which they asserted were the results of bites by cobras; there was no proof forthcoming as to the correctness of their statements.

4. Many of the men who deal in poisonous snakes undoubtedly take early means to secure themselves against a bite by breaking off the poison fangs. There are two well recognised means of doing this: one is to seize the snake close behind the head, and force open the jaws with a bit of stick, which is then passed behind the fangs and drawn forcibly forwards; the other is to throw a piece of rag tied on to a string to the cobra, and when it bites to twitch the rag with the impaled teeth out of the animal's mouth with a jerk. Lieutenant-Colonel O'Hara, I.M.S., tells me of a third protective method—namely, the production of an artificial internal fistula by tapping the poison sac through the mouth and far back with a sharp instrument. I have no experience of this practice. Professor Calmette, in his most interesting work *Le Venin des Serpents*, commits himself to a statement which lies outside my experience, when he says on p. 48, "Certains jongleurs exhibent des serpents auxquels ils ont pris soin d'arracher les croquets ou d'extirper les glandes....." The italics are my own, and refer to the statement to which I take exception; speaking from a large experience of Indian snakesmen and their ways, I have never met with a case in which there was any evidence that the glands had been extirpated, nor do I believe that these ignorant men would be capable of performing such an operation. On the other hand, one can unhesitatingly endorse Professor Calmette's assertion that many of the snakesmen carry on their performances with cobras whose venom apparatus is intact. This leads us naturally to our next conclusion, which we cannot do better than put in Professor Calmette's own words, which deserve a hearty endorsement.

5. "C'est grâce à une connaissance parfaite des habitudes et des mouvements du reptile qu'ils (the snakesmen) évitent presque toujours d'être mordus." This was the conclusion I had arrived at before I had the pleasure of seeing Dr. Calmette's paper, but I cannot go so far as to say with the French observer: "Il ne paraît donc pas qu'ils sachent se donner l'immunité contre le venin par un procédé quelconque." The comparative immunity amongst snake charmers is undoubtedly due to the fact that these men understand the cobra well, and are, therefore, seldom bitten. You will never see a snakesman make a sudden movement when dealing with a cobra; every action is slow and deliberate, and often pervaded with a sense of rhythm; there is a consciousness of power over the reptile that appears to mesmerise it. I have seen a charmer sit on the ground in the characteristic position of the East, within easy striking distance of a cobra, and, without touching the animal, mesmerise it till it followed mechanically every movement of his swaying knee the while that the man's attention was drawn elsewhere. The photographs on p. 217 and p. 218, taken by the writer and unfortunately damaged by climate, illustrate, better than any words can, to one who has not watched a charmer at work the extraordinary power these men exercise. It will be observed that in both cases the man's eyes have left the cobras and are fixed in rapt attention on the camera.

A gentleman who handles poisonous snakes freely, and who does not hesitate to thrust his naked hand into a box containing a number of cobras, gives this advice to those who wish to follow his hazardous example: "Never be afraid of the snakes, never make a sudden move, and you are quite safe." It is, however, quite a different matter when one comes to deal with Russel vipers; they are sluggish, uncertain-tempered snakes, which do not rise to strike but spring out from their coil with a suddenness and rapidity which are appalling. I had a very narrow escape whilst experimenting some years ago with a Russel viper, with a view to ascertain its maximum height of strike; the viper, which was lying on the ground, suddenly shot out, like the crack of a whip, aiming its blow not at the guinea-pig tied to a stick which I was offering it as a bait, but at my leg. Now remembering the character of this viper, it is noteworthy that one never sees the ordinary snake charmer with one in his possession; indeed one has the greatest difficulty in persuading snakesmen to catch and bring specimens of the daboia; they know well that their blandishments are thrown away on this snake, charm they never so wisely.

We may sum up our conclusions in a very few words:

1. The snakesmen of South India are certainly ignorant of any method of producing in themselves a highly-developed condition of immunity.

2. Some few of them appear to practise the swallowing of venom, or the inunction of venom into their limbs, but it is doubtful if they do so with any well-defined object. It is possible that they thus obtain some degree of immunisation.

3. They confine themselves almost exclusively to the cobra, and escape harm by their intimate knowledge of the methods of handling this snake.

It only remains for me to express my sense of indebtedness to the many who have helped me in this work. Though they are too numerous to mention individually, there are three names I must not omit, namely, those of Captain Giffard and Captain Gabbett, of the I.M.S., and of Mr. Charles Gray of Coonoor.

REFERENCE.

¹ Vide Lydekker's *Royal Natural History*.

A CASE BEARING UPON THE PATHOLOGY OF ACROMEGALY.

