

## Correspondence.

### THE USE OF RESIDUAL ALKALOIDS OF CINCHONA.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—Will you let me know through your correspondence columns how the Residual Alkaloids supplied by Government should be used? No instructions are given on the tins. Should the solution be *strained*, and only the soluble part be used?

Yours truly,  
C. S. MEAD.

[Lt.-Col. E. E. Waters writes to us as follows:—"There is no practicable method of dissolving Residual Alkaloids—they are already a residue. To add an acid is to crystallise them and change their physical constitution. Quinoidine varies much in consistency. Generally the German made stuff is shining and hard, like pitch; Howard's is softer; and the Indian is quite treacle-like. If the soft Indian quinoidine is used it may be incorporated with starch or similar material into a bolus, but it is far preferable to use the one-grain and two-grain tablets of quinoidine, to be obtained from the Superintendent, Juvenile Jail, Alipore, Calcutta. These cost about Re. 1-4 per 1,000 or As. 10 per 1,000 for the one-grain tablets, and are therefore by far the cheapest anti-malarial remedy on the market."]

### A CASE OF SIAMESE TWINS IN MAYAVARAM.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—At 4 P.M. on the 7th March, 1916, I was called upon to attend on a labouring woman for a period of previous three days, Brahmin by caste. She is a multipara, this being her sixth confinement and is in full term. In her every previous confinement, she had full timed natural delivery. Three of the issues are living. Her age is 26.

On general inspection I observed her having labour pains characteristic of the third stage. Abdominal examination revealed neither head nor the fetal heart sounds elicited.

On turning to the vagina there was seen a delivered head which according to the version of the attendant midwife was naturally delivered at about 10 A.M. the same day, and a left forearm which was brought about by the midwife in spite of the pains. There was no progress in the delivery. On further examination of the vagina there was felt another head, with its face turned towards that of the delivered one causing obstruction to further progress. So it was clear that two were engaged in labour facing each other simultaneously, one somewhat in advance of the other.

With necessary precautions attempts were made to push up vaginal head high into the uterus to facilitate the complete delivery of the partially delivered. Whilst doing so, the delivered head followed up in every trial. This raised the suspicions regarding the relationship of the twins. Now fingers were passed between them, but as there was not enough space no light was thrown on the diagnosis.

Then careful traction was applied by catching hold of the delivered, but it did not help delivery in the least.

The patient was given chloroform and some more careful traction was tried by putting fingers in the mouth of the vaginal fetal head in conjunction with that on the delivered head but failed to deliver. With some difficulty, the forceps were applied to the head of the undelivered fetus in the vagina and delivery was effected without injury to the internal parts. In course of two or three minutes the placenta, a common one, was delivered. The patient was put in the bed with necessary bandage, etc.

Now turning to the delivered it was found to be one of Siamese twins attached by the cartilages of the ribs only with following peculiarities:—Twins lying on their sides facing each other and the left hand of one lying between the heads. Two separate heads, hair, and other organs of sense well-formed. Four hands, the left hand of one was between the two heads. Four legs, two separate vertebral columns with a common exposed abdomen covered by peritoneum only. Two separate pelvic portions with lower extremities. Both male organs are well formed.

The common chord passed under the peritoneal covering of the exposed abdomen reached the liver. The small and large intestines were found occupying both the portions of the abdominal cavities. There was single liver and a spleen. Underneath the common diaphragm there were two pairs of kidneys, a pair in each pelvic portion. On scissoring the connecting cartilage there was seen a single pericardial bag containing the heart with two lungs occupying the sides of a common chest cavity separated from the abdomen by a common diaphragm.

To sum up the notable peculiarities: a common chest cavity with a single heart, a pair of lungs, a common diaphragm, a common liver and spleen, and the exposed imperfectly

developed abdominal cavities without skin; muscular covering, a common placenta, and a chord. Both dead.

The patient is doing well without any complication.

Yours, etc.,  
H. NATESA IYER,  
Medical Practitioner.

[See Mr. Roger William's article on this subject in this issue, page 201.—ED., I. M. G.]

### ROUND WORMS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The following note is worth publishing. A female patient, M. A., was admitted on 15th September, into the St. George's Hospital, Bombay, for ovariectomy. She complained of pain in the belly, and on 19th September passed two round worms. On being given santonin she passed eight more and on the next two days 29 and 13 worms. The santonin was stopped for two days and on renewal she passed ten more round worms. Subsequent doses of santonin on three occasions produced no result. The total number of round worms passed was 62.

Yours, etc.,  
THOS. JACKSON,  
LT.-COL., I.M.S.

### SODA SALICYLAS IN APPENDICITIS AND PERITONITIS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—A young man of about twenty-six, strong and healthy, left Quetta for Hyderabad (Sind). When he got into the train, he was in perfect health, but in the course of his journey, he was seized with violent pains in the abdomen and felt very ill. When he arrived at the Hyderabad (Sind) station, he was unable to move himself and got into the carriage with the assistance of others.

I was called in to see him. The condition of the patient was very serious and to me appeared at first "a case of acute abdominal crisis." His face pale, eyes hollow, pulse small, abdomen greatly distended and tender. He was so ill then that I had very little hope of his recovery. On my inquiries, I found there was rheumatic tendency in the family. Accordingly I ordered XV grs. of soda salicylas every two hours and kept the patient warm with blankets. I left the house with small expectations. In spite of my gloomy anticipations, the result was a favourable one as it is said "unexpected always happens." After the elapse of twenty-four hours, the patient began to feel better, and as the time passed on soda salicylas was pushed in, and after two days the patient was declared to be out of danger. He began to feel very much better after the tenth day and the road to absolute recovery was fast approaching. This very patient had been operated about three years back for appendicitis.

I assume in a case like this which to all intents and purposes appeared to be of general peritonitis, the result had some connection with the treatment given recourse to.

I therefore conclude, that cases like this may have a rheumatic origin; and if it is so, it is advisable to try a few doses of salicylate of sodium, before undertaking an operation. If the treatment of soda salicylate fails, the assumption of a rheumatic origin for the inflammation may be abandoned.

Yours, etc.,  
K. M. HIRANANDANI,  
L.C.P. & S.,  
Sub-Asst. Surgn., Cantonment Dispensary.

### WEIGHT OF LUNGS.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—The following are worthy of record:—Gray gives "the weight of both lungs is about 42 oz." In an autopsy performed by Dr. K. Balasimha Rau, B.A., M.B., C.M., in 1914 on an Indian male of average stature and good build who died of coma from fracture of base of skull, it was seen that the weight of right and left lungs were 40 and 44 oz. respectively, the weight of the other organs being that given for a European. No abnormality was noticed in the body. It was determined that the lungs were not in any way diseased. This high weight seems to be worthy of record.

### PERSISTENT HYMEN.

A Hindu female, aged 30, was admitted for injury of genital organs due to a bullgore. It was found that the left lateral vaginal wall and left labial were lacerated. In the course of the examination it was found that half an inch behind the labial there was the hymen which was ruptured, circular, and torn in several places. It could not be