



## Lateral Gastrojejunal Anastomosis.

*Compatible with life.*

Terminal methods, A, B, C.

Lateral, F.

*Incompatible with life.*

Latero-terminal, D.

Terminolateral, E.

Lateral, G.

## Lethal Factor-Pancreatic Injury.

Types of gastroenteric anastomosis following partial gastrectomy.

These experiments have been performed upon dogs without mortality in the method of terminal gastroduodenostomy and with high mortality in those methods involving duodenal occlusion or duodenostomy.

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**II. Gastric resection: notes on the surgical pathology.**By **W. HOWARD BARBER** and **LUIGI CELANO**.

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Terminal anastomosis between the divided ends of the stomach and jejunum, as represented in Part I, Fig. D, combined with duodenal occlusion and implantation of the duodenal loop into the jejunum caudad of the stomach gives the following results:

Exp. No.	Days of Life.	Pathology.
69	4	Peritonitis.
77	2	Pancreatitis.
82	3	Pancreatitis.
83	2	Peritonitis.
84	3	Pancreatitis.
85	2	Pancreatitis.
91	1	Pancreatitis.

Lateral anastomosis *without resection* but with occlusions of the pyloric end of the stomach and duodenum Fig. G show the following results:

Exp. No.	Days of Life.	Pathology.
201	2	Pancreatitis, superficial necrosis and erosions in stomach and intestine about stoma.
207	3	Necrosis similar to but earlier than in 201.
219	1	Pancreatitis.

Lateral anastomosis combined with simple ligation in first portion of duodenum:

Exps. 86 and 87 after 6 and 2 days, respectively, pancreatitis.

Lateral anastomosis without resection but with pyloric occlusion and duodenostomy, Fig. F:

Exp. No.	Days of Life.	Pathology.
204	5	Pancreatitis.
205	4	Pancreatitis.
209	2	Pancreatitis; hydropneumothorax.
210	3	Pancreatitis.
211	14	Malnutrition.
213	14	Ulcer, gastrojejunal.

In the above experiments, mobilization of the extreme oral end of the duodenum in the dog sufficient for closure and inversion of that end is invariably followed by fatality of evident pancreatic origin. Of six duodenostomies, four give evidence of pancreatitis and two (211, 213) show extreme emaciation on fourteenth days.

*Note:* In the above tables, the term pancreatitis has been used to designate the complex found in the clinical cases: fat necrosis, free hæmolyzed blood in the peritoneal cavity and often in the intestinal loops, and evidences of pancreatic injury from congestion and cloudy swelling to suppuration.