Remarks

ON SOME

FUNCTIONS OF THE OMENTUM.*

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FOR years I have taught that the omentum has important functions, and to impress this upon students I have called it the "abdominal policeman." There can be no doubt that it travels about in the abdomen with considerable rapidity, and is attracted by some sort of information to neighbourhoods in which mischief is brewing.

The object of this communication is to add a further contribution to the subject.

The accompanying diagrams, for which I am indebted to my colleague, Mr. W. G. Richardson, are intended to illustrate conditions which we have met with in the abdomen, and serve to point out some of the uses of the

much more serious disease but for the omentum. I have found the wholly gangrenous appendix entirely wrapped up in omentum, and so shut off from the general peritoneum, and an abscess, which was causing little disturbance, had the perforated appendix in its cavity and its walls entirely composed of omentum. Abscesses in connexion with the vermiform appendix are locked up, and the pus is mostly prevented from escaping into the

Fig. 1.—Normal omental apron.

omentum, and they illustrate my meaning better than I could convey it by a formal paper. Though to all surgeons the facts illustrated must be quite familiar, I am not aware that their importance has previously been fully recognized.

Fig. 1 represents the normal omentum forming a protecting pad for the small intestine. Figs. 2, 3, and 4 relate to omentum in hernial sacs. In both inguinal and femoral regions I have found a cork of omentum blocking the hernial openings so firmly that radical cure was effected by its means. More than once when the condition of the patient was so serious as to demand haste I have returned a portion of strangulated bowel from a hernia in such bad condition to the abdomen that leakage from it was to be expected if it had not previously been wrapped up in omentum. The result has justified my confidence in its protecting power.

Fig. 5 illustrates how the omentum does not allow trifling obstacles to interfere with its migrations or its desire to adhere to some special site.

Figs. 8, 9, and 10 show some of the relations of the omentum found in cases of appendicitis, which would be a

Fig. 2.—Omentum occluding the sac of an inguinal hernia.

Fig. 3.—Omentum occluding a femoral hernial sac.

Fig. 4.—Omentum occluding the sac of an umbilical hernia.

Fig. 5.—Omentum guarding a suppurating gland in the mesentery of the small intestine.

Fig. 6.—Omentum occluding a hole in the diaphragm.

Fig. 7.—Omentum isolating a suppurating gall bladder.

general peritoneal cavity by the omentum. In this connexion I would like to say that from the appearance of the omentum it is possible to foretell what may be found underneath it. When covering and retaining pus, it is thickened, vascular; in the early stages oedematous, and later firmly adherent.

Figs. 11, 12, and 13 explain the not infrequent occur-

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rence of intra-abdominal abscess in connexion with malignant disease of the bowel—a condition which may be disastrous to patient, diagnostician, and operator. In these cases, underneath the adherent omentum and surrounded by pus, the perforated malignant growth will be found.

Fig. 14 represents a condition in which the promptitude of the omentum may be most readily recognized.

In a very few hours after the damage has been inflicted the omentum surrounds and adheres to the injured intestine.

Fig. 8.—Omentum isolating the appendix in the flank.

Fig. 9.—Omentum isolating the appendix in the iliac fossa.

Fig. 10.—Omentum isolating the appendix in pelvis.

Fig. 11.—Omentum guarding a malignant ulcer of the rectum.

Fig. 12.—Omentum guarding a malignant ulcer of the sigmoid flexure of the colon.

Fig. 13.—Omentum guarding a malignant ulcer of the colon.

Figs. 7, 16, and 17 illustrate the migrating capacity possessed by the omentum, which has to turn upwards to achieve its object. Sufferers from gall stones are as much indebted to the omentum as those with appendicitis, and the appearance of the typical oedematous, vascular, omental bed in which a gangrenous gall bladder lies must have impressed itself upon every surgeon who has seen it.

Fig. 15 covers a multitude of conditions peculiar to the female pelvis. The usual relation of the omentum to ovarian and fibroid tumours is that it lies above and

around them. If on opening the abdomen omentum is seen in front of and covering the tumour, it may be taken for granted that there is something wrong.

I have recently operated on a uterine fibroid which seemed to be an exception to this rule. The omentum was spread all over the front of this large tumour, and was not adherent. Section of it after removal proved it to be a striking example of red degeneration. Leaking ectopic gestations and other dangerous pelvic leakages are frequently converted into comparatively harmless and encysted collections by the omentum.

