

as nitrate of silver, tincture of iodine, &c. Such treatment has erroneously been styled the ectrotic treatment of small-pox, whilst it only deals with the results of that disease. Recently Mr. Charnley employed for that purpose solution of compound sulphate of lime, and with apparent success, but the publication of his experiments brought down on him some strictures in your columns, in which vital force &c. did the duty of common sense. More recently, Dr. Watson, of Vienna, introduced carbolic acid with a similar view, but it was received with some favour, the vital force argument not being brought forward on this occasion. By others carbolic acid has been introduced into the system with the view of checking the disease, and some seem to think it has that effect, although I have injected it into the blood without being able to say it did much good, but perhaps the quantity was insufficient. In a recent case I had, I applied a solution of it to one arm, butter-milk to the other, and weak acetic acid to one leg. None of these seemed to do much good, although, if anything, the butter-milk had the best of it. There must be many substances, however, that can destroy the epidermis of the vesicles and their enclosed contents, but caution should be exercised in experimentation.

Dr. Taylor objects to me placing any reliance whatever upon the treatment by vaccination in cases where the individual has been previously vaccinated, because it is experimenting on a modified disease. Now I also take exception to this statement, because the treatment renders the so-called modified disease of still shorter duration, which is of some advantage, even though it ultimately got better if left alone. But I deny that the disease is modified. The corpuscles are the same and the symptoms are the same. It is the individual, so to speak, that is modified. The corpuscles multiply till they can multiply no longer, but as they cannot reproduce themselves to the same extent owing to the constitutional change in the individual from vaccination, the disease necessarily runs a shorter course. But that course is quite a natural one. In reference to this part of the subject, Dr. Taylor asks, "Who can say that the disease would not have aborted earlier in the vaccinated cases if left alone?" Now this does not assert, but it means that vaccination prolongs the disease, so that vaccination both shortens and prolongs the disease, which is a *reductio ad absurdum*. Dr. Taylor recites a case in which vaccinia and variola ran their course together, and would seem to conclude from this that the one does not affect the other. No doubt if the variolous corpuscles have increased to a great extent the controlling power of the vaccinia will not be so observable; and even if there are a few hundred less pocks, with thousands of corpuscles in each less than there would have been, it may not seem much to the onlooker, but may be of vast importance to the patient. The eye is very apt to be deceived in this disease, the reasoning faculty not so readily; and Dr. Taylor should show why vaccination can do good to-day and not to-morrow, or, in other words, what change comes over the variolous corpuscles that their development can be checked at one time and not at another? This is the whole point, and with Dr. Taylor's experience of 1200 cases, he might be able to tell us. Recently, one of the Professors here delivered a clinical lecture, in which he stated that vaccination may do good up to the period the eruption makes its appearance—that is, for thirteen days after exposure. Had he gone a little further his views would have coincided with my own; but still it is a long way from the third proposition of Mr. Marson's rule, and shows that there are others besides myself who think it requires revision.

Lauriston-place, Edinburgh, March, 1873.

CASE OF SNAKE-BITE.

DEATH IN AN HOUR AND A QUARTER.

By SURGEON CHAPPLE,
ROYAL ARTILLERY.

ON March 23rd, about 5 o'clock P.M., one of my servants ran in to report that a hospital servant had just been bitten by a snake. I went out immediately, and found the man standing in the verandah. He showed me a wound over the left hip-joint, about a quarter of an inch in length, quite a

clean, incised wound, such as a knife would inflict. The man gave the following account of the occurrence. He was coming to my house to deliver a message. On his way he turned into one of the public latrines; he was in a sitting position, when "a large snake" darted from a hole in the wall, bit him on the hip, and coiled itself back again. Whilst he was making his statement I was applying strong carbolic acid to the wound. The acid was the only remedy at hand. Knowing the value of time in such cases, I thought it better to use what was at hand than run the risk of absorption of the poison whilst waiting for more approved remedies. The acid was in crystal, a little of it liquefied by the heat of the weather. On application of the acid the wound turned ash-colour. It was as thoroughly cauterised as the remedy would admit. The place where the man was bitten was about 170 yards from my house, and he, knowing me well, ran at once to my bungalow, so that not more, at the outside, than three minutes elapsed from the moment he was bitten until the acid was applied. The wound was bleeding freely, owing, no doubt, to its incised character. The acid stopped the flow of blood; I could not help that undesirable effect. I gave him about two ounces of brandy with a little water, and had him conveyed in a dooley to the hospital, which is close to my house. Cupping glasses were applied, and the wound again bled freely. Ammonia was administered internally.

