Pelvic measurements were normal. Abdominal girth was 39 inches and the Uterus height was 12 inches.

Labour commenced at 10 a.m. on March 1st, P.V. was done at 5 p.m. on March 1st. The Os was three fingers dilated, and the bag of membranes felt round and tense and the head was 'ballotting'.

At 5-15 p.m. on the same day, artificial rupture of the membranes was done. Liquor amnii was carefully collected and measured four pints. Soon afterwards the labour pains grew stronger and the head became engaged. The F.H.S. were still a query. A baby was born at 5-30 p.m. on March 1st.

It was syncephalus monster, sex female, weight 2 lbs. 14 ounces. It was breathing and lived 20 minutes after birth.

The child looked simply ghastly, its head was covered with black shaggy hair, it was two faced, the features of one face were distinct and clean cut, while the other face had faint indistinct features, e.g, the mouth was simply a depressed line without lips. This face had only one eye situated in the centre of the forehead. Indeed it was fearful to look at. It had two pairs of ears, one pair was considerable smaller. This monstrous head was joined to the body with one neck, the shoulders on either side had two pairs of hands jutting out with tiny fingers. The trunks seemed to have fused in the thorax as far as the umbilicus, where only one cord entered the body. Below the umbilicus the abdomens and the backs were two and separated. It had a pair of buttocks, two vulvas and four legs with tiny feet and toes.

With velamentous insertion of the cord the Placenta was delivered by Dublin's method. Perineum was intact.

Mothers general condition was good. Her temperature, pulse and respiration were normal. She had no P. P. H,, her Uterus involuted normally and her lochia was normal.

Her blood was taken for Kahn and it was found positive. The patient was discharged on March 6th and her general condition on discharge was good.

Nurse M. D'Silva. Midwifery Student.
Cama and Albless Hospital, Bombay.

Orbital Cellulitis

History:- A Hindu boy named Vidyasagar, aged 10 years was flying a kite standing over a compound wall, about 5 feet in height. In the excitement of watching the kite soar higher and higher, he lost his balance and fell down where some plants and pieces of wood were scattered. He received lacerated wounds, one on the left cheek which was merely a scratch in appearance. The second was a lacerated wound an inch in length just below the left eye. In the third one the conjunctiva was badly lacerated. The parents of the boy brought him immediately to Dr. K.G. Iyengar, the Opthalmic Surgeon of the K.E.M. Hospital, Secundrabad-Deccan. The boy was attended to, the wounds were cleaned and dressed. Wound No. 2 was dusted

with Septanilam powder and sutured. Little bits of mud and dirt were found in the wound in the conjuctive. It was removed and cleaned but not sutured.

He was a regular attendant at the out-patients' Department being treated by Dr. Iyengar for 4 days, and the boy showed no sign of trouble. It was surprising to find on the 5th day severe oedema of the lids of the left eye, and the eye ball was protruding. There was no movement of the affected eye ball. Vision was not impaired. Orbital Cellulitis was diagnosed and the boy was admitted on January 18th Temp. 100, Pulse 110.

Treatment:- Penicillin which at the present day is called the wonder drug was prescribed and injections of 20,000 units were given intramuscularly, 3rd hourly. Six tubes in all were used.

Penicillin drops 500 units per cc. were instilled into the left eye, in which there was a lot of discharge. Hot Saline fomentations were given every three hours. Sulphathiazole was given by mouth-2 tabloids were begun 4th hourly, immediately reduced to three times a day for 5 days and were finally stopped when the boy showed signs of improvement. He had complete rest in bed and a full diet given.

21st January:- The boy complained of a pricking sensation after which two small pieces of stick walked out from the wound under the left eye.

23rd January:- The same feeling was experienced and a third piece of stick came out. Following this the next two days in succession two more pieces came out.

26th January:- The eye showed definite signs of improvement. The temperature had settled down, oedema subsided gradually. He was able to open the left eye. Movement of the eye ball was not restricted.

27th January:- He was allowed up and recovery was uninterrupted until he was finally discharged well on 29th January without developing any complications viz. Cavernous Sinus Thrombosis through infection being carried to the brain.

Being interested in the case, I got information from the Opthalmic Surgeon and was surprised to learn that 5 days after his discharge from the hospital, two more pieces of stick came ont. It caused no further trouble.

I understand now that the boy is perfectly well playing about and reading.

P. Francis, 2nd, Year Probationer Nurse
K.E.M. Hospital, Secundrabad.