The question of injury and permanent harm was examined most carefully. It appears that women are a little more accident-prone than men, especially in riding, hockey, basket-ball and track and field events, but their future health was not in jeopardy.

One of the first disciplines competitive sport imposes on women is control of the emotions and the acceptance of the thinking and living habits of good sportsmanship.

The article goes on to deal with the effects of games on delinquency, school work and personality in a favourable manner, but these findings are not specific for women.

Sport, like the arts, music and literature, is a means of self-expression. In many ways “Sport is an art, with the Olympic Games the concert stage of athletes who have reached the heights of sheer artistry in their chosen sport.”

DERMOID CYST FORMATION FOLLOWING DERMAL GRAFT HERNIORRHAPHY

BY

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An implantation dermoid cyst is due to the implantation of an island of squamous cells into the subcutaneous tissues by a penetrating wound. Their vitality being unimpaired, these cells continue to grow until a cyst is formed, lined by squamous epithelium and containing degenerate keratinized debris and the products of such skin glands as are formed in the cyst wall.

Penetrating wounds of the type which give rise to cyst formation are quite common, but actual cyst formation is comparatively rare. The following case is of interest as an example of an implantation dermoid cyst following a “dermal graft” herniorrhaphy.

CASE REPORT

Gunner A. H., aged 24, was admitted to a Military Hospital in Germany on 14th October, 1946, with an 18-month history of right inguinal hernia. On 18th October, 1946, herniorrhaphy was performed by a German civilian surgeon. The operation note was:

Incision: ellipse of skin excised from right inguinal region.
Findings: direct right inguinal hernia.
Procedure: ellipse of skin sutured to transversalis fascia and secured to posterior wall of inguinal canal. Routine closure of wound.

On 1st November, 1946, the patient was allowed to get up, and two weeks later he was discharged to a Convalescent Depot. He returned to his unit for duty on 4th December, 1946. At his release medical examination on 3rd October, 1947, the repair was found to be sound.
The patient was seen in the Surgical Out-patient Department at York on 20th September, 1952. The history he gave was that the hernia had recurred in December, 1947. On examination there was a swelling in his right inguinal region. A cough impulse was present in the swelling, but the swelling could not be reduced manually. A diagnosis of recurrent irreducible direct right inguinal hernia was made, and on 9th November, 1952, the patient was admitted to hospital for repeat herniorrhaphy.

Operation was performed on 10th November, 1952. The old scar was excised by an elliptical incision. The external oblique was divided in the direction of its fibres, and the spermatic cord was dislocated. The inguinal swelling was now found to be a cyst measuring 3 inches long by 1½ inches in diameter. This cyst was excised, thus exposing the posterior wall of the inguinal canal, and this was deficient so that a repair was considered necessary. A Bassini type of repair was carried out with interrupted nylon sutures, and a release incision was made in the anterior rectus sheath. The external oblique was repaired with catgut in front of the spermatic cord, and the skin incision was closed with silkworm gut sutures.

The cyst was now opened, and was found to be a dermoid cyst containing sebaceous debris and a large knot of matted hair.

Post-operative recovery was uneventful. The skin sutures were removed on 17th November, 1952, and the patient was discharged from hospital on 19th November, 1952, when the wound was well healed and the repair sound. He was seen again as an out-patient a month later. There was no discomfort in the wound, and the repair was sound and firm.

SUMMARY

A case is reported of a “dermal graft” herniorrhaphy which resulted in the formation of an implantation dermoid cyst, without the obliteration of the hernia. The dermoid cyst was excised and a Bassini type of repair carried out.

Correspondence

From Colonel R. G. W. Ollerenshaw, T.D.,
Royal Army Medical Corps (T.A.)

The Contribution of War to the Advancement of Surgery

Sir,

Colonel Harold Edwards’ Blackham Lecture, published in the October number of the Royal Army Medical Corps Journal, is one of the most stimulating papers we have had for some time, and it is with hesitation that I pick on a small historical inaccuracy. But the Journal will be quoted, and it is too easy for these things to be perpetuated.