Gravelle and O'Donnell (1946) in a review of 21 cases, of which six had stasis ulcers in contrast to arteriolar and traumatic ulcers, found all the results were "good"—the longest follow-up period being 18 months.

Adams (1942) writes: "There are two types of varicose ulcers that are particularly benefited by lumbar sympathectomy in addition to indicated therapy of the forms already enumerated. One is seen in the constantly moist, sweating leg in which fungous infection is uncontrollable by medical measures. Sympathectomy abolishes the sudomotor activity, makes the skin dry and warm, allows fungous infection to be controlled and healing to be maintained. The other type is characterized by multiple punched-out, circular ulcers on brawny, cyanotic legs secondary to deep obliterative thrombophlebitis. Although peripheral pulsations may be present and of good quality, a glance at the leg is convincing evidence that the tissue circulation is inadequate to meet its metabolic needs, and hence the ulceration has occurred. Venospasm, lymphatic blockage, and postural stasis all may be contributing factors. The important practical fact, however, is that sympathectomy, by relaxing the spasm and improving the collateral circulation, will sometimes bring healing in this distressing group of cases that we otherwise have been forced to admit are incurable by any methods at our command."

The most arresting fact in our series was the rapidity with which the ulcers, present from 15 to 39 years, healed within three weeks and remained healed throughout two winters.

In choosing the method of treatment for recurrent varicose ulcer of the leg it is essential to consider the patient's economic status and the nature of his work. There is no doubt that many find a chronic ulcer a debilitating condition. Young people, especially men, can ill afford to continue losing time and efficiency. Every effort should be made to heal these ulcers quickly, and if sympathetic surgery is indicated it should be tried.

Homans observed that, even after the ulcers had apparently healed with skin-grafting, the grafts sometimes separated when the patient walked again. Cyanosis of the graft and oedema of the ankle were his danger signs. He therefore advised three weeks' post-operative rest in bed, with active and passive leg exercises besides massage, before the patient was allowed up.

Battle (1947), discussing the results of his series treated by skin-graft, likewise mentioned that several cases which at first appeared to have successful "takes" broke down soon after walking was recommenced, usually within six weeks of operation. Surely the answer to this failure is that skin-grafting, like tree-transplanting, requires suitable soil. If the ground is waterlogged and stagnant a tree transplanted there dies. So, too, did these grafts. We believe that with such patients the correct approach might well be first to improve the peripheral circulation by lumbar sympathectomy and then to graft the skin on a favourable "soil." We believe, too, that the wearing of an elastic bandage post-operatively to be very important. It protects the skin from trauma without and from oedema within.

One may well ask, Is such a condition really worthy of such attention and such treatment? The answer, we believe, is yes. If these already overtreated ulcers can be healed permanently by this method or by combining it with fascial excision and skin-grafting—and the answer, as with all "cures," still lies a lifetime down the years—then will be removed another source of chronic disability and loss of manpower from humanity. One thing, however, is certain—nothing is so profound as the heartfelt gratitude of three of these four people on being thus far released from the tedium of chronic discharging septic sores on their legs.

Summary and Conclusions

Varicose ulcers may fail to heal even after the entire gamut of usual medical and surgical treatment.

Four such patients, with ulcers present from 15 to 39 years, were found to have cold blue limbs which responded by cutaneous vasodilatation to lumbar paravertebral block.

After lumbar sympathectomy these ulcers healed within three weeks. In three cases they have remained healed.

The value of lumbar sympathectomy in providing an adequate circulation to assist healing is thus demonstrated and its use before skin-grafting suggested.

The importance of continuing to wear an elastic stocking after treatment to protect the skin from trauma from without and oedema from within is stressed.

We wish to thank Mr. Rodney Maingot for his encouragement in this work and for his permission to publish these case reports.

