

History of influenza five years ago and dysentery three months ago.

Physical examination showed nothing abnormal except tenderness on deep pressure in the left iliac fossa. The urine and the stool showed nothing abnormal. He had taken all sorts of carminative drugs from various doctors, but with no improvement.

I concluded that the condition had a neurotic basis and referred him to a psycho-analyst. Before he left me, I asked him to send his cousin who had the same trouble.

His cousin, a man of 33, very intelligent and far from being a neurotic, told me that they both had an attack of dysentery three months ago and only after that did they have this trouble. Neither of them had taken any treatment for their dysentery.

Physical examination—nothing abnormal; urine—clear. His stool showed *Entamoeba histolytica* cysts and I started intramuscular injection of emetine hydrochloride (P. D.) gr. 1 daily. After 3 grains, his eructations stopped altogether. I finished the course of emetine and sent him home cured, asking him to send his cousin. Emetine was started on this man also and after one injection the eructations stopped. But the whole course was given to him. After one month both were seen again and they had remained well.

Summary.—Two cases of continuous eructations having a history of amœbic dysentery were treated with emetine hydrochloride injections. In one case 3 grains and in another 1 grain cured them.

SIAMESE TWINS

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A WOMAN, aged 40, had already had four children and this was the fifth pregnancy. She was well nourished. Her pulse was 120, respiration 30, blood pressure 170/90, and temperature 98.8°F. She was very œdematous—her legs, abdomen, and face were extremely swollen. Labour pains had started 18 hours previously, pains were strong and membranes had not yet ruptured. I advised her to come at once to the hospital, which she did. About one hour after admission, membranes ruptured and labour progressed slowly because of the weakened condition of the patient. The diagnosis of



twins was made and since progress was very slow and the cervix was completely dilated and the head was presenting in the L.O.A. position, I decided to perform a forceps delivery at once. The forceps were applied and the head delivered. But on removing the forceps, the head was pulled again into the vagina in an

abnormal manner. I again pulled the head down, and having the nurse who was assisting me to hold it, I delivered the shoulders and arms. Following the delivery of the head and arms, I made an examination and found a connection between this baby and a second one which was still *in utero*. I then delivered the first baby entirely and at the same time feeling the legs of the second in the vagina, I grasped them and extracted the second baby by breech with some difficulty. The bodies were found to be connected face to face from a point above the ensiform process to a point one inch below the umbilicus. This connection was 3½ inches long by 2½ inches broad at the upper end and 1½ inches broad at the lower end. The connection was centrally situated over the chest of both babies but was placed to one side of the umbilicus on the abdomen of both. The umbilicus of each was still not closed completely and the umbilical cord to each, entered this unclosed opening and was unfortunately not investigated deeper. Each small umbilical cord ran for two inches separately and then they were united into one, which connected with one placenta. The babies were still-born and of the female sex. The intestines protruded through the unclosed umbilical openings as the delivery was being done. Intestines were evidently common to both for, when one loop was pulled down and lengthened, the loop protruding through the other umbilicus was shortened. The total weight was 11½ pounds. They were full term and well formed in every other way. The heads, arms and legs were normal. During delivery the mother's œdematous perineum was lacerated and required suturing. The mother did well after delivery and suffered very little inconvenience. This was a specimen which we should have liked to keep as a museum specimen but the relatives refused to allow this. In fact further detailed examination was impossible as the relatives insisted on taking it away.

SUPPURATION OF THE MIDDLE EAR TREATED WITH UREA SOLUTION

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A HINDU woman, aged 30 years, came to the hospital with severe pain in the ear, temperature 102.4°F., and headache. The middle and external ear were swollen, red, painful and tender. The patient could not lie on the affected side and was in a grave condition. She was given opening medicine, fever mixture and hot fomentation, and the swelling was painted with tincture of iodine and ichthyol, and bandaged. Next day she came back but with very little relief; she remained sleepless and restless the whole night, crying with pain and tenderness. This hospital being only an outdoor one I could not keep the patient in the hospital but I detained the patient and told her that she would only be allowed to go when there was no pain. She was kept lying down and 2 c.cm. novocain mixed with adrenalin solution was dropped in the ear, after clearing the ear with hydrogen peroxide. She remained in the hospital for three hours in the morning, and during this period novocain was dropped in four times, when she was completely relieved and was discharged from the hospital. In the evening she came again with the same complaint of pain, but not so severe. The same novocain treatment was repeated three times and she left the hospital without any pain. She slept well, bowels moved and there was no fever or headache. After a few days she again attended the hospital with discharge of pus from the ear, but there was no pain or swelling. The ear was thoroughly cleaned with hydrogen peroxide, and pure urea solution was dropped in the ear. This treatment was continued for about ten days and the pus disappeared and the ear was quite healthy.

Heretofore I have never treated cases of middle-ear suppuration with urea. This case