An Operation for Femoral Hernia

SIR,—In operations for femoral hernia, one of the problems is how to close or cover the femoral ring in order to prevent the possibility of recurrence. This problem is present particularly in cases of strangulated femoral hernia when it has been necessary to divide the lacunar ligament or the inguinal ligament in order to relieve the strangulation. Many ingenious methods have been devised, but I have not seen described the method I have been using during the past two years.

The operation is done with the table tipped so that the patient's head is as low as possible. After cleaning the femoral hernia in the thigh right up to the femoral ring, the inguinal canal is opened by incising the external oblique aponeurosis. The transversalis fascia is then incised and the femoral hernial sac reduced through the femoral ring. In cases of strangulated hernia the lacunar ligament is divided, and, if this is not enough, the inguinal ligament also. The hernial sac is now excised in the usual manner after opening for inspection. With good light and careful retraction the anterior surface of the superior ramus of the pubis is identified. To the outer side is the femoral vein, to the inner side is the pubic spine, and partly covering the ramus is the pectineus muscle or fascia. The upper border of the superior ramus is a definite sharp ridge with abundant periosteum. The pectineus fascia is not sufficiently strong to anchor sutures, but the periosteum of the upper border is.

With a most watchful eye on the femoral vein, a series of tantalum wire sutures (five or six in number) are loosely slung between the periosteum of the upper border of the superior ramus and the posterior surface of the inguinal ligament, from the femoral vein externally to the pubic tubercle internally. A small, strong, fully curved, cutting-edged needle is best for this. There is no tension on the sutures and the idea is to provide a loose filigree. The transversalis fascia is sutured with catgut. A series of loops of tantalum wire (about 12 in number) are inserted loosely to form a filigree between the internal oblique muscle and the posterior edge of the inguinal ligament, to prevent the formation of a direct inguinal hernia later. The external oblique is sutured with catgut.

The chief difficulty in this operation is the common one of adiposity, but with adequate retraction and a good light this can be overcome. The results are excellent.—I am, etc.,

Rotherham. ERIC COLDREY.

Admission of Poliomyelitis Cases to General Hospitals

SIR,—I had not intended to say anything further on this subject, but "Your Expert" in his reply (September 13, p. 617) poses certain questions and invites an answer. I agree that no hospital should knowingly admit cases for which it cannot provide proper and safe treatment. This, surely, is a principle which should be observed in all hospitals and in respect of all diseases. It includes ensuring against exposure to infection. As poliomyelitis provides instances of case-to-case infection and of otherwise associated cases, I fail to see how the risk of cross-infection can be regarded as purely theoretical. That the risk is small, owing, it would seem, to widespread immunity, is scarcely an adequate justification for taking it in a disease of such serious consequence and for which we have no really curative treatment.

I remain, therefore, of the opinion that poliomyelitis patients should only be admitted to wards which are constructed and organized for the isolation of infection and which will have, not only the requisite equipment, but also medical and nursing staff with continuous experience in the treatment of poliomyelitis patients in the acute stage. It is, of course, impossible to speak for every area in the country, but I imagine that in the great majority of areas such wards are to be found in fever hospitals rather than in general hospitals. I agree, however, that a hospital should have regard to the adequacy of its nursing staff in considering the number of cases it can admit.—I am, etc.,

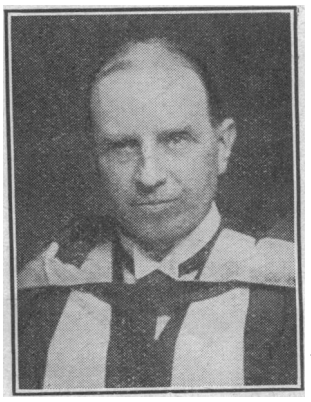
Croydon. J. J. LINEHAN.

Obituary

A. F. TREDGOLD, M.D., F.R.C.P.

Dr. A. F. Tredgold, consulting physician to University College Hospital and an authority on mental deficiency with an international reputation, died at his home in Guildford on September 17, aged 81.

