

Dr. Oldright remarked that there was an elongation of the bone, and that the most prominent feature was not a hyperplasia of the areolar tissue such as we have in elephantiasis.

Dr. Teskey looked upon the case as one of elephantiasis. Although it lacked many of the conditions generally found in that disease, yet those which were absent were chiefly the accessory rather than the essential ones, as, for example, the warty growths of the skin; while those conditions which are essential to that disease, *e. g.* the progressive hypertrophy of the cellular tissue, were present to a marked degree.

Dr. Temple had considerable experience of elephantiasis in India, but could not reconcile the peculiar conditions presented by this case with what he had before observed. The rapid emptying of the limb by elevation was not characteristic of elephantiasis. The sensation impressed upon the fingers by these tissues was also entirely different.

Dr. Graham did not think that the case was one of elephantiasis. He considered the condition of the bones to be one of hypertrophy, perhaps caused by some trophic nerve lesion and the same might be said of the connective tissue. There was also present a peculiar condition of the lymphatics which he could not explain. He had observed the same condition present in a patient under his care in the Toronto General Hospital, in whom the thigh had the same feeling resembling a bag of worms. This might be caused by enlarged lymphatic ducts.

Dr. Sheard said that he regarded the case as one of elephantiasis, admitting that there was not so much hardness as is *usually* found in elephantiasis. He remembered three cases where the softening was as marked as in this one, and yet hardening occurred subsequently. As to the pathology of elephantiasis it was known to be mainly modified nutrition and he could easily understand how that, where there was a change in nutrition producing hyperplasia of the fibrous connective tissue elements, there could also be produced at the same time an increase in the bony tissue leading to lengthening

of the limb. He would suggest that the elastic bandage be tried, believing that the artificial pressure supplied by the elastic band would, in a measure, supply the lost vascular tone, diminish the amount of blood sent to the parts and hence arrest the hypertrophy. He had seen a somewhat similar case in an (East) Indian lad treated in this way with most satisfactory results.

Dr. Cameron would hesitate to call the condition elephantiasis, although at a distance it resembled it very closely. Upon manipulation, however, a very different impression was conveyed. He pointed out the greatly enlarged inguinal glands, and admitted a condition of lymphangiectasis but could not regard this as the cause of the elongation of the limb since the lymph channels on the opposite side and especially the glands were almost equally enlarged and had not produced a similar condition of the corresponding limb. He was rather inclined to regard it as a result of trophic nerve lesion analogous to the unilateral hypertrophy of the face, so well described by Jonathan Hutchinson, and others, the counterpart of the more common unilateral atrophy. This view he thought received corroboration from the presence of certain pigmentary patches on that buttock and on the inside of the leg of the affected side. With reference to palliative treatment, he thought the suggestion of the rubber bandage to be certainly a good one. But with regard to more radical relief of the condition, he thought the time had gone by for anything short of a serious operation. Had the sciatic nerve been stretched or divided in the early history of the case it might have proved of service, as had been shown by Morton, of Philadelphia. As it was, two operations only suggested themselves as applicable, *viz.*:—Osteotomy, such as MacEwan, of Glasgow, would probably practise, or amputation.

Dr. Osler said, that notwithstanding the somewhat unusual flabbiness and softness of the tissues to the touch he would incline to regard it as elephantiasis. This consisted, undoubtedly, in hyperplasia of the skin and subcutaneous connective tissue, and he could conceive of an hypertrophy of the bone resulting from the same causes.