

and union by the first intention is taking place; several ligatures were removed; no pus; carbolic acid oil dressing applied as before; has taken a good deal of liquid nourishment.—PERGAT.

6 p.m.—Phlegm comes away easily through the canula, which is constantly kept free and open, by the occasional removal and clearing of the inner tube. Has taken two pints of beef tea, and some milk during the day; pulse 78; respiration 18; temperature 98.3°. Bowels have not been opened since the operation. To have a castor oil enema early to-morrow morning.—PERGAT.

15th.—Slept a little at intervals during the night; complains a good deal of a tickling cough; phlegm is expelled without any difficulty. The source of this phlegm is confined to the immediate neighbourhood of the canula. There is no extension of mischief downwards, as proved by careful physical examination, and none upwards of any moment, since he can articulate perfectly, when the finger is placed on the mouth of the canula. Bowels have been opened by the enema. Pulse 80; respiration 18; temperature 97.4°; takes plenty of nourishment and his anodyne draught occasionally. Wounds dressed and looking healthy.—PERGAT.

6 p.m.—Canula removed; breathing easy without it; pulse 84; respiration 18; temperature 99°.—PERGAT.

16th.—Pulse 84; respiration 18; temperature 98.2°; slept much better last night; cough less troublesome.—PERGAT.

6 p.m.—Pulse 84; respiration 18; temperature 99°.—PERGAT.

17th.—Pulse 90; respiration 18; temperature 98.3°.

6 p.m.—Pulse 84; respiration 18; temperature 98.1°; doing well in all respects.—PERGAT.

18th.—Pulse 88; respiration 19; temperature 98.2°. Needles and sutures all removed. Union by the first intention throughout. The ligature on left facial artery is the only one now remaining. The wound in the throat rapidly filling up by granulation. I passed the blunt end of a probe into the trachea, touching the mucous membrane freely, without causing irritation or coughing, or producing any painful sensation.

6 p.m.—Pulse 92; respiration 20; temperature 98°.

R. Vin. Antimonial: ℥x. Tinct: Camph: Co., Tinct: Opii., Tinct: Hyosiam.; ꝑ. ℥xx. Aquæ Camphoræ ꝑi, statim. To be repeated at 10 p.m.

19th.—Pulse 96; respiration 20; temperature 98°; slept well; wounds and bone healing kindly.—PERGAT.

6 p.m.—Pulse 84; respiration 19; temperature 99.2°.—PERGAT.

20th to 23rd.—Not a bad symptom of any kind. To-day, in making him cough, no air escaped from the wound in the throat. This is, therefore, completely closed, the wounds are rapidly healing by the granulating process; and the margin of the new lip skinning over. The silver wire holding the ends of the divided jaw in position was taken away on the latter date, through a small opening under the chin.

May 23rd.—Since last report Capt. F. — has been progressing most favorably. The severed jaw has united. A portion of the bone which perished has exfoliated and been removed through an opening under the chin. The irritation this caused is fast subsiding, and the wound is rapidly closing. The movements of the lower jaw are considerable, and increasing. He can even now masticate solid food. The new chin and lip are good substitutes, and symmetrical, there being no drawing of the mouth to either side. When his whiskers and beard are allowed to grow, it will scarcely be possible to tell that he has been subjected to the operation. The tracheotomy wound has so completely healed, that its site is only marked by a small linear cicatrix. Captain F. — has arranged to start for Bombay by railway in a few days.

