

TWINS COMPLICATED WITH ASCITES.

By MICHAEL O'REILLY, Esq., M.R.C.S.

AUGUST 5TH.—Mrs. S——, the wife of a respectable tradesman engaged me to attend her in her twelfth confinement. She stated, on my first interview, that she thought she had reached her seventh month of utero-gestation, but had nothing to go by save the enormous size she had lately attained, which induced her to wean her baby, then thirteen months old. I may in passing as well remark, that she had on all previous occasions suckled her child till within three months of her confinement, and that she never had seen the catamenia from one confinement till the other, and could only judge of her actual condition by the period of quickening. The pregnancy now under consideration was different from all former ones, inasmuch as she never felt the child. A few days after the above date I was called to see her. I found her in bed complaining of bearing-down pain. On examination, per vaginam, I found more than ordinary elevation of the uterus; the abdomen was hard, tense, and much enlarged; the respiration was quick; and she was unable to retain the horizontal position. I ordered her an anodyne, which afforded much ease, and saw her again in about eight hours, when I made a more careful examination. I found the symptoms already noticed aggravated in character, with evident fluctuation within the abdominal cavity; palpitation of the heart; quick pulse; with slight œdema of the lower extremities. No stethoscopic signs of pregnancy existed; no ballottement; no foetal cardiac pulsation could be ascertained; and, in this position, with hourly aggravated symptoms, dyspnoea, palpitation of the heart, and threatened suffocation. Finding but little information from either men or books, I determined to act upon the dictates of my own practical experience, “fortified by the result of twenty years’ active practice.” Under this distressing state of affairs, and with a due conviction on my own mind as to the existence of water in the peritoneal cavity, I performed the operation of paracentesis abdominis; nor was I mistaken in my diagnosis, as upon the removal of the trocar, some ten or eleven pints of clear serous fluid escaped “in pleno rivo.” This step, however, only afforded temporary ease, as the size was little diminished, nor were the symptoms much mitigated. I again made an examination. The uterus seemed to occupy the whole of the abdominal cavity; its orifice was directed backwards towards the sacrum; and a fluctuation within its cavity was manifest. At this stage I held a consultation with my friend, Dr. Starling, who is an expert stethoscopist, but he was also unable to discover the existence of pregnancy.

My plan of treatment was of a temporizing character; as who would attempt to interfere with the uterus in its present high and unfavourable position? and any efforts in her present state might bring about symptoms fearful to contemplate. She continued in this fearful condition from the 7th to the 27th of August, on which day she was seized with pains in the back and loins, with some slight indication of bearing down. These continued at intervals for three days, during which time but little progress was manifest in the descent of the uterus. On the eve of the latter day, the uterus had fairly descended into the cavity of the pelvis; it was rigid and unyielding. I applied some extract of belladonna to the os, and administered secale, from the combined influence of which the membranes came into reach. Upon their rupture the escape of twenty-four pints of aqueous fluid took place, besides what was left in the clothes. A few minutes after this enormous loss, the arm of a child presented, which I soon succeeded in turning. It was living, and apparently had attained its sixth month. In half an hour after this time, a second child presented naturally, and came into the world dead. My poor patient at this crisis was in a state of great exhaustion. She had brandy administered frequently. I had the bandage tightened; compresses were applied; and after the removal of the placenta, which was attached “firmly” to the walls of the uterus, she had a few

to the amount of twelve pints in as many hours. All the unfavourable symptoms disappeared on the eighth day; the lochia had left her; she sat up several hours; and on the twelfth day I discontinued my visits, leaving her, to use her own expression, "as well as she had ever felt in her life."

It will appear from the above, that this case has presented some considerable novelty in the history of obstetric practice. Here is a female, in the thirty-eighth year of her age, of a sanguineous temperament, the mother of twelve children, never having suffered a day's illness, except at her confinements, all of which have been of the ordinary character, and yet all this fluid, amounting together to not less than forty-four pints, accumulated without the existence of the least pain or uneasiness! Let us here seek a cause, which, no doubt, so far as relates to the contents of uterus, may be attributed to some peculiar action of the secretory vessels of the amnion, and, therefore, probably is a disease more of the ovum or De Graafian vesicles than of the uterus itself. Burns mentions a somewhat similar case: the child occupied the upper and the water the under part of the uterus—at least during labour. Such has been the case in this instance. M. Puzos lays some weight upon the stillness or feeble movements of the child and the enormous size of the abdomen, without an equal amount of œdema of the thighs and legs. It may, he continues, be distinguished from ascites by the signs of pregnancy, if we find the *defined* tumour, bellotement, and change in the breasts. But in the subject of these comments all those characteristic signs were absent, and ascites associated with pregnancy, and the enormous accumulation of the amnion fluid, have existed without a single symptom of pregnancy. My treatment during this time consisted principally in some slight alteratives from time to time as circumstances demanded, as follows: blue pill, three grains; extract of conium, one grain, in the form of pill, every five hours. To have acetate of potash and bicarbonate of potash, of each two scruples, liquor of dandelion, one drachm; spirits of nitre, one drachm and a half; orange-flower water to six ounces; a fourth part to be taken every four hours.

But little, however, can be done in these cases by way of medicine beyond duly regulating the system; indeed, I may add, that diuretics completely failed in my case previous to delivery. And now, having already trespassed, I fear, too largely on your valuable space, I should like to elicit from some of your readers a clear and pathological exposition as to the cause and effect of this complicated case.

The first infant lived about six hours; the other, as previously stated, was still-born; there was but one placenta, which was firmly attached in its whole extent to the uterine walls.

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