Dr. S. M. LEWIS: I would agree that certainly in the adult there is frequently a lymphopenia at times with no more than 100 lymphocytes per c.mm. We have had some childhood cases of acquired aplastic anaemia with very much the same picture; never an absolute absence of lymphocytes, but frequently with lymphopenia of a greater or lesser degree.

Dr. C. C. BOOTH: Where then did these 900 lymphocytes come from that the child had within a day of her death?

Dr. DAVIS: There is not an absolute absence of lymphocytes in this condition, though there is no lymphocyte tissue in the gut, spleen, or lymph nodes.

Professor DACIE: I suppose it is fair to say that if the child had lived a little longer the lymphocyte count might have run down to zero.

Dr. WILLIAMS: Yes. Some were presumably surviving from the ones that were formed at birth.

Professor DACIE: Lymphocytes certainly have a long life span circling round and round the body for a long time.

Dr. BOOTH: Can I ask the pathologists one point: how were such fantastically good pictures of the villi obtained? They normally autolyse at death.

Dr. WILLIAMS: I agree that they are beautifully preserved, even though the necropsy was not done immediately but on

the following day. I wondered myself whether there had been lack of the normal enzyme production, but the pancreas and the stomach look absolutely normal. The newborn usually shows less autolysis than the adult, however.

Dr. BOOTH: I would have said it was a unique finding and possibly of great significance.

Dr. HOBBS: The fall in body temperature would have been much quicker than in an adult, would it not?

We are grateful to Dr. J. P. Shillingford and Dr. B. Heard for assistance in preparing this report, and to Mr. W. Brackenbury for the photomicrographs.

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NEW APPLIANCES

Abergele Cartilage Knife

Mr. G. EVANS, S.R.N., B.T.A., and Mr. R. OWEN, M.Ch.Orth., F.R.C.S., Orthopaedic and Accident Department, Abergele Hospital, North Wales, write: The cartilage-shaving knife described here has been developed to simplify the surgical management of chondral lesions in diarthrodial

joints. The knife has been used in surgery of the knee-joint and, rarely, the elbow and ankle. This knife has three advantages: (1) shaving of degenerate and soft hyaline cartilage with an orthodox scalpel or other instrument involving an oscillating action is unsatisfactory, as this leaves an irregular

furrowed surface—the reverse spokeshave action utilized with the knife described here ensures a smooth articular surface; (2) certain sites within the knee-joint are almost inaccessible when using a standard scalpel, whereas the chondrectomy knife allows access to the intercondylar and other difficult areas through a limited surgical wound; and (3) the blade is disposable and thus eliminates sharpening costs.

The knife, which is made of stainless steel, consists of a forked blade-holder angled back off the straight at 5 to 10° (see Figs.). The standard length is 7 in. (18 cm.). The handle measures 3½ in. (9 cm.) in length and the blade-holder 3¼ in. The cutting blade is disposable and set in a slot in the fork of the instrument at a varying curve. The width and length of the blades vary, thus allowing of an increased or decreased cutting surface.

The knife has been used in the management of a variety of hyaline cartilage lesions: (a) chondromalacia patellae in those cases where patellectomy is not indicated; (b) in osteochondritis dissecans of the knee where the crater edge requires careful toilet; (c) in the surgical management of the knee-joint in rheumatoid arthritis where synovectomy is indicated, and where areas of articular cartilage require careful trimming; and (d) in the management of certain cases of osteoarthritis of the knee requiring the Pridie operation or more extensive cheilotomy.

This instrument has been supplied and developed by the London Splint Company Ltd., 67-69 Weymouth Street, London W.1.

FIG. 1

FIG. 2