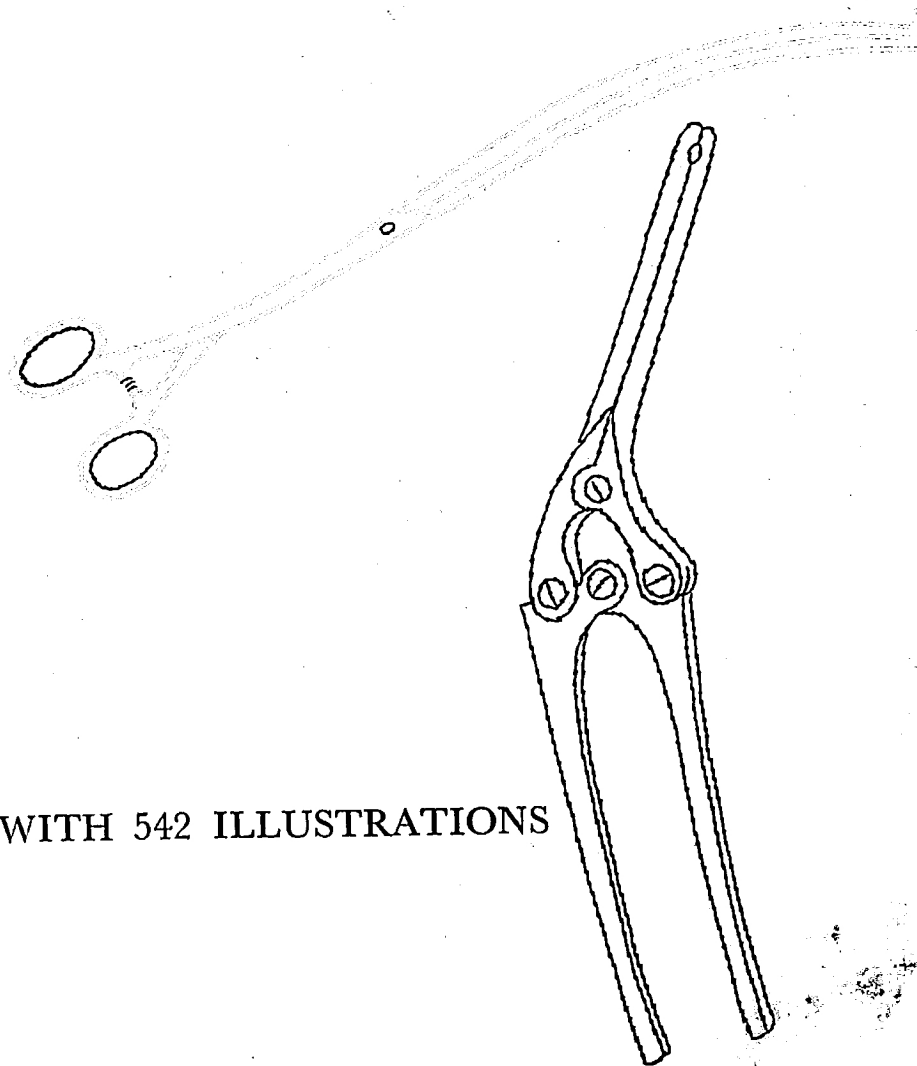


ABDOMINAL

BY FORTY-ONE AUTHORS



WITH 542 ILLUSTRATIONS

SURGERY

Edited by ARTHUR W. ALLEN, M.D.

and DAVID WOOLFOLK BARROW, M.D.

Foreword by FREDERICK A. COLLER, M.D.

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The contributors unite in dedicating this book
to its editor, the late Dr. Arthur W Allen,
staunch friend, inspiring teacher,
great gentleman, superlative and devoted surgeon

ABDOMINAL SURGERY

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FOREWORD

This book on abdominal surgery may well be considered a memorial volume to its Senior Editor, Arthur Wilburn Allen, whose untimely death before all of the chapters were completed deprived the contributors of his final helpful comments and lost to its readers the wisdom and charm of his surgical philosophy that were to have appeared in this Foreword. The entire concept of the work, the chapter headings and content, the choice of contributors, and its objective were largely his, and it is hoped by those who contributed to it that those who read it will feel that his ideals, spirit, and experience shine through, although he is no longer with us in person. He was particularly fitted to plan and to direct a presentation of surgery of the abdomen since he lived, taught, and practiced surgery during the vital time of surgery's greatest evolution. While he maintained a wide and vivid interest in all fields of surgical progress, his principal contributions and main interests were in surgical problems of disease of abdominal organs.

At the time he started his professional career, surgery was still in the height of the emphasis of its mechanistic phase that had been made possible by anesthesia, antisepsis, and asepsis. The roentgen ray with the use of contrast media was beginning to make its new and revolutionary contributions to diagnosis of lesions of the gastrointestinal and biliary tracts. New vistas opened that presented many new problems in operative technique that might have further glorified and accentuated the mechanical aspects of surgery except that, fortunately, a fresh and broader concept of surgery began to be evident.

The general condition of the patient,

often critically poor because of anemia, dehydration and malnutrition, had been accepted as a necessary evil of his disease, but it often led to a high mortality and morbidity in those treated by operation.

