ulcer. When this was developing in its characteristically intractable manner the mucosa was in the process of disintegration, and a true hyposecretion is the result. In cases of complete metaplasia there was an invariable achlorhydria. Other factors may increase the speed and severity of the ulcer progression, but are unlikely to be the cause of it.—I am, etc.,

Scarborough, Yorks. R. SPINK.

REFERENCE

1 Schrager, J., Spink, R., and Mitra, S., *Gut*, 1967, 8, 497.

Unusual Cause of Belching

SIR,—A young woman complained of abdominal distension, pain, and constipation. She found difficulty in breathing properly and had a troublesome and continuous belching. This had been going on for about three years. What was now worrying her most was the bout of embarrassing belching, which had made her leave her husband's home, since he could no longer bear it. Nausea was always present, and she vomited occasionally. Because of the embarrassing eructation she had no appetite for food. Her menses were regular but blackish and plentiful, and she had intermenstrual leucorrhoea.

On examination she was a nulliparous woman of 29 who appeared well nourished despite the long history. She was obviously very frightened, having been going from one native doctor to another. There was almost a continuous salvo of belching which to her was very embarrassing, and to onlookers was very offensive. The cardiovascular and respiratory systems were normal. The abdomen was full and tender all over with no marked guarding. There were no masses felt, no visible peristalsis, and no increased borborygmi. On examination per vaginam, the uterus was normal and though she was tender in the lateral fornices the adnexae were not palpable. The rectum was empty.

Six days after admission, during which time she was being closely observed and only palliative treatments were given, the eructation stopped and there was no more abdominal tenderness. On the second day the eructations returned; this time they were louder and most upsetting. The patient could not stand erect and walked gingerly. The abdomen was held tense and was very tender in the right iliac fossa. Her period had started during the night. The temperature was normal. Four days later the tenderness in the right iliac fossa had increased. The uterus was found to be pushed to the right; the bleeding was dark red, and the adnexa was palpably enlarged and very tender. The belching was without respite now. At laparotomy under local anaesthesia a tubo-ovarian cyst was found on the right, and into this bleeding was occurring. A taut band of omentum about 1½ in. (4 cm.) wide was wrapped round the anterior surface of the mass. This taut band was tugging hard on the stomach. It was snipped after ligation. Dark blood clots filled the cavity of the mass. Salpingo-oophorectomy was performed and the abdomen closed.

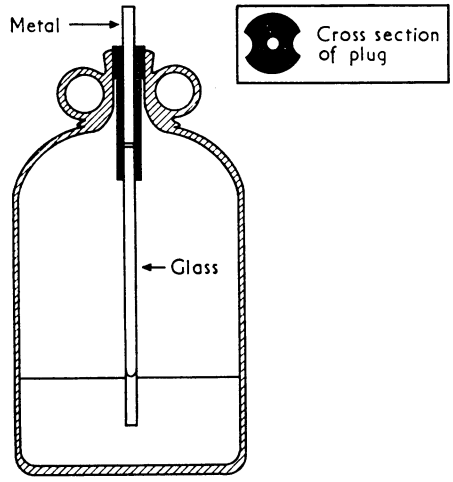
Two weeks after the patient was discharged well and happy, and she has gone back to her husband's home.—I am, etc.,

XTO G. OKOJIE.

Zuma Memorial Hospital, Benin Province, Nigeria.

Underwater Drainage

SIR,—Underwater pleural drainage is so effective in chest injuries that it has become a procedure of emergency in the casualty department. The bottles supplied by a hospital laboratory for the purpose are usually closed by a rubber plug through which pass two glass tubes, one long and one short, the latter serving merely to maintain atmospheric pressure above the liquid inside. These simple but effective devices have some persistent defects. The bottle is difficult to transport in a dependent position, and not rarely gets lifted too high, or knocked over, or broken. The glass tubes easily snap off, and from time to time an inexperienced helper will connect the drain to the wrong tube, thereby stultifying the whole procedure.



The pattern here shown is simpler still, but counters these faults. The bottle, of U.G.B. manufacture, code number L 37, is robust and not easily broken. Being broadly based, it is not easily knocked over. It has two stout rings on the neck by which it can easily be carried in a dependent position, or suspended from a trolley near floor level. Only one tube, of metal, about 4 in. (10 cm.) in length, projects from the top, and this is connected by a short rubber tube within the safety of the bottle to a glass tube through which the level of the liquid may be seen. Pressure equalization is maintained through two slots cut in the side of the rubber plug, making wrong connexion impossible. The bottle is in fact that used for a famous cider, and a door-stop as sold by a popular multiple store fits it in emergency.—I am, etc.,

R. L. WYNNE.

General Hospital, Birkenhead.

Through-knee Amputations

SIR,—I have read with interest Mr. Robin Burkitt's letter (30 November, p. 580) and his suggestion about the Stokes–Gritti amputation. I agree it is an excellent operation, and it has got a definite place in ischaemic conditions of the lower limbs. The difficulty I have experienced with the Stokes–Gritti type of amputation in cases of ischaemic limbs is that the union between patella and lower end of femur is always delayed and in some cases causes a painful stump. I would be pleased to know whether Mr. Burkitt had any experience of this in his series.—I am, etc.,

K. MUKHERJEE.

Department of Trauma and Orthopaedic Surgery, East Glamorgan General Hospital, Nr. Pontypridd, Glam.

Revivifying Anatomy

SIR,—I enjoyed the Personal View of Dr. Bernard Towers (23 November, p. 512). I also have chosen anatomy as my professional career, but I am not quite so pleased with the present state of this ancient pillar of the edifice of medicine as he is. Even in spite of, or perhaps because of, some recent attempts to reduce the burden of memorizing by a process of somewhat random elimination of what is considered inessential, what remains of the Many still fails to add up to the One. I take the One to be the living, healthy, active, growing and growing old human body, male or female, within the context of the strains and stresses of contemporary temporal existence.

It seems almost impossible to make or remake an adequate human biologist from a trained dissector of corpses. It appears too much to expect a cutter-up to develop anything but a mind cluttered up with factual irrelevancies covered over with the sauce of functional fatuities. The gut does this or the lung that, but the body remains stark and static on the dissecting table. The dry bones do to some extent move, but they do not live. They do not belong to Olympic sprinters or tired business men returning home to outer suburbia.

Anatomists have a long way to go before they have any reason for pride in their profession. An effective preliminary step would be an awareness of their responsibility as teachers, which is to communicate successfully that which is truly relevant.—I am, etc.,

JAMES SCOTT.

Anatomy Department, Queen's University, Belfast.

Value of Experience and Regular Reading

SIR,—Surely the regular reading of a good medical journal, the reading of hospital reports, and the steady gain in experience from work year by year constitute continuous postgraduate education for every general practitioner.

I suggest, therefore, that seniority payments are merited simply by the achievement of "growing old in the service," that they be paid as at present at 15, 25, and 35 years after registration, but that there be a two-tier system whereby £x per year is paid on reaching the appropriate anniversary, or £x+£y if in addition the practitioner provides evidence of having undergone further training, be this the Minister's arbitrary sessions, preparation for a further qualification, or whatever. Perhaps some of the merit award money may be unfrozen for a scheme of this kind.—I am, etc.,

CLIVE MCDONALD.

Cambuslang, Lanarks.

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