

vomiting. November 6th, 1897, complained of abdominal pain, which increased during the night, followed by vomiting in the morning. I saw her twenty-four hours after, during which time she had passed no fecal matter, but a bright red blood mixed with mucus. A mass was found in the right hypochondrium, which could not be reached by rectal examination. Hydrostatic pressure from a fountain syringe held at the height of 4 feet was used with an almost instant disappearance of the tumor. There were no more symptoms of intussusception.

CASE 2. A boy two years old, with the following history: No sickness of any kind until twelve days previously, when he fell out of bed, and on the following day vomited several times. Since that time he had vomited all his food and had a profuse watery diarrhea. He was examined carefully and nothing abnormal was found, but he looked sick. During the following day he improved, but still passed a small quantity of bloody mucus. Eleven days after entrance he became restless, vomited in the evening and cried during the night. On the following day he vomited all his food, but had no motion excepting some bloody mucus. At 8 o'clock in the evening a tumor was felt in the left iliac region, and by 9.30 it extended down the whole side of the abdomen to the anterior superior spinous process. There was continued tenesmus and passage of blood and mucus. At 10.30 p.m., hydrostatic pressure from a fountain syringe held at a height of 5 feet was tried. The tumor immediately disappeared. It returned the next day in the same locality, and hydrostatic pressure failed to remove it. He was then transferred to the surgical wards, where on operation an intussusception of the ilium into the cecum was found, which had apparently existed for a long time as the layers were firmly adherent. A smaller and more recent one was easily reduced, but the larger resisted all efforts. The child died.

Dr. Huber mentioned a case in which a high rectal enema under moderate pressure allowed a good deal of water to enter, showing that the intussusception was high up. The water escaped, but the symptoms did not improve, and at the operation an intussusception three inches long was found at the ileo-cecal valve. In another case (to show the value of the passage of a slight amount of blood as a diagnostic sign) no tumor could be felt on examination under chloroform, but at operation an intussusception was found extending from the ileo-cecal valve through the ascending, transverse and into the descending colon.

Drs. Fruitnigh and Winters spoke of the value of hydrostatic pressure, the latter, however, relating a case where, after reduction, the trouble returned, and the child quickly collapsed and died.