Hernia Repair, an Out-patient Procedure

Sir,—In your issue No. 1, 1968 Dr. Parnis emphasizes the feasibility of ambulatory operations for hernia in Africa. His paper is a valuable support for the countless practitioners and surgeons working in the bush and in hospitals lacking funds and personnel for maintenance.

For 20 years I have operated on ambulatory patients, mainly but not exclusively for hernias, with good overall results. The recurrence rate after 5 years has been about 5%, less than for a series of several hundred similar patients operated on in hospital at an earlier time.

Only old patients tend to remove their dressing and leave the wound exposed. With a well-closed wound this does not as a rule result in infection. Local haemorrhage may be troublesome, I have never found it dangerous. When the scrotum is distended and contains a virtual cavity that may fill with serum, blood or both, prone to infection, it must be pared off or folded back on the abdomen and tightly strapped for a week or so.

As an anaesthetic I prefer local procaine-adrenaline. The solution should be injected before washing one's hands, in order to give it time to act. In continental hospitals I have seen the local anaesthetic being given when everything is ready for the intervention, and the surgeon sterile. Impatient to begin he prods the skin with a needle, and after having done so two or three times at short intervals with the patient answering that he still feels, though less, cuts through the skin. Thus local anaesthesia gets a bad reputation, and the patients as a group become apprehensive. The tissues should be well infiltrated, and to aid one's technique it is well to use often a procaine solution coloured with methylene blue (as marketed in the thirties by Specia Ltd.) thus during the operation it is easy to see what has been infiltrated, and if necessary an additional injection may be made.

For time-table reasons the operations are always done in the afternoon, and the bulk of the patients told to eat and drink well in the morning, as after the intervention they will lack appetite.

With the anaesthesia still on, they usually walk to the ambulance or taxi, but when these are not on time the operated men have been known to walk to the nearest bar and empty a few bottles with their relatives while waiting for transportation.

I am, etc.,

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Fluorescent Antibody Technique in Malaria

Sir,—Using the immunofluorescence-antibody technique during preliminary studies with blood smears of *Plasmodium gallinaceum* as antigen, we obtained positive reactions with sera of 4 human patients suffering at the time of examination from acute malaria attacks. 3 of the patients were found to have *P. vivax;* one *P. falciparum.*

Preparations with sera of 10 healthy volunteers as well as 4 patients with proved leishmaniasis, amoebiasis, bilharziasis and filariasis gave no fluorescence. The titres fell after treatment (5 days chloroquine, 14 days primaquine) to reach very low fluorescence values, or none.

Investigations are under way:

(a) to determine the degree of reaction with more and other human plasmodia, as well as eventual cross reactions with different protozoa;
(b) to establish the specificity of the reaction and elaborate a procedure for the serological diagnosis of malaria, with *P. gallinaceum* as antigen;
(c) to try to determine the nature of the type of antibody in question.

We are, etc.,

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References:

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