

[Cutting from The Lancet of 7 January 1928 proposing surgery in cases of conjoined twins, James Poro and Laloo are shown].

Contributors

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ON A PARASITIC FŒTUS.

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A FEW months ago Capt. D. D. Kapur, M.B., B.S., of Gujarkhana, Rawalpindi, at the suggestion of Capt. S. N. Hayes, I.M.S., sent me an account of a parasitic fœtus which he had successfully removed from a native boy aged 26 days. I advised him to supply notes of the case to the *Indian Medical Gazette*, and when they were published to send me a copy and I would endeavour to bring the facts under the notice of British surgeons. This advice he followed.

A male child, Karamat Hussain, was born Jan. 27th, 1927, in a village near Gujarkhana; attached to the boy was a parasitic fœtus, which in conformation, position, and mode of attachment to the autosite, was the counterpart of the Hindu lad Laloo, which the late S. G. Shattock and I described to the Pathological Society, London, in 1888 (Fig. 1).

In Kapur's case the parasite consisted of chest and abdomen, upper and lower limbs. Each hand had two thick fingers and each foot five toes. The chest was without heart or lungs. It had complete male reproductive organs and the scrotum contained two testicles. The anus was indicated by a dimple. "The parasite,

FIG. 1.



Laloo, a Hindu lad, with his parasitic brother.
 ("Tumours.")

which had feelings for cold and heat and pin-pricks," was joined to the autosite at the lower part of the sternum and upper part of the abdominal wall. The parasite voided urine independently of his brother, and usually over him, causing much discomfort day and night. A month after birth the parasite was growing rapidly, "and the parents were afraid that the life of the child would become very troublesome." On this account they sought the aid of surgery.

An incision was made around the pedicle joining the parasite to its brother. The abdominal cavity of each freely communicated. The intestines of the parasite had a separate mesentery which adhered to

FIG. 2.



James Poro (born at Genoa, 1686).

the posterior wall of the abdomen. The intestines were thin and had a narrow lumen. Below they joined the lower part of the intestine of the autosite. Large blood-vessels and nerves passed from the autosite to the lower limbs of the parasite; the vessels were ligatured and cut short. There was one kidney in the parasite. The whole intestine of the parasite and the mesentery were transferred into the abdominal cavity of the autosite. The incision was closed in the usual way. The autosite weighed 7 lb., the parasite 1 lb. The child recovered and five months later the report ran: The child has developed normally, is fit and well, and growing nicely.

The facts of this case are worth reporting not only from its intrinsic interest, but also for the stimulus it gives to surgeons to separate conjoined twins and spare the autosite not only a dreadful life of bondage, but the disgust and ignominy of being exhibited for gain in public shows.

As in the case of Laloo, at birth, the parasite had its arms around his brother's neck and was delivered without difficulty. In Kapur's case the mother was a multipara, aged 35, and the conjoined twins were born easily.

It is now accepted that conjoined twins are the product of a single ovum. Occasionally both twins develop equally. It happens, not infrequently, that one of the twins is complete, but its companion is an "indigested and deformed lump." The parasite may be a headless trunk on an otherwise well-formed individual. A very rare variety is a deformed head on a limbless trunk. Capitate teratomas are rare. Dr. Dan McKenzie found in a second-hand bookshop an engraving representing a teratoma of this kind, attached near the navel of a handsome adult, born at Genoa, 1686 (Fig. 2). If any reader can supply the history of the said Poro, the writer of this note will be his debtor.

References.—*Indian Med. Gaz.*, 1927, lxii., 1. *Trans. Path. Soc. Lond.*, 1888, xxxix., 427.

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