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Medical Memoranda

Twin Pregnancy with Acute Hydramnios Treated by Paracentesis Uteri

The following is a report of a case of acute hydramnios occurring in a twin pregnancy and resulting in the birth of one live twin and one foetus papyraceus after treatment by abdominal paracentesis uteri.

CASE REPORT

The patient, a multiparous gipsy aged 25, was admitted to hospital on May 18, 1947, on account of acute hydramnios. Her last menstrual period had begun on Nov. 13, 1946, but instead of being six months in size the uterus had the dimensions of a full-term pregnancy. There was a history of sudden abdominal enlargement with discomfort for the past few days, and of severe abdominal pain during the 24 hours preceding admission. The foetal heart sounds could not be heard, and parts were difficult to identify, although external ballottement was just possible. The patient was in considerable pain, requiring an injection of morphine a few hours after admission. The uterus, though distended, tense, and tender, was not "board-like" as in concealed ante-partum haemorrhage, and it was concluded that the excessive uterine enlargement was due to hydramnios. The temperature was normal (and remained so throughout the patient's stay in hospital), but the pulse rate varied from 90 to 130.

Further investigations revealed mild anaemia (Hb, 75%) and negative Wassermann and Kahn reactions. The blood group was B (III), Rh-positive; the blood pressure was 115/85. The urine contained a trace of albumin but no casts or blood cells, and was sterile on culture. Radiological examination revealed a twin pregnancy, with the infants probably of no more than 28 weeks' maturity, one presenting by the vertex and the other by the breech.

The first paracentesis uteri was performed on the day after admission, when 4 pints 16 oz. (2.73 litres) of clear liquor amnii was released. Subsequently the patient felt much more comfortable, with the pulse rate stationary at 92-96. A week later the procedure was repeated and 3 pints 2 oz. (1.76 litres) of liquor

was withdrawn. In a third aspiration, on June 1, a further 3 pints 15 oz. (2.13 litres) was drained, making a total of 11 pints 13 oz. (6.62 litres) removed in three weekly sessions. By that time the patient was very well and fit to be discharged from hospital. The foetal heart sounds could now be heard distinctly, although it was not possible to distinguish between two separate hearts.

During the remainder of the pregnancy the woman was seen regularly in the antenatal clinic. She remained in good health, and there was no recurrence of the hydramnios. It was, however, noticed (and confirmed by x-ray examination) that one foetus failed to grow while the other seemed to develop normally. Spontaneous delivery of uniovular twins occurred at full term on Aug. 22: the first was a living female child weighing 6 lb. 6 oz. (2.89 kg.) (vertex delivery) and the second a foetus papyraceus, 12 in. (30 cm.) long and weighing 11 oz. (312 g.). There was one large placenta, about a third of which was infarcted and had obviously not been functioning for some time. The living infant was perfectly healthy, and her progress, like her mother's, was uneventful, both being discharged from hospital on Sept. 1.

COMMENT

Puncture of the uterus through the abdominal wall in an effort to reduce the amount of liquor amnii without terminating pregnancy was first advocated by Schatz (1918) and carried out by Henkel (1919) and Wormser (1920). Textbooks of obstetrics hardly mention the method and generally give a poor prognosis for the foetus in acute hydramnios. DeLee (1943) states that "aspiration confers only temporary benefit," and Taussig (1927) is of a similar opinion. The procedure was advocated in this country by the late Mr. Carnac Rivett (1933), who referred to it as "a rational method of treating hydramnios, since in all cases sufficiently acute to demand interference any other line of treatment would result in a miscarriage or the birth of a barely viable child." He found, however, that even in acute hydramnios the liquor is not under pressure and has to be sucked out. This was certainly not my experience in the above case or in several others in which liquor always drained freely as soon as the cannula was inserted.

