

Medical and Surgical Reports of the Episcopal Hospital of Philadelphia.—Volume IV, 1916.

THIS is one of those hospital reports which have become popular in recent years in America.

The contents consist of papers on various subjects by the members of the staff of the hospital. A wide range of subjects is covered; the ophthalmological department has an excess of papers to its credit, a description of an implantation cyst of the anterior chamber is interesting, and a rare case of a fish-bone in the liver is recorded. The other papers, though interesting, call for no special comment.

Correspondence.

X-RAY OBSERVATIONS TO DETERMINE THE TIME FOOD REMAINS IN THE STOMACH.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—The following observations are worthy of publication:—

CASE I.—A Hindu male, aged 35, with old spastic paraplegia, very healthy, muscular and robust, was given an ounce and a half of bismuth carbonate with his customary full diet, consisting of rice, dāl, fish and vegetables, at 11-30 a.m.

At 12 noon,—the stomach was full and of normal shape and size.

At 3 p.m.,—stomach half full; part of meal in small intestines.

At 5-30 p.m.,—about one-eighth of the total meal still left in stomach: meal reached descending colon.

CASE II.—A healthy-looking, tall, well-built Hindu male, aged about 40, old paraplegia. Full diet as above given at 11-30 a.m. with 1½ ounce of bismuth.

At 12 noon,—stomach full: healthy.

At 3 p.m.,—stomach half full: part of meal at splenic flexure of the colon.

At 5-30 p.m.,—about one-sixth of the meal still in stomach: rest had passed on.

CASE III.—A well-nourished, healthy boy, Hindu, aged 12: slight weakness in one leg, resulting from infantile hemiplegia. Full diet with bismuth as above given at 11-30 a.m.

At 12 noon,—stomach full: healthy.

At 3 p.m.,—whole of the meal still in the stomach.

At 5-30 p.m.,—stomach three-fourths full: part of meal in transverse colon.

CONCLUSION.—The fact that the subjects had old hemi- or paraplegia, could not have mattered much, I think. They were quite normal in every other respect, and the first two were more than the average build and size. Further observations on healthy subjects are being made.

In not one of the above cases had the stomach emptied itself completely in six hours even—the boy's stomach was still practically full. Considerable individual variation exists in the matter and the Indian stomach does not empty itself completely in six hours even. This is quite in consonance with the findings of Assistant-Surgeon Purno Chander Sing, reported in the *Indian Medical Gazette*, 1902, and at variance with the conclusion drawn by Dr. Lucean deZilwa, as reported in the *Indian Medical Gazette* of December, 1918, page 463.

Yours, etc.,

CALCUTTA:

S. GANGULY,

December, 1918.

Radiologist & Teacher of Medical Jurisprudence, Campbell Hospital.

A CASE FOR DIAGNOSIS.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—I should like to throw out the following suggestions regarding the treatment and prognosis of the case of which a report appeared in the correspondence column of the October number of the *Gazette* from Sub-Assistant Surgeon Govind Raja.

The child may be given intramuscular injection of colloid palladium (pallamine), minims two, at intervals of three to four days. Two or three such injections should be given and the results carefully watched.

Sources of reflex irritation must be sought for.

Prognosis.—To forecast the prognosis of any given case is always difficult and often impossible. It depends on the cause, the duration, the age, and the family history.

Fits due to cerebral cause are the least amenable to treatment. The longer the duration of an attack the graver the prognosis. The observed results of treatment are its only sure grounds. As the higher nerve centres acquire control over lower ones, the tendency to fits usually dies out.

The moral and general character are more likely to be affected than the intelligence.

NORTH LAKHIMPUR:

Yours, etc.,

6th December, 1918.

RAJENDRA KUMAR SEN.

BUG-EATING AND ITS RESULTS.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—While acting Medical Officer of the Nizam Ghât Column, Mishmi Mission, we were encamped, on the 4th December, 1911, on the north bank of the Dibong River, within sight of Nizam Ghât, prior to our trip up the Sisseri River. On the morning of the 5th December I was awakened at 5 a.m., and asked to see a coolie, who was said to be very ill. On reaching the man in his "basha," he had distinct rigors, which gave me the impression that he was suffering from malaria. The night had been a cold one, and a sharp breeze had been blowing, and I thought that by exposure in an open "basha" he had contracted a chill. On taking his temperature, I was surprised to find he had no fever. I was informed he had passed a bad night from about midnight, had complained of headache, and had vomited. On asking to be shown the dejecta, I was shown some greenish-looking fluid, that appeared to be bile mixed with rice and sand. The patient's extremities were cold, and he could not sit up. His pupils were dilated, and though not unconscious, he could not answer questions. He was in a state of total paralysis without coma, and convulsed with tremors. I had him covered with extra blankets, and administered a dram of spirit ammoni aromatic with an ounce of water, and ordered him to be carefully watched. Five minutes later, I was called to see two other coolies with similar symptoms. These three cases gave me the impression of some kind of poisoning being the cause; there was no diarrhoea. After careful enquiry I ascertained that, the evening before, the coolies had gathered a large quantity of garden-bugs, which they found under rocks, on both sides of the river, and not on trees. They had heard from the Mishmis that these bugs were edible. On questioning the Mishmis they confirmed the statement, and said that they all suffered in the same manner as the Naga coolies had been affected, but that no one died. Recovery was said to take place in from three to ten days, according to the quantity of bugs consumed. The bugs were eaten cooked, and considered a "delicacy." Continued consumption immunised them against its poisonous effects. Some Naga coolies stated that these bugs were also eaten in their country, but they did not know of any bad results. I was informed that all the Naga coolies had more or less partaken of this savoury dish the night before.

All together 8 cases of poisoning occurred among the coolies in camp, but as there was no certainty how many more would not get affected, I recommended a halt that day. I prepared a strong solution of magnesium sulphate, three drams to the ounce, and administered a dose to all the coolies. One man vomited in my presence: the dejecta was the rice he had eaten that morning, mixed with bile.

The sick coolies were taken over to Nizam Ghât and I accompanied them, and found that three more cases had occurred there, making 11 cases in all.

Samples of the bug were sent to the Curator, Indian Museum, Calcutta, and the Chemical Examiner to Bengal, and their replies are appended below.

Symptoms—3 to 12 hours after eating.—Frontal headache, followed by nausea, and actual vomiting of greenish fluid mixed with food. Some cases suffered from slight pain, abdominal, after vomiting. Then followed distinct rigors, resembling a typical attack of ague, and these keep on till they merge into general paralysis of all the limbs. There is no fever, and the patients are perfectly conscious all the time, though they cannot answer questions. The pupils are dilated. The pulse fluctuates, but never becomes too bad.

Treatment.—Magnesium sulphate, three drams to the ounce, as a purge. Castor oil cannot be tolerated—it is returned at once. The first day the patients were starved, pure, boiled water was only given; milk and slops on the subsequent days. As convalescence set in an iron, quinine and arsenic mixture was given.