

remains fixed external to the anatomic situation and is followed by a weeping anus, or if the wound be returned, the lips are detached and hæmorrhage may follow.

In Whitehead's operation if the skin is removed below the sphincter a condition of weeping anus arises.

Pennington's operation consists in simply cutting off the pile and to control hæmorrhage the rectum is packed; my conjectures are that the wound's edges are widely separated and by pressure of the plug they may become fixed and the ensuing granulating surface require much time for healing. Another point is that the muscular tissue will relax under pressure of the plug, and though primary hæmorrhage is checked yet secondary hæmorrhage may easily occur.

The author's operation consists of:—general anæsthesia, the patient being in the dorsal position, thighs flexed and hips lower than the shoulders. A bivalve speculum is introduced; forceps are applied to the hæmorrhoid and the pedicle clamped and the pile cut off; after the cautery is applied intermittently and the pedicle sutured with catgut with a button-hole stitch. A six-inch strand of catgut is attached to its upper end. When all the piles have been treated, the speculum is removed and also the clamps.

Without anæsthesia a special conical clamp is used; preparatory treatment consists in the gradual daily dilation of the sphincter until the clamp can be introduced without pain. The patient is placed in Sim's posture and the piles localised with the anoscope, injected with eucaine and grasped with forceps; the clamp applied and the tumour cut off; the pedicle may either be sutured or just touched with the cautery. In the after-treatment the patient is not allowed to lie on his back; the long catgut stitch left is in case of secondary hæmorrhage when, if it occurs, the pedicle can be pulled outside and an artery forcep applied until the arrival of further help. (*The Therapeutic Gazette* March 1906)

What strikes one perhaps most forcibly, in reading the opinions expressed by these different authorities is their great variance as to the right operation to be performed, *i.e.*, one man saying the ligature is the only correct method, another stigmatising it as prehistoric, and similarly with the other procedures described. The only conclusion that can be drawn is that any one operation is not suited for every case. The second point is the great desire to perform the operation under local anæsthesia and get the patient back to his work; this is perhaps another example of the American tendency to "hustle." Many cases of hæmorrhoids do indeed take ether or chloroform badly, but so do cases of varicose veins and varicocele, but it has not been generally suggested that these latter operations should be done under local anæsthesia, and with a good anæsthetist this difficulty can generally be overcome. The method of injection of the nerves of the sphincter as described by Tuttle strikes one as being a distinct advance. Cases of hæmorrhoids with only one or two definite tumours can be easily treated under local anæsthesia, and the result will probably be satisfactory, but when there are many, several sittings have to be undergone, and the difference in time is probably rather longer than if the operation had been completely finished at one sitting. This method is reminiscent of what used to happen to a patient with nasal polyp, who had one polypus solemnly removed week by week; until Sir Mitchell Banks suggested their total removal under chloroform.

The opinions as regards the use of the clamp and cautery seem fairly equally balanced; the advocates of the latter laying chief stress on the lesser pain produced by this method. Both methods, however, are somewhat reminiscent of an age of ruder surgery.

Another point is the little mention of Whitehead's operation and that chiefly of condemnation, one authority saying he has never performed it, and another stating if the anal skin is removed a weeping anus results; these criticisms can scarcely be taken seriously.

It is well known that in cases with a complete ring of hæmorrhoids, more particularly if associated with prolapse, Whitehead's operation gives most satisfactory results. Undoubtedly unfortunate results do follow occasionally, but so they do after any operation. Another criticism is that the operation is difficult; that without doubt is so; but it scarcely appears to be a sufficient reason for condemning an operation, for if carried to a logical conclusion, how many operations would have to be discarded?

E. O. T.

Correspondence.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—One often hears the merits of quinine discussed in regard to its effects when administered by the mouth and hypodermically. There seems to be growing a strong opinion that the hypodermic use of quinine is attended by more lasting beneficial effects, than is its use when given by the mouth. I am one of those who hold this opinion and have attributed the beneficial effects to the fact the quinine when hypodermically injected, remains long in the tissues, maintaining an anti-malarial influence for many weeks as it is being slowly distributed throughout the body from the seat of the injection. That this is so is hardly sufficiently realised. When quinine is given by the mouth it quietly produces its definite head symptoms, &c., and it is not found in the urine after a very few days, that is, after a very short time its prophylactic influence ceases, as there is no longer any of it present in the tissues. Not so with quinine given hypodermically—seldom or never does the patient experience unpleasant head symptoms, while owing to slow absorption and elimination a quantity of it remains long in the tissues and is found in the urine after many weeks. An illustration of this has just come under my notice. It was the case of a little European girl of four years, whom I was asked to see in consultation in June last. On 20th and 22nd of that month her medical adviser had given her a hypodermic injection of ten grains of the Bisulphate of quinine dissolved in water 1 gr. to 4 minims. That is, the child had received two injections of ten grains each at an interval of 48 hrs. Quinine is still to be found in her urine, the specimen just examined on 13th instant, 178 c.c., containing 0.22 grains of quinine (14.24 mgns.) The child is quite well and had no ill effects from the heroic dosage. This would seem to indicate also that the hypodermic method is a safe method, the slow absorption preventing all ill general effects. It appears to me that this experience might be applied practically in the case of persons going temporarily into malarious places. 20 grains might be injected safely into the flanks and the individual might count on having, for the next month at least, enough quinine present in his blood to keep him safe—without the annoyance of the head symptoms, which so commonly result from a large dose given by the mouth.

