

and as he was suffering from perityphlitis while the seat of the parasite is stated to be the duodenum (Bilharz) or upper three-quarters of the ileum (Ransom) the concurrence of the parasite and the disease may have been accidental. Ransom in his summary of the literature up to 1904 shows that this parasite may produce serious disease when present in large numbers, the symptoms most frequently produced being reflex nervous disturbance, diarrhoea, and dyspepsia.



Fig. 1.—Egg of *H. nana* × 650.

The diagnosis is readily made by the recognition of the eggs in the fæces (Fig. 1). The eggs can be recovered by the usual method of filtration through muslin and sedimentation of the filtrate. Their double shell containing the six-hooked embryo gives them a very striking and characteristic appearance. The outer shell measures .07 mm. in diameter. The worms (Fig. 2) themselves are evacuated after a vermifuge, sometimes in very large numbers; at least fifty were recovered from a single stool in one case. They are, however, not very easily recognised. The best method of obtaining them is to wash the fæces on muslin. The residue left on the muslin is transferred to a flat glass dish containing water and stool on a black background. When the water is stirred the worms can be seen as white threads of about ten mm. length. The head is so seldom found attached to the remainder of the strobila that the present writer obtained one complete specimen only out of several hundred. The margin of the strobila is serrated like a saw, the posterior margin of each segment being broader than the anterior margin of the segment following. The accounts of the anatomy of this animal hitherto published do not appear to be entirely accurate and the writer hopes shortly to be able to publish a full account of this interesting subject based upon a large supply of material.

Treatment.—Strobilæ without heads are expelled after the administration of Filix mas. The eggs, however, reappear in the stools after a few weeks. Oleum Chenopodii is an effective drug and produces the expulsion of a proportion at least of the heads.

LITERATURE.

- (1) Carini and Mastrangioli. *Giorn. R. Accad. Med. di Torino.*, 1912, p. 297. (*H. nana* occurs in 1.1% of those examined in S. Paulo, Brazil).
- (2) Foley. *Bul. Soc. de Path. Exot.*, 1911, p. 421. (*H. nana* common in children in southern Oran).
- (3) Malvoz. *Bul. de l' Acad. R. de Med. de Belgique*, 1910, p. 316. (*H. nana* common in young persons employed in mines in Belgium).
- (4) Newsholme. Reports to the Local Government Board, N. S., 1911. (Eggs of *H. nana* carried by *Musca domestica*).
- (5) Ransom, B. H. An Account of the Tapeworms of the Genus *Hymenolepis* parasitic in man. *Hygienic Laboratory Bull.* 18, 1904. P. H., and Mar. Hosp. Service, U. S. A.
- (6) Reaney, M. Foster. *Ind. Med. Gaz.*, 1912, No. 2.
- (7) Schloss. *Amer. Journ. Med. Sci.*, 1910 (*H. nana* present in 7% of children in districts of America).

A CASE OF SNAKE-BITE.

(*LACHESIS BORNEENSIS.*)

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History.—On the night of February 29th at 9 P.M., Muthiah, aged 22, Tamil, whilst running along a pathway through rubber trees put his foot on a snake, which bit him. He immediately kicked it away, whilst his friends who were behind him killed it. Within a few minutes, he felt a burning sensation which appeared to travel up the leg. A string was tied around the ankle and he was taken to hospital, where he was treated within half an hour of his accident. The snake was brought in with the patient.

Condition.—Two small punctured wounds, one on the dorsal and one on the plantar of the space between the fourth and fifth toes were noted; a slight oozing of these wounds indicated their presence. Oedema was present but the degree of pain was insignificant, in fact the patient went to sleep shortly after his admission. The wounds were scraped and pot. permanganate crystals rubbed in and the ligature which was loose was removed. The next day, March 1st, the swelling had increased up to the level of the knee-joint, but beyond this condition there were no symptoms. On the 5th the patient, who had repeatedly asked for his discharge absconded. He was, however, captured the same night and sent back to the hospital.

On the 7th, beyond a very slight degree of swelling around the ankle and the dorsum of the foot, there was nothing to note. The patient had started work again.

Mr. C. B. Holman Hunt has identified the snake as a *Lachesis* (one of the viperida) almost certainly *Lachesis Borneensis*.

Boulenger in his *Fauna of the Malay Peninsula* says: "Many of the viperidæ are amongst the dangerous poisonous snakes; but the Malayan *Lachesis* have comparatively small poisonous glands, and it has been repeatedly

ascertained that their bite does not produce death in man and large animals. *Lachesis Borneensis* was described from Borneo. It has been re-discovered in Sumatra, and has been found in Perak and Selangor."

The extreme rarity of securing both the snake and the patient in cases of this nature is my excuse for publishing this case.

A READILY MADE SPLINT FOR COMPOUND FRACTURES OF THE FEMUR AND THE BONES OF THE LEG.

