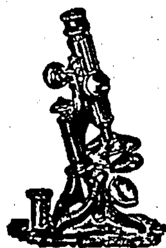
Medical Matters.

SOME CLINICAL ASPECTS OF PAIN.



Sir William Bennett, in a lecture on "Some Clinical Aspects of Pain," delivered at the London School of Tropical Medicine, and published in the *British Medical Journal*, said that the point of primary importance in adequately gauging the value of pain is a proper estimation of the temperament of the patient. Some people are much more susceptible to pain than are others, and inability to bear pain should not, as is sometimes done, be ascribed to cowardice. Since it is in most cases due merely to a physiological peculiarity, it varies greatly in different people, and in the people of different nations. For example, coloured races are notoriously more indifferent to pain than are those inhabiting this part of the globe. The lecturer said "a porter at St. George's Hospital was under my care on account of malignant naso-pharyngeal polypus, and I removed on separate occasions first one upper jaw and then the other. For neither operation would he submit to the administration of an anæsthetic, and on each occasion he was well enough when the operation was completed to thank me for what I had done. Now, that, under ordinary circumstances, would be looked upon as an astonishing exhibition of bravery, and so undoubtedly it was; at the same time, it is impossible to believe that a man who could endure such pain in such a way could be as susceptible as some other people are. I have known, for an example, an officer, whose bravery in the field was beyond dispute, howl loudly during a by no means forcible endeavour to bend a partially stiff joint. It would be ridiculous to attribute cowardice to a man of that type, but he happened to be of that so-called highly-strung nervous temperament which seems to be quite unable to control itself under pain inflicted in what is commonly called "cold blood." It must, therefore, be recognised, as a matter of fact, that the intensity of pain felt by the individual is, relatively, largely dependent upon the psychic resistance. In determining, therefore, the value of pain as a symptom, a careful estimate of the patient's temperament is essential. "I fear I am causing great pain," said a French surgeon, who whilst amputating a limb in the pre-anæsthetic times, noticed an expression of great distress upon the patient's face. "No," was the reply, "the pain is nothing, but the noise of the saw sets my teeth on edge."

On the After-treatment of Abdominal Operations.

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II.

In the light of the general points referred to in the previous lecture, we may now consider some questions relating to the after-treatment and nursing of individual abdominal operations.

Hernia is a protrusion of a portion of bowel or omentum through an abnormal opening in the abdominal wall. There are two conditions under which we operate for hernia:—(1) For the radical cure; and (2) for strangulation.

(1) *For Radical Cure.*—Through the abnormal opening in the abdominal cavity, a portion of the parietal peritoneum is protruded and forms a sac, into which a loop of bowel may at any time pass. In the majority of cases, at first, at least, this herniated loop of bowel may by manipulation be pushed back into its place in the abdomen. The operation for radical cure consists in obliterating the sac and closing the canal, and so preventing the bowel from coming down. In this operation the bowel is not touched, but is left normal and healthy, so that there should be no question of risk of peritonitis. The after treatment, therefore, is quite simple. The bowels can be opened as early as is desired, not later than the second day. Castor oil is the best drug for the purpose. It is necessary to take means to keep the dressings dry, especially in the case of children, so that organisms will not pass into the wound; but we have not found it any advantage to cover the dressing with jaconette, which often only acts as a poultice and does harm. It is an advantage to raise the foot of the bed slightly, to take the strain off the abdominal wound. The patient should be kept in bed for about three weeks. Some surgeons allow their patients up in about ten days, but, as the deeper parts of the wound have not by that time become consolidated, it may result in a recurrence of the hernia. A truss should not be worn. If the operation is a radical cure, as it professes to be, no truss should be required.

(2) *Strangulated Hernia.*—Here we have the same sac, and the same loop of bowel engaged in it, but something has happened at the neck of the sac which prevents the bowel going