

of the value of any pressure which could be exerted by a spica bandage.

It is rather a pity that advantage was not taken of the death of the first case to ascertain the condition of the parts at the neck of the sac.

I hope the publication of Dr. Mallanah's paper will not have the effect of inducing other physicians to abandon the well-tryed and fairly successful methods of radical cure of hernia.

Yours, etc.,
F. J. W. PORTER,
Major, R.A.M.C. (Retired).

93, Nepean Sea Road,
Bombay,
27th March, 1921.

A CASE OF DEATH FROM HORNET-STINGS POPULARLY KNOWN AS "WASP-BITE."

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,

That death may be caused by wasp-bites may sound rather paradoxical to some, as such cases are very rare. The case under report furnishes an illustrative example of this. The facts are briefly these:—A few months ago, one of my sons named Hem Chandra, aged 8 years, was playing along with some other little children, when they sighted a swarm of red wasps (hornets) in the cleft of the wall of an adjoining house. They pelted them with stones and sticks and the wasps getting infuriated began to fly about and several of them (five or six if not more) attacked my little son, who raised a cry and we ran up to him, pulled him inside the house and removed the shirt he was wearing to which four or five wasps were still adhering. The child was so frightened and alarmed that he could not tell exactly where he was and pointed to his back and neck where he felt burning. He then quietly laid himself down on a "charpoy" and vomitted once in his bed-clothes and became unconscious, within 15 minutes of the occurrence, his pulse became very weak, respiration laborious, eyes red and congested, face cyanosed and nails blue, in short presenting all the signs and symptoms of sudden shock. Seeing his condition precarious I at once gave an injection of "2 grs. of camphor in æther 1 c.c.," of the Bengal-Immunity Company—of which I had a capsule in my bag and upon which I could lay my hands in the confusion of the moment and immediately sent for my revered chief the Civil Surgeon, Bulandshahr, who also did his best to resuscitate the child by rectal and hypodermic injections of brandy, strychnine and digitalin, respectively, and artificial respiration. These measures appeared to be successful for a while, the child opened his eyes, cyanosis diminished, he asked for water from his mother and complained of pain in the back, but this condition did not last long, the cyanosis of face and nails became deeper again, pulse imperceptible beyond the elbow, respiration hard and laborious and breathing stertorous. The child eventually died within two hours of the bites (stings).

Unfortunately, owing to the suddenness of the onset of symptoms and shock leading to hurried death, "saline injections" could not be got ready in time and administered.

In conclusion, owing to the want of research work and literature upon the subject, at least to my knowledge, I shall feel much obliged to learn from the Profession—the chemical composition of the poison secreted by wasps, red and yellow; any difference that may exist in the nature of the two, as it is within the experience of every body that the sting of a red wasp (hornet) is much more serious in its effects both local and general than that of the yellow; their lethal dose, and if there is any satisfactory antedote; for, so far as I know, we can do but little in such severe cases (mild cases may be treated by the application of Liq. ammon. fort. to neutralise the Poison) beyond attempting to combat the shock resulting from an overwhelming dose of the poison when the stings are several in number, and this to my

mind was the chief factor which led to so sudden a death in the case reported above.

Yours, etc.,
CHANDRA SHEKHAR SHARMA,
L. M. P.,
Sub-Assistant Surgeon,
In ch. Jail and Police Hospitals,
Bulandshahr, U.P.

Bulandshahr,
Dated 17th February 1921.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—On going into the details of Dr. Noronah's case I can say that the case can be easily labelled as a result of a mild attack of acute anterior polio myelitis during infancy as we frequently see such cases in practice. I had observed two or three such cases while examining recruits for the police. They were fairly developed men with average intelligence, the only difference between the two sides was one little thinner and slightly shorter than the other, the difference was more marked in feet, one was distinctly bigger than the other and my attention was drawn to his general condition by looking at his feet. At that time I assigned this condition to the disease mentioned above, because many times we see that this disease leaves the parts in a weakened condition without any paralysis due to disturbed trophic influence.

Yours, etc.,
D. S. ASANA,
Civil Surgeon, Kaira.

KAIRA:
The 2nd February, 1921.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—I have read the article of Dr. Bose (some notes on novarsenobillon).

In this connection I would request you to reprint, if you deem fit, a article on "Venereal Diseases as We see Them To-day" by McDonagh in the *Practitioner*, January, 1921.

My only contention to put before the practitioners in India is, that it is not necessary to bring the C. F. T. to the negative phase which has been very well shown by McDonagh when once a case of venereal disease appears to have been clinically cured, knowing that he has taken two years thorough treatment. Trying to bring C. F. T. to the negative phase, appears to do harm instead. According to his view and his illustrated cases, the positive reaction after thorough treatment is the indication only of the past disease and not the active disease. He further states as follows:—

"If all men would familiarise themselves with the work of eminent clinicians like Fournier and Hutchinson, use "606" to get rid of symptoms, and employ mercury for a long period, as advised by men who had over 40 years' experience and treat all recurrent cases symptomatically, it would be possible to improve the lot of all sufferers, and it would put a check on the great change for the worse which becomes aggravated as it continues. This would relegate the C. F. T. to its proper place, which is that a positive reaction is merely confirmatory evidence of the fact that the patient has had syphilis some time or another during his lifetime. Four years after the infection, or two years after the two years' treatment, the patient may be allowed to marry; but no blood-test should be done, because, if positive, it is only logical to assume that more than another two years' treatment would be required to render it permanently negative. As the test tends in all cases to become permanently positive, and as clinical experience shows that, in the majority of cases, a two years' treatment suffices, there is nothing to be gained by running the risk of making the patient miserable, because if treatment is not advised on a positive reaction, the patient has a right to ask why his blood was tested at all."

If the practice preached by McDonagh be followed, how much saving there would be of this important drug and unnecessary sufferings to large number of people, as