

## The Midwife.

### Intussusception.

Mr. H. S. Souttar, F.R.C.S., in an interesting article on intussusception, published as a Clinical Supplement to the *London Hospital Gazette*, says in part:—

In studying a large number of cases of intussusception, we find that they fall naturally into two well-marked groups—the acute and chronic forms. These present, in almost every feature, a very remarkable contrast, and will require entirely separate discussion.

*Acute Intussusception* occurs almost entirely in infants, and three-quarters of the cases are under one year. It presents an absolutely characteristic group of symptoms remarkably free from variation. As a rule no obvious cause for the condition exists.

*Chronic Intussusception*, on the other hand, is rare in infants, and occurs in children and adults. The symptoms are most irregular, and in at least 50 per cent. of the cases the diagnosis is anything but the correct one, varying from tuberculous peritonitis to new growths in the lung. In a large proportion of the cases a definite cause is discovered, such as a polypus or carcinoma.

The clinical course of the two forms is in similar contrast, and the treatment involves very different considerations.

*Acute Intussusception* occurs, as we have said, for the most part in young children: 100 cases under 12 were distributed as follows:—Under 1 year, 72; 1 to 6 years, 22; 6 to 12 years, 6 (Fitzwilliams). Above 12 it is rare, and when it does occur usually is the result of some definite cause.

But when we come to examine the cases under one year an even more striking result appears. Of the above 72 cases, 46 (64 per cent.) occurred during the four months from the 4th to the 7th inclusive. During the first three months the condition is exceedingly rare.

Taking again cases under 12 years, two other facts of great interest appear. Firstly, the boys outnumber the girls in the proportion of three to one. Secondly, there is a definite seasonal variation in the incidence, with sharp rises in April and December, and a great fall in numbers between.

From these statistical observations Fitzwilliams makes the deduction that improper feeding is an important factor in causation. At the fourth or fifth month the child is weaned, and after that we know only too well the sort

of diet on which it is expected to subsist. And as Easter and Christmas are seasons of adult rejoicing it is considered only fair for the infant to participate.

As three-quarters of these cases occur in infants under one year, and as these are of a constant and characteristic type, we shall now describe in some detail the symptoms and signs of this group.

#### *Acute Intussusception of Infants.*

The child is usually well-nourished and in perfect health. It rarely occurs in a child the subject of summer diarrhoea. The sudden onset of this severe condition in a fat and healthy baby is most characteristic. As a rule it starts with severe and sudden abdominal pain, coming on in acute attacks, with intervals often of complete relief. The child may vomit, but never to any great extent. Tenesmus is a marked feature, the child straining incessantly, but only passing a little blood and slime. At first a motion or two may be passed, but after this there is absolute obstruction, and no trace of bile will be found on the napkin. This sign, which was first pointed out by Barnard, is almost infallible, and should in every case be part of a routine examination. The blood and mucus are exuded from the intussusceptum in sufficient quantity to soon clear the lower bowel of its contents, in view of the violent peristalsis which is occurring.

On examining the child in a typical case the abdomen will be fairly lax, unless the child is actively straining. In the course of the colon a tumour may be felt. It has very definite characteristics:—

1. It is in the region of the transverse or descending colon.
2. It gradually shifts its position—advancing along the colon and increasing in extent.
3. It is sausage shaped and of horseshoe form, the concavity being towards the centre of the abdomen.
4. Manipulation causes it to contract and become hard. This hardening is accompanied by an attack of pain and an increase in the tenesmus. The characteristic feature is that although the tumour may not be very tender, and manipulation may cause no instant pain, the pain rapidly follows and continues long after manipulation has ceased.
5. The apex may be felt by rectum.

The presence of this tumour is the essential sign of intussusception, and it is probable that if proper methods are adopted it may be discovered in all cases.

[previous page](#)

[next page](#)