These contents are in relation to the severity and duration of the case. The temperature is as a rule subnormal. An intussusception in the small enteric type is distinguished from one in the colon by a more acute onset, earlier and severer pain; vomiting also earlier and severer, and the constitutional symptoms more marked.

It was taught until recently that the diminution of the volume of the urine was in proportion to the length of intestine involved, distal to the obstruction. More careful and extended investigations have, however, shown that no such relation exists.

Treatment. Non-operative: Under this heading is included inflation of the bowel by water, air, hydrogen, or carbon dioxide.

With the use of water a catheter of appropriate size is employed and a reservoir of water to a height of five feet is permittd. A column of greater height is attended with danger.

The injections of air have been used by American surgeons, some of whom prefer the hydrogen or carbon dioxide.

The English surgeons scarcely consider the non-operative treatment seriously, and the following objections by an eminent authority seem to voice the general opinion:

1. It is only useful within the first twelve hours, and if the surgeon places much reliance on this method he may be led to try it long after the time for its success has passed.

2. Even when applied early, it does not succeed in over fifty per cent. of cases.

3. This method is accompanied by the uncertainty whether the procedure is successful, and many valuable hours are lost, as it requires time to demonstrate its success.

4. The patient is exposed to a double shock should this method fail, as laparotomy then has to be resorted to and is more likely to prove fatal.

5. This method is of no use in the enteric or ileo-colic form, and it is not possible to diagnose these.

6. The method itself is not harmless, and with lack of care may actually kill the patient.

7. The recurrences are not infrequent.

Operation. This requires for most cases a median incision, as this will meet the needs of the majority. The intestines should be packed away from the side of the obstruction. This is necessary, as the reduction should be attempted under full observation of its state, i.e., whether gangrenous or not. The tumor is seized in the palm of the hand and the thumb and index finger press against the lower extremity, or apex, and as it recedes or slips away from the grasp it unrolls the intussuscipiens. This will have to be done with great care to avoid rupture of the bowel