

I usually reckon the average time for the operation is 15 minutes, though I have done it in 6 minutes—a point which has much to recommend it when the morning's operation list is a full one.

## A Mirror of Hospital Practice.

### OLD AND NEW TREATMENT OF "AGUE CAKES."

By J. R. PILLAI,

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THE treatment that has been adopted in this hospital, for a long time for enlarged spleens, is by administering triple sulphate (quinine, iron, and mag. sulph.), mixture internally, and applying red ointment alternately at different places, to the size of a rupee, over the spleen and mild out-door exercise.

In malarial cachectic cases, arsenic was added in the mixture as well.

For convenience sake the enlarged spleens can be easily described as follows:—

1. Enlarged spleens to the size of a cricket ball below the costal arch.

2. Enlarged spleens to the size of a big sized cocoanut.

3 Large and indurated spleens occupying a greater portion of the abdominal cavity.

Cricket ball sized spleen cases under this old treatment get better on an average from 15 to 20 days, if no attacks of ague in the meantime.

Cocoanut size spleen cases by the same method of treatment are discharged after 25 to 35 days stay in hospital, without fever in the meantime.

Large and indurated spleen cases, with or without malarial cachexia, take a pretty long time, from 4 to 5 months, on an average, to get better. Even this cure is only temporary. A few attacks of fever, bring the spleen down again, to its former enlarged state.

To counteract the constipating effect of iron containing in the mixture, mag. sulph. is so varied according to the different constitution, that bowels made to move 2 or 3 times a day.

The weight of men who have large and indurated ague cakes, goes down gradually with the diminution of the spleen. But mild cases of spleen, on the other hand, improve in weight, even with the reduction of the enlarged spleen.

A few days after admission and when the attacks of fever cease, the appetite of these patients increase, and with the progress of the treatment, the red cells in the blood increase, and consequently the pale conjunctival, in cachectic cases, gradually get red.

The crescents are very often seen in the blood of cachectic cases, but after continuing this old treatment for a long time, they seem to disappear.

Liver, especially gets cirrhotic, in many of these cachectic cases, if they do not get into the hospital soon for treatment.

### NEW TREATMENT.

The article written by Major C. A. Johnston, M.B., D.P.H., I.M.S., in a previous (May 1906) issue, was so instructive and attractive to read, that an experiment was made in this hospital, on 48 cases of enlarged spleen, by injecting quinine hypodermically, administering tonic without quinine internally, and applying blisters over the spleen.

The method of the treatment and its result are shown as follows:—

Size of Spleen.	NUMBER OF CASES UNDER	
	New treatment.	Old treatment.
1 Cricket ball size ...	6	6
2 Cocoanut size ...	6	6
3 Large and indurated ...	12	12

All these cases were treated in one ward, one row of which containing cases that got old treatment, and the other row new treatment.

The deltoid areas were selected for injection and these parts were thoroughly aseptised. The needle is well boiled in oil before every injection.

Neutral quinine is dissolved in well preserved rain water, boiled, and then injected once every morning; 4 grains for the first set, 5 grains for the second set, and 6 grains for the third or cachectic set.

After injection, carbolic oil 1 in 40 is rubbed over the parts, and the place is fomented occasionally to relieve the pain caused by the piercing of the needle.

This new treatment was started on the 13th of July 1906. The result of examination on the 20th of July 1906.

The first set that got the injection treatment showed a marked improvement. Only about two fingers breadth of the spleen was palpable below the costal arch. No fever in the course of that week.

Weight of the patients increased to 2 to 3 pounds; appetite fair. No crescents in the blood.

Whereas in the same opposite set that got the old treatment the improvement was only slight, weight stationary, appetite moderate, attacks of fever now and then and no crescents in the blood.

In the second set, the cases that got the injections, improved better than the non-injected cases, *i.e.*, the crescents disappeared, the spleens became softer and gone down by two inches, weight increased to 1 to 2 lbs. and appetite fair. No marked improvement was noticed in the opposite cases that got the old treatment.

