

**Case of tubercular elephantiasis in a man of English parentage, born in India / by J. Kinnis.**

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**Publication/Creation**

Edinburgh : Printed by Stark, [1844]

**Persistent URL**

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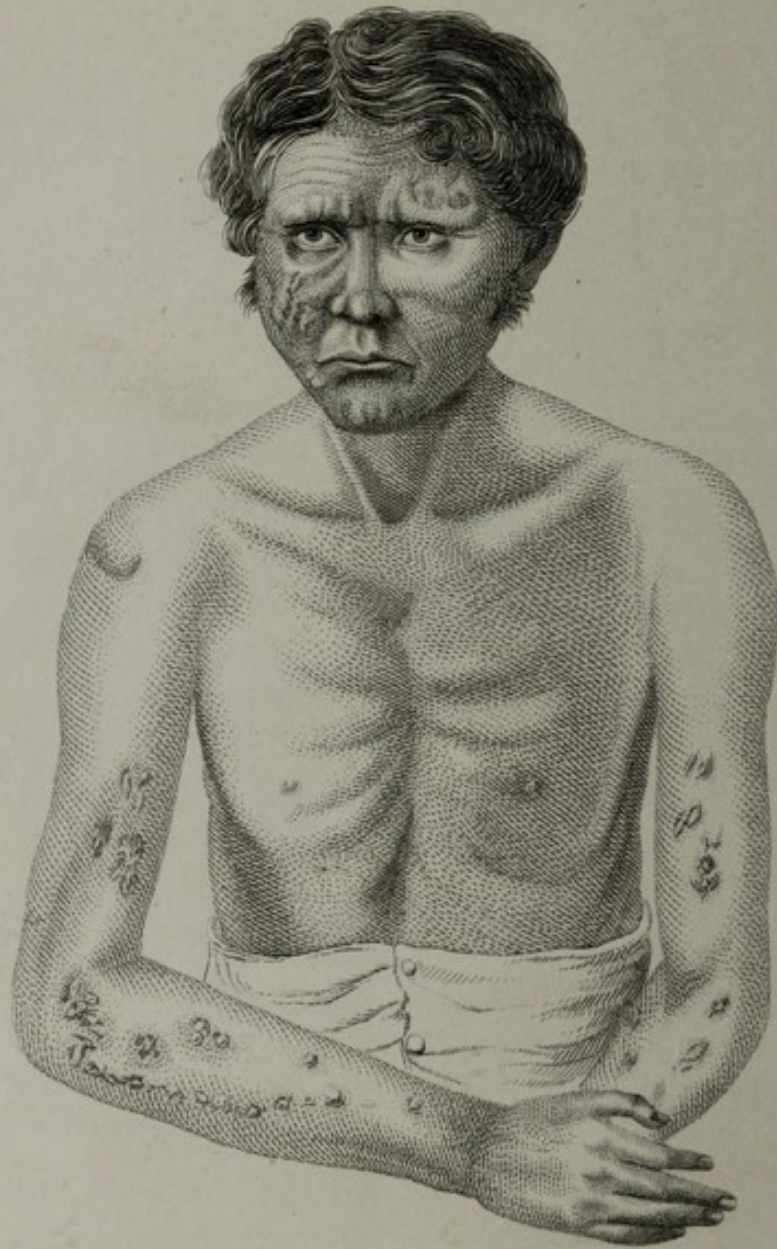
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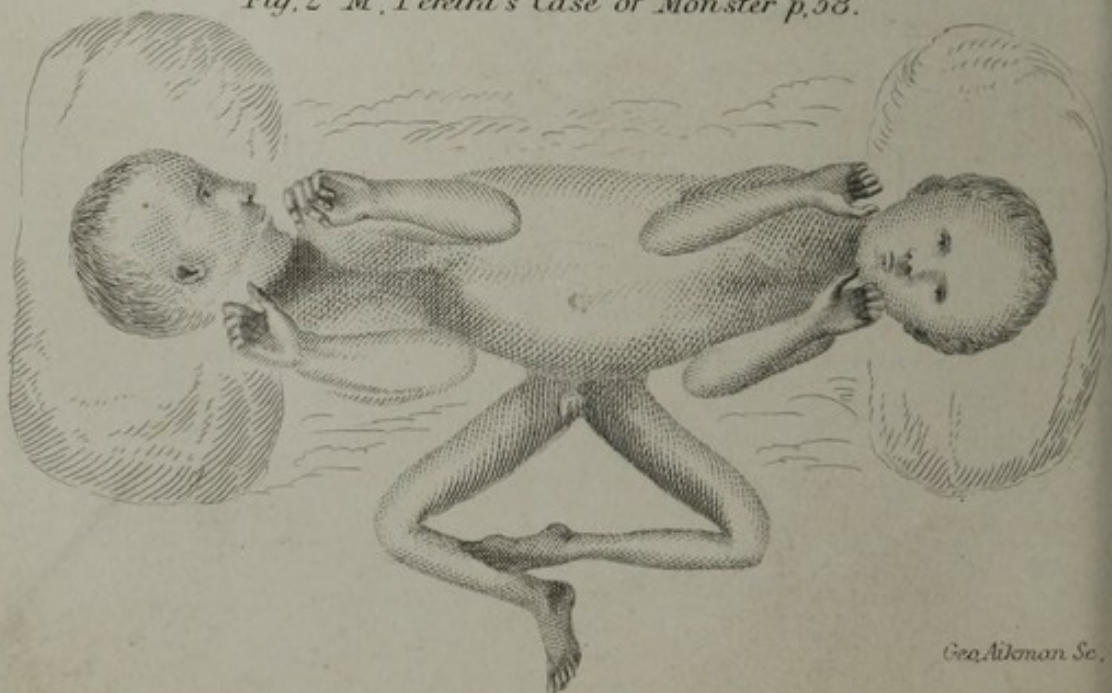
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*Fig. 1 D.<sup>R</sup> KINNIS'S Case of ELEPHANTIASIS p.54.*



