

of laudanum administered every 3 or 4 hours, and the boy ordered not to move out of the supine posture.

The boy was doing well on the next day, and hopes of a successful result from the operation were entertained. These hopes were, however, destined to be disappointed, for on the 3rd a strong fecal odour emanated from the wound, and on removing the dressing it was found that the sutures had cut through.

Though this operation for the closure of the artificial anus was not successful, the paring of the edge seemed to exercise a very favourable influence on the progress of the case, for the contraction of the orifice, which previous to the operation had progressed very slowly, afterwards continued with great rapidity.

By the 10th July the fistula had diminished to such an extent that it was barely possible to pass an ordinary lead pencil through the orifice, and scarcely any feces passed through this passage. As the lad was anxious to go home, he was allowed to do so after being cautioned to wear the pad and bandage constantly. When he presented himself again some six weeks after, the fistula had completely closed, and the boy was strong and healthy.

Ghazipur, 10th September 1880.

COBRA-BITE: IMMEDIATE TREATMENT: RECOVERY.

By SURGEON-GENERAL W. R. CORNISH, C. I. E.

The case which follows, while it illustrates the advantages of immediate treatment in snake-bite, is so rare in regard to the presence of any medical man at the scene of accident, that it deserves to be recorded.

On the morning of the 15th July 1880 I was superintending certain garden operations at my residence in Madras. Amongst other things a heap of broken flower pots, standing against a house wall, was ordered to be removed. The man employed in this work—a strong, sturdy fellow of about 30 years of age—took up a large piece of broken chatty, and while in the act of withdrawing it from the heap, he drew back with a sudden exclamation of pain, and, standing as I was within three yards of him, I saw a snake glide away into the heap of broken pots.

On examining the man, there were two distinct punctures on the dorsum of the index finger of the right hand, just over the first joint, about half an inch apart, from which tiny particles of blood were oozing.

I at once made the man put his finger into his mouth and suck it vigorously, and as soon as I could get an old blunt pen-knife out of my pocket, I incised the punctures freely and encouraged bleeding by making the man suck the wound continuously, spitting out the blood and saliva as he got a mouthful. While this was going on a servant was despatched into the house for a piece of string or tape, and as soon as this arrived, a tape ligature was bound tightly round the finger above the 2nd joint. In regard to time, the man was sucking the poisoned wound within *ten seconds* of the infliction of the bite. The incision was made within *thirty seconds*, and the ligature applied within eighty seconds. The suction was steadily persevered in. About five minutes after the injury he began to complain of severe pain shooting up the inside of the arm and the axilla, and across the pectoral muscles.

This pain became so severe that in about ten minutes from the injury he wanted to lie down, and while lying down he put his head very much in the position I have seen dogs and fowls do after the absorption of cobra poison.

I had no ammonia at hand, but gave him two or three doses of good brandy at short intervals, and made him keep up the suction of the finger all through.

About half an hour after the injury the pain in the axilla continuing, and the breathing being somewhat hurried, I had my carriage got ready and took him down to the Triplicane Hospital, where I found Surgeon-Major Porter and Honorary Surgeon Modeen Sheriff, Khan Bahadur, under whose charge the patient was left. I ascertained that the pain and hurried breathing gradually subsided, and the next morning the man appeared at my house and apparently none the worse for the accident, for he took his place on the "picottah," in the usual watering of the garden.

While the man was under immediate treatment the other gardeners dislodged the snake from its hiding place in the heap of broken pots. He showed fight, but was hit over

the back by a bamboo and killed in my presence. The snake proved to be a cobra, about four feet in length, and nearly full grown. His poison pang and glands were in perfect order, and there could be no doubt whatever that the snake killed was the identical reptile that bit the man.

My object in noticing this case is to draw attention to the great value of suction as an immediate remedy in snake-bite. Luckily for the patient he was bitten over the bony projection of the first phalanx, where the fangs could not penetrate deeply, so that immediate suction and free incision of the wounds prevented a fatal quantity of poison being absorbed. Had the fangs penetrated deeply into soft tissue I am not sure that the treatment would have been so entirely successful; as it was, there can be no doubt that a small amount of the venom was absorbed.

In the sucking of snake-bite wound the operator must necessarily undergo a certain risk. If he has a fissured lip, or ulcerated gums, snake poison may be absorbed.

This happened to Dr. Shortt, who on one occasion sucked a snake-poisoned wound and saved the patient's life, but not without himself feeling the effects of snake poisoning. I observe that neither Fayerer nor Ewart in their works on poisonous snakes, dwell on the immediate value of suction in treatment, but there can be no doubt that it is a most valuable method of treatment; and when it can be used by the patient himself, it should be done, and the official instructions for the immediate treatment of snake-bite should not omit mention of so simple a remedy.

RECOVERY AFTER THE BITE OF A COBRA.

By G. H. BULL, M. D.,

Staff Surgeon, Nussirabad.

A Hindu woman, aged about 40 years, was brought to the Staff Hospital at 12-30 P. M. on 11th July. Her friends stated that while engaged in taking some pieces of gobi from a heap near her house at 11 A. M., she was bitten by a cobra on the right hand.

Her friends immediately bound three excessively tight ligatures of soft cloth round the arm,—one close to the wrist, one below the elbow, and one above the elbow joint.

The cobra was killed and brought to the hospital with the woman.

As I was not at home, the case was not reported to me until 1-45 P. M., and accompanied by Surgeon-Major Chapman, A. M. D., I visited the patient at 2 o'clock, exactly three hours after she had received the bite.

We found her very much alarmed, expecting that she would die. On the dorsum of the ring finger of the right hand were two penetrating wounds situated over the centre of the first phalanx, and evidently caused by the cobra's fangs.

One fang had lacerated the tissues to the extent of half an inch, the other had only slightly done so.

On admission, Nitrate of Silver was applied to the wounds and Liquor Ammonia was administered internally by the Hospital Assistant.

On our arrival at the hospital the vicinity of the wounds was freely incised and the tissues burnt with fuming Nitric acid. The ligatures were then loosened gradually in succession, commencing with the one next the wrist; when about eight ounces of blood had escaped, the digital arterial branches, which had been divided by the incisions, were ligatured, and the part dressed with carbolic oil and lint. Ordered Liquor Ammonia \mathfrak{z} i, Aqua \mathfrak{z} i every hour. Not to be allowed to sleep. To have liquid nourishment.

Evening.—About 4 P. M. she got drowsy, but was kept awake. Complained of great pain in the arm and hand. Pulse fast and weak. To have half an ounce of rum every second hour.

12th.—Erysipelas set in and extended from the hand to three inches above the elbow. She did not sleep during the night. Ordered Liq. Ferri Perchlor. \mathfrak{M} xx, Aqua \mathfrak{z} i, every third hour. The arm to be painted with Liq. Ferri Perchloride, covered with lint and a many-tailed bandage, and placed on a pillow. Liquor Ammonia and rum to be omitted.

13th.—The tissues of the injured finger having sloughed, exposed the bones. Arm very much swollen and painful. Temperature in left axilla 103° F.: pulse 112. R Quinia Sulphat. grs. v, Liq. Ferri Perchlor. \mathfrak{M} xxx, Aqua \mathfrak{z} i every third hour. Omit former mixture.