Alfred Frank Tredgold was born on November 5, 1870. His ancestors belonged to the Cornish family of Tregol (or Tragol), but his own branch of the family came from Lincolnshire. Six of his near relatives were also members of the medical profession. Tredgold studied medicine at Durham University and the London Hospital, where he gained several scholarships and prizes. After qualifying in 1899 he was immediately offered a research scholarship in insanity and mental diseases which had recently been founded by the London County Council. He accepted this and chose as his subject mental deficiency, which up to that time had received little scientific attention in England. For two years thereafter he worked in the asylums of the L.C.C. and in the newly built central laboratory at Claybury, then under the direction of F. W. Mott. Working alongside him in the laboratory at that time were Henry Head and Joseph Shaw Bolton. When the scholarship expired Tredgold was faced with the necessity to earn his living and he went into general practice, where he had the opportunity to continue his clinical inquiries into mental diseases, though he had to give up his pathological investigations. In 1905 he was appointed a medical investigator to the Royal Commission on the Feeble-minded, and the experience he gained in this appointment together with his previous research work enabled him in 1908 to bring out the first edition of his *Textbook on Mental Deficiency*, which was at once accepted as the most authoritative work on the subject.



[*Elliott & Fry, London.*

The Bill which was based on the findings of the Royal Commission became the Mental Deficiency Act of 1913, and Tredgold spent much time speaking in support of it at meetings all over the country. By 1914 he had become a recognized leader of professional opinion on this subject, and he was able to go into consultant practice.

The first world war brought about a great change in his life. For a number of years he had been interested in the volunteer movement, and in fact he had been commissioned as a combatant officer in the 2nd Volunteer Battalion of the Queen's Regiment in 1905. At the outbreak of the war, thinking that his services might be needed in the R.A.M.C., he informed the War Office that he was medically qualified, but the authorities decided that specialists in neurology and mental diseases would not be required by the Army and that he should remain as a combatant. So in 1915 he went to Gallipoli (taking part in the Suvla Bay landing) as adjutant of

his battalion, with the rank of major. After the evacuation of Gallipoli he served on the western frontier of Egypt and in Sinai until he was invalided back to England with severe dysentery and cholecystitis. After he had recovered he took command of a Territorial depot until the end of the war, when he was awarded the Territorial Decoration.

After the war Tredgold returned to consultant work, and was appointed neurologist to the Royal Surrey County Hospital and physician in psychological medicine to University College Hospital and lecturer in the medical school. Before taking up these appointments he had obtained the degree of M.D. at Durham University in 1919 and taken the M.R.C.P. in 1921. He held several other teaching posts, including that of lecturer at the annual course on mental deficiency arranged for school medical officers by the Central Association for the Care of the Mentally Defective. In this and other ways he was able to lead public opinion towards a more enlightened view of what had been for so long an obscure though highly important medical and sociological problem.

Tredgold was elected F.R.C.P. in 1929. He was an ex-president of the Section of Psychiatry of the Royal Society of Medicine, and he gave the Galton Lecture to the Eugenics Society in 1927. Probably the work by which he was most widely known was his *Textbook on Mental Deficiency,* which reached its seventh edition in 1946. It is read in medical schools throughout the world. He was also the author of a *Manual of Psychological Medicine* (first published in 1943).

In 1899 he married Zoë, daughter of F. A. Hanbury, barrister-at-law. They had two daughters and one son, Dr. R. F. Tredgold, who is physician to the department of psychological medicine at University College Hospital. In 1947 Tredgold's life was saddened by the death of his wife, to whom he was devotedly attached. Shortly afterwards he lost the sight of one eye as a result of glaucoma, and the vision in the other gradually worsened. Last year a cerebral vascular lesion finally compelled him to give up work, but he remained mentally active, interested in his garden and in preparing new editions of his two books for the press.

