

3. There is no provision for fixing it about the hips.
4. It is held down by garters or fixed by tight lacing in the upper portion.
5. It diminishes the waist measure from two to four inches.
6. It laces by a single lace.

In the selection of a corset the first consideration should be its conformance to the natural form. Secondly, the mechanical device for keeping the corset in place should depend on means which are not injurious. Finally, the corset should be comfortable without being sloppy. If it tends to produce the normal form it cannot do serious harm even if quite snug. Loose corsets are worse than no corsets. The worst corsets made are loose about the hips, giving them no true basis of support.

906 Butler Building.

A NEW CLAMP FOR END-TO-END INTESTINAL ANASTOMOSIS

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The uncertainty of perfect approximation of the mesenteric border of the intestine has, no doubt, been the greatest objection to the suture method of end-to-end intestinal anastomosis. Because of the apprehensive post-operative period, the ingenious button device of Murphy

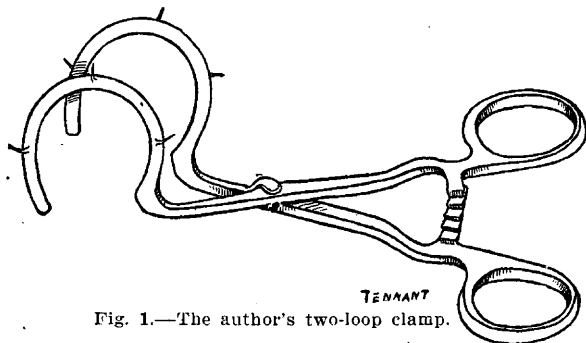


Fig. 1.—The author's two-loop clamp.

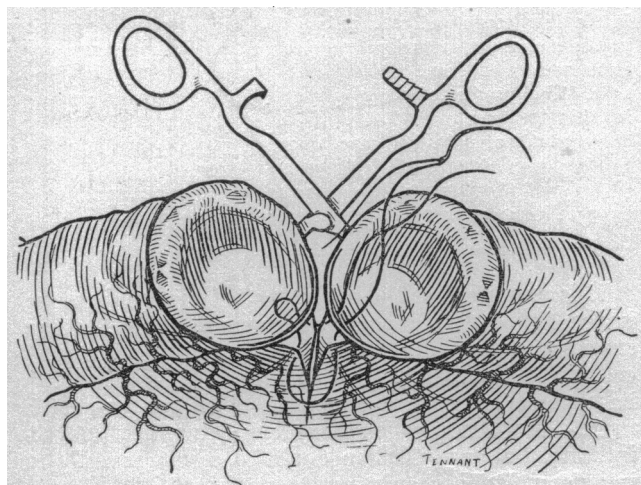


Fig. 2.—Ends of bowel grasped by loops. Mesenteric border very accessible.

has been largely superseded by the suture method of Connell.

The last-named method seems to have proved most satisfactory in side-to-side intestinal anastomosis. The objections to the end-to-end anastomosis are first, as

stated above, the difficulty of securing perfect approximation of the mesenteric border, and second, the awkwardness of the method, necessitating as it does, considerable practice on the part of the surgeon before it can be successfully performed.

To work from the inside of such a cylindrical body as the intestine, closed with no free ends, is at first a serious

