persistent fatigue, cough and sputum, the x-ray findings and the occasional slight elevation of temperature point strongly to the presence of a low grade tuberculous lesion. (Bulletin Harvey Club, London, Ont., Oct., 1926).

A DICEPHALOUS FŒTUS

BY ARTHUR O. ROSE, B.A., M.D., AND CRAWFORD ROSE, M.D.

Hafford, Sask.

On November 5, 1926, at 4 p.m. an immigrant woman living sixteen miles from town came to the hospital to ascertain whether she was in labour. Finding that labour had already set in, she decided not to return home, but to put up in town and employ the ubiquitous mid-wife.

At midnight she was brought to the hospital in an exhausted condition, still protesting that she was not in labour, and refusing any intervention. Upon examination, however, we found the cervix fully dilated, and the brow presenting, so, much against her will, the woman was anæsthetized and the head brought down.

To our surprise no further progress could be made, and then one of us discovered that we were dealing with an irregularity, suggestive of interlocked twins. Careful vaginal examination revealed a second head, attached to the opposite shoulder of the same body. All efforts at dismembering the fœtus were ineffectual, and it was feared that decapitation and delivery by podalic version might not only prove equally fruitless, but result in fatal hæmorrhage. Cæsarean section was therefore performed, with decapitation of the already delivered head, at 3 a.m.

The patient ran an elevation of temperature for three days, with a rise to 102° on the fourth. To our relief the temperature dropped on the fifth day, and the woman has made an un-interrupted recovery.

The specimen is a nine-pound typical dicephalus, with two well formed heads set wide on the shoulders of an apparently normal body. Statistics give an incidence of one in 17,600.

The specimen has been preserved in the Medical Museum of the University of Saskatchewan at Saskatoon.

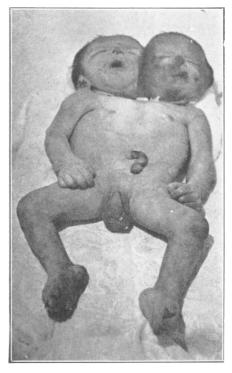
CASE OF HYPSILOID (DICEPHALUS MONOSOMUS)

BY HAROLD MORISON, M.D.

Dryden, Ont.

Mrs. M., Italian, aged twenty-nine years, primipara. Family history interesting, owing to the fact that the patient's mother was confined with twins three times. Patient herself was not a twin.

Patient was not seen by any doctor until she was well on in the second stage of labour. On external examination it was thought that two heads could be palpated, but only one set of limbs, and only one heart sound could be heard. Patient was a large woman with a pendulous abdomen rendering any definite external examination difficult.



The head presented in the L.O.A. position, and the patient made good progress until the cervix was well dilated; thereafter further progress ceased. As I had no competent assistance and no one who could understand English, I administered an anæsthetic, confirmed my diagnosis, applied instruments, and delivered the head without great difficulty. I found further delivery of the body impossible.

I then called a trained nurse who gave an anæsthetic and on making an examination I came