*Fig. 2 M<sup>r</sup>. Pereira's Case of Monster p.58.*





*Dr. Bibby  
with the writer's consent.*

CASE  
OF  
TUBERCULAR ELEPHANTIASIS  
IN  
A MAN OF ENGLISH PARENTAGE, BORN IN INDIA.

<sup>c</sup>  
BY J. KINNIS, M. D.  
Surgeon to the Forces.

(In a Letter to Sir James M'Grigor, Bart., Director-General of  
the Army Medical Department, &c. &c. &c.)

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(From the *Edin. Med. and Surg. Journal*, No. 158.)

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SIR,—IN a paper addressed to you, which was published in the *Edinburgh Medical and Surgical Journal* for July 1842, I gave examples of tubercular elephantiasis occurring among the inhabitants of Madeira, of Portuguese or mixed origin; the French creoles, Mozambique slaves, and offspring of French fathers and Malgache mothers inhabiting the Mauritius; and the Singhalese, Moors, Tamuls, Malays, and offspring of Singhalese mothers by Portuguese-descended and English fathers inhabiting Ceylon.

In further illustration of a disease so rarely seen in this country, and of which the causes, pathology, and treatment are so imperfectly known, permit me to offer, for your perusal, and for publication afterwards in the work containing my former observations, an example of its occurrence in a man of English parentage, born in India, being the only one I have witnessed, in which both parents were natives of any part of Europe. It is accompanied by a coloured drawing, for which I am happy to acknowledge my obligations to Mr Ford, a gentleman with whose merits, as a zoological and pathological draftsman and lithographer, you must be well acquainted. (See Plate I., Figure 1st.)

Serjeant William Bibby was born in Bangalore, of English parents, both natives of London, in July 1808. His father being

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a serjeant in H. M. 38th Regiment, he enlisted in the same corps in 1825, and has now served eighteen years, namely, ten in India, nearly five in the united kingdom, and two years nine months in the Mediterranean. He was promoted to his present rank in January 1828, and embarked at Calcutta for England in December 1835, having spent the first twenty-seven years of his life in excellent health in India. He arrived in England in May 1836, and went to Ireland in June or July 1837. In the end of 1838, he got thoroughly wet in marching from Dublin to Enniskillin, and went into hospital with a severe cold in the head, which kept him there ten days or a fortnight. At Belfast, again, in 1839, after marching from Newry, he had a similar attack, ascribed to a similar cause, for which, also, he was treated in hospital. He embarked for the Ionian Islands in September 1840; spent fourteen months in Zante, fifteen in Corfu, and two in hospital at Gibraltar on his way back to England. He arrived in Zante twenty-five days before a violent earthquake, which visited that island on the 30th October 1840, and which, among other testimonies to its severity, left the military barracks uninhabitable. The first following eleven nights he had to sleep in the open air, and, during his remaining stay in Zante, was quartered in a hired house, totally out of repair, and admitting the wind and rain in all directions. In November 1840, the right side of his face became red, swollen, and painful; the swelling increased and diminished with the vicissitudes of the weather, but never entirely subsided; was sometimes accompanied with ophthalmia closing the eyelids; at last assumed an uneven and knotty form, and attacked likewise the left cheek. From its first appearance in November, he was rarely free from a cold and stuffing in the head, hoarseness, chilliness, and rheumatic pains, yet he did not go into hospital until July 1841, when, in very sultry weather, and after habitual constipation, he was admitted for a week, with anorexia, nausea, and vomiting. He went to Corfu in December. He first observed discoloured swellings on his arms and thighs in March or April 1842; but was able to do his duty up to August, when he was admitted the fourth time into hospital, and remained until his regiment embarked for Gibraltar in March 1843; continued in hospital there from April to June; arrived at Fort Pitt on the 7th July, and underwent palliative treatment only until the 22d September, when he was discharged as an out-pensioner of Chelsea Hospital. He takes his departure to-morrow for Jersey, which he has selected as his future residence.

