that he had been operated on twice previously for this condition, but, disregarding their remarks, I operated on him the next morning under a general anæsthetic.

Both the condition of head tremor and hiccup immediately cleared up. I kept the patient under observation for a further period of two days, but there was no recurrence of the symptoms. The case might be regarded by some as hysterical, but it would appear rather to be due to reflex irritation.

A CASE OF SCORPION STING.

By M. ASLAM OMAR, L.M.P.,

Gonda, U. P.

DURING the third week in June last a child, aged about two years, was stung in the left leg by a scorpion at about 7 p.m. According to his parents' statements, by 11 p.m. he was laid up with rather high fever, which had set in with chilliness, and was breathing very rapidly. He was brought to me the second morning after having been stung. I found his temperature to be 101·4°F., the pulse very weak and 160 per minute, the respirations rather noisy and 80 per minute. On auscultation harsh bronchial breathing was audible over both lungs, and the heart sounds were almost inaudible. There was much lividity of the face and the little patient was in a condition of extreme prostration.

I gave him a subcutaneous injection of digitalis and strychnine, and prescribed an antiphlogistic expectorant mixture with sal volatile. Improvement was gradual and steady, and when he was next brought to me on the eighth day after having been stung, the lungs were clear, and the temperature almost normal.

The case appeared to have been one of acute congestion of the lungs due to absorption of toxins from the site of the scorpion sting.

A CASE OF IRON RING INCARCERATED AROUND THE ROOT OF THE PENIS.

By C. S. SHARMA, L.M.P.,

Medical Officer, i/c City Dispensary, Farrukhabad, U. P.

RAM SINGH, aged 40 years, was brought to the City Dispensary, Farrukhabad, on the evening of the 20th May, 1927, with an iron ring, 3/4" broad and 3½" in circumference incarcerated around the root of the penis. The ring had been applied by the patient three days previously—according to his own explanation to overcome libido, because he wished to become a *sadhu*. Shortly afterwards the penis became œdematous and the ring could not be removed.

At the time of admission the patient's penis was enormously enlarged and œdematous, of a dark colour, measuring 6" in circumference at its root and bordering on a gangrenous condition. The iron ring was sawn through with a goldsmith's *reti*, previously sterilised by boiling, since no ordinary surgical instrument was capable of cutting it. The patient could pass urine in drops and with some difficulty. The penis had become ulcerated at its root, where the ring had compressed it, and free incisions had to be made to reduce the œdema and swelling. At the time of writing the patient is making good progress, all danger of gangrene and sloughing having been averted.

My thanks are due to Rai Bahadur Dr. Saroop Narain Mathur, Civil Surgeon, Fategarh, for permission to publish the notes on this case; also to my head compounder, M. Wazeer Ali, for the skilful aid which he gave me in removing the ring.

A CASE OF MEDICO-LEGAL INTEREST.

By M. UMAR, P.M.S.,

Officiating Surgeon, Bijnor, U. P.

SODAL, son of Mohan Chamar, of Qaziwala District, Bijnor, aged 12 years, was brought to hospital about 6 p.m. on the evening of the 26th May, 1927, by his father. The father stated that the boy had climbed over a tree trunk, leaving his stick balanced against the trunk. He had slipped and fallen on to the stick, which had entered the anus.

On examination there was no external injury on any part of the body, but there was a superficial tear on the margin of the anus and some slight discharge from it. The patient's abdomen was slightly distended, but there was no vomiting. The patient lay on his back with his knees drawn up. The pulse was weak and rapid. Respiration was mainly thoracic in type; the temperature 97°F.; the extremities cold; and the face was pinched and drawn with typical facies hippocratica.

The patient's relatives absolutely refused to permit operation, and all that could be done was to keep the patient quietly in bed in Fowler's position. I am against giving morphia or opium in such cases, since it conceals the symptoms and in addition gives a false sense of security, especially to the relatives. The patient died at 3 a.m. on the 27th May, 1927. A post-mortem examination was performed, and the findings were as follows. In order to secure the rectum intact I removed the coccyx and sacrum (as in the trans-sacral or Kraske's operation) *en masse*.

Large intestine.—On opening the rectum the first mark of injury was found 5½" above the anal orifice. On the external surface of the rectum there was a gangrenous patch, 2" by 1", four inches above the anus. The rest of the gut was normal.

