

TREATMENT OF SNAKE-BITE.

NUMEROUS so-called remedies for snake-bite have at various times been put forward, both in this country and elsewhere; but, in spite of everything that has been said and done, we appear to be as far from the desired goal as ever. Want of success has, however, not deterred yet another candidate to the honour of the discovery of an effectual cure from coming forward to state his views; and as the details of the remedy are published in this country under official sanction, the matter is at least worth inquiry on the off chance of there being some ground for the claims put forward. The particulars of this new treatment of snake-bitten persons are contained in a communication from the Protector of Immigrants at St. Lucia, who vouches for the efficacy of the measures employed in the cases of several coolies who were bitten by poisonous snakes, and who completely recovered. With regard to the treatment, we are told as follows.

"If the patient seems under the influence of fear, a stiff rousing grog is given, and encouraging words are spoken. Then this draught is administered. Of the strongest ammonia, 10 to 20 drops; of theriague, one teaspoonful; of claret, one wineglassful. If the theriague is in the form of a powder, less than a teaspoonful. This draught and this treatment of the wound are repeated one hour afterwards, and again at the interval of another hour. At every draught the wound is dressed and plastered. In the great majority of cases, the cure is completed by the third draught and dressing. But if it be a very bad and stubborn case, which will now be manifest, the draught should be given and the dressing applied every half-hour. The bad symptoms are huge swelling, great thirst, and severe vomiting. For the thirst, give a warm tea of Peruvian bark; or, if the bark be not at hand, one of quinine, which may be repeated. For the swelling, rub the affected part with pickle (from beef or pork), then wrap with warm pickle. If this fail to check or reduce the swelling, apply a warm poultice of oil-cake and salt; and, for the excessive vomiting, let the patient chew and swallow a spoonful of Guinea pepper.

"During the treatment described above, the patient must on no account be allowed to sleep, and nothing must be given to him to eat or drink until the poison is mastered. Damp clothes should be immediately removed, and the patient rubbed dry; and, if the weather be damp or chilly, a fire should be kept in the room."

LANCING THE GUMS.

Sir,—It is not my purpose to try and convince those who dissent from my recently expressed ideas on the subject of lancing the gums, even if such were possible, but I should like to write a few lines in answer to the three "free lancers" who honoured me with a reply.

Dr. Walford is surprised that there can be two opinions as to the propriety of scarifying the gums of infants while teething. His acquaintance with the literature of the subject must indeed be very limited.

Mr. Duncan's ingenuity in following up the analogy which I suggested between dentition and parturition, is very smart, in suggesting a comparison between the "tooth and the foetus," on the one hand, and between "the gum-lancet, and the long or short forceps," on the other. This close analogy is, however, not what I meant to suggest, and is, I think, rather overstrained. Mr. Duncan thinks I am "partly right" in my analogy. I must say, in this respect, I think he is "wildly wrong."

Mr. Paramore quotes some personal cases of children frantic with agony (colic or passion), in which the gum-lancet worked wonders. I could, but will not, quote numberless cases, where other treatment, such as bromide, aperients, etc., gave equally good results; and I have powerfully impressed on my mind a case—that of my own child—which at seven months commenced twitching its limbs and facial muscles: I called in the advice of a colleague, a highly qualified and experienced practitioner, who at once suggested lancing the gums; I consented, and they were freely incised. The child got rapidly worse, and died in a few hours. The treatment in this case did, at least, no good, let us hope no harm. Like Mr. Owen, I shall continue to carry the instrument in my waistcoat-pocket (for I was brought up on the gum-lancet) and use it, if the physical signs so indicate; but, in my experience, these circumstances are not so frequently necessary as your correspondents seem to think.

Mr. Paramore says I am under a misapprehension about the practice of lancing the gums being in disfavour on the Continent and in America. Allow me, sir, in conclusion, to quote a short paragraph from the fourth edition of the standard American treatise on the Diseases of Infancy, by Dr. Lewis Smith, Clinical Professor of Diseases of Children at New York.

"The gum-lancet is now much less frequently employed than formerly. It is used more by the ignorant practitioner, who is deficient in the ability to diagnose obscure diseases, than by one of intelligence, who can discern more clearly the true pathological state. Its use is more frequent in some countries, as England, under the teaching of great names, than in others, as France, where the highest authorities, as Rilliet and Barthez, discontinue it."

With these sentiments I entirely concur.—Yours truly,
Liverpool.

BOYD JOLL, M.B.Lond.

MERCANTILE MARINE SURGEONS.

Sir,—I read with much pleasure the letter which appeared in your JOURNAL of December 6th from Surgeon-Major Wyatt. In it he suggests a new channel by which the status of the mercantile marine surgeons can be improved, making them more independent to carry out the necessary sanitary laws in the emigrant services, which so justly commends itself to our early consideration. Many letters have from time to time appeared in your influential JOURNAL on this subject, but I do not remember any in which an association, with branches in the leading ports, was ever proposed. This idea, to my mind, appears certainly feasible.

During the past, little attention has been paid to ship-sanitation in England, possibly in some measure owing to the small power possessed by medical officers to ships. Surely the dreadful havoc which cholera has made in some of the seaport towns in Southern Europe during the past year should be a warning to civilised England, and stimulate the authorities that be to act promptly in this all important matter.

With reference to the formation of a medical staff in connection with the Royal Naval Reserve, I am sure, if it were properly represented to Government, they would grant commissions to the mercantile marine surgeons in the same way as the volunteers are supplied from the ranks of the general practitioners of England.

These subjects are so full of importance, not only to a large branch of the profession, but also to the community generally, that I think this ought to be taken up by the British Medical Association.—I remain, sir, yours faithfully,
Chesterfield.

J. GOODWIN SHEA, L.R.C.S.I., L.K.Q.C.P.I.,
Late Surgeon American Line.

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BOOKS, ETC., RECEIVED.

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