

## A CASE OF ABSCESS OF THE SPLEEN.

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I AM not aware if abscess of the spleen is very common or not; during a practice extending over 7 years in Assam I have only met with two cases, the first case only came under my notice when it was too late for operative interference, as the patient was collapsed and died a few hours afterwards, evidently from pyæmia. The second case was a Bengalee boy aged 12, and from the history of the case, I find that he had been ill with enlargement of the spleen for about six months, but had not undergone any treatment for it. He was a thin youth, but beyond the spleen mischief the other organs seemed healthy; the spleen was enlarged considerably, and on the anterior surface a bulging tumour was formed with distinct fluctuation, and evidently connected with the gland. He had fever, and the temperature was raised to 100° F. As there was no difficulty in diagnosing the case, I determined to operate at once, and made a good large incision and evacuated over a pint of rather unhealthy looking pus tinged with blood. He bore the operation very well; chloroform was not administered. A few hours after the operation the temperature fell, and never rose beyond normal again, in fact he recovered without a bad symptom; and now nearly two months have passed, and he has grown quite fat and strong; the spleen is very much reduced, in fact hardly any enlargement can be felt. The treatment consisted in placing a long strip of lint into the wound saturated with Carbolic oil, and over this a large linseed meal poultice; this was changed as often as it became cold, the lint was renewed night and morning, the abscess continued discharging for a few days and then healed up; for a week he had three times daily the following:—

R. Quinine	...	...	gr. iss.
Acid Sulph. Dil.	...	...	℥ x.
Potassii Bromidi	...	...	gr. iv.
Spiritus Chloroformi	...	...	℥ v.
Aquæ	...	...	ʒss.

at the same time his bowels were regulated with mild aperients, and he had a light nourishing diet with plenty of milk. Afterwards I gave him the compound Syrup of iron (Parrish's Food) one drachm 3 times daily, with 1 grain of quinine, and applied some Biniodide of mercury with simple ointment.

Enlargement of the spleen is of course very common up here among the natives, and as a rule depends on malaria, but the above two cases of abscess are the only ones I have met with. Probably other medical men of more experience have seen many, perhaps the delay of treatment had something to do with it; though Assamese suffer a good deal from enlarged spleen, and very seldom come for any advice, and from enquiries I have made I cannot hear of any cases of abscess. Last year I recollect seeing a case in the *Indian Medical Gazette*, and this too was successful. While on the subject of abscesses, I can't help remarking on the number one meets with among Bengalee coolies, in the form of enlarged glands which inflame and suppurate; the most common glands that I have found liable to inflammation being the femoral, the inguinal not depending (on Syphilis or Gonorrhœa) and the axillary. These inflame and rapidly run into suppuration. I have found iodine paint rest, alteratives and purgatives of very little use in preventing suppuration; of course as soon as fluctuation occurs the treatment is simple,—evacuate the pus, dress with strips of oiled lint and poultice; with good nourishing diet and tonics. I can't always put this down to a debilitated condition of the patients, as cases often occur in good strong hard-working coolies, and the only light I can throw is the nature of the work. These cases are found among Bengalees who are engaged in hoeing, the action of hoeing explains itself; he has his right leg forward, and presses more on it than his left, at the same time swings the hoe over his head, and may thus cause the enlargement of the glands by extra straining, for instance, when the ground is very hard; I have foolishly forgotten to take note if the femoral glands on right side were more frequently enlarged than the left.

## NOTES OF A CASE OF DHATURA POISONING.

By G. H. CAMPBELL,

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ELAHEE BUX, age 26 years, a tailor by profession, was brought to the Mitford Hospital at Dacca at 2 o'clock on the morning of the 25th January, 1883. All the information furnished by his friends was, that he had taken his food at 8 o'clock on the night previous, and had then appeared to be quite well, but at midnight was discovered to be out of his senses.

The patient on admission was awake though not in his senses; could not understand what was said to him, nor reply to questions: was very restless, yet passive in the hands of his attendant friends. Pupils greatly dilated, skin warm, pulse very feeble. Suspecting the case to be one of Dhatura poisoning, I tried to administer an emetic of sulphate of zinc, but found that he could not be made to swallow. I then injected into the deltoid of his left arm 5 minims of a two per cent solution of the Hydrochlorate of apomorphia, inserting the point of the needle about half-an-inch deep into the muscle, then placed the patient in a sitting posture. Exactly four minutes after, he brought up with one single effort the contents of his stomach into a basin that was kept ready before him. This relieved him greatly, after which a draught of cold water followed by some brandy, and a dose of Bromide of potassium later on, sent him to sleep; he woke in the morning almost well, though the effects of the dhatura (?) poison that had been taken up into the system had not quite worn off, and the pupils still remained dilated, though not to so great an extent as before.

The contents of the stomach that were brought up seemed to be rice with patches of green which looked much like dhatura leaf.

