ASSOCIATION NOTES

SUMMARY OF PROCEEDINGS OF THE SINGAPORE SURGICAL SOCIETY 1970

41st Scientific Meeting—27th January 1970

"EXTRA-CRANIAL CEREBROVASCULAR RECONSTRUCTION"—Mr. R.S. Lord, University of N.S.W., Sydney

SUMMARY: The problems of ischaemia were discussed. Some cases were due to obstruction in the extra-cranial vessels—from the aortic arch, to the carotids.

Certain cases will benefit by vascular replacement using either a prosthetic or vein graft.

42nd Scientific Meeting—24th February 1970

"RECENT ADVANCES IN DIAGNOSIS AND MANAGEMENT OF BREAST DISEASES" —Mr. S.B. Renwick, University of Sydney

SUMMARY: Recent advances in diagnosis and treatment were outlined. In particular there is a tendency to conservative approach in the surgery for breast cancer.

43rd Scientific Meeting—31st March 1970

"A CASE OF BILATERAL RECURRENT DISLOCATION OF THE SHOULDER FOLLOWING E.C.T."—Mr. Cheng Wei Nien

SUMMARY: Electro convulsive therapy without muscle relaxant carries certain complications. Among these are compression fractures of the spine, fracture of the long bones and dislocation of the shoulders.

A middle aged Indian lady was treated in Woodbridge Hospital for schizophrenia. She was given electroconvulsive therapy. It was not certain what restraint was given to her during the convulsion but it was noticed that after the treatment she developed two painful and swollen shoulders. X-rays showed that the right shoulder was dislocated anteriorly while the left shoulder suffered a fracture dislocation. The right shoulder was manipulated and reduced but the dislocation recurred the next morning.

She had no history of previous dislocations of her right shoulder. The left shoulder was explored surgically. It was found that the humeral head was rotated 180° and the whole capsule of the joint was torn. Reconstruction was impossible and the humeral head was excised. This case was presented to show the severe damage that can occur to the shoulder joints during E.C.T.

"A CASE OF INTRA THORACIC DERMOID" —Mr. B.K. Ng

SUMMARY: The patient, a 40 year old female was first seen in 1965 because of left-sided chest pain. An X-ray showed a large opacity with mediastinal shift to the right.

She refused surgical treatment, and because of dyspnoea, the left chest was tapped on two occasions. Each time only a small amount of fluid was obtained but was apparently sufficient to give her temporary relief.

Because of increasing and severe dyspnoea she eventually consented to have surgical treatment in 1970. A pre-operative angiogram showed the opacity to be extra-cardiac with no communication with the great vessels.

At thoracotomy a large loculated pleural effusion compressing the whole lung and surrounding a tense cystic tumour was found. The tumour was removed and the lung decorticated. Histology of the tumour showed it to be a dermoid.

Next to ovarian dermoid, the intrathoracic type is the commonest. It is believed to arise from remnants of the 3rd and 4th branchial arches and is normally seen in anterior and superior mediastinum.

In structure it resembles dermoids elsewhere, and 10% is said to be malignant.

Commonest complication is infection.

"A CASE OF PERIHILAR BRONCHIAL CYST"—Mr. B.K. Ng

SUMMARY: A symptomless 19 year old boy had a routine chest X-ray which showed a left mediastinal shadow.

At thoracotomy a cyst was found in close proximity to the left hilum. It was excised, there was no communication between it and the trachea/bronchus/oesophagus.

Histological examination showed it to be a bronchial cyst.

This type of cyst arises from extrusions of the developing tracheal bud and may therefore have communications between it and trachea or bronchus or oesophagus. It is usually found in the posterior mediastinum but a small proportion as in the present case lie about the level of the carina. It differs from dermoid in the lack of hair-forming epithelium and sebaceous glands.

44th Scientific Meeting—28th April 1970

Combined meeting with the Gastro-enterological Society.

