

## SOCIETY REPORTS

## SUMMARY OF PROCEEDINGS OF THE SINGAPORE SURGICAL SOCIETY—1969

**29th Scientific Meeting — 28th January, 1969**

“WOUND INFECTION”—Mr. E. S. R. Hughes, Royal Melbourne Hospital

**SUMMARY:** An investigation was carried out to determine the value of antibiotics in reducing the incidence of infection in colonic surgery.

In one series of cases, Polymyxin spray was used locally in the wound. It reduced the infection rate, but there was the risk of the emergence of resistant strains of organisms.

In another series of cases, Penicillin was given intravenously at the time of operation, when the possibility of contamination was at its highest. It appeared that crystalline Penicillin given in this way in dosages of over 10 million units, was effective in reducing the infection rate in colonic surgery.

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**30th Scientific Meeting—25th February 1969**

“A CASE OF OSTEOGENESIS IMPERFECTA”—Prof. V. K. Pillay

**SUMMARY:** A case of Osteogenesis Imperfecta was presented where by using intramedullary nail fixation, the recurrence of fractures and deformities were reduced.

“A CASE OF CHYLOUS ASCITES FOLLOWING GASTRECTOMY”—Mr. W. H. Sung

**SUMMARY:** The literature on chylous ascites was reviewed and the causes discussed.

The distinction between true chylous, pseudo-chylous, and chylous ascites was emphasised.

A case of true chylosis following radical lower partial gastrectomy for carcinoma of the stomach was presented. This patient was successfully treated by paracenteses, diet and firm abdominal bandages.

“TWO CASES OF MEDIASTINAL TUMOURS”—Mr. M. Sridharan

“AN UNUSUAL CASE OF SCROTAL SWELLING”—Mr. B. C. Marar

**SUMMARY:** An unusual case of swelling in the scrotum and penis was presented. The swelling was an unusual vascular abnormality. The exact

primary cause is uncertain. It is most probably a congenital anomaly.

“A CASE OF MASSIVE SCROTAL HERNIA”—Mr. M. K. P. Pillay

**SUMMARY:** A case of massive scrotal hernia was presented. In such cases, there was insufficient space in the abdominal cavity to accommodate the return of the hernial contents, and post operative dyspnoea and respiratory complications develop. In this case, this problem was overcome successfully by the use of pneumoperitoneum to prepare the abdominal cavity before surgery.

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**31st Scientific Meeting—25th March 1969**

“PERITONEOSCOPY AND HEPATIC ARTERIOGRAPHY”—Prof. K. T. Chan

**SUMMARY:** The use of peritoneoscopy in the elucidation of liver diseases was presented.

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**32nd Scientific Meeting—29th April 1969**

“RADIOLOGICAL INVESTIGATION OF THE BILIARY DISEASES”—Dr. S. F. Yu

**SUMMARY:** Various radiological investigations of the Biliary tract were discussed:—

Oral cholecystograms, and the “3-day regime” (The Trickle technique) was described. The patient was given 3 consecutive doses of the contrast medium over 3 nights.

The superiority of this method is that the gallbladder is better shown, and it often shows a lucent calculi in the common bile duct.

Intravenous cholangiogram and Percutaneous Transhepatic cholangiograms were discussed.

Percutaneous Transhepatic cholangiogram is now a commonly used and well accepted procedure.

In the past year—15 such investigations were carried out, with a 100% success rate. Tolerance by patients was good, and the success rate was high.

“BILIARY DISEASE IN SINGAPORE”—Mr. G. H. K. Chiam

**33rd Scientific Meeting—27th May 1969**

“AN UNUSUAL CASE OF PROLAPSED INTERVERTEBRAL DISC”—Prof. V. K. Pillay

“FOUR CASES OF SPINAL CORD TUMOURS”—Mr. C. F. Tham and Mr. P. Wong

SUMMARY: Four post-operative patients, each with an intradural neurofibroma in the region of the foramen magnum and posterior fossa extending down to the level of the axis with quadriparesis were demonstrated.

The mode of presentation and the results of complete removal in three patients and of incomplete removal in the remaining were discussed.

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**34th Scientific Meeting—24th June 1969**

“A COMPARISON OF TRUNCAL WITH SELECTIVE VAGOTOMY”—Brigadier A. P. Dignan

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**35th Scientific Meeting—29th July 1969**

“PARENTERAL NUTRITION”—Mr. G. A. C. Coupland, University of Sydney

SUMMARY: The advantages of parenteral nutrition in certain cases were discussed.

