illnesses and Geoff could remember nothing of the first 36 hours after his collapse.

As he was convalescing in Lima and we were awaiting a flight home I had tried to establish with him the idea that he had been seriously ill. Although I had not used words like "pulseless," "unresponsive," or "dead," I had made it clear that high altitude climbing in the future was not advisable. This problem had in fact already been solved by his wife, who had already sold all his climbing kit by the time we arrived back in England one week after the incident. But as we were shaking hands at the airport "our man

in Lima," whose help can be described only as inspired, was heard to say to our patient, "Well done, Geoff. For a long time I was certain we'd be sending you home in a box."

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The scorpion story

JANE M WILSON

When people hear about the expeditions that I have been on they often suggest that I must be an expert in tropical medicine. I usually deflect such accusations by explaining that nothing exciting ever happens to me. Sore throats and colds seem to cause most problems, and travellers' diarrhoea nearly always responds to a day or two on clear fluids, although there was the difficult case of chickenpox that baffled us in the Andes a few years back. The realisation that there are remarkably few noxious animals that can kill a healthy adult made me think that even the remotest jungle must be a friendlier place than the inner cities. During the course of the 1986 Crocodile Caves of Ankarana Expedition to Madagascar, however, I had cause to change my mind and I have become a little less blasé.

A troop of Sanford's lemurs was sitting in a line along a branch, spotlight by sunlight streaming through a hole in the forest canopy. One of the females had a week old infant on her back: a superb photograph, just waiting to be taken. I plunged my hand into my bag for another film.

Suddenly I feel a sharp seering pain in my right index finger and am aware of a scuttling from my bag. The scorpion had drawn blood. I squeeze and try to suck out the poison. Paul, veteran of several tropical expeditions, tells me that I should take some pain killers: "It will hurt." I feel foolish. And what about my photograph? I expected it to be more painful than this. I continue sucking my throbbing finger while the others start exploring my bag for the culprit. I should probably apply a tourniquet, but it's too painful and I don't want to. I consider a lignocaine injection, but I am too cowardly to self administer that. "The nastiest ones have small claws because they rely on their venom to kill their prey." This one has small claws. I don't feel comforted.

Hit with a large hammer

I start to feel a bit strange and decide that it would be sensible to lie down. My finger now feels as if it has been hit with a large hammer. It is swollen and red, and painful streaks are spreading into my forearm. The puncture mark is no longer visible. It is still not too bad but it's getting worse minute by minute. Sweat starts to stream off me and I cannot find a comfortable position. Any angle makes my hand and arm more painful. The pain spreads into my upper arm and axilla. My left hand and feet are tingling too and my back aches. I feel bad. I kneel up, lie down, lie propped up, curled up. Take some morphine sulphate. The water to wash the tablets down feels like swallowing hot pins and needles. People look concerned. The tingling must be because I am hyperventilating. I concentrate on breathing slowly. I feel a lump in my throat. My nose

is congested and my eyes stream. Blowing my nose provokes a wave of severe pain in my face. My throat feels tight and I begin to worry that my airway will become obstructed. I wonder if there is any treatment. The books say that scorpion stings are only painful, not

Grosphus palpator.

[Photograph taken by Simon Fowler.]

dangerous. The Chinese man in Diégo-Suarez who sold us the food for the expedition said that if anyone was stung we should crush the scorpion in a pestle and mortar and apply this to the sting site. I suggest this. Paul, with remarkable and disarming faith in the local medical services and our abilities to reach them, said "No. If you get into trouble, Jane, having the scorpion may help the doctors decide on the right treatment." Some hopes. I do not tell him that I think I am already in trouble. Supportive treatment would be the best I could expect. And the nearest doctor is a day away—if I could walk.

"I think I'll have the hydrocortisone." Nervous hands drop the only needle into the leaf litter. An abscess would be the least of my worries. I thrust 100 mg of hydrocortisone into my calf, wondering if anyone else has given an intramuscular injection there before. The injection swab reveals my filthy state. I had just got back to base camp after a hard day's jungle bashing and had been looking forward to a long cool bath in our subterranean bathroom, followed by some cold rice.

Another wave of pain grips my face. I wonder how many morphine tablets I dare take. I have already swallowed six. The pain is now severe and constant no matter what position I am in. The rigors make it worse. The others say that I should drink for the sweat continues to pour off me, but it is too painful to swallow. They tower over me. I long for them to entertain me. Why can't they take my mind off this? But they can't think of anything to say, except that I should try to drink.

Only the spiders that kill

Two hours drag by in agony from my arm, face, lower back. What is this doing to my kidneys? Slowly the morphine tablets begin to work or the hydrocortisone has helped. Perhaps it would have eased

Female crowned lemur.

by now spontaneously. I can sit up: still in a lot of pain but it is tolerable now. The worst is over. As the pain eases I become aware of another sensation as if it is raining. And there are cold feelings wherever my skin makes contact with anything; it is like sitting in a puddle. I am not hyperventilating but the painful parasthesiae in the hands, feet, and tongue persist. I am not going to die—I knew I wouldn't for it is the spiders here, not the scorpions, that kill. I am calm. The worst is really over. Compared with that previous agony I am comfortable. I begin to feel hungry. It is early evening and I have not eaten since a snatched breakfast before 6 am. Opening my mouth to drink some coconut milk provokes painful spasm of my muscles of mastication and the hot pins and needles return when I swallow. Perhaps I should not have sucked out the poison. I will eat tomorrow. At last I begin to feel as if I could drift off to sleep. Dusk gathers. It is going to be a long night. Sally offers her Walkman and a choice of Mozart's *Requiem* and Tina Turner. Christian, our Malagasy helper, touchingly offers his bed. A scorpion had got him on the arm a week before and the swelling of his face had only just

Daylight filtering through a cave.

resolved. Afterwards he had built a platform out of saplings to avoid any further encounters. I accept, knowing that I could never sleep in my hammock as I am.

