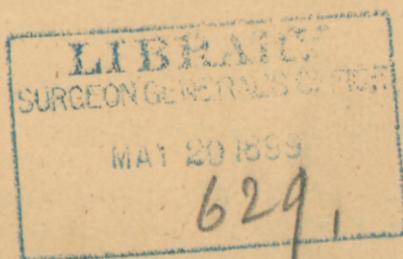


JACOBI (A)

Dr. John Cooper's Case
of ischiopagus



DR. JOHN COOPER'S CASE OF ISCHIOPAGUS.

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The publication of this new case of ischiopagus is mainly undertaken on account of a remark contained on page 85 of Fr. Ahlfeld's classical* work on malformations which is as follows: "Though ischiopagi might continue to live, no specimen of this monstrosity has been known to live more than a year."

My attention was first drawn to this case by Dr. E. L. Larkins of Terre Haute, Ind. It belonged to Dr. John Cooper of Groomesville, Ind. To the latter gentleman I am under particular obligation for responding to my inquiries and for the permission to use his notes. He writes:

"The babies you have referred to were born to Mr. and Mrs. Jones, of Tipton Co., Ind., on the night of June 24th, 1889, at 11:30 o'clock. Their weight at birth was twelve pounds, and length twenty-two inches.

"The labor was quick and easy. Their bodies, as they lie upon their backs, are in the same plane, form a straight line and are literally placed end to end, the place of union being the pelvis. There are four well developed feet and legs; two on each side of the line of fusion, and placed at right angles with the bodies. Both are females. The genital organs and ani are situated on the side of the line of union, but occupy the normal position with reference to the legs on either side. The genital organs and anus of each child are on its right side between its right leg and the left leg of the other. There was one umbilical cord. Their osseous union was at the tuberosity of the ossa ischii. There is no nervous connection, hence one may sleep and the other be awake, and one may have very high fever and the other be in best of health. I have seen one have a severe attack of bronchitis and the other remain quite well. There is no connection of the circulatory system except of the capillary vessels at the point of union. In fact, they are two distinct and separate bodies as far as dependence on each other is concerned. The

* Friedrich Ahlfeld die Missbildungen des Menschen, mit Atlas. Leipzig, 1880.

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mother is a well developed woman of nineteen years, of medium size and very dark hair. The father is a finely formed man, five feet nine inches in height and with sandy complexion. The babies are the result of a second gestation, the first being a well formed child of two years. I had these babies on exhibition at several county fairs and at the following places : Chicago, Minneapolis, St. Paul, Pittsburg, and Philadelphia. Dr. T. O. Arm-



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field then took charge of them and went to Buffalo, where they took measles, followed by capillary bronchitis, from which they died."

A letter replying to several questions of mine was lately received from Dr. Cooper with the following remarks : "They were *eight months* old when they died. They took measles at the same time and lived nine or ten days afterwards. One died forty minutes before the other.

“Both children developed equally. The faces displayed the same intellect. They cried (shedding tears) and smiled as early as normal infants. They had perfect use of their lower extremities. Adduction and abduction were normal.”

Ischiopagus is not so rare as pygopagus, which presents the highest degree of fissure in cases of anterior duplicity with only the caudal extremities connecting. Plate xii. of Ahlfeld's atlas exhibits a number of transitions from a simple dicephalous tetrabrachius to ischiopagus. The former shows a duplicity of heads and upper extremities only. A simple third leg is the next step in the series of duplications ; it is followed by a third leg with two feet. Finally the fourth leg makes its appearance and the ischiopagus tetrapus is complete. It exhibits a big pelvic cavity, the sacra are opposite, the abdominal integuments in common. The lower extremities are well developed, but inserted rather exteriorly from the normal point. The genital organs are united mutually, like the bones of the pelvis. If one side be but poorly developed, the genitals are not so complete. If there be but one lower extremity to one of the infants, there is but one set of genitals. The thoracic viscera, liver, spleen, pancreas, stomach, group of intestines, and two sets of kidneys are double. Vagina, rectum and bladder are often confluent. Sometimes there is atresia of the anus, and of the urethra, and a cloaca is persistent.

Placenta and cord are single. There is on record, however, an isolated case by Calvin Ellis, with two placentas and two cords (*Boston Medical and Surgical Journal*, Oct. 7, 1871). Externally there was but one anus, and one set of genitals. There were but three lower extremities. Of these one was but rudimentary but contained two ossa femoris, two tibiae and two fibulae. Its foot had two tali, and two large and six smaller toes. After the stronger child had successfully passed through an attack of gastro-enteritis, the smaller one was taken and died after an illness of four days. Six hours before her death the other appeared to be sick, and died three hours after the death of her sister. Age is not mentioned in the report.

