settlement of the district, a town of perhaps fifteen thousand inhabitants. Even out of the spring season, gathering grass for their buffaloes, manufacture of buffalo-dung fuel cakes, building mud walls, etc., keeps them quite constantly exposed to the mud of the place. It should be stated, however, that this town exposure is mostly limited to two classes, the children who play in the mud for fun, and the younger men who do the heavy work. It was late summer when we made our visit, and the work in the rice flats had long been over. In the mud exposure that we were able to observe, old men and women were notably absent.

With so much for an introduction, what we found may be stated with some brevity. The place is a nest of bilharzia infection. During our stay of a week, we treated as we could something over five hundred patients, and of that number one in six were suffering from obvious bilharzia infection. The Arab is very casual about bringing in a specimen of his urine, or co-operating in anything, the value of which he does not understand. However, we secured thirty specimens of urine, of which fifteen showed the typical bilharzia eggs. Many of them were very heavily infected. If we had brought our centrifuge, the negative results would almost certainly have been fewer.

The real incidence of the disease is much greater than these figures indicate. Inquiry elicited a history of hæmaturia more or less prolonged and severe from almost every adult man that we interviewed on the subject. Women seem much less affected. They came quite freely for other ailments, but we did not see a single case which gave any sign of bilharzia infection. Apparently the disease is essentially an infection of those who are young, and depends for its persistence on continual re-infection. In later years, probably because re-infection ceases, as exposure to the heavily infected mud of the town is less, there is a strong tendency to recover.

Not all escape so easily. In some a vesical calculus forms and persists. We were not able to examine every case with a searcher, and have no figures to offer, but the number of those developing a stone must be under ten per cent. of all infections. The stone cases that came to us were old men for the most part, with a very long history. We were unable to demonstrate bilharzia eggs in any of them. Their troubles, however, dated back to a typical experience of hæmaturia and urinary distress, prolonged through years. A longer visit would undoubtedly discover cases in which both eggs and a stone could be demonstrated.

The cases were treated with tartar emetic intravenously. The amount that it was possible to administer in a week was utterly inadequate of course. However, the experiences of this trip, and even more, some very fine work recently done by Dr. Borrie in Busrah, as yet unpublished, go far to show that we have underrated the tendency of this disease to spontaneous recovery. The amount given reached five and six grains in some instances, and we think that it may be a real help towards a cure, even though of itself inadequate. We hope to visit the town a year hence, when it may be possible to ascertain the results.

A Mirror of Hospital Practice.

A CASE OF SNAKE-SWALLOWING IN AN INSANE.

By PRAKASH CHANDRA DAS, M.B.,

Assistant Surgeon, Ranchi European Lunatic Asylum.

IT is well known that some insanes swallow all kinds of foreign bodies on which they can lay their hands. Thus in an article by A. W. Hoisholt, M.D., Superintendent, Napa State Hospital, Clinical Professor, Psychiatry, Stanford University, in the April number of the *American Journal of Insanity* of 1918, four cases are mentioned, wherein foreign objects have been swallowed to the number of (1) 1,149, mostly pins, nails, screws, buttons, small pebbles and pieces of glass, (2) 23 pieces of glass and a button, (3) a spoon and six bed springs and (4) two handles of tea spoons, respectively.

The following case is described owing to its extreme rarity, as we have not come across a similar case in the literature.

J. B. P., a European male, aged 42, transferred to this Asylum from Agra on the 11th October, 1918.

His physical health is excellent.

Wassermann reaction—Absolutely negative.

Diagnosis—Dementia præcox.

On the morning of the 31st July, 1920, immediately after he had passed stools in a commode in the ward, about 8 inches of a snake was found in his stools but minus its head. Every care was taken during investigation that no deception was practised either by the patient himself or anybody else. Either the head was removed before it was swallowed or passed in a previous stool.

The snake was identified by Mr. S. W. Kemp of the Indian Museum as a Tropidonotus stolatus (Linn.)—a non-poisonous fresh-water snake.

Only a month before this he was bitten by a snake for which he was treated with antivenene injections. The symptoms were evidently those of krait (cœruleus) poisoning.

Before admission into an asylum he was bitten twice by snakes—once by a cobra and again by an unknown variety; for the first, he was treated with antivenene and for the second, no treatment was available.

It is interesting to note that this patient is always in search of snakes—nearly half-a-dozen times snakes were found in his pockets and socks—mostly grass snakes.