Night falls and the pain returns, six hours after the first morphine tablet. I take more. Mozart is not creating the right atmosphere, particularly with the nightjars accompanying the soloists. It starts to rain for the second time in the past three months. The rainfall on my arm is excruciating. Someone brings a huge piece of polyethylene. That hurts my arm too, but I can prop it up. It is a miserable night. Even the lemurs, which are usually so entertaining, torment me by shrieking at the rain and dropping down half eaten fruits on me. I fall asleep around 4 am, half an hour before first light. And I get perhaps one and a half hours' sleep before breakfast sounds wake me again. I feel better and am sure that I will need no more morphine tablets. But I am hung over, sick, and bleary eyed. Sweet tea and Stemetil helps. Eventually I struggle upright to discover that I am quite heavily sedated. I spend the rest of the day cat napping when I can fight off the sleep no longer. But that's not a bad state to be in.

Now a real expeditionary

Back in the civilisation of Diégo-Suarez I related my adventure to a maths lecturer.

"No, Malagasy scorpion stings are not supposed to be fatal but one of my students died—a large 18 year old lad."

"What happened?"

"He drank cold water."

My index finger was numb for a month and is still susceptible to Raynaud's phenomenon in the cold weather. Nearly a year later my two finger typing is somewhat hampered by a peculiar sensation in one of them. But I can't complain; at least now I feel like a real expeditionary. And things could have been worse for close relatives of *Grosphus palpator* (and it did provoke palpitations) account for a fair number of adult deaths in India. That will teach me to brag that nothing exciting ever happens to me.

I am indebted to Napp Laboratories for contributing the morphine

sulphate and May and Baker for donating Stemetil for use on the expedition, an account of which may be read in *Ankarana, a Rediscovered Reserve in Northern Madagascar*, by J M Wilson, P D Stewart, and S V Fowler, and published by Oryx.

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Lifecycle

D P C TOMSON

On 10 August 1986 a half baked joke first uttered over a long distance telephone wire became a serious fact. Well it was never that serious and didn't actually become a complete fact till our arrival home 11 bone shaking months later. But on that butterfly stomached day I—previously a moderately responsible doctor—and Helen Gorsky—a teacher in search of a wider vision than suburban primary school—set off from London Bridge on a custom made tandem to cycle to China in aid of Oxfam and for personal fun.

The first six weeks of gradually less painful pedalling took us to the edge of the Bosphorus. We travelled through parts of western and eastern Europe, enjoying the cheese of the Netherlands, the rain of Germany, the apple strudel of Austria, the hospitality of the Hungarians, the valleys and rivers of Yugoslavia, and the political discussions of the Bulgarians. The next six weeks took us to the shadow of the magnificent Agri Dag, better known as Mount Ararat, on the border of Turkey, which was full of wonderful people and terrifyingly wild dogs, and Iran, which had a few terrifying people and no dogs at all. After a brief pause while we got used to wearing a chador (a black cover all tent), chelo kebab (the only available food outside of a friend's house in Tehran), and a small dose of piles in the desert city of Yazd we entered Pakistan. Here I think we experienced the greatest riding and the greatest hospitality of the trip, culminating with Christmas in the crazy jumble of mountains of the North West Frontier Province. We had chicken with walnut stuffing, Hunza apricots with fresh yoghurt, and Christmas carols played on a penny whistle and danced to by a hunch backed ex-Kashmiri ranger.

India brought festivals, erotic temples, crowds of inquisitive bicycle enthusiasts, a visit to the Oxfam project that we were raising money for, and days of ever changing sights, sounds, smells, and feels. Bangladesh brought us face to face with one of the most painful ironies of the year—such great inequality and brave suffering in one of the most beautiful and fertile countries of the world. And then we left the ground for the first time and flew over Burma to Thailand, where we ate, boiled in the sun, rested in the cool of Buddhist temples, broke an axle in a tiny smuggling town, and ate some more. We also cycled another 3000 km and collected seven outlandish straw hats. From there to Malaysia, where a doctor holds the reins of power (Mohadir Bin Mohammed), and the Chinese the power of the economy, where positive discrimination is written into the laws and positive delight worked into the food. (Notice how close food is to a cyclist's heart.) The final leg of the trip took us to Hong Kong and Macau, an old Portuguese colony well worth a visit if you are out in that part of the world, and then China. There we had an excellent month of completely illegal cycling, of

halting political discussions in Chinese and of "end of trip" indulgence on a cruise back to Hong Kong and our flight home.

Medica Miscellanea

The following is what I hope should be an amusing but not altogether frivolous account of some of the more medical moments of the trip. Incidentally the "Lifecycle" account with Oxfam is still

Pakistan street dentist.

open if anyone feels that they would like to contribute. (Lifecycle, Oxfam Regional Office, 1 Windmill Road, Headington, Oxford.)

I've just been along to the personnel department at my new place of work armed with all the usual bits and pieces that are demanded of you before you can work—the P45 form, birth certificate, and details of qualification and registration. As I handed over the latter I smiled inwardly and wondered whether, this time, they would believe that I really was a doctor. Crossing the border from India to Bangladesh last year the immigration officials hadn't believed what was written in the profession column of my passport; looking me up