By PERCY G. LODGE, L.S.A.,

Surgeon to the Bradford Woman's Home and Shelter.

E. M., a man, aged 22 years, complained about January, 1898, of stiffness of the right knee when going out to work. At first this wore off during the day, but shortly became constant. The case was placed in my hands in May. At this time the knee was much swollen, the cutaneous veins were enlarged on the inner side and front, the limb was held in the position of slight flexion, and could only be moved with considerable pain. The great degree of enlargement was due to the tibia in the popliteal space. About this time he was seen by Mr. Teale, of Leeds. From the earliest appearance of symptoms to this time about twelve months had elapsed.

At the beginning of June, 1898, I explored by means of a trephining operation the medullary tissue of the head of the tibia. This proceeding established the presence of considerable subperiosteal thickening. No pus or signs of abscess could be found. Mr. Teale, after mature consideration of all the points of the case, advised amputation. His father thought that he would like further advice before so severe a measure was carried out. Mr. Mayo Robson saw him a day or two after, and confirmed Mr. Teale's opinion.

On July 21st we performed amputation by Mr. Teale's method at the Eldon Mount Nursing Home. We began by making a preliminary incision into one of the nodular masses around the hamstrings. Mr. Teale at once decided that the mischief was malignant; indeed, the tissues were semi-fluid from degeneration, softening, and hæmorrhage. It was thought that the form was probably round-celled sarcoma arising from the periosteum an opinion, which was afterwards confirmed by means of the microscope, and by a careful examination of the removed limb. The course of the case after operation was quite uneventful, the flaps healed by first intention, and caused me no serious anxiety.

He returned home three weeks later, and from that date began rapidly to improve in health and strength. Two months after he could get about the farm by the aid of a crutch, and seemed to all appearance quite recovered; indeed, he obtained an artificial limb and was beginning to use it. Although the amputation was through the lower third of the femur, a good square flap was formed from the tissues in front of the knee-joint, the excellent result of the Teale's amputation quite justified the procedure. About nine months after his return home his hands began to enlarge, and there was a similar enlargement in the other knee to that from which he had first suffered. He was under the care of his local doctor at this time. I saw him about the middle of June, 1899; his hands were then enormous, symmetrical, and possessed very little mobility. The fingers were sausage-like; the nails were unaltered, but the skin presented a moist bluish appearance. His mind also was clouded towards the end. His weight, too, had much diminished, and from this time he became steadily worse, and died on August 28th, 1899.

His mother died, aged 52 years, from some form of malignant disease, which was said to have "run into consumption." One sister died of consumption at the age of 21, the other has suffered for twenty years from what is most likely disseminated sclerosis. The father is living, and is quite robust.

No *post-mortem* examination was obtainable unfortunately, neither were any special observations made respecting cranial or jaw enlargement; the thyroid body was unaltered. I have no observations of anything abnormal connected with the thyroid body, of the presence of homonymous hemianopia, nor of optic neuritis. The important feature of this case seems to be its bearing on the causation of the acute malignant form of acromegaly, the duration of which—three to four years—is nevertheless longer than in this case. It may fairly be assumed that there were secondary deposits involving the pituitary body which gave rise to enlargement of the hands. In the case of Caton and Paul, Hansemann, Mosse and Daunic, Pincles, Uhthoff, and Wolf the clinical aspects were somewhat similar, and in all sarcoma involved the hypophysis.

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MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CASE OF INVERSIO UTERI.

ON June 26th I was summoned by a midwife to visit Mrs. L., just confined of her sixth child, as "something very unusual had come away." On arrival I found the woman pale and collapsed, with a large bleeding substance lying in a pool of blood between the legs. I first injected about a drachm of ether hypodermically, and made her swallow two tablespoonfuls of brandy in cold water. On examining the "substance" I found the uterus with the placenta adherent all over its inverted surface. Knowing that the peeling off of the after-birth has been strongly condemned by some high authorities, I tried first to reduce the organ *en masse*, but found it impossible so to do. I then separated the secundines completely (hæmorrhage ceasing immediately), grasped the cervical end of the womb. Kneading the organ gradually and firmly up until I was satisfied that it was well above the brim, I then screwed up my fingers, and pressed persistently on the inverted fundus, when in about three minutes I was rewarded by its reduction with an unmistakable flap.

I bound the legs firmly together, applied a binder and pad, and gave a large dose of ergot. The woman's recovery has been in every way satisfactory; the temperature never rose above 101°, and that only on the eighth day. On July 13th she was quite convalescent. I have attended some 2,000 cases of midwifery, but never experienced so untoward an accident before. I am satisfied that no blame whatever attached to the midwife, who is a most capable woman.