"SYMPOSIUM ON HIRSCHSPRUNG'S DISEASE"

1. Physiological aspects — Dr. Lilian Chang
2. Paediatric features — Dr. Gary Tan
3. Radiological features — Dr. K.M. Kho
4. Surgical aspects — Mr. J.J. Murugasu

45th Scientific Meeting—26th May 1970

"PLAIN X-RAYS OF THE ABDOMEN"—Dr. K.W. Chow

46th Scientific Meeting—30th June 1970

"FOUR CASES OF BARTON'S FRACTURE-DISLOCATION OF THE WRIST"—Mr. W.N. Cheng

SUMMARY: John Rhea Barton of Philadelphia described the anterior and posterior fracture-dislocation of the wrist nine years before Robert William Smith published in Dublin what was known as the reversed Colles' fracture and subsequently known as the Smith fracture.

Four cases of Barton's fracture-dislocation were reported here. All four were victims of motor cycle accidents.

This injury can be treated by manipulative refuction and immobilisation with the wrist fully dorsiflexed and forearm fully supinated. If this fails an open reduction and internal fixation is absolutely essential.

"FOUR CASES OF 'LISFRANC'S FRACTURE-DISLOCATION"—Mr. Cheng Wei Nien

SUMMARY: Tarso-metatarsal dislocations and fracture-dislocations are uncommon injuries. These injuries are the result of combined bending, compressing and twisting forces in one or several directions to the whole or part of the forefoot. The injury was first described by J. Lisfranc in 1840. It was a common injury among the Napoleon soldiers. Four cases of Lisfranc's fracture-dislocation were presented. The ages range from 43 years to 66 years. All were due to severe crush of the foot associated with a twist of the body. One patient's foot was ran over by a car while the other three patients' feet were caught by heavy falling objects. The injuries consisted of fractures of one or more tarsal bones with either dislocation of the tarso-metatarsal joints of the lateral fourth metatarsals or a dislocation of the tarso-metatarsal of the big toe. In all four cases the feet were grossly swollen and at the point of becoming gangrenous. Early treatment is important if gangrene were to be avoided. All four were reduced by manipulation and internal fixation under X-ray control.

"A CASE OF TUBERCULOUS ABSCESS OF UNDETERMINED ORIGIN"—Brig. A.P. Dignan

SUMMARY: A 20 year old Nepalese woman was found to have an abnormal mass in the right side of the abdomen at Caesarean section.

She was in good health and she had no symptoms.

At operation, a thick-walled cyst was found to be attached to the iliacus and quadratus lumborum muscles, in the retroperitoneal tissues. It contained thin and opalescent fluid. The cyst was removed except for a few remnants which were densely adherent. The patient recovered well and the wound healed well.

Histological examination of the cyst revealed epithelied cells and Langhans giant cells.

She was given triple therapy and made good progress.

"A METHOD OF MANAGEMENT OF PARTIALLY AMPUTATED LEG"—Mr. P.B. Chacha

SUMMARY: For severe compound injuries of the leg with extensive skin, muscles and bone damage, amputation as a definitive treatment is recommended by many authors. However there are occasions when such a limb can be saved.

For salvage of a severely damaged leg, brisk circulatory return in the toes and presence of normal sensations in the distribution of the posterior tibeal nerve are the two most essential criteria.

The compound wound is thoroughly excised and all loose pieces of bones removed. Shortening of the tibia is done if necessary but as much of fibula as possible is preserved. Four pins are inserted into the tibia; two above and two below the fracture site. The limb is supported on a leg lengthening apparatus. Daily dressings are done and sloughing areas excised till the large wound is ready for split skin grafting. Grafts are also laid over the raw bone. After six or eight weeks when most raw areas are covered the leg lengthening aparatus is removed and the pins are incorporated in a "frame" type of plaster cast. Once the fracture site is reasonably firm clinically which is usually three months after injury, the pins are removed and a weight relieving ischial bearing caliper is fitted. The patient is allowed to walk for 3 to 6 months

using the caliper to consolidate the skin grafted areas and improve the circulation in the limb. Bone grafting of the fracture is then done preferably from the area of intact full thickness skin posteriorly.

