

plenty of eosinophil cells as evidence of chronic inflammation.

Follow up.—The patient was recently interviewed in the follow up clinic when he was found very fit. He has gained weight and has no complaints relating to his abdomen. The scar of the operation is sound.

Comments and Conclusions

The case showed many of the features of intussusception in the adult. Exciting cause was present in the form of adenomatous polyp. The condition in the adult usually cause subacute intestinal obstruction and so it was in this case, prior to causing complete obstruction. In this patient in all probability the previous attacks of abdominal pain in October 1951 and January 1952 were wrongly diagnosed as chronic amoebiasis. Even in this case not before the fourth day's stay in the hospital could we be sure that it was a case of intussusception. He did not vomit till the 4th day in the hospital, and there was no distension of the abdomen though the obstruction was in the terminal ileum, the reason being absence of complete obstruction. Variability of the size of the lump in the abdomen was very characteristic of the condition, in the absence of peritonitis. It showed definite reduction in size following the barium enema. At operation the colon was found very mobile and spacious a factor which predisposed the development of the condition. During the reduction of the intussusception there were some trying moments for the anaesthetist, as was expected. Radiological evidences were very characteristic.

Summary

A case of intestinal obstruction in an elderly patient due to an adenomatous polyp in the terminal ileum, causing ileocolic type of intussusception is described. Literature on the subject in relation to its incidence and pathology is reviewed.

Acknowledgment

In conclusion I thank Dr. G. L. Vaishnavi F.R.C.S., Chief Medical Officer, Calcutta Port Commissioners for giving me permission to report the case and for his constant encouragement.

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STURGE-WEBER SYNDROME (WITH AN ILLUSTRATIVE CASE REPORT)

By P. K. HALDAR, M.B.B.S., D.M.R.E. (Luck.), D.M.R.D. & D.M.R.T. (R.C.P. & S., Eng.)

(From the Department of Radiology, Medical College, Agra)

PORT-WINE marks on the face, tortuosity of the retinal vessels, and in some cases unilateral buphthalmos may be associated with venous angioma of the cerebral cortex of the same side. Such a combination is known as Sturge-Weber syndrome.

The main symptom of the syndrome is epilepsy. Sometime this does not appear until the adult stage is reached, but most of the cases suffer from epilepsy from childhood. There may be some degree of mental deficiency. The neurological signs and to a certain extent the type of fits depend on the situation of the angioma. Papilloedema and other signs of rise of intracranial pressure do not occur.

The radiological findings in the majority of cases are of a distinctive character. The skiagram of the skull shows areas of tortuous, parallel, double lines of calcification. On superficial examination of the skiagram the calcification appears to be in the walls of the abnormal cortical blood vessels, but histological studies have shown that it is actually in the convolutions of the brain in the angiomatic area.

The treatment of this syndrome consists of exposures of the face to superficial X-ray for the port-wine marks, and the usual drugs for epilepsy.

Case report

S. K., 10 years, Punjabi female child, was admitted into the hospital with the complaints of irregular attacks of fits since the age of 2 years, and fever, duration 3 months.

On examination.—The child looked ill, with fever, tachycardia and furred tongue. On the left side of her face there was a prominent port

wine mark which extended to the scalp, and also involved the left upper eyelid which was swollen (Plate LI, Fig. 1). The mark on the face was in the trigeminal nerve distribution. Clinical examination of the different systems of the body revealed no abnormality. Fundus was normal on both sides. There was no evidence of mental deficiency. The skiagrams of the skull, antero-posterior and lateral views, showed typical wavy lines of calcification in the occipital region on the left side (Plate LII, Fig. 2 & 3). The urine was cultured and *B. Coli* was isolated. A clinical and radiological diagnosis of Sturge-Weber syndrome with *B. Coli* pyelitis was made.

For the port wine mark on the face superficial X-rays at 100 K.V. with 1 m.m. Al. filter were given, delivering 500r, single field dose in one session. A course of dihydrostreptomycin of 5G. was given and she was cured of her pyelitis.

The patient was being followed for about four months. She remained afebrile. The swelling of the left eyelid diminished, but there was no change of colour in the facial port wine mark.

No drug was given to her for the fits as during her stay in the hospital she was free from them, and also during the follow up period.

Summary

A brief review of Sturge-Weber Syndrome has been given with an illustrative case report.

The syndrome is of rare incidence, but the diagnosis can be made easily and confirmed by radiology.

Acknowledgements

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Notes on Sand-flies. Part V.

Phlebotomus smithi N. SP.

