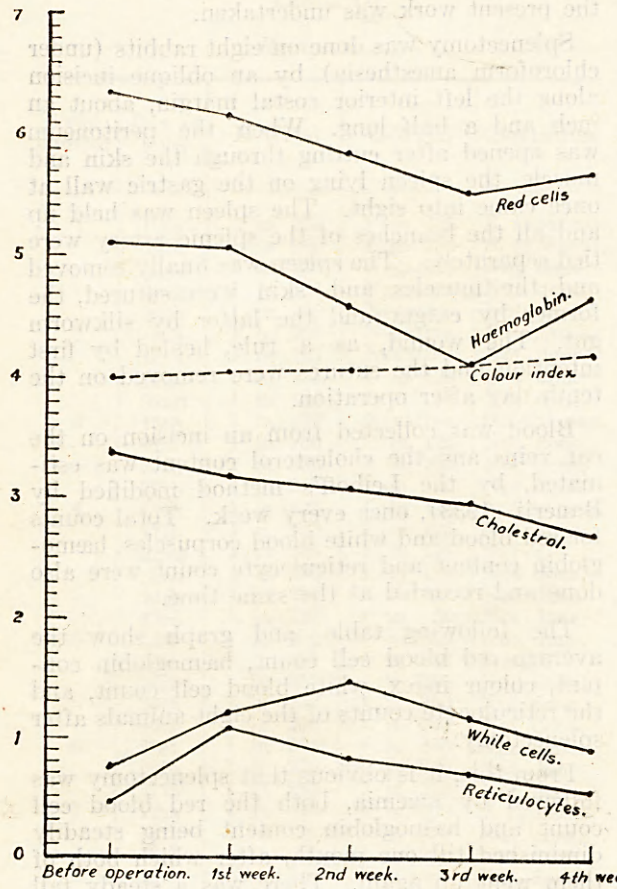
Graph



Red cells — unit	..	1,000,000 cells per c.mm.
Hæmoglobin „	..	20 per cent.
Colour index „	..	0.2.
Cholesterol „	..	20
White cells „	..	10,000 cells per c.mm.
Reticulocytes „	..	5 per cent.

Discussion

Many observers, *e.g.*, Pearce, Krumbhaar, and Frazier (1918), have observed temporary anæmia of the secondary type after splenectomy, but experimental results in our hands show that though there was a fall in the red blood cell count and diminution in the hæmoglobin content, the former remained about five and a half millions and the hæmoglobin content did not fall below 91 per cent, the colour index remaining almost the same. These facts clearly show that there was no true anæmia after splenectomy.

The fall in the cholesterol content was due to the diminution of the red blood cell count. As there was no rise in the cholesterol content, the slight diminution in the red blood cell count can not be explained as due to increased destruction of the red blood corpuscles. Increase in the white blood corpuscle and reticulocyte counts points towards an increased formation of these corpuscles. This is quite contrary to Krumbhaar's belief (1926) that probably the spleen gives rise to some substance which has a stimulating influence on the red bone marrow cells. The increase in the white blood cell count was mainly due to increase in the number of polymorphonuclear cells, most of which belonged to the first and second groups of the Arneth count, that is, they were recently-developed cells.

Curiously enough, in spite of the increase in the reticulocytic count the red blood cell count went down, a fact that has yet to be explained.

Summary

Splenectomy was performed on eight rabbits and certain hæmatological observations were made at weekly intervals; the results can be summarized, as follows :—

The cholesterol content fell slightly but steadily.

There is no anæmia though the red blood corpuscle count and the hæmoglobin content too showed slight diminution.

There was an increase in the white blood cell count and the reticulocytic count, showing a stimulation of the marrow activity after splenectomy.

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A Mirror of Hospital Practice

TWO CASES OF PERIPHERAL NEURITIS TREATED BY INTRAVENOUS INJECTIONS OF SODIUM IODIDE

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These cases were the result of influenza which prevailed in the towns and villages of Mahikantha in an epidemic form in the months of January, February and March of this year.

The object of reporting them is to show that, in cases which were quite helpless, the effect of intravenous injections was striking, the patients showing improvement within twenty-four hours after the first injection.

Clinical history

Case 1.—A Sikh youth, aged 22 years, was admitted to the civil hospital, Sadra, for an attack of fever and cough following a game of hockey. The temperature on admission was 101°F., the pharynx was congested and râles were heard over the base of the left lung. On the 25th January, 1934, the patient began to complain of tingling sensation in both the upper and lower extremities. On the 28th the lower extremities could not support the body-weight. On the 1st February the patient developed anæsthesia of both upper and lower extremities. The general reflexes were lost but the bladder and rectum were unaffected.

Condition of the patient before the treatment was started.—The patient was quite helpless, could not raise himself in bed without support, or stand even when supported; he was unable to grip an object with his hands. General reflexes were lost but the bladder and rectum were unaffected.

