

it is natural to assume that it has compressed the nerve.

The following quotation from 'The Elements of Surgical Diagnosis' by Dr. Gould supports this contention. 'Injury of the spinal accessory nerve shows itself in paralysis of the sternomastoid and of the cervical part of the trapezius'.

VIPER SNAKE BITE: TREATMENT AND RECOVERY

By C. R. CHETTI
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A HINDU male, aged eighteen, a gardener, was bitten by a yellow-spotted viper at 3 p.m. on the 2nd January, 1932, about three inches below the left knee on the outer aspect of the leg.

History.—He was bitten while cutting grass and was brought to me at about 3-30 p.m.

Condition on admission.—The patient was unconscious, pulse feeble, respirations hurried and 48 per minute, body and extremities fairly warm and perspiring freely. Pupils—dilated.

Treatment adopted.—A ligature was immediately applied above the knee, a few scarifications were made over the bite and potassium permanganate crystals dissolved in a little water was rubbed in and covered by a bandage. Twenty cubic centimetres of antivenin were injected into each median basilic vein. About five minutes after the injection the man recovered consciousness and when questioned he said he did not remember anything after he was bitten by a snake while he was cutting grass in the garden. Apprehending hæmorrhage, I gave him 40 grains of calcium chloride dissolved in two ounces of water internally. About half an hour after the injection his pulse improved and he was able to walk. After keeping him for about two hours he was sent back to his house with instructions to report his condition to me the same evening. A messenger came the same evening and informed me that the patient was passing blood in the stools. The calcium chloride mixture was continued thrice daily and after two days the melæna stopped. The wound was dressed for four days by which time the man had completely recovered.

A CASE OF MELANOMA OF RECTUM

By S. R. INGLE
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Case report

A HINDU male, aged about 45, was admitted to this hospital on 6th February, 1935, with the history that he had been passing loose motions, containing mucus and blood with tenesmus and prolapse for about a month and a half. Prior to this, he was enjoying good health.

On admission, he was found to be weak and anæmic from loss of blood and sleeplessness caused by constant pain. Physical examination of the chest and abdomen was negative. No enlarged glands could be detected. An examination of the rectum revealed a soft, nodular, pedunculated, easily bleeding, painful and tender mass the size of a small orange, springing from the left lateral and posterior wall of the rectum. A similar but a smaller growth could also be palpated just below it. A clinical diagnosis of papilloma was made and the patient was operated on by the civil surgeon on 20th February, 1935, and the tumours were excised. His convalescence was uneventful. He was discharged

'cured' on 2nd March. The Director, Haffkine Institute, Bombay, to whom the growth had been sent for a pathological examination, reported it to be a melanoma.

The rarity of such a condition has prompted the publication of this note.

I can find no reference in the available literature to the presence of such a tumour in the rectum. These neoplasms generally grow from the pigmented areas of the body such as the rete mucosum of the skin, pigmented moles, or the choroid of the eye. Its presence in the rectum may, however, be explained by the fact that melanin is formed in relation to the cells and stroma of certain epithelial tumours, giving rise to melanotic cancer.

I am grateful to the civil surgeon for his kind permission to publish these notes.

A CASE OF SEVERE BLEEDING AFTER TOOTH EXTRACTION*

By M. N. SIRSAT, L.C.P. & S.
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A MOHAMMEDAN aged 35 came to Mokhada dispensary for extraction of teeth on 8th February, 1935. Three teeth were extracted at one sitting and there was unusual bleeding from the socket of the upper right second molar; this was checked with an iodine swab. Early on the 10th of February profuse bleeding started from the same socket and the patient came to the dispensary at about 3 a.m. for admission.

Treatment.—On admission a gargle of potassium permanganate was given and the tooth socket packed with gauze soaked in iodine. This was ineffective so an adrenaline pack was tried and calcium lactate given every half hour but the bleeding continued. A turpentine pack was now tried but without apparent effect as it became soaked in blood and had to be renewed about every half hour. At 5-30 a.m. an injection of morphia and atropine was administered without effect and at 6 o'clock he was given a hypodermic injection of 5 c.cm. of horse serum and the bleeding stopped. The patient slept for about five hours and was allowed some tea to drink, which started the bleeding again.

A pack soaked in tincture of perchloride of iron was now tried but it had no effect, so turpentine was again used and a second injection of 5 c.cm. of horse serum was given. This controlled the bleeding and there was no recurrence until 9 a.m. on the 12th about one hour after the pack was removed from the socket and was not renewed. A fresh pack of perchloride of iron was tried and a gargle of hydrogen peroxide used but without effect, so the socket was again packed with a turpentine swab.

About a year previously I had had a good result with emetine in controlling bleeding from the nose and gums in a case of snake bite, so I tried an injection of gr. $\frac{1}{2}$ of emetine hydrochloride in this case and the bleeding stopped at once.

The next morning the pack was again removed and half an hour later there was a recurrence of the bleeding. The socket was again packed with turpentine-soaked gauze and a second injection of emetine given, and after some time the bleeding stopped and did not recur.

Although the evidence that emetine controlled the bleeding in this case is inconclusive its effect is certainly suggestive.

* Rearranged by Editor.