A colleague writes: Dr. Tredgold's work was distinguished, especially for those of us who worked in his specialty, by his clarity of vision and clearness of expression. His *Textbook on Mental Deficiency,* first published in 1908, with its succeeding editions, has remained the standard textbook both here and in other English-speaking countries. With Sherlock, Crichton-Browne, Maier, and others he presented the early picture of mental deficiency in two parts, one with intellectual defect and the other with a congenital defect of the moral sense. These general ideas were incorporated in the Mental Deficiency Acts of 1913 and 1927. Though modern work has succeeded in throwing a new light on the psychological basis of conduct we have as yet only got so far as to change for moral sense a fresh expression of personality, without any clearer idea of how the psychopathic person comes to be what he is. Tredgold's regard for essentials made him the great teacher he was. He had chosen for himself a difficult field, where classification and description were far in advance of cause and treatment. Nevertheless he picked out for his students with unerring accuracy the points at which they could help. Those of us who heard him talk remember well that he stressed the great importance, only recently generally recognized, of the parent and family relationship of the defective. It was said of him that no parent who visited him came away without feeling comforted and happier. He recognized the treatment of mental deficiency as a problem which could often be solved within the family circle, and he taught parents how to do it. In this way he was far ahead of his time. No account of him can be complete without reference to his modesty and his strong sympathy for the cause of mental deficiency. With a number of others he worked for a rational approach to a neglected problem and for a recognition by society of its responsibilities towards those for whom he laboured. We of his generation think well of him.

MILLAIS CULPIN, M.D., F.R.C.S.

Dr. Millais Culpin, formerly professor of medical and industrial psychology in the University of London, died at St. Albans on September 14, at the age of 78. Millais Culpin was born at Ware, Hertfordshire, in 1874, the son of the late Dr. Millice Culpin, of Taringa, Queensland, Australia, and was educated at the Grocers' Company's School and at the London Hospital, where he won the Buxton scholarship in 1897, the junior Letheby prize in 1898, and the senior prize two years later. He qualified M.R.C.S., L.R.C.P. in 1902, and after holding a number of resident posts at the London Hospital he graduated M.B., B.S. in 1905, and took the F.R.C.S. two years later. He then went out to Shanghai to practise in the English settlement there, but at the beginning of the first world war he returned to this country and joined the R.A.M.C., being appointed the surgical member of a board in London for sick and wounded officers. In 1915 he was transferred to the Alexandra Hospital, near Portsmouth, as a surgical specialist. A paper, published in this *Journal* in 1915, which he wrote with the late Dr. E. G. Fearnsides was one of the first reports on the subject of war neuroses. The authors drew attention to the fact that many patients with trench-foot displayed hysterical symptoms. Culpin served in France in 1916 and 1917, and, although mainly occupied with surgical work, he had plenty of opportunity to foster his growing interest in functional disorders. Towards the end of 1917 he gave up surgery at the request of the late Colonel Aldren Turner for work in Army neurological hospitals, where he made a study of shell-shock, D.A.H. (disordered action of the heart), and other forms of neurosis. When he proceeded M.D. in 1919 he wrote his thesis on war neuroses, and in the following year his book, *Psychoneuroses of War and Peace,* was published by the Cambridge University Press.

After the war Culpin was appointed a lecturer in psychoneuroses in the London Hospital Medical College, and he also worked as a neurological specialist to the Ministry of Pensions. From 1923 onwards he took a large share in the research work of the Industrial Health Research Board. In 1930, when he was in consultant practice, he became lecturer in industrial and medical psychology at the London School of Hygiene and Tropical Medicine, and in the following year he was appointed professor in that subject. Many old students of the school will remember the rather intense half-hour they spent alone with Professor Culpin while he sought for neurotic traits in them and then explained the significance of his findings. Needless to say, his help in the solution of personal perplexities was never asked in vain. He relinquished the chair in 1939. In 1944 Culpin was elected president of the British Psychological Society, an honour which greatly pleased him. His special knowledge was of service to the British Medical Association, for he was a member of the Committee on Miners' Nystagmus, of the Psychological Medicine Group Committee, and of the Committee on Mental Health. Among the books he wrote were *Spiritualism and the New*

Psychology (1920), *The Nervous Patient* (1924), *Medicine and the Man* (1927), *Recent Advances in the Study of the Psychoneuroses* (1931), *Mental Abnormality: Facts and Theories* (1948), and, with Dr. May Smith, *The Nervous Temperament*. It is only a short time since a paper which he had entitled "Clinical Psychology and Some Forgotten Episodes" was accepted for publication in this *Journal*.

