

not generally such as to allow them to carry on research for the love of it ; nor have we any munificent foundations under the auspices of which select students can devote themselves to research work without at the same time having to earn their own livelihood by other work. In this connection, I am happy to report that the Government is instituting a research into the value of indigenous drugs. We are sometimes told that the average western doctor is not in sympathy with indigenous medical science : nothing can be farther from the truth. The man of science knows no distinction between eastern and western science ; but is willing to take advantage of whatever good he finds in either. What the western doctor insists upon—and rightly so—is that all things should be proved before they are accepted, that nothing should be believed on mere authority, and that blatant quackery which does so much mischief in India should be exposed and replaced by that which is proved by experiment to be true and useful. The western doctor has already taken a number of the indigenous drugs of all countries into his pharmacopœia, and nobody will be more glad than he if the research contemplated bears fruit in this direction. Before any real advance in this direction can be taken it will be necessary to found a chair of experimental pharmacology in Madras and to import a specialist trained in pharmacological chemistry to investigate the active principles of any indigenous drugs that appear to be of real value.

The Madras Medical Registration Act.—It was with a view to a wholesome disciplinary control over the practitioners of the western system and to discourage quackery that the Madras Medical Registration Act (Act IV of 1914) was brought into being. There have been some misunderstandings regarding the object and working of this Act, but they are already disappearing, and I have no doubt that the Act has a great future before it, in giving a standing to the medical profession, and in conserving those ethical traditions for which in the west it is justly famous. One feature of a pleasing kind that has already made itself manifest is the better understanding produced between the official and non-official sections of the medical profession in South India.

The Medical Services.—It is my pleasing duty to place on record my high appreciation of the way in which the members of the Madras Medical Service have worked in face of the situation caused by the war. All but sixteen Indian Medical Service officers were reverted to military duty, twelve of whom were working in the city, three were in administrative charge of the Vizagapatam, Madura, and Nilgiri districts, and one was at the Pasteur Institute. Leave out of India for the Indian Medical Service has been stopped, and the only way leave in India could be got was by some other officer doing double work so as to let his comrade have much-needed rest. Many have had to do double work under these trying conditions. One retired Indian Medical Officer re-entered is working in the city, while two others are acting as District Medical and Sanitary Officers, Kistna and Coimbatore districts.

Correspondence.

A SNAKE BITE (COBRA) CASE.

To the Editor of THE INDIAN MEDICAL GAZETTE.

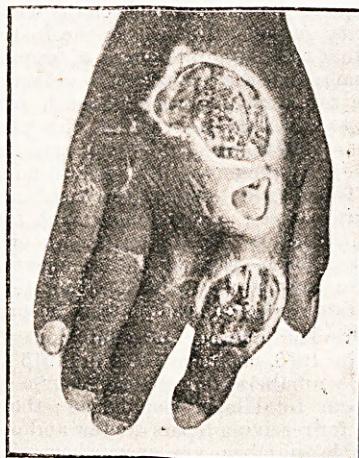
SIR.—The following case is worthy of record :—

Name.—Singaram, age 25, Dhoby.

History.—On Friday (5th October, 1917) at 11 A.M., whilst working at a fence the patient felt a pricking sensation and saw some drops of blood on his forefinger. Almost immediately he recognised he had been bitten by a snake which was lying coiled with head up and hood expanded. With the assistance of his brother and friends the snake was killed and a

ligature was put around his wrist. He felt a peculiar tingling along the finger up to the wrist before the ligature was applied. He then walked a short distance to a tree under which he sat. A local expert arrived and prayed over him and then squeezed out some black blood. He lay down till 6 P.M. ; when the ligature was removed, he walked to his house about 50 yards away. All that night he felt feverish and restless, and the numb sensation extended up the whole arm. The next morning the arm was swollen up to the elbow, the feverish symptoms still persisted, and he vomited again as he did the evening before. His bowels were opened and he passed urine. That night he went to the Tamil theatre on the advice of friends. On returning he tried to sleep but could not owing to the pain. On Sunday morning as the arm appeared more swollen he came into hospital.

Condition on Admission.—Well-developed, intelligent adult, pulse 76, temperature 98°. Index finger of right hand swollen, whole of dorsum and forearm in the same condition, apparently very painful on pressure. Two definite puncture marks with beads of crusted blood to mark them could be



plainly seen on the under finger. A peculiar blackish discoloration on the finger and of the hand dorsum due to an extravasation of blood was well marked.

Progress.—The œdema rapidly disappeared ; but the finger and dorsum showed definite areas of sloughing which were removed on the 10th day after admission. As the extensor tendon of the index finger was involved in the process the resulting stiff finger was expected.

Complete healing took place about 2½ months after admission.

Remarks.—The snake 30" long was identified by Mr. C. Boden Kloss, Acting Director of Museums, as a young cobra (Naga Tripudians Merrem). Whether the recovery of the patient was due to an incomplete dosage, or the immaturity of the cobra, is a matter I am not prepared to express an opinion on.

Authentic cases of this nature are of very rare occurrence in this country and when associated with recovery appear to justify publication.

Yours, etc.,
P. H. HENNESSY.

CASE OF TOXÆMIC JAUNDICE.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—Maung Po Tin, age 32, Burmese male, a cooly by profession, was admitted into the Bassein Civil Hospital in a moribund and semi-conscious condition on 24th August, 1917, suffering from characteristic yellow tinge of eye-balls, conjunctiva, tongue, lips, teeth, in fact of the whole body ; looseness of bowels and vomiting of blood, weakness and slight fever of about 10 days' duration.

Past History.—The man who brought him, in a dooly, said that the patient came about a month ago from Yenangyaung to Bassein in search of work, and while he was working as a cooly he got this attack. So far as can be ascertained there was no history of malaria or syphilis ; nor was he addicted to any drug habit, either opium, alcohol, or cocaine.

Present Condition.—Is unmarried. The patient appears a well-nourished subject, though thin at present ; eyes, face,