PART V

By R. D. MITRA

CAPTAIN, M.L.I.

(From the Armed Forces Medical College, Poona)

MITRA AND ROY (1952) reported on the finding of a female specimen of a new species of sandfly, *Phlebotomus smithi* from a dwelling house in Hadapsar, a village 3 miles east of Poona. A male specimen of this species has been found in a collection of 19 sand-flies made on 31st March, 1952, from the same place, the remaining 18 of the collection being female specimens of *P. smithi*.

Phlebotomus smithi N. SP. (♂)

The measurements and relative lengths of the different parts of the specimen are given in the Table.

Appearances in dry state

The male resembles the female in general appearance. The insect is of small size with comparatively long sharply lanceolate wings. The integument of the body is dark smoke coloured but the sides of the thorax, however, are paler than the rest of the body; the wings are hyaline with scanty dark grey hairs. Abdominal hairs are scanty and are black in colour with 15 erect hairs on the dorsal surface of the abdominal segment I. Halteres are light black.

Appearances of the specimen mounted in Langeron's fluid and covered by a cover glass

The total length of insect is about 1.70 mm., Cicatrices of many recumbent hairs are seen on dorsal surfaces of abdominal segments II-VI. The clypeus is long.

The length of pharynx (figure 3) is 2.24 times its breadth; the armature consists of a series of oblique corrugated ridges radiating from the middle line. The armature resembles that of the female (Mitra et al., l.c.) and is equally well developed. The buccal cavity is unarmed.

The antennae (figures 4 and 5) have formula of 1 over III-XV; geniculate spines* of segment III and the proximal segments are short, stout and blunt but in the distal segments these are long and pointed and their ends surpass the next inter-segmental junction. Segment III is longer than half the combined lengths of segments XII-XVI, but shorter than the combined lengths of segments IV-V.

The palps (figure 2) have formula of 1, (2,4), 3,5; relative lengths of segments being 2.3, 10.0, 10.7, 10.0 and 16.4. The palp is soft; longitudinal halves of segments 2,3 and 4 are stouter than the rest of the palp. The length of segment 3 is 1.06 times that of segment 2, lengths of segments 4 and 2 are equal. Segment 4 forms 1/5th of the palp, it is shorter in length than segment 4 of the female *P. smithi* (l.c.). Newstead's spines are in a cluster on the proximal third of segment 3, exact number of these spines could not be determined.

The wing (figure 1) is narrower than that of the female. It is about 5 times as long as broad, δ being less than 1/10th of that of the female. The ratio δ over α is about 0.09; this ratio is much smaller in the female.

The hind leg is longer than the body length and is about 1.4 times the length of the wing. The femur forms more than 1/4th of the leg and it is longer than the combined lengths of the tarsal segments 2-5. Tibia is more than one-third of the length of the leg.

The male genitalia (figures 6 and 7) are of the *minutus* type. The proximal segment (segment I) of the superior clasper is 2.06 times the length of the distal segment (segment 2) and about 1.30 times that of the intermediate

PLATE LI

Intussusception : Report of a Case in adult due
to a Polyp in Small Intestine. (Page 471).

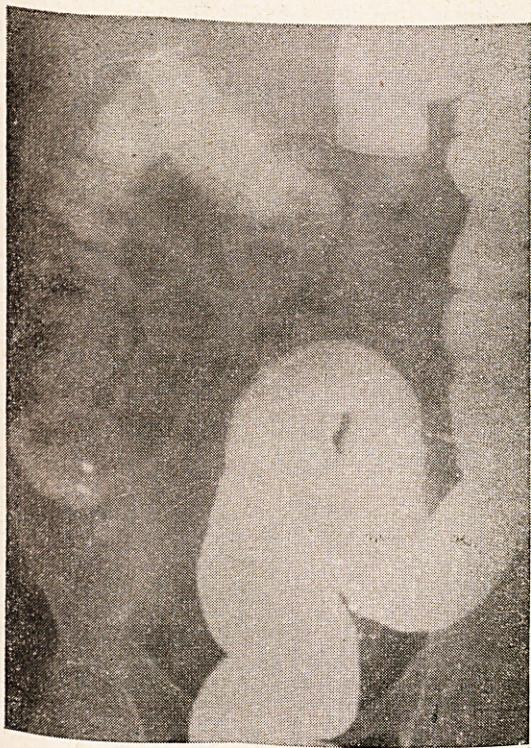


Fig 1

Skiagram showing the head of Barium enema being obstructed at the apex of the intussusception. Gas filled dilated ileum is seen. The polyp is outlined.

