antibody response to the varicella virus had been modified—by cortisone therapy in Case 1 and by the infiltration of the reticulo-endothelial system in Case 2. It appears that chicken-pox may be a very serious disease in patients who are either undergoing cortisone therapy or who are suffering from a disease of the lymphoid tissue. If a patient on cortisone develops chicken-pox, serious consideration should be given to the advisability of withdrawing the drug, or at least reducing the dose; and it may also be worth while giving the patient convalescent varicella serum (Nichols, 1957).

Summary and Conclusions

Two fatal cases of haemorrhagic chicken-pox are described. The antibody mechanism had been upset in one by cortisone therapy, in the other by neoplastic infiltration of lymphoid tissue. It may be necessary to modify cortisone therapy if chicken-pox supervenes.

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Medical Memoranda

A Case of Locked Twins

Cases of locked twins would seem to be rare enough to warrant publication. The incidence is quoted as 1 in 1,000 twin labours (Nissen, 1958), and in addition to its rarity it is a disconcerting hazard, occurring as it usually does late in the second stage of labour.

Lawrence (1949) classified the various types of foetal interlocking and the high incidence in cases of twin labour with the breech-vertex combination, as was the case in this instance.

CASE REPORT

An unmarried primigravida aged 37 was admitted as an emergency case in labour with a twin pregnancy of 37 weeks' duration. On examination the membranes were intact, the first twin was in the left sacro-anterior position, and the second twin presented as a vertex. Both foetal hearts were easily audible and of regular rhythm; uterine contractions were regular and frequent.

Labour progressed uneventfully, and a vaginal examination after spontaneous rupture of the membranes confirmed the presentation of the first twin; the cervix was dilated three fingerbreadths, and no loop of umbilical cord was palpable.

After full dilatation of the cervix, with descent of the breech, medical aid was summoned. On arrival both legs were visible at the introitus, uterine contractions were strong and regular, and there was no evidence of foetal or maternal distress. Episiotomy, after local perineal infiltration, aided delivery of the buttocks. The body as far as the umbilicus

was allowed to deliver spontaneously, a loop of cord was brought down, and the arms were delivered without difficulty.

Further progress was slow despite traction on the buttocks and suprapubic pressure. This was surprising, as the baby was small and the pelvis known to be of adequate size. Vaginal examination then revealed the vertex of the second twin firmly impacted with the aftercoming head of the first twin in the pelvic cavity. Manual disimpaction under general anaesthesia was attempted but failed. Decapitation of the first twin was then performed, as it showed no signs of life. The decapitation, using strong curved scissors, was facilitated by shoulder traction. Removal of the body of the first twin then allowed the easier disimpaction of the severed free head.

The lie and presentation of the second twin was confirmed, the membranes were artificially ruptured, and a living female child of 4 lb. 1 oz. (1,840 g.) was delivered by forceps extraction. Manual extraction of the free head, by combined suprapubic pressure and traction by a finger in the mouth, proved relatively easy. Delivery of the placenta was performed manually, after the injection of 0.25 mg. of ergometrine intravenously. The progress of both mother and baby was satisfactory.

COMMENT

The cause of this rare complication has not been satisfactorily explained; none of the various theories are entirely satisfactory, but undoubtedly the element of chance plays a great part.

The diagnosis can usually be made only late in the second stage of labour, but it is suggested that this complication should be considered in any twin labour where there is failure of descent of the presenting part in the presence of good uterine contractions, an adequate pelvis, and no evidence to suggest a hydrocephalic monster, but particularly in cases with a breech-vertex combination.

The decapitation of the first twin in this case was an unavoidable expedient, but it might have been prevented by earlier careful vaginal examination, prior to traction on the buttocks with fundal pressure, which resulted in firm impaction and did not allow manual disengagement.

Suggestions regarding treatment must necessarily be retrospective, as no large single series of cases is available on which to base a uniform approach. The treatment, however, depends on the type of locking, the duration of the locking, and the level in the pelvis at which locking has developed. Cases with interlocking of the forecoming heads in the pelvic brim are best treated by caesarean section (Dawson, 1936). Usually delivery by the vaginal route must necessarily be performed. Manual disimpaction may prove successful in the early cases where there has been no traction on the buttocks, and when the locking has occurred at the level of the ischial spines and has been of short duration. Later on, some form of destructive operation to achieve delivery is necessary, as in the case reported.

The prognosis for the first twin is very poor. Nissen (1958) noted a 60% mortality in all cases reported in the literature. The second twin has a far better outlook, but there should be no delay in the delivery, either by forceps extraction or by breech extraction.

I thank Mr. W. H. Peek for his help and for permission to publish this case.

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