the alimentary canal of those who die of enteric fever. Demateis, in the *Cent. f. Bakt.*, Band xi., No. 21, has reported twenty-seven cases which were freed from these pests by acute infections, chiefly enteric fever and pneumonia. It therefore seems probable that anti-typhoid vaccination, or perhaps inoculations with killed cultures of many other pathogenic organisms, might have some curative effect in such a notoriously intractable disease as bilharzia. Unfortunately I have not had an opportunity of testing this method of treatment.

NOTES OF AN UNUSUAL CASE OF SNAKE-BITE.

By CAPTAIN F. G. FITZGERALD.
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The following notes on a case of the above may prove of some interest:—

Alfred M., aged 10, was bitten on the left forearm by a Tic-polonga snake, length 2 feet 6 inches, on the evening of August 25th. I happened to be in the Station Hospital at the time and saw the boy about one minute after he had been bitten. The bite was immediately excised and 20 minims of liq. calcis chlorinata injected round the wound in separate places, which was then dressed with strong carbolic lotion; 3 grains of calomel was given, and brandy at intervals.

The same night the boy became delirious; temperature 102°; violent vomiting and purging; the arm became greatly swollen, and extremely painful, as far as the axilla. He remained in a very precarious condition for a week, when all symptoms gradually subsided, and he was out walking about after twelve days.

The patient remained in good health till September 25th, when a large abscess formed at the seat of the bite, which had to be opened and drained, and he was discharged from the sick list on October 14th. On November 16th I was sent for to see the child, who was complaining of a severe pain over the spine, the point of greatest intensity being over the seventh cervical vertebra, and extending down to the lumbar region. Temperature 100°. He was also complaining of not being able to open his mouth, and of sore throat. On proceeding to examine his throat I found that he was only able with great difficulty to open his little finger. The face and eyelids were greatly swollen, so that the boy could hardly see. He was suffering great pain from his back, which was of a spasmodic nature. The urine contained traces of albumen, and was greatly diminished in quantity. Both knee reflexes were greatly exaggerated, and all the muscles in a state of a rigidity, the abdomen feeling like a board to the touch. When he tried to walk his legs remained quite stiff, and he appeared to swing...
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his body round from his hips when walking. When lying down he complained of shooting pains down both legs.

I ordered him three grains of calomel, and a mixture containing: Chloral hydrate, ten grains; tinct. cannabis indica, ten minims; aqua ad., one ounce. Dose, one ounce three times a day, and keeping his bowels regular with small doses of calomel.

The patient remained in this condition for three weeks, when he gradually got better. At the present time the child is almost well, except for one feature which has been present all along, viz., that his manner has quite altered; he is very bad-tempered, although he laughs at almost everything that is said to him, and has a peculiar silly-looking expression. In every other respect he is in good health.

The bite of the Tic-polonga is always regarded as fatal in a very short time, and this was an average sized one, being 2 feet 6 inches long.

ON THE TREATMENT OF ERYsipelas OF THE SCALP AND FACE.

By MAJOR C. H. HALE.
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In opening these few lines on the treatment of the above complaint, I would state that in my opinion carbolic acid is not resorted to frequently enough in the treatment of infective inflammations, such as erysipelas, lymphangitis, etc.

Bacteriology has advanced by leaps and bounds of late years, and yet I have frequently seen the old treatment of dusting powder of starch and zinc, or starch alone, adopted up to quite recently; and, again, in many modern works on surgery no local treatment beyond the above is recommended. Erysipelas, even in its so-called idiopathic form, is due to the introduction of a streptococcus through some wound, however minute.

It is always to be regarded as a dangerous disease about the face and scalp, owing to the possibility of its spreading to the intracranial tissues through one of the communications existing between the external veins and the cavernous, superior longitudinal or lateral sinuses; in broken-down constitutions this may be very rapidly accomplished, often being only a question of a few hours, and thus leads to an early fatal result. Probably most medical men who have had any length of experience in workhouse infirmaries can easily recall such a case. It therefore behoves us to do something more locally than merely cover up the affected area with dusting powders or cotton-wool; we must vigorously attack the streptococci, and not leave the condition of the patient to fight the germs, aided only by the internal administration of iron and other drugs.