Six illustrative cases were demonstrated and differences in the management of different types of injuries and fractures were discussed. Cross leg pedicle flaps to cover the raw areas exposing the bone, in general seem to fail and should preferably be avoided.

"INJECTION TREATMENT FOR BENIGN PROSTATIC HYPERTROPHY"—Mr. R. Nambiar

SUMMARY: Injection of benign enlarged prostate using a solution containing carbolic acid, glacial acetic acid and glycerine was tried in 17 cases of acute retention of urine. Five cases were done through the perineum and the rest transrectally. Each time 3-5 mls. of fluid were injected into the prostate at an interval of 3-5 days. Out of 17 cases, 13 were complete success (76·5%) after 3-5 injections. Rectal method was found to be better in terms of less pain, more certain localisation and success rate.

Transient haemorrhage was the only complication that occurred in one case. In failed cases, prostectamy was not difficult.

49th Scientific Meeting—29th September 1970

"CASES OF MECKEL'S DIVERTICULUM"—Mr. P.N. Unni

"UNUSUAL CASES OF GASTRO-INTESTINAL HAEMORRHAGE"—Mr. W.H. Chua

SUMMARY: Three cases of unusual upper gastro-intestinal haemorrhage due to bleeding from rupture of aneurysm from the right hepatic artery, ulceration of choledocyst into the head of pancreas, and a leiomyoma of jejunum.

50th Scientific Meeting—27th October 1970

"REFLECTIONS ON SURGERY IN SINGAPORE"—Mr. Y. Cohen

(The full text was submitted to the S.M.J. for publication)

51st Scientific Meeting—24th November 1970

(Cancelled due to the passing away of President Yusoff)

52nd Scientific Meeting—12th December 1970

(Combined meeting with the Chapter of Surgeons, Academy of Medicine)

"REGENERATION AND DEGENERATION IN PERIPHERAL NERVES"—Prof. Kanagasuntheram and Dr. W.C. Wong

SUMMARY: Following median nerve section, crush, or ligature in a series of ten monkeys, the cutaneous territory of the nerve was studied taking biopsies at intervals. The material was stained by a modified Bielschowsky-Gros technique, and also subjected to a modified Koelle technique for the demonstration of cholinesterase. The short-term results (3-8 weeks) showed that the process of regeneration of Meissner's corpuscles was more rapid after nerve crush than after either nerve section or ligature. The results from the short-term and long-term (32-47 weeks) experiments indicated that Pacinian corpuscles were less often reinnervated than Meissner's corpuscles. Whether this lack of reinnervation of Pacinian corpuscles was a reflexion of their pattern of innervation or was due to some other cause, perhaps mechanical, is not known at present.

"OPERATING MICROSCOPE IN OPHTHALMIC SURGERY"—Mr. A. Lim

SUMMARY: As a result of the improvement of optical equipment and the introduction of finer suture material and instruments, the use of an operating microscope in surgery has extended to surgical fields which include neuro-surgery, cardio-vascular surgery, plastic surgery, E.N.T. surgery, and Ophthalmic surgery.

This is an analysis of the personal experience of the author with the use of the Carl Zeiss operating microscope. While the microscope is not essential in ophthalmic surgery it has distinct advantages especially in accurate dissection and suturing of corneal or corneo-scleral wounds in corneal surgery and cataract extraction. Its main disadvantage is that the surgeon and his assistants have to adapt to surgery under high magnification and to re-adjust their technique.

"ABSOLUTE INDICATIONS FOR REMOVAL OF AN EYE"—Mr. K.H. Lim

SUMMARY: "You may remove an eye when the eye is blind and painful, or blind and irritable, or blind and ugly.

You may remove an eye which is not blind but dangerous when the eye harbours a malignant tumour or is the seat of sympathetic ophthalmia."

Yet when all the possible indications for the removal of an eye are listed and considered and when progress and new thinking enable us to exclude the less definite, there remain only a few that are justifiable and valid.

For amputation surgery is no credit to the surgeon, less so to its advocates.