At 6 o'clock, exactly an hour after being bitten, the pulse was good, skin natural, no sickness of stomach, and no symptom indicative of prostration or exhaustion of the nerve centres. He talked incessantly, was very restless, tossing his arms, swaying his body, moving his legs, and bemoaning at the same time his hard fate. But he had perfect control over himself when he wished to exercise it. When told to be silent and quiet, he obeyed at once, relapsing in a few minutes. This talkativeness and restlessness may have been due either to the liberal exhibition of stimulants, to fright, or to the desire to increase the sympathy loudly expressed by a large gathering of friends. He swallowed without hesitation everything offered him to drink. Nothing could, under the circumstances, have been more favourable than his state; but then there was the ominous fact that he had been bitten by a poisonous snake. Though I had not seen the snake, I was perfectly convinced from descriptions of its venomous nature.

From the time of his removal to the hospital the man had been sitting up. One of his friends induced him to lie down. About five minutes after he lay down his fingernails were seen to change colour, becoming quite blue. On looking close at him he was found to be dead. He died in a little less than an hour and a quarter after being bitten.

Remarks.—There are a few highly interesting and unusual points connected with this case. It is one of those rare instances of snakes making an unprovoked attack on man. From the man's description, I have no doubt the bite was inflicted by a cobra. Dr. Fayrer, in his interesting papers on the influence of snake-poison, states that he has always had the greatest difficulty to get the cobra to bite voluntarily. Very lucky we are that it is so, for cobras abound in Kirkee, and if they were aggressive fatal cases would be more common. I think I can satisfactorily prove in this case that the snake *did* attack the man. In more than nine-tenths of the cases of snake-bite, the bite is inflicted in self-defence. The snake may be actually attacked, as in the case mentioned some months ago in the *Indian Medical Gazette*, of a European attacking a cobra naked-handed, he killing the cobra and the cobra killing him; or the snake may conceive itself to be attacked by a person suddenly coming on it before it has time to get away. In the case under consideration premeditated attack on the part of the man may be put aside as altogether out of the question. Did the man, then, come upon the snake so suddenly that it had not time to escape without first showing fight? It is, to say the least of it, highly improbable that any man could be so stupid as to walk up the narrow compartment of a public latrine in broad day, deposit a twenty pound bag of lime and some books which he carried, and put his hip-joint in close proximity to the head of a cobra without seeing it, and it is equally improbable that the cobra, under the circumstances, could have been approached unawares. The man wore sandals, and the floor was stone. To account for the infliction of the bite on accidental grounds involves belief in dulness of perception

of man and cobra more rare, I should say, than aggressive snakes. Had the snake been there before the man entered the latrine it is only natural to suppose he would have seen it, and judiciously bolted. And, above all, we have the man's own statement, and there is no reason why he should not be believed.

Regarded in a medical light, the case is not without interest. (1) The incised nature of the wound, so unlike that which the fang of a snake would inflict; from the position and appearance of the wound I should never have thought it to be a snake-bite. (2) It rarely occurs that an opportunity of early treatment is given in these cases, and the chances of saving life are fearfully diminished if many minutes elapse before remedial measures are adopted. About three minutes elapsed from the time of injury to the application of the acid, and it will be seen of how very little avail treatment was in this case. (3) The suddenness and calmness with which the man died (to me inexplicable) gave no time to try the injection of ammonia or any other of the specifics. I should say the dose of poison was too strong for any "remedy." Why the poison should have remained latent in the system for a little more than an hour without giving the least indication of its presence, and then acting with almost instantaneous effect, I am not prepared to state. I need not say that the man was in perfect health previous to this accident. His friends would not allow a post-mortem examination.

Many of the cases of snake-poisoning reported as cured have been, I believe, bites of non-poisonous snakes. Natives know the symptoms of snake-poisoning. When bitten and they do not see the snake, as frequently occurs at night, or when the snake escapes and its species cannot be determined, they at once assume it to be poisonous, and forthwith develop many of the symptoms. I was called about ten months ago to see a native female servant who had been bitten whilst walking without shoes in the garden after dark. The snake seized her by the great toe of the left foot, and inflicted two punctured wounds. The woman gave herself up to certain death. I did not see her for nearly an hour after she had been bitten. She then presented some of the symptoms. She wanted to sleep, she talked as if delirious, her skin was cold and clammy, and pulse weak. Effects of fright? I had nothing at hand but brandy, which I gave her. I spoke to her encouragingly. Hope came back: the symptoms disappeared. She lay down and slept till morning, and awoke quite well with the exception of having a sore toe. The snake evidently bit with a will, and, had it been poisonous, would have bitten with fatal effect. If I had a pet antidote, and had used it in this case, I might in all good faith have registered this as another cure of snake-poisoning.

