Glucose-tolerance tests during convalescence (fig. 2) show that, as the patient slowly improved, the blood-sugar levels were measured for four hours (curve for Dec. 18, 1943, in fig. 2). The blood-sugar level rose slowly for three hours, and then began to fall very slowly.

In advanced starvation sugar-tolerance curves showed: (1) pulse and thinned-out small intestine with patchy denudation of mucosal epithelium and submucous hemorrhages; (2) shrinking of the liver; (3) diffuse with wide intercellular spaces and interference with the staining reactions of the liver tissues (hematoxylin and eosin); and (3) fewer cells in the islands of Langerhans and a few foamy cells. 

Kosterlitz (1947) obtained similar findings in the liver of experimentally starved rats.

**SUMMARY**

In an investigation of 407 cases of slow starvation in the Bengal famine of 1943-45 not complicated by any disease, blood-sugar levels were found to be very low, but there was no symptom of hypoglycaemia.

In advanced starvation sugar-tolerance curves showed a slow absorption and excretion.

As convalescence proceeded, the curve returned towards normal, and the initial blood-level became higher.
Patients remain reclined for at least an hour after each session, or until they awaken.

**Types of Cases Treated**

All the patients treated were either voluntary or certificated inmates of a county mental hospital. Numerous outpatients have also been treated but are not included in the results, since they do not give comparative figures of treatment days. Similarly, patients who have received treatment by both methods have been excluded.

The patients treated were aged 10-74, and 110 additional patients still exhibiting acute symptoms immediately after treatment were treated again within an hour, and this usually produced a satisfactory response, but occasionally a third treatment on the same day was required.

The risk of fracture seems to be less with the new technique than with the old. More than 300 patients have received treatment by the new technique, and more than 1500 individual treatments have been given, without fracture or dislocation.

**INTERPRETATION OF RESULTS**

The group schizophrenia includes all schizophrenic types. Cases of manic depressive psychosis are classified under the headings "melancholia" or "mania" according to the phase they presented at the time of treatment. Relapses were likely during this period.

With the new technique, in the group of female melancholeias 45 (72%) relapses occurred in 68 cases. With the new technique the convulsion produced in older persons could undoubtedly be discharged from hospital earlier. Of cases of melancholia about 25% did not respond to the old technique, whereas only 11% did not respond to the new. There were 8 patients with melancholia who had received new e.t. at other hospitals without apparent improvement and subsequently responded to the new technique.

The use of fascia strip facilitates repair-by its breadth and two weeks after a remission of symptoms by the old and new methods respectively. The relapse-ratio has therefore been reduced by about half, and since they take place on the average two weeks after a remission, patients could undoubtedly be discharged from hospital earlier.

**LOCAL FASCIAL REPAIR OF FEMORAL HERNIA**

M. Nash, M.D., F.R.C.S.

**TYPES OF CASES TREATED**

The table shows that the average number of treatments received per patient in each group of cases has been about halved by the new technique. Similarly the average number of days under treatment by each patient is also halved. No figures are available for the groupsmania, puerperal, and hysterical by the old technique. There is little difference in the number of days patients remained in hospital. This is because patients have been encouraged to remain in hospital for at least four weeks after their last treatment, and it was believed in the past that relapses were likely during this period.

With the old technique, in the group of female melancholies 45 (72%) relapses occurred in 68. With the new technique the old technique than with the old. More than 400 patients have received treatment by the new technique, and more than 1500 individual treatments have been given, without fracture or dislocation.

**LOCAL FASCIAL REPAIR OF FEMORAL HERNIA**

M. Nash, M.D., F.R.C.S.

**TECHNIQUE**

The use of fascia strip facilitates repair by its breadth and two weeks after a remission of symptoms by the old and new methods respectively. The relapse-ratio has therefore been reduced by about half, and since they take place on the average two weeks after a remission, patients could undoubtedly be discharged from hospital earlier.

Of cases of melancholia about 25% did not respond to the old technique, whereas only 11% did not respond to the new. There were 8 patients with melancholia who had received new e.t. at other hospitals without apparent improvement and subsequently responded to the new technique.

Patients with acute mania improved rapidly, and none required longer than forty-eight hours in a protected room.

**LOCAL FASCIAL REPAIR OF FEMORAL HERNIA**

M. Nash, M.D., F.R.C.S.