

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 $1\frac{1}{2}$ 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

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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.

Charles Bell, though he dealt with casualties from both battles, was present neither at Corunna nor at Waterloo. When in January, 1809, the news of the disaster of Corunna reached London, Bell offered his services to the Horse Guards and was sent down to the hospital at Haslar, where he operated on many of the disembarking casualties; his letters show that this is where he first became interested in gunshot injuries. From the outset his cases were admirably recorded, often with his own etchings. One of his drawings of this period, engraved by Thomas Landseer, survives in the third edition of *Anatomy of Expression*. It depicts the opisthotonic spasm of tetanus, and a footnote states that it is taken from soldiers wounded at the battle of Corunna. The original is, I believe, in the Royal College of Surgeons in Edinburgh.

Later, when the news came of Waterloo, Bell was in London, and said to his brother-in-law, John Shaw: "Johnnie, how can we let this pass? Here is such an occasion of seeing gunshot wounds come to our very door. Let us go." His letters tell how they forgot their papers and passed the customs, John Shaw brandishing surgical instruments in the faces of the officials. They reached Brussels on 29th June, eleven days after the battle, to find that the French wounded were still largely unattended, though the British medical services were in a slightly better way. Bell, whose one idea was to further his experience, offered at once to take charge of the French. He operated almost without a break for three days. One of the first letters he wrote on his return was to an M.P. acquaintance, protesting against the shocking hospital arrangements in Brussels, where there had been no preparation whatever for a battle which was inevitable. He addressed a further memorandum on the subject to the Duke of York, but it was to be many years yet before the medical services in the field were other than makeshift. Bell was ahead of his time.

May I say again how much I enjoyed Colonel Edwards' paper, and trust that my pedantry may be excused. The detail is part of the history of a fascinating life.

I am, etc.,

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- BELL, C. (1870). *Letters*. London. J. Murray.
OLLERENSHAW, R. (1951). *Med. Biol. Illust.* 1, 4.
PICHOT, A. (1860). *Life and Letters of Sir Charles Bell*. London. R. Bentley.

From CAPT. D. HOOKER, ROYAL ARMY MEDICAL CORPS.

A Treatment for Athlete's Foot

SIR,

With reference to my letter on the treatment of athlete's foot which was published in the April, 1956, number of the *Royal Army Medical Corps Journal*,

I would like to correct an error in the strength of formaldehyde used, which has been brought to my notice.

The strength of solution used should be 20 per cent. and not 40 per cent. as printed. Though the 40 per cent. strength was used by me originally with no local untoward reaction, I found it irritant to the eyes and nose of the person applying it. The 20 per cent. strength was equally effective to the feet without the unpleasant irritant effects to nose and eyes, and a more suitable solution for use by both medical orderlies or by patients themselves.

I am, etc.

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Book Reviews

THE MEDICAL ANNUAL 1955. By Sir Henry Tidy, K.B.E., & R. Milnes Walker. Bristol: John Wright & Sons. 1955. Pp. 548+xliv. Plates 63. Illustrated. 32s. 6d.

It is impossible to do justice to this book in a review, since so many aspects of medicine and surgery are discussed by the eminent panel of contributors. Their authoritative opinions with references to recent and important literature are most valuable guides to the study of almost any subject one may care to choose.

The article on Epidemic Hæmorrhagic Fever by Lieut.-Colonel K. P. Brown, R.A.M.C., will be of particular interest to service medical officers. His description of this disease, new to physicians of the Western World, is masterly and his experience of it an illustration of the opportunities which may present themselves in the service. Military surgeons will find useful the sections discussing war wounds, particularly chest injuries, vascular surgery and head injuries. Summaries of the present status of many new drugs are an excellent feature.

J. P. B.

A MANUAL OF ANÆSTHETIC TECHNIQUES. By William J. Pryor, M.B., F.R.A.C.S., with a Foreword by J. H. T. Challis. Bristol: John Wright & Sons. April, 1956. Pp. 236+viii. Illustrated. 27s. 6d.

This book was written as a *vade-mecum* for junior anæsthetists to supply answers for day-to-day problems. On the whole it succeeds very well in this object and would prove a useful stand-by for the isolated and occasional anæsthetist such as may not infrequently occur in the army.