

came out, which on examination showed fine whitish granules. In the granules, fine branching filaments without any clubs as well as bacillary and coccoid forms of organisms were seen (figure 2, plate XXI). No pyogenic micro-organisms were found in the pus. An actinomyces, Gram-positive, non-acid-fast and non-sporing was isolated in pure culture aerobically on nutrient agar, blood and serum media, and no other micro-organisms. Growth was slow and in about 2 weeks a large elevated colony developed about 2 mm. in diameter with irregularly lobular margin and radially striated periphery. It liquefied Loeffler's serum. In a hanging drop preparation in serum broth, fine branching mycelial filaments, some tortuous, were seen (figure 2, plate XXI). Anaerobically, growth was poor. The causative organism is undoubtedly an Actinomyces but cannot be identified with any known species.

This Actinomyces was not identifiable with the following known pathogenic varieties:—

A. madura—bigger granule, copious growth on glucose or maltose agar, slightly reddish in colour and exclusively aerobic.

A. somaliensis—growth yellow coloured and hard.

A. pelletieri—red granule and ruby-red culture.

A. ponecti—large granule, yellow coloured.

A. thibiergei—white granule of small size with or without clubs but grows both aerobically and anaerobically with ease.

A. asteroides—acid-fast filaments.

A. bovis—strictly anaerobic.

As the actinomyces isolated from this case does not possess characters of the above Actinomyces, it appears to be a new type.

The disease was confined to the skin only and had no connection with the adjacent teeth or the antrum. It improved with potassium iodide but was not cured completely. Relapse took place within 3 months. Finally, complete cure was obtained by scraping and x-ray exposure.

A DOUBLE-HEADED MONSTER

By D. N. GHOSH

District Medical Officer, O. T. Railway, Samastipur

A DOUBLE-HEADED monster was born in the Railway Hospital, Samastipur, on 5th July, 1948. It is an interesting case because of its rarity; the photograph (plate XXII) tells its own story. Dr. Mody, in his jurisprudence, gives a picture of such monster without any detail.

The woman was a sweeper by caste, second para, and fairly well built. She came to hospital in a precarious condition, having been in labour for five days. She was totally exhausted from protracted labour in spite of good health.

When she arrived in hospital, one of the heads was hanging down, and the other head and the body of the child were found on examination to be lying across the uterus which was so tonically contracted that a thorough examination was not possible till she was given chloroform. Twins

were suspected but not a double-headed monster. The child had died some time ago and was in a macerated condition.

She was delivered under deep anaesthesia by manipulation. Paudalic version was done and the other head was taken out by forceps. There was only one cord and one placenta. The woman made an uneventful recovery after running a temperature for a few days.

The monster was fully developed. Both heads were covered with hair, and eyes, nose and ears were perfectly normal. It had two lower limbs and two upper limbs and its weight was about 7 lb. The chest was a little broader than usual. There was no line of fusion of two separate fetuses although this was the case. There was one common anus, behind which there were two dumplings in one of which caudal prolongation persisted giving the impression of a tail.

Both male and female genital organs were present; the former being only rudimentary whereas the latter, being prominent, had the stamp of a female child (see photograph).

Such a freak of nature is not ordinarily seen. There is no doubt they were twins, fused together during development but the heads remained separate and one set of limbs either did not develop or remained buried in the body. The dissection would have revealed it and probably two hearts but as the specimen would have been spoilt, the course was given up.

Now the question arises whether such a child is capable of survival at all, when diagnosed early and delivered by Caesarean, if necessary. In this case it could not be determined if there was any sign of life when the first head was born.

A CASE OF H. INFLUENZÆ MENINGITIS TREATED WITH PENICILLIN AND SULPHADIAZINE

By D. K. DUTTA, L.M.P., L.T.M.

and

R. C. BARUAH, L.M.P., L.T.M.

C/o A. O. C. Hospital, Digboi

R. M., a male child, aged about 3½ years, was brought to A. O. C. Hospital on 12th April, 1948, at 11 a.m., with fever of 18 hours' duration. He was one of the four children in the family, who were suffering from catarrhal infection. On admission, the child was listless and apathetic. The neck was rigid and retracted. Kernig's sign ++; after a while he started having convulsions. Temperature was 101°F.; pulse 136; respiration 38. Tonsils were slightly enlarged and congested. Liver, spleen, lungs and heart normal. Blood for M.P. —ve (thrice). Total W.B.C. were 7,800 per c.mm. with polymorphs 59 per cent, lymphocytes 35 per cent and large mononuclears 6 per cent. On lumbar puncture, C.S.F. was under moderate pressure, apparently clear to the naked eye, globulin contents slightly increased. Indol test was positive and on culturing the fluid in chocolate agar media *H. influenzae* grew after 48 hours.

PLATE XXII

OCCUPATIONAL DISEASES IN RELATION TO THE MANUFACTURE OF DICHROMATES : V. R. NAIDU
& R. NARAYANA RAO. (P. H. S.) PAGE 431



Fig. 1.



Fig. 2.



Fig. 3.



Fig. 4.



Fig. 5.

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