

## SINGAPORE SURGICAL SOCIETY

## Summary of Proceedings of Scientific Meetings—1968

January 1968 — 17th Scientific Meeting  
16-1-68

## 1. A Case of Popliteal Aneurysm — Mr. M. Sridharan, F.R.A.C.S.

Summary: A case of popliteal aneurysm in a 43 year old man was presented. The aneurysm was saccular in type and was excised and the gap bridged by a vein graft. The histology suggested trauma as the cause of the lesion. Crichley & Roberts considered a vein graft to be the best graft material to bridge the gap as the patency rate was 100% and there were no graft complications in 48 cases. The patient discussed here has a patent graft 2 years after it was inserted.

## 2. Cases of Suprasellar Meningiomata — Mr. C.F. Tham, F.R.C.S.E.

Summary: Two patients each with a suprasellar meningioma and a visual field defect, were treated by subtotal removal of the tumour via the right subfrontal route and followed by a course of DXT.

The nature of the visual recovery and the follow-up of the patients were discussed.

## 3. Unusual Case of Acanthosis Nigricans — Lt. Col. Thomson, F.R.C.S.E.

Summary: A Gurkha soldier presented with obstructive jaundice. This was confirmed by percutaneous transhepatic cholangiogram, and subsequently by Laparotomy when multiple stones were removed from a grossly dilated Common Bile Duct; and a sealed-off, perforated gallbladder with stones lying outside it in the surrounding adhesions was removed. There was evidence of chronic pancreatitis and a Choledocho-duodenostomy was performed.

At that time a pigmented rash was noted distributed symmetrically in the Axillae, groins, scrotum, medial aspects of thighs and flexor surfaces of arms. Skin biopsy confirmed Acanthosis nigricans. Full examination by Barium meal and Ba enema has shown no other gastrointestinal lesion, which must be suspected since the large majority of cases of Acanthosis Nigricans are associated with occult Carcinoma—90% in the abdomen and 60% in the stomach.

February 1968 — 18th Scientific Meeting  
27-2-68

## "Missile Injuries" — Brigadier J.M. Matheson, F.R.C.S.

(The full text has been submitted for publication in the S.M.J.)

March 1968 — 19th Scientific Meeting  
26-3-68

## 1. Cases of Torulosis — Mr. J.J. Murugasu, F.R.A.C.S.

Summary: Torulosis was reviewed and two cases were presented.

Case (i) was a girl of 10 who presented with fever and headaches, with X-ray evidence of increased markings of the right upper zone of the lung fields. T.B. meningitis was suspected. Repeated lumbar punctures later revealed the true diagnosis to be torulosis. She was treated with Amphoterin B.

At thoracotomy two round nodules were found in the anterior segment of the right lingula. Segmental resection was done and the patient made a good recovery. Histology confirmed torulosis of the lung.

Case (ii) was a 35 year old female who presented with chronic cough and an area of consolidation in the lingula lobe. Left lower lobectomy was carried out with a provisional diagnosis of carcinoma. Histological examination revealed the lesion to be torulosis. She made a good recovery.

## 2. Dermoid Cyst of the Spleen — Mr. G. Chiam, F.R.A.C.S.

## 3. An unusual case of Hepatic Resection — Mr. W.J. Daniel, F.R.C.S.

Summary: A case of cholelithiasis with jaundice and cholangitic abscesses was presented. Left hepatic lobectomy was performed and she made a good recovery.

## 4. An unusual case of Hepatic Resection — Mr. B.K. Ng

Summary: A 36 year old Chinese male presented with a duodenal ulcer. At the time of vagotomy and gastrojejunostomy, a solitary tumour was found in the liver. The pancreas was normal. Left hepatic lobectomy was performed. This tumour was found to be a secondary deposit of a non-beta cell tumour of the pancreas which was responsible for the Zollinger Ellison Syndrome

5. A case of Acanthosis Nigricans — Mr. W.H. Sung

Summary: A patient with bilateral carcinoma of the breasts was presented. It was found that some of the "warts" she had was in fact Acanthosis Nigricans, which was proven histologically.

April 1968 — 20th. Scientific Meeting (Combined with the Singapore Orthopaedic Association) 30.4.68

1. Cases of Scoliosis—Mr. W.G.S. Fung, F.R.C.S., M. Ch.

Summary: A 19 year old Chinese boy with progressive scoliosis following poliomyelitis was presented. The progression could not be checked with conservative treatment, and respiratory impairment became evident.

Harrington's rods were inserted. A discussion on the use of Harrington's rods followed.