His complexion is not darker than that of Englishmen in general, who have resided in the tropics; his hair is blackish brown, abundant on the head, and hardly if at all deficient on the eyelids, axillæ, and pubes. Though he is in the habit of shaving every

fourth day, a few distant, silky hairs are the only representatives of his beard; and under the inner extremity of each eyebrow is a small thin tuft, the rest being quite bare, wrinkled, and swollen. The whiskers are moderately luxuriant over about one-half of the surface they ought to cover, the other half being studded by bare tubercular elevations. The parts of the body chiefly affected with tubercles are the face, upper limbs, hips, and thighs. The skin covering the cheek bones and bridge of the nose, with two oblique ridges which connect the former to the latter, is red, glossy, thickened, smooth, uneven or undulated, and overspread by small separate webs of superficial blue veins; there being one on each cheek, and one on the nose, ramifying chiefly on its right side. The lower parts of the face are occupied by two large imbedded clusters and several distinct tubercles, rising little above, and corresponding nearly in colour with the natural skin: at each angle of the mouth are two, under the nasal partition one, and on the chin another, the two last being of a pale blue colour from superficial veins, of which also, one passes into and along the floor of each nostril. The nose, though convex perpendicularly as well as transversely, is low and broad, the tip and left wing are bounded above by a slight depression, on the left by a deep groove, with a tubercle the size of a small pea at its summit, and on the right by another groove which surrounds the right wing—shrunk to half its natural size, and closing like a valve the corresponding nostril. The left nostril is of a square form and moderate size. There are no tubercles within the mouth, or on the ears, but the veins of these are very conspicuous. Beneath the chin, on the mesial plane, is a cluster of imbedded tubercles.

On the middle half of the back and outside of both arms, the skin is irregularly thickened, indurated, dry, dark, and glistening; between the condyles are smaller similar patches, and over the deltoid and biceps muscles, the back and outside of the fore-arms, right wrist, and metacarpus, are clusters and chains of bluish-red slightly raised, oblong tubercles. The backs of the hands, wrists, and fingers are dry, glossy, wrinkled, and the lozenges of the cutaneous surface converted into large shallow cells, with ridges of doubled cuticle between them. The cuticle of the palms is thick, rough, dry, and in progress of separation, in opaque white scales.

While yet in Zante in 1841, the point of his right fore-finger became red, swollen, painful, and, after the application of poultices, discharged first matter, then several pieces of bone, and in due time healed. Nearly the whole of the distal phalanx of this finger is now wanting, but the nail remains, shortened by one-third, divided into three unequal portions by longitudinal ridges, and drawn obliquely forwards over the end of the stump, which presents a small triangular scar. The middle phalanx may be bent,

but cannot be completely extended. This finger has so entirely lost its sensibility, that it may be pressed or pricked when his eyes are shut, without his being aware of the contact of a foreign body. The skin of its metacarpal bone, and of the rest of the hand, is greatly benumbed, and the muscular power so much impaired, that he can neither clench his fist nor grasp any object firmly; while the sensibility and muscular power of the left hand are equal to those of other healthy parts. The nails of the right hand are short, fluted, and so very brittle as to render paring unnecessary; while those of the left have a normal appearance.

The trunk is very greatly emaciated, and, though the skin covering it exhibits several large white patches, such as are often seen in healthy Europeans, who have served in the tropics, it appears to be everywhere sensible, perspirable, and sound.

Tubercles exist in considerable numbers on both hips and on the back, front, and inside of the thighs, generally flat, oblong, imbedded, of moderate size, and a pale-bluish colour. There are also one or two on the right knee, one or two on the upper and outer parts of both legs, and three, two of which coalesce into one, near the inner edge of the left tibia. The last are covered with white scars. The skin on the back, and slightly on other parts of the legs, and on the ankles and feet, is thickened, indurated, and benumbed; the cellular membrane œdematous; the cuticle dry, rough, thickened, cracked, and peeling off in opaque white narrow shreds, or giving passage to a serous discharge from the true skin. The toes are smooth, swollen, shining; the nails convex from behind forwards, thickened and subdivided into layers, from which transverse segments have been broken near their roots, and thrown off.