In 1913 Dr. Culpin married Miss Ethel Maude Bennett, daughter of Mr. E. Dimery Bennett, and she survives him, with the one daughter of the marriage.

Dr. HENRY WILSON writes: Millais Culpin had been a Fellow of the Royal College of Surgeons for forty-five years. It was because his clinical ability was highly valued that his appointment as lecturer on psychoneuroses at the London Hospital was so easy, some years indeed before psychoneuroses were accepted on the curriculum elsewhere. Culpin's progress to such a position and to his professorship at the London School of Hygiene might well be an example for those aspiring to psychiatric eminence. Culpin's interests before 1914 had been largely surgical. It was as a surgeon in the British Expeditionary Force in 1914–18 that he began to detect that many abdominal symptoms were, in fact, associated with psychological upsets, not with diseases which could be verified by the naked eye. He stated his views to horrified seniors, but his clinical dexterity assured his views of a better reception than would have been accorded to those of a less skilful observer or a less tenacious advocate. His knowledge of psychiatry was largely self-taught. He did not in fact work at any of the hospitals for functional disorders with which Rivers, Hart, Hurst, or Crichton-Miller were associated. He read widely, and he applied his knowledge with a fresh mind to "railway spine," miners' nystagmus, and obsessional drives. There was a simplicity about some of Culpin's investigations which might be the model for more recent work. His interests were practical and industrial. He worked for long with the Industrial Health Research Board. He was always something of a lone figure. His rugged countenance mirrored an acerbity of mind which covered a gentleness and humility which many may not have suspected. It was this humanity which attracted to his table at the Royal Society of Medicine many younger men of far other specialist leanings, with whom he exchanged clinical and wider information and to whom he poured out stories of adventure and fortitude from his early Australian days. It was this quality of mind that also kept him young in outlook and made him almost to the last ready to spring into correspondence with those expressing views with which he agreed or disagreed. He had an almost Victorian attitude to justice. He wrote many letters seeking more equitable arrangements for those whom law and tradition had wronged. This passion probably limited his close friendships, yet it was so much a part of the man that none would have wished it different. It gave his writings a twist of originality which did not make them widely read, yet he was a successful therapist owing allegiance to no one school.

Sir RICHARD GREGORY, D.Sc., LL.D., F.R.S.

Sir Richard Gregory, who died at Middleton-on-Sea, Sussex, on September 15, at the age of 88, held for many years a position and status in scientific journalism which during his lifetime was unique, and may well remain so. It was primarily through his work, influence, and practical judgment that *Nature*, founded by Sir Norman Lockyer in 1869, was carried not merely to stability but to recognized pre-eminence as the leading journal of general science published in any language or country. In a world increasingly competitive, the comment, made as a factual statement by a fellow editor, that "there can only be one *Nature*" is the measure of his achievement.

After four years as computor to the solar physics committee and assistant to Sir Norman Lockyer in his astronomical and other work, Gregory was appointed in 1893 as assistant editor of *Nature*, a position which he held with increasing responsibility and stature until 1919, only one year before Sir Norman's death. The twenty years of editorship which followed do him less than justice in strict chronology. His acquaintance among scientific workers was astonishingly complete. More than other editors he had need for quick and critical judgment, since the publication of a letter in *Nature* was the recognized means of preliminary report in a very wide area of science. His personal reputation combined a widespread benevolence and an absolute integrity as its most important ingredients. The key to his position was his real and evident interest, not only in scientific publication for its own sake but in the dissemination of scientific knowledge as a contribution to general education. He believed also in the assertion of the influence of science on general affairs. These attitudes were reflected in leading articles in *Nature* and through the foundation of the British Science Guild, for which he was largely responsible. In the educational field, he had a platform in the *School World* and the *Journal of Education*, of which he was joint editor. He also gave freely of his time and ability to many organizations in which he was interested. Academically, he was for a time professor of astronomy at Queen's College, London. But it is primarily as a great editor that he will be remembered, and his election to the Fellowship of the Royal Society under Rule XII was indeed the recognition of "conspicuous service to the cause of science."

