whole of the bowel distal to it were full of blood, while the proximal bowel was collapsed and normal in colour. The diverticulum itself did not show any external evidence of inflammation, but there was a well-defined indurated area near the base. The diverticulum was excised and the bowel repaired transversely. The abdomen was closed without drainage.

He made an uneventful recovery, and was discharged 20 days after operation.

Examination of Specimen.—On section the absence of generalized inflammation was confirmed. Near the base was an indurated area half an inch in diameter, in the middle of which was a shallow ulcer a quarter of an inch in diameter, involving the mucosa only. In the centre of the ulcer was the open lumen of a small blood vessel from which blood could be expressed. Microscopical sections taken through the middle of the ulcer showed the presence of gastric mucosa with oxyntic cells.

I wish to thank Dr. H. H. MacWilliam, medical superintendent of Walton Hospital, for permission to publish this case; and to Dr. R. Y. Dawbarn for the preparation and examination of the microscopical sections.

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Large Foreign Body in Stomach, with Complete Absence of Usual Symptoms

The following case may be considered interesting enough to merit publication.

CASE HISTORY

The patient, an African woman aged 29, mother of four healthy children, was admitted from the out-patient department with a diagnosis of "abdominal tumour"; she was a well-developed and well-nourished woman of medium height, and weighed 8½ st. She gave a history of "a lump in the belly," which had been present for about five years, was getting larger, and now interfered with her when weeding, as she found it difficult to stoop. She had no pain, vomiting, or other disturbance, and there were no signs of wasting or lack of nourishment.

On examination a large swelling was visible, extending from the left costal margin into the pelvis. It was smooth and firm to the touch, not tender, and was easily movable in any direction. This movement caused no discomfort of any kind. The patient had a very good appetite, and could eat a large meal of rice, fish, and vegetables without any discomfort. She was a very cheerful person, and looked upon her condition as a joke.

Owing to the size of the tumour I was forced to make a rather large incision in the stomach. The cardiac end was delivered without trouble, but the pyloric end was firmly gripped, and I had some little difficulty in releasing it. The mass when removed was a complete cast of the stomach with prolongations into the oesophagus and the duodenum. It was very firm in consistence, it could be dented with the finger, but the finger could not be forced into the mass. On section it had the usual appearance of a "hair-ball," consisting of fibres, mainly mango, rice grains, and other food debris. The patient made an uneventful recovery.

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A Fibroma weighing 320 Grammes growing from the Posterior Vaginal Wall

Owing to the rarity of its nature, the following case may be of interest to others:

The patient—a married nullipara of 40—came up complaining of a blood-stained vaginal discharge for two months. She had very little control of micturition but was otherwise well. Her periods were regular and lasted 5 days in every 28. On examination a hard mass 3 in. in diameter was felt completely filling the vagina. It was dark red in colour but not friable, and was thought to be a cervical fibroma.

At operation, performed by Mr. Clifford White on Oct. 28, 1944, it was possible to pass a finger above the tumour and a normal cervix could be felt. The tumour was then found to be arising from the posterior vaginal wall 2 in. below the cervix. A left-sided Schuchardt's incision was made, but, owing to the size of the tumour, removal had to be by the process of morcellation. When about one-third had been removed in this way the capsule was stripped and the remainder of the tumour shelled out. The bed was obliterated with catgut sutures and the vagina and perineum repaired. The tumour was hard and not very vascular. It weighed 320 grammes and was histologically a fibroma.

Secondary haemorrhage from the perineal incision occurred on the ninth day. The bleeding-point, which was in the region of the internal pudendal artery, was ligated; the wound was packed and sulphamilamide powder insufflated round the edges. Four pints of Group O (IV) blood were given. Recovery thereafter was good. The vagina healed well, and when seen three months after operation the patient's condition was quite satisfactory.

I am indebted to Mr. Clifford White for permission to publish the above details.

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Reviews

BONE-GRAFTING FOR FRACTURES

Bone-Grafting in the Treatment of Fractures. By J. R. Armstrong, M.D., M.Ch., F.R.C.S. Foreword by R. Watson-Jones, M.Ch.Orth., F.R.C.S. (Pp. 175; illustrated. 25s.) Edinburgh: E. and S. Livingstone. 1945.

This may be regarded as a supplement to Mr. Watson-Jones's book on fractures. The amount of work the author has put into it, considering his Service commitments, is truly commendable, even allowing for the aid of his enterprising publishers. As it seems likely that this is but the first edition of a work which will rapidly be added to, we venture to make some suggestions.

The descriptive operative surgery of the past has often been rendered valueless by the lack of analytical assessment. When Mr. Armstrong is in a position to quote statistics upon results his work will be more valuable. The justifiable enthusiasm for the onlay graft (and he was less enthusiastic only two years ago—see *Lancet*, Aug. 14, 1943) should be tempered by acknowledgment of the pioneer work of M. S. Henderson and of Willis C. Campbell. The latter has admirably described and illustrated the technique, to which little has been added since. The meaning of the term "creeping substitution," applied to the replacement of dead graft by living bone, may be well enough known, but it would be worth while drawing attention to Phemister's contribution to the subject. The question of the osteogenetic properties of the tibia is badly stated and should be clarified. In spine grafting the idea of roughening the neural arches with a chisel or file would be scorned by those surgeons who count their spine grafts in hundreds. Mr. Armstrong should realize that the operative treatment of adduction fractures of the femoral neck did not start with Smith-Petersen, whose nail, after all, is merely a mechanical derivative of the fibular graft previously in common use in Holland. Our own Hey Groves contributed something to that problem at least 30 years ago.

It is interesting to see how Mr. Armstrong differs from his sponsor (*Fractures and Joint Injuries*, 3rd edition) in some important respects. For the Monteggia fracture the former does not hesitate to excise the head of the radius at the same time as the ulna is grafted; the latter condemns the procedure. Neither gives us statistics to indicate which is right. Armstrong uses an Esmarch's tourniquet; Watson-Jones does not like it. The former is even prepared to leave a tourniquet on the leg for two or three hours, and not remove it until plaster has been applied. This is bad. The liability to ischaemic lesions of nerves, the reduced vitality of exsanguinated tissues, reactive hyperaemia, and the constrictive effects of plaster, form a serious combination of danger factors. Mr. Armstrong, no doubt, is a gifted technician, and even if his results are impeccable his teaching should be safe for the not-so-gifted. It is all very well for Watson-Jones to write in his foreword hyperbolically about the infection of a closed fracture being a "disaster worthy of a court of inquiry." Devitalization of tissues is well known to be an excellent breeding-ground for infection, and a book which condones it should equally be criticized.

We do not think that Mr. Armstrong has altogether been helped by Mr. Hennell's coloured photographs, in which so often a very dark blue background obscures the detail of the instruments being used. The lavish scale upon which this book has been produced should be noted at a time of paper scarcity. If printed in uniformity with its bigger companion by Mr. Watson-Jones, and if blank spaces were filled, it could have occupied a quarter less paper. One has a feeling that it is premature and has added little of real value at a time when the practice of bone-grafting is still in a state of flux.

RADIOLOGY IN 1944

The 1944 Year Book of Radiology. Diagnosis, edited by Charles A. Waters, M.D.; Associate Editor: Whitmer B. Firor, M.D. Therapeutics, edited by Ira I. Kaplan, B.Sc., M.D. (Pp. 448; illustrated. 31s.) Chicago: The Year Book Publishers; London: H. K. Lewis and Co.

In spite of five years of war the *1944 Year Book of Radiology* well maintains the high standard of former years. Because of the restrictions of the war the papers reviewed come, in the main, from North and South America and the British Empire.