2. Congenital Constriction Bands — Prof. V.K. Pillay, F.R.C.S., M. Ch., M.D.

Summary: Various features of congenital constriction bands were demonstrated. More than 50 cases had been seen in the Orthopaedic Dept. The striking feature is the high incidence in Malays—25 times higher. It is also commoner in the poorer families. It is possible that a dietetic factor may be involved.

Multiple Z-plastics gave good results in the treatment.

3. Intravenous Anaesthesia — Mr. P. Chacha, F.R.C.S.E., M. Ch.

Summary: The technique of regional intravenous anaesthesia was presented. 20 - 40 ml. of 0.5% lignocaine was injected into a vein on the dorsum of the hand, after applying a sphygmomanometer cuff on the arm as a tourniquet. There were no major toxic effects seen. It was found to be a safe and simple technique for use in casualty and orthopaedic work.

4. Chronic Osteomyelitis — Mr. S. Ayadurai, F.R.A.C.S.

Summary: 50 cases of acute osteomyelitis were reviewed. Of these, 5 developed chronic osteomyelitis which required further surgery.

A large proportion of Staph aureus were resistant to penicillin. The seven patients who did not develop chronic osteomyelitis were treated in the acute stage with tetracyclines or Chloramphenicol, instead of the routine combination of penicillin & Streptomycin.

May 1968 — 21st. Scientific Meeting 28.5.68

"Melanoma" — Prof. M.R. Ewing, Professor of Surgery, University of Melbourne.

Summary: Different varieties of pigmented naevi were shown. A gradual maturation of the naevus occurs as the patient grows older.

The high incidence of malignant melanoma in Australia was shown, and this had some relationship to the exposure to sunlight.

June 1968 — 22nd Scientific Meeting 25.6.68

1. Traumatic Aneurysm of the Brachial Artery — Mr. M. Sridharan, F.R.A.C.S.

Summary: A case of traumatic aneurysm of the brachial artery was presented. It followed cardiac catheterisation. This was treated by excision and repair of the defect.

2. A case of Crohn' Disease — Mr. R. Eddy, F.R.A.C.S.

Summary: A Chinese patient presented with intestinal fistula of the colon. This was surgically treated by excision of the diseased segment. The pathologist at first thought it might be Ulcerative Colitis, but on later review the diagnosis of Crohn's Disease was made.

3. Cases of Ankylosis of the Jaw — Mr. Francis Lee, F.D.S.R.C.S.

Summary: Cases of ankylosis of the jaws following a history of trauma were presented. These were treated by replacing the ankylosed temporomandibular joint with an acrylic reel. The results were good.

4. A case of Choledochal cyst — Mr. W.C. Sung, F.R.C.S.

Summary: A boy with Fallot's tetralogy had open heart surgery. Following this he developed jaundice. At laparotomy he was found to have a choledochal cyst which was successfully removed.

July 1968 — 23rd Scientific Meeting 30-7-68

Symposium of Asepsis & Sterilisation

Speakers: Prof. Lim Kok Ann

Dr. Moses Yu

Brig. J.M. Matheson

Summary: Prof. Lim presented the basic principles of bacteriology and sterilisation.

Dr. Moses Yu discussed the importance of proper ventilation of operating theatres in order to reduce the chances of bacterial contamination.

He also stressed the importance of adequate sterilisation of syringes and needles by autoclaving instead of by boiling.

Brig. Matheson reviewed the different types of autoclaves, and pointed out the pitfalls, and the precautions to be taken to ensure adequate sterilisation.

August 1968 — 24th Scientific Meeting  
27-8-68

Treatment of respiratory problems in Chest Injuries — Dr. M. Ambiavagar, F.A.R.C.S.

Summary: The importance of an intensive care unit in the care of severe chest injuries was presented. The proper use of the respirator, and the meticulous care of the tracheostomy to avoid infection was very important.

September 1968 — 25th Scientific Meeting  
24.9.68

1. Cases of Severe Head Injuries — Mr. C.F. Tham, F.R.C.S.E.

Summary: Two patients each with a severe open head injury were treated by toilet suture and decompression. The nature of their recovery was discussed.

2. Two cases of Neurofibrosarcoma of the stomach — Mr. M.K. Pillay

Summary: Case (i) A 30 year old Malay male presented with a history of hypochromic anaemia as low as 5 G. % of Hb, and hepatosplenomegaly. Barium meal on 20.3.67 was normal. But a repeat Barium meal on 17.4.67 revealed a mass at the pyloric antrum. This was confirmed at gastroscopy.

At operation a dumb-bell shaped tumour was found at the pyloric antrum arising from the posterior wall of the stomach. The tumour was resected successfully.

Histologically it was a neurofibrosarcoma of low grade malignancy.

Case (ii): A 61 year old Chinese female presented with a very short history of vomiting, epigastric pain, and a mass. She was anaemic with a Haemoglobin of 10 G. %.

