

The Medical Roundup

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Intestinal Obstruction
It is very important that people, and especially older people, quickly recognize the early symptoms of intestinal obstruction. Usually there is severe abdominal pain, perhaps like a woman's labor pains, at five minute intervals—perhaps each pain ending in a gurgle. There may be nausea and perhaps vomiting, and perhaps an inability to pass gas or to move the bowels.

Because the commonest cause of obstruction is an adhesion, intestinal obstruction is much more likely to occur in a person who has had an abdominal operation than in a person who never had one. A common cause of intestinal obstruction is a rupture in the groin that has come down and won't go back. Another cause is an adhesion formed after an appendix ruptured.

Sometimes a person can feel that the bowel is blocked; and every few minutes a wave of contraction presses down against the obstruction. Often times the abdomen gets distended with gas. The person may soon become toxic and dull, and his pulse rate will become rapid. Occasionally there is some bloody diarrhea. Eventually the person can go into a state of shock. An X-ray film made of the abdomen often shows great dilation of part of the bowel with gas. The diagnosis is harder to make when the person is very stout.

Possible at Any Time
Intestinal obstruction can take place at any time in a person's life, from infancy to old age. The diagnosis must be made quickly if the person's life is to be saved. An important factor in making the diagnosis may be that the person was kept awake all night with intermittent pains. A patient with such a story should be taken immediately to a hospital. There are one of the first things the surgeon may do is to put a tube into the stomach so as to suck air out of that organ. When there is an enormous amount of gas in the right side of the colon, a small incision may be made through the abdominal wall and into the colon. The removal of much gas can save the person's life.

It is important to give fluid through the veins—fluid to replace the large amount lost by vomiting. It helps in these cases to give an antibiotic, because this lowers the death rate. The danger is great when the bowel is, as we physicians say, strangulated. This means that blood is not able to get into a segment of bowel that is perhaps twisted. Sometimes then at operation, the bloodless segment of bowel is found black and dead, and it must be removed.

Dr. Zollinger, Kinsey and Grant, of the Ohio State University at Columbus, recently wrote about operations on intestinal obstructions. As the doctors said, in spite of all their efforts, whenever a bowel was strangulated, 1 in 3 of the patients died. The mortality rate is doubled if the diagnosis and treatment are delayed for more than 24 hours. In two-thirds of those cases in which the patient failed to recover, he or she had not been placed in the hands of a surgeon quickly enough. Obstructions due to cancer of the bowel are very dangerous to life.

Didn't Realize
Sometimes a woman loses her life with an intestinal obstruction because for months or years she had—in a way—been crying wolf about a pain due to nervousness, or an irritable bowel. As a result, when her bowel became obstructed, her physician did not realize that at last she had a very severe and different pain which called for an immediate operation.

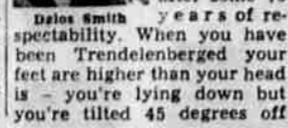
Of the 311 cases of obstruction of the small bowel studied by Dr. Zollinger and his associates, adhesions caused 65 per cent; a hernia (rupture) of some kind caused 15 per cent; a tumor in the bowel caused 12 per cent; and several other rare conditions caused the remainder.

The mortality rate of 10 per cent was really excellent. Years ago, when I was an intern in a big city hospital, the mortality rate must have been nearly 50 per cent. One reason why intestinal obstruction is so commonly fatal is that in more than half of the cases, the patients were over 60 years of age. Such persons cannot so easily stand the severe shock of an intestinal obstruction.

Lower abdominal discom-

Trendelenberging May Be Detrimental In Cases of Shock

By **DELOS SMITH**
UPI Science Editor
New York—The Trendelenberg position is neither a wrestling technique nor a chess gambit, but a posture which surgeons have long favored for certain patients and which now is under scientific attack after some 70 years of respectability. When you have been Trendelenberged your feet are higher than your head is—you're lying down but you're tilted 45 degrees off



Delos Smith

the horizontal. This is the heads-down position taught in medical schools and even to lay-people taking first-aid courses.

It is supposed to help the body to stave off the life-threatening consequences of a suddenly lowered blood pressure and of shock in general. The attacker is Dr. Max H. Weil of the University of Southern California, Los Angeles, who has devoted years to the study of shock.

He and his research associates tilted scores of mice and rats, since you can not properly subject people to such an indignity without reason. These animals were required to live for 48 hours

with their heads either elevated or lowered from the horizontal, to demonstrate that in normal circumstances neither position did any harm to rodent health.

Then the scientists imposed physiological shock on them, with suddenly lowered blood pressure and the other ill consequences. The scientists did it by injecting various substances. One was a normal body chemical which is involved in massive allergic shock. Another was a bacterial poison which also causes shock in people. A third was a sedative that in overdoses is fatal.

The idea was to find out which rodents withstood shock best—those with heads down, those with heads up or those who were in the true horizontal. The horizontals fared the best by a wide margin. In Weil's words, the alleged helpfulness of the Trendelenberg position "was excluded with very high statistical confidence."

In his report to the American College of Surgeons, he said Trendelenberging might effectively restore consciousness to a person who had fainted or it could be useful in the first moments of shock following the loss of blood. It will usually cause a small increase in blood pressure but

only because the arms are lower than the heart, he said. But in patients with prolonged lowered blood pressure it may well delay recovery, he said. It prevents a return of normal reflexes and the contents of the abdominal cavity fall against the diaphragm and decrease lung volume.

The Trendelenberg position was improvised by the celebrated 19th century German Surgeon, Dr. Friedrich Trendelenberg (1844-1924) to facilitate certain surgical procedures. During World War I it came into widespread use as a means of combating surgical shock.

It is reasoned that when the head is down venous blood returns more rapidly to the heart and there may be better blood flow to the brain. "To our knowledge such effects have not been demonstrated," Weil commented.

The science of surgery should re-evaluate Trendelenberging completely because "its prolonged use is not necessarily associated with increased survival but may, in fact, be detrimental."

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