The author presents his reflections on this simple but far from trivial procedure and concludes by discussing his own cases of the past 8 years.

"LEFT HEART BYPASS IN THE MANAGEMENT OF INTRA-THORACIC VASCULAR LESIONS"—Mr. N.C. Tan and Dr. Dixie Tan

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

"A REVIEW OF AMPUTATIONS OF THE LOWER LIMBS CARRIED OUT IN C THEATRE FROM 1962-1969"—Mr. W.N. Cheng

SUMMARY: Within the period of 8 years 352 amputations of the lower limbs were carried out in 266 patients. Patients with diabetic gangrene made up to more than one third of the patients reviewed and many of them required many operations before the sepsis could be eradicated.

From this review it is obvious that there are two groups of conditions which require amputation:

1. Diabetic gangrene
2. Non-diabetic gangrene which can be subdivided into:—
   (*a*) Those with peripheral vascular disease.
   (*b*) Those without peripheral vascular disease.

In Group 1 many patients had multiple operations. For this group, provided that the gangrene is confined to the toes, a toe amputation is worth a trial. Failing this a below knee amputation should be the next level of choice. Though knee and above knee amputations are seldom needed. 89% of below knee amputations healed satisfactorily but only 36·7% of toe amputations did not require more proximal amputations.

Group 2(*a*) lies between Group 1 and Group 2(*b*). The level for amputation is determined by the level of gangrene.

Group 2(*b*) comprises malignancy, leprosy, trauma and other conditions.

Most patients in this group did well after amputations. Apart from the malignancy group, the choice of the level should be as conservative as possible.

"CONGENITAL ABNORMALITIES WITH SPECIAL REFERENCE TO CLEFT PALATE" —Prof. R. Kanagasuntheram and Dr. S. Vij

SUMMARY: The mechanisms involved in the formation of cleft palate appear to be different in primate and non-primates. In the former, clefts are said to arise as a result of rupture of the fused palatal folds ("post fusion" clefts), while in the latter, fusion of the palatal folds does not occur and this results in a "pre-fusion" type of deformity. In the course of investigations, a 30 mm. human embryo with an unusual set of abnormalities involving the nasal and doral tissues, brain, lungs, liver, and gut was encountered. Examination of this embryo revealed that the cleft palate was due to a lack of fusion of the two palatal folds, thus showing that "pre fusion" clefts can also occur in primates. An attempt was made to correlate this deformity with an abnormal behaviour of the mesoderm while normal development was traced in 15 embryos to serve as a means of comparison.

"CONSERVATIVE SURGERY FOR POST-INFECTIVE LUNG CYST"—Mr. B.K. Ng

SUMMARY: A residual cyst may follow a lung abscess after the infection has subsided. Such a cyst may become re-infected or prone to tension cyst formation, and these are indications for surgery.

The mechanism of tension cyst formation is postulated. Where the bronchioles open obliquely into a cyst cavity, a valve-like mechanism is created which traps air during expiration.

In most cases the cyst is localised and the surrounding lung tissue relatively normal. A conservative approach is therefore advocated. This consists of de-capping the cyst in the first instance. On the floor of the cavity will be seen a number of bronchiolar openings. These are individually sutured. In this way, minimal lung tissue is excised. The operation requires care and patience but the amount of normal lung tissue conserved makes it worthwhile, otherwise a lobectomy would have to be done, as in cases where lung destruction has been extensive.

"REVIEW OF 38 CERVICAL SPINE INJURIES ADMITTED TO THE ORTHOPAEDIC UNIT BETWEEN 1968-1970"—Mr. Marrar

"EOSINOPHILIC GRANULOMA OF BONE—A DIAGNOSTIC PROBLEM"—Mr. P.B. Chacha and Dr. Kong Ban Tze

SUMMARY: In the shafts of long bones eosinophilic granuloma produces erosion, expansion and a profuse periosteal reaction, accompanied by a markedly raised erythrocyte sedimentation rate. These simulate Ewing's sarcoma and low grade osteomyelitis.

