

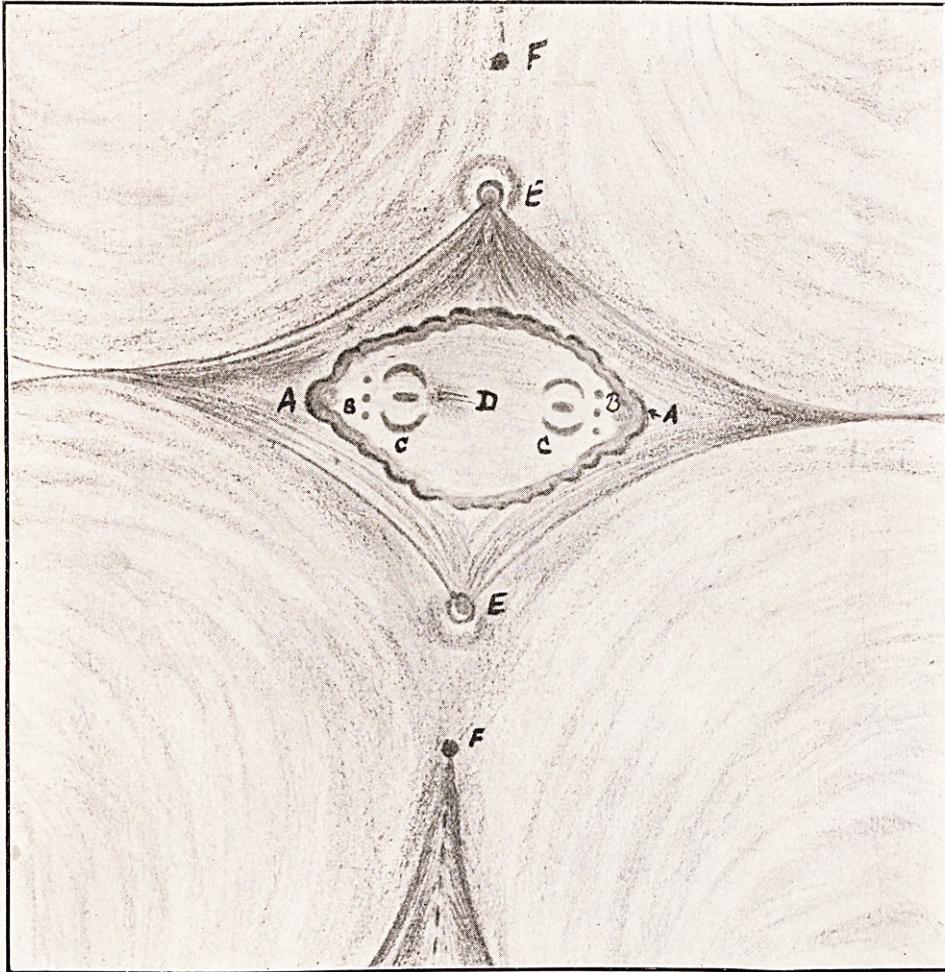
REPORT ON AN UNUSUAL CASE OF "SIAMESE" TWINS.

By C. W. O'BRIEN,
Military Assistant-Surgeon, Jubbulpore, C. P.