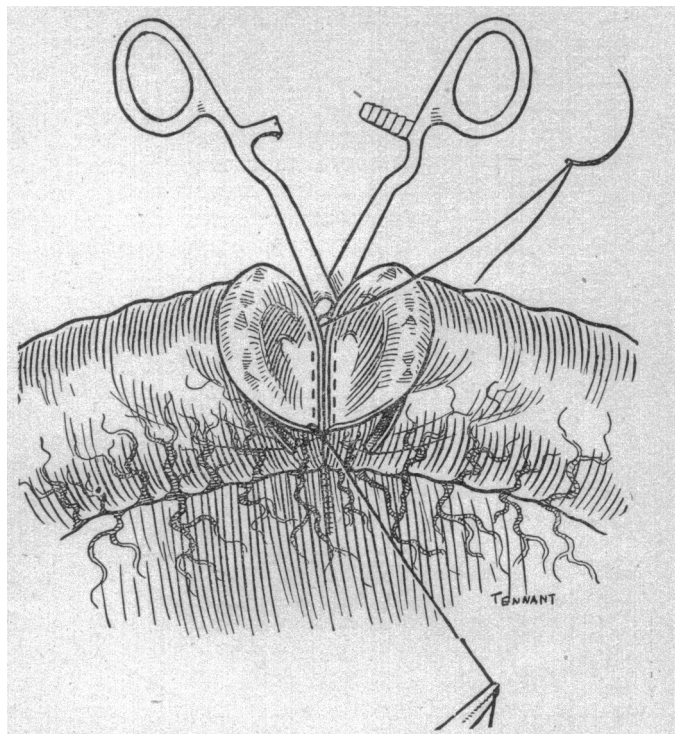


Fig. 3.—Suture half way up on each side of the intestine.

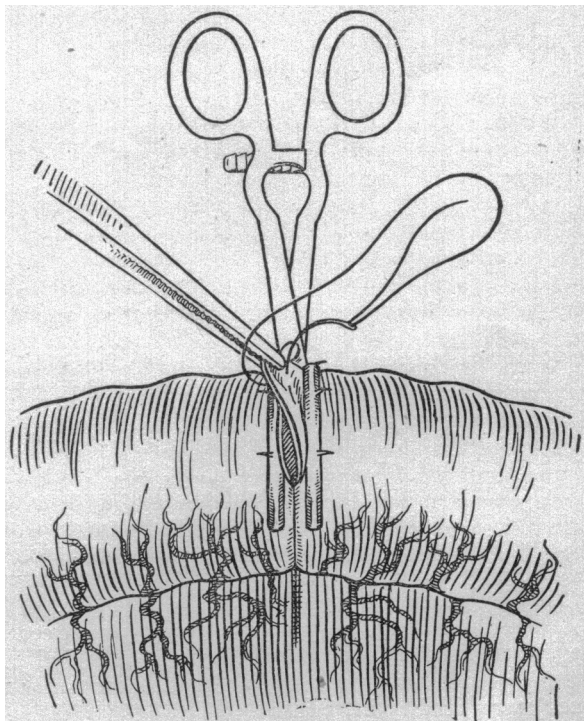


Fig. 4.—Suture of dome of intestine.

mechanical difficulty. The object of the Connell method, as of all others, is of course to secure an inversion of the free ends of the intestine, thereby approximating the peritoneum. This is satisfactorily secured by the Connell method, but only after considerable practice.

To simplify this method and, at the same time, to add to the security of the mesenteric approximation, I have devised the simple two-loop clamp here illustrated. (Fig. 1.) The clamp has a Collins lock, and is easily separated so that each end of the intestine may be engaged in its respective loop (Fig. 2), although the ends may at first be inches apart. The mere locking of the blades brings the ends of the intestine into close apposition with the mesenteric border well drawn up into the operating field. Before the clamp is completely closed, this mesenteric border is securely approximated by suture, and the continuous suture is then carried one-quarter way around each side (Fig. 3), commencing at the mesenteric border and continuing according to the Connell method.

The first tie is made at the mesenteric border with sufficient linen thread left at each end to continue around the intestine. The instrument being placed with its handles away from the operator, the suturing is continued well up on the side nearest the operator first, with the last suture entering the lumen of the intestine. The

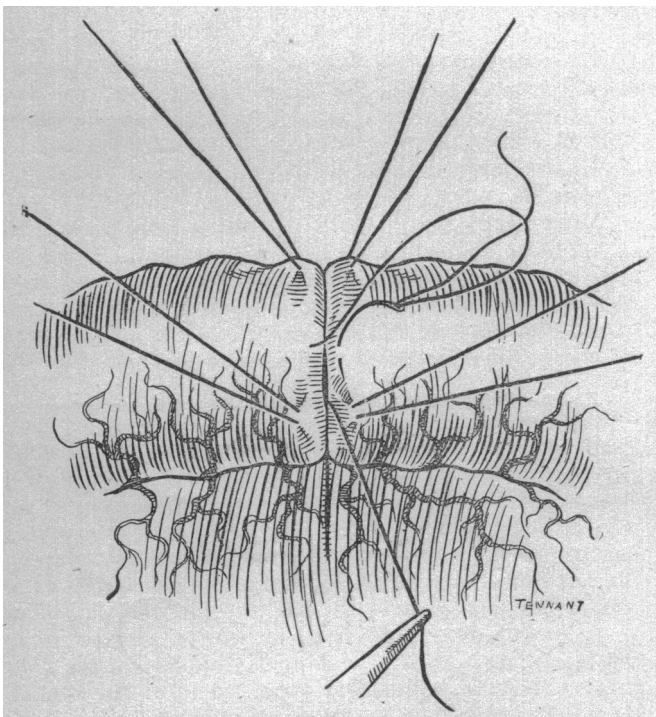


Fig. 5.—Introduction of guy stitches.