The Indications are:—

- Complicated Gastrointestinal Operations
- Paralytic Ileus
- Burns
- Prolonged Unconsciousness
- Renal Failure
- Pancreatitis
- Neonatal Surgery
- Extensive Trauma

Carbohydrates and calories can be given in the form of Dextrose, Fructose, Xylose or Alcohol.

Amino Acids may be given by a proprietary preparation of AMINOFUSIN, which contains Amino acid, Sorbitol, Ethanol, and Non-protein calories, in addition to vitamins, and electrolytes.

It is possible to supply all the patients requirements by the parenteral route. But this should only be on a short term basis, and oral alimentation should be resumed as soon as possible.

**36th Scientific Meeting—26th August 1969**

“UNUSUAL CASE OF MENINGIONMA”—Mr. C. F. Tham

SUMMARY: A patient with two intracranial meningiomata appearing at different sites with an interval of 11 years was demonstrated. The first tumour was in the convexity and was successfully removed. Eleven years later she had an attack of bacterial meningitis following which she had focal fits and incontinence of urine. Investigations revealed a small meningioma in the central region of the falx cerebri which was successfully removed. The fits were successfully controlled with anticonvulsants. She had a neurogenic bladder with severe hydronephrosis and hydronephrosis. This was again successfully treated in ‘B’ Surgical Unit of the Outram Road General Hospital.

“TWO CASES OF LIVER CYSTS”—Prof. K. T. Chan

“A CASES OF RETROPERITONEAL TERATOMA”—Mr. J. J. Murugasu

SUMMARY: A young girl presented with a large tumour in the abdomen. X-rays reveal the presence of bones in the tumour. A retroperitoneal teratoma was diagnosed and later confirmed at operation.

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**37th Scientific Meeting—30th September 1969**

“ASPECTS OF MEASUREMENTS IN SURGERY”—A SYMPOSIUM

“Lung Function”—Dr. Poh Soo Chuan

SUMMARY: The subject was dealt with under 3 sections:

- (a) Measurement of lung function. This involve tests which measure the efficiency of the lungs as bellows, the efficiency of gas distribution and exchange, and regional lung function. At present except for tests of lung mechanics and radioactive gas studies, the other tests can be done locally.
- (b) Effects of surgery on lung function. A brief description of the effects of abdominal and thoracic surgery on lung function was given.
- (c) Evaluation for surgery and operative risk in thoracic surgery. The risk of surgery seem to be more related to the preoperative test results than to the type of extent of surgery performed. The main factors involved, especially the presence and severity of emphysema, were then discussed.

“CARDIAC FUNCTION”—Dr. Charles Toh  
 “CENTRAL VENOUS PRESSURE”—Dr.  
 Eric Goonethileke

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### 38th Scientific Meeting—28th October 1969

(Combined meeting with the Obstetrics and  
 Gynaecological Society)

“URINARY DIVERSION”

“INDICATIONS IN GYNAECOLOGY”—  
 Mr. T. H. Lean

“PROBLEMS IN MANAGEMENT”—  
 Mr. J. J. Murugasu

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### 39th Scientific Meeting—25th November 1969

“A COMBINED ANTERIOR AND POS-  
 TERIOR FIXATION FOR SCOLIOSIS OF  
 THE SPINE”—Mr. P. B. Chacha

**SUMMARY:** A girl of 13 was presented at the meeting. When she was 8 she was first seen for a lumbar scoliosis. (T12 to L5) convex to the right due to a congenital second lumbar hemivertebra. Her curve deteriorated from 45° to 105° over 5 years. In April, 1969 the second lumbar hemivertebra and growth plates and discs from L1 to L4 were excised and autogenous bone chips were packed by a right extraperitoneal lumbar approach. Three weeks later the spine was exposed posteriorly and after osteotomy of the lamina and face joints of L2 on either side a Harrington distraction rod was inserted between T10 and sacrum and a posterior spinal fusion was done. The girl was kept completely in bed in a plaster jacket for six months. The curve has now improved by nearly 50% and measures 50°. A combined anterior and posterior approach for severe curves seems to be very useful in achieving a more satisfactory correction. In those children in whom further growth of the spine is expected and which may otherwise worsen the curve is thus checked by the anterior epiphysiodesis.

