crucial in the primary-care setting, which is not usually addressed in undergraduate training in tertiary-care hospitals.

One of the limitation of this study was the lack of data on previous history of a systemic reaction to hornet, wasp, or bee sting, which is a serious risk factor for developing anaphylaxis with a second sting.² This study is based on observations from a single hospital. A multi-center study would provide a complete epidemiological profile of hornet stings in Sri Lanka.

In conclusion, this study shows that the burden of hornet stings in rural Sri Lankan settings could be as large as 9.6% of total admissions and the anaphylaxis reactions to hornet stings are not rare. Proper training of primary healthcare physicians on managing anaphylaxis and availability of emergency drugs are essential in this setting to prevent life-threatening situations.

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Out of Body Experiences

To the Editor:

In the Wilderness Essay “Out-of-body experience in the Karakorum,” Avinash Aujayeb relates his experience.¹ He rightly mentions Joe Tasker, lost on the northeast ridge of Everest in 1982. From my “Words from on High” collection of quotations, there are scores of mountaineering authors who have reported out-of-body vignettes. Tasker was the best, poetically encapsulating the medical problem that Aujayeb and others felt²:

I would snap out of this delusion, to realise that I had to keep control of my imagination, that tiredness combined with the altitude and hunger were inducing hallucinations, then I would be caught up in them again, an observer, not a participant, my mind roaming independently of the automaton movement of my limbs.

Then there is this light-hearted one from Raymond Greene³:

A rather elderly porter named Kipa who was convinced that he had died at Camp VI and was brought back to life by a sharp kick on the behind followed me about the camp, in his eyes the adoration of one who has been restored to life by an effective if somewhat indelicate miracle.

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