark complexioned, the colour of the pigmentation is quite different, simulating that of dark bronzy 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 pin's head, they increase gradually until at the full period of gestation they have reached to the size of a mustard seed. 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 evident, the pigmentary deposit may be only in a slight degree darker than the rest of the skin, indeed there are numerous 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"
As long as a conclusive criterion. B. Leighly. again — "in other cases the tuberculous 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 been developed in women neither pregnant nor 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 with no development of mammary signs.
gentleman in question, he 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 eminent, 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 expression 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 was 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
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. Something "a virtue of necessity," she confessed her blame, at the same time stating that the father of the child was not her cousin, 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 sunkken and and pressed below the surface of the adjoining integuments and having the skin furrows 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
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 evidence 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 misses one or two periods, we may have grounds for suspicion, and these will be strengthened if morning sickness occur in..."
"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 all"
"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
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 uteri 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 endoform 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 fifth month it has advanced to a level with the abdomen, and towards the end of gestation, it protrudes considerably. These changes...
in the situation of the womb, are peculiar to pregnancy and do not occur in cases of normal 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. 

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 polypi, a condition of womb that is by no means infrequent and as its presence causes sympathetic action of the mamma it simulates pregnancy more completely than any other uterine affection and is often 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.
District of Gloucestershire. Mrs. D., aged 32, had been married five or seven years without having once proved pregnant. She was a tall, thin, choleric 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 flies fast 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. Her employer, as being the oldest and most respectable practitioner in the neighbourhood, was selected, and associated with him was another gentleman of long standing in the
in the district, and famous among the
miners waves for his obstetric skill.
The united opinion, founded on
supposition, 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 "seen the facetious" of the village,
receiving in transitu, some very
rough and humiliating treatment from
the hands and tongues of her self-righteous
neighbours. Their outraged virtue could
not suffer such a crime to pass without
a vigorous exhibition of proper indignation.
the excess of their zeal blending them
to the observance of the proverbial "beams"
by which their own optics were dimmed.
found an all but refused shelter in her
father's 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
idea
idea that somehow or other she was pregnant. I went immediately and found her exceedingly weak, and bleeding 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 It related to about the size of a Crown piece, the aperture being plugged with a soft, semi-elastic, morny feeling mass. Considering it a case of placenta presentation I introduced my hand to “turn” but much to my astonishment could feel no fetus, but instead 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, thin 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 phlebus. Enlargement again may be caused by distension of the uterus by menstruation fluid.
Enlargement may also be caused by morbid conditions of the spleen, liver, fatty omentum, mesentery, and flattus. 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 cogniscense, 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, 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 shaping of herself and her husband, except the verdict of the other two gentlemen by "finding" that she was not pregnant.
Pregnant, and that the mistaken diagnosis was due to enlargement of the ovaries. Such was the case, and the lady remains childless to this present day. Considering therefore the many influences that combine to distend the uterus, a question, referable 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 undermentioned 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. Vascular 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 movable 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 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 ligamentum nunci 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 unskilful observer.

Quickness 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, while 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 movements
Movements of the uterus may be felt by the midwife attendant; he must, however, be careful not to mistake the movements of the bowels, or rhythmic action of the abdominal muscles, especially in hysterical or nervous persons, for the swelling of the uterus. The "uterine souffle" is another sign peculiar to the gravid uterus. This uterine sound, inspiration shall I call it? is heard on auscultation, as a single, intermittent, thin, spiring sound, like that heard when a cone 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 wine glass. 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 unmistakable evidence of pregnancy. Amen.
of quick repetitions of short, sharp and regular pulsations, something like the ticking of a watch, each tick being repeated from one hundred to 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, it 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, and if 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 Fibries has been mentioned as one of the "signs," no doubt it may be heard in some cases, that is when twisted around the neck, body, or limbs of the fetus, thus intersecting between the back of the fetus and the sides of the uterus, it may also possibly be heard in women of attenuated
Attenuated condition of abdominal varices, 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 endeavored 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 pursue such an insufficient attempt to satisfy the requirements of the Senate, as this is likely to prove. The state and condition of the O's 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.
external observation. The question therefore that presents itself is. How can we distinguish the Os and Cervix of the uninpregnated, 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 patentous 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 "Ballottement" or tilted up of the uterus, by the finger placed in the vagina. Usually speaking this mode of examination cannot 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 reseated on the tip
tip of the finger, by whose agency it had been first
propelled in the upward direction, somewhat analogous
in fact, to the striking off of a shuttlecock on receiving
it again on the battledore as it came down.

Varicose condition of the veins of the lower extremity
and turgid or congested state of the mucous membrane
of the labia and vagina, are said to be other pecu-

larities 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, by

congestion of the capillaries from superincumbent
pressure. The blood of pregnant women, is said to

be richer in fibrin than that of non-pregnant individuals.

The presence of fibrin in the urine of pregnant

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 set cold. This crust consists for

the most part of the Catechine of the milk secreted

in the breasts during lactation, and to it has been

s

Various veins in the blood

rabine

Kistene
seven the name of Nichteine. 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, Nichteine, or whatever it is, acknowledges milk as its matrix, I have no doubt that Nichteine 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 fable 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 plagiary
from books, being those marked with inverted commas. It is therefore 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 censor, who I trust in their power of this rough and ill-organized production, will permit mercy to thence out the marks of disapprobation made by justice, whose reputed blindness will render the obliterating process of the former all the more easy. Thus having written according to "regulation" and keeping that in the "general parade", it may pass muster. I have no more to say on the matter, but merely finish up with
The not very inapproriate quotation

"Non saperibus, semita immensia"

"Eratque in terris maxima expectation"

"At ille murem resperit"

R. P. O'Herley

M. R. C. P. and L. T. A.