

vestige of an adventitious finger. The great interest of the case, however, is this, that of the six children she has had, four had more than the usual number of fingers, and all the adventitious fingers were to the ulnar side of the little finger. The first two of her children had perfectly normal hands, but the third had four little fingers, two on each hand. The fourth child had two little fingers on the left hand, the fifth had four little fingers, and the sixth was as described above. Another curious fact is that her brother's wife had a child with the condition of webbed fingers. Now, what are we to believe is the cause of this peculiar condition? I can hardly think it could be caused by maternal impression. My opinion is that it occurs in embryo by a process of dichotomy, there being a tendency in the cells which go to form the little finger in the ova of this particular woman to subdivide and form two fingers instead of one, although it seems strange that the first two children had normal hands.

Ossett, Wakefield.

#### GLYCOSURIA WITH LOW SPECIFIC GRAVITY OF URINE.

By B. H. NICHOLSON, M.B., C.M. EDIN.,

LATE RESIDENT SURGEON, ESSEX AND COLCHESTER HOSPITAL.

I HAVE lately been attending a lady whose case has interested me much, and after reading a recently published article by Sir Edward Sieveking the extreme rarity of the condition has further interested me, and I think it of sufficient interest to place before the readers of THE LANCET.

A lady aged sixty-five consulted me about two months ago, complaining of what she called "piles"—burning and itching of anus, dragging pains across the lumbar region and depression of spirits. She had been thus suffering for about a month. She had suffered occasionally before from pruritus and eczema of arms, neck &c., and her brothers and father being gouty also, I treated her condition accordingly. The patient stated that she had lost flesh since she had been suffering, and proved this by the misfit of her dress. Her muscles were flabby and wanted tone. The palmar surfaces of the hands were red and glossy and gouty in appearance. Her expression was anxious and worn and desponding from the continued itching and burning, which very much diminished her sleep. The tongue was clean, but rather red and irritable; appetite fair; very little thirst; sinking feeling after food, and occasionally acidity; bowels very irregular, and not moved without aperients; polyuria not marked, getting up twice at night; the heart, lungs &c. normal; the pulse 72, regular, good tension. There was a small papular, eczematous rash on the arms, legs &c., which itched very much. I obtained a specimen of the urine the following day: it was pale and limpid, with sp. gr. 1022, slightly acid. It yielded a trace of albumen with Esbach's solution of picric acid; and sugar was found on testing with Fehling's solution; on rough quantitative examination I found she was passing about four grains in the ounce of urine. On discovering the glycosuria the patient was immediately put on a strict diabetic diet, gluten bread &c.; strychnine, euonymin pill at night, with mineral water in the morning as aperient, and cocaine ointment to relieve the pruritus. In about three weeks she had completely lost her cares and troubles, pruritus and sleeplessness and also every trace of sugar, and the specific gravity went down to 1010. I kept her under strict diet for a month and then gradually allowed starchy food, but absolutely prohibited sugar and limited starch. The patient has remained quite well. The specific gravity of urine ranges between 1010 and 1014. The interest in this case lies in the low specific gravity combined with glycosuria and very little polyuria. I think in these rare cases we must assume the normal specific gravity to be 1010, and in glycosuria conditions 1022. This case shows the absolute necessity of careful chemical examination of the urine even with normal specific gravity.

Colchester.

#### REMEDIES IN SCORPION STING.

By R. P. BANERJEE, B.A., G.B., M.S.L.

BETWEEN April and June, 1892, I had an opportunity of treating forty-six cases of scorpion sting. Of this dreaded arachnid (*Scorpio afer*) there are four varieties: (a) A dark brown, (b) a reddish-brown, (c) one the colour of prepared

leather (pale yellow), and (d) one which is slate-blue. Of these the first and last are the most deadly. The first mentioned has the largest sting (half an inch long) and measures altogether four inches. The last, which is also most to be dreaded, measures from mandibles to telson half an inch to an inch and a half. The larger animal is sluggish and prefers dusty and manure-like soil; the smaller is found in stony places, abounds in the hills, and can endure extremes of temperature. My patients all suffered in the same way, with of course constitutional modifications. The part stung was reddish and oedematous and the pores of the sweat glands were unusually distinct. Severe burning pain was complained of in the part and extended rapidly. In some free perspiration occurred and was followed by much excitement and delirium. Females did not suffer much, and children wept much, but without exhibiting severe local effects. Men of strong build suffered most, and in some instances were very excited; but resolute persons expressed no great suffering. In all cases the joint above the part stung was almost stiff, and in some there were febrile symptoms with severe headache. Ten of my cases were treated with ipecacuanha poultices, as text-books recommend, but only with transient benefit, as I had in addition to use chloroform stupes. This relieved all pain, but the erysipelatous swelling of the affected parts remained, and continued in severe cases for seventy-two hours, requiring still further treatment. In two cases chloroform alone was used and gave instant relief, but swelling remained in this instance likewise. In five cases hydrate of chloral pure and simple was rubbed into the part. It answered well, relieving pain instantly, and with this remedy there was no subsequent swelling. The action of chloral was, moreover, less evanescent than that of chloroform. In order to use it in a more convenient and more rapidly absorbable form it was liquefied with the addition of camphor (three parts of chloral and one of camphor), and to render its action still more rapid the part was punctured with a pin or needle before its application. Menthol-camphor, and butyl-chloral-camphor were also found efficacious. Without wishing to depreciate the value of other methods this treatment, which I found successful in twenty severe cases, will, I trust, have a more extended trial from the profession in the tropics, in order that its value may be determined and its efficacy established.

Pachbudra, Rajputana, India.

#### DEATH FROM THE IRRITATION OF ASCARIDES.

By W. HENRY HILLYER, L.R.C.P. LOND., M.R.C.S.

ON Friday, Sept. 16th, I received a message to visit a child at a village some three miles off, who was said to have vomited worms and to be very ill. Having other, apparently more urgent, cases to attend, I did not see her until some three hours later, about 1.30 P.M. The patient, a child aged five years and a half, was lying on her back, half unconscious, with eyes wide open and dilated pupils. The conjunctivæ were almost insensitive; the skin was cold and clammy; the temperature in the rectum was 99.8°; the pulse was imperceptible at the wrist; the apex beat was fluttering and difficult to count, but was at least 200; the right hand was tightly clenched and there was some difficulty in getting the mouth open; the abdomen appeared normal. There was no distension and no lump could be felt on palpation. There was no specially tender spot, but the child moaned a little on being touched. The tongue was slightly furred and red at the tip.

The history of the case was as follows:—The child had never been very strong, but was in her usual health until the morning of the 15th, when she complained of severe abdominal pain. A dose of castor oil was administered, which was immediately returned, and with it three round worms. No further vomiting occurred, nor any action of the bowels, which had acted naturally the previous evening (the 14th). No worm had ever been passed per rectum. Since the vomiting of the worms the child had lain "just as you see her now," and had not complained of any acute pain, but moaned occasionally. She had never had any convulsions. I administered three grains of santonin, with three grains of calomel (which I had brought with me), but the child died ten minutes later without any change of symptoms.

On making a post-mortem examination twenty-two hours after death I found the small intestine slightly distended down to a point fifteen inches above the ileo-cæcal valve