from disintegration and families enabled once again to take their place as self-directing and self-respecting members of the community. Co-ordination of existing work and the co-operation of all agencies concerned with the problem are essential. The aim of F.S.U. is to provide a service at the disposal of other departments and bodies to be used by them on particular cases needing specialized treatment.

The committee plan first to take responsibility for the existing work in Liverpool and Manchester, and then to establish a new unit in London as soon as personnel becomes available. The keynote of successful work in this field must be friendship, and the work will call for personal self-sacrifice of a high order. The work of the committee will continue for some time to be experimental.

The problem family fails to utilize or benefit from such facilities for its betterment as exist at present. Rehousing, family allowances, and a national medical service are not enough. This is a task in which voluntary effort and personal service in the home must play a preponderant part, and it is a task in which personal service alone can be successful. Among the objects we have in view is a comprehensive investigation into the nature, extent, and causes of this form of social subnormality. A two years' period will, we think, be sufficient to establish the facts, and we ask for a sum of £15,000, which is sufficient to support the existing centres during that time and to establish one new centre in London.

Information will gladly be sent to anyone interested on application to the Secretary, Family Service Units, at 85, Clarendon Road, London, W.11. Donations will be gratefully acknowledged by the Honorary Treasurer, Lord Balfour of Burleigh, at Lloyds Bank, Limited, 71, Lombard Street, London, E.C.3. Signed on behalf of the National Committee.—We are, etc.,

D. BOWES LYON,
Chairman.
BALFOUR OF BURLEIGH,
Honorary Treasurer.

London, W.11.

Nylon for Buried Sutures

SIR,—For many years silver wire and silk-worm gut have been used to suture fractured patellas. Silk of various types and linen thread have been used for strength in ligature of main vessels and as suture material in hernias. Then the autogenous fascial graft was hailed as the best method of repairing large or recurrent hernias. Kangaroo tendon was used for a time, but one hears very little of it now. Thin silver wire, silk, and linen have been used for suturing the abdominal fascia in elderly or debilitated patients or those with a chronic cough, to give added strength and allow the patient to get up safely with a shorter time in forced reclining posture.

For the past two years I have been using nylon as a buried suture, and felt it worthy of an added word to what has already been written about it. I have used it extensively to suture the abdominal fascia in debilitated patients with weakened musculature, for the mid-line incision in abdomino-perineal excisions for carcinoma of the rectum, in upper abdominal operations where a long incision is necessary, etc. I have also used it in direct, recurrent, and large inguinal hernias and in incisional hernias as a filigree mattress, first doing an ordinary repair with stout catgut and then making an interwoven mat of nylon without tension. So far, I am pleased to say, it has proved extremely satisfactory and has produced no ill effects except that some patients have noticed a small hard lump in the scar where the knot is made.

Comparing it with silk or linen it is more difficult to knot securely, but so far there has been no trouble should sepsis occur, which has often made it necessary to remove silk or linen from the wound weeks, or even months, later. One patient who required an extensive bowel resection and was very debilitated had marked sepsis, and the skin wound broke down on the eighth day. The nylon in the abdominal fascia was visible in the wound and we feared the worst, but the sepsis cleared up, the nylon held firm, and the wound healed over it by rapid granulation. Compared with fascial graft it is easier to suture with, it shortens the operation, avoids the damage to the fascia lata, and appears to be equally efficient. Compared with fine silver wire it is less rigid, easier to knot, and, I think, equally efficient.

Nylon has been found a very suitable material for buried sutures. I do not think it useful as a ligature for main vessels, as it might cut through the wall and is difficult to tie securely. It withstands sepsis without maintaining or prolonging it. It can be used for continuous suture or as a reinforcement filigree. I would be pleased to hear of the results of others who have tried it.—I am, etc.,

Tonbridge, Kent. N. R. HOUSTON.

Surgical Aspects of Roundworm Disease

SIR,—Capt. F. Barber's article (Jan. 11, p. 49) under this heading interested me as I dealt with a case in 1934 in which the surgical aspects were definite and urgent. The two cases on which Capt. Barber operated leave some doubt as to the connexion between the worm infestation and the surgical lesion. The removal of some of the worms by incising the intestine and milking them towards the opening is difficult to justify.

My case was a girl aged 9 years with classical symptoms and signs of acute appendicitis of obstructive type. On laparotomy a curious picture presented itself. The caecum and most of the small intestine were crowded with roundworms. The appendix and its mesentery had undergone torsion, and the whole length of the appendix was black but not oedematous—indicating that the arterial and venous circulations had been interrupted simultaneously. The cause of the torsion was the peregrination of a baffled roundworm after its adventurous head had reached the distal end of the appendix. The proximal half of the worm was extracted from the caecum as the appendix was removed, the stump being ligatured and buried *secundum artem*. Recovery was uneventful, and anthelmintic treatment resulted in the passage of a satisfying number of roundworms.—I am, etc.,

J. F. E. GILLAM.

Surgical Treatment of Chronic Frontal Sinusitis

SIR,—Like Mr. V. E. Negus (Jan. 25, p. 135) I am a strong advocate of the external operation for chronic frontal sinusitis, and the procedure that he suggests is almost identical with the method that I described 25 years ago and have practised ever since. I think, however, that he dismisses somewhat too lightly the possibility of cure by intranasal means. There are many cases in which the outflow through the fronto-nasal duct is hindered, in addition to those mentioned by him, by groups of cells massed round and impinging on the duct itself. I agree that it is not possible to clear all the anterior ethmoidal cells by intranasal means, but the main mass can be dealt with safely and the way opened for the passage of graduated copper bougies into the sinus itself. These crush the high fronto-ethmoidal cells out of the way without damaging unduly the mucous membrane of the duct. When the largest bougie that the bony ring guarding the floor of the sinus can take has been passed, it will be found that in many cases adequate drainage is assured.

The failure of the operations of Max Halle, Ingals, and others is due to the fact that the way into the frontal sinus is cut or rasped, with consequent formation of exuberant granulations from the raw surface, the formation of new bone, and subsequent stenosis. The "bougeing" of the fronto-nasal duct is not altogether easy, but with an appreciation of the anatomical disposition and a development of the tactile sense a considerable measure of success may be looked for.—I am, etc.,

London, W.1. WALTER HOWARTH.

Acceleration of Wound Healing

SIR,—In the annotation "Acceleration of Wound Healing" (Oct. 12, 1946, p. 548) you refer to work on the effect of tissue extracts on wound healing. It has been known for a long time that embryonic extracts accelerate the growth of cells *in vitro*, and it was further found that extracts of adult tissues were very effective in this respect—i.e., the substances capable of stimulating cell multiplication *in vitro* are not limited to proliferating tissues but are also present in stable, mitotically inactive tissues (Carrel, Walton, Trowell, and Willmer; Doljanski and collaborators). Numerous experiments have