Yours, &c.,
JOHN SMYTHE,
Lt.-Col., I. M. S.

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—I can confirm Capt. Connor's observation as to the occurrence of Yaws in Manipur. In the rains of 1900 or 1901 (in my record the date is not very legible), I met with two cases in two Kabwi Naga lads, brothers. Both shewed a moderate number of small typical lesions some denuded of scales, some rupial, exactly like cases I saw later in Upper Assam. These were, however, the only two cases that came under my notice in over two years' service in the Manipur State.

In my experience syphilis appeared practically unknown amongst the hill tribes; it is at any rate exceedingly rare in comparison with its wide dissemination amongst Manipuris and immigrants.

Yours, &c.,
CAMPBELL DYKES,
Capt., I. M. S.

ETAWAH, U. P., }
20th August 1906. }

To the Editor of "INDIAN MEDICAL GAZETTE."

DEAR SIR,—I beg to forward herewith the details of a curious case of what may be called "Hysterical Belch." I was called to the 74th Punjabi lines to see a Sepoy's wife who, I was told, was seriously ill.

On arriving at the hut, I found the woman lying in bed covered with some 4 or 5 blankets and making the most noisy belches, it has ever been my lot to hear. So loud were they that one could plainly hear them at a distance of 50 yards from the house.

This I was told had been going on constantly every 10 seconds for the past 2 days and nights. I also discovered that she had not passed wind or motion for three days. There had been no vomiting. On examination, I found that the patient's pulse, though somewhat fast, 110 to the minute, was of good quality. Abdomen was somewhat distended but quite soft and compressible. The epigastric region was perhaps somewhat more distended than other parts. No other signs or symptoms were to be made out. Expecting that there might be some obstruction of the bowel, my treatment was a large dose of castor oil followed later by an enema. This had not the slightest effect and the following day on again being called in, I found the patient still emitting the same noisy and disgusting eructations, and I was told she had continued doing so since my visit on the previous day. Pulse was slightly quicker, bowels had been well moved.

A happy thought then struck me that it might be a similar condition to one, I had seen in a young girl, aged 15, in the London Temperance Hospital under Dr. Fenwick, and following up the same line of treatment I had seen him use, I administered the stomach tube threatening at the same time to use two tubes instead of one the following day if her condition had not improved. From that moment, she completely recovered.

I have every reason to believe it was an exactly similar case to that of Dr. Fenwick's which I believe he described as Hysterical Belch produced by swallowing air and immediately bringing it up again with a loud report.

If you consider this case of sufficient interest, will you kindly publish it in one of your numbers of the "*Indian Medical Gazette*."

Yours faithfully,

74TH PUNJABIS, SAUGOR, } CHARLES J. BRIERLEY,
29th August 1906. } Lieutenant, I. M. S.

"SPONTANEOUS RUPTURE OF SPLEEN."

To the Editor of "THE INDIAN MEDICAL GAZETTE."

SIR,—May I crave your indulgence in allowing the following case a corner in your valued journal.

Karamchand, aged about 45 years, residing at Hardoi, who was addicted to drinking alcohol to excess and smoking charas, fell down unconscious in a lane while walking on the afternoon of 13th August 1906 and died immediately.

Result of *post-mortem* examination is as follows:—

External body was very much emaciated. Head, brain was congested, sinuses were engorged with blood. There was serious effusion in the ventricles of brain.

Lungs, congested but normal. Heart, pericardium much thickened and adherent in patches. Both chambers full of blood. Liver pale and anemic and hardened, probably due to cirrhosis.

Spleen: there was no mark of external injury on the part corresponding to the region of spleen. Abdominal cavity was full of serous blood. Spleen was ruptured; the tissue was so soft, friable and pultaceous that not an inch of the solid tissue could be taken out entire. It was lying in a thickened and stiff capsule which shewed as if it was a bag containing the pultaceous mass.

The stomach was thickened and congested. The veins were prominent and congested. These changes were more prominently marked at its cardiac end. Kidneys congested.

From the *post-mortem* appearances there is no doubt that the patient was suffering from chronic alcoholism.

