

A Mirror of Hospital Practice

AN UNUSUAL CASE OF SUICIDAL STABBING*

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THE following case of suicidal stabbing is of a sufficiently unusual character to warrant its publication.

The dead body of a Burman, male, age about 50, was brought to the Civil Hospital, Thongwa, on 9th August, 1935, for post-mortem examination.

History of the case.—The man, a bachelor, was living with his sister. He was apparently in normal health. Early on the morning of Friday, 9th August, 1935, he was heard shouting from the paddy field. His sister's son ran to the field and found his uncle with stab wounds in his abdomen. He was said to have told his nephew that he stabbed himself in a fit of despondency. The boy ran to the village headman who collected a few villagers and went to the paddy field where they found the man with his entrails out of his abdomen. He was still talking, and told the headman and the villagers that he had stabbed himself, pulled out his entrails and torn them from their abdominal attachments. The villagers gathered his entrails in a bundle and took him from the paddy field to the motor road with a view to his ultimate transport to Thongwa for treatment at the hospital. However, he is said to have expired on reaching the road.

Post-mortem findings.—On post-mortem examination two stab wounds were found on the front of the abdomen in the middle line, one at the pit of the stomach 2 inches long by $\frac{1}{4}$ of an inch broad and penetrating into the peritoneal cavity, and the other 3 inches below the first injury 3 inches long by 2 inches broad with protrusion of the omentum and mesentery. The stomach, all the small intestines and part of the large intestines consisting of the ascending and transverse colon were found torn from their abdominal attachments and were produced bundled up in a piece of cloth. There was a stab wound in the left lobe of the liver 1 inch long and the peritoneal cavity contained about 2 pints of fluid blood. I ascribed the cause of death to shock and hæmorrhage from the stab wounds in the abdomen.

It seemed conceivable that a person might stab himself twice in the abdomen but that he could go on and tear out his abdominal contents and still have sufficient vitality to tell his friends of it seemed impossible. The sight of the disembowelled body brought to my mind the incident narrated in the Indian Epic Mahabharata where King Bhima is said to have vented his wrath on his cousin Dhusshasana for the offence of violating his wife Draupathi, by tearing open his body and removing the entrails and wearing them round his own neck and

executing heroic dances on the field of battle. I therefore considered it possible that it was a case of murder and suggested this to the police.

I expressed my disbelief of the history furnished to the township magistrate, Thongwa, who held an inquest at part of which I was present. All the witnesses testified to having heard the man say he had stabbed himself and torn out his entrails, therefore the verdict of suicide had to be accepted. This case presents strange features which will be of interest to all who have to deal with medico-legal cases.

✓ SPIRILLUM FEVER CAUSED BY A MONKEY BITE

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DURING the last week of May 1935, a monkey ran 'amok' and bit 22 persons. Most of them underwent anti-rabic treatment in this hospital. The monkey was caught and sent to the veterinary hospital for observation. It was kept under observation for about 15 days and afterwards destroyed. Though rats, bandicoots and other carnivorous ferrets are known to transmit the spirillum, a monkey has not been previously mentioned as a vector.

The following two cases illustrate the possibility of producing 'rat-bite fever' by a monkey bite. It was not possible to inject guinea-pigs with the blood of the patients and isolate the spirillum. Many examinations of thick and thin films of the blood from the patients, stained by Leishman's method, proved negative. The diagnosis was made purely on clinical grounds. Both cases exhibited the periodical onset of fever with apyrexial periods, the flaring up of the initial wounds with their red, eroded and swollen appearance, involvement of the regional lymphatic glands, the erythematous or reddish-brownish blotchy eruptions on the skin in different parts of the body and the degree of apparent well-being during the apyrexial period.

Case 1.—A girl, aged about 13 years, was bitten by the monkey on 26th May, 1935. The next day the wounds on the right side of the scalp above the ear were cleaned and cauterized. She was given anti-rabic treatment. Shortly after completion of the anti-rabic treatment, she got fever with severe rigor. The next day the site of the original lesion was red and inflamed. The lymph glands behind the ear and under the jaw on the right side were enlarged and tender. Suspecting some secondary infection of the wound scar, she was given an injection of anti-streptococcus polyvalent serum. The same day the temperature shot up to 105°F. in the evening. The condition lasted three or four days and she recovered completely. After five days the fever again started with all the above-mentioned symptoms. In addition erythematous patches of varying sizes were noticed in different parts of the body. The next day, 12th July, she was admitted to the hospital as an inpatient. The condition was very like rat-bite fever clinically; though hæmatological examination was negative, she was given an injection of neosalvarsan subcutaneously. Two days later the temperature dropped to normal and did not rise again.

* Rearranged by Editor.

After an interval of four days she was given another injection. The skin rash had completely disappeared by then. After one more injection of the same drug, she was discharged completely cured on 22nd July and since then she has remained in excellent health.

Case 2.—A widow, aged about 30, was bitten by the same monkey on 1st June and she was given a complete course of anti-rabic treatment. The woman also developed fever and other signs and symptoms similar to the first case, but of a more severe type. She was admitted to the hospital as an inpatient on 22nd July and was discharged cured on 3rd August after similar treatment to that given to case 1.

