## INTESTINAL OBSTRUCTION

*Intestinal Obstruction.* By Claude E. Welch, M.D., D.Sci. (Hon.). Pp. 376. 135 figures. $10.50. Chicago: Year Book Publishers, Inc. 1958.

Claude Welch is today's proponent of a school to which investigators such as McIver and McKittrick belong. Welch's small book on intestinal obstruction covers so large a field that it reads at times like a catalogue. It is, however, adequately illustrated by many fine drawings of appropriate techniques and is well printed.

Unfortunately there is a lack of detail in the discussion of the basic pathological changes and dynamics of the various types of obstruction, especially closed and open loops and the clinical aspects of certain lesions.

The limitations of X-ray examinations are rightly stressed. A distressing recent trend is the increasing reliance of X-rays. An X-ray examination is often requested for a very ill patient who is only too evidently in need of resuscitation and operation. At the best the clinical diagnosis of obstruction or perforated viscus is only confirmed on X-ray examination without indicating the site of the obstruction.

From an analysis of a large series of cases the author draws the important conclusion that tenderness is as common with the simple as with the strangulating obstruction. He indicates the increasing incidence of cancer and diverticulitis as causes of obstruction. In the section on atresia there appears to be lack of support for what seems most necessary for a successful outcome in most cases, that is, resection of the grossly dilated proximal pouch with its doubtful circulation.

The author points out the risks, in cancer of the colon, of secondary small-bowel obstruction after by-pass operations. He states that recent advances in anaesthesia and the management of fluid balance, have diminished the risks of operation, especially on the right colon, since small intestine can be anastomosed to colon. This is the case even in the acute phase in performing the more difficult operation of resection as a one-stage procedure in an obstructed case.

The advice to kill the worms and resect the portion of bowel concerned for obstruction caused by ascarides seems drastic. Live worms often cause intense colic but they hardly ever cause true obstruction so that resection is rarely necessary.

The impression is given that volvulus of the sigmoid results from an adult form of megacolon. In those races, however, who have a high incidence of abnormally long pelvic colons and volvulus, 'megacolon' occurs only with repeated torsion as part of the compensating hypertrophy.

The best chapters are those on ileus, peritonitis and post-operative obstructions and for these conditions the author advocates an energetic approach. He stresses the need for more care of the peritoneum during operation and the avoidance of bare areas to reduce the frequency of post-operative obstructions. Believing that morphia perpetuates ileus, and in view of the fact that distended bowel will not contract, he advises operative relief within 5 days if an ileus fails to recover to deflate small bowel by aspiration, eliminate mechanical blocks by attention to adhesions and kinks, and drain abscesses or by-pass them by suitable anastomoses. Because the mortality of post-operative obstructions is today still high, he warns against too long a reliance on catheter suction when early operation is required.

Despite the drawbacks of the compendium-like presentation of this book, general surgeons should enjoy reading what is an ample review and revision, knowing that it is by one of the masters of this all too common and dangerous condition.

D.S.C.