Immediately under the right groin are two enlarged glands, each above half-an-inch in diameter, and, somewhat lower down, a third, nearly two inches by one in size. Below the left groin is a less prominent glandular swelling.

He had lost all sexual desire some months before his admission into hospital in Corfu in August 1842, and the testicles are small, though not much wasted. His general health and strength are greatly reduced; the emaciation of his trunk is much more considerable than could have been anticipated from the mere inspection of his face and limbs; yet there is no reason to suspect organic disease in either the chest or abdomen. By the aid of a staff he walks about; but with pain, difficulty, and dyspnœa. His height is 5 feet 9 inches and a-half. In his clothes he weighed

	Stones.	lbs.
Before leaving India, . . . . .	10	0
In Ireland, 1838, . . . . .	9.	10
At Fort Pitt, 22d September 1843,	8	2½

Deducting his hospital dress, which weighs six pounds, his present weight, therefore, is 7 stone  $10\frac{1}{2}$  pounds. In the recumbent posture his pulse is from 95 to 100, and respiration 21 per minute; in the sitting posture the former is 120 and the latter 31. His tongue is tolerably clean; appetite impaired and capricious; thirst constant; bowels habitually confined. The mutilated finger is the only utterly insensible part; but all the tubercles and the thickened skin are benumbed, and their sensibility impaired. The part corresponding to the passage of the ulnar nerve, behind the internal condyle of the left arm, is exquisitely tender and painful on pressure. He is keenly sensible to impressions of cold air; suffers much and constantly from pain in the feet and ankles, shooting up to the knees, and depriving him of sleep in the night, and these parts are painful to the touch. He rarely sleeps more than four hours, even with an anodyne draught; is awake by the slightest noise, and perspires profusely in the night. During hot weather he perspires also in the day; the tubercles increase in redness and in size, and become the seat of "burning pain." His voice is slightly hoarse and nasal, and he is subject to epistaxis; but has never lost any pieces of bone from the nose. At uncertain intervals, probably averaging once a fortnight, he has a febrile paroxysm, generally terminating on the day of its invasion with copious perspiration, sometimes repeated on two successive days, sometimes lasting forty-eight hours without intermission, and attended by pain, heat, and increased swelling of the feet, ankles, knees, and femoral glands.

He is the eldest of a family of eight; the other seven were females; six died young; one, the next to him in seniority, married, and had children, but lived only twenty-seven years. He himself married in June 1830 the daughter of a staff-sergeant, an Englishman, and has had four children, the youngest born in 1838. One died of cholera morbus at eighteen months; two of water in the brain, at one and five years old. The surviving child, a fine, healthy girl, seven years of age, and his wife, are here with him. None of his relations or connections ever had the disease under which he labours.

*General Hospital, Fort Pitt,  
Chatham, 26th September 1843.*



During his residence, which was a year and a half, he was  
 treated, but not cured, by the various  
 remedies; his pulse is from 90 to 100, and respiration 21  
 in the sitting posture; the tongue is red and the  
 tip is slightly swollen; appetite improved and  
 somewhat constant; bowels irregularly confined. The in-  
 creased labor is the only truly miserable part; but all the  
 other and the diminished pain are described, and their severity  
 which the part corresponding to the passage of the stone  
 yet behind the internal concha of the left ear, is rapidly  
 increased and painful to gaze at. It is keenly sensible to im-  
 pression of cold air; rather much so, especially from pain in the  
 head, which shooting up to the head, and depriving him of sleep  
 at night, and these parts are painful to the touch. The noise  
 is more than ordinary, even within the nostrils; it is  
 the loudest noise, and especially in the night. The  
 weather he prefers also in the day; the labor is  
 not in winter and in air, and having the seat of "bearing  
 it." His voice is slightly hoarse and nasal, and he is subject  
 to cough; but has never had any loss of bone from the nose.  
 The disease is certainly probably arising once a fortnight, or  
 so, which however, generally terminates on the day of its  
 appearance with copious perspiration, sometimes repeated at two or  
 three days, sometimes lasting for eight hours without intermis-  
 sion, and attended by pain, heat, and increased swelling of the  
 affected knee, and several other symptoms. The other knee was in-  
 flamed about a family of eight; the other knee was in-  
 flamed, six days ago; one, about 70 to him in severity, cost  
 him, and had children, but lived only twenty-seven years. The  
 first occurred in June 1830 the daughter of a rich merchant, an  
 Englishman, and her husband, the youngest son in  
 the family. She died of cholera morosa at eight months, two days  
 after the birth, at one and the same time. The surviving  
 child, having had seven years of age, and his wife was  
 with him. One of his relations or connections ever had the  
 same disease, which he bore, but not the same severity.  
 General Hospital, Boston, February 1832.