

rests upon the lack of special appliances needed for its performance; its adaptability to every portion of the intestinal tract; the ease, rapidity and safety with which an intestinal anastomosis can be effected by its aid; and thus be lost in determining the direction in which the invagination should be made.

The objections made to this operation, which experience has proved groundless, are: First, that the sutures pierce the mucous as well the other intestinal coats. This point Professor Maunsell considered an advantage, for the said "firmly suturing all the coats gives great healing capacity to the ends of the bowels, and the stitches are not likely to tear out." That this objection is not a valid one is proved by the fact that no failure to secure a good result has occurred from this cause in any one of the cases of which we have record where an intestinal anastomosis has been performed in accordance with this method, nor has there been the slightest evidence of leakage having taken place. The second and last objection that has been urged has been the possible danger of cicatricial contraction causing stenosis at the point of union. This fear has proved, in the writer's experience, to be without foundation, the patient upon whom the writer operated (performing enterectomy with removal of six inches of the ileum for a perforation following an abdominal contusion) on September 12, 1893, having remained in perfect health and free from bowel symptoms for more than two years. I now have the pleasure of presenting this patient to you. Again, on October 9, 1894, an intestinal anastomosis according to this method was performed by the writer on a dog before the Litchfield County (Conn.) Medical Association. The dog made a good recovery and remained in good health till April 23, 1895, when he was killed and a necropsy performed before the same association. The intestinal scar at the point of union was barely visible, there was no ocular evidence of contraction, and there was no intestinal adhesions.

It has from time to time been suggested that the sutures have been placed according to this method and the invagination has been reduced, it would be wise to place as an additional safeguard a row of Lembert sutures around the outer side of the bowel, uniting again the peritoneal coats of the segments. To this suggestion Professor Maunsell replied in a letter to the writer, dated London, February 25, 1894, as follows: "A double line of sutures should never be applied in intestinal surgery. It obstructs the circulation too much, interfering with firm plastic peritonitis, and in some cases causing gangrene of the inverted portion of the gut."

The writer has been able to collect the reports of eleven cases of intestinal anastomosis effected by this method of suture. Of these operations

nine resulted in the recovery of the patient and two were followed by death, which could not in either instance be fairly attributed to the failure of the suture or the method of applying it.

The successful operations were performed by the following surgeons:

1. Frank Hartley, M.D., surgeon to the New York Hospital. Operation performed during March, 1892, and recorded in the *New York Medical Journal*, vol. lvi, pp. 302 and 464.

2. Mr. Stanley Boyd, F.R.C.S., surgeon to the Charing Cross Hospital, London. Operation performed November 26, 1892. Case recorded in the *Transactions of the Medico-Chirurgical Society*, London, vol. lxxvi, p. 345.

3. Frederick Holme Wiggin, M.D., surgeon to the New York City Hospital (Blackwell's Island). Operation performed September 12, 1893. Case recorded in the *New York Medical Journal*, January 20, 1894.

4. Mr. W. Harrison Cripps, F.R.C.S., surgeon to St. Bartholomew's Hospital, London. The case was reported and the patient shown to the London Medical Society at its meeting, November 12, 1894.

5. Mr. Keetley, F.R.S.C., surgeon to the West London Hospital. Case recorded in the *Lancet* for November 17, 1894, p. 1156.

6. Mr. L. A. Bidwell, F.R.C.S., surgeon to the West London Hospital. Case reported to the writer by Professor Maunsell in February, 1895, and to the London Medical Society by Mr. Bidwell, March 25, 1895.

This gentleman has recently informed the writer that the operation was performed upon a woman, twenty-seven years of age, for a rupture of the ileum which occurred in the course of an operation for the removal of an extra-uterine gestation sac of ten months' standing. In reply to the writer's question as to whether or not extra sutures had been employed to approximate the peritoneal coats after the reduction of the invagination, Mr. Bidwell writes: "The only modification which I employed was closing the longitudinal opening in the gut with Halstead's suture instead of Lembert's."

7. Dr. Emmerich Ullman, of Vienna. The operation was performed in December, 1894, only one row of silk sutures being employed. The patient made a good recovery. The case was recorded in the *Centralblatt für Chirurgie*, No. 2, 1895; also in the *Annals of Surgery* for August, 1895.

8. Mr. W. Watson Cheyne, F.R.C.S., surgeon to the King's College Hospital London. Case unrecorded. The operation was performed on April 9, 1895. The following history of the case has been kindly furnished to the writer by Mr. Cheyne: "Cancer of transverse colon; excision, Maunsell's method, and recovery. Female, mar-