SECTION OF OBSTETRICS.

SOME OBSERVATIONS ON A CASE OF TWIN ABORTION WITH DOUBLE PLACENTA PRÆVIA AND A REMARKABLE CONDITION OF CERVIX.

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SOME five years ago Mrs. H., aged thirty-eight, was admitted to the Galway Hospital suffering from metrorrhagia ; she had had several children and some miscarriages in rapid succession.

I curetted her and swabbed out the uterus with liquor ferri perchloridi : the bleeding ceased, and the next menstrual period being moderate she was discharged ; the succeeding one, being profuse, she came back to the hospital. I again curetted, with, however, only partial benefit ; the uterus was soft, flaccid, and seemed to have lost all contractile power, there was an almost constant dribble, with occasional gushes of blood, and the patient was profoundly blanched.

I succeeded in stopping the bleeding by repeatedly swabbing out the uterus with iodised phenol, and occasionally plugging the cavity with gauze.

For the five years following her discharge from hospital she enjoyed capital health. She then became pregnant, and aborted at three and a half months.

She was attended by an experienced maternity nurse, who gave me the following history :—That ten days previously the patient had expelled a foetus without much pain or loss of blood, and she believed that the afterbirth had all come away ; for eight days the patient had gone on well, and all discharge had ceased, but two days ago some slight hæmorrhage had recurred, and she insisted on going to the hospital.

She came in next morning. When I saw her at my visit she complained of having had much hæmorrhage during the night, and the ward nurse in charge told me there had been sharp bleeding since her admission.

The vagina was full of clots; there was a free discharge of blood from the uterus; the os externum, dilated to the size of a two-shilling piece, was occupied by and had protruding from it placental tissue; the cervix all round and up to the vaginal insertion had a very peculiar roughened feel.

The thighs and pudendum were well washed with soap and water, the vagina was cleansed of clots, irrigated with Condy's fluid and water, and a couple of sterilised plugs were introduced to control the bleeding during the completion of preparations for operation.

Ether was administered by Dr. Rouse, house surgeon, and on removal of the plugs the vagina was again irrigated.

On exposing the cervix a (to me) novel condition was brought to view; the portio vaginalis was a dark blue colour, caused by a mass of veins passing upwards all round it from the margin of the os externum, and vanishing from sight under the vaginal attachment; the veins, turgid with blood, were about the size of a No. 2 catheter, and so close together as to appear to be touching each other. The os was seen to be filled with placental tissue.

On removal, with the speculum forceps, of some of the protruding mass, a bag of membranes presented. I introduced a flushing curette, and removed a male foetus, placenta and membranes; this placenta was attached posteriorly and partly laterally to the lower uterine segment; the implantation of the other placenta had evidently been partially central, for while the greater portion of it was firmly adherent to the edge of the os internum and to the lower uterine segment, the remainder of it, which hung down into the cervix and protruded from it, had evidently covered the os internum.

I failed to remove the latter placenta—that of the foetus expelled ten days previously—by downward strokes of the curette, and only succeeded in separating it by getting the edge of the flushing curette under the portion lying loose in the cervical canal, and peeling it off by pushing upwards.

It would have been impossible to use a vulsellum or sharp

hook to draw down and steady the uterus without wounding the veins covering the cervix, so I had to dispense with their aid.

The progress of the patient was entirely satisfactory, and she was discharged from hospital on the eleventh day.

The case was an uncommon one—fortunately or unfortunately an abortion of twins is not an everyday occurrence. Referring to twin pregnancies, Jellett says, “it is only natural that while the placental area is increased in size, the proportion of cases in which that area extends into the lower segment will also be greater.” Here, however, it is not a question of extension, but of implantation, and therefore I may regard the placenta prævia as unusual, unless the late Robert Barnes’ suggestion be correct that placenta prævia is a frequent cause of early abortion.

That for the eight days following the expulsion of the first foetus there was no hæmorrhage seems strange ; but it appears to me to have been due to the firm attachment of its placenta and to the pressure of the second ovum on the denuded area on its side of the os, and that the bleeding which after this time set in resulted from the partial separation of this second ovum.

The condition of the cervix, dark blue in colour, actually clothed with veins radiating upwards from the margin of the os externum, was the most interesting and uncommon feature of the case, and one which, so far as I am aware, has not been described before. That it was due to the location of the placenta seems to be proved by the following facts :—There had been no symptom of varicosities of the veins of the broad ligament, nor was there anything connected with her health before or during her pregnancy likely to produce them ; on removing the gauze plug on the day after the operation the veins, though still visible, were much less distended ; and when examined the day before her discharge from hospital

the veins had vanished and the cervix had resumed its normal appearance.

The question arises, was this venous development peculiar to the case, or is a similar state, though in a lesser degree, usual in the early months of pregnancy in single placenta prævia? In cases where pregnancy progresses to the later months, owing to the growth of the uterus and cervix, the veins would be separated from each other, and when hæmorrhage sets in a speculum is rarely if ever used, while on digital examination nothing may be observed but a peculiar feel of the os and cervix due, as Leishman remarks, "to the unusual thickening of the cervix, which is permeated with large vessels for the placental circulation."

With regard to the early months of pregnancy, he says, "there are no symptoms which enable us to recognise the condition in question, and if hæmorrhage should take place it will probably be followed by abortion, in the course of which nothing occurs likely to direct our attention to the peculiar nature of the case."

Moreover, with a single placenta the venous covering would be confined to that portion of the cervix corresponding to site of the placental implantion, and thus if it were necessary to use a speculum to remove the ovum or placenta the veins might easily escape observation—especially if situated posteriorly or laterally.