Points worthy of note in the above-mentioned cases are :—

- (1) Monkey bite produced a clinical condition exactly like rat-bite fever.
 - (2) It was unfortunately not possible to isolate the causative organism.
 - (3) Drugs of the neosalvarsan group completely cured the condition.
- My thanks are due to Dr. D. Krishnayya, my District Medical Officer, who has permitted me to publish this note.

TWO CASES OF PANCREATIC DEFICIENCY

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Case 1.—N. G. S., male, aged about 51 years, caste, Parsee, merchant by occupation, was admitted into the Government Rayapuram Hospital, Madras, on 29th January, 1935, with a history of having large loose motions, 3 to 6 a day, for the previous one and a half months. There was also some discomfort and pain in the abdomen, which was neither regular nor had any relation to food.

Examination.—The patient was a fairly-nourished individual. There was no anæmia. Teeth were dirty and tartar was present. Tongue was slightly coated in the middle. The edges were red and painful; the patient could not take hot and pungent things. Spleen and liver were not enlarged. Abdomen was a little flabby. The patient was having loose motions 3 to 6 a day. They were very bulky, though the amount of food taken was considerably less. Colour of the stools was yellowish, they were also frothy, and emitted an offensive smell. No blood or mucus was present. Microscopical examination of stools did not show any ova, amœbæ or cysts. Biochemical examination of fæces gave the following results: Total fat, 38.4 per cent; neutral fat, 14.46 per cent; fatty acids, 10.74 per cent.

The gastric fractional test meal showed slight hypochlorhydria as shown in the following report:

	Total acidity c.c. N/10 NaOH%	Free HCl c.c. N/10 NaOH%
Before test meal.	28	22
¼ hour after ..	20	14
½ " " ..	32	27
¾ " " ..	47	39
1 " " ..	39	33
1½ hours " ..	18	14
1¾ " " ..	42	36
1¾ " " ..	34	36
2 " " ..	16	Nil

Cardio-vascular system.—Heart sounds were normal. Apex beat could not be seen or felt due to the thick muscular wall of the chest. Blood smear showed a few megaloblasts and no normoblasts. Nothing was found abnormal in the respiratory and urinary systems.

Treatment.—The fat analysis of the fæces was made a little late in the course of the stay of the patient in the hospital. Till then, he was treated as a case of sprue. He was put on large quantities of milk with no solid food, the milk being citrated; by mouth he was given calcium and parathyroid tablets. The condition of the teeth was attended to by a dentist. Six hypodermic injections of emetine ½ grain a day were also given. He was put on an acid mixture containing iron and hydrochloric acid. The patient did not show much improvement except that the number of motions was decreased to 2 or 3 a day. But the bulky and frothy character of the stools remained. Then it was thought that the result of the fat analysis of the fæces would throw light on the disease. The result showed that the fatty acids were less than the neutral fat, which is quite the reverse in normal individuals. It therefore showed deficiency in the pancreatic secretion, resulting in the excess of unsplit fat. Therefore revising our diagnosis in the light of the above biochemical report from one of sprue to one of pancreatic deficiency, the patient was at once put on 'Festal' tablets of Bayer, one thrice daily. Festal is a preparation of pancreas having a standardized content of pancreas lipase, amylase, protease, and hæmicellulase. Besides the patient was also given Decholin both intravenously and by mouth. After the administration of Festal tablets, the patient made a speedy recovery in about a fortnight; and he was discharged much relieved on 20th March with instructions to continue the treatment at home. I saw the patient in the month of August 1935, when he informed me that he was completely all right and that he was taking the Festal tablets only occasionally and not regularly.

Case 2.—G. K., aged 40, male, caste, Hindu. He was working in the Federated Malay States for the last 8 years previous to the present illness as an engineering assistant. From the beginning of January 1934, the individual was having loose watery motions 6 to 8 a day which gradually increased to about a dozen a day. He had to give up work on account of this disability and landed at Madras on 22nd November, 1934. The motions were white, frothy, and bulky. They were also foul-smelling and sour. The patient complained of burning sensation after every motion. He had no griping, nor did he pass any blood or mucus in his motions. The diarrhœa had no relation to food. Appetite was fairly good. He had lost all sensation of taste of food. Tongue was sore and very painful if he took anything hot or pungent. There was no distension of stomach nor any acid eructations. The patient was reduced in weight from 140 to 86 lbs. The condition of the mouth used to become worse every time the diarrhœa increased. In the latter stages of the disease, the patient was having œdema of the feet which became worse if there was any amelioration in his diarrhœa.

Examination.—The patient was a poorly-nourished and emaciated individual. The tongue was ulcerated at the edges and it was smooth and glossy having been denuded of epithelium. Appetite was moderate. There was no vomiting. He had 6 to 12 loose, frothy, very bulky, foul-smelling and white-coloured motions every day. There was neither blood nor mucus in the motions. Teeth were dirty. There were no amœbæ, cysts or ova of any kind in the stools. The fractional test meal showed achlorhydria as is seen from the following report:

	Total acidity	Free HCl
Before test meal.	3	Nil
¼ hour after ..	5	..
½ " " ..	5	..
¾ " " ..	7	..
1 " " ..	10	..

Mucus and starch were present in all. Fat analysis of the fæces showed total fat, 58.24 per cent, free fatty acids 11.52 per cent, neutral fat 22 per cent.