

I am sorry to differ from Dr. Muir Smith in this matter. We have hitherto agreed, I think, upon most subjects whenever I have had the pleasure of meeting him.—I am, etc.,

Brighton, Nov. 21st.

ROBERT SANDERSON.

#### ILIO-TIBIAL BAND GRAFTS FOR THE RADICAL CURE OF LARGE INGUINAL HERNIAE.

SIR,—Mr. Hume's article on this subject (November 19th, p. 824) raises the following points:

What is the prognosis as regards radical cure of inguinal hernia by—

1. Removal of sac;
2. Removal of sac—insertion of deep sutures;
3. Removal of sac—the use of some kind of "overlapping" method;
4. Removal of sac—the insertion of a filigree;
5. Removal of sac—autogenous fascial graft?

At the present day we require to know the actual figures (years of cure with mean variation) for these operations for a patient of any given age and showing—

X. A degree of bulging of the abdominal wall, taking into account the factors of muscular development and degree of distension by the abdominal contents.

Y. Size of sac.

Mr. Hume has stated the size of the sacs and the degree of muscular development, and both were in common estimation eminently unfavourable. But the mere removal of a large sac may work wonders with the mechanics of the inguinal canal.

Now it is common practice throughout the country to operate on patients with large inguinal herniae, much larger than were done, except for urgent reasons, twenty years ago, and at more advanced ages. The general opinion is that the results are good. But how good are they? With a common condition of this kind we ought not to be satisfied until we can give the patient a definite mathematical answer such as ought to be forthcoming from surgeons whose practice lies that way. It is their debt to the profession.—I am, etc.,

Aberdeen, Nov. 19th.

G. H. COLT, F.R.C.S.

#### IMMEDIATE OPERATION IN PENETRATING WOUNDS OF THE ABDOMEN.

SIR,—Dr. Pearson, reporting a case under the above heading in the *JOURNAL* of November 5th (p. 747), emphasizes the importance of very early operation in penetrating wounds of the abdomen, but he does not, I think, sufficiently indicate the reason.

The importance lies in the fact that some of these cases are bleeding badly owing to severance of blood vessels in the abdomen, and will die within a few minutes to an hour or two if the haemorrhage be not stopped.

It is comparatively rarely, as Dr. Pearson surmises, that one gets the opportunity of operating on such cases within a few minutes of the accident, but such opportunities occurred fairly frequently under the unusual conditions of the siege at Kut el Amara, where, as I described in the *JOURNAL* in 1917,<sup>1</sup> cases were often received very shortly after they were hit. Recognizing the importance of operating at once on bleeding cases, we kept the operating theatre in a state of absolute readiness, and such cases as were suspected of internal haemorrhage were subjected to immediate operation, with the result that some of them were saved.

It is not, however, every case of penetrating abdominal wound that should be so treated, for there is the question of shock to be considered; and if one can feel reasonably sure that the patient is not bleeding seriously, it is often better to wait a little before adding to the shock already sustained by the victim of the injury.—I am, etc.,

CHARLES H. BARBER,

Major I.M.S.

Montfermeil, France, Nov. 14th.

#### IMMEDIATE TREATMENT OF DIPHTHERIA.

SIR,—A short time ago a medical practitioner complained in the columns of your journal that he not only had difficulty in obtaining from a sanitary authority antitoxin for the immediate treatment of a case of diphtheria, but was afterwards charged for the serum by the medical

officer of health (instructed by his council). My district, on the contrary, has for twenty-five years not only supplied antitoxin free of charge but also arranges for bacteriological examination of throat swabs.

The latest mortality returns from this disease are—

Before antitoxin was used ...	30.39 per cent.
When antitoxin is given in sufficient quantity:	
On the first day of disease...	0.0 "
On the second day of disease ...	4.2 "
On the third day of disease ...	7.0 "
On the fourth day of disease ...	11.5 "

The necessity for immediate treatment is self-evident. The deaths of two children from delayed treatment, due to absolutely accidental circumstances, has induced this council, on my recommendation, to further facilitate the immediate treatment of the disease by placing at four convenient points in the district a diphtheria outfit, containing one sterilized syringe and 4,000 units of antitoxin. This is for the free use of every medical practitioner practising in the district, that each may, day or night, have available the means of immediate treatment of this disease.

I gave my first antitoxin injection thirty years ago and am a strong advocate for large initial doses.—I am, etc.,

RASHELL DAVISON, M.D.,  
M.O.H. The Maldens and Coombe.

November 20th.

#### MEDICAL BOOK CLUBS.

SIR,—My attention has been drawn to a letter in your issue of October 8th from Dr. Eric Bayley, claiming that the City of London Medical Book Society is the oldest in the kingdom, having been founded in 1821. May I be allowed to point out that the Medical Reading Society of Bristol was founded in March, 1807, and has had a continuous existence ever since. In the September number of the *Bristol Medico-Chirurgical Journal* for 1907 there is an interesting article on its history from the pen of Mr. L. M. Griffiths.

The number of members is limited to twelve. We meet on the first Wednesday in every month, and there is a fine of 1s. inflicted on members who do not arrive by 9 p.m. and of 2s. if they fail to come by 9.30. There are also the usual fines for keeping books and periodicals beyond the allotted time. A sale is held at the first meeting in the year, and on this occasion it was the custom until the war to have an annual dinner. At our ordinary meetings, however, there are always some refreshments—"a neat repast, light and choice, of Attic taste, with wine"—"whence we may rise" all the better for our pleasant social gathering, agreeing with Milton that—

"He who of those delights can judge, and spare  
To interpose them oft, is not unwise."

—I am, etc.,

Clifton, Bristol, Nov. 17th.

W. A. SMITH.

#### MOTOR CARS: SPARE PARTS.

SIR,—Dr. Lionel Stretton has written a much-needed warning on this subject (p. 868), but I go further and warn my brother medicos against dealing with firms that cannot supply spare parts at all.

Only last week, on applying for spares to the London agent for an excellent French car, I was disgusted to receive a wire, "Regret cannot supply parts."

I have written to them and pointed out that, however excellent a car is, it is useless unless one can replace parts, and that in future I shall be unable to recommend their cars.

The local garage manager informs me he has the same difficulty with all makes except the Americans. Is it anything to be wondered at that our makers are given the "go-by"?—I am, etc.,

GEORGE P. BLETCHLY, M.B.Lond.

Nailsworth, Gloucestershire, Nov. 19th.

#### VENEREAL CLINICS: A LAY POINT OF VIEW.

SIR,—It is with hesitation that I write to your paper of venereal disease from the patient's point of view, but that is a point of view that I have not seen put forward. Your paper is read by many more people who are not medical men than the medical profession realizes. And that is because at the present time it is the only means known to many laymen by which they can follow the

<sup>1</sup>BRITISH MEDICAL JOURNAL, January 6th and February 17th, 1917; *Lancet* January 20th, 1917, "Gunshot Wounds of the Abdomen."