

CHAPTER VII

THE AURA DURING PREGNANCY

IT frequently occurs that a patient asks a medical man whether, after she has missed either one or two monthly periods, she is pregnant. The answer usually given "to wait a little time," is not always acceptable. The difficulties of arriving at a correct conclusion in very early pregnancy are very great, so that any fresh method that can aid in diagnosis will no doubt be appreciated. It must be understood that in the following plan not one single sign of pregnancy can be accepted alone, but when one or more point to the same direction, the probabilities are so great that the conclusion, one way or the other, is almost positive. There are three distinct signs of pregnancy associated with some change in the Aura; two are arrived at by investigation by the C. C. band, and the third is a slight alteration in the

shape of the Aura and its texture. These will be considered *seriatim*.

When a woman is inspected for early pregnancy, it is advisable in the first place to ascertain whether her Aura is normal in shape and size, not merely by the sides, but by the front and back. In nearly every case of pregnancy which we have examined, the Outer Aura, all down the front of the patient, has seemed to be wider on the whole than usual, never exceeding, however, the limit given on page 16. At present it cannot be decided whether there is any absolute increase, or whether the enlargement is illusive and due to the tendency of the Aura to be slightly altered in texture, and thus made more perceptible.

Whether this be the case or no, there can usually be observed some slight increase of the Outer Aura at the lowest part of the abdomen, when the patient is standing sideways to the observer. Also, if she has not turned round quite as much, but sufficiently to allow the contour of the breast and nipple to be silhouetted upon the black background, it may here, also, be seen to be a little enlarged. At

the same time in both these positions the Inner Aura will look more dense and bright, giving the effect at first of a granular appearance. This is especially noticeable in front of the nipples, where it is more prominent than around the other parts of the breast, and sometimes forms the appearance of a small ray.

One most important fact to be remembered is that the Inner Aura is not granular, but remains striated. This lineation shows there is no morbid action taking place, but that there is only an increase of physiological action.

After the patient has had her Aura inspected directly, it is necessary to commence the colour test. For doing this she must face the observer when he employs the C. C. band vertically, and he will perceive the colour even throughout the entire length, if she is in good health and pregnant. He ought to take special notice of the part of the band on the lower portion of the abdomen near the pubes. The full significance of this test is, that the patient shows no sign that the act of menstruation is near at hand. When the C. C. band is employed transversely over the breasts, the colour with women who

are not pregnant, or who are not nursing an infant and have no affection of the mammæ, is naturally even (except over the areola and nipples), not solely on the breasts themselves, but also on the adjacent parts of the body. In pregnancy and in lactation it is common to find the C. C. band over the breast to have a lighter shade. The lighter tint is due to a change in the Aura similar to that which has been considered in Chapter VI. This alteration of tint has no meaning in itself, but is a good corroboration of a change having taken place in the Aura surrounding the breasts. When the transverse C. C. band is thrown upon the epigastric and hypogastric regions, no change of colour will be shown, although the patient may be suffering from nausea and vomiting, pointing to the fact that the gastric disturbance is not so dependent upon a local derangement as upon some nervous influence.

Case 31 is an analogous instance where the stomach troubles were due to pregnancy. If the patient has previously been suffering from an affection of the stomach this statement, of course, cannot hold good. No other assistance

can be obtained from the C. C. bands when employed on the front part of the body.

It has been mentioned, that in a large number of women, a patch of larger or smaller extent upon the lumbo-sacral region of the back can be seen, which causes the shade of the C. C. band to become darker than the remaining portion. This has been attributed primarily to the sexual functions, and directly to the peculiar granular state of the Aura.

Strange to say, that in no case of pregnancy have we seen the Aura to be granular, and consequently the darker patch has disappeared. We consider that the presence of this dark patch is presumptive evidence against pregnancy. Absence of it in a woman who is known to have had this discolored spot, or if she is in the habit of suffering a considerable amount of backache during her menstrual period, is a very important, if not an absolute sign of being pregnant, unless there is some known reason which is likely to remove it.