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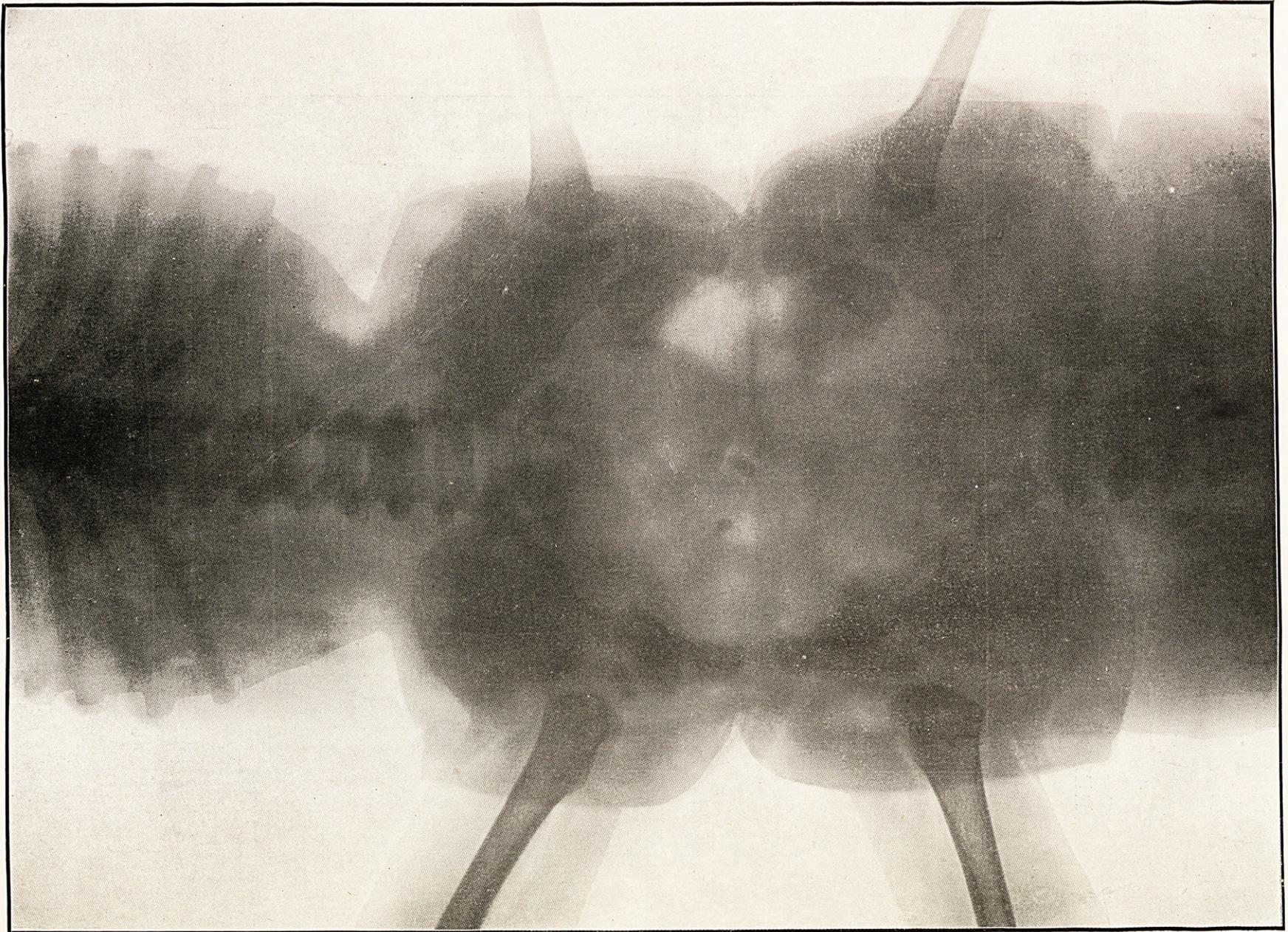
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- a.* Rough edged structure minora? Labiora.
- b.* Tiny Nodules.
- c.* Meatus urinarius, on each side of which is noticed the flaps.
- d.* Bare area which looks like mucus membrane of sorts.
- e.* Anus.
- f.* Blind opening at point of coccyx.

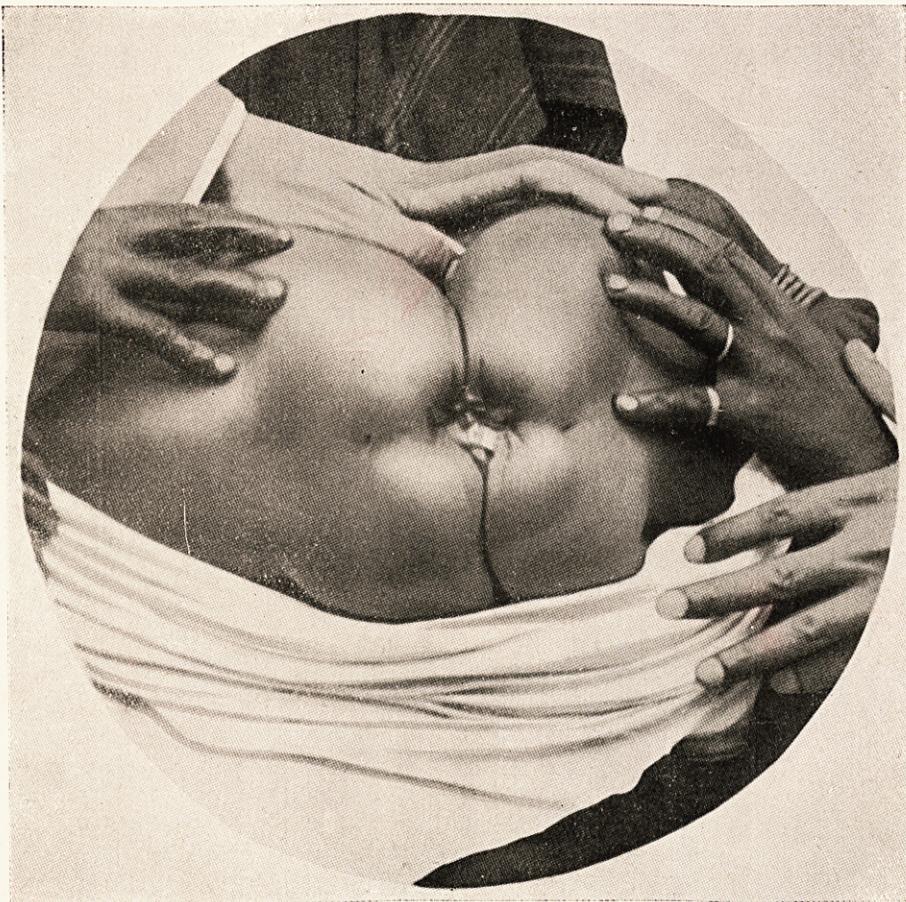
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tramway car took ill suddenly, vomited and purged, and died within a few minutes. On *post-mortem* examination an extensive extravasation of blood was found behind the peritonæum, extending down into the pelvis between the psoas and iliacus muscles. The blood vessels were found to be atheromatous.