BY W. R. J. SCROGGIE,

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Indian Expeditionary Force "D".

THE splint under description—combining some of the features of a Thomas' knee splint and a Hodgens'—has nothing original to offer but merely has the merit of being cheap and easily put together by an average carpenter.

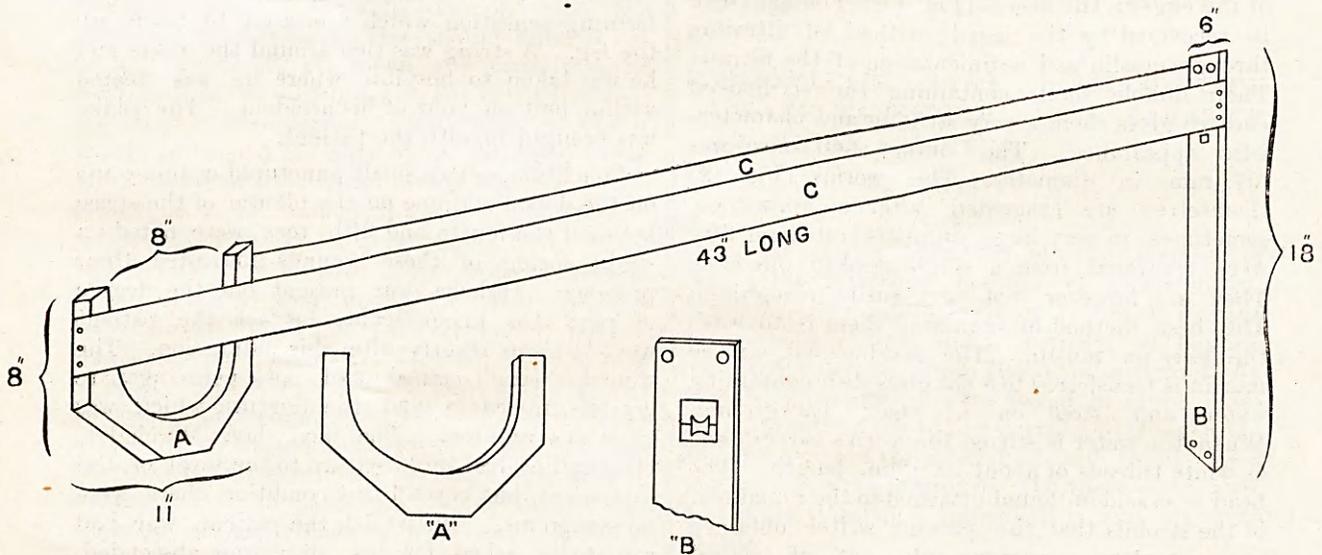
The injured limb is suspended between the longitudinal sidebars in a trough formed by pieces of strapping fastened to them. Wherever

The patient is unable to lessen the extension by approaching the foot-piece owing to his inability to slip through the notch of the buttock-piece when the opening of the notch has been strapped.

The extension is not interfered with when the patient with his splint is moved on a stretcher—an important matter when many moves from one hospital to another have to be endured.

DESCRIPTION OF SPLINT.

"A" = Buttock-piece. A stout dealboard $1\frac{1}{2}$ " thick, 11" wide and 8" in height in which a notch has been cut, having a width of 8" at its base. The interval between the bottom of the notch and the base of the buttock-piece is 3", or less in thin patients. The width at the free ends of the pillars of the notch is $1\frac{1}{2}$ " but this width can be reduced if stronger wood is used. The side-pieces are nailed 1" from the upper ends of the pillars of the notch. The angles at the base are cut off to enable a bedpan to be placed more readily beneath the patient.



the wound may be the strapping is omitted so as to allow ready access to it.

An ordinary extension stirrup is applied to the leg and the foot-piece of the stirrup is fastened to a weight by means of a string passing over an ordinary reel acting as a pulley fixed in the vertical foot-piece of the splint.

The thigh rests in the padded notch of the buttock-piece and the ischial tuberosity is brought to bear on its superior surface which has also been padded and the whole protected by mackintosh sheeting.

The perineum just escapes pressure owing to the difference in level between it and the ischial tuberosity.

"B" = Foot-piece. A plank $\frac{3}{4}$ " thick, 6" wide and 18" long, has 4" from its upper end a window cut into which an ordinary cotton reel is fixed by a nail. The highest part of the barrel of the reel should be about on a level with the lower border of the side-pieces. Holes are drilled at the four corners for fastening the foot-piece to the bedstead. The side-pieces are nailed 1" below its upper end.

"C" = Side-pieces. Two pieces of board $\frac{1}{2}$ " thick, 3" wide and 43" long are nailed on each side of, and at an angle to, "A" and "B," the latter pieces being in the vertical plane with their bases resting on the bedstead.