

nature of the case and hence I report this for any comment.

SHORT NOTES ON TWO CASES OF
SNAKE-BITE, ECHIS CARINATA.
(PHOORSA).

By R. S. TEMBE, L.M. & S.,

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Case 1.—An adult male coolie aged about 45 was bitten, while collecting grass, on the dorsum of the left hand near the root of the middle finger. He ran to the hospital within 15 minutes after the bite. No ligature was put on. The fang marks were visible and slightly bleeding. Acute burning pain at the site. Intense swelling of the hand and fingers. Marked swelling of the fore-arm up to the elbow-joint. Free incisions were made on the punctures and powdered potassium permanganate was rubbed in. A compress of the solution of the same salt was put on and the patient kept under observation. There were no further troubles and the recovery was uneventful. The snake had been killed by his friends and was brought to the hospital. It was found to be a specimen of common Phoorsa measuring 17 inches. It was a female and had about a dozen fully formed young snakes inside the uterus. The snake was sent to the Parel Laboratory and the identification was further confirmed.

Case 2.—A Bania girl aged 7 was bitten on the ulnar border of the dorsum of left hand while playing at night in the verandah where there was no light. The parents thought the girl was stung by a wasp. But when the girl began crying louder on account of intense pain, they searched the place with the help of a lamp and found a snake there. The snake was caught and brought to the hospital along with the girl about half-an-hour after the bite. A loose ligature was tied round the wrist. The whole body of the girl was perspiring; pulse 110, respirations 30. The fang marks were very indistinct, only a streak of dried blood indicating the site; no bleeding. The pain was very acute, the palm, fingers, and the dorsum of the hand intensely swollen, looking as if they were going to burst. The swelling spread up to the axilla. The puncture was freely incised and the wound treated in a manner similar to the above. Three more longitudinal incisions were made on the dorsum and about 2 ounces of blood-stained serum was allowed to drain out of them by slightly pressing the limb. The girl was kept on solution of adrenalin chloride m. 5 thrice a day by the mouth and lactate of calcium gr. 5 thrice a day for four days. On the fourth day, one of the incisions made on the dorsum of the hand was found to have become septic with a lot of pus in the tissues underneath. There was a rise of temperature also. The incision was enlarged and deepened. The case made an

uneventful recovery. The snake was identified as a specimen of common Phoorsa measuring 15 inches.

SOME INTERESTING EYE CASES.

By S. K. GANGULY, M.B.,

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I. *Persistent hyaloid canal.*—S. A., M. M., 23, c/o D. C., Daltonganj, was referred to me by Dr. S. Datta, F.R.C.S., on 14th December, 1920.

Complaint.—Dimness of vision in the left eye, noticed for four months.

External examination.—Tension normal. Pupillary reactions good. *Vision.*—Hand movements. Projection of light good. *Ophthalmic examination.*—Optic disc could not be seen but its position identified by its visible rounded upper margin from beneath which arteries and veins were seen emerging on their way to the retina above. The optic disc was covered by the base of a vascular structure, prismatic in shape, which stretched from the optic disc forward in the axis of the vitreous ending in a sharp edge, which could be seen with +10.00 d. sph. and downward to about 3 papillary diameters below, in which latter course it slanted a little inwards almost dividing the vitreous into two chambers. This structure looked as it were like a fold of the retina and the vessels on either side of it were continuous with those of the retina.

II. *Eleven diopters of astigmatism.*—Mr. R. J. D. had a simple extraction performed for his cataract in the left eye in 1917 in the Eye Hospital, Calcutta, and prolapsed his iris badly by coughing in about 10–11 o'clock region. Two months after the operation he came to me for cataract glasses. Retinoscopy enabled me to prescribe for him +4.00 d. sph. and +11.00 d. cyl. ax. 20° (with which his distant vision was 6/12) and +7.00 d. sph. and +11.00 d. cyl. ax. 20° (with which his near vision was Sn 0.75 D).

The glasses were ground by Messrs. Jas. Murray and Co., and gave Col. Maynard great pleasure. This was the highest cylinder yet prescribed by me.

III. *Prolonged mydriasis and cycloplegia after 3 days' atropinisation.*—J. L. S., H. M., 14, a healthy boy from Dacca, was referred to me by Dr. S. C. Das, M.B., for the treatment of headache on 27th October, 1920.

Pupils and tension were normal.
D. V. 6 6Hm 40 50 depb.
N. V. Sn. 0.50. d. sph. in both eyes. Lot. atrop. sulph. (1 per cent.) was ordered t. d. for three days in both eyes after which he was prescribed +0.50 d. sph. in both eyes on 30th October, 1920.

Patient returned on 21st January, 1921, complaining that he could not even then see to eat or read, although his headache was better with