Before concluding I would like to refer shortly to the capacity the omentum seems to specially possess for the formation of new blood vessels.

Not a month ago I operated on a patient with two dermoid ovarian tumours. That of one side possessed a normal pedicle; the second one, equally large and well nourished, was entirely wrapped up in omentum and had no connexion with the pelvis. That it was ovarian was

Fig. 14.—Omentum surrounding an injured piece of small intestine.

Fig. 15.—Omentum isolating a pelvic tumour, degenerating myoma, ovarian cyst, ectopic gestation, pyosalpinx, etc.

Fig. 16.—Omentum sealing an ulcer of the stomach.

Fig. 17.—Omentum sealing an ulcer of the duodenum.

made evident by the discovery of an old stump on one side of the uterus and absence of the ovary from its normal situation. The connexion between the ovary and the omentum was so close as to require for its separation cutting over the greater part, and the vigour of the vascular supply between the two made the operation troublesome.

Time does not allow of more than a statement of my belief that the size which uterine fibroids may attain to is limited by their poor vascular supply. If, however, from any cause omentum should become adherent, they may reach enormous dimensions. The largest I ever removed was of the subperitoneal variety, and had a thin and narrow pedicle below, but above was capped by omentum, which carried to it at least half a dozen arteries of the size of the brachial.

In the discussion which followed the reading of the paper, Drs. BEATTIE and BURN and J. DRUMMOND were inclined to think that the position of the omentum had a mechanical causation, and not that it was endowed with

the intelligence and power to seek the site of injury and disease.

In reply, Mr. MORISON adhered to his opinion that there was something more than a mechanical causation in the movement of the omentum, and likened its movement to that of a jelly-fish.

A PRÉCIS OF THE CONDITIONS UNDER WHICH LUNATICS ARE RECEIVED IN CONTINENTAL ASYLUMS.

WITH A SPECIAL NOTE ON VOLUNTARY BOARDERS.

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A.—INTRODUCTORY NOTE.

IN making any comparison of English and Continental lunacy law the student must be constantly aware of two inherent characteristics of English law which distinguish it from the laws of almost every other country. First, the law of this country is a compound of Poor Law and lunacy law; and, secondly, it combines public and private law.

1. Continental lunacy law everywhere recognizes no distinction between pauper and private patients. There are differences in point of fact, but they only concern the payment of expenses. Pauper lunatics may be maintained in all institutions where private patients are received, provided that the relieving authorities are prepared to defray the expenses. (The possibility of maintaining a pauper patient in licensed houses is, of course, excluded by the risk that his maintenance might not be paid for.) Another point under this heading concerns the question whether a pauper lunatic may be received as a voluntary boarder in a public asylum, provided the asylum receives voluntary boarders at all. On this point the regulations of the various Continental States differ. In some States regulations as to the reception of voluntary boarders imply the consent of the relieving authority. When, however, such restrictions do not exist, as in certain Swiss cantons, a pauper lunatic may be received as a voluntary boarder by the medical head of the State asylum, and the relieving authority is liable for his maintenance.

2. Continental lunacy law carefully discriminates between insanity in its public aspect—that is, as a state of health which requires treatment either on the patient's account or in the interests of public order—and insanity in its relation to private law—that is, as a state of mind which debars or impedes the patient's management of his own affairs. The French Law of 1838 was expressly passed to make the commitment of lunatics independent of the "interdiction" (putting under the care of a guardian and family council) of the Code Napoléon (Art. 489 s.s.). This naturally does not prevent that law and those of Belgium, Geneva, Neuchâtel, Vaud, from settling the questions of provisional guardianship and civil ability of the confined lunatic. Wherever else the "interdiction" (Entmündigung) is confused with confinement (and we know that this actually occurs) it is the result of a misinterpretation of the law. Recent German decrees try to eliminate this character of German lunacy law.

B.—FORMS OF RECEPTION IN LUNACY INSTITUTIONS GENERALLY.