Peritoneoscopy revealed a large nodular mass in the left lobe of the liver.

At operation a large fleshy and friable tumour was found at the body of the stomach adherent to the left lobe of the liver, pancreas, spleen, left diaphragm and omentum.

The whole mass was removed by resection of the left lobe of the liver & stomach and oesophago-gastrostomy performed. She made a

good recovery. Histology revealed the tumour to be a neurofibrosarcoma.

3. A Case of Bezoar of the Stomach — Mr. W.H. Sung, F.R.C.S.

Summary: A case of phytobezoar following partial gastrectomy was presented. A summary of the history and literature of bezoars was read.

4. A case of Congenital Venous Anomaly of the Neck — Mr. W.J. Daniel, F.R.C.S.

Summary: A 12 year old male Chinese was found to have an asymptomatic swelling of the neck, most marked on straining. An arch aortogram revealed no abnormality in the arterial tree, but the venogram revealed a grossly dilated internal jugular vein and right innominate vein.

This was a case of congenital venous dilatation of the neck. As it gave rise to no symptoms surgery was not contemplated.

October 1968 — 26th Scientific Meeting  
29-10-68

“Pancreatic Conditions”

1. Acute pancreatitis following steroid therapy — Mr. W.J. Daniel, F.R.C.S.

Summary: Two cases, both children were presented as developing Acute pancreatitis following steroid therapy for medical conditions. One was on steroids for 3 years for asthma, and the other was on steroids for one year for nephrotic syndrome. Both developed pancreatic abscesses and had a stormy convalescence. There were 28 similar cases reported in the literature.

2. Pancreatic Abscess — Dr. K.K. Chow

3. Post-traumatic pancreatic cysts — Mr. R. Nambiar, F.R.C.S.E.

Summary: Two cases of pancreatic cysts following blunt injury of the abdomen were presented. Both cases were drained internally by anastomosis with the gastrointestinal tract. The results were good.

4. Chronic relapsing pancreatitis — Dr. W.P. Fung, M.R.A.C.P.

Summary: Four cases of chronic calcific pancreatitis with steatorrhoea were presented. There was a history of chronic alcoholism. Calcification was seen on the X-rays. Serum amylase were normal, but exocrine function of the pancreas was abnormal, manifested by definite steatorrhoea, and abnormal xylose absorption tests. Two of the four cases also have Diabetes mellitus.

November 1968 — 27th Scientific Meeting  
26-11-68

(Combined meeting with the Radiological Society)

1. Selective Hepatic Arteriography — Dr. K.W. Chow

2. Two cases of Haemobilia — Mr. W.H. Sung, F.R.C.S.

Summary: A summary of the literature on the subject was given. Two cases of haemobilia due to intrahepatic aneurysms and treated successfully by hepatic resection were presented.

December 1968 — 28th. Scientific Meeting  
14-12-68

(Combined Meeting with Academy of Medicine)

1. The Use of contact lenses in children — Mr. Peter A. Tan, F.R.C.S.E.

Summary: Contact lenses in children are a lesser known entity than in the adult. There are a few but definite indications in this age group one of which is in unilateral aphakia either as a result of a congenital or a traumatic cataract. In the absence of this treatment amblyopia and a useless eye will eventually result especially so in children where the binocular reflexes are not developed. The optical and physiological principles for this are discussed. The only other alternative to a Contact lens is the insertion of an intraocular acrylic lens either in the Anterior Chamber or within the substance of the Cornea, but with this there is a Surgical risk and a risk of complications. A case report of a child aged 3 years and 2 months is described. Six months after surgery she is wearing the Contact lens for some 6 hours during the day.

2. Glaucoma & Cataract — A combined operation — Mr. Robert Loh, F.R.C.S.E., F.A.C.S.

Summary: Glaucoma occurring together with Cataract is a common enough association presenting itself to an eye surgeon. The management of such a case has been and will continue to be a source of controversy and interest.

No claim is made that this combined operation is a safe measure to adopt for all cases of glaucoma with cataract.

Be that as it may, the following conclusions can be drawn from the results presented:—

(1) That fistulizing operation combined with a cataract extraction can be performed with safety as a measure to combat the presence of glaucoma with cataract or the anticipated onset of post-operative aphakic glaucoma.

(2) That results done on selected cases show good control and visual stabilization.

(3) However certain criteria are used against the selection of cases for such a combined mea-

sure and some cases therefore should not have this combined operation performed on them.

The recent discovery and use of ocular hypotensives, the newer antibiotics, and corticosteroids have no doubt contributed greatly towards lessening the risks of such a combined operation.

