Silicone foam sponge for pilonidal sinus

Sir,—I read with interest the paper by Mr R A B Wood and Professor L E Hughes on the above subject (18 October, p 131) and would like to make the following comments. The disadvantages of permitting an excised wound to crust over and granulate in situ are those of prolonging healing time (in-patient and outpatient), delaying wound contractions, and promoting repair of tissue that is weaker and dissimilar to that which surrounds it. The application of such a method of treatment should thus be examined very critically before being used on wounds made in the proximity of bone in particular—namely, the sacrococcygeal region—where the exudation may adhere to bone and suffer frequent breakdown.

Treatment for sacrococcygeal pilonidal sinus by the Z-plasty or rotation flap repair permits self-contained healing within 8-14 days (normal healing for trunk wounds). Any arguments that favour the “lay open and pack” technique serve only to advance a method that requires considerable outpatient attention. The recurrence rates for all forms of treatment for this condition vary from 0 to 30%,, being highest for wounds repaired by simple closure and approximately zero for recurrence."

As a new technique in packing, the apparent advantages of silicone foam elastomer are (a) pain-free removal and (b) plasticity. May I therefore suggest that its principal application is as an obturator to retain biological or other dressings in elderly patients whose general debility precludes a general anaesthetic for major flap or skin graft surgery. Even those among us who are “packing” enthusiasts will have observed that wound afercare—change of dressings, medicated baths, and regular attendance at clinics—tends only to encourage patients to prolong their convalescence unless they are severely debilitated. Basic human attitude is unlikely to alter significantly by substituting silicone foam for the conventional gauze pack. Moreover, the silicone sponge may yet prove the more expensive.

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2 Muddleton, M. D, British Journal of Surgery, 1968, 55, 545.

Looking at the skin

Sir,—I read with ever-increasing agreement your leading article, “Looking at the skin” (25 October, p 189). As you unfold your arguments the principles of good dermatological practice were extolled. However, the clinical example chosen as an exception to these rules, “obviously localised lesions like melasma,” was perhaps unfortunate and prompts this comment.

It has been known for a number of years that patients suffering from the rare basal cell naevus syndrome, in which skeletal abnormalities and a liability to other tumours such as medulloblastoma occur, may present to the skin physician with a “localised lesion like a rodent ulcer.” Furthermore, the elderly patient with a rodent ulcer, even when this occurs on a light-exposed site, has an enhanced likelihood of having other malignant skin tumours on non-exposed sites and of malignant disease in general. Over the past nine years I have detected several early breast cancers during my routine physical examination of patients with solitary basal cell carcinoma.

There should be no exception to the rule that every patient attending a skin department should have a physical examination which involves looking at the whole of the skin. One can even produce arguments to justify the procedure in cases of virus warts, but space does not permit.

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Serum cholesterol enzyme-inducing agents

Sir,—We read with interest the letter from Dr P N Durrington and others (1 November, p 284) in which they apply to the problem of hypercholesterolaemia a concept developed earlier by us and our co-author, Professor D M Goldberg, of microsomal enzyme induction by various environmental agents as a cause of hypertriglyceridaemia in susceptible subjects.

The results of our published study on hyperlipidaemic patients (4 January, p 17) and those of our studies (submitted for publication elsewhere) on patients subjected to certain common environmental stresses showed a significant positive relationship between the microsomal enzyme γ-glutamyl transpeptidase and serum triglyceride levels but a negative relationship between serum γ-glutamyl transpeptidase and cholesterol levels which was not statistically significant. It is of interest here to note that Cucianu and others found a highly significant positive relationship between serum pseudocholinesterase and triglyceride levels but not between serum pseudocholinesterase and cholesterol levels. Because the rate-limiting enzymes of cholesterol synthesis and breakdown are situated in the microsomes the effect of enzyme inducers on the serum cholesterol level is not predictable.

We also feel, in agreement with the earlier suggestion of Cucianu et al., that any liver stress resulting in altered rates of protein synthesis can lead to corresponding alteration in the rate of production of the microsomal enzymes of lipid synthesis and/or the carrier lipoproteins.

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Professional freedom

Sir,—The article by Dr P Kekki on the changing status of doctors in Finland (1 November, p 273) was chilling and obviously published with a shrewd sense of timing.

Is it not now time to spell out unequivocally that what is at stake in our interminable disputes with both political parties—the Conservative administration being only marginally less awful than the Labour—is not money, hours of work, and conditions of employment, but something much dearer to the politician’s heart—power. Surely it is now obvious to most people that what is going on is a plan to emasculate the power of the professions, which has, in the past, been not inconsiderable. The profession of medicine is annulling any job with them “administrators”—that is, by making them change sides and by demolishing the authority of the ward sister. Numbers have been partially restored by the employment of nursing aides, who are less of a political threat to the administration. The device has succeeded only too well. The same is now happening to the physiotherapists in the appointment of physiotherapy aides, who, I understand, are not markedly less well paid than their fully qualified counterparts. As soon as the qualified physiotherapists become outnumbered by the aides their influence will commensurately decrease.

Even Aneurin Bevan in one of his more unguarded moments said, “Politics... is about power.” The professions must now urgently recognise the nature of the attack which is being mounted against them and unite to defeat it. This is nothing less than a survival issue. At the moment, it is the medical professions which are the target. Once they have been reduced to the status of docile employees it will be the turn of the lawyers, and when they succumb, truly we shall be living in a totalitarian state.

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Sir,—In his Nigel Colley Memorial Lecture to the Nottingham Division of the BMA Sir Geoffrey Howe said that he was prepared to advocate substantial reforms in the present organisation of the legal profession because “a growing number of voices had been heard to complain of the failure to meet the demands of a mass population for legal advice.”

The inaccessibility of lawyers and solicitors contrasts strangely with the general availability of the medical profession (even in these difficult times). As a general practitioner I regularly see patients whose problems are associated with housing, social security, and, sadly, loss of job. Many of them would undoubtedly benefit from legal advice, but they are deterred from consulting a solicitor either through ignorance or fear of the cost. Despite 27 years of the welfare state the legal profession has managed to maintain its full professional independence—a situation which most lawyers would defend whatever their political allegiance in party terms.

C D FISHER