During the year the Police Surgeoncy was filled by Major St. John Moses, I.M.S., from 1st January to 31st March, and by myself during the remaining period.

I have to acknowledge with thanks the help given me by my assistant, Babu Hem Chandra Das Gupta, both in the Morgue and in collecting the details for this report.

REPORT ON AN UNUSUAL CASE OF "SIAMESE" TWINS *

BY C. W. O'BRIEN,

Military Assistant-Surgeon, Jabbulpore, C.P.

THE twins are about ten months old, well nourished. They are joined together at a point corresponding to the pubis. The abdominal surface from each costal arch presents a perfectly level plane, with absolutely no sign of any external genitals.

They possess only one umbilicus, which is common to both. After birth only one placenta and one cord was noticed. Seen lying on their backs, they present an absolutely straight line. Each possesses a separate pelvis perfectly formed, except that there is no symphysis pubis. The pubic bones lie about 4 inches apart.

From the usual pelvic articulation the legs project. If each pair of legs is extended, the legs of either twin lie above those of the other and cross at the knee joints.

Each child possesses separate internal organs.

Both hearts lying in normal position, the apex beat in each case is heard loudest under the left nipple. The two livers are also normal in size and position.

The abdominal cavity is common to both. On slightly irritating the skin covering the abdomen, what is thought to be the peristaltic movements of the intestines are noticed and there is no line of demarcation between those on one side of the umbilicus and those on the other.

* [The above case, here reported by Military Assistant-Surgeon O'Brien, was sent us by Major Stokes, the Sanitary Commissioner, Central Provinces. The actual case is the same as one of the two referred to in our September issue, as seen by Lieutenant-Colonel E. Dobson, I.M.S. (retd.), at a Railway Station.

Colonel Denny, I.M.S., the Inspector General of Hospitals, saw the case while travelling by rail and he communicated with the Civil Surgeon of Jabbulpore, who instructed Assistant Surgeon O'Brien to draw up the note now published.—Editor, *I. M. G.*]

The recti muscles are not in contact but diverge outwards from their attachment at the costal arch, and continue this course beneath the integuments until each pair meets the other at the termination of an imaginary line drawn across the common umbilicus, thus leaving a diamond-shaped area between them.

On turning the infants over on to their stomachs, the sex is distinguishable; both being girls, the external genital organs are rudimentary.

On examination there is seen on each side a rough edged structure which occupies a position corresponding to, and looking very much like what would in a normal case be, the Labia Minora. Nearer the median plane are seen three tiny nodules corresponding to the position usually occupied by the clitoris. Median to this again is found the Meatus urinarius. This orifice is bounded on each side by a tiny flap. These points can be better understood from the drawing attached.

No vaginal opening is found, but there is a bare area looking like mucous membrane of sorts.

Unfortunately an examination per rectum could not be made at the time, and the question as to whether these twins possess internal generative organs must remain an open one for the present. The twins each possess a separate anus. The anal opening lies about $\frac{1}{4}$ of an inch away from the rudimentary vagina, and is in the normal position. Again about an inch away from each anus higher up the back is a small blind opening about $\frac{1}{8}$ of an inch in depth, which corresponds to the position of the tip of the coccyx.

Each child urinates and defecates independently of the other. They also move their limbs independently.

The bones of each child are well formed (except the pelvis already noted). The spinal column is perfect, no abnormal curvature noticed, and is strong enough to allow each child to arch itself easily on its head and buttocks. The features and shape of both heads are almost exactly alike. A slight prominence is noticed over each parietal bone, and is the same in both children.

