THE
MARITIME MEDICAL NEWS
VOL. XIX., *NOVEMBER, 1907*, No. 11

The Blood After Splenectomy. A paper written by Edwin Matthew and Alexander Miles, entitled "Observations on the Blood Changes Subsequent to Excision of the Spleen for Traumatic Rupture," appears in the *Edinburgh Medical Journal* for October. A case of rupture of the spleen is cited, occurring in an alcoholic subject as the result of comparatively trivial violence. The symptoms were slow in appearing, and, apart from the history of injury, suggested a septic condition rather than one resulting from loss of blood. According to the authors, the clinical changes after extirpation of the spleen are found mainly in the blood and lymphatic tissues, and may be stated as follows: (1.) An enlargement of various groups of lymphatic glands occurs. The increase in size sets in early after the operation, is not of any great degree, is probably general, and is not permanent. (2.) Corresponding to the lymphatic hyperplasia there appears in the blood an absolute increase in the number of lymphocytes. This increase persists in man for years after the removal of the spleen. (3.) Appearing along with the lymphocyte increase, a moderate eosinophilia is present for some weeks. During this time the blood plates are very numerous. (4.) After recovery from the loss of blood, the red cells and hæmoglobin follow a normal course. (5.) After excision of the spleen, individuals who recover suffer from no inconvenience. The spleen is consequently not indispensable.

Treatment of Cholelithiasis. In an article contributed to the *Journal of the American Medical Association* for October 26, on "The Medical Treatment of Cholelithiasis," G. Dock says that two things have contributed to put the treatment of cholelithiasis on a certain basis: First, Naunyn's demonstration that gallstones are chiefly due to infection and stagnation of bile, supplemented by Kramer's experiments showing that the colon and typhoid bacilli precipitate bile in the test tube, and, second, the revelations of the actual conditions by surgeons. Prevention must be limited practically to those who have a known tendency as shown by previous infection of the biliary tract. The measures required are generally well known. They consist in regular healthful habits as to diet, regulation of the bowels, moderate exercise, avoidance of tight clothing and anything that can cause congestion of the portal circulation. Systematic deep breathing is perhaps useful in overcoming such congestions. Among drugs, salicylates are probably of definite value as disinfectants and cholagogues, but they should be watched and stopped if undesirable effects appear. The presence of the stone is less important than the existence of the infection, and the therapeutic problem is not to lessen pain so much as to lessen inflammation and the attendant risks. The majority of the cases, in the attack, are not surgical, but they should be viewed with a surgical eye, and if the physician is unable to do this, he should have a surgeon's