

A Case of Quintuplets.

By G. C. NIJHOFF, M.D., *Professor of Obstetrics and Gynaecology, Royal University, Groningen (Netherlands).*

AT the end of July, 1903, I received from my friend, Dr. J. J. de Blécourt, physician at Hees, near Nieuwegeen (Netherlands), who assisted at this memorable birth, *five immature children and one placenta*, produced at the same birth, excellently conserved in a 5 per cent. solution of formalin. I am also indebted to Dr. de Blécourt for the history of the case.

The mother of the quintuplets, a healthy and robust woman, aged 34 years, and married 8 years to a very tall and perfectly healthy man, was delivered 7 years ago of one boy at the full term of pregnancy. After the birth of the boy she had no more children, but she believes she miscarried at Christmas, 1902. The last normal menstruation occurred January 20th, 1903. In the beginning of her pregnancy she felt very well, only suffering from nervous feelings. In the beginning of May, 1903, she had for some days a discharge of a small quantity of yellowish fluid, now and then tinged with blood. This discharge ceased, but returned in the beginning of July. She first felt quickening early in June. Dr. de Blécourt was called on July 12th at 10 o'clock a.m. At 8 o'clock the patient began to have severe pains, returning every 3 minutes. At the acme of a contraction the bag of waters was visible at the vulva. The fundus uteri was a hand's breadth above the umbilicus. Fœtal heart sounds were heard at both sides and in the middle of the abdomen.

On vaginal examination Dr. de Blécourt found the os uteri completely distended, and a small fœtal head in vertex presentation with the occiput to the left. At 8-30, soon after the rupture of the membranes, an immature but living *female* child was born, followed ten minutes afterwards by a *second female* child in footling presentation, with the abdomen to the front. Before the birth of the second child no new bag of waters was observed. Some minutes after the birth of the second child a new bag of waters protruded in the vulva at the acme of a uterine contraction. At 9 o'clock *the third child, a male*, was born in vertex presentation, soon followed by a *fourth child, a female*, in footling presentation with the back to the front. After the birth of the fourth child, Dr. de Blécourt was extremely surprised as he found a *fifth child*, as it were, concealed in a corner of the uterus in transverse presentation. This child, *a female*, was within some minutes spontaneously born in footling presentation.

