Medical Memoranda

Hernia of Caecum into Lesser Sac of Peritoneum Complicated by Volvulus

CASE REPORT

The patient, an obese female, arrived at hospital with a history of abdominal pain and vomiting of four days' duration. There were no previous attacks, but she had a strangulated umbilical hernia several years ago, at which time she had similar symptoms. Her present pain, however, starting as a colic, had become continuous. Examination revealed a dyspnoeic and severely shocked patient, with a rapid pulse of poor volume, a cold and clammy skin, and cyanosis of the extremities. The abdomen was greatly distended, and diffusely tender and rigid. No external hernia was present. A diagnosis of strangulated intestinal obstruction with peritonitis was made. The administration of plasma intravenously, oxygen by a B.L.B. mask, and evacuation of the stomach failed to improve her general condition, and she died in a few hours.

Post-mortem examination revealed a large swelling in the lesser sac of peritoneum, which displaced the stomach and liver upwards and towards the right side. The liver was compressed under the right cupola of the diaphragm, which was itself displaced upwards to a marked degree. No tapering left lobe was present on the liver. On removal of the gastro-colic omentum the swelling was found to be an intestinal sac measuring $20 \times 15 \times 12$ cm. and filling the whole of the lesser sac of peritoneum. Further investigation showed that the condition was a hernia, through the foramen of Winslow, of the caecum and terminal ileum, and that the hernia had undergone volvulus through 180° , which caused complete obstruction. The

walls of the distended caecum were very thin and congested, but not gangrenous or perforated. The small intestine was greatly distended and diffuse peritonitis was present. The foramen of Winslow was considerably larger than normal, and the hernia was ultimately reduced without puncturing the intestine. The ascending colon had a long mesentery continuous with that of the ileum.

COMMENT

Since the first case, recorded by Blandin in 1834, about 50 cases of intestinal herniation through the opening into the lesser sac of peritoneum have been described. It is possibly the rarest type of internal hernia (Silverstone, 1939). Excellent reviews of previous cases have been given by Ullman (1924), Dewis and Miller (1927), Silverstone (1939), and Edwards and Stewart (1943). It appears that in only 10 cases was the caecum present in the lesser sac. In no case was a volvulus reported present, so the case described here is apparently unique in this respect.

The distortion of the liver and the large size of the foramen of Winslow suggest that the hernia had been present for a considerable time without giving rise to symptoms until the volvulus was superimposed. Dewis and Miller (1927) stressed the fact that this form of hernia can be present without giving rise to obstruction, and can apparently reduce itself. The only congenital abnormality was the long mesentery of the ascending colon, without which, of course, the herniation would have been impossible.

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REFERENCES

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 Edwards, H., and Stewart, W. (1943). *British Medical Journal*, **1**, 343.
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Reviews

REACTION TO INJURY

Reaction to Injury. Pathology for Students of Disease. Based on the Functional and Morphological Responses of Tissues to Injurious Agents. By WILEY D. FORBUS, M.D., Professor of Pathology, Duke University. (Pp. 797; illustrated. 50s.) London: Baillière, Tindall and Cox.

This volume contains the first two sections of a treatise on pathology which will be complete with the publication of the third and fourth parts, now in course of preparation. It is an ambitious piece of work; its central plan is based on the belief that the essential element in disease is the reaction of the whole individual to the agents and influences comprising his environment. Pathogenesis supersedes specific aetiology, and the old conventional division of pathology into "general" and "special" sections goes by the board. The reader's attention is centred from the start upon "broad relationships and general principles rather than upon isolated, factual, and often deceptively dramatic details." The author's outlook has been quite obviously deeply influenced by W. G. MacCallum, to whom he owes "so much that it all must remain unsaid." Even a short examination of the text quickly recalls MacCallum's great classic.

The author's attitude to his public—the student—is refreshing and stimulating. He regards the student of disease, for whose guidance the book was written, as being "quite as intelligent as his instructors" and entitled to be dealt with as a responsible junior colleague. For these reasons basic principles are treated fully and accurately, controversial subjects are closely and clearly argued, and recent research work is fully described. This is therefore no book for the student who wishes to assimilate temporarily just enough pathology to pass his final examination. Even the illustrations, which as the author states are not chosen for decorative purposes, need attentive study. They are excellent, and are closely correlated with the text and accompanied by full descriptive legends. Each chapter ends with a carefully compiled bibliography.

The next edition of this book will be awaited with interest, and it is safe to predict that the completed treatise will occupy an important place in pathological literature.

PSYCHIATRY

A Textbook of Psychiatry for Students and Practitioners. By D. K. HENDERSON, M.D., F.R.F.P.S., F.R.C.P.Ed., and R. D. GILLESPIE, M.D., F.R.C.P., D.P.M. Sixth edition. Oxford Medical Publications. (Pp. 719. 25s.) London: Oxford University Press, 1944.

Henderson and Gillespie has deservedly established its place as the standard textbook of psychiatry in this country. The appearance of a sixth edition in this era of paper shortage is evidence enough of its importance and popularity. As the authors point out, psychiatry is extending its borders so rapidly that the young psychiatrist is faced with an alarming list of sciences, from statistics to physics, with which he may be expected to be familiar. Still his subject is growing in value and is of supreme interest. Perhaps the most important change in this edition is the greater importance accorded to the psychoneurotic reaction types in view of their frequent occurrence in the practices both of the specialist outside the mental hospital and of the family doctor. This group is held to be the result of unconscious mental conflicts in contrast to the constitutionally determined mental illnesses such as depressions, paranoid reactions, and the rest.

A new chapter is devoted to special methods of physical treatment, consisting of insulin therapy, cardiazol therapy, electric-convulsion therapy, leucotomy, continuous narcosis, and narco-analysis. As the authors say, the continued success of these methods, in spite of the absence of logical reason for their success, may result in new light appearing on psychophysical mechanisms. The authors agree that electrotherapy is the best form of shock treatment, and that the most favourable results are obtained in depressives, including involutional cases. Leucotomy they say should be reserved for patients in whom all other suitable methods of treatment have been tried and failed; where the illness offers no reasonable hope of spontaneous recovery; and where the patient is disabled more or less completely from useful occupation or from modest enjoyment of his life.