When the C. C. band is employed on the lower part of the abdomen with the patient standing sideways the colour of the extensions may be

dissimilar. When this is so, the front is more likely to be lighter in shade, confirmatory of the alteration of the Aura in this part, as has been discussed above.

To sum up the signs of early pregnancy as shown by the Aura are: (1) A slight increase of the Outer Aura at the lower part of the abdomen and in front of the breasts.

The Inner Aura is increased in distinctness, but remains striated.

(2) The C. C. band shows no discoloration on the lower part of the abdomen.

No discoloration over the stomach, even if nausea is present. The band is often lighter on the breasts.

(3) Absence of the dark patch on the lumbo-sacral region.

The two following are illustrative cases:

CASE 39.—L. K., aged twenty-nine. She has been married nearly two years, and hopes she may be pregnant, as she missed one period and a second is nearly due at the present time. When inspected, as she stood facing the observer, her Outer Aura was ten inches wide round the head and trunk by the side, gradu-

ally diminishing to five at the ankles. The Inner Aura was two and a half inches in breadth all over the body. When she turned sideways to the observer, the Outer Aura at the back was four inches in breadth widening to six at the small of the back. In front, taken as a whole, it was about four inches wide all the way down, but there was a slight increase in front of the breasts and a slight bulge at the lowest part of the abdomen. In these two places the Inner Aura looked coarse and consequently more distinct, but was striated. When the C. C. band was used on this portion the extension in front was lighter than at the back. As she again faced the observer, the C. C. band when used vertically, was even all the way down the front with the exception of the small parts over the breasts. When used transversely over the breasts, these were lighter in shade than the adjacent parts. There was no alteration in the tint of the gastric region. When the back was examined the colour was unaltered in any place. The lessons to be learned from this case, are first, that the woman did not show any signs of approach-

ing menstruation, although it was due. Next the Aura disclosed the fact that there was physiological activity going on in the breasts and in the part of the abdomen just above the pubes. There was no doubt about the case being one of pregnancy.

CASE 21 (continued from page 189).—In this instance the lady believed herself to be pregnant, having missed two monthly periods and was near her third. However, there was no alteration of the Aura round her right breast, nor any increase of the abdomen just above the pubes, neither was there any discoloration in this place when the C. C. band was employed. On the back there was a prominent dark patch as seen with the C. C. band over the sacrum. In this case the only sign of pregnancy was the absence of the discoloration of the C. C. band just over the pubes. The diagnosis was made that pregnancy was out of the question, that menstruation would not take place within four or five days, but when, could not be foretold. As a matter of fact it occurred just seven days after the inspection.

As pregnancy proceeds, the changes of the

Aura in front of the mammæ and abdomen increase, but not equally. The part adjacent to the breasts does not enlarge to an extent corresponding to that in front of the abdomen, and is variable in size. It is not only the Outer Aura which expands, but in many cases also the Inner. Even when the Inner Aura has not increased, it will have become more distinct than the neighbouring parts, showing that the gland has become ready for the assumption of its special function. Usually, it will not be difficult to determine whether this Aura in front of the breasts has enlarged, because it can be so easily compared with that of the adjacent parts either above or below. Although it may look finely granular with or without the intervention of a light screen, yet the *A* carmine screen will disclose the striated appearance of health.

When the Aura in front of the abdomen is examined after the woman has reached her fifth month of pregnancy, it will be seen to have become wider than during the earlier stages, and may continue to increase until near the birth of the child. The Auras of pregnant women after the fourth or fifth month may be divided into

two classes, which, although they are not very unlike, yet have a distinction which is by no means artificial. In one group the Aura is not so much increased as in the second; besides, the shape is more regular and follows with greater exactitude the contour of the body. When the woman stands sideways to the observer, and the Auras are differentiated into the Inner and Outer by the carmine screen, the former will be seen to be slightly enlarged and to keep a proportionate width to the Outer Aura throughout.

