

A Case of Twins in which there was a Three-and-a-half Days' Delay between the Birth of the First and Second Child.

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A LONG delay between the birth of twins is not a common occurrence, for Strassman, in *Winckel's Handbook*, shows that out of 70 cases the interval was only from ten minutes to three hours. Nevertheless, many cases have been described in which there was a delay of 15—30 hours, and a few cases have been cited in which 11—44 days' interval occurred. These must be very exceptional cases, and may be explained perhaps by the possibility of the first child being prematurely born, whilst the second went on developing afterwards.

The author's case was that of a primipara, aged 25, who was delivered of the first child one morning at 5 a.m., and then, as she seemed perfectly well, was left alone, although it was known that there was a second foetus in utero. On the third evening, although the pulse and temperature were normal, the lochial secretion was foul, and the remnant of the umbilical cord showed signs of decomposition. Up to this time the placenta of the first child had not been delivered. In view of this possible infection no attempt was made to deliver the second child, especially as the uterus had not shown a sign of contracting since the birth of the first. Vaginal irrigation with 1 per cent. lysol was ordered every half hour, and the next day it was determined to empty the uterus. The membranes were first ruptured, and the head was found to be movable above the brim. This was pressed down, and the forceps applied, with the patient in Walcher's position, the cervix having been first dilated by hand. Delivery was easily effected, but the placenta could not be expressed when attempts were made. On introducing the hand into the uterus it was found, curiously, that the placenta of the first child was at the fundus, whilst that of the second was low down on the anterior wall. They were separated with some difficulty, but not much hæmorrhage. Then the uterus began to contract for the first time. After a thorough irrigation with 1 per cent. lysol all hæmorrhage stopped. The patient made a good recovery.

The author attempts to explain the long delay between the births by the fact that the membranes of the first child seemed to envelope those of the second, and as there were no uterine contractions the second child could not come down into the lower uterine segment so as to irritate it sufficiently to cause contractions. Also the fact that the placenta were morbidly adherent helps to explain the

absence of the contractions, as it was noted that the uterus was particularly toneless at the fundus, where the first placenta was attached. The case is interesting as pointing to the importance of not waiting for the delivery of a second child, but of proceeding at once to artificially provoke delivery, especially in view of the fact that it is almost certain that if there is a long delay infection of the retained membranes and umbilical cord is more than likely to occur. Fütth mentions five such cases, in which three of the patients died of sepsis.

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