The Apomorphia solution was made of Hydrochlorate of morphia, 1 grain; distilled water, 50 minims; with the addition of a few minims of Rectified spirit of wine, and the aid of a gentle heat over a spirit lamp. The solution was of a green colour, which is considered to be the result of bad apomorphia. The good reliable salt should make a perfectly colourless solution.

I had some doubts of the efficacy of this green solution when I tried it, but the result was perfectly satisfactory.

*Dacca, 25th January, 1883.*

## CASES OF PENETRATING WOUNDS OF THE ABDOMEN CAUSED BY THE HORNS OF BULLOCKS; RECOVERY.

By ASSISTANT-SURGEON NIL RUTTON BANERJEE, Etawah.

*Case 1.*—Moolia, a Hindoo girl aged 9 years, was brought to the Maw-Ranipur Hospital, District Jhansie, on 9th February, 1882. She had a penetrating wound, about 1 inch long, on her abdomen about the right lumbar region. The small intestine was lying in the bottom of the wound, but did not protrude out of it. Stitches were applied and antiseptic dressings put on. The wound healed by the 1st intention in three days, and the child was discharged cured.

*Case 2.*—Mullum Shah, a Mahomedan blind fakir of Etawah, aged about 30 years, was brought to the Sudder Dispensary on the evening of 14th October, 1882. He was struck by the horns of a bullock, which penetrated the abdomen in the left iliac region, causing a wound, measuring about 4 inches long, parallel to the Poupart's ligament. The skin over the left thigh was torn away in a flap to the length of the wound, and a coil of small intestine, about a foot in length, protruded out of the wound. The man, notwithstanding, was composed in mind, and bore the operation of reducing the intestine and stitching of the wound well.

The left leg was bound up to a side pillow to prevent separation of the lips of the wound. The patient had 2 grains of opium and slept well.

*October 15th, 16th and 17th.*—The patient had no uneasiness, and the wound looked well; stimulants and nourishing food were given.

*October 18th.*—The edges of the wound became inflamed and suppurated, and a patch of slough was formed in the middle of the wound where the horn penetrated, otherwise the patient was doing well: stimulants were increased.

*October 25th.*—The patient complained only of slight pain in the abdomen now and then, but had no other bad symptoms. The wound was healing and carbolic oil dressings were used. The suppuration was diminishing. A swelling was seen above the wound where the intestine was pushed up.

*October 31st.*—The swelling disappeared. The patient was doing well.

*November 3rd.*—The patient left the hospital with a bit of superficial ulcer now remaining.

*Case 3.*—Hanseea, a Hindoo female, aged 40 years, was carried by the police from a village, about 22 miles distant, for treatment in the Etawah Sudder Dispensary on the afternoon of the 27th October, 1882. She had tumbled down and was struck by a bullock's horn on her abdomen on the morning of the previous day. On admission a penetrating wound, measuring about 5 inches long, was found on her abdomen above the right iliac region. A coil of small intestine about 2 feet long, and a piece of mesentery, were protruding out of the wound. The bowel was inflamed and coated with mucus; there was some abrasion on the surface of the gut from which serum was effusing, and the whole mass had a bad smell, but was not gangrenous. By careful manipulation the gut was reduced and the lips of the wound stitched together. The patient was very uneasy, had an anxious and pinched appearance, but her skin was not hot. Opiates were ordered.

*28th October.*—Morning temp. 96°. evening 100·2°. The patient was ordered nourishing diet and tonics.

*31st October.*—The evening temp. went up to 101°. There was slight pain in the abdomen; bowels were costive. The wound was suppurating. A dose of castor oil was given and quinine given the next morning.

*1st November.*—Evening temp. 99·6°. The patient had less pain and continued well. The edges of the wound sloughed and the stitches cut their way out. The bottom of the wound was granulating.

*15th November.*—The patient did not complain of pain, had no irregular bowels; her temperature was normal, and the wound was healing up.

*30th November.*—The patient was making good progress. No complaint.

*15th December.*—The patient was discharged cured from the hospital.

*Remarks.*—The first two cases were brought to the hospital immediately after the accidents, and made a speedy recovery. The third case occurred in a village; she was roughly handled by the people, and was brought nearly 32 hours after the accident on a doolie, a distance of 22 miles. The state of the patient and the bowels were in an unfavourable condition on admission, but the case went on to recovery with but little trouble.

In none of these cases was peritonitis observed.

#### NOTES ON SIX CASES OF CHOLERA TREATED IN THE HOSPITAL OF THE LEFT WING 33RD REGIMENT N. I., AT ALIPORE.

BY SURGEON T. R. MACDONALD, M.B.,

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The following notes on six cases of cholera treated in this hospital, may prove of some little interest to the readers of this journal for the following reasons:—

*1st.*—That the cases all occurred in circumscribed areas, in a class of men constantly under the observation of the medical officer in charge, and in a locality where sanitary defects are, as far as possible, reduced to a minimum.