Once his pockets were turned out and the following were found :—

Two lizards, a mouse and a grass snake, with a sparrow on his head, covered over by his hat.

Lastly, only a fortnight ago, four glass beads were found in his stools.

His pockets, etc., are searched every day before he goes to bed at night.

TOXIC SYMPTOMS BY LOCAL APPLICATION OF BELLADONNA.

By R. K. KETKAR, M.B., B.S.,

Gwalior State.

RECENTLY, a patient, aged 35 years, attended the out-patients' department one morning for swelling and pain of the right side of the scrotum of a couple of days' duration. There was no history of any venereal disease. There was a history, however, of a similar previous enlargement, two or three times years ago. The patient kept up a slight temperature. Bowels—constipated. Urine—normal.

Diagnosis—acute orchitis—probably caused by slight local trauma, how and when the patient did not remember.

Treatment—Patient was prescribed a dose of Epsom salts immediately, and a diaphoretic mixture t.d.s. Tincture of iodine was painted locally, and a light scrotal support was employed, with instruction to the patient for fomentation with poppy capsules.

The same night patient again came to the hospital, as he felt a rather unbearable, heavy, dragging pain in the scrotum. At this time, glycerine-belladonna paint was applied, and the part was properly bandaged.

Next morning, about 8 A.M., patient's tongue had a greenish-blue coating; he felt dryness in the mouth and had nausea. He felt drowsy and giddy, his face was flushed, pupils were dilated and feebly reacting to light, and he bore an erythematous rash over his cheeks—especially around the eyes and over the malar bones. He complained of restlessness and thirst, vertigo and staggering, and a desire to micturate and defæcate but inability to do so.

Patient's scrotum was immediately cleaned free of all the paints with soap and water, and he was given a simple suspensory bandage, and internally, a diaphoretic and diuretic saline dose.

As three hours after the above had been given the bowels did not act, and as the patient's restlessness persisted, a soap-water enema was employed, followed by an emetic draught of zinc sulphate. Patient felt much relieved after that, and nothing beyond frequent effervescing draughts of soda-water to relieve the oral dryness, was required.

Patient was all right the next day, his scrotal trouble having disappeared altogether.

I think, in this case, the previous application of tincture of iodine, added to the probable scratching of the part by the patient's finger-nails and possibly the introduction of the latter, unknowingly, into the mouth, together with some idiosyncrasy on his part, were responsible for the toxic effects caused by the glycerine-belladonna paint, which is so largely employed without any harmful consequences.

A CASE OF BI-LATERAL CEREBELLAR ABSCESS WITH NO LOCALISING SYMPTOMS.

By ERIC C. SPAAR, M.D., B.S., B.A. (Lond.), M.R.C.P.,

Physician, General Hospital, Colombo.

(A Paper read before the Ceylon Branch of the British Medical Association.)

CASES of cerebellar abscess are so rare in the wards of the General Hospital that I need make no excuse for presenting this one to you.

Several other interesting features in the progress and history of the disease make it particularly worthy of record.

Alice Nona, a Singhalese girl of 8 years of age, was admitted into one of my wards on the 17th of January last, in a semi-conscious state, with a history of fever of 6 days' duration and of an inability to speak since that morning.

Previous history and mode of onset as elicited from her mother.—The child was in perfect health, very active and mischievous until two months ago. She had a fall about two months ago, the nature of which cannot be ascertained from her mother as she was not present at the time of the accident. On that very evening the child was inclined to be quiet and complained of vague pains all over the body, but more marked along the spine and in the neck. She slept during the whole of the following day, but though she did not complain of any discomfort, she had to keep to her bed. Under native treatment she was restored to her wonted health in 10 days' time, and was able to run about and appeared to have regained her old spirits.

During the past month, however, although she was not confined to bed, certain peculiarities in her disposition began to be noticed—she was easily irritable, gave vent to tears for no apparent reason, showed a great aversion to sweets, for which she usually had a great liking, was not particular about taking her meals, was fond of visiting dark places, and would sometimes lie down gazing at the roof, and shunned her old friends. During the six days prior to her admission she had fever in the evenings; no definite information could be obtained as to any rise of temperature in the mornings. During this period she was extremely irritable, shunned bright objects, closed her eyes, doubled her body, supported her head with her hands and cried frequently that her head was being crushed by somebody. She also complained of a bitter taste in her mouth. There was no chill, rigor or fit before or during the attack of fever. When the temperature fell in the mornings, she did not cry much, but moved about comfortably, though with spine and neck held rigid.