Dr. IAN MACKINNON JEFFERISS, who died at Totnes, Devonshire, on September 7, at the age of 73, was born at Kippen, Stirlingshire, on March 31, 1879, the son of Dr. W. R. S. Jefferiss, latterly of Chatham, Kent, and grandson of Dr. R. R. Jefferiss, of Dalkeith, Midlothian. He began his medical studies at the age of 16 at King's College Hospital, London, and qualified M.R.C.S., L.R.C.P. in 1900 at the age of 21. After holding resident posts at his own hospital and elsewhere he entered general practice in 1904 at Kirkoswald in Cumberland. He then moved, in turn, to Gillingham in Kent, Exeter, Okehampton, London, Shebbear in Devonshire, Lakenheath in Suffolk, and finally, in 1927, to Totnes, where he remained in practice until his death. He was a member of the staff of the local hospital for 25 years and was medical officer of health for the borough of Totnes until 1943, when he resigned the post. He was much loved by his patients and held in great respect by his colleagues. In 1906 he married Mary Gordon, daughter of the Rev. C. J. Gordon, of Great Salkeld, Cumberland, and had two sons, who carry on the medical tradition of the family. In 1925 he married Winifred Harvey, having one daughter by her. They both survive him.

Mr. HERBERT GEORGE LETCHER, who died on September 10, aged 49, at his home at Acton, where he had been in general practice for 15 years, was born at Kadina, South Australia, on August 16, 1903. He was educated at St. Peter's College, Adelaide, and later entered the University of Adelaide and the Royal Adelaide Hospital, graduating M.B., B.S. in 1927. Both in college and in his medical school he showed an intellectual prowess far above the ordinary, together with an aptitude for athletics which made him outstanding in cricket, tennis, and swimming. After graduation he assisted his father in his practice in Adelaide for a short time, but the love of the mother country and an urge for surgery brought him to London, where he took

his F.R.C.S. in 1931. Then followed resident surgical appointments at the East Surrey Hospital, Redhill, the Victoria Hospital, Westcliff-on-Sea, the Radium Institute, and the Central Middlesex Hospital.

Mr. T. G. I. JAMES writes: Life in London appealed to Letcher very much, and the example of his father and his love of people led him to a career as a general-practitioner surgeon. With this end in view he settled in Acton in 1937 and became a member of the surgical staff of Acton Hospital, where, during the earlier part of the last war, he showed skill, dexterity, and speed in dealing not only with air-raid casualties but with the large number of general patients whom he was called upon to treat. He was particularly interested in the acute abdomen and in urology, but he was a sound all-round general surgeon. During the last war he served overseas in the R.A.M.C. as a surgical specialist, with the rank of major, mainly in the Middle East and in the Sudan. On his return to civil life, changing circumstances forced him to relinquish his activities as a surgeon and to devote his whole time to general practice, to which he gave his heart, but he still kept in touch with surgery and remained an active Fellow of the Royal Society of Medicine. His personality was unique. A short, dapper figure, always neat and full of vitality, he radiated from his sparkling eyes and round, smiling face a warmth and friendliness which brought him countless friends. Nothing could ever damp his ebullient spirit and the sun always shone wherever he happened to be. One of his characteristics was a chuckle and a laugh that would infect any gathering and dispel any gloom. He lived a full life, and what little time he could spare from his patients he devoted to golf, tennis, racing, and cricket, and in exploring the English countryside with his charming wife and two boys. His home life was most serene, and his was an open house for many friends and a host of Australians, to whom he gave generous hospitality. He was a charming host, full of stimulating conversation, with a wide knowledge of men and affairs. Of few people can it be said that they never uttered an unkind word or performed an unkind deed, but of George Letcher this was true. It will be difficult for his patients, friends, and colleagues to realize his sudden and unexpected death, and all will extend to his widow and children the deepest sympathy.