Continental laws know as a rule three distinct kinds of admission in institutions for the insane. They may be called, as in England, reception on petitions, summary reception and urgency reception. The reception after inquisition is only feasible in Belgium in the same way as in England. In France the necessity for asylum treatment has always to be proved, although Art. 510 of the Code Napoléon allows the family council to dispose of their insane. The said three methods of confinement do not, however, correspond entirely with English notions. The fourth way of reception, "der freiwillige Eintritt," the admission as a voluntary boarder, will form the special object of this paper.

I.—THE REGULAR FORM OF RECEPTION: RECEPTION ON PETITION.

a. The nearest approach to the English form of reception is met with in Holland, Spain, and Hungaria, and

also in a part of Italy.* In Hungaria this mode of confinement is only prescribed for "private asylums" (licensed houses). Whilst in Holland the justice of the peace (Kantonrechter)—that is, the same judicial authority as in England, Scotland, and some American States—decides, if possible, on the basis of one medical certificate, in Spain the proceedings take always the form of a lawsuit, in which a defendant of liberty is opposed to the petitioner, the relatives of the alleged lunatic to be heard if possible. In Holland the Court of Arrondissement (second instance or authority) can be appealed to in case of dismissal of petition. While in England and Holland the decision of the judge opens a period of provisional confinement (for one month, after which in Holland the judge decides once more upon a definite commitment for one year), the Spanish decree is the final act of a provisional confinement for observation of three or six months.

b. The reception is granted by the highest administrative authority of an asylum. This form of confinement only refers to public asylums. It is applied in the Grand Duchies of Baden (where the Minister for Home Affairs grants admission to the Heidelberg Clinic) and Hesse (for Aliens, Minister; for Hessians, Provincial Governor). In the Mecklenburg and Berlin asylums the "Kuratorium" (or Board of Trustees) of the institution, and in the States of Saxe-Weimar, Bavaria, Württemberg, Russia, Servia, Geneva, and the Prussian provinces a member of the Government performs a like office. In Finland the Medical Council, and in the Canton de Vaud (Law of 1901-4) the Lunacy Commission decide the reception. The documents and formalities are, on the whole, the same as in the following group.

c. In most of the Swiss cantons (namely, Aargau, Basle, Schaffhausen, Berne, St. Gall, Grisons, Lucerne, Ticino, Thurgau, Zürich), moreover in France, Belgium (owing to its laws being derived from the French law), Denmark, Austria, Norway, Sweden, and Saxony, the head of a public establishment for the insane receives himself the alleged lunatic or lunatic when the necessary proofs have been shown to him.

The requisites under b and c are, in short, the following:

1. The Petition for Reception.

This is, naturally, always required. It is not, however, always to be addressed to the authority that decides upon the reception. Sometimes (as in Hesse) the director of an asylum gets the petition from one, the lower, authority (Kreisamt), and transfers it with his remarks to the higher authority (Provincial Government) which decides on it. (All these forms are purely bureaucratic and add nothing to the securities of liberty.) This petition can be presented by natural or collective persons. Among natural persons we note the guardian of a person "alieni juris" (Vormund, Curateur). In Mecklenburg the *Vormund* of an "entmündigter Geisteskranker" (insane person under Committee) is entitled to present the petition as the next person after the father. In Aargau, Baden, Bavaria, etc., the *Vormund* can act jointly with the relations or separately. In Berne he is entitled to do so only after the relations. Some legislatures empower all relations without discrimination to present the petition. Others enumerate the persons in different succession. France, Belgium, Neuchâtel, Geneva, nearly like England.

The collective persons of public law (Borough, Urban, Councils, Relief Authorities), can sometimes act jointly with the relations, elsewhere only failing these.

2. The Medical Certificate.

In Servia an alleged lunatic can only be committed to the State Asylum by decree of the Home Secretary. To ascertain the mental state of the alleged lunatic he dispatches three medical men to his house. In Spain two certificates are required even for provisional confinement. Everywhere else one medical certificate suffices.

Some laws simply speak of a medical man, "Arzt" (Swiss Cantons), others require the medical man to be a medical practitioner, "patentierter Arzt," "medecin diplômé," etc. (Berne, Belgium, Bremen, Denmark, France, St. Gall, Vaud, etc.).

*Italy has not got a common lunacy law. The laws by which the former parts of United Italy were governed are still partly valid. In some provinces there are provincial statutes; in others there are different statutes for individual establishments.