Small intestine.—Two feet of ileum above the ileo-cæcal valve were found to be gangrenous. A few coils of the jejunum also

showed gangrene. The rest of the gut was normal.

Abdominal cavity.—About 6 ozs. of pus were present in the abdominal cavity. The spleen—as is often the case in India—was enlarged.

The membranes of the brain were congested. The left side of the heart was empty. There was a clot of blood in the right side of the heart. Some dark coloured fluid was present in the stomach, and only a little urine in the bladder. The child had clearly died of peritonitis, due to the injury described.

The story given by the father was quite incredible. The probability is that the boy was grazing his cattle in somebody else's field, when the owner of the field came up and a quarrel ensued. The owner of the field probably inserted the stick into the boy's anus by way of punishment.

TORSION OF THE SPERMATIC CORD AND SPONTANEOUS RECOVERY.

By A. VISWANATHAN, L.M.P.,

Central Jail, Tharrawaddy, Lower Burma.

A KAREN sepoy, bugler of the military police, Papun, was brought to the Civil Hospital, Papun during a night in January 1925. He had been quite well during the day time except for constipation lasting for a couple of days. He sounded the night roll-call bugle at 8 p.m., at the end of which act he began to feel increasingly severe pain in the abdomen and scrotum. I observed him to be in the following condition:—

(1) Temperature 101°F., pulse about 120, rapid and somewhat wiry.

(2) Abdomen rigid, and extremely tender to touch: legs bent up to relax the abdominal muscles.

(3) No swelling in the groins, but both the cords were felt to be enormously enlarged towards their testicular ends. The epididymis on both sides was also swollen and tender.

(4) There was vomiting twice during a period of 15 minutes.

The case was provisionally diagnosed as torsion of the spermatic cord. But keeping in mind the other causes of acute abdomen, the hospital nurse was asked to get ready instruments for abdominal section and herniotomy. Meanwhile a copious warm water enema was given which resulted in the expulsion of massive balls of old fæces. After this his pain was greatly relieved, a hot water bottle was applied to his groins, the idea of operation being given up temporarily.

Early next morning the swelling and tenderness of the cords subsided practically, except for some dragging sensation in his testicles. One ounce of castor oil was given.

He was discharged cured after a week. It was, of course, recommended that he should be taken away from his appointment as a bugler.

This is the first case of torsion of the spermatic cord which I have seen during my 8 years of service in Burma. I have not read any recent literature regarding the frequency of this condition and believe it is not of common occurrence. Rose and Carless say that the ætiology of this condition is scarcely understood, but that it is associated with late descent of the testes, and with twists and strains of various kinds. In the case here recorded bugling had been the exciting cause, while constipation might have predisposed towards it. The cord is usually fixed in the inguinal canal, but is free as a rule in all cases of patent tunica vaginalis, in which condition it can be more easily twisted. This anatomical abnormality may be one of the chief predisposing causes of the torsion of the cord.

As regards the termination of the condition, few authors in surgery mention spontaneous recovery, while all mention gangrene of the testes and cord. This case is an instance of spontaneous recovery.

Uncommon as the condition is, it is well to remember it as one of the causes of acute abdomen. Before undertaking any operation for untwisting the cord in its early stage or for castration in its later stage it is worth while trying the effects of an enema.

A CASE OF IMPERFORATE ANUS.

By S. N. MUKERJI, F.R.C.S.,

MAJOR, I.M.S.,

Civil Surgeon, Chittagong.

A NEW-BORN male child 3 days old was brought to the General Hospital, Chittagong, for imperforate anus on the 23rd July, 1925. I operated on the child at once under chloroform. It took about 45 minutes to find the rectum. It was high up in the pelvis. I had to dissect to the depth of more than an inch to find it. I failed to bring the rectum down to the skin margin at the time. The child was given one drachm of olive oil daily for the next three days. He was fed on sterile water for two days after operation, and put on mother's milk on the third day. He was getting on well when the parents took him away. But they promised to bring him later on for further operation. I saw the child again after 14 months. He was a healthy child. He was doing so well that the parents were not anxious even then to bring him for further operation. The part was examined. The opening was forming into a constriction. It was impressed on the parents to bring him soon to hospital for further operation. I had opportunities of operating on a number of cases of imperforate anus as Resident Surgeon to the Medical College Hospitals, Calcutta, but unfortunately I could not follow them up. I never saw one live when operated on so late after birth. I am reporting the case as I consider it to be very