

REPEATED PREGNANCY IN A UTERUS BICORNIS.

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I ATTENDED Mrs. F. in confinement for the first time in the latter part of 1878. At my first examination, I found a shoulder presentation, a fully-dilated cervix, and the liquor amnii evacuated. The child was turned and extracted, and both mother and child did well. I afterwards got the following history: Mrs. F. was then thirty-five years old, and this was her seventh confinement. Four children were born in head presentations without any trouble, except that in the second confinement a part of the placenta was left behind and had to be removed by a physician,

after severe flooding, and she had afterwards some acute trouble. The fifth child was a transverse presentation, the child dying during delivery. She does not know the position of the child at the sixth confinement, as she was delivered under chloroform. The seventh confinement I have described above. On April 31st; 1881, I was called again to deliver her, and diagnosed, on external examination, twin-pregnancy, one child lying in the vertical, the other in the transverse diameter. On vaginal examination, I found the os dilated to a diameter of about one inch, head presenting. Without much trouble, the child was delivered, and the cord tied. On palpation over the abdomen, I found the second child in transverse position, the head to the left, the extremities to the right. On passing my hand through the vagina and the dilated os into the uterus, I came upon a large empty cavity, which contained nothing but the placenta. Retracing my steps along the cord, I produced uterine contractions, by placing my hand on the abdomen, and found my fingers entangled in a loose and unruptured sac of membranes. Repeating the manœuvre, it became clear that I had to the left a cavity which had expelled the child, and contained the placenta not yet detached. To the right of this cavity, and divided by what appeared to the touch quite a thick membrane, there was another cavity containing the other child in as yet unruptured membranes, and in a transverse position. During this examination, the loose sac of membranes (quite distinct from the dividing membrane) became more distended, and ruptured spontaneously, revealing a shoulder presentation. It was quite difficult to reach the legs of the fetus, and I had to place the patient across the bed to finish the delivery by version and extraction. The child was dead, and probably had been so for some hours. During the delivery of the second child, the other cavity remained uncontracted, while my hand entered it by mistake, in the attempt to reach the feet; but, after the removal of the second child, one strong pain set in and expelled two entirely separate placentæ, which were in no way connected; each with its cord inserted in the centre. The uterus contracted well. I made no further examination at that time, intending to do so after her getting-up. On May 30th, she called on me, and I found the following condition: The uterus well contracted; the cervix about one inch long; the os closed. On introducing a uterine sound, I observed that it entered the cavity of the uterus in the middle line for about one and a half inches, and then turned to the right side. I now introduced a second sound and, turning it to the left, both sounds could be felt over the symphysis, one a little to the right of the other. I then brought the handles of the

sounds close together, and withdrew one slowly, and, still keeping both close together, one inch and a half from the os externum, I distinctly felt this sound striking the other. I recently had a further opportunity of verifying the diagnosis. On November 8th, 1883, I was called again to deliver the lady. I made out, by external examination, a transverse position, head to the left, body to the right. The child was delivered by version, and did well. After expulsion of the child, the uterus contracted firmly, but there was on the left an appendix, or rather a part of the uterus itself, of the size of a duck's egg, which was soft and did not appear to participate in the action of the rest of the organ. To ascertain the cause of this condition, which was unaccompanied by any flooding, I passed my entire hand into the cavity and verified by bimanual examination the existence of a cul-de-sac, which had not participated in this pregnancy. This cul-de-sac was undoubtedly the second horn of the uterus, which had in the last pregnancy contained one of the twin embryos.