THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

☞ Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, AUGUST 1, 1891.

Original Communications.

SURGICAL TREATMENT OF INTUSSUSCEPTION.*

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(Continued from last issue.)

Intestinal Anastomosis.—An intestinal anastomosis between the bowel above and below the invagination by the use of decalcified perforated bone plates can be made in fifteen to twenty minutes, and at once restores the continuity of the intestinal canal. As soon as the hydrostatic pressure above the obstruction has been removed by this operation, the danger of gangrene is diminished, and the bowel may again become permeable by a subsequent spontaneous reduction or by sloughing and elimination of the intussusceptum. If the invagination remains permanently it does no particular harm, as the obstructed portion has been excluded permanently from the fæcal circulation by the anastomosis and undergoes atrophic changes. I have in my possession a number of beautiful specimens of intestinal anastomosis from animals in which I had made an artificial invagination, and subsequently treated them by making an intestinal anastomosis, and I am firmly convinced that the same treatment is applicable in practice and promises good results in the future.

Koreynski ("Zwei Falle von Darminvagination langer Dauer," Virchow u. Hirsch's Jahresbericht, Bk. 11, 1881, p. 193) reports an exceedingly interesting case where a bimucous fistula was established spontaneously in a case of invagination, followed by a cure. The patient was forty-one years of age, and the symptoms of obstruction had lasted for six weeks, but were completely relieved by the anastomotic opening. The existence of such an opening could be readily verified by digital exploration of the rectum. After the symptoms of obstruction had subsided, the exclusion of a part of the intestinal tract could be ascertained by insufflation of the rectum, which at once produced a tympanitic distension of the colon. A similar but smaller communication was found on *post mortem* examination, as in the case reported by Gerry, previously referred to. Intestinal anastomosis, without resection of the intussusceptum is applicable only in cases of irreducible invagination in which the intussusceptum is only a few inches, at most a foot in length, and in which the external surface of the affected segment shows no indications of the existence of gangrene.

Enterectomy.—Resection of all of the cylinders, especially if the invagination is extensive, is a very grave undertaking, as it requires a long time for its execution, a matter of vital importance in these cases, and involves the removal of important parts, and on these accounts should never be resorted to unless the intussuscipiens show unmistakable evidences of gangrene. The extent of the gangrene is immaterial in reference to the advisability of making a resection, as a small gangrenous spot necessarily

*A paper read before the Ontario Medical Association.