In the third set, the spleens in the injected cases became little softer, crescents disappeared and weight decreased to 2 to 3 lbs., and appetite fair.

In the opposite set the improvement was nearly nothing.

The result of examination on the 28th July 1906.

*First Set.*—In this the spleens gone up nearly to their former sizes and general health being fair, all the twelve cases were discharged to the convalescent gang.

In the same opposite set the spleens could be palpable 2 fingers below the costal arch, appetite fair and weight increased than the previous week.

*Second Set.*—Among the injected cases, the progress was as good as that of the above set; whereas in the same opposite set, the improvement was slow.

*Third Set.*—The injected cases made improvement nearly twice as much as the non-injected ones.

*The result of examination on the 5th August 1906.*

*First Set.*—The remaining non-injected cases were discharged along with the injected cases of the second set.

*Second Set.*—The injected cases having gone out of the hospital, there remained their opposite sets, who were making more favourable progress than last week.

*Third Set.*—The blood of the injected cases was repeatedly examined for crescents, but to no purpose; whereas, some were seen in the blood of some of the non-injected cases.

The improvement in the former was better and satisfactory than the latter cases.

*The result of examination on the 13th August 1906.*

*Second Set.*—The spleens in the remaining non-injected cases were only palpable to two to three fingers' breadth under the arch, and to make room for others they were sent to the convalescent gang, after a stay of one full month in the hospital.

*Third Set.*—The spleens in most of these cases that are injected, were nearly reduced to two-third of their former sizes and became softer. The weight of these men, although gone down to 4 to 6 pounds, they said they felt better and took their full diet with hospital extras and digested them better than before. This injecting treatment was suspended in these cases for a week and will be continued again later on.

In the opposite set the spleens became little softer and gone down only by two to three fingers' breadth from the original enlarged size.

At this stage, these cases were given the benefit of quinine injection from the 14th of August 1906.

#### REMARKS.

It has become a routine treatment now in this hospital to inject every case of enlarged spleen that is admitted.

A special care was taken by me to asepticise the parts and to boil the needle well before injection, and the result was that not a single case developed abscess.

No one had any attack of fever after the first quinine injection.

It is practically learnt, now, from Major Johnston's treatment for enlarged spleens, that the newly and moderately enlarged spleens of malarial origin, with or without crescents in their blood, make a rapid improvement. But in the hard and indurated spleens, the recovery is very slow. The detrimental crescents are destroyed sooner than in the old treatment. The other deranged internal organs are given a stimulus to take a good turn and tone.

The only difficulty in this treatment is, that the patients with large spleens are daily given the trouble of having their skin and flesh pierced with the needle.

#### A CASE OF VIPERINE SNAKE-POISONING: RECOVERY.

BY F. WALL,  
MAJOR, I.M.S.

ON the 23rd of August at Shillong (Khasi Hills, Assam, 4,900 feet) I arrived home at 6 P.M. to find my snakeman awaiting me with the report that he had been bitten in the finger whilst trying to effect the capture of a viper. He produced the snake which proved to be a pitviper (*Lachesis monticola*) common in these hills.

The injury had been sustained about 4 P.M.

I accompanied him to the Civil Hospital walking. On examination I found the wound had been inflicted on the dorsal aspect of the second phalanx of his right middle finger. The wound had been cauterised in a very superficial and perfunctory sort of manner with nitrate of silver, and a single string ligature applied above the wrist by a native practitioner. The patient complained of much pain which he said was increasing in the hand, and I have little doubt was due mainly to the ligature. The whole limb was much swollen, and the swelling extended slightly to the subcutaneous tissues beneath the axilla. The hand was most swollen, partly doubtless due to the ligature for it was cold.

I removed the ligature, made four parallel incisions to the bone, rubbed in crystals of permanganate of potash, and dressed the part.

The patient walked to my house, a mile distant, where I told him to sleep in case of developments. He passed a fair night, and said he slept all right, and he seemed fairly easy in the morning, but his swelling had increased. I sent him home and told him to keep quiet.