In the second group the patients have their Auras broader and more distinct in front of the most prominent part of the abdomen, than beside the less protuberant portions, causing the Aura to be conical, and giving the impression that it is wider than it is in reality. When the two Auras are separated, the Inner, too, will be seen to have a tendency to become conical, being a little wider in front of the most prominent part of the abdomen, but not to the extent of the Outer. This is a good instance of the Inner Aura growing larger and subsequently diminishing as it regains its natural size shortly after parturition.

When the C. C. band is employed, the whole of the breast except the nipple and the areola, will usually appear lighter than the neighbouring parts of the body, whether the patient be standing facing or sideways.

The C. C. band when thrown upon the thorax or abdomen will sometimes be even and at others darker on the latter. If the woman turns sideways to the observer, and the transverse C. C. band be thrown upon the abdomen, in the second group of cases where the Aura is conical, the extreme point of the protuberant abdomen is usually lighter, and the front is lighter than the back extension. In the first group of cases the C. C. band is even throughout.

The paleness of the colour over the breasts and abdomen associated with the enlargement and definition of the Inner Aura, indicates that it is extremely probable that some change in the Aura has taken place, and is an extra proof that "a change of texture in the Aura can cause a sufficient alteration in the C. C. band to change its tint." The following case is extremely interesting:—

CASE 40.—Mrs. T., aged thirty years was pregnant for the fourth time. When inspected she had reached the sixth month. The history she gave was that she had been feeling exceedingly well the whole time, but three weeks previously she was awakened in a fright by a row in the house. From that time all movement of the child ceased, and the abdomen was getting smaller, although previous to the upset the movements of the child were uncomfortably strong. She was depressed thinking the child was dead.

Inspection of the Aura at the sides and back showed it natural in every respect. In front, as she stood sideways to the observer, the Inner Aura was about three inches broad down the thorax and lower extremities, except that it was slightly more marked in front of the nipples. Before the prominent abdomen it was about two and a half inches wide. The Outer Aura was three and a half inches down the whole of the body, except in front of the abdomen where it was conical and became about eight inches wide. The main interest was centred in the condition of the Inner Aura. This, above the

sternal notch and down the thighs and legs, was finely striated as is usual in a healthy person. The part before the lower third of the abdomen was distinctly granular (coarse), while in front of the upper two-thirds it was coarsely lineated, but the lines were not well marked. It was in a transitional state between the granular Aura and the striated. Thus it could be seen that the Aura was normal all round the body with the exception of the part in front of the abdomen where it was pathological. The C. C. band showed nothing unusual, but it may be worth stating that it was lighter on the left breast and darker on the right, than the remaining portion of the band, and at the same time the colours of the two extensions were even. The explanation of this effect happens to be quite simple, because the tint on the left breast is what is common during pregnancy, while the right breast was distinctly pigmented, and being quite healthy did not affect the Aura beyond the body.

We think that in this case a diagnosis of a dead child was justified. Subsequently, when the uterus was palpated, it was found to be more

soft than is usual at the sixth month of gestation. No signs of any uterine souffle nor foetal heart-beats could be distinguished. Two months later she was delivered of a dead male infant.

In conclusion we know our shortcomings and only hope that our readers will overlook them, as the subject of seeing the Aura through the intervention of screens is quite a new one. So many unforeseen difficulties have arisen, and peculiarities detected from time to time that it has been necessary to commence observations *de novo* more than once. We shall be quite satisfied that our labour has not been wasted, if science, especially as regards medical diagnosis, has been advanced one iota and we fervently hope that more competent investigators will take up the subject as there is a vast field for useful research.

Lastly we must thank our friends, some of them who have put themselves to great personal inconvenience, for their kind assistance.