

*Prognosis.*—Good; no cases have been known to die after eating these bugs; though death may occur from exhaustion of vomiting, if too great a quantity were eaten. All the cases fully recovered from 3 to 10 days.

REPLY RECEIVED FROM THE ASSISTANT SUPERINTENDENT IN CHARGE OF ENTOMOLOGICAL DEPARTMENT, INDIAN MUSEUM, CALCUTTA :

I beg to inform you that the bugs sent appear to be a dark form of *Aspongopus nepalensis*, Westwood, which you will find described by Distant in "Fauna of British India," series Rhynchota, Vol. I, p. 283, with note on its habits and use as a food.

REPLY RECEIVED FROM THE CHEMICAL EXAMINER TO GOVERNMENT, BENGAL :

*Results of Chemical Analysis.*—The insect is apparently a specimen of *Aspongopus nepalensis*, Westwood. Nothing is known about its possessing toxic properties, but it gives off, in the living state, a very bad smell, resembling that of sulphuretted hydrogen gas. An alcoholic extract of a few insects was administered to a cat but the animal did not develop any toxic symptoms. The offensive smell of the insect is due to a volatile oil, which can be removed by distilling the insects in water; this when given to a cat produced no toxic symptoms. A watery extract of the insects made the animal vomit twice, but it showed no other symptoms and remained quite well. The insects were extracted with alcohol, ether and chloroform, respectively. No poisonous principles were found in any of the extracts.

Yours, etc.,

22A, ORDNANCE ROW,  
MEERUT.

HY. B. CORNELIUS,  
Asst. Surgeon, I. M. D.

#### TREATMENT OF SCORPION STING.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR,—The question of treating scorpion sting has attracted the attention of some, and suggestions on the same have appeared now and then in the medical press (*vide* pages 50, 262 of the *I. M. G.*, vol. LII) I feel it my duty to lay my own experience in this direction before the profession.

Even though several remedies, including enchantments, were suggested, uniform success was absent in all. Under these circumstances a physician has to try several remedies, one after another, at times without success till the patient or the physician is tired. Of all the remedies suggested to alleviate pain, morphia and cocaine hydrochloride solution hypodermically do some good, and can be had readily in all dispensaries. *Morphia*, hypodermically, can be conveniently used, but some cases require large doses to alleviate pain and suffering, but the attending narcosis is an undesirable sequence. Cocaine hydrochloride solution (5 to 10 minims of 5 per cent.), to be injected subcutaneously close to the sting as was originally recommended by Colonel Duke (*vide* page 137, *Manual of Tropical Medicine*), Castellani and Chalmers, has been tried by me in over 150 cases of scorpion sting, all with success, with the following modifications.

*Seat of injection.*—The injection must be given exactly on the sting itself. Apparent failure with this drug is due to giving the injection in a place away from the sting, say, quarter of an inch or more. In the first place, it is very difficult to ascertain the seat of sting, either from the patient or from external signs, especially when it is situated on broad spaces, *viz.*, hand, foot, thigh, arm, or back, but not so, when situated on toes and fingers. Looking out for a scratch or sweat will often mislead. When it is not possible to find out, by other means, the seat of the sting, I adopt generally injecting small quantities of cocaine solution into the suspected part or parts suggested by the patient, and ask him if he feels better and inject the full dose at the spot at which some relief is indicated, and the cure is instantaneous. At times, though relief is obtained the patient complains of tingling sensation, and this is an indication that the injection was given in the wrong place and the usual pain recurs in an hour or so. The recurrent pain is very mild and indicates more clearly the site of the sting, and is relieved by another injection of cocaine solution. It is also essential to keep in mind that a patient may have multiple stings, each of which requires a separate injection on the spots stung.

*Dosage.*—I generally use a solution of 30 grains of cocaine hydrochloride to 1 ounce, and inject 20 to 30 minims on each sting. My experience has taught me (i) that fresh solution acts better; (ii) larger quantities of weak solution act better than a smaller quantity of a stronger solution. I have not as yet seen any subsequent bad effects by the hypodermic use of cocaine, and the maximum I used in some cases was nearly 4 grains, and these cases either had multiple stings or the seat of sting was isolated after several injections.

Up to now I have not maintained any record to be able to give more details, but I now mean doing so and to publish the results.

RAYACHOTI, CUDDAPAH  
DIST.  
12th December, 1918.

Yours, etc.,  
S. SREEMANNARAYANA  
MURTHY, L.M.P.

## THERAPEUTIC AND LITERARY NOTICES.

WE have received a handsome and complete catalogue of the new and standard medical and surgical publications of the well-known firm of publishers The C. V. Mosby Company, St. Louis, U. S. A., which we commend to the notice of our readers.

MESSRS. BUTTERWORTH & Co., LTD. (India), of Hastings Street, Calcutta, have sent us a useful pamphlet by Dr. J. G. Ghosh, B. Sc. (Manchester), on *Indigenous Drugs of India*, a very useful little book, which we hope to notice fully in an early issue.

The Wellcome *Photographic Exposure Record* is such a useful book that it is hardly necessary to say more than that the new edition for 1919 has appeared. There are many improvements and the calculator is better than ever. The price is only 1s. 6d., and to all photographers it is well worth the money.

## Service Notes.

### NEW YEARS' HONOUR LIST.

C. I. E.

Lieutenant-Colonel J. T. Calvert, F.R.C.P., Principal of the Medical College, Calcutta.  
Major J. H. Murray, I.M.S., Andamans.

C. I. E.

(For services connected with the War.)

Lieutenant-Colonel F. E. Swinton, I.M.S., Medical Store-keeper, Bombay.

Lieutenant-Colonel J. C. Lamont, I.M.S. (retd.), recalled to act as Professor of Anatomy, Lahore, who thus represents the men recalled from retirement for work during the War.

C. B. E.

Colonel W. G. Beyts, R.A.M.C., Bombay.  
Lieutenant-Colonel E. L. Ward, I.M.S., I. G. of Prisons, Punjab.

O. B. E.

Lieutenant-Colonel F. S. C. Thompson, I.M.S., Superintendent, Presidency Jail, Calcutta.  
Miss Maud L. Davys, Kasauli Laboratory.

M. B. E.

M. Leach, Esq., acting Superintendent, Central Jail, Dacca.  
Lala Baij Nath, Civil Surgeon, Jhelum.

KAISER-I-HIND MEDAL.

(Gold.)

Miss G. Davis, Victoria War Hospital, Bombay.  
Dr. J. Dodds Price, Nowgong, Assam.

(Silver.)

Assistant Surgeon Khan Bahadur P. P. Cooper, Bombay.  
Mr. John William Atkinson, Alipore Central Jail.  
Miss M. Mackenzie, Broadwell Hospital, U. P.  
Assistant Surgeon Shams-ud-Din, Mission Hospital, Jagadri, Punjab.

KHAN BAHADUR.

Khan Sahib Mian Muhammad Azeem, D. I. Khan.  
Khan Sahib Ardisher Cowasji, Sub-Assistant Surgeon, Mount Abu.  
Khan Sahib Mahbub Ali Khan, Kabul Agency.

RAI BAHADUR.

Babu Gopal Chandra Mitra, Assistant Serologist.  
Babu Tarak Nath Mitra, Civil Surgeon of Arrah.

RAO BAHADUR.

M. M. Ry. O. K. C. Avargal, Assistant Chemistry Professor, Madras.  
Rai Sahib Daji Ramachandra, Medical Practitioner, Nagpore.