Lesions in the cancellous bone of the upper femur show osteolytic areas in the X-ray, and these and the clinical features are almost indistinguishable from Brodie's abscess or tuberculous infection. Vertebral lesions appear at first as a slight collapse radiologically, and progresses eventually

to the typical flat discoid stage. They then gradually regain part of the vertebral height. More vertebrae may be involved, after an interval of some months, so that biopsy is essential for diagnosis, but should it demand a major exploration then reliance should be placed on serial radiography and the presence of another cystic bone lesion. It can be thus seen that eosinophilic granuloma presents different appearances in different sites. The problem is getting the correct diagnosis, which seems more important than the treatment chosen.

"MORTALITY FOLLOWING EMERGENCY PARTIAL GASTRECTOMY"—Mr. W.H. Chua

SUMMARY: A review of 108 cases of emergency partial gastrectomy for gastro-duodenal haemorrhage. Age complicating diseases and delay in surgery affect mortality adversely. Liberal blood transfusion and early surgery can considerably decrease mortality rate.

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WORKSHOP ON VECTOR CONTROL

A Workshop on Vector Control will be held in Singapore on 17-18 August 1972 under the auspices of the South-East Asian Ministers of Education Organization Regional Project for Tropical Medicine and Public Health (SEAMEO-TROPMED), and jointly co-ordinated by the University of Singapore and the Government of Singapore.

The Workshop will discuss methods and problems in the control of mosquito vectors and houseflies in the tropics, and will be divided into four sessions: (*1*) control of vectors of malaria, (*2*) control of vectors of dengue haemorrhagic fever, (*3*) control of vectors of filariasis and Japanese encephalitis, and (*4*) control of muscoid flies.

Participants for the Workshop will come from SEAMEO member countries (Indonesia, Khmer Republic, Laos, Malaysia, Philippines, Singapore, South Vietnam and Thailand) and a panel of international experts on vector control will be invited as discussants. Further information on the workshop may be obtained from Dr. Chan Yow-Cheong, Department of Bacteriology, Faculty of Medicine, Sepoy Lines, Singapore 3.

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INTERNATIONAL CONGRESS OF PARASITOLOGY

"On the occasion of the Second International Congress of Parasitology in Washington, D.C., in 1970 the World Federation of Parasitologists entrusted the organization of the Third International Congress of Parasitology (Third ICOPA) to Deutsche Gesellschaft für Parasitologie (DGP).

We would like to inform you that the Third ICOPA will be held from August 25th to August 31st, 1974, in München, Kongress-Zentrum, Messegelände."

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BOARD ON POSTGRADUATE MEDICAL EDUCATION FACULTY OF MEDICINE, UNIVERSITY OF MALAYA

Part I of the Fellowship Examination for the F.R.C.S., Edinburgh

The above examination will be held in the University of Malaya Medical Centre from 31st October to 2nd November, 1972. It will consist of a multiple choice paper composed of the subjects of Anatomy, Physiology and Pathology including Bacteriology and an oral examination in each of these subjects. A general knowledge of the basic principles of Anatomy, Physiology, Pathology and Bacteriology as applied in the field of Surgery will be the scope of the Examination.

Application forms are available from the Administrative Assistant, Board on Postgraduate Medical Education, Faculty of Medicine, University of Malaya. The completed forms should be returned to the Administrative Assistant together with a cheque for the examination fee ($558/-) payable to the Royal College of Surgeons of Edinburgh. The closing date for entry to the examination is Saturday, 16th September, 1972.

Basic Medical Sciences Course

A full-time course in the Basic Medical Sciences designed to prepare medical graduates for the above Examination will be held from 1st August to 30th October, 1972 in the University of Malaya Medical Centre. Admission to the course will be restricted to those who intend to sit for the Examination. The course fee is $300.00. Application to enrol for the course should be made to the undersigned and accompanied by a cheque payable to the Board on Postgraduate Medical Education, University of Malaya, not later than July 1st, 1972.

G. Chan (Mrs.)
- Administrative Assistant
Board on Postgraduate Medical Education
Faculty of Medicine
University of Malaya