REMARKS.—The chief point of interest in this case is the fact that the patient almost died upon the table,—not from the chloroform,—but whilst he was under its influence, from the passage of a clot past the epiglottis and rima, and consequent spasmodic closure of the glottis, which prevented expulsion of the same, or the ingress or egress of air to, and from, the lungs. The exact cause of failure in the epiglottis to guard the air passage against the entrance of blood, during the operation, is difficult to define. But, I have thought that, possibly, the disturbance in the attachment of the tongue by the removal of a portion of the lower jaw near the symphysis, may have had something to do with deranging the well balanced movements and adaptation of the epiglottis; so that, during involuntary deglutition, the passage to the rima was imperfectly closed, and a clot allowed to pass the same, and light up spasm of the glottis, which was sufficient to imprison the clot, and put a stop to the inspiratory and expiratory acts. The falling back

of the tongue could not have had anything to do with the asphyxia, since on its being pulled forward, no relief was afforded. But the moment the tracheal canula was inserted, the clot, which was the exciting cause of the spasmodic closure of the glottis, was expelled, with instant relief to the symptoms of suffocation.

I here submit an account of the microscopical appearances of the growth in the soft parts, and in the portion of bone, which it was thought desirable to remove, by my friend Dr. Douglas Cunningham, from which it will be noted that the disease is of a highly malignant character, and may recur at no distant date. The patient, however, is in excellent health, and hopeful.

On microscopic examination the new growth was found to consist of epithelial elements in an apparently rapid state of proliferation.

No structural elements were visible save cells and free nuclei. The cells were flattened, of very various sizes, and most irregular forms, and many of them contained multiple nuclei.

They were closely packed together, and in many places formed large concentric masses.

The alveolar portion of the maxilla showed softened portions, the material in which was found to contain cells and nuclei similar to those occurring in the mass of the tumour.

* * * We much regret that the figures illustrating the microscopical appearances have not been finished in time to appear with the case; they will be given in our next number.

BITE FROM A SNAKE, SAID TO HAVE BEEN POISONOUS; LIQUOR AMMONIÆ TREATMENT; RECOVERY. ✓

By Assistant Surgeon J. CLEGHORN, *Civil, Azimghur.*

BHGERIYA Ahir, aged 16 years, while cutting grass behind the serai, about 300 yards from the dispensary, was bitten by a snake. He was immediately carried to the dispensary, and was seen by the native doctor, who states that the boy was apparently insensible, quite passive and both eyes closed. Half a drachm of Liquor Ammonia was given in water. The draught was easily swallowed, and the patient soon after opened his eyes and began to talk. A further dose of fifteen minims was given a quarter of an hour after the first.

I saw him half an hour after he received the bite. He was then quite conscious, pulse 84, and there was evidently nothing the matter with him. The marks of a fresh snake bite were quite distinct on the point of the right big toe.

A chowkeedar, who brought the boy to the dispensary, said that he saw the snake, and described it, as of a black colour, having side pieces to its head, and that its native name was Gayhoonun (cobra.) Unfortunately the reptile was not killed, and I am forced to conclude that the description was drawn from the man's own imagination, as, from the first, there were no symptoms of poisoning present.

The boy, when he received the bite and saw the snake glide away, naturally screamed out "Saump main ne kata," an excited crowd collected, the boy became frightened, and probably fainted.

The case will perhaps serve to show how people bitten by venomous snakes, occasionally recover after the administration of one of the many reputed remedies.

ETHER SPRAY FOR INTERNAL (VESICAL) HÆMORRHAGE. ✓

By THE CIVIL MEDICAL OFFICER, *Bahawalpore State.*

DURING the past two years, three instances have occurred here of a rare form of internal hæmorrhage, after lithotomy, which resisted all ordinary treatment, but yielded to the anæsthetic power of the ether spray, applied over the region of the bladder. All these cases were subjects of chronic scurvy, but the patients were impatient of further preparatory treatment, and desired surgical help. The detail of one case will be sufficient.

Beharee, aged 40, had suffered a good deal from vesical irritation and hæmaturia previous to operation on the 9th May, 1869, when a lithic calculus, weighing above 2½ ounces, was extracted. On the 13th May, hæmorrhage from the wound appeared at 5 a.m. He had felt some uneasiness and pain in bladder during the previous night. At first the blood was controlled by injections of alum water with spirits of turpen-