

An interesting point of the case is the fact that the man's mental condition has greatly improved, but I think it is merely a temporary improvement.

A CASE OF RECOVERY AFTER BITE BY A RUSSELL'S VIPER.

By K. V. RAJU,

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C. A., a watchman, was bitten at 7 P.M. on the 29th December 1925, by a snake, on the right ankle which was bare at the time, and his friends brought him to hospital for admission. They also killed the snake which bit him, and brought it for identification. The snake was a Russell's viper, 2½ feet in length.

The patient was admitted some 15 minutes after having been bitten. His condition on admission was anything but cheerful, as he was terrified of impending death. His friends, one and all, had collected around the patient and sympathised with him on his fatal misfortune, so that he was far from optimistic. Major Acton, in his lectures on snake-bite, used to say that some deaths from snake-bite were due solely to fear and shock, and with this comment in my mind, I tried to reassure the patient that the snake was not a lethal one, but he refused to be comforted.

On admission, he complained, amongst other matters, of acute pain in the part bitten—the right ankle,—tingling throughout the right leg, heaviness of the same limb, a sense of suffocation, an urgent inclination to vomit, and a fluttering sensation in the chest. His body was cold and clammy; temperature 98°F., pulse 74—but feeble, respiration 13 p.m. He also complained of dryness of the tongue and thirst.

Having identified the snake, I immediately injected 35 c.c. of Kasauli antivenene intravenously. Locally at the site of the bite, I made a deep incision into the part bitten—which shewed clearly three fang puncture marks,—and cauterised the part with pure carbolic acid. The part was then bandaged.

At 9-30 the same evening the patient was better in every way, but complained of extreme pain in the back and shivering; his temperature had risen to 101°F.,—probably as a result of reaction from shock. The subsequent course of the case was as follows:—

30th December.—Has slept well. Right ankle still very swollen and painful. Wound clean. Some fever—101.2°F.—present, with accelerated pulse, 112.

31st December.—Much improved. As he has now survived 36 hours after the bite, his outlook is much more optimistic. Ankle still swollen and with a sanious discharge. Saline dressings applied.

1st January, 1926.—Very much better; discharged from hospital, and subsequently seen as an out-patient. Can now limp.

2nd January to 6th January.—Was seen each morning in out-patients, and walks daily half

a mile to and from the hospital. Wound healthy, but the ankle is still swollen.

7th January.—*Lotio plumbi subacetatis* dressings applied.

9th January.—Wound completely healed. The patient is now completely cured.

REMARKS.

(1) The immediate administration of antivenene intravenously appeared to have been an important element in his recovery; a second dose was not indicated, on carefully watching his symptoms.

(2) The local swelling and oozing of hæmolyzed blood was a marked feature of the case,—presumably owing to the thrombotic and hæmorrhagic action of the venom. *Pain* was a marked feature of the case. No subsequent gangrene was evident.

(3) The early symptoms were those of shock, probably due to fright and not to the action of the venom.

(4) Although three fang puncture marks were clearly visible, it is not certain that the viper had given a lethal dose of venom. On the other hand, the *immediate* administration of antivenene intravenously may have helped to save life. Had the patient been seen after a longer interval, a much larger dose of antivenene would probably have been required.

In conclusion, I desire to express my thanks to Dr. R. J. Dyson, District Medical Officer, for kind permission to publish the notes on this case, and to Dr. N. G. Rao, my colleague, for assistance with the patient.

A MURDER UNDER INSANE HALLUCINATION.

By DR. SARASI LAL SARKAR,

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THE modern development of psycho-pathology has revolutionised our former conceptions about insanity. The modern, present-day and intensive study of insane acts discloses the fact that terrible crimes, such as murder, are not really the motiveless acts that they often appear to be. The motive is there, but buried in the sub-conscious mind. The following case illustrates this:—

A young Sonthal, by name Supol, was brought to the Noakhali sub-jail for murdering in the street, without any apparent motive, a young Mahomedan boy, who was entirely unknown to him, and whom he then saw for the first time in his life. On examination, his general health was good, and there was no evidence of any organic or nervous system disease. His general demeanour, however, was that of a very absent-minded person, with vacant look, unconcerned as to his surroundings, yet answering questions truthfully, straight-forwardly and without circumlocution. From his confession made in court it appeared that the murder was entirely without

motive, that there was no attempt at concealment, no accomplices, no premeditation, and no repentance for the act, although a voluntary confession of the facts was made. The whole trend of the confession, in brief, shewed that the murder was committed in a fit of insanity.