The above case resembles those reported by Lloyd (1943) and by Erskine (1944) in that one twin survived while the other died *in utero*. It is submitted that by no other method of treatment could a living mature infant have been obtained in the case described. It is uncertain which of the two gestation sacs was hydramniotic, but it is tempting to argue that the hydramnios failed to recur because of the death of the foetus in whose bag the liquor had previously accumulated. In some cases there is indeed a recurrence of the hydramnios, and it is this observation which has brought the method of abdominal aspiration into disrepute. There is, however, no objection to repeating the process, provided that x-ray examination has failed to show a foetal abnormality. If there is a malformation present, surgical induction of labour per vaginam is indicated, and paracentesis uteri can have no place in the management of such a case.

This report is published by courtesy of Mr. David Maxwell, under whose care the patient was admitted and who encouraged me to record the case.

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Intestinal Obstruction Caused by Faecalith

It is unusual for faecaliths to form in the small intestine. The size of the foreign object and the circumstances of its formation in the following case are worthy of record.

CASE REPORT

An ironworker aged 57 was admitted to the Royal Infirmary, Glasgow, on Jan. 22, 1947, complaining of lower abdominal pain of five hours' duration. The pain came on suddenly and was colicky in nature. It was felt mainly in the left iliac fossa, but periodically it passed to the epigastrium. There was no vomiting before admission and the bowels had moved that day. His history revealed no indication of disease apart from some digestive upset described as

an "attack of the bile" occurring three years before and lasting three days. This was the only illness which had kept him off work in twenty years.

On examination he was thin and looked moderately ill. The tongue was clean and moist. The abdomen was somewhat full in the right iliac fossa and there was some guarding in the left upper abdomen. Tenderness was present over the whole lower abdomen. Rectal examination revealed no abnormality. Conservative treatment was instituted, with limitation of diet to fluids, and an enema was given. Next day he felt better, but he began to vomit in the late afternoon and the pain recurred with greater severity. Slight dis-

FIG. 1.—The specimen after section, showing the core of faeces and the covering of soaps.

tension was noted over the left side of the abdomen. By the morning of Jan. 24, obstructive signs were becoming evident. Vomiting continued, he began to become dehydrated, and the severe colicky pain persisted.

His abdomen was opened by a right gridiron incision on the 24th. A stony-hard mass was felt in the terminal ileum about 15 in. (37.5 cm.) from the ileocaecal valve. The mass could easily be milked up the bowel, which was distended above it. Enterotomy was performed some distance above the obstructed area and a triangular stone was removed measuring 2 in. (5 cm.) along the sides and 1 in. (2.5 cm.) in thickness (Fig. 1). A radiograph of the stone after removal (Fig. 2) showed a translucent core with a layer of opaque material round it. On section the calculus was found to have a soft centre of faeces surrounded by a layer of hard chalky material 3 mm. thick. Analysis showed the outer material to be calcium soaps. The patient made an uninterrupted recovery.

On Feb. 21 he returned for a barium examination of the intestinal tract. This showed multiple diverticula of the duodeno-jejunal region. In any of these the faecalith might have formed. No other faecaliths were noted.

COMMENT

It seems that this man had been developing a faecalith for some considerable time in a large diverticulum of the duodeno-jejunal region. It had caused no symptoms until, for some reason, it dislodged into the lumen of the intestine and passed along it to the comparatively narrow ileum. There it caused obstruction. I have been unable to trace in the literature any other case of this complication of diverticulosis in this region.

I am indebted to Mr. Donald Hay for the photographs.

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The Association for Hospital Services, which has now moved to larger accommodation at Tavistock House (South), Tavistock Square, London, W.C.1, has issued a pamphlet on its activities from 1943 to 1948 entitled *The Hospital Service Plan*. It includes a message from H.R.H. the Duke of Gloucester congratulating the Association on its expansion and wishing continued success. The Association runs a contributory scheme to help middle-class men and women pay for accommodation in hospital pay-beds or in private nursing-homes when they fall sick, and Dr. Russell Brain, chairman of the council, points out that the need for such a scheme will continue under the N.H.S. Sir Cecil Wakeley has recently joined the council.