The reason for publishing this case is the rarity of spontaneous rupture of spleen even in alcoholic persons. In chronic alcoholism the morbid appearances are as a rule increase of fibrous tissue in the organs and hence cirrhosis of liver and congestion and enlargement of spleen, but in this case the spleen tissue was quite soft and friable. It had not undergone the lardaceous change for it had not the appearance of sago spleen as described in books; and generally lardaceous changes take place in the other organs if one organ is affected. The rupture was quite spontaneous, probably due to contraction of extraordinary muscles of respiration brought to head in a fall, for there was no history to suggest that the man was given a blow in the splenic region or that while falling down he hit himself against a hard substance in the splenic region. I should thank your readers very much if they have come across such cases in their practice.

Lastly my thanks are due to Dr. Wazir Sing, Civil Surgeon, for allowing me to take notes of this case.

HARDOI, OUDH, } J. P. MODI, L.R.C.P. & S., E.L.F. P.S.G.,
20th August 1906. } Civil Assistant Surgeon.

Service Notes.

THE Commander-in-Chief in India is pleased to make the following appointment:—

Brigade Staff.

Lieutenant-Colonel D. French-Mullen, M.D., Indian Medical Service, to officiate as Principal Medical Officer, Sirhind and Jullundur Brigades, *vice* Colonel H. Hamilton, M.B., C.B., V.H.S., Indian Medical Service, granted leave out of India.

Information of the death of Maung Po Pe, Hospital Assistant, No. 253, 4th Grade, on the 25th June last, whilst in the execution of his duty, has been received by the Inspector-General of Civil Hospitals with deep regret. He wishes to place on record the statement which accompanied the report of his death, as furnished by Major C. E. Williams, I.M.S., Health Officer, Rangoon, and with which he fully coincides:

"He has been employed on Plague duty in Rangoon for a greater part of the past twelve months, and had shown himself to be a very energetic, capable and trustworthy officer, whom it would be difficult to replace."

Captain H. A. Williams, M.B., I.M.S., assumed charge of special Plague duty with the Rangoon Municipality on the forenoon of the 18th July 1906.

Third Class Military Assistant Surgeon H. J. Willes made over, and Captain C. M. Mathews, I.M.S., received charge of the Civil Surgeony of Kengtung (Loimwè), Southern Shan States, on the afternoon of the 4th July 1906.

MAJORS TO BE LIEUTENANT-COLONELS.

Dated 1st April 1906.

George James Hamilton Bell, M.B.

The King has also approved of the retirement from the service of the undermentioned officer:

Indian Medical Service.

Major Joseph Orphine Pinto. Dated 31st March 1906.

Appointment of Specialist Medical Officers.

Dr. Rutherford, on Wednesday, July 25th, asked the Secretary of State for India: How many Indian Medical Service officers have been appointed as specialists under the Indian Army Order regarding specialists' appointments, in India, how many officers so appointed by the Director-General of the Indian Medical Service have received the special remuneration authorised for such appointments; and how many are natives of India.

Mr. Morley: I have no information as to what steps have been taken consequent on the publication of the India Army Order referred to by the hon. member, but I will inquire.

Captain H. H. Knapp, M.D., I.M.S., assumed charge of his duties with the Port Health Department, Rangoon, on the forenoon of the 26th July 1906.

Major H. Smith, I.M.S., made over charge of the duties of Superintendent of the Jullundur district jail, to Assistant Surgeon Kidar Nath Bhandari, on the forenoon of the 30th July 1906.

Captain W. R. Clark, I.M.S., made over charge of the duties of Superintendent of the Ambala District Jail, to Captain J. Stephenson, I.M.S., on the afternoon of the 14th July 1906.

Assistant Surgeon Kidar Nath, Bhandari, in charge of the Civil Hospital, Jullundur, is appointed to officiate as Civil Surgeon of Jullundur, in addition to his own duties, with effect from the forenoon of the 30th of July 1906, *vice* Major H. Smith, I.M.S., proceeded on leave.

ON return from the privilege leave of absence, Lieutenant-Colonel S. Little, I.M.S., Civil Surgeon, resumed charge of his duties at Rawalpindi, on the forenoon of the 24th of July 1906, relieving Captain F. A. F. Barnardo, I.M.S.

MAJOR H. SMITH, I.M.S., Civil Surgeon, Jullundur, has obtained privilege leave of absence for one month, with effect from the forenoon of the 30th of July 1906.

MAJOR C. MILNE, I.M.S., Civil Surgeon, Fyzabad, privilege leave for twenty-one days, from the 5th September 1906.

THE services of Captain C. J. Robertson-Milne, I.M.S., are replaced at the disposal of the Government of India in the Home Department, with effect from the afternoon of the 30th of June 1906.