World War I presented newer and also nearly forgotten problems to surgeons in wound infection, shock, empyema, severe trauma to all anatomical areas that they were not prepared to meet and were unable to solve satisfactorily by methods and knowledge then available. It became clear that there were then too few well-qualified surgeons and those that did exist were unable to cope successfully with all of these new challenges.

Because of the urgency of war, the experimental method was finally called upon to aid and supplement clinical observations and trial-and-error treatment. The satisfaction and complacency of the mechanical era with its emphasis on the operation alone began to disappear. Because of this in the next decade a new surgery began to evolve based now upon the new spirit of inquiry that led inevitably to a wider and more intelligent use of the experimental method.

Careful studies of end results led to dissatisfaction with many of the older techniques. New techniques could be and were evaluated in the laboratory before they reached the ward. Many areas of graduate training in surgery at the university level were established. The lag period between research in the basic sciences and its application to the sick in the clinic, which often had been so long, was shortened by a vivid recognition of its presence in the past. Young surgeons learned research methods and solved many problems of the surgical patient in their

own laboratories. The fundamentals of surgery—shock, wound healing, anesthesia, infection—were re-examined by new methods and with a critical approach.

The physiological, chemical, and biological abnormalities associated with disease and trauma were studied, and science suggested methods for their correction or avoidance. Neurosurgery developed with increasing speed and skill through this closer relationship between clinic and laboratory. Again, the urgent demands on surgery made by the weight of new problems arising from World War II increased the tempo of research in fields of infection and trauma and led to an unbelievably rapid advance in surgery of the lungs, the heart, and the great vessels.

Great and thrilling as these new dramatic advances are, it should not be forgotten that important and solid additions to diagnosis and treatment have continued to be made in surgery of the abdominal organs. Research on the physiological abnormalities of disease in abdominal organs has developed many operative methods for their control and correction. Our original goal of removal of diseased areas can now be supplemented by alteration and correction of disordered function. The liver, spleen, pancreas, and their abnormalities of structure and function can now be treated with a certainty and sureness that was previously unknown.

Most of the pathological effects of disease, such as anemia, dehydration, and malnutrition can now be corrected before operation thus making possible a low mortality and morbidity rate. Drops of ether and chloroform have evolved into anesthesiology, a basic and important discipline. The preparation of the patient for operation and his care during and after operation are emphasized in this book by complete and authoritative presentation. The fundamentals of surgery as now known are emphasized. Most of us become followers of tradition in what seem to be the less spectacular phases of an operation. But if tissues are handled gently and hemostasis is secured, there will be fewer infections. If incisions in the abdominal

wall are well-chosen and appropriately closed, there will be few disruptions and rare hernias in scar.

In short, there has developed an intellectual aspect to surgery that is infinitely more important than its mechanical component which was originally so much over-emphasized. Surgeons do themselves and their art a gross injustice in allowing the word "surgery" to become synonymous with "operation." Surgery is an art and a science that treats disease and injury by manual methods. After all, the experimental method is closely related to surgery, both being a happy union of mind and hand.

The contributors were selected with great care and, I think that most will agree, with wisdom. The surgeons associated with the book are well and widely known for their interests and skills. There is a wide geographical distribution thus assuring a national view rather than one that might be parochial.

At one time many-volumed systems of surgery were popular but they were expensive, space-occupying, and, unfortunately, soon became obsolete. The Editors planned this book to be a single-volume system on one area of surgical interest. It was not intended to be an operative manual and the older operations now only of historic value are excluded. The illustrations are carefully chosen and demonstrate the methods preferred by the authors of each particular chapter.

The intellectual and mechanical aspects of surgery are developed and presented together. The book should be of interest and help to anyone caring for patients with pathology or abnormal physiology of abdominal organs. Residents in training and surgeons young and old can learn or, at least, review the opinions and experiences of an outstanding group of American surgeons selected by a surgeon who was a skillful operator, a wise clinician, one who grew up with the union of surgery and science and who, above all, was devoted to his patients, all of whom were to him, people.

FREDERICK A. COLLIER, M.D.

PREFACE

Abdominal Surgery was conceived as a readable, practical, concise yet comprehensive guide to the care of patients with abdominal disease amenable to surgery. The step-by-step details of surgical technique are carefully described and illustrated. In addition, the Editors believe that the operation itself is but a part of the total care of the patient, therefore great care has been taken to explain total-body physiologic deficits encountered in various diseases and the methods for their correction. Indications for surgery are discussed and where alternative procedures are available the relative indications and results to be expected have been presented in a practical way. Discussion of methods not universally accepted, satisfactory as they may be in the hands of their advocates, has been minimized deliberately to save the reader time and, perhaps, confusion.

The Senior Editor, Dr. Allen, died during the preparation of the book, but the decisions of content and selection of contributors had already been made and were largely his. For this he was uniquely qualified through personal acquaintance and through his vast clinical experience. Contributors were chosen whose interest and experience in the field assigned made them eminently qualified to present the "best" current therapy.

The implementation of *Abdominal Surgery* has been for the Junior Editor quite literally a labor of love for Dr. Allen, who considered this book the final contribution of his long and brilliant career. I am sincerely grateful to the contributors for the care, thoroughness, and complete competence with which their assignments have been carried out—a most fitting tribute to Dr. Allen.

D W B