Coventry.

D. M. McVEAGH, M.K.Q.C.P., etc.

DARK SCLEROTICS AND FRAGILITAS OSSIUM.

At the last annual meeting of the Dermatological Society of Great Britain and Ireland I showed a young woman suffering from eczema who had remarkably dark sclerotics. When she first consulted me on account of her eczema, a fortnight before the meeting of the Society took place, my attention was arrested by the extraordinary transparency of the whites of her eyes, which allowed one to see the dark pigmentation of the choroid underneath. I asked her if she had ever had any bones broken, and she told me she had had several times, on one occasion when she had merely fallen on the bed. She also told me that her father's eyes were like hers, and that he had several times broken his bones, and that only recently he had broken an arm by putting his coat on.

My reason for putting the questions to the girl was that when in general practice twenty years ago I met with a little

boy who during the two years that I was his medical attendant suffered from no fewer than nine independent fractures. He fractured his arms four times and thighs and legs five times, in addition to a slight green-stick fracture of the tibia which his mother treated herself by binding the limb at the seat of the fracture with a necktie. This child had the darkest sclerotics which I ever remember to have seen. From inquiries that I have made from several well-known surgeons this association of dark sclerotics and fragility of bones has not been recognised. Treves, in his well-known work on *Surgery* (1895) says that we had better admit that we know nothing about the cause of this condition in bones. This being the present state of our knowledge I think my observation is worth publishing. I would suggest that the transparency of the sclerotics indicates a want of quantity or quality of the fibrous tissue forming the framework of the various organs of the body, and probably explains the want of spring or toughness in the bones of these peculiar individuals.

Wimpole Street, W.

ALFRED EDDOWES, M.D.

HYSTERIA IN A MALE.

F. H., a chairmaker, a stout, strong-looking young man, aged 26, usually in good health, had, however, an ingrowing toenail on the left great toe, but, as a rule, suffered little inconvenience from it. On July 14th he had walked more than usual, and complained of shooting pains from the toe, which he said, affected his heart, so that he begged an acquaintance to pluck it (the heart) out, as he could not stand the pain of it any longer. Soon afterwards he was seen to slide from the chair on which he was sitting to the ground, and then began to throw himself about in violent paroxysms, striking the back of his head against the ground, and snapping with his teeth at the friends who were trying to hold him down. The spasms, which at first were extremely violent, appeared to come from the affected toe, and he soon became unconscious, but not to the same extent as an epileptic, for he occasionally sat up, stared at his friends, and called one or two of them by name; his face was red, not pallid; nor did he void urine or fæces. He acted exactly like a woman in a fit of hysteria. One peculiar feature of the case was the violent action of the abdominal muscles, which moved up and down rapidly for at least a minute, while all the other muscles of the body were still, and there were also severe spasms of the diaphragm, during which the patient would exclaim, "My heart! my heart!" but neither palpation nor the stethoscope gave any confirmatory evidence of cardiac disturbance.

I had him carried indoors and laid on a mattress on the floor, where the paroxysms continued as before until a morphine powder I had shaken dry into his mouth overpowered him and he fell asleep, to wake up next morning very stiff and sore from his unusual muscular exertions, but without any pain in his toe which appeared to be the hysterogenic spot. During the paroxysms the patient moaned a good deal and gnashed his teeth, but his tongue was not bitten, though he caught the neck of his shirt in his mouth and tore it. On recovery he had no recollection of what had taken place.

I may add that the man is very muscular, especially in the upper part of the body, that he weighs 11 stone 7 lbs., and is 5 feet 7 inches in height. He had never been affected in the same way before, so that his attack may be put down to nervous exhaustion arising from the pain caused by the ingrowing toenail, which was unduly irritated by a long walk in very hot weather, in a pair of brown leather tightly-fitting boots.

High Wycombe, Bucks.

W. T. GREENE, M.D.

FIBROMYOMA OF THE VAGINA.

G., aged 40, multipara, a Rajputin, came under my care at the Raghuraj Singh Hospital, Sutna, Central India, in the end of 1899, complaining of what she described as a prolapsed womb.

Outside the vulvar cleft was a tumour the size of a large cocoanut, which further examination proved to be a sessile tumour originating from the upper part of the anterior vaginal wall. On emerging from the vulva, which event was dated about a year before the patient consulted me, the tumour brought down with it the urethra, part of the bladder, and the anterior vaginal wall, and the os uteri could be felt behind the tumour just inside the vulvar opening. The tumour was readily enucleated, and, redundant capsule having been