

7. Surgeons should familiarize themselves with both methods in order to be in a position to do justice to their patients.

8. It is the duty of those refusing to do Bottini's operation under any circumstances, to nevertheless advise patients who ask for more radical relief to have Bottini's operation done, if the operation with the knife seems contra-indicated.

9. Further carefully compiled statistics as to the late results of both operative procedures—preferably in the hands of one man—are desirable in that they will increase our knowledge with reference to the selection of the proper method in the individual case.

PRACTICAL CONSIDERATIONS ON INTESTINAL ANASTOMOSIS.*

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In the practice of surgery, the field of intestinal anastomosis is becoming daily enlarged, and the questions connected with it more and more important. These questions are necessarily viewed by the general practitioner and the surgeon from very different standpoints, and the physician whose ultra-conservatism is regarded by the operator with disfavor is inclined on his part to consider the surgeon too impatient and reckless. It is in such general assemblies as this that all such matters may be discussed with advantage, and we may all hope by a frank interchange of views to arrive at rational conclusions as regards practice.

In this paper I seek to give, as impartially as I may be able, the principles which should govern the surgeon in his work in this particular field. There are four classes of cases which may make intestinal anastomosis necessary. They are, 1st, the various kinds of intestinal obstruction; 2nd, inflammations and ulcerations in the alimentary tract; 3rd, displacements of the viscera, and 4th, intestinal fistulæ. The first class is by far the largest in numbers, and the most important.

We may divide the intestinal obstructions into those which

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