SURGERY

IN CHARGE OF

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TECHNICS OF MAUNSELL'S METHOD OF INTESTINAL ANASTOMOSIS.

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Soon after the publication by the writer, in the *New York Medical Journal* of January 20, 1894, of the report of a successful case of intestinal anastomosis effected by Maunsell's method, a letter of congratulation was received from the late Professor H. Widenham Maunsell, who had recently removed from New Zealand to London. He stated that he was dissatisfied with the published description (*American Journal of Medical Sciences* for March, 1892) of his method of intestinal suture. Last winter, after the publication by the writer, in the *New York Medical Journal* of December 1, 1894, of an article entitled Intestinal Anastomosis, read before this association on October 11, 1894, in the course of which a comparison was made between Maunsell's method and that of Murphy, of Chicago, so much interest was shown in regard to the former method, and so many inquiries were made for information as to various details of the technics, and as to where a description of the method could be found, that a letter was addressed to Dr. Maunsell, requesting him to revise and republish his article. Unfortunately, before this letter reached its destination, Professor Maunsell had died from an attack of the *grippe*. A friend, in announcing the unhappy event, said: "Science has lost a devoted and enthusiastic student." The same letter conveyed a request from Mrs. Maunsell that the writer should undertake the revision and publication of the article which he had requested Dr. Maunsell to rewrite. The task the writer now undertakes as a tribute to the genius which conceived and the courage which first executed this admiral surgical procedure, and as an acknowledgement of the debt which he is confident time will prove intestinal surgery owes to this distinguished surgeon.

Technics of Maunsell's Method of Intestinal Anastomosis.—The patient having been prepared in the usual manner for the performance of a laparotomy, and having been anæsthetized, the operation is begun by making a median incision in the abdominal wall below the navel, extending it upward if it prove to be necessary. This opening permits a quick and thorough search to be made for the diseased or injured portion of the bowel. For operations on the appendix vermiformis, the cæcum, or any part of the ascending or descending colon, the rule is to make an incision over the site of disease or injury, if it can be localized. In all doubtful cases the median incision is to be preferred. The abdomen having been opened, and the portion of the intestine to be excised located, it is brought outside of the cavity, accompanied by about six inches of healthy intestine on eithe rside. It is next emptied of its contents above and below the diseased part by passing it between the finger and thumb and gently compressed. The empty gut should be clamped on either side of the disease portion of the bowel at point six inches distant, to prevent the escape of fæcal matter at the time of excision, or during the subsequent manipulations, either by the clamps devised by Dr. W. S. McLaren, of Litchfield, Conn., or by

FIG. 1.—A, cancerous, gangrenous, or injured portion of intestine; B. B. sponges with safety pins clamping the empty bowel on either side of the diseased or injured structure.

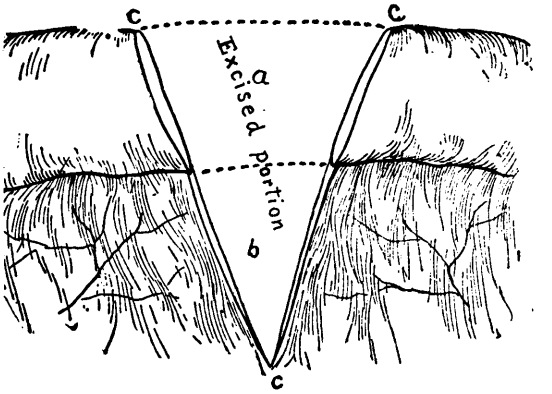

FIG. 2—*a b*, portion of intestine and mesentery to be removed; *b b*, mesentery; *c c c*, lines of the incision.