

A NEW METHOD OF LATERAL ANASTOMOSIS.

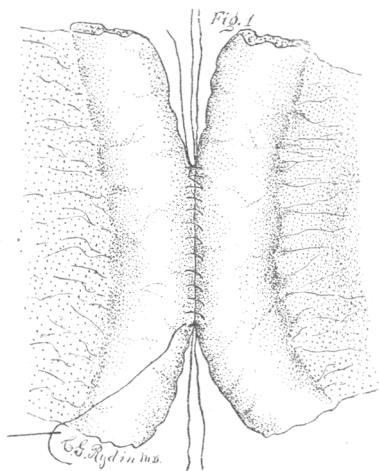
PRELIMINARY REPORT.

AXEL WERELIUS, M.D.

CHICAGO.

The object of this paper is only to record the technic of the operation. The result of experimental work now in progress will be published later.

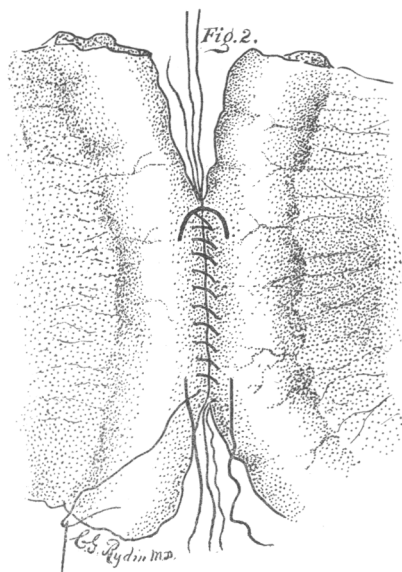
STEP 1.—Fix by guy suture opposing surfaces of intestines, or stomach and intestine, as the case may be.



and sew (Fig. 1) with running through-and-through suture.

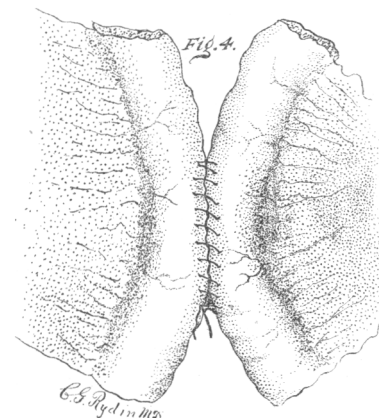
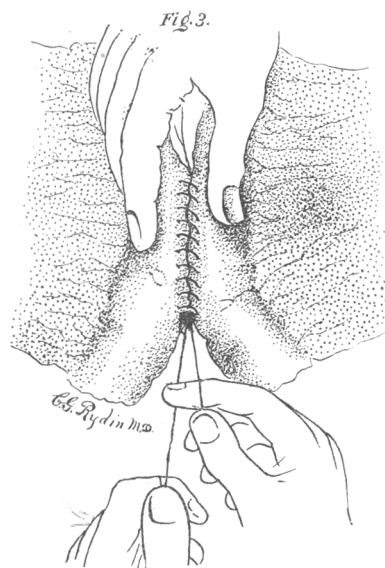
STEP 2.—Insert a silk or twine ligature or silver wire (Fig. 2), running into lumen of bowels, as in the McGraw ligature.

STEP 3.—Cover the silk ligature by folding adjacent parts of intestines over it and sew with through-and-through suture, leaving the free ends of the silk ligature on the outside (Fig. 3).



STEP 4.—An assistant holds the united tissues firmly on the opposite side of the free ends of the ligature. By alternate pulling of the right and left ends of the silk ligature, the tissues are neatly cut through and an anastomatic opening is made, the thread escaping through the minute slit between the sutures. Take one more stitch where the thread slipped through and the operation is complete.

By this last maneuver, which is the distinguishing feature of the operation, the bowel is cut through without exposure of the mucous surfaces. The operation is



complete at once, leaving no foreign body. There is no puckering.

It is extremely simple, and takes less time than any similar operation.

Clinical Report.

A PECULIAR CASE OF POISONING.

MATT A. REASONER, B.S., M.D.

MORRISONVILLE, ILL.

History.—Boy, aged 7, had in some manner acquired a taste for asafetida, and without the family's knowledge had been in the habit of eating it for six months. A large quantity of the drug was procured in order to prepare some hog medicine, and the boy found it and ate all he wanted.

Examination.—When discovered he was in a semi-stuporous condition, lying down, body relaxed and warm, pupils dilated, unable to stand erect without falling. Pulse weak, feeble, accelerated; respirations shallow, irregular and about 22 a minute; expectoration rather profuse. Within a couple of hours the odor of asafetida was plainly discernible in the different secretions, and for several days after in the diarrheal bowel movements.

Treatment.—I did not see the patient until probably one hour and a half after eating the asafetida. I used emetics, evacuants and stimulants. He was much better in two hours, but some of the effects remained for twenty-four hours.