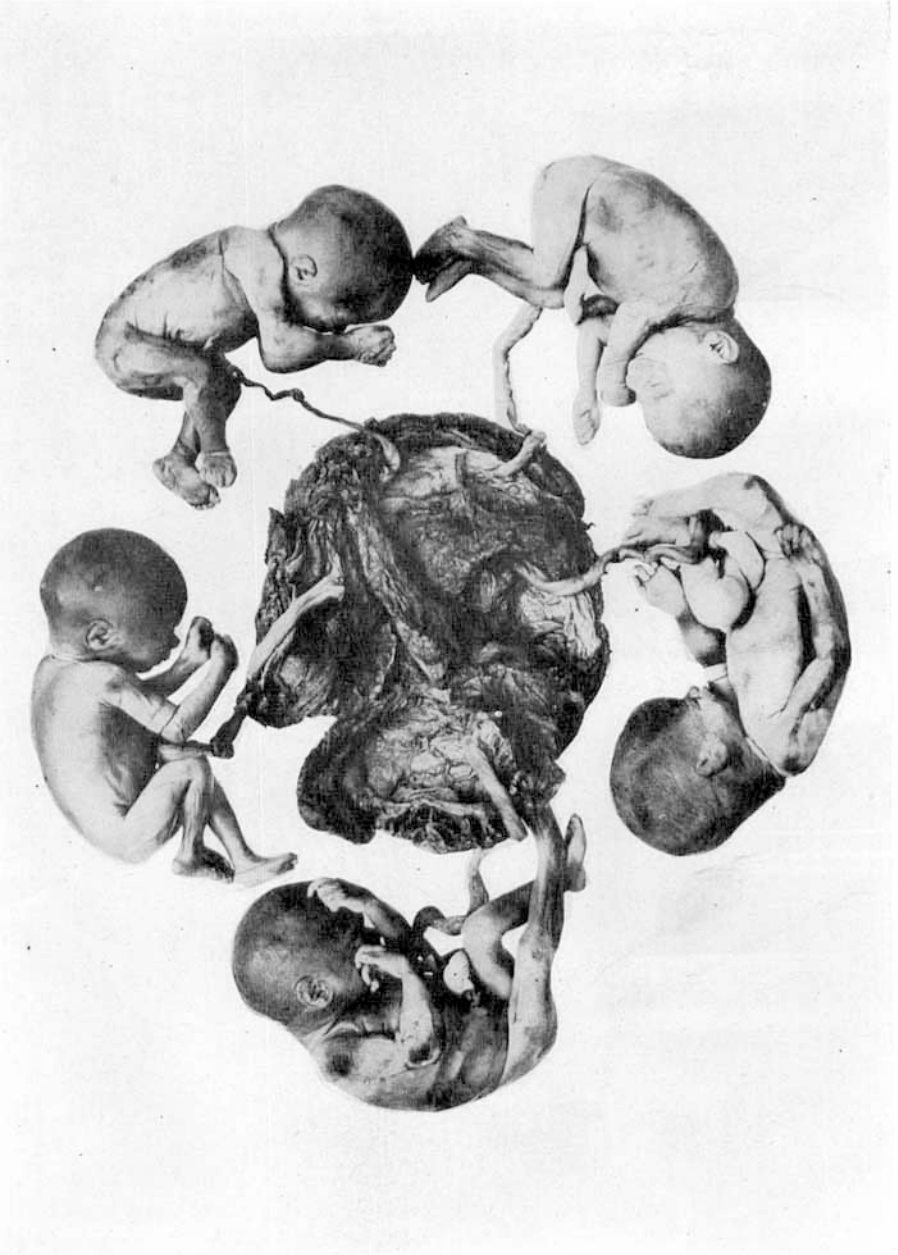


FIG. 1. Case of Quintuplets.

Before the birth of the fourth and the fifth children no bag of waters was observed. The five children were all alive, but immature, and survived only one hour. At 9.30 the placenta was expelled after moderate pressure upon the fundus uteri. During the labour, but especially after the expulsion of the placenta, there was a considerable loss of blood. During the first few days of childbed the lochia were accompanied by several large blood clots.

During childbed no other abnormalities were noticed but an increase of temperature to 37·9 (Celsius) at the third day. The mother made a speedy and complete recovery, and was wholly restored at the end of July.

The children were all immature, but well formed, their size corresponding with a development of about six months of pregnancy. Immediately after birth the weight of the five children together was 3,150 grammes. Five days afterwards Dr. de Blécourt found their weights and measures:—

No. 1, female,	750 grammes	32·5 centimetres.
No. 2, female,	500	„ 28·0 „
No. 3, male,	540	„ 27·5 „
No. 4, female,	650	„ 30·0 „
No. 5, female,	550	„ 30·0 „

The placenta consisted of one continuous cake (see Fig. 1). It had an oval form, with a longitudinal diameter of 25cm and a transverse diameter of 18·5cm. Its thickness varied from 0·4 to 3cm. Its weight was (five days post partum) 890 grammes. The uterine surface of the placenta presented no more than the usual lobules.

At the fœtal side five separate umbilical cords were inserted, each in a distinct sac formed by the fœtal amnion. Three of these sacs were enclosed by a common chorion. The two others had a separate chorion. It was not difficult to bring each fœtus in connection with its own umbilical cord, as the cords varied in thickness, shape and arrangement of the umbilical vessels. Dr. de Blécourt having attached to each fœtus a bracelet indicating the order of their birth we could also determine to which fœtus the amniotic sacs corresponded. In this manner we found that the three sacs separated by a distinct amnion, but enclosed by a common chorion, corresponded to the fœtuses No. 1, No. 2 and No. 5, and the two other sacs enclosed by two distinct choria to the fœtuses No. 3 and No. 4. The three females born as No. 1, No. 2 and No. 5 are

thus from the same ovum, and represent uni-ovular triplets, the male (No. 3) and the female (No. 4) taking their origin from two separate ova. These quintuplets may be regarded as the product of the fœcundation of three ova.

In the mother's family several cases had occurred of multiple pregnancy. Her mother once had twins among other children. Two maternal uncles became fathers of twins. A maternal aunt was delivered of triplets. In the father's family no cases of multiple births are noticed.

I have given a more detailed description of this case, together with another Dutch quintuple birth at Scheveningen in 1719, and 27 cases of quintuplets collected from the obstetrical literature from 1694 to 1900 in a paper (illustrated with 13 plates), of which the Anglo-Dutch edition will be published shortly by J. B. Wolters, Groningen (Netherlands).