

A CASE OF TRIPLETS AND COMPLETE PLACENTA PRÆVIA IN WHICH THE CHILDREN WERE DELIVERED ALIVE THROUGH A PERFORATION IN THE FIRST PLACENTA.

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THE specimen shown consisted of three separate placentæ with their membranes from a case of triplets; a hole could be seen through one placenta which completely covered the os uteri (central placenta prævia), and through the hole, which was made with the fingers, all three children were delivered alive by the breech.

The history of the case is shortly as follows:—Mrs. M—, aged 29, who had had one child and two miscarriages, menstruated for the last time early in September, 1890. The patient noticed no unusual symptom till the fifth month, when, during a violent fit of coughing, she lost about a pint of blood, which soon ceased to flow. Ten days before her confinement she again had a slight loss, and on the day of her delivery, April 9th, 1891, she lost a few ounces, and sent for advice to University College

Hospital, and was seen by the obstetric assistant, Mr. P. Evans, who, finding that it was a case of placenta prævia, sent for me. She was still bleeding slightly. On arrival I found a small, somewhat delicate woman, not much blanched, and with a good pulse of 100. The patient was suffering from bronchitis, which she had had for some weeks.

The abdomen was distended rather more than usual at full term. The fundus reached to the ensiform cartilage, and the antero-posterior diameter of the abdomen was unusually large. There were no uterine pains, but the abdomen was tense and rather difficult to examine. No foetal parts could be felt in the lower segment of the uterus. At the left side of the fundus a small mobile body could be detected. It had the characters of the head, its mobility being easily detected by means of a sign I have termed "succussion," which was obtained by shaking the head between the widely stretched fingers and thumb. If the presenting part rapidly moved from fingers to thumb, and *vice versô*, it was a head. From this head, however, the body could not be traced, nor could the resistance of the back of this child be anywhere obtained. On the right side of the body of the uterus just above the middle was another foetal pole, which was clearly a head. From this the limbs could be traced, and the child was found to be lying transversely. External pelvic version was easily performed. On the left side of the lower segment and somewhat in front was a soft, indistinct resistance, the edge of which could not be defined. It was thought to be placenta. Except where specified the rest of the uterus gave indistinct signs to palpation. The third foetus was not felt. I determined to make a more complete examination under chloroform, which was accordingly administered. But, as the patient lost three or four ounces of blood, I abstained from further external examination. By the vagina the os was of the size of half a crown, soft and dilatable, and completely covered with placenta. Judging from the external ex-

mination that but a small part of the placenta was attached to the right side of the os, I proceeded to separate it on that side; but finding that I was mistaken (the placenta on the left side of the uterus was the second placenta), I tore through placenta and seized a leg, and, with slight traction, easily delivered the child alive. I now ruptured a second bag of membranes, and delivered a second child by the breech, but had to clamp and cut the cord in the vagina before it could be born, owing to the shortness of the cord.

A little bleeding occurred after the birth of each child. I now ruptured a third bag of membranes, and delivered the third child also by the breech. The children were feeble at birth, but soon revived; the first-born lived four, the second eight, and the third thirty-two hours. The uterus retracted fairly well; but, as hæmorrhage occurred, the placenta were removed by the hand. The mother was somewhat blanched, and lost at least a pint of blood during delivery. The third placenta was attached to the upper part of the body of the uterus, and, being adherent, was removed by the hand. The whole period of delivery took three-quarters of an hour; there was an entire absence of uterine pains. The temperature usually varied between  $100^{\circ}$  and  $101^{\circ}$  for the first twelve days of the puerperium; on two occasions it rose as high as  $103.6^{\circ}$ . The pulse was 120 after delivery, but gradually fell, and both it and the temperature were normal after the fourteenth day, at which time the fundus was in the pelvic brim. The patient was somewhat weak for a month, but finally recovered robust health.

This is the only case of triplets which I have personally attended, and there has only been one other case in nearly 13,000 labours at University College Hospital. It is also rarely that a living child is born through a hole made in a central placenta prævia. The case shows the difficulty of abdominal palpation of the foetuses owing to the extensive attachment of the placenta in some cases of plural births.

The post-mortem examination of the children showed a hæmatoma in both sterno-mastoid muscles of the firstborn child, in the right muscle of the second, and in the left of the third child; the last had also a clot in the left lateral ventricle.

	First child.	Second child.	Third child.
Sex . . . . .	F. . . . .	F. . . . .	F. . . . .
Length . . . . .	15½ in. . . . .	15½ in. . . . .	15½ in. . . . .
Weight . . . . .	2 lb. 7½ oz. . . . .	2 lb. 8 oz. . . . .	2 lb. 6½ oz. . . . .
Placenta weight . . . . .	12½ oz. . . . .	12 oz. . . . .	13½ oz. . . . .
„ length . . . . .	7½ in. . . . .	7½ in. . . . .	6½ in. . . . .
„ breadth . . . . .	6 „ . . . . .	5½ „ . . . . .	5 „ . . . . .
„ thickness . . . . .	½ „ . . . . .	½ „ . . . . .	⅔ to ¾ in. . . . .
Length of cord . . . . .	13½ „ . . . . .	10½ „ . . . . .	15 in. . . . .
Insertion of cord . . . . .	Central . . . . .	Excentric . . . . .	Membranous. . . . .