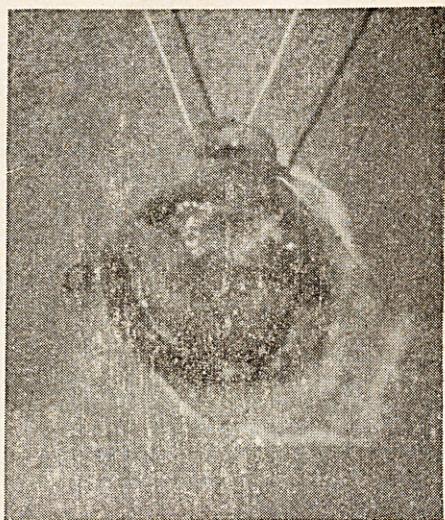


Fig 2

Photograph of the specimen removed at operation (natural size). The surface shows ulceration.

Sturge-Weber Syndrome (with an illustrative Case report. (Page 473).

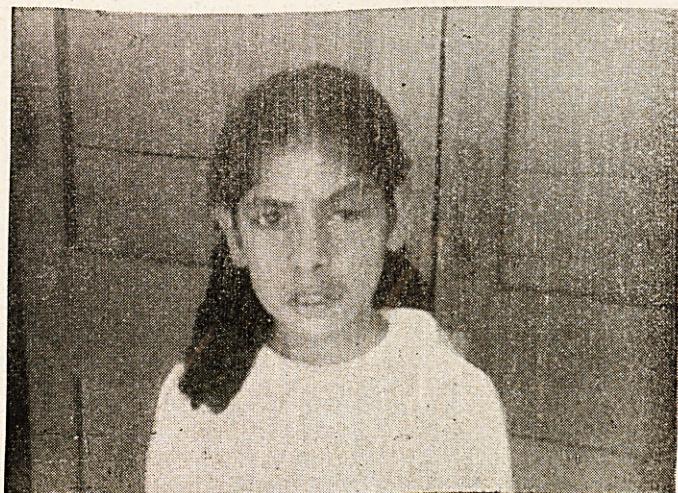


Fig. 1

PLATE LII
STURGE-WEBER SYNDROME (WITH AN ILLUSTRATIVE CASE REPORT).
(PAGE 473)

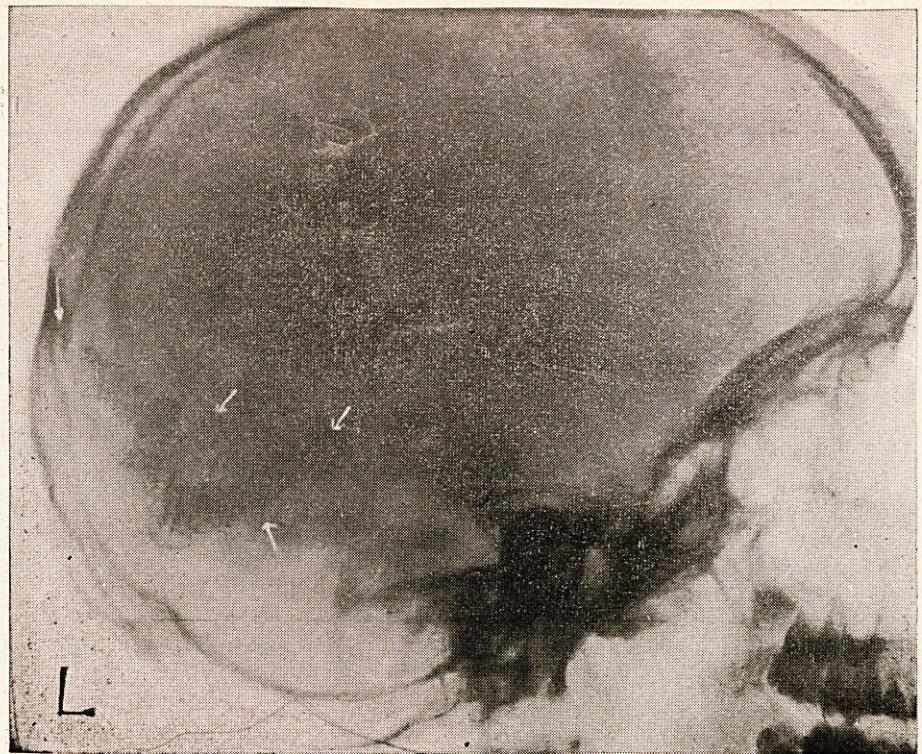


Fig. 2.



Fig. 3.