tory reaction was maximum on 14th day and thereafter regressed considerably in both the techniques. More marked inflammatory reaction seen in cases of Schmieden pattern could possibly be due to exposed mucosal surface. The exposed mucosa might have allowed leakage of luminal bacteria before the onset of fiberoplasia and hence resulted in more inflammatory responses.

Similarly more severe inflammatory responses were reported in everting technique of anastomoses, where mucosa was exposed more than that seen in Schmieden pattern (Ravitch *et al* , 1969; Reinertson, 1976; Singh *et al.*, 1980 a, b, 1985; Somvanshi *et al.*, 1982).

The intestinal healing took place earlier in single layer inverting anastomoses than in Schmieden pattern. There was early restoration of serosal, muscularis, submucosal and mucosal continuity with minimum fibrous tissue reaction in inverting pattern. The serosal, muscularis and submucosal layers were united through 7 to 14 days of surgery in both the techniques (Figs 1, 2). However mucosal alignment was still incomplete on 14th day (Figs 3, 4). Complete restoration of mucosal continuity with near normal pattern of villi formation was seen on the 21st day in inverting pattern (Fig. 5). Though mucosal continuity was also seen in Schmieden pattern but it was weak and the villi formation was also not complete (Fig. 6). This is in confirmation with the reports of MacAdams (1969), Singh *et al.* (1979, 1980a, b), Somvansi *et al.* (1982) and Dean *et al.* (1985). The present study revealed that the Schmieden pattern is quick and easy to perform but slightly lags behind in healing.

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