

*Case of Difficult Parturition, from the Locking of the Heads of  
Twins.* By JAMES ALEXANDER Junior, Surgeon, Dunfer-  
line.

**A**s I do not know of any case similar to the following on re-  
cord, I have transmitted it to you for insertion in the  
Medical and Surgical Journal.

I am aware, that the case which I am about to relate in-  
volves no general principle, and leads to no new or very im-  
portant practical conclusion; and consequently, that it is desti-  
tute of the highest claims to interest and attention; but if it be,  
as I suppose, a fact altogether new, as such, it possesses at  
least a certain kind and share of interest. And indeed any in-  
stance, however insulated, or however unlikely to occur again,  
either of a new power in nature of recovery, or a new suscepti-  
bility of disease, must be deemed worthy of so much attention  
at least as to merit being preserved.

On Monday morning, the 21st of October, I was sent for to  
visit a woman in labour. The account I received from the

midwife in attendance was, that she had been called to the person on the preceding Wednesday; but that, at this time, the dilatation of the *os uteri* had not commenced, and only began to take place on Sunday, though, during the three foregoing days, the pains had recurred with such regularity, and so severely, as to make the woman herself believe that she was in actual labour. That even after this, the presentation, which was the breech, was propelled very slowly, until it advanced so far as to permit the feet to be brought down, and the body and arms extracted; but that such unexpected difficulty had occurred in delivering the head, as to render it necessary to send for some medical man to extricate it. Upon examining, I felt a head occupying the cavity of the pelvis; and, as the face was not felt in the hollow of the sacrum, and as I was anxious to complete the delivery as soon as possible, I endeavoured to turn the child, so as to bring the head into the proper position, and then to extract it. This, however, I found I could not accomplish; and, surprised at the difficulty I experienced (which I was sure did not proceed from narrowness of the pelvis), and puzzled by the feeling of something strange and unusual about the position of the head, I left off my endeavours at extraction, and proceeded to make a careful and accurate examination. The result of this convinced me, that the head, which I felt filling the hollow of the sacrum, belonged not to the child whose body was protruded without the external parts, but to a second child, whose body still remained *in utero*; and that the head of the former was no farther advanced than the brim of the pelvis. Upon raising the body of the expelled child, and introducing the hand along the side of its neck, by using some force, the fingers could be pushed up betwixt it and the head of the second child, so as to ascertain that there was no connexion between them. Passing the hand along the back part of the neck, the fingers could be pushed so far as almost to touch the occipital protuberance; and towards the left side of the pelvis, the form of the under part of the face could be distinctly recognised. In short, the face of the child, which was still in the uterus, was turned into the hollow of the other; while the face of the other (the head being at the brim) lay towards the left side, so that the two heads were completely impacted, the lowest one obstructing the descent of the upper, while the upper, in its turn, as effectually prevented the further advancement of the body of the former. Under these circumstances, as it was perfectly impossible to push back the lowest head, it appeared to me, that the only method of effecting the delivery, was to puncture the nearest head immediately; and if, by this means, sufficient room should

not be obtained to deliver the other head, enough would at least be acquired to allow the application of the scissars to it also. Before proceeding to operate, however, in a case so singular, I requested my friends, Dr Stenhouse and Mr Dewar, to examine the woman, and favour me with their opinion. As the opinion of these gentlemen coincided exactly with my own, I immediately punctured the lowest head. This was an easy matter, though rendered rather more difficult than it would otherwise have been, from the passage being partly occupied by the body of the other child; but, even after this had been done, it was found impossible to extract the other head, and it was therefore necessary to perforate it likewise. The only part which even yet could be felt distinctly, was the occipital protuberance, the face lying obliquely towards the left side of the pelvis; and from the way in which the remains of the lowest head were placed with regard to the upper one, after the instrument had been conducted along the fingers to this point, a part of the operation which required a good deal of caution, it was necessary to depress it considerably towards the left side, as otherwise it was apt to glide over, instead of penetrating the bone. At length, after some difficulty, it was thrust into the cranium in an oblique direction, the point entering close by the foramen magnum. The brain was then broken down by the crotchet, and as much of it as possible brought away; but, even then, it was no easy matter to bring down the head, and it was only accomplished by the exertion of considerable force, both on my own part, and that of the gentlemen who assisted me. After this head was extracted, the other child was easily delivered, and shortly after the placenta. During the first and second day after delivery, no bad symptom occurred. During the second night, however, the woman was seized with a violent shivering; the pulse rose rapidly to 120; the skin became hot and dry, and the whole of the abdomen exquisitely painful and tender; and I remarked, next day, that her mouth and tongue had assumed something of the appearance which characterizes the advanced stages of typhus fever. She was immediately bled to syncope, and her bowels freely purged with calomel and neutral salts. The symptoms were, by these means, greatly relieved; but recurred on the 25th, when they were again met by a repetition of the same remedy. By persisting in the antiphlogistic mode of treatment, the pain in the belly was completely removed, and the febrile excitement very greatly diminished. The pulse, however, occasionally rose at night, though generally little above 80; and the tongue retained its dry, furred, and blackish appearance, in spite of the employment of

the ordinary means to improve the state of the bowels. Still the symptoms appeared to be decidedly favourable till the 1st of November, when she was seized with another shivering, and, after it, with excruciating pain over the upper part of the sacrum, and lower part of the spine, impeding motion, and aggravated by pressure on the back. About the same time, I was told that the lochia, which had disappeared after the second bleeding, had returned; and accordingly a very fetid bloody discharge was found flowing from the vagina. The pulse became excessively quick, and the countenance had an expression of great agony. As purgatives and diaphoretics failed in removing the pain and fever, I was obliged, though reluctantly, considering my patient's debilitated state, again to have recourse to the lancet. By one moderate bleeding, the pain was greatly alleviated; but the case now seemed perfectly hopeless. The pulse sunk in strength, but did not fall in frequency. The woman's strength declined, in spite of every attempt to support it; the countenance became collapsed; subsultus tendinum and singultus came on; and her life terminated on Wednesday the 8th of November, being the sixteenth day after delivery.

With some difficulty, permission was obtained to examine the body. On laying open the abdomen, the peritoneum, and all the abdominal viscera (with the exception of a trifling degree of redness on some parts of the convolutions of the intestines) appeared perfectly sound. Proceeding to the pelvis, the uterus was found reduced to nearly the size we expected to find it in ordinary cases, considering the time that had elapsed since delivery; but its substance, particularly towards the left side, felt rather softer than natural, and, upon laying it open, the whole of its inner surface, but particularly the cervix, was found thickly covered with an unhealthy secretion of a dark brown colour and offensive smell; and on attempting to remove it, the inner surface of the uterus, to which it adhered, was in some places torn from the subjacent parts. The appendages of the uterus, and other viscera lying in the pelvis, were healthy; but the cellular substance lining the sacrum, and lying betwixt it and the rectum, bore the marks of high inflammation of recent date, although the coats of the bowel were perfectly sound.

*Dunfermline, November 28d, 1821.*