Medical Memoranda

Hypertrophy of the Little Finger

In these days, when "compensationitis" is so prevalent and when the examination of patients for insurance claims tends to give the surgeon a somewhat disillusioned opinion about the recovery powers of the average person following trauma, it is refreshing to meet a case such as is described here.

CASE REPORT

A man aged 54 came to the Leith Hospital surgical out-patient department on June 17, 1949. He had fallen off his cycle and bruised his right hand. A radiograph showed a small crack in the metacarpal surface of the right trapezium bone. The injury was of a minor nature, and he made a good recovery with no special treatment beyond supporting strapping for a fortnight.

Radiograph of the patient's hands. Note the thickness of the fifth right metacarpal and the increase in size of the fifth right finger compared with the left.

Attention was drawn, however, to the deformed condition of the right hand, from which the fingers and thumb were absent with the exception of the fifth finger. The patient said that this was the result of a shrapnel wound in France in September, 1918. He had been treated in a field hospital, had had one operation, and had been discharged within a month. When the wound had healed he started work as a miner, and had been employed in the pits for over three years. The scar had not been painful, and he had been able to grip the handle of a shovel firmly between his little finger and the remaining portion of his right hand. After leaving the mines he had continued at various forms of labouring, and had been able to work without difficulty; his present job is lifting bales of paper, etc., in a stationery office. Examination of the right hand showed the little finger to be almost as long as, and actually thicker than, the middle finger of the left hand; it was much larger in every dimension than the left little finger. The patient demonstrated the surprising strength of the grip of his right hand, in spite of the tenderness due to the recent injury. This power was largely owing to the great development of the "opposition" element in the movements of the fifth finger. The fifth metacarpal segment had become hypermobile, with excessive development of the muscles of the hypothenar eminence, so that the fifth finger could be swung across the palm to the first metacarpal, which was relatively fixed.

The scars of the traumatic amputation had healed cleanly without becoming adherent to the stumps of the third and

fourth metacarpals, and there had been no development of stump neuromata. The patient had therefore been able to use the hand vigorously from the start without pain. Shorn of all its members save the weakest, the hand nevertheless had been used unsparingly in the one way it could—namely, gripping—and it had responded. The bones of the fifth finger could not grow in length, as the epiphyses were already ossified, but they became thicker and stronger, especially the metacarpal, to which the opponens muscle is attached. The right hand, though only a remnant, is to-day the hand of a strong labouring man. The accompanying radiograph demonstrates the features noted above, particularly the hypertrophy of the soft tissues of the fifth right finger.

This case illustrates the truth of the old adage, "Where there's a will there's a way." It shows how well Nature responds to the demands of a determined man in overcoming gross mutilations. It makes one more than ever sceptical of those patients who come for examination on compensation claims, months after some comparatively minor injury, holding their fingers stiff and useless and their healed scars still swathed in bandages.

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Status Epilepticus: A Symptom Complex of African Trypanosomiasis

The following case, in which the cerebral stage with meningo-encephalitis was complicated by an attack of status epilepticus, is of interest. Few patients present themselves for treatment during the incubation or febrile stage.

CASE REPORT

The patient, a married man aged 33 with two children, was a native of Georgetown, which is in the trypanosomiasis endemic area (138 cases in the first eight months of 1949). He had been a ferryman at the southern crossing of the river at Sankuli Kunda for ten years. He had been in fairly good health, with only irregular attacks of some of the more common diseases—malaria, yaws, etc. The present illness started on June 1, 1949. He had attended the funeral of a friend, and on his return home he suddenly became confused, exhibiting abnormal behaviour and a tendency to sleepiness. Later he grimaced, became apathetic, more confused, rambling in his speech, and difficult to manage at home. He also complained of headache and fever. After an unstable recovery on native methods of treatment, he was admitted to Bansang Hospital on June 20.

On admission he was in a state of acute maniacal excitement. His temperature was 99° F. (37.2° C.), pulse 80, and respirations 20. A general physical examination revealed nothing grossly abnormal in the vital systems. Laboratory investigations showed that malaria parasites were not present in the blood, and that trypanosomes were present in the cerebrospinal fluid and gland juice. His excitement was controlled by 1 g. of hexobarbitone, and a course of "antrypol" and tryparsamide injections was started.

Six days later his condition had greatly improved. After the first injection of 1 g. of antrypol he became sensible, co-operative, well orientated in place, took his food, became interested in his condition, and expressed his gratitude for the care that was taken in his case. This improvement continued for another nine days, until July 5. On the morning of this date he had his third injection (2 g. of tryparsamide). At about 1 a.m. next day he had an epileptic fit which continued for two hours with only a few seconds between the attacks. This status epilepticus was controlled by 1 g. of hexobarbitone intramuscularly. He became somnolent and continued in this state for 36 hours. On recovery he was garrulous, incoherent in his speech, restless, untidy in his habits, refused his food, and was a danger to himself. Another physical examination disclosed no abnormality. The plantar response was flexor.