

- ³ Mason ML, Koch SL. Human bite infections of the hand, with a study of the routes of extension of infections from the dorsum of the hand. *Surg Gynecol Obstet* 1930;51:591-625.
- ⁴ Shields C, Patzakis MJ, Meyers MH, Harvey JP Jr. Hand infections secondary to human bites. *J Trauma* 1975;15:235-6.

(Accepted 12 February 1980)

Prince of Wales Orthopaedic Hospital, Rhydlafar, Cardiff
T R PARKINGTON, FRCS, senior registrar

Department of Traumatic and Orthopaedic Surgery, Welsh National School of Medicine, Cardiff Royal Infirmary, Cardiff
K J J TAYTON, FRCS, senior lecturer

Full moon and poisoning

Acute poisoning is unusual among diseases in having an extremely short incubation period; patients or their relatives seek medical advice usually on the same day that the poison has been taken, and the time of poisoning can be established easily. In India the day of full moon, when the earth lies between the sun and the moon, is called "purnima." The relative positions of the sun and moon on this day are such that their gravitational forces on the earth act almost in a straight line, causing higher tides.¹ Water constitutes 50-60% of the body weight of humans. Possibly, as with sea water, body water might also generate some sort of tidal wave that increases on purnima days. These "human tidal waves" might cause physical, physiological, or biochemical changes in the body. The brain might also be affected by the process. As well as other factors that influence an individual to take poison, this phenomenon might affect the incidence of poisoning on purnima days. We undertook a study to investigate this.

Methods and results

We analysed all cases of acute poisoning admitted to the medical ward of Patna Medical College Hospital from January 1976 to December 1979. The dates of purnima days were taken from the Gregorian calendar and the number of cases of poisoning admitted on these days recorded (table). By subtracting the number of cases admitted on purnima days from the total number of cases the number of cases admitted on non-purnima days was obtained. Frequency distributions were calculated to show the number of cases of poisoning admitted per day for purnima and non-purnima days. Appropriate statistical analysis was done and significance assessed with Student's *t* test.

Forty-nine purnima days occurred during the study period, and 45 cases of poisoning were admitted on these days. No cases, one, two, and three cases per day were admitted on 16, 23, eight, and two purnima days respectively. The total number of non-purnima days was 1412 and the number of cases admitted on these days 796. No cases, one, two, three, and four cases of poisoning per day were admitted on 836, 419, 109, 33, and 15 non-purnima days respectively. The increased number of cases of poisoning admitted on purnima days as compared with non-purnima days is significant (0.001 < *p* < 0.005).

Comment

The impulse to take or give poison may be increased on purnima days owing to increased "human tidal waves." As the incidence of

poisoning is significantly increased on purnima days the incidence of other diseases may be similarly influenced. Other diseases are hard to study in this way, however, since an accurate time of onset is difficult to obtain retrospectively. Owing to causes that are not fully understood the heights of tides in different parts of the ocean are different¹; likewise, increases in the incidence of poisoning on purnima days may be different in different parts of the world.

We are grateful to Dr R Sharan, superintendent, Patna Medical College Hospital, for permission to collect and analyse the data, and also to the staff of the registrar's office for their help.

Requests for reprints should be addressed to: Dr C P Thakur, Patna Medical College, Patna-4, India.

¹ Monkhouse FJ. *Principles of physical geography*. 7th ed. London: University of London Press, 1971:363-70.

(Accepted 29 May 1980)

Department of Medicine, Patna Medical College, Patna, India
CHANDESHWAR PRASAD THAKUR, MD, FRCP, associate professor of medicine
RAM NARESH SHARMA, MB, BS, postgraduate student
Department of Statistics, Patna University, Patna
HAFIZ SHAH MOHAMMAD QUARBAN AKHTAR, MSc, reader

The man who had not slept for 10 years

We report the case of a man who alleged that he had not slept for one single night since 1970.

Case report

The patient was a middle-aged man who had been in a road accident. After momentary unconsciousness he drove for three hours. He saw many doctors, complaining of headaches, difficulty in concentrating and in walking, and a total lack of sleep. Barbiturates, Mandrax, tranlycypromine, and clomipramine were prescribed. In 1974 he spent three weeks in the National Hospital, Queen Square, London, where his gait and visual difficulties were considered functional. A computerised axial tomography (CAT) scan suggested mild cortical atrophy (as did another in January 1980), but psychological testing showed no deficit. The clinical notes remarked: "disagreement with nursing staff over sleep pattern." After seven years of litigation he received £12 000 and costs, and, aided by continuing benefits, he stayed off work, exhausted through lack of sleep.

In August 1979, while staying in Edinburgh, he spent two consecutive nights in the sleep laboratory. His electroencephalogram (EEG) showed only occasional drowsiness. We did not know if he slept by day. In January 1980 he and his wife returned and were given a twin room. He declined to join ward activities, but found that his temperature was to be taken hourly. Unwisely, we allowed three hours in the evenings without close supervision. He did not sleep the first night, but on the second he slept from 6.20 am for 20 minutes until wakened. We learnt that his wife had stayed awake with him until 6 am. By the third day he was refusing to spend the night again with electrodes on his head, but after the three evening hours he was again cheerful and co-operative. Each self-registered temperature for those hours had been identical. He did not sleep that night. On the fourth day his speech was slurred and rambling, there were visual misinterpretations, he

Dates of purnima days according to Gregorian calendar, and numbers of cases of poisoning admitted on these days during 1976 to 1979

	1976		1977		1978		1979	
	Dates of purnima days	No of cases	Dates of purnima days	No of cases	Dates of purnima days	No of cases	Dates of purnima days	No of cases
January	17	0	5	1	24	1	13	0
February	15	0	4	1	23	0	12	1
March	16	1	5	0	24	2	13	1
April	15	2	4	1	23	0	12	1
May	13	1	3	2	22	0	12	1
June	12	2	1	3	20	2	10	0
July	11	1	{ 30 1 }	{ 0 1 }	20	1	9	1
August	9	0	28	1	18	2	8	1
September	8	2	27	1	16	1	6	1
October	8	3	26	0	16	0	5	0
November	6	1	25	0	14	1	4	1
December	6	1	25	0	14	0	3	2