Medico-Legal

DEATH FROM AIR EMBOLISM

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

A man aged 34 was admitted to the Royal Northern Hospital in June, 1951, suffering from bilateral pulmonary tuberculosis, and underwent a pneumoperitoneum to collapse both lungs. The right phrenic nerve was crushed, leaving him with limited respiratory movement, and his condition was such that after leaving hospital in August, 1951, he had to attend the chest clinic weekly for refills of air to collapse his lungs.

On April 2, 1952, he attended for his refill, and 700 ml. of air was to be injected. The injection was made on the right side because of adhesions on the left, and after 600 ml. had been put in he complained of discomfort, and breathing became difficult. The needle was at once removed, but about 50 ml. more entered during removal. He then got off the table, walked into the passage, collapsed, and died.

At necropsy it was found that the puncture mark of the needle extended into the liver for a total depth of ¾ in. (1.9 cm.). There was a small haematoma at the site of the puncture of the liver capsule, and large bubbles of air were situated underneath. There was a column of air bubbles in the coronary sinuses, and the right side of the heart was filled with a frothy mixture of air and blood.

At the inquest, held at the St. Pancras Coroner's Court on April 7, a verdict was recorded of death by misadventure, caused by air embolism due to injection of air into the hepatic vessels during attempted pneumoperitoneum for double pulmonary tuberculosis.

Universities and Colleges

UNIVERSITY OF LONDON

Inquiries concerning the Wiltshire Memorial Research Scholarship, which is now available for award, should be addressed to the Dean, King's College Hospital Medical School, Denmark Hill, London, S.E.5. The object of the scholarship is to encourage research in cardiology, and the honorarium attached to it is at least £400 a year.

Vital Statistics

Poliomyelitis

Poliomyelitis notifications (uncorrected) in the week ending September 13 (37th week of the year) were as follows: paralytic 115 (115), non-paralytic 68 (73); total 183 (188). This is a decrease of 5 compared with the previous week, the figures for which are in parentheses. Up to and including the week ending September 13 the overall uncorrected notification rate for England and Wales was 6.8 per 100,000.

Paratyphoid in South Wales

Attempts to trace the source of the epidemic of paratyphoid fever which has been smouldering for some weeks past in Monmouthshire and Glamorgan have so far proved fruitless. In Glamorgan alone there have been about 170 cases. Various foodstuffs have been under suspicion, but no incriminatory evidence has yet been found.

Infectious Diseases

In England and Wales during the week ending September 6 a decrease was reported in the number of notifications of measles 712, whooping-cough 30, and acute poliomyelitis 27, while the only rise of any size was 42 for dysentery.

The notifications of scarlet fever were the same as in the preceding week; during the week the incidence fell slightly in the southern section of the country. Although the incidence of whooping-cough declined slightly the largest fluctuations in the local trends were increases of 67 in Lancashire and 49 in London. The number of notifications of diphtheria was 1 more than in the preceding week, and no changes of any size occurred in the local returns. The largest falls in the incidence of measles were London 132, Essex 120, and Lancashire 110.

The number of notifications of paratyphoid fever was 3 less than in the previous week. 15 of the 41 cases were notified in Wales. The largest returns during the week were Middlesex 8 (Edmonton M.B. 4) and Glamorganshire 8.

The chief features of the returns for dysentery were a fresh outbreak with 18 notifications in Bristol C.B. and a rise from 9 to 37 in Lancashire. The other large returns were Surrey 18 (Carshalton U.D. 10) and London 17. In Scotland the notifications of dysentery in the outbreak in Glasgow rose to 100.

The number of notifications of acute poliomyelitis was 35 less for paralytic and 8 more for non-paralytic cases than in the preceding week. The largest returns were London 28 (Woolwich 6, St. Pancras 5), Essex 23 (Southend-on-Sea C.B. 5, Ilford M.B. 5), Lancashire 13, Kent 10, and Middlesex 10.

The largest outbreak of food-poisoning notified during the week involved 50 persons in Essex, Tendring R.D.