Mr. DAVID THOMAS (Scunthorpe) presented an analysis of 109 stable fractures of the lateral malleolus, 59 treated by immobilization in plaster and 50 by simple strapping. The average period of incapacity was eleven and a half weeks for patients treated in plaster, and only six weeks for patients treated by strapping. The slower rate of recovery with the plaster method was probably due to loss of the normal pump action of the muscles (and consequent oedema) while in plaster and to interruption of the normal walking habit. Mr. H. OSMOND-CLARKE (London) said that if these fractures were to be treated by strapping it was necessary to be quite sure that the fracture was stable. Mr. V. H. ELLIS (London) doubted whether working time was saved by avoiding plaster. Many patients were able to return to work in plaster who otherwise would be unwilling to do so because of pain. Mr. P. H. WILES (London) and Mr. W. D. COLTART (London) favoured plaster immobilization.

Preparations and Appliances

A NEW TYPE OF FOOT SUPPORT FOR THE LITHOTOMY POSITION

Mr. G. E. E. USHER-SOMERS, resident obstetric officer, Hallam Hospital, West Bromwich, writes: The apparatus here illustrated consists of two foot-rests made in the form of sandals which support the feet in a position of external rotation and inversion. The rests are attached to the sides of the operating table or labour-ward bed, and are adjustable to the length of the patient's leg. The angle of inversion and the distance between the feet are the factors in determining the amount of abduction of the thighs, and when this is correct the patient's knees fall naturally apart without any tendency to over-abduction or strain on the hip-joint, either with the conscious or the anaesthetized patient. The most important adjustment is that of approximation of the feet, thus accommodating the apparatus to varying lengths of leg: in practice this is required only when there is a marked difference in the stature of the patients. This adjustment is made by a simple sliding bar and socket, which is self-locking. The foot-rests have also been adapted to fit any operating table, and are now used continually for gynaecological operations, cystoscopies, and haemorrhoidectomies.

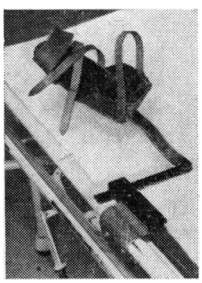

FIG. 1.—One of the foot rests.

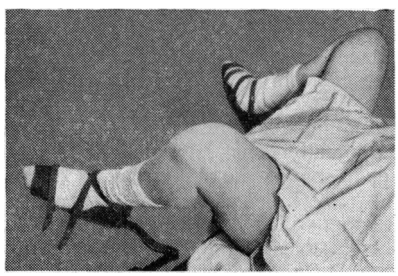

FIG. 2.—Photograph taken after delivery; showing good abduction of thighs and easy access to perineum.

The apparatus has been in use for six months in the Maternity Department of this hospital with complete satisfaction. It has been used for forceps deliveries under general anaesthesia and also for normal deliveries and suturing of the perineum under local analgesia. The patient is far more comfortable than with the old type of stirrup, and exposure is good. There is no pressure on any part of the leg, thus avoiding a possible source of venous thrombosis, which is thought to occur from pressure of the upright bar on the inner side of the calf.

I attach great importance to the fact that the nursing staff, who at first were very sceptical about the new apparatus, very soon changed their opinion, and now definitely prefer it for its simplicity and adaptability.

Correspondence

Intestinal Obstruction Due to Food

SIR,—Mr. Neil Ward-McQuaid's article on "intestinal obstruction due to food" (May 13, p. 1106) reminds me of an incident which occurred some 12 or 15 years ago at St. Bartholomew's Hospital and enables me to add one more to the recorded list of foodstuffs causing obstruction. The scene was an operating theatre at midnight, the patient a small boy of 9 or 10, the season about December 27. The boy presented every sign of acute intestinal obstruction, and I performed a laparotomy in the expectation of finding a "band" or one of the other more usual causes of obstruction. Instead it was found that the terminal four or five inches of the ileum was packed with a solid mass of food. Through the thin, purplish wall of the paralysed and distended gut it was possible to recognize all the ingredients of what must have been a very satisfactory Christmas pudding. The pultaceous mass was gently milked through the ileo-caecal valve into the caecum, and the boy made a very good recovery.—I am, etc.,

London, W.1. GEOFFREY KEYNES.

SIR,—The article by Mr. Neil Ward-McQuaid (May 13, p. 1106) and a previous one by Mr. A. Lyall[1] describing acute intestinal obstruction from undigested food make no reference to a short paper of mine published in 1924 describing two cases of acute intestinal obstruction due respectively to a fig and a raisin.[2] Since the publication of that paper I have had (in 1927) a further experience of obstruction in a boy aged 11, due to the impaction of a large mass of peanuts and coconut in the rectum.

This boy had consumed a very large quantity, probably over a pound, of nuts three days previous to my seeing him, and his doctor was called in because of severe tenesmus and the passage of streaks of blood from the bowel. On examination, the rectum was completely filled with a mass of nuts, spherical in shape and about 6 in. (15 cm.) in diameter. The abdomen was slightly distended, ladder patterns of small intestine were seen, and there was much gurgling on palpation. Under a general anaesthetic the rectal sphincter was stretched and the mass removed digitally and with a spoon, the quantity of nuts being so great that it filled a third of a large chamber-pot. Faecal matter was then felt and flatus passed. An enema on the following day gave a good result, mainly of faeces with a few portions of nut. The patient is alive and well and is now a responsible business man.

—I am, etc.,

Dundee. R. CHARLES ALEXANDER.

REFERENCES

1 *British Medical Journal*, 1945, **1**, 734.
2 *Edinb. med. J.*, 1924, **31** (n.s.), 617.

SIR,—Mr. N. Ward-McQuaid (May 13, p. 1106) does not mention tomato skin in his very comprehensive list of obstructive foods. Some time ago I examined a lady, aged 65 years, edentulous, who had intestinal obstruction by a "foreign body" (40 by 30 by 30 mm.) situated four feet above the ileo-caecal valve. On inspection this "foreign body" appeared to be an artichoke; later, after maceration in formol saline, the "body" was shown to be a mass of tightly rolled skins from segments of tomatoes, cemented firmly together by hard, brown faecal material which on prolonged soaking became a brown sludge. It was thought that the bolus must have been built up slowly over many days or weeks. The condition was not diagnosed during life, the patient being admitted to hospital in coma and *in extremis*. Another interesting case was a baby who swallowed a rubber teat from an ordinary feeding-bottle, a number of these rubber teats having been included among his ordinary playthings.—I am, etc.,

Epping, Essex. FRANK MARSH.