*2nd.*—From the treatment employed and the results obtained therefrom.

The cases recorded are of course too few in number to enable one to draw any conclusions as to the value of any therapeutic remedies, or to argue as to the influence of sanitation; but perhaps, when taken into consideration with larger outbreaks of the disease, and compared with the experiences of other medical men, every small item may contribute towards the already vast and tangled literature of a disease so all-important to us as physicians in this country. Without making any further remarks, I will proceed to give a short account of the outbreak, embodying therewith an account of the locality, and then give a brief description of each case individually and the treatment employed, with the result. Unfortunately, owing to prejudice, no *post-mortem* was obtained in any of the fatal cases.

*History of outbreak.*—The first three cases occurred in the wards of the hospital of the 33rd Regt. N. I. at Alipore, on the morning of the 13th of January last; two of the men attacked being in a ward downstairs, where four other men were under treatment.

The third case occurred in an upstairs ward, where other three

men were his companions. The hospital building is a large two-storied *pukka* house, with ample cubic space and superficial area, and the ventilation excellent. The lower wards are well raised above the ground and have *pukka* floors, and free ventilation is permitted beneath them by means of gratings let into the walls of both sides and ends of a cellar beneath the hospital. There is no possible access of any filth or drainage into this cellar, and no latrines exist in the building. The nearest latrine to the part of the building where these cases occurred is at least 50 yards distant, and it is most carefully looked after. The wards in which the cases occurred open into other wards, and the larger portion of the same building is occupied by the Hospital of the 4th N. I. The 17th N. I. have two wards immediately adjoining and opening into the downstairs ward, where two of the cases occurred. In neither of these regiments had cases of cholera shewn themselves amongst the patients in hospital in this building, though in December last (if we remember rightly) the 17th N. I. had two cases in their hospital in another building to the south of our hospital, and about forty yards distant. In short, as far as one can ascertain, no local cause can be discovered to account for the outbreak of these cases. The hospital water-supply is derived from the Fort, being brought in bullock carts from thence daily. None of the men attacked had been to the Bazaar or Busteas for at least a week previous to the date of attack; and, so far as can be ascertained, their food supply was not derived from any cholera-stricken locality. There was no atmospheric peculiarity noticeable at the time of the occurrence beyond that the nights were intensely cold as compared with the days. Immediately on the occurrence of these cases, the affected men were removed to a hut specially set apart for cases of infectious disease and there treated. The hospital was evacuated by the men of the 33rd N. I. and the 17th N. I. in the adjoining ward. No cases occurred in the 4th N. I. portion of the building, which was separated by a staircase, and had doors by means of which all communication could be cut off from the affected wards; their men were allowed to remain in the hospital building. The part of the hospital set apart for the 33rd and 17th Regiments was evacuated, fumigated, the walls scraped and white-washed, the floors washed with carbolised water, and allowed to stand empty for fourteen days. In the meantime the hospital of this wing was removed into tents on the parade ground of the regiment to the east of the Lines. On the 15th January, two days after the evacuation of the hospital building, two cases of the disease were admitted into the hospital tents from the Lines, suffering from diarrhoea, which soon took on a choleraic type, when the men were removed to the cholera hut and the tent fumigated. One of the men admitted had previously been in hospital, from the 4th to the 10th January, for diarrhoea, from which he recovered and left the hospital cured and went to his lines; but on presenting himself again on 15th January, he said he had been two days well after leaving hospital, but that he had been suffering a little for the last three days from diarrhoea again. The other man came from the lines, and had not been in hospital since the Regiment came to Alipore. In the lines the sanitation is good, with the exception that two stagnant water reservoirs, which receive the surface drainage, exist. During the cold weather evaporation reduces these to shallow pools overgrown with weeds, which when stirred up give out a noxious smell. The sepoys sometimes use this water for washing purposes, but are strictly forbidden to drink it, though it is hard to make natives adhere to this rule, and it is difficult to be quite sure that they do not drink it. The water supplied to the men in the lines is the same as that taken to the hospital, *viz.*, in carts from the fort. Both the men now under consideration denied having taken the tank water; said they had not been to any place where cholera existed, and had eaten nothing to bring on diarrhoea. The huts from which these two men came were similar to the others in the lines, and there was nothing to account for the outbreak of the disease in any of them. Fearing an epidemic in the lines, by order of the Deputy Surgeon-General all the huts were evacuated, the men put out into tents for ten days on the parade ground, sulphur burnt in the huts, and "sulphur fires" kept burning in the lines for twenty-four hours according to the rules laid down by Dr. Tuson in his pamphlet on the subject, and which he found so useful in staying cholera epidemics in Dinapore and elsewhere. The sepoys themselves showed great enthusiasm in carrying out this procedure, and they evidently believed in it. On the 27th January the hospital was again removed to the hospital building, which had stood vacant and