6. No sharp dividing line separates the haemorrhagic diathesis from splenic anaemia, but Banti's disease and haemophilia are separate entities.

7. Splenectomy is indicated and successful in severe cases, but is contraindicated unless the platelets are diminished in numbers.

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NON-FILARIAL ELEPHANTIASIS.

BY

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A CASE of non-filarial elephantiasis recently treated at the Cardiff Royal Infirmary illustrates the value of a modified Kondoleon operation. The patient had suffered for twenty-three years from a complaint which she had come to regard as incurable, and which not only caused her considerable discomfort, but, as she put it, entirely did away with any chances she might otherwise have had of finding a husband.

History.

The patient, A. B., was 40 years of age. At the age of 12 she suffered from a curvature of the spine, tuberculous in origin, and a tuberculous abscess on a rib. When aged 15 she was stung on the left thigh by a wasp; this soon got well. At 17 the left ankle began to swell, but the swelling disappeared overnight. It then reappeared and gradually increased, and a doctor was consulted. He recommended a tight bandage from the knee to the ankle; in the patient's opinion, this drove the swelling from the leg into the thigh.

In 1913, at the age of 23, she was admitted into Guy's Hospital, where lymphangioplasty was performed without result. She was again admitted to Guy's in 1920, and was operated upon by Mr. Davies Colley. The hospital notes were copied by the patient when the nurses were not looking. These notes are so concise that they are quoted in full.

The swelling extends from the ankle to Poupart's ligament anteriorly, and to the level of the iliac crest posteriorly. Patient has angular curvature of the spine.

X-ray Report.—Old caries of the fifth lumbar spine, probably tuberculous; hip-joint negative.

December 9th, 1920.—Operation by Mr. Davies Colley. Anaesthetic, C. and E., followed by ether. A U-shaped incision was made on the dorsum of the left thigh, the loop of the U being about a handbreadth above the knee-joint; the two limbs were carried up to the level of the lesser trochanter. The flap of skin with the adherent adipose tissue was reflected upwards and the deep fascia exposed. An elliptoidal flap of deep fascia was removed, exposing the muscles of the thigh and some fat deep to the fascia. This fat was not as translucent as that under the skin. The enlargement of the limb was thus found to be due to increase of adipose tissue between the skin and deep fascia. Some of the adipose tissue adherent to the skin reflected was excised. The skin flap was reduced in size and stitched back. The calf of the same leg was treated in the same way.

December 10th, 1920.—Wounds dressed, much serous discharge.

December 12th, 1920.—Wounds healing.

January 12th, 1921.—Wounds healed. Circumference of thigh on admission 29 inches; now 26 inches. The leg is diminished in size. There is loss of cutaneous sensibility in a patch of skin below both incisions, but deep sensibility is not impaired.

Figures 1 and 2, showing the condition of the leg in October, 1920, indicate the enormous increase in the size of the limb. Figure 3 shows the condition on September 1st, 1929.

Operation.

The patient was admitted into the Cardiff Royal Infirmary on September 11th, 1929—ten days after the third photograph was taken—and was operated upon on September 14th. One incision was made in the thigh, extending from the inner end of Poupart's ligament to the adductor tubercle of the femur; another was made in the leg from a point one inch below the knee to the level of the internal malleolus, and just posterior to the inner border of the tibia. The deep fascia was considerably thickened, and strips one inch wide were removed the whole length of the incisions. The incisions were sutured with S.W. gut, and healed in ten days.

The patient left hospital on October 21st, the limb showing very little improvement. In January, 1930, the oedema had almost completely disappeared from the lower half of the limb, but the thigh was still almost as oedematous as before the operation.

FIG. 1.

FIG. 2.

On May 7th I received a photograph (Fig. 4) from the patient, with a note stating:

"I think you will be interested to know that my leg has steadily improved since you saw it last January, and I am enclosing photograph taken on May 5th, 1930. I also desire to express my gratitude to you for such a successful operation. It makes me very happy to be freed from an encumbrance which I have carried for so many years."

The photographs speak for themselves. The actual measurements at present are: Right thigh, 20 inches; left thigh, 21 inches; right calf, 12½ inches; left calf, 13½ inches.

FIG. 3.

FIG. 4.

COMMENTS.

1. This case illustrates the value of Kondoleon's operation in elephantiasis.

2. Hardly any improvement was seen during the first five weeks following the operation while the patient was still in hospital.

3. The oedema gradually disappeared from below upwards, and the greater part of a year elapsed before the limb became normal.

4. The incisions were planned to follow roughly the course of the main superficial lymphatic trunks. It was considered that anastomoses between the superficial and deep lymphatics were more likely to form here than in any other area of the limb.

5. The operation is easy to carry out, and appears to be devoid of risk.