curved round needle is then transferred to the distal side of the intestine and the same Connell method is pursued as long as necessary.

As the dome of the intestine is reached, the suture is made to emerge on the outside (Fig. 4). The clamp is then either closed and the ends of the intestine freed from the retaining pins, or the clamp is removed altogether and guy stitches introduced about 1 cm. from the free edge, as illustrated (Fig. 5). These sutures when raised tend to invert the edges of the intestine.

A Cushing parallel deep suture, including all coats of the bowel, is then commenced; this is practically the Connell suture, only right side up, and consequently very much more readily introduced.

As the two ends of the suture meet, the last is made to enter the lumen of the bowel with the final stitch. Both ends are now together, and are accordingly threaded into the eye of the needle as in the Connell plan, and the knot tied inside the bowel. A few Lembert sutures may then be applied about the sites of the guy sutures

(Fig. 5), or where the ends of the intestine were impaled on the pins of the clamp.

Criles' technic of end-to-end blood-vessel anastomosis first suggested this idea, and the recent report by Pollock and Spiedel¹ deserves mention in this connection.

612 Empire Building.

A CASE OF MENINGOCOCCUS SEPTICEMIA WITH DEMONSTRATION OF THE MENINGOCOCCUS IN THE BLOOD-SMEAR

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Simon² reported a case of meningococcus septicemia in which the meningococcus was demonstrated in the blood-smear. Since then he has found the same conditions in a second case and he has told me that two or three other men have reported similar findings to him. So far as I have been able to ascertain, these are the only cases which have been observed up to the present time, and hence it may not be out of place to report briefly the following instance in which the same findings were observed.

Patient.—A boy aged 12, was in good health until February 24, when he complained of pain over the mastoid region on both sides with some swelling and tenderness.

General Examination.—The patient was first seen on February 27 by Dr. Beck. His pulse was 100; temperature 104 F. There was neither headache nor vomiting, but slight ptosis of the left eyelid and some rigidity of the muscles of the neck and the extremities were present. On lumbar puncture, 25 c.c. of turbid fluid escaped under pressure. Smears made from the centrifugized spinal fluid showed the meningococcus in small numbers both free and enclosed in polynuclear neutrophilic leukocytes which constituted the cytological picture.

Blood Examination.—A blood specimen gave the total leukocyte count as 7,500, 85 per cent. of which were polynuclear neutrophilic leukocytes, 4 per cent. small mononuclear leukocytes, 11 per cent. large mononuclear leukocytes, while eosinophilic and mast cells were absent. Fully 1 per cent. of the leukocytes contained diplococci, the majority only one pair, but a few contained two pairs; the organisms occurred both in the mononuclear and polynuclear cells. Extracellular organisms were not seen, although they were present in Simon's case. The number of organisms calculated per cubic centimeter in this instance was 7,500. Simon calculated 7,500,000 per cubic centimeter in his case, one neutrophilic cell alone containing over 50 pairs of diplococci.

Many of the neutrophilic cells contained vacuoles which perhaps represent empty digestive vacuoles.

CONCLUSIONS

It is possible that the occurrence of the meningococcus in the leukocytes is much more common than is generally supposed, but owing to the relatively small number of cocci in the blood and the difficulty of finding them, they have no doubt been overlooked. The positive findings in the few cases which have been carefully examined indicate, however, that in doubtful cases careful search in this direction should not be neglected.

Character.—Men build on the rocks, not on the treetops. So do nations. America owes more to the cabin than to the palace; to the man with a calloused palm than to the man with a diamond stickpin.—*United Presbyterian.*

1. Surgery, Gynecology and Obstetrics, xi, 612.

2. Simon, C. E.: THE JOURNAL A. M. A., June 8, 1907, p. 1938.