polycystic spleen is occasionally found post mortem. The solitary false cyst is probably the end-result of a haematoma.

Case Report

A spinster aged 50 complained of vague abdominal pain and intermittent attacks of nausea and vomiting. During routine barium-meal examination a shadow was seen; no other abnormality was found. Of the possible diagnoses, calcified hydatid cyst of the liver was thought to be the most probable. Casoni's reaction was negative and the blood investigations were normal. The diagnosis of calcified aneurysm of the splenic artery, of which 90 cases are on record, was discounted because of the absence of bruit. The spleen was not palpable: in the other recorded cases the palpability of the spleen was stressed as a diagnostic factor.

By transthoracic approach a portion of the left ninth rib was removed under closed-circuit cyclopropane anaesthesia and the lung partially collapsed. The cyst could then be seen pressing the diaphragm upwards. On opening the diaphragm over the bulge the cyst was found to occupy the greater portion

of an otherwise normal spleen (see Fig.). There were numerous adhesions, especially to the stomach, and it is assumed that these were the cause of the symptoms. Splenectomy was performed and the wound closed. Convalescence was uneventful, and the patient left hospital two weeks after operation.

Discussion

In the case recorded by Snoke (1943) the patient had been examined a few months previously for subacute cholecystitis, and no calcified shadow had then been visible on the radiographs. When the calcified cyst was removed and investigated no lining membrane was found, and Snoke considered it to be a calcified haematoma. The cholecystogram had revealed impaired liver function, and the haematoma probably resulted from the consequent hypoprothrombinaemia. Since calcification has been demonstrated in haematomata within twelve days of their appearance this seems a very reasonable hypothesis. In my case no lining was found; the cyst contained a few drachms of serum. It is interesting to note that two weeks after the patient left hospital she had a transient attack of jaundice, and therefore probably an associated hypoprothrombinaemia. I consider that this also was a calcified haematoma. Bazeley (1948) presents a similar case for diagnosis, which at the

time of writing has not been confirmed by operation. In the discussion on his case the point is made that trauma may play a part in the aetiology. If there is a preceding prothrombin deficiency, trauma may well be a precipitating factor. No history of trauma could be elicited in my case.

Summary

A case of calcified cyst of the spleen is recorded.

Calcified shadows discovered by the radiologist in the left upper quadrant of the abdomen may be hydatid disease of the liver or spleen; calcified haematoma of spleen; or calcified aneurysm of the splenic artery, of which 90 cases are recorded and which are accompanied by bruit. Calcified tuberculoma of the spleen may occur.

Cysts of the spleen are not necessarily palpable.

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Medical Memoranda

A Case of Dracontiasis

The following case of infestation with *Dracunculus medinensis* is considered worthy of record on account of the highly unusual pathological features.

CASE REPORT

An adult male African aged 26 was admitted to hospital on Nov. 1, 1944, with a diagnosis of left indirect inguinal hernia. He stated that he had had a lump in his groin for four years. He had never had any pain or discomfort.

On examination he was found to have a small indirect left inguinal hernia, which was easily reducible and which did not extend into the scrotum. No other abnormality was discovered. Blood films were negative for both malaria parasites and microfilariae. A differential white cell count showed an eosinophilia of 8%.

Operation was performed on Nov. 4 through a left inguinal incision. When the hernial sac was isolated its wall was seen to be grossly thickened and fibrosed. On opening the sac it was found to contain part of a female guinea-worm. The head and about 2 in. (5 cm.) of the body of the worm were lying free in the lumen, the remainder being embedded in the wall of the sac on the antero-lateral aspect. The head of the worm was gently grasped in a haemostat, and by twisting the instrument slowly steady traction was maintained on the worm, which was drawn out intact. The operation was concluded in the normal manner, convalescence was uneventful, and the wound healed by first intention. The sutures were removed on the seventh day and the patient was discharged on the 21st day.

Pathology.—Although the worm closely resembled *Dracunculus medinensis* on superficial examination, the unusual site of infestation led to some doubt about the diagnosis. The worm was therefore carefully examined in order to make certain of the species. The overall length was 23.7 cm. and the mean diameter 1.4 mm. The body was an elongated cylindrical cord with a rounder anterior end and a hooked posterior end. The mouth parts and genitals were typical of *Dracunculus medinensis*. No male was found, and the worm did not appear to be gravid.

COMMENT

Although rather smaller than usual, the worm, as described, conformed in all other ways to the characteristics of the species *Dracunculus medinensis*.

Stitt (1943) states that in 1% of cases of dracontiasis the site of infestation is the scrotum. There seems to be, however, no previous record of the worm occurring in a hernial sac.

I am indebted to the Director of Medical Services, Nigeria, for permission to publish this case.

W. L. M. PERRY, M.D.

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