An examination of the family history of the prisoner, however, threw a very full revelation upon the causes for the murder. His mother had four children, of whom the accused and a younger brother alone survived. After his father's death, she married Fudan Manjhi, a widower with one daughter and one son. The accused took a most intense dislike—even hatred—to this new step-brother. His mother now gave birth to a daughter, who died, as also did her second husband. She now absconded with a third mate, leaving her children at large and entirely uncared for.

The children were taken over by a brother of the second husband, a step-uncle, with the exception of the accused's younger brother, who was taken over by an aunt. The accused took refuge with a third person, Kanah Manjhi, who agreed to feed him in return for his carrying out household duties. Growing up in a casual and uncared for and random way, he drifted finally into the household of one, Raghu Manjhi, and when a youth became enamoured of a girl named Pendo, whom he used to visit stealthily at nights.

He was caught by the parents of the girl one night and compelled to marry her; also to furnish a dowry upon marriage, which he could ill afford.

He now went to live in his father-in-law's house, but soon quarrelled seriously with his relatives-in-law, especially with a young brother-in-law, aged about 12, and even with his wife. Fierce inter-family quarrels led to his being expelled from his house, and a threatened appeal to the police. He now became a wanderer at large.

A few days subsequent to this, he stated that he had a dream. "Mother Kali came to me in the night and told me to kill a man, and then go to Harishbhandrapur, where I will be a king there." The next morning he went out, committed the apparently motiveless murder, and when arrested by the police, explained that he was a king, with the powers to impose punishment.

In brief, the history of the patient's mental life reveals the causes underlying the motiveless murder. In his boyhood we have the intense hatred of his young step-brother, interfering with his affection for his step-sister. Later in life, hating his young brother-in-law and dispossessed of his wife, he was led in the realms of fancy to an imaginary exalted position in which he could be superior to all obstacles. Threatened with being made over to the Harishbhandrapur police, he became in fancy a king of the same place, with authority superior to that of the police. The Kali dream suggested the necessity to prove that authority; whilst his previous hatred of his step-brother and his brother-in-law,—both boys

—indicated that a boy of about that age should be the victim. The murder was, in effect, the satisfaction of a suppressed desire. It is curious that the accused told me that, when he went out armed with a sword to commit murder, the first person whom he met was an adult male, but that he left him alone. On meeting the murdered boy, he thought that the victim had been sent by the villagers as a sacrifice to his overwhelming authority.

The case illustrates the sub-conscious train of thought which led up to the act. That the patient was insane at the time when he committed the murder, I have no doubt at all.

A CASE OF TUBERCULOUS PNEUMONIA.

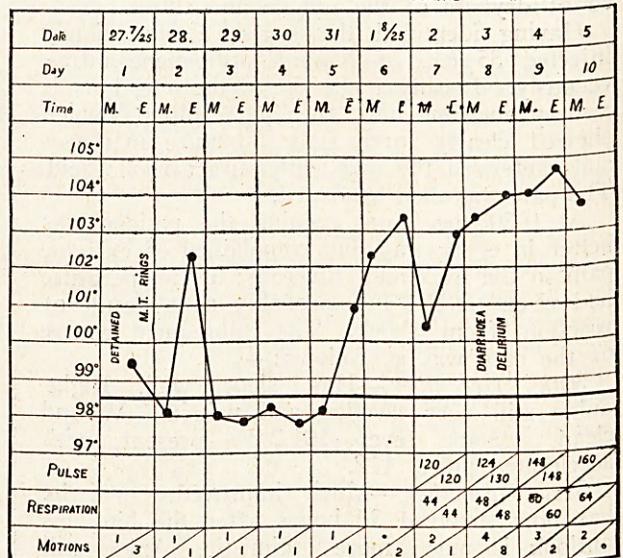
By V. N. DEUSKAR, L.C.P. & S., I.M.D.,
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THE temperature chart shewn herewith is that of a strong, well-built Moplah prisoner admitted to Haddo Hospital on the 28th July, 1925, with malignant tertian malaria, subsequently complicated by pneumonia from which he died. The interesting features of the case were:—

- (1) Total absence of cough.
- (2) Total absence of all physical signs in the lungs, which appeared to be absolutely clear till the last.
- (3) Absence of "rusty" sputum and of hæmoptysis.

TEMPERATURE CHART.

No. 45785.
Name . Toran Moideen.
Age . 33-Years.
Date of arrival in Port BLAIR 25¹⁰/₂₂
Date of Admission 28⁷/₂₅
Result Died 5⁸/₂₅
Previous Admissions to Hospital:-
M.T. Malaria. I.
B.T. Malaria. I.
Infestinal Toxæmia I
Pneumonia .



I may add that I have occasionally met with cases of pneumonia where physical signs in the chest were wanting, but never previously with one where cough was also totally absent. The case was definitely diagnosed as one of pneumonia on the seventh day after admission from the