“A CASE OF CHRONIC PANCREATITIS  
 AND BLEEDING DIATHESIS”—Major  
 M. Melsom

**SUMMARY:** A patient had a long history of chronic pancreatitis was presented because he had an unusual bleeding diathesis. The usual tests of blood coagulation were normal, with no haematological abnormalities detected.

“PANCREATIC ASCITES”—Mr. R. Nambiar  
**SUMMARY:** Massive ascites due to benign pancreatic disease so far reported in the literature have been in association with chronic pancreatitis and pseudopancreatic cysts. The following is the first case of massive ascites with pancreatitis and pancreatic lithiasis.

An Indian male of 49 years who had recurrent mild attacks of pancreatitis was admitted with severe acute pancreatitis. Following conservative treatment he developed massive ascites which failed to respond to conservative measures including diet restrictions, diuretics and supportive intravenous therapy. Laparotomy and transduodenal removal of pancreatic calculi resulted in complete disappearance of ascites and further episodes of pancreatitis.

“TWO CASES OF PARATHYROID TU-  
 MOUR”—Dr. K. P. Lim and Mr. H. S.  
 Leong

**SUMMARY:** There were two cases of parathyroid tumours with different modes of presentation. One case presented with the bone changes of Von Recklinghausen's disease. The other case presented with a nodule in the neck.

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### 40th Scientific Meeting—20th December 1969

(Combined meeting with the Chapter of Sur-  
 geons, Academy of Medicine.)

“OBSERVATIONS ON SOME OF THE  
 ANOMALIES OF THE COLON”—Dr. Loo  
 Saw Kin and Prof. R. Kanagasuntheram

**SUMMARY:** Anomalies of the colon are of clinical and surgical interest. The main purpose of the paper is an attempt to provide a satisfactory explanation for most of the common anomalies met with in the colon by correlating the study of the adult anomalous material with anatomical variations of the colon in the foetus.

The observations were made in 45 dissection room cadavers over a period of 2 years.

The variations of the colon observed can be classified into the following groups:—

- Group I* —Presence of complete ascending and descending mesocolon.
- Group II* —Double Hepatic flexure.
- Group III* —Extension of the sigmoid colon into the abdominal cavity.
- Group IV* —Displacement of the sigmoid colon towards the right side.

### “ANOMALIES OF THE INFERIOR VENA CAVA”—Mr. R. Nambiar

**SUMMARY:** Anomalies of the Inferior Vena Cava are relatively rare considering its complex development. Major anomalies are either duplication or transposition with variation in the sizes on either side. The minor anomalies which are more common involve the lumbar segmental veins.

Apart from being a hazard during aortic reconstruction, vena caval shunts and lumbar sympathectomy, the awareness of these anomalies is important during cardiac catheterisation, anterior approach to the lumbar vertebrae and renal transplantation.

### “CATARACT-INDUCED DISORDERS”—Mr. P. A. Tan

**SUMMARY:** The vast majority of cases, cataract is of the senile type. In a minority of cases complications do arise.

1. *Pseudoexfoliation of the Lens*—usually associated with immature cataract and in the speaker's experience it is extremely rare in Singapore.
2. *Endophthalmitis Phaco-anaphylactica*. The condition is thought to result from hypersensitivity to altered lens protein in Cataractous lenses. The other eye may be involved, and resemble closely sympathetic ophthalmitis. Treatment consists of removing the remaining lens remnant by operation.
3. *The Intumescent Lens*. This and the following complication are by far the commonest seen in this part of the world. It produces an acute onset of glaucoma with pain, headache, vomiting etc. The treatment is immediate removal of the lens after lowering the ocular tension.
4. *Phacolytic Glaucoma*. This usually presents as unilateral glaucoma of sudden onset in an older individual with an advance cataract. Operative treatment is very difficult, when complications present at a late stage of their symptoms. Nevertheless this should be undertaken in all cases to salvage whatever vision there may be left.

### “RE-TRANSPLANTATION OF CORNEA”—Mr. A. S. M. Lim

**SUMMARY:** The corneal re-transplantation was done on a 28 year old male who was suffering from heredo-familial macular corneal dystrophy of both eyes.

Re-transplantation of the cornea has been done in different countries for many years. The criteria for deciding to perform a re-transplantation of the cornea is the same as if a previous corneal transplant had not been done.

