

cing above at the margin of the 9th costal cartilage, and extending downwards towards the right pubic spine.

The tumour was found adherent to the adjacent part of the abdominal wall, and an incision was made into it through this adherent area.

This incision was then enlarged downwards as far as required, and the cyst wall drawn forward by means of two sutures one on each side of the incision, and then by placing my hand inside the cyst the whole of its contents were evacuated.

The interior of the cyst was well douched with boric acid lotion. Two large drainage tubes were introduced and fixed in position, and the wound dusted with iodoform and boric acid and covered with absorbent dressing.

After-treatment.—The after-treatment consisted of frequent washing out of the cyst cavity with some antiseptic solution, and the maintenance of most absolute cleanliness and perfect drainage.

The obliteration of this large cavity has been necessarily a very slow process, and for several days afterwards many pieces of the bile-stained cyst wall and ruptured vesicles continued to escape.

With proper management and good nursing, however, under Miss McNeil's careful supervision, it has now almost closed up and the patient feels and eats well.

Remarks.—The cyst contained numbers of translucent thin walled vesicles (daughter cysts)—many of them as large as a turkey's egg and a large quantity of hydatid fluid—in all about eight pints.

Some of the daughter cysts were ruptured, and deeply stained with bile.

Many hooklets were found in the hydatid fluid.

The hernia-like protrusion, seen on first examination of the tumour and before operation, was found to be one of the hydatid vesicles—daughter cysts—that had protruded through a thin part of the cyst wall.

DEATH FROM SNAKE-BITE.

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A HINDU girl, aged 12 years, was admitted into hospital at 11-30 P.M. on August 9th, 1902. She was brought from a village five miles away, and the history of the case is as follows: "At about 9 P.M., *i.e.*, two and a half hours prior to admission, she went into a back room of her father's cottage to fetch a cake of cow-dung, and while taking one off the heap, something bit her on the right thumb. Her father ran in with a light and then saw a snake crawling

away, he afterwards pointed out the Bungarus Fasciatus, from among a series of plates of poisonous snakes hung up on the hospital walls as being similar to the snake which had bitten his daughter. A ligature was applied to the wrist of the girl about quarter of an hour after she received the bite, but this was subsequently removed by herself on her way to the hospital. Upon her arrival at the hospital 40 c. c. of Calmette's antivenine were injected into the flanks, and free incisions made into and around the fang marks, which were two well-marked punctures on the dorsal aspect of the first interosseous space, a solution of chlorinated lime was injected into the tissues round the wounds, hot coffee was administered and warmth applied to the extremities. She was perfectly conscious the whole time, and when I saw her at 2 A.M., her condition was as follows: Eyes were sunken, expression anxious, great restlessness, every minute or so throwing her arms above her head and turning from side to side; she answered questions, her speech being rapid and jerky, knee-jerks normal and no paralysis; she complained of slight pain at the site of the bite only. Breathing was rapid, shallow, thoracic in type, 42 per minute and every sixth inspiration or so was slow and long drawn out. Pulse was small and rapid, readily compressed, and 170 per minute. Heart sounds were distinct and clear, though weak; no increase of dullness, apex beat could not be felt. No enlargement of spleen or liver, tongue was dry and coated, and there was occasional vomiting. Temperature in axilla 97° F. and in rectum 103° F.

With the exception of the four fingers the whole of the right hand, arm and breast were tensely swollen, the upper limit of the swelling being well defined by the line of attachment of the pectoralis major and deltoid to the sternum, clavicle and scapula. The swelling was hard, tense, cold to the touch, and did not pit on pressure. Beyond a slight trickling of lake coloured non-coagulable blood from the incisions, there was no hæmorrhage. The girl gradually became more restless and died suddenly at 2-30 P.M.

The noticeable points in the case are the difference in the temperature in rectum and axilla; the localised nature of the swelling and the type of respiration; on the whole, the symptoms point to an action of the poison on the circulatory rather than the central nervous system, and are similar to those resulting from severe hæmorrhage. Probably in this case the effect produced by the poison was disorganisation of the blood corpuscles, leading to some alteration in the walls of the capillaries, thus giving rise to a "serous" hæmorrhage into the tissues; the symptoms are more similar to those of the second group of daboia intoxication, as described by Captain Lamb, I.M.S., than to those of *krait* poison.