THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

☞ Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, JULY 16, 1891.

Original Communications.

SURGICAL TREATMENT OF INTUSSUSCEPTION.*

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Intussusception of the bowels is an accident which gives rise to a well-recognized mechanical form of intestinal obstruction, which, like hernia and internal strangulation, should be subjected to early surgical treatment. Early recognition of the existence of invagination is therefore of the greatest importance for successful treatment, as the prospects for successful reduction by ordinary surgical means diminish with the development of secondary pathological conditions at the seat of invagination. Many of the artificial invaginations which I made in animals were reduced spontaneously within a few hours, and in order to study the effects of invagination I had finally to resort to suturing at the neck of the intussuscipiens in order to permanently retain the invaginated portion. Reduction was resisted after a time either by the swollen œdematous intussusceptum, or by the adhesions at the neck of the intussuscipiens, or between the serous surfaces throughout the invaginated portion of the bowel. From these observations I have come to the conclusion that reduction by gentle but efficient distention of the bowel below the invagination would succeed in the majority of cases if this procedure were practised before either of the two principal conditions which cause irreducibility have had time to make their appearance.

Medical and Dietetic Treatment.—A strict attention to diet and avoidance of cathartics are important elements in the early treatment of invagination in limiting the invaginating process. After invagination has occurred further descent of the bowel is effected by the increased peristalsis caused by the partial obstruction. If the stomach is distended with food, a salt-water or mustard emetic should be given to empty this organ, after which the patient's diet should be limited to such articles of food as are digested and absorbed by this viscus. If the obstruction has existed for some time and intestinal contents have reached the stomach, the fluid should be removed by using the siphon stomach-tube, after which the organ should be washed out with a mild antiseptic solution, as a one per cent. solution of boracic acid or a saturated aqueous solution of salicylic acid. The administration of cathartics of any kind and at any stage of the affection is to be strongly condemned, as the increased peristalsis following their use could not but increase the invagination and aggravate the secondary pathological conditions. The main object of treatment from the beginning should be to place the whole gastro-intestinal canal in a condition approaching perfect physiological rest. In acute cases the stomach should be emptied as described and stomach feeding restricted to the use of beef tea, peptonized milk, koumiss, and other equally digestible

*A paper read before the Ontario Medical Association.