Kirkee.

A CASE OF CHARBON.

BY JOSEPH ROGERS, M.D.

On Thursday, the 26th ult., I was called at 9 P.M. to see Mrs. H—, the wife of a respectable tradesman residing in this neighbourhood. On reaching the house the husband informed me that his wife had been ill some three days, and that she, being a devotee of the homœopathic heresy, had been under the care of some person of that fraternity; that feeling dissatisfied with the little which was being done for her, and alarmed at her condition, he had sent for me. On entering her bedroom I observed her lying on her back in bed evidently dangerously ill. On examination I found that the lower lip was enormously swollen, everted, and perfectly black. About half an inch from the lip on the right side, there was a small pimple with a black head. On touching the chin I found it tense as brawn, which tenseness extended to the ear on each side, and descended as far as the cricoid cartilage. She protruded her tongue with much difficulty; it was coated with a white fur, the edges being red. Pulse 120; skin hot and dry, communicating a very unpleasant sensation to the fingers.

Though quite unprepared to see such a case, I immediately diagnosed it as charbon. As the bowels were confined, I ordered a mild aperient; also, disulphate of quinine, two

grains; solution of pernitrate of iron, twenty minims; solution of concentrated acetate of ammonia, twenty minims, every three hours; applying over the swelling a charcoal and linseed-meal poultice. I also directed that wine, beef-tea, &c., should be given freely and frequently. At 8 A.M. of the 27th I found her state more alarming, her skin covered with a clammy perspiration, pulse 90 and intermittent. I therefore suggested a consultation, and Dr. Anstie was sent for. He agreed with me as to the nature of the case, and prognosticated, as I had done, a fatal termination. At 8.30 A.M. the temperature was $102\frac{1}{2}^{\circ}$, although the skin was moist. It was decided to continue the quinine and iron, omitting the solution of acetate of ammonia, to reapply charcoal poultices, and to repeat the beef-tea, milk, eggs, and brandy every half-hour, or whenever practicable. At noon the pulse had risen to 140; skin very hot, and on turning the bed to the light I noticed the dark subcutaneous tissue of the chin and neck showing through the tense white skin.

At each subsequent visit up to 10 P.M. I found her becoming gradually worse, but with intellect unclouded, and to my repeated inquiries as to whether she was in pain, she always replied "No." She died at 3 A.M. of the 28th.

I have subsequently learnt that, whilst sitting in a first-floor room with her children on the previous Sunday, the window being open, a large bluebottle fly settled on her chin and stung her sharply. She brushed it off and tried to kill it. Subsequently a pimple developed on the site of the sting, which increased in size, and became so troublesome as to induce her to send for her homœopathic attendant on Tuesday, on which day she also saw a friend, a French lady, who told her she had better be careful, as the pimple reminded her of the disease called charbon, which she had seen in France, which was due to the poison of a fly, and which would destroy life in four or five days. My patient laughed at this, so thoroughly at that time was she ignorant of the relation existing between the sting of the fly and her fatal illness.

Dean-street, Soho.

NOTES OF

A CASE OF ASSUMED AMAUROSIS.

BY JAMES H. STOWERS, M.R.C.S. ENG.,

OPHTHALMIC HOUSE-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

MARTHA D—, aged fifteen years, was admitted into the hospital on June 3rd, 1873, under the care of Mr. Power. The history given was that the patient had but a short time since been in one of Mr. Holden's wards for erythema of the left leg and arm, the precise cause of which, however, was not very clearly shown. She said that as long as she could remember she had been obliged to bring objects very near to her right eye to see them distinctly, but that vision suddenly left her during the time she was under treatment for her leg, &c. Her peculiar behaviour had been previously noticed when in Lawrence ward.

Dropping of the right upper lid then occurred, though when spoken sharply to, with a pretended effort, she could raise it, but again to let it fall. On examination, both eyes were found to be in exactly the same condition, and to all appearances quite healthy. Several careful ophthalmoscopic examinations were made, notwithstanding the difficulty experienced in making her fix the eyes in any one position, in consequence of the pain that she said was present in the right globe. The optic discs on both sides were not quite so clearly defined as they should be, but nothing abnormal in the media, &c., retina or vessels of either fundus, could be seen. The irides acted perfectly when stimulated. She was constantly seen to be rubbing the lids, when closed, with her fingers. The patient is a well-nourished, fair-haired girl, and presents in her manner and behaviour many characteristics of the hysterical type.

A mixture containing tincture of valerian with tincture of hyoscyamus and camphor mixture was ordered to be taken three times a day.

The right vision, when a very bright light is used and the left eye covered, is totally absent, though a fourteen-