In this case high doses of post-operative oral steroids combined with intensive local steroids was inadequate in controlling the immunological reaction. For it was observed that the oedema in the second and third week became progressively more severe associated with vascularisation. It was significant that within a week of irradiation the vessels melted away and the cornea cleared rapidly.

The most commonly used source of irradiation is Strontium 90 because the beta-irradiation from this source have a much diminished dosage 3 mm. away from the surface.

It would be best for treatment to be administered jointly by the ophthalmologist and the radiotherapist.

### “FRACTURES OF THE MEDIAL CONDYLE OF THE HUMERUS”—Mr. P. B. Chacha

**SUMMARY:** Displaced fractures of the lateral condyle of the humerus in children are fairly common but a similar fracture separation of the medial condyle seems very rare.

Two cases of this very unusual injury have been seen in the Orthopaedic Department over the past eight years.

Both cases were successfully treated by open reduction and fixation with Kirschner wires in one case, and with a Pidcock's pin in the other.

(The full text of this article was submitted for publication in the Journal of Bone and Joint Surgery—American Volume).

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### “A METHOD OF TREATMENT OF PRESSURE SORES OVER THE ISCHIAL TUBEROSITY”—Mr. R. Sundarason

**SUMMARY:** This paper is mainly concerned with the management of ischial bedsores.

They are particularly resistant to treatment compared to bedsores of other regions. The patients who develop these bedsores are generally young and healthy except for their paraplegia.

They are able to get around well in their wheel chair but once they develop ischial bedsores they will have to be confined to the bed.

The present treatment of ischial bedsores is as follows:—

1. *Control of pressure by bedrest.* This will heal early ischial bedsores.
2. *Excision of sore and suture of wound.* Simple excision and closure can be repeated several times.
3. *Closure of defect with skin graft.* This is useful as biological dressing, but not as a permanent cover.
4. *Closure of defect with a flap after excision.* This procedure will invariably be followed by recurrence of ischial bedsores.  
The bony prominence must be removed, otherwise there will be a recurrence.
5. *Excision of bedsore, ischiectomy and closure of defect with or without a flap.* It is not always necessary to rotate a flap after ischiectomy. The wound edges can easily be brought together without tension in most cases.
6. *Excision of sore, ischiectomy, muscle transfer and rotation flap.* This method has recently been used on a number of patients who were resistant to other forms of treatment.

This procedure was carried out on seven cases but two of these had bilateral operative procedures. The follow-up period ranging from 10 to 14 months has shown no recurrence of bedsores.

**CONCLUSION:** It is advocated that in the treatment of paraplegic ischial bedsores besides ischiectomy and rotation flap the introduction of muscle padding may help to minimise the recurrence.

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#### “OBTURATOR HERNIA”—Mr. H. B. Ang

**SUMMARY:** Four cases of obturator hernia were presented. The literature was reviewed dating back to the first case reported by Arnaud de Ronsil in 1724. Up to date 441 cases have been reported.

The age incidence was between 50-80.

Females predominate in the ratio of 5: 1.

*Symptoms are:* Obturator neuralgia  
Colicky abdominal pain

*Signs:* Flexion and external rotation of the thigh.

A swelling or tender area, in the obturator region.

Rectal examination will reveal a soft mass.

Features of intestinal obstruction.

*Treatment is operative.*

The recurrence rate is estimated to be about 10%. Repair of the defect can be difficult and many methods have been advocated. Mortality was about 30% in some series. In the four cases reported there was no mortality.

“ABSCESS OF THE LIVER”—Mr. W. H. Sung

**SUMMARY:** Twenty consecutive cases of solitary liver abscesses were analysed. Their clinical features were presented and compared with those reported in the literature. The gross predominance of males over females was noted and an explanation forwarded.

All the twenty patients had surgical drainage and it was emphasised that mortality increased tremendously with peritonitis.

“ERYTHROCYTE SEDIMENTATION RATE IN GASTRO-DUODENAL DISEASE”—Brigadier A. P. Dignan

**SUMMARY:** This paper described the results of a study the speaker to re-appraise the effects of gastro-duodenal disease on the sedimentation rate.

90 consecutive cases of gastro-duodenal disease admitted to the Military Hospital had their ESR determined personally by the speaker using the Westergren method.

It was concluded from this study that the measurements of ESR in gastro-duodenal disease whether it be as a diagnostic procedure in peptic ulceration or as a screening test in gastro malignant disease is unreliable.

“PORTA-SYSTEMIC SHUNTS”—Prof. K. T. Chan