

should not be difficult to experiment with fibrositic subjects in artificial climates. At the risk of being tedious I suggest that the effects are not due entirely to temperature, pressure, or humidity, but that the electrical changes in the air should also be considered.

The awareness of temperature and climatic changes seems to vary much from one person to another. Some quite suddenly discover that they are much too hot or chilled right through. In my student days I sometimes started work in a warm room, to be discovered by a relative some hours later chilled right through, with the fire out, and quite unaware that this had happened until I was bundled into bed and warmed up. I cannot concentrate so well now.—I am, etc.,

Hadley Wood, Herts.

G. C. PETHER.

### Cerebral Aneurysm

SIR,—Cases of ruptured cerebral aneurysm are, one understands, by no means rare, yet sufficiently so that I do not recollect in 20-odd years of practice being reasonably convinced of being in the presence of one. Nevertheless I have lately seen two which were confirmed at necropsy. Both were men about 30, both had recently been discharged from the Forces, one having seen active service in the Tank Corps and the other in the Infantry, which prompts one to speculate how far the vigorous training called for in both these units led to these aneurysms bursting when they did, and causing one to wonder why, under the stress and strain of training and active service, they did not do so before.

I was called out at midnight to the first case and found him in bed complaining of the sudden onset of violent occipital headache and of loss of power in his legs. He had also been sick. He felt rather better next morning and had regained the use of his legs, but the headache persisted. B.P. was normal, Kernig's sign was positive, and there was some nuchal rigidity. He survived two or three weeks in hospital, but eventually succumbed. His wife informed me that his original attack had come on during sexual excitement.

In the second case the patient had on the previous evening been to a regimental reunion and had collapsed in the street just after leaving. He admitted that he took "a few beers," but denied any excess of conviviality. He also complained later of occipital headache and vomiting, and within a day or two he had a positive Kernig's sign and nuchal stiffness. He refused to go to hospital and was away from work for six to eight weeks, when he returned to work apparently quite well. One morning about four months later, just as he was cycling past a hospital on his way to work, he collapsed off his cycle and was already dead when picked up or died shortly after being admitted.

As stated above, post-mortem examination confirmed the presence of ruptured cerebral aneurysm in both these cases.—I am, etc.,

Hove.

G. L. DAVIES.

### Shipping the Sick

SIR,—Shipping of the sick on a British ship is a nightmare. May I give this example? I managed to send a girl missionary to England—? tuberculous caecum (two outside surgical opinions)—for domestic, financial, and climatic reasons. I might have been trying to send a case of plague home. I gave full case notes, chest radiograph, sputum reports, and the almost certain guarantee that she would require no medical attention. Finally, when I was lucky enough to guarantee that if she required medical attention there was a missionary doctor on board who would take full responsibility, she was accepted with bad grace. Comparisons are odious, but the difference on American ships is astonishing. Friendliness, delight at receiving case notes, and willingness to accept responsibility have been my experience. Unfortunately these ships do not use British ports.

If shipping companies want "protection," it should be possible to have a medical board to decide the suitability and circumstances of a patient to be sent home. The laity of the shipping companies cause the initial obstruction. And again I know of cases where the doctor has not disclosed that the patient has been ill—in the patient's interest—and they have gone as ordinary travellers. Personally I am nervous of taking

any risk and prefer to face the music; and have the remark as in the above case, "I'm not having shore doctors push their responsibilities on to me."

British men and women abroad should be entitled to expert opinion and treatment in their home country if thought advisable, and the courteous and correct handing over of a case history should not be considered as a "shifting of responsibility."—I am, etc.,

Colombo.

B. M. NEWHEY.

### Stainless Steel Wire

SIR,—I was most interested in the paper by Messrs. A. Lawrence Abel and Alan H. Hunt (Aug. 21, p. 379) and should like to add a few observations in support of this excellent suture material. Two years ago Mr. Alan Hunt initiated me into the use of stainless steel wire, and I have employed this suture for every abdominal section since. The unverified total is between five and six hundred cases, and I have nothing but praise for stainless steel wire.

In a Hunterian lecture recently published in the *Lancet* (July 17, p. 85) I drew attention to the importance of early ambulation in the avoidance of post-operative complications. There is no doubt that stainless steel wire enhances the confidence of a surgeon and his team in getting patients out of bed the day after operation. Nothing but good has accrued from this, and the incidence of fatal pulmonary embolism in my cases in the last two years has been one case. This occurred in a woman who had multiple abdominal sinuses following an operation some two years previously and in whom the ultimate diagnosis was actinomycosis. It was interesting to note that she was too ill to be given ambulant treatment after operation, and a post-mortem examination demonstrated a large clot in the pulmonary artery arising from the internal iliac veins, presumably of septic origin. There have, however, been a number of cases of leg thrombosis and/or pulmonary infarction successfully treated by heparin, in spite of early ambulation. This is mentioned because early ambulation, though helpful, is not the final answer in the prevention of phlebo-thrombosis and thrombophlebitis.

The test case for stainless steel wire was a recent one in which a straightforward total hysterectomy was followed by paralytic ileus. The patient's abdomen was enormously distended for 14 days, and the suture line was put to a test which I feel sure that no other material than stainless steel would have withstood. Any surgeon who uses catgut must sooner or later have a burst abdomen, no matter how carefully he ties his knots or spaces his interrupted sutures. In 1944 I performed a myomectomy on a member of the W.A.A.F. and sewed the rectus sheath with interrupted catgut. For no reason at all she burst her abdomen on the fourth day, and examination of the suture line revealed a necrosis of the sutures, which were incompetent to hold the tissues in place. Such a case is unlikely to occur with stainless steel wire when properly employed. On one occasion my wound has been taken down by another surgeon for an acute appendicitis developing some weeks after hysterectomy. He reported a sound, clean, first-intention healing of the original incision.

I have been asked on many occasions what would happen to the stainless steel sutures if the patient were to receive diathermy treatment or x-radiation. This is a question that ought to be answered.

Finally, I can only say that since I have employed stainless steel wire the instance of wound sepsis has decreased almost to vanishing point, and that any sepsis which has occurred I think can be fairly blamed upon the use of catgut to tie subcutaneous bleeding points.—I am, etc.,

London, W.1.

JOHN HOWKINS.

### Prevention of Venereal Disease

SIR,—I have only just seen the *Journal* of Aug. 21, and the letters (p. 400) from Drs. W. B. Laing and F. R. Curtis commenting on mine in your issues of July 31 (p. 269) and Aug. 7. (p. 313). May I reply in one letter?

The fact of the existence of V.D. is a side issue to the main problem. If this disease could be entirely removed, or an infection immediately cured, a devastating illness would be thankfully banished. But if injustice, exploitation, disloyalty, and unchastity remain in the relation of individual human beings