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ABSTRACTS

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HISTORY OF LAPAROTOMY FOR MILITARY TRAUMA ACCORDING TO THE ORIGINAL ARABIC MANUSCRIPTS

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Albucasis (936-1013 AD) of Andalusia in chapter 85 of the 2nd section entitled 'On wounds of the abdomen, and protrusion of the intestine; and on suturing them' of his book *Al Tasrif* produced the first authentic description ever contained in the literature on the surgery of the abdominal cavity in trauma. Albucasis described three types of abdominal tears (small, medium and large) with a detailed account of reduction of protruded gut with recommended patient's positions during surgery. He then described five methods of abdominal wound closures, namely: continuous through and through abdominal wall (mass) closure, interrupted through and through figure-of-eight closure (likened by Albucasis to sewing bags), continuous through and through but with alternative inclusion of the peritoneum on one side each time (likened by Albucasis to furrier's sewing), separate continuous layered closure of the musculo-cutaneous and peritoneal layers (Albucasis preferred method of closure), and finally, abdominal wall closure using two needles mounted on one thread inserted on both sides of the wound simultaneously with alternative bites and in one direction (likened by Albucasis to showmakers' sewing). For haemostasis, Albucasis recommended cautery, ligation, or pressure with a pad soaked in wine and olive-oil or vinegar and olive-oil. Any sign of inflammation required dressing with honey water, oil of roses with or without astringent beverage. While Albucasis documented the spontaneous healing of colonic faecal fistula, he used Arabian ant-nippers for intestinal anastomosis like modern Michel clips and as chemical local antisepsis due to oral ant secretion of formic acid; he was also the first to sew the intestine with fine suture extracted from animal's gut (catgut suture).

It is concluded that Albucasis is the first surgeon to describe the operative technique of laparotomy in great similarity to our current practice. Such an innovation would entail a heavy commitment requiring four essentials, namely: an in-depth knowledge of anatomy, haemostasis, anaesthesia, and anti-sepsis.

SURGERY AND WAR — THE DEVELOPMENT OF INTERVENTION

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Military surgical practice, which can differ considerably from civil, was studied with particular reference to the development of surgical intervention for penetrating wounds. The divergence depends on many factors and is influenced by military developments. Advances in a civil setting did not always translate effectively to the battlefield, nor were surgical practice and dogma always consistently applied. Massive conflicts can provide opportunities for theories to be tested, but it is too simplistic to conclude that advances always occur as a result of battlefield trials. Within any surgical problem it is difficult to decide on the best management when that problem is itself changing. The nature of abdominal wounds in war changed with the development of the weapons used. Terrain, climate and modes of evacuation also influenced the nature of the problem. This study shows the influence of civil and military surgical practice on each other and the difficulties of providing answers to surgical problems when those problems are themselves changing.

HISTORY OF LAPAROTOMY FOR MILITARY TRAUMA ACCORDING TO THE ORIGINAL ARABIC MANUSCRIPTS. M Al-Fallouji, Professor and Director of The Academic Unit, University Department of Surgery, Arab Medical University, Benghazi, P O Box 18251, LIBYA.

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* The Classical 4 Traumatic weapons were
Dagger, sword, arrow, spear head

25 minutes to 60 minutes.