Apparently they are distinguished by their ornaments.

Except for their deformity, both the children are happy and healthy. The mother nurses them both at the same time; one child is put to each breast.

Presentation.—

The first child appeared at the vagina as an ordinary vertex, after the head was born, and while the shoulders were presenting, a pair of feet under the armpits of the first child were noticed.

The rest of the twins was born in the following order, taking the position from start to finish:—

Head and shoulders of first child, feet of second child fixed under armpits of first child, then trunk

common to both, feet of first child under armpits of second child, shoulders and head of second child.

Apparently the twins were born in a perfectly straight line commencing with the head of one and ending with the head of the other.

Labour lasted three days commencing at 8 A.M. the first day and ending about 6 P.M. on the 3rd day.

The mother about three years ago was delivered of a child with a hare-lip, which is still living, and about five years ago of a child which is apparently normal, and when last seen was in good health.

Owing to the timidity of the parents, other interesting points could not be worked out, *e. g.*, the giving of a Bismuth meal to one child with a view to seeing if the intestines were wholly separate.

One end is called Janki. It is said to have been the first born. It wears a necklace as seen in the photo. The other end is called Gita.

DEATH AFTER SALVARSAN.

BY A. NEVE, F.R.C.S. (Ed.),

Kashmir.

It is important that all deaths should be reported, so I send the following details of a case:—

M. A., Kashmiri Mahomedan, aged 20 years, had been treated for two months for neglected syphilis. Before that he had severe stomach symptoms, with hæmatemesis. At first under mercury he improved, but large patches of acute eczema with ulceration appeared, and then he developed mercurial glossitis; so I advised salvarsan. This was given on February 6th. A dose of 0.5 gram was administered intravenously, dissolved in the usual way, neutralised with sodium hydrate, and diluted to 500 c. c. with normal salt solution, made with chemically pure sodium chloride, and freshly distilled water. There was no difficulty in the injection. Ten minims of a 1 per cent. solution of cocaine had been injected at the site of the skin incision, and a blunt canula was put into the med-basilic vein. After an hour he was taken in a carriage to his own home. Arriving there he complained of much thirst, and drank a large quantity of cold water, but ate nothing. All night he was restless. Next morning he tried to vomit, and had hiccough. It is to be regretted that owing to the distance of his home and the snow on the roads, he was not seen by any doctor, and no observations of his pulse, etc., were made. He died at 2-30 P.M., 25 hours after the injection was given.

RIGHT SCROTAL FÆCAL FISTULA.

By W. VOST,

LT.-COL., I.M.S.,

Civil Surgeon, Fyzabad.

History.—It was an ordinary case of reducible scrotal hernia of 2 years duration in a boy of 12 years of age. Nearly a month and a half before the operation, the hernia became swollen, irreducible and extremely painful, and the parents thought an abscess was forming, and treated it locally for the same. Then it burst, and left a fistulous opening through which fæcal matter began to pour out. The boy's general health was fairly good and he was passing fæces both through the anus and the scrotal fistula. The fistula was a source of constant trouble, as the foul smelling fæces kept on coming in small quantities through it, soiling his clothes and legs. The fistula 1" long and $\frac{1}{2}$ " broad was situated at the front and lower part of the right half of the scrotum. Its edges were somewhat thickened and ulcerated; no pain, no discharge of pus. The whole scrotum was a little œdematous. The patient visited several dispensaries and other places but nowhere was anything done. On admission in the District Hospital he was given castor oil, and an enema one day before, and soap and water three hours before the operation. Nevertheless fæces came out when the patient strained under chloroform. He was directed to take no food for 18 hours before the operation.

Operation.—The operation was performed on 4th October 1913 under chloroform. The skin was painted with Tincture of Iodine B. P. The ordinary hernial incision was made, and extended a little downwards. The sac was opened and the bowel was followed down to the fistulous opening and freed from the skin and the sac was separated and tied with silkworm gut at the internal ring and cut off. The bowel was clamped on each side of the fistula, thoroughly washed inside and out, and the opening in it and the scrotal wall trimmed of sloughy tissue. These rows of very fine silk continuous sutures were put in to close the opening in the caecal wall, and oozing of blood on removal of the clamps was stayed by pressure forceps, exposure to air and application of adrenalin solution (1 in 1000). Bassini's operation was done with silkworm gut to approximate the pillars and catgut to suture the skin. A single application of lint soaked in 1 in 2000 perchloride of mercury was sufficient to secure union by first intention.

Treatment.—The patient made an uneventful recovery. There was no complication; no rise of temperature; and he was discharged quite cured on the 23rd October 1913, 19 days after the operation.