

of the mesentery. The pressure and consequent circulatory obstruction increases with the length of tube involved. The result ultimately may be a gangrenous or sloughing bowel and a percentage of cases record the passing of this separated portion of bowel, which varies from a few inches to a foot or more in length. This occurs about the end of the second week.

*Symptoms.* 1. Pain. This usually comes on suddenly, with such severity that the child shrieks out. The area of pain is over the umbilicus and the pain is intermittent in character. 2. Vomiting is more frequent in the acute attacks than in the chronic type, is usually persistent, uncontrollable, and projectile in character.

*Tumor.* A tumor is, as a rule, found on the right side of the body when seen early, but later is found on the left side in the region of the descending colon. The course of the intussusception may be that of the ascending transverse and descending colon, and may be found to project from the anus. The shape is round in outline, curved in its longer axis, and frequently described as sausage shape. The apex has in its earlier history a round central opening, but later, with the increasing pull from the mesentery, the aperture is slit-like.

*Course.* In the large majority of cases the course is under seven days' duration. Some of the chronic cases have, however, lasted over four weeks. In these there are irregular disturbances of the bowels, but none of the urgent symptoms of the acute cases. Termination may be by spontaneous recovery, which is indeed remote. In these there is a sloughing of the bowel and the inflammatory union of the neck and intussusciens being accomplished at the site of the constriction.

Recourse may be had to treatment, non-operative or operative.

*Prognosis* depends on the duration of the intussusception and the age of the patient. In a series of cases up to 1870 the mortality was 84 per cent. From 1870 to 1891 the mortality was reduced to 59 per cent. It will be seen that the mortality is in direct proportion to the duration of attack.

*Diagnosis.* A sudden, severe pain in the abdomen, intermittent in character; arrest of fæcal contents; the passage of blood and mucus, with tenesmus, with vomiting and collapse in a child under two years, is a complete picture of this type of obstruction.

In volvulus there is a marked abdominal distension, due particularly to the distension of the loop of bowel involved. So great is this that it is often necessary to puncture the bowel and permit of the escape of gas to handle the intestine to advantage. In all intestinal obstructions there is a marked collapse, and an accompanying pallor, together with a small, thready pulse.

The initial vomiting contains stomach contents only; later bile is in evidence, and in the final stage fæcal contents are or may be present.