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## Original Communications.

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### A CASE OF INTUSSUSCEPTION IN A CHILD: OPERATION—RECOVERY.

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There seems to be a consensus of opinion at the present time that in cases of intussusception early operation holds out the greatest prospect of recovery to the patient. The further proposition may be made that operation should take the form of laparotomy rather than attempt any such measures of doubtful utility as inflation per rectum with air or fluid. The following case illustrates the advantages of abdominal section:

F. B., aged  $3\frac{1}{2}$  years, was admitted into the Hospital for Sick Children, Toronto, on Monday, November 18th, 1901, late in the afternoon. The patient was admitted under Dr. Thistle, who asked me, as his surgical colleague, to operate. On November 15th (three days before admission) she first complained of trouble. She suffered from pain in the abdomen on the left side, and there was obstruction of the bowels, the administration of purgatives being ineffectual to relieve it. The pain was intermittent in character and varied in intensity. There was persistent vomiting, and she passed from time to time considerable quantities of bloody mucus. On admission to the hospital her face was flushed, but she did not look very ill save that she exhibited a remarkable indifference to what was going on about her, and she appeared in a condition of lethargy. The tongue was coated, her temperature was 100, her pulse 132, and respirations 28 per minute. The abdomen was perhaps slightly distended, but it was quite flaccid and there was a remarkable absence of tenderness on palpation.