Medical Matters.

A CASE OF ELEPHANTIASIS.

By the kind permission of the editor of the St. Bartholomew's Hospital Journal we are able to publish the accompanying illustration of a case of elephantiasis of both legs. The disease, though a very common one in some tropical countries, is rarely seen by nurses in this country. In the present in-

country. In the present instance the patient was a woman, act. 60, who for several years had suffered from osteoarthritis of the hands and knees, the interphalangeal joints being considerably deformed.

Four years ago her feet and legs began to swell. This swelling has progressed up to the present time, and for the three last vears she has been unable to stand. She cannot extend her knees beyond a right angle.

The deformity is shown in the accompanying photograph. The affected parts

are soft, but do not fluctuate or pit on pressure. There is considerable tenderness, which is most marked in the right leg. No cause of obstruction in the thighs or pelvis could be found. The superficial lesion of the abdominal wall were not enlarged. The patient had never been abroad.

Mr. Eccles, who showed the case at a surgical consultation at St. Bartholomew's Hospital, remarked on the combination of osteo-arthritis and elephantiasis in the same patient, suggesting that both conditions were due to trophic nerve origin. He said that there was no evidence of obstruction to the lymphatic flow. He also mentioned there was no specific treatment for the condition, but as the patient

complained of considerable pain, he suggested amputation of the right leg if the patient wished it. The general consensus of opinion at the consultation was against amputation, and the patient left the hospital without any operation being performed.

A TOXIC THEORY OF PAIN.

The British Medical Journal in a recent issue published the following interesting criticism of a theory as to the toxic origin of pain advanced by Mdlle. Joteyko in the Revue Générale des Sciences:—Pain is one of those inscrutable facts in Nature which, in many respects, pass human comprehension. It is easy to understand how pain often serves a beneficent purpose in disease, but the necessity

for its existence as a physiological manifestation is unrevealed and invests with an unsolved mystery. It presents itself in many varieties and under a bewildering diversity of circum stances, but in intensity it is controlled by the cause producing it, the circumstances in which occurs, and



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the idiosyncrasy of the individual. The anguish of angina pectoris is not capable of expression in the same terms as the stabbing pain of pneumonia, nor is it possible to compare the acute suffering of migraine with the dull postural headache of anæmia. Under circumstances of excitement the most intense pain may pass unperceived, whereas in conditions of enfeebled health discomfort, even of minor degree, becomes exaggerated and often unbearable. To the individual pain is a varying quantity; by one person it is borne with fortitude and resignation, to another it is a distracting influence which completely upsets the equilibrium of health. Ease and luxury are inimical to physical powers of resist-

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