

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.),

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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,

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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.