

## CLINICAL MEETINGS

Extract from Address by Chairman Dr. B. B. Singh at the first Clinical Meeting in the auditorium of New Surgical Block of Bir Hospital on 4th December, 1968 (19/8/025).

Friends,

It reminds me how we first started our medical gathering in a bungalow at Seto Durbar where we were allowed to hold Nepal Medical Association functions by our benefactor the late Gen. Sura Shumsher J. B. Rana, in the year 1957. The late Dr. Siddhi Mani Dixit spoke on Typhoid and its treatment; Dr Stannard of Shanta Bhawan Hospital described his 12 years of experience of Cholera in China; Dr. S. C. Halder spoke on Hypertension; Dr. N. D. Joshi described eye cases and I discussed Accidents in Anaesthesia. In this way we continued the medical gatherings for a few years after which there was a lull for two years. After this these medical gatherings were restarted at the Eye O.P.D. of the old building of Bir Hospital (now Nurses Training School) and later on shifted to the ground floor of the same building. At present Dr Bhim Bahadur Pradhan, Superintendent, Bir Hospital has been kind enough to allow us to use this beautiful hall for holding our medical gatherings.

Old is gold and I suggest that our records be kept properly.

(N.M.A. used to finance these clinical meetings—Ed.)

×

×

×

The following Inter-Hospital clinical meetings were held at Bir Hospital on 9th April (27th Chaitra 2025) and 16th April (4th Baisakh 2026)

These meetings were financed by Sajha Swasthya Seva.

**9th April:** Chairman: Dr Mack., F.R.C.S. (C) (United Mission Medical Centre)

- 1) Dr A.K.Sharma F.R.C.S. (Ed) showed a case of fusiform abdominal aneurysm in a male, 69 years old. Plain X-ray abdomen did not show calcification.

Dr. Brown, an American surgeon with special interest in Chest and Paediatric surgery, who was on a brief working visit to the United Mission Medical Centre, commenting on the case said that because the case showed lateral expansion, it was an aneurysm and not a tortuous aorta. Aorta was pulsatile below the aneurysm and the case also had an aneurysm of right femoral artery.

Speaking in general about abdominal aneurysm, Dr Brown said the mortality of operation was 50% in emergency cases and 3% in non-emergency cases. Presence of calcifications meant that operation was not urgent. Aortography would not be helpful but I.V.P., to see if the renal artery was involved, was indicated. In reply to a

question, Dr Brown said that in his experience of a few hundred cases, he did not come across any syphilitic aneurysm of abdominal aorta.

- 2) Dr V.R. Dali, M.S. (Delhi) presented a female 45 years old with a large soft, non-tender mass in right lumbar region who had a history of haematuria and pain over the lump for 5 years, without renal colic. Plain X-ray abdomen showed calculi in region of right kidney and left ureter. I.V.P. - both kidneys were nonfunctioning. Right retrograde pyelography confirmed the stone and showed hydronephrosis. Blood urea was 72 mgm%. Dr Dali proposed to remove the left ureteric stone first so that the left kidney would start functioning first, before tackling the right kidney.
- 3) Dr Shyam Bahadur Pandey (M.B.B.S.) and Dr Mrigendra Raj Pandey DTM&H MRCP (Ed.) discussed a case of complete heart block with Ventricular tachycardia which had been treated by xylocaine drip. ECG of the case was shown but the patient could not be brought to the meeting.

16th April: Chairman Dr Y.B. Shrestha D.C.H. (Eng), MRCP (Ed) MRCP (Glasg) (Kanti Hospital)

- 1) Dr B.P. Sharma, D.P.M. (England) brought from that morning's outpatient a male 40 years of age with facial pain in the distribution of maxillary and ophthalmic branches of the left 5th nerve, who gave a 10 days history and had been found to show impairment of sensation (touch) in the region of pain. The pain came every 45 minutes or so, lasting for a few minutes and had no trigger point. He had right-sided Bell's palsy 3 years ago and still had some weakness. Drs M.R. Pandey, S.K. Pahari and D.N. Gongol took part in the discussion and Dr A.K. Sharma pointed out that the Chorda Tympani was also involved.
- 2) Dr Shyam Bahadur Pandey, Dr S.K. Pahari, D.T.M.& H, M.R.C.P (Edin) M.R.C.P. (Glasg). and Dr Moin Shah F.R.CS (Eng) F.R.CS (Glasg) F.R.C.S (Edin) together presented a man 25 years of age who had right sided amoebic empyema with recurrent haemoptysis and an enlarged liver and also gave a history of amoebic dysentery.

Report of this case will be published in JNMA as a postscript to Dr Pahari's article "Unusual Presentations of Amoebiasis" which is published elsewhere in this issue.

- 3) Dr D.N. Gongal M.S. (Bomlay) showed X-rays of a case of pyloric stenosis whose antrum of stomach showed multiple acute ulcers after removal. The specimen was shown and there was a discussion about whether the patient may be having a Zollinger-Ellison Syndrome.

×

×

×

( Rapporteurs are needed for reporting future Clinical Meetings for the JNMA.)

— Editor.

---

IT PAYS TO **ADVERTISE IN JNMA**