Abstracts

1. **Goldsmith, H. S. : Long term evaluation of omental transposition for chronic lymphoedema. Ann. Surg., 180 : 847, 1974.**

Thc author has reviewed his results in 22 patients. In the lower limb good results were obtained in 38% patients, fair in 23% & poor in 38%. In the upper limb good results were achieved in 56%, fair in 11% and poor in 33%. Besides this the complications consisted of inguinal and spigehair hernia, pulmonary embolus, adhesions, gangrene of the bowel and death. Summarising the author says that the Thompson operation and subcutaneous excision are simpler operations. However when properly performed the omental transposition may also give good results and can also be used when the other two operations have failed.

N. N. K.

2. **Wilson, J. S. P. and Rayner, C.R.W.: The repair of large full-thickness post excisional defects of the abdominal wall, Brit. J. Plast. Surg., 27:117, 1974.**

The author has reviewed the various methods used for repair of full thickness defects of the abdominal wall resulting after excision for cancer. In the earlier period autogenous tissues such as fascial and muscular flaps, musculo-cutaneous flaps, free fascial grafts and free skin grafts were mainly used. Their chief drawbacks were inadequacy of available tissue, risk of necrosis of flaps, denervation of flaps and the chances of spread of cancer cells along the pedicle of the flaps. More recently metallic meshes have been used and tantalum mesh has been found superior to steel or silver, although this fragment after passage of time. The latest introduction in the field is the use of plastic meshes such as marlek mesh, nylon, dacron, teflon etc. The author has used merselene net for repair in five cases. Cover was provided by a large transposed skin flap, based on a known supporting arterial system. The method had been found to be very satisfactory.

N. N. K.

3. **Hiles, R. W. : Surgical treatment of malignant melanoma, Proc. Roy. Soc. Med., 67:95, 1974.**

This paper is based on the observation in more than 1000 cases at the Frenchay Hospital, Bristol. For the primary tumour, wide local excision down to the deep fascia, but not including it, is the treatment of choice. The margin on the limbs can be 5 cm., on the face 0. 5—2 cms. and on the back 10 cm. For local secondary tumour local excision should again be attempted. Secondary tumour in the regional nodes is best taken care of by a block resection which may or may not be in continuity. Generally there is no additional benefit by crossing the inguinal ligament during the block excision. A solitary distant metastasis in lung, brain or liver should be excised.

By these principles, surgery alone can eradicate tumour in more than 50% of cases and repair after surgery is generally robust.

N. N. K.

4. **Pearson, D. : Radiotherapy in malignant melanoma, Proc. Roy. Soc. Med., 67:96, 1974.**

Radiotherapy is second best to surgery in the curative treatment of malignant melanoma of the skin. In other sites such as the uveal tract, it will produce a number of cures. In lesions of the mouth, sinuses, nose etc. cure is unlikely. Even in those cases where cure is not obtained certain degree of palliation is achieved.

N. N. K.

5. **Thompson, W. G. : Treatment of Hypertrophic scarring by compression and occlusion, Proc. Roy. Soc. Med., 67:256, 1974.**

Hypertrophic scarring is a problem without a satisfactory solution. The introduction of prenyl and orthoplast have made it possible to use compression therapy for their treatment with good results. This material is malleable at 60°C and can be moulded to body contours. The compression has to be applied for 4-6 months. Thick red irritant scars give better results than mature old scars. The complication encountered are maceration, ulceration and skin sensitivity. The author has reported his experience in 100 cases of such scars.