

## SNAKE-BITE.

The following case of snake-bite may prove interesting. The facts were communicated by Mr. C. Manson, Assistant-Commissioner of Fallacotta, who writes as follows:—

"On the evening of Friday, 17th October, while one of my peons was returning home from a village west of my bungalow, he was bitten on the right foot below the rise of the instep near the third toe. At the time he did not think of its being a snake bite, but as he got opposite the cutcherry, he began to feel stupefied, so walked home as soon as he could. On reaching home he fell down, only telling his brother something had bitten him. The native doctor was immediately sent for.

"From where the man was bitten to his house the distance is about 800 yards, and must have taken him five minutes to walk. The native doctor was also about five minutes in coming, so that ten minutes elapsed before any thing was done. He was found quite stiff, his eyes and mouth closed, body cold, pulsation in leg stopped, that in wrist very slow, weak and irregular; large quantities of saliva were running from his mouth, the beating of the heart appear natural, the head was warm.

"The doctor and others forced him up into a sitting position, then cut the wound and injected strong nitric acid into it. On making the incision the blood came out slow and thick. 20 drops of liquor arsenicalis were given in an ounce of water every 20 minutes, and poured in by a hole left by the loss of a tooth, all attempts to open the man's mouth having failed.

"After the fourth dose, the man occasionally threw his arms about, groaned and slightly opened his mouth, the pulse also improved; after this two more doses of arsenic were given, which could be poured into the mouth. No further improvement taking place, six doses of arsenic being already given, the native doctor fearing to give more, gave 15 drops of liquor ammoniæ in an ounce of water every 20 minutes.

"After the second dose of ammonia the by-standers seeing no further improvement told the native doctor his medicines were doing no good and at the same time sent off for some snake-charmers who happened to arrive at the place a few days before. It was now about 11 o'clock, or three hours after the man was bitten. When the *Sharpuriyas* arrived, the native doctor gave place to them. One man with a bunch of bamboo leaves gently stroked the peon's body lengthways from head to feet, the other with a roll of cloth struck him frequently on the top of the head (muttering some *muntras* at the same time.) After a few minutes the peon began again to move his arms about violently, then opened his eyes, which were red and diffused, as it were, with blood. At first he was very confused, then said he had been asleep and in ten minutes was able to recognise every body. It was three and a half hours from the time he was bitten before he recovered. The *Sharpuriyas* made a good thing of it, the by-standers having subscribed Rs. 10 on the spot for them."

Mr. Manson remarks that the snake-charmers gave nothing internally and doubts that their waving of leaves and shocks to the head could have had any effect and wishes to know why, if the medicine administered by the native doctor were successful, favorable symptoms did not show themselves in the three hours that he was under his treatment.

My own opinion is that this was really a case of poisonous snake-bite; the bite was, on further enquiry, ascertained to have the marks of two fangs from which blood exuded. It is probable that full and complete injection of poison did not take place; sufficient however was inoculated to produce very alarming symptoms. If full injection of poison had taken place much more rapid and deadly symptoms would most likely have shown themselves.

The course pursued by the native doctor in scarifying and injecting the wound with nitric acid was very correct. The administration of ammonia was much more to the purpose than arsenic whose specific merits against snake poison are now not at all accepted. It is very doubtful whether the nitric acid was injected in time to prevent destruction of any of the poison. If used soon after the bite, it is the most likely caustic to succeed. Dr. Richards' case of the snakeman who was bitten by a cobra at Bancoorah is very illustrative of this point.

In the present case sufficient poison was not injected to overpower the system. The patient being forced into the upright position, the doses of arsenic and ammonia, with the smart strokes on the head, all helped to stimulate him and keep up the circulation. Time was thus gained for the emunctories to excrete

the poison from the blood. To obtain this time for the elimination of the poison and prevent it from overwhelming the vital powers appears to be the line of treatment indicated by recent researches.

## DINAPORE DISPENSARY.

## CASE OF ELEPHANTIASIS OF LABIA.

By Surgeon-Major J. E. TUSON, M.D., F.R.C.S.,

2nd Native Light Infantry.

ETWARREAH, aged 30, Mussulmanee, resident of Bach, was admitted into the Dinapore Dispensary with elephantiasis of the labia, both being affected. She is quite a young woman and the disease has been coming on for about two years. The miserable state that this poor woman is in is as follows:—The tumour on each side is so large that she is quite unable to walk; the dimension of the tumours severally is about two feet or together about four feet in circumference. The patient is very anxious to be operated upon, and accordingly on the 25th August 1873, with the able assistance of Surgeon Major Mitchell, 96th Regiment, and Surgeon Duggan, Staff Surgeon, I proceeded to excise the tumours at the base.

Fearing that the hæmorrhage would be great, Dr. Mitchell was provided with several bull dog forceps. I commenced on the right side, making a semilunar incision to accord with the shape of the labia. As the incisions were made, bleeding vessels were secured by bull dog forceps, and eventually in a few minutes the whole mass was removed. The same measure was adopted on the other side and the woman was relieved of the terrible deformity. The edges of the wound were brought together by wire sutures, and carbolic acid dressing applied with ice to arrest hæmorrhage.

27th.—No loss of blood, wound healthy, hydrate of chloral at bed time, carbonate of ammonia mixture three times a day. The wound continued to heal without any untoward result, and on the 8th September, finding that the clitoris was also considerably hypertrophied, a portion was removed with the *ecraseur*. The woman was quite well on the 13th September 1873, and was discharged from the dispensary.

## A CASE OF PERFECT RECOVERY FROM AN ABSCESS OF THE LIVER OPENING INTO THE LUNGS.

By SHARODA PROSAUD MOOKERJEE,

Medical Officer, Woodlands, Cachar.

A MAN named Khetter, aged 25 years, formerly a tea garden cooly, and now by occupation a carpenter, has been sent to my hospital by the manager of Woodlands, Cachar, on the evening of the 2nd August 1873.

On my examining the patient next morning I found that he (a healthy looking male) complained of a sharp and lancinating pain in his right hypochondriac region, which was increased by pressure and by deep inspiration; he had a pinched and anxious face; hurried breathing; nausea and vomiting; skin intensely hot; tenderness, and pain in the right hypochondriac region,—the latter extended up to the right side of the chest and shoulder joint; short dry cough; bowels constipated; tongue coated; pulse full and hard; seemed somewhat delirious.

On this I ordered calomel, gr. xv, opium gr. i, and pulv. ipeacac. gr. ii and a couple of hours after this followed these by a dose of castor-oil together with hot flannel fomentation, diet sago; but this treatment produced no effect except in causing the appearance of a glazed tongue. At 2 p. m. I commenced sponging the side with nitro-muriatic acid lotion, and applied warm water compress, afterwards followed by a mixture composed of ammoniæ hydrochol., traxicum and nitro muriat. acid dil., and diet milk, broth and port wine.

The above treatment was continued for a period of five days with very little change, occasionally, but produced no effect except a little subsidence of the acute pain. On the sixth day after admission, the organ seemed to be much enlarged just beneath the margin of the ribs, dulness found upwards and downwards on percussion, and the patient was troubled with a short dry cough, the breathing thoracic and shallow, pulse very weak and frequent, and the patient getting more emaciated than when he was admitted into the hospital; he also complained of chilliness on the approach of the evening followed by heat of the skin and sweating, and on the eighth day slight dysenteric symptoms made their appearance.