3. Treatment of Haemopneumothorax — Dr. V.T. Joseph

Summary: A preliminary retrospective study of 28 cases of traumatic haemopneumothorax was presented. The majority of cases were divided into 4 groups based on the initial treatment—9 cases were observed, 1 had needle aspiration done, 7 had tube drainage and 11 had thoracotomy. It was found that cases which were observed only or had needle aspiration done initially had a high failure rate resulting in clotted haemothorax which required decortication. It was also noted that the morbidity measured in terms of hospital stay was highest in those cases which had failed with initial conservative treatment. It is concluded that early effective evacuation of blood in the pleural cavity plays an essential part in ensuring full expansion of the lung and restoration of normal pulmonary physiology.

4. Open Heart Surgery in Singapore — Mr. Tan Ngo Chuan, F.R.A.C.S.

(The full text has been submitted for publication in the S.M.J.)

5. Review of Surgery for Patent Ductus Arteriosus — Mr. M. Sridharan, F.R.A.C.S.

Summary: A review of the results of cases of patent ductus arteriosus which had undergone surgery was presented.

6. Cancer in Singapore — Prof. Shanmugaratnam

Summary: A statistical analysis of the various tumours in the population of Singapore was presented.

7. Management of Septal Cartilage Deformity — Mr. Hunter Fry, F.R.C.S.

Summary: The internal stresses of cartilage were discussed. A method of correction of septal cartilage deformity based on this principle was presented. Incomplete cuts were made on concave side of the cartilage, and the forces within the cartilage will tend to straighten the cartilaginous deformity.

8. Transient Synovitis — Dr. Anthony Heng

Summary: Cases of effusion of the hip joint due to transient synovitis were presented. In these cases there were associated coxa magna.

9. Lateral Popliteal Nerve Ganglia — Mr. P.B. Chacha, F.R.C.S.

Summary: Cysts containing mucoid material in the lateral popliteal nerve in the region of the head of the fibula are known to cause varying degrees of motor and sensory paralysis of the nerve. Initially it was thought that such cysts arise de nova in the nerve substance but it is now recognised that there are two types of such ganglia both of which types in the majority of the cases arise by a pedicle from the superior tibio-fibular joint. Those ganglia which remain outside on the external surface of the main nerve are called the extra neural ganglia. While those which expand within the nerve substance are called the intraneural ganglia. The extra neural ganglia expand to a fair size and extend distally into the peroneal muscles along the terminal branches of the main nerve, while the intraneural ganglia extend proximally into the main nerve substance producing a linear thickening of the nerve. The pedicle of origin in the extra neural type remains close to but quite separate from the articular branch of the lateral popliteal nerve to the superior tibio-fibular joint. In the intraneural type this articular branch is very intimately connected to the pedicle and actually leads the ganglion into the nerve substance.

Two cases were illustrated; one of the extra-neural type and the other of the intraneural type. It is not difficult to excise the extraneural type. Treatment of the intraneural type is by multiple

small incisions in the ganglionic expansion and squeezing out the "jelly". It is essential to ligate and divide the pedicle to prevent recurrence. Recovery of nerve function both motor and sensory is complete within 9 to 12 months.

10. Review of Burns treated at General Hospital — Mr. R. Sundarason, F.R.C.S.

(The full text has been submitted for publication in the S.M.J.)

11. A Look at Mortality in a Surgical Unit — Mr. W.J. Daniel, F.R.C.S.

Summary: This review was taken from the mortality clinic of 'A' Unit from July 1967 to June 1968. There was a total of 6441 admissions with 277 deaths.

Trauma accounted for 50% of all deaths. As expected elective surgery carried a far smaller mortality (0.8%) and most of the surgical deaths occurred after emergency operations. A number of emergency operations were of no avail. 46 patients who died from severe head injury had craniotomies, which on postmortem data proved to be valueless, though there were no real clear-cut clinical contraindications to operations. At the same time, 3 cases of head injury might have been saved by timely surgery.

Even though the overall surgical mortality is at the reasonably low figure of 2.4% there is still room for improvement, as we consider 12% of deaths were avoidable.

\* \* \*

SPECIAL MEETINGS

21st March 1968 — "Irradiation Hypophysectomy in the treatment of Carcinoma of the Prostate"  
— Mr. J.D. Ferguson,  
Director, Institute of Urology, London.

4th July 1968 — "Surgical problems of the Six Day War"  
— Major N. Tzur, Israeli Armed Forces.

16th Sept. 1968 — "Reconstruction of face

following radical surgery"  
— Dr. Isaac Kaplan, Beilinson Hospital, Tel Aviv.

8th Oct. 1968 — "Malignant diseases in Childhood"

— Mr. D. Cohen, Thoracic Surgeon, Royal Alexandra Hospital for children, N.S.W., Australia.