Treatment.—Intravenous injections of sodium iodide —15 grains in 10 cubic centimetres of distilled water— were started on the 15th February and were repeated on alternate days. Twenty-four hours after the first injection the patient began to feel stronger; the anæsthesia gradually disappeared, and his grip became firmer. The upper extremities improved earlier than the lower and he was up and moving about in a fortnight. He was given fourteen injections in all and was discharged cured.

Case 2.—An adult, 35 years of age, was admitted into the civil hospital, Sadra, on 2nd March, 1934, with a history of fever, cough and naso-pharyngeal catarrh of fifteen days' duration. On the fourth day of his illness, he began to notice numbness and tingling in both his upper and lower extremities.

Condition on admission.—The patient had a temperature of 100°F., the grip of both hands was weak; he could neither raise his arms nor raise himself in bed without help. He could not stand although he could move his limbs; knee jerks were somewhat exaggerated; ankle clonus and triceps reflex were absent.

Being encouraged by the result of the first case, intravenous injections of sodium iodide in fifteen-grain doses were started and were repeated every other day. The first injection was given on the 3rd March. On the 5th the upper extremity began to show signs of improvement. On the 7th he could raise his left arm fully and on the 9th he could sit in bed without help. He went on improving steadily, the right arm being the last to recover and he was discharged completely cured on the 22nd March, *i.e.*, on the 19th day after the treatment was started. In all he had ten injections.

A CASE OF CEREBRAL MENINGEAL HÆMORRHAGE

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THE following case appears worthy of record as it illustrates the great diagnostic importance of lumbar puncture in cases of cerebral meningeal hæmorrhage, and shows also how such punctures may assist greatly in the treatment of meningeal hæmorrhage :

A man was admitted into the North-Western Railway hospital, Delhi, on the 4th February, 1934, in an unconscious state with a temperature of 101.4°F. The tongue was thickly furred and the pupils reacted to light. He was given a soap-and-water enema on admission but without satisfactory result. A blood film was prepared and examined for malarial parasites but was found to be negative. Next morning the temperature was 99.4°F. and his condition remained the same. At times he regained consciousness for short intervals and was given nourishment. A soap-and-water enema was repeated but without any greater success than on the former occasion.

The temperature rose to 100.4°F. in the evening, the breathing became stertorous and his condition appeared grave at about midnight. There were signs of passive congestion of the right eyeball and paresis of some of the ocular muscles of the right eye; the pupil was dilated and proptosis was present.

The temperature was now 102.2°F. Twitching of the head and left arm was noticed. I suspected meningeal hæmorrhage and decided to do a lumbar puncture to confirm the diagnosis. About 50 cubic centimetres of cerebrospinal fluid were drawn off. The first 20 cubic centimetres of fluid came out under great pressure but it was quite clear in appearance. The remaining 30 cubic centimetres were blood-stained. The diagnosis of intradural cerebral hæmorrhage having been made it was decided to trephine the skull and remove any blood clot. A few hours later however, when I visited the hospital for this purpose, a great improvement in the patient's condition was noticed. The breathing was quiet. The passive congestion of the right eyeball had almost disappeared. The patient was quite conscious and no twitching of the fingers, etc., was noticed. The temperature had dropped to 99°F. It was considered advisable to postpone trephining the skull and to keep him under observation for a few days. Recovery was rapid and uneventful so that he was able to return to his work two weeks later.

My thanks are due to the Chief Medical and Health Officer, North Western Railway, Lahore, for his permission to publish this case.

LYMPHADENITIS OF THE RETROPERITONEAL GLANDS SIMULATING APPENDICITIS

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THE following cases are of interest not only on account of the comparative rarity of the condition, but also because of the difficulty experienced at an accurate clinical diagnosis :

Case 1.—An Ooriya boy, aged 16, was admitted as an in-patient to the Amoragori Charitable Dispensary suffering from pain in the right groin, thigh and knee. He had been unable to walk for two days. On admission his temperature was 100°F. His right hip was flexed to an angle of 45 degrees and extension was very limited and painful; tenderness in the right iliac fossa was very marked and a few enlarged inguinal glands were found. The abdomen moved well. The spine appeared normal. Rectal examination showed marked tenderness on the right side, but a mass was not felt. The bowels had been constipated and an action was secured on the day of admission by the use of castor oil.

Case 2.—A boy, aged 4 years, was brought to the out-door department when I was a medical officer of the Bargachia Thana Charitable Dispensary. He was limping and constipated and had previously complained of pain in the right hip. His temperature had fluctuated between 100 to 102°F. for at least a week. The extension of the right leg was limited and painful. There was slight rigidity in the right iliac fossa and above the pubis and tenderness over the abdomen which was very marked over McBurney's point. The right inguinal glands were slightly enlarged and painful. Rectal examination revealed tenderness high up on the right side, but no lump was detected. Nothing abnormal could be seen or felt in the spine or loin.