

extra-hepatic origin and this probably explains the increase of the icterus index in various other diseases in which the liver function is not affected. Judd (1925), Muller and others (1925) have advocated the necessity of the van den Bergh reaction before any surgical interference on jaundiced patients. Milroy (1929) has worked on the icterus index, but did not find any special utility of this test in the diagnosis of gall-bladder infections.

In a case of jaundice the preparation of the patient is the most important procedure prior to any surgical interference. The surgeons of the King George's Hospital, by being very particular on this point, have been able to reduce the mortality of the gall-bladder surgery to zero. During the last few months, one cholecystostomy, one cholecystectomy with choledochostomy and five cholecystectomies were performed, and all the patients recovered without any post-operative complications.

It is an undoubted fact that the operative treatment in the diseases of the biliary passages in the presence of jaundice is a matter for the discretion and judgment of the surgeon, depending upon the general condition of the patient, and on the blood-coagulation time, blood-calcium content and the sedimentation rate of the blood. Intravenous or rectal administrations of saline and glucose, blood transfusion, calcium lactate by the mouth, and calcium chloride by the venous route for three days, as advocated by Vincent, Walters and others, should be given to prepare the patient for operation. In cases with persistent jaundice, delay may sometimes prove fatal while an early operative interference relieves the agony of the persistent pain, and saves the life of the patient.

#### Conclusions.

1. The normal icterus index of the serum of Indians of the United Provinces is between 3 and 6.
2. The icterus index is increased in affections of the biliary passages, in the malignant diseases of the liver and pancreas, and in chronic inflammatory and toxic conditions. It has, therefore, no diagnostic importance in the affections of liver, pancreas, and biliary passages.
3. A high icterus index, about 50 or above, is indicative of a fatal prognosis.
4. The van den Bergh reaction is more useful than the icterus index; it is an invaluable test for the preparation of a patient, and for the diagnosis and post-operative prognosis in the surgery of the liver.

In conclusion, I express my gratitude to the surgeons and physicians of the King George's Hospital for the facilities given to me to carry on my work. I am indebted to Professor R. N. Bhatia for the inspiration received from him in my work, and to Captain J. G. Mukerjee for helping me in the clinical work. I am also

thankful to the committee of the University for giving me the Research Fellowship.

#### REFERENCES.

- Judd, E. S. (1925). Surgical procedures in jaundiced patients. *Journ. Amer. Med. Assoc.*, LXXXV, 88.  
 Milroy, G. W. (1929). Icterus index of the blood serum. *Lancet*, Vol. I, p. 1189.  
 Muller, G. P., Ravdin, I. S., and Ravdin, E. G. (1925). Alterations of bile pigment metabolism in biliary tract disease. *Journ. Amer. Med. Assoc.*, LXXXV, 86.

## A Mirror of Hospital Practice.

### A CASE OF EMBRYONAL CARCINOMA OF THE TESTIS.

By MOHD. AJMAL HUSAIN,

*Assistant Surgeon-in-Charge, K. E. M. Hospital, Karnal.*

J. R., HINDU male, aged 30 to 35 years, resident of Karnal District, was admitted to the K. E. M. Hospital, Karnal, on 5th April, 1931, with a large tumour of the left testis. The tumour was about the size of a big orange, hard, ovoid, and the skin over it was adherent; there was no fluctuation. On the front and upper part of the growth there was a circular area about  $\frac{1}{4}$  inch in diameter over which the skin had ulcerated and a fungating mass was protruding from the opening in the skin and discharging foul pus. The duration of the growth was about ten months; ulceration of the overlying skin had been present for about a fortnight. No glands were palpable in the groin; the cord on the affected side was thickened.

*Operation under chloroform.*—A big incision was made laying open the inguinal canal on the left side, extending downwards on the scrotum in front, and encircling the ulcerated area of the skin. The underlying mass was separated from the skin, and removed, and the cord was ligatured close to the internal abdominal ring. The stump of the cord was anchored high up after removing the growth. The inguinal canal and the rest of the incision were closed up and a small drainage tube was inserted at the site of the ulcerated skin. Slight blood-stained discharge continued for a few days but it gradually disappeared and the wound healed up by first intention. The growth was sent for examination and report to the Pathologist, Punjab Government. The result was as follows:—

"Histological appearances are those of embryonal carcinoma. The stroma consists of strands of lymphoid tissue in some places, and of fibrous bands in others, where alveolar arrangement is seen. Areas of necrosis are also present."

Points of interest are the nature of the growth and the rarity of the condition.

I am grateful to Captain H. J. J. Fordham, Civil Surgeon, Karnal, for permission to send these notes to the *Indian Medical Gazette*.

### CASE OF RECOVERY FROM COBRA BITE.

By K. G. GHARPUREY,

LIEUTENANT-COLONEL, I.M.S.,

*Civil Surgeon, Ahmednagar.*

A LIVE cobra was brought to me and the person who caught it stated that its teeth had been removed. He showed me one side of the mouth from which the fang and the loose mucous sheath covering it had been removed. The cobra was rather lethargic and looked as