

and part of the trousers was imbedded in the wound; this was removed and the aperture of entrance completely healed, but that of exit remained open and discharged a considerable quantity of pus continually. The knee also became stiff and fixed in the extended position.

After he had been a few days in the hospital, the scar on the outside of the thigh was laid open, and a careful search made all along the sinus for any piece of clothing or other foreign body; none was found, but a large cavity was felt under the rectus muscle. A drainage tube was then inserted from the aperture of exit to that of entrance, and the ends tied together. The tube was washed out with a weak solution of carbolic acid every day, and the pus at first came freely through the tube, but after six weeks the discharge greatly diminished, there was much less swelling, and the knee-joint could be moved more easily. Then the upper part of the tube was drawn out, and the opening made on the outside of the thigh soon closed; the tube was then gradually withdrawn from day to day until it was finally removed, and it was found that the probe could only be introduced for about an inch, and the knee was freely moveable.

He was now unwilling to stay in the hospital, but left for his home, where he is able to resume his employment, and can move his knee freely!

Another case—a Mahomedan boy, aged 14, was admitted into the Mayo hospital, Lahore, with a long sinus of the left thigh; it was found to lead to a deep-seated abscess situated at the inner side of the femoral artery at the upper part of the thigh but there was no evidence of any disease of the spine nor of the pelvis.

A long probe was introduced, and an incision made down to its point at the end of the sinus, a drainage tube was then inserted, and washed out daily with carbolic acid and water, 1 part to 20; at first there was free suppuration, but this gradually diminished and at length ceased. The drainage tube was slowly withdrawn and the sinus healed completely.

Another case, still under treatment, was an example of a large ranula. A man had a considerable swelling under the tongue, and another less evident in the neck, just below the angle of the jaw. The swelling under the tongue had been tapped and a thin fluid poured out, but the puncture healed and the tumour again increased in size. An incision was therefore made into the swelling, below the tongue, and a long probe inserted, and made to protrude in the neck where a very small incision was made down to the end of the probe, the knob of which was caused to protrude and drawn through the wound. A drainage tube was then passed through the cyst from the mouth to the neck, and fastened to the teeth by a ligature. There was a considerable discharge of pus and the swelling in the mouth diminished greatly, but that in the neck still remains and the tube has not yet been removed.

#### TREATMENT OF SCORPION STINGS.

By W. E. SAUNDERS, *Surgeon, A. M. D., Indore.*

AN article having appeared in the July number of the *Indian Medical Gazette* on the treatment of scorpion stings with ammonia, the following observations may prove of interest:—

It was intended that these remarks should have appeared sometime ago, but they were retained in order that further observations on the subject might be made.

The first case I treated with any specific occurred some years since, but until lately I have had no opportunities of verifying my observation. At present, however, opportunities are not wanting, since scorpions both white and black abound, and cases frequently occur when one has an opportunity of speedily applying the remedy.

At first I treated cases by the application of tartaric acid, with a little water, directly to the wound where the poison had been infused. This gave speedy relief in all cases.

I next tried the application of alum in the same manner, and found it gave even more speedy relief.

A servant of mine was stung in the foot on his way from the bazaar one evening, and it was more than two hours before he came to me for treatment. I applied tartaric acid, and in five minutes he was free from pain, although he had been suffering much pain throughout the whole extent of the limb before. He was stung on the other foot a few days after, and came to me at once for treatment; this time I applied alum with instantaneous relief.

A friend of mine suggested the use of common salt, in the same way as the tartaric acid and alum, and I have treated a few cases successfully with it. As yet however I have only tried it in a few cases, but, should it prove equal to alum, it will become more popular, inasmuch as it is always at hand.

I have heard that the juice of milk-bush is also useful as an application, but I have not tried it.

The Apothecary at my hospital was stung in the hand by a large black scorpion, and at my suggestion he applied the fat of the scorpion to the wound, but without any relief: I remember reading somewhere that it had been used with success. He then applied alum, which I believe to be the best application, and the relief was instantaneous. Those who have had the misfortune to be stung by a scorpion, will be glad to hear of some remedy always at hand, which, in five minutes or so, will remove them from a state of excruciating torment, otherwise lasting several hours. I have not had a single failure as yet out of a large number of cases treated with the above drugs.

The poison, as far as I can ascertain, is generally held to be formic acid in a highly concentrated state; and my observations on it have led me to believe it is so, partly from its appearance under the microscope, and partly from its reducing power on the salts of silver, and the form of its crystals when mixed with a concentrated solution of sulphate of copper.

Now the elements of formic acid are in the proportion to form carbonic acid and water, and it is easily converted by oxidation into those compounds. It is probably in some such way that the applications of alum and tartaric acid act, in other words, they are true specifics for they destroy the poison.

Stings of other insects, bees, wasps, &c., are probably due to the same poison; and these remedies will no doubt act equally well in such cases. Ammonia has been also used in their treatment with considerable relief.

The applications I have recommended in this paper may be better known than I am led to believe, but, as they do not appear in any of the books I have referred to, they may be somewhat new. Nothing will be lost at any rate by a repetition of their merits.

#### ON THE TREATMENT OF MALIGNANT CHOLERA, BY NITRITE OF AMYL AND HYDRATE OF CHLORAL. ILLUSTRATED BY A CASE.

By EDWIN FAIRLAND, *Surgeon, A.M.D., Staff-Surgeon, Lucknow.*

PRIVATE J—C—, 1-18th, Royal Irish, confined in the military prison, Lucknow, aged 36 years' service, 15½ years' service in India 1½ years, of bilious temperament, of previous good health, was seized with an attack of malignant cholera at 9-45 A.M. on the 22nd June 1876. In the previous week, there had been two other cases of cholera in the prison terminating fatally in 7 hours each. Both cases were of the most malignant type.

He had suffered for two or three hours from slight faecal diarrhoea, when the symptoms of cholera manifested themselves and he was at once removed to hospital.