AN INDIGENOUS TREATMENT FOR SNAKE-BITE.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—The following case of cobra bite presents certain features of interest:—

B. R., male, aged 36, accidentally stepped on a binocellate cobra, some three inches in girth, which bit him on the back of the leg about 4 inches above the heel at 9 p.m. one evening. I saw the patient twenty minutes later, and discovered two puncture marks from the fangs, some three-quarters of an inch apart in that situation. When first seen, the patient showed no symptoms except numbness of the part bitten.

Having no antivenene available, I applied an indigenous treatment which is much in vogue in the Ratnagiri district. The fang marks were well incised and chickens, one after the other, with their anuses well stretched were applied to the site of the bite. The first few chickens dropped down dead within a few minutes. From the 42nd chicken onwards, the patient stated that he could distinctly feel the aspirating action of the chickens. In all 74 chickens died, 12 more were half-dead but recovered in about six hours, and the last 6 lost consciousness but recovered speedily; in all 96 chickens were used. The whole treatment took three hours and a quarter. Most of the chickens died within three minutes. The strongest suckers were hens in their prime. Hens which had laid eggs were quite useless, and young cocks unsatisfactory. Three or four incisions were made at the site of the bite, and from time to time refreshed with the knife.

Cases of cobra bite are generally treated in this way in the Ratnagiri district, and the patients are usually cured if the treatment is begun early enough. This case shows that cobra venom can be sucked out. Those who are in a position to do so, should try whether wet-cupping cannot cure such cases.—Yours, etc.,

K. V. KUBAB,
Medical Officer.

CHINCHANI DISPENSARY,
THANA DISTRICT.

(*Note.*—Ratnagiri district is famous for its Echis vipers, though we suppose that cobras are equally prevalent there. The "treatment" mentioned is a very ancient one; it is commented on by Fayrer and other authorities of the last century.

What does not appear to be certain is that the patient had received a lethal dose of venom. Fresh cobra venom has about the consistency of treacle, and it is difficult to see how so viscid a substance can be extracted when it is probably buried in the tissues at two spots, about a third of an inch or so away from the sites of the punctures on the skin. It is known that cobra venom can be absorbed through the conjunctiva—or at least it is supposed so—and workers with the desiccated venom should always wear protective goggles when grinding it into solution. But when administered by the mouth, venom is innocuous. It is a little difficult to state what these chickens died from. Even in a rat bitten by a cobra full of venom, death within three minutes is the exception, and not the rule. The minimal absorption period of a lethal dose of venom for the rat is 2¾ minutes, and the fowl is a much larger animal. Any suggestion with regard to the treatment of cobra bite, however, is of interest.—EDITOR, *I.M.G.*)

MEDICAL ETIQUETTE.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—It is a matter for regret that medical men in Calcutta should show such scant respect for medical ethics. Why this should be so, one cannot explain; it is not due to ignorance, since medical men who hold responsible positions and are highly respected are the greatest sinners. I would be much obliged if you or some of your readers would give their opinion with regard to the following circumstances: (*i*) A patient is suddenly taken seriously ill, and his relatives in desperation telephone first for Dr. A and then for Dr. B. Dr. A arrives first, examines the patient, and prescribes for him. After his departure Dr. B arrives. Can Dr. B take over, examine, and prescribe for the patient without the consent of Dr. A? (*ii*) Dr. A who is treating a patient, calls Dr. B in in consultation. Is it right for Dr. B to take over charge of the patient and treat him independently without the knowledge or consent of Dr. A, and can Dr. B attend other patients in the same family without the knowledge of Dr. A? (*iii*) Whilst a patient is in charge of Dr. A the relatives ask Dr. B to see him. Should Dr. B see the patient independently, or should he ask Dr. A to be present and to see the patient jointly? Suppose Dr. A refuses to call in Dr. B at the desire of the relatives, what is the position of Dr. A? Is he guilty of professional discourtesy?—Yours, etc.,

B. N. GHOSH, F.R.F.P.S. (Glasgow).

9, TALTOLLA LANE,
CALCUTTA.
13*th June,* 1928.

(*Note.*—We are glad that our correspondent has raised this question, for there can be little doubt that medical ethics are honoured in the breach rather than in the observance in Calcutta. The Bengal Medical Council is less active in this matter than the Bombay Medical Council, probably owing to the fact that fewer actual instances are reported to them. In a city which is overstocked with medical practitioners irregularities are bound to occur, but the frequency with which they do occur is deplorable.

To turn to the specific questions asked by our correspondent; (*i*) Dr. B should certainly not examine or prescribe for the patient, if he knows that Dr. A has been there previously.

(*ii*) Dr. B has no business at all to steal the patient from Dr. A; though we regret to say that such a practice is not at all uncommon in India. He should refer the matter to Dr. A. On the other hand, if the relatives ask Dr. A to call in Dr. B he will be well advised to do so, whatever his own private opinion is of Dr. B. Courtesy between medical men is essential, and if the relatives desire a second opinion, their desire should be complied with.

(*iii*) Dr. B should refer the matter to Dr. A before seeing the patient. If the relatives definitely inform Dr. A that they do not wish him to hold further charge of the case, they are at liberty to call in whom they like.

The medical profession is often accused of being a "trade union"; but unless the etiquette and conventions of medical practice are to be observed, progress is impossible. Dr. B can supplant Dr. A only if Dr. A asks him to do so; or if the relatives clearly give Dr. A to understand that they do not desire him to attend the patient any longer. Yet, the greatest difficulty which the medical practitioner experiences is not that from a rival practitioner, but from the relatives themselves. For the consultant, a wise rule is not to see the patient unless he brings a letter from his own medical adviser.—EDITOR, *I.M.G.*)

THE LIVER TREATMENT OF PERNICIOUS ANÆMIA.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—It is a commonplace that nothing is ever new and the recent discovery of the successful treatment of pernicious anæmia by the administration of liver, reminds me of an incident which occurred some years back.

In 1924, there was confined in the jail in Akola (Berar) a batch of Pathan prisoners from the N. W. Frontier under long terms of sentence. In the months of May and June three of these men complained of night blindness, which they said usually affected them in the hot weather months and begged for two ounces of liver which they said was a specific for this complaint. As I was previously in the Mandla District where night blindness is very common amongst the aborigines and is soon cured with a few days' administration of cod-liver oil or even with just the addition