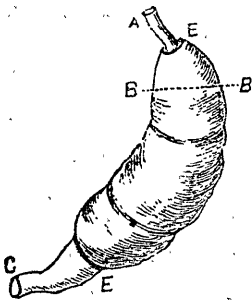


telescoped intestine, its lower margin—within the rectum—extending to within two inches of the anus, but showing externally, like the small intestine, no evidence of acute inflammatory action. Tying the intestine above and below we removed the strangulated portion, but not believing at the time that we would be allowed to keep the parts, we removed only the intestine, cutting it away from the meso-colon. When put into a basin of water, it measured about eight inches from the commencement of the invaginated portion to its termination in the rectum. On pulling out the intestine this invaginated portion was found to be twenty-three inches in length, and to consist, beginning from above, of two inches of ileum, the caput cœcum, and the whole of the ascending, transverse, and descending colon.



A. Two inches of Small Intestine.

B. B. Situation of Cœcum.

C. Arms.

B. B. Invaginated portion of Intestine, containing two inches of Ileum, the whole of the Cœcum, ascending, transverse, and descending Colon, the whole when pulled out, measuring twenty-three inches.

The accompanying diagram was roughly taken at the moment, and needles passed through the mass to indicate its original appearance. The cœcum was highly congested, and thickened throughout, and it was evident that the hæmorrhage had its origin here. The rectum below the invagination contained only a few drops of blood.

Unlike the case reported by John Hunter, the cœcum here was at the upper portion of the strangulated mass, as if the invagination had commenced in the descending colon, subsequently dragging in the rest of the large intestine and the two inches of ileum. In this case it was evident that the peritoneum invested the cœcum to such a degree as to constitute a meso-cœcum, and thus allow of the displacement of

the cœcum to such an unusual degree. The case is interesting only as occurring in an infant, in the length of intestine involved, and in being accompanied by symptoms barely suggesting a suspicion of invagination.

Sherbrooke, Sept., 1879.

Address of JOHN DUFF MACDONALD, M.D., L.R.C.S., Edinburgh, President of the Canada Medical Association, delivered at the twelfth annual meeting held at London, Ontario, on the 10th September, 1879.

BRETHREN,—Since your kindness has conferred upon me the honour of presiding in this meeting of our Association, I have come to apprehend, to some extent, the responsibility of the office which I have been called upon to occupy, and to see that this responsibility increases from year to year.

From the President's address it is reasonably looked for, that it should satisfy a just comparison with those delivered by brethren who have already filled this chair, and that it should equally with those addresses commend itself to the judgment and good taste of those who have to hear it.

It is right that such an address should have for its theme a subject which is of immediate practical interest, not necessarily to the medical profession alone, but also to the general public, and also that it should afford an indication of the way in which professional opinion may deal with that subject.

My respected predecessor of last year made allusion to those institutions, with the working of which his experience has made him familiar, and considering the admitted necessity for the increase of those institutions, as well as the increasing obligations devolving upon the medical profession in connection with the care of lunatics, there can be no doubt that Dr. Workman did well in directing our minds, among other things, to the construction and location of asylums for the insane. I believe that it will not be out of place for me to bring under the notice of the brethren a subject which has had a good deal of interest for me, as well as for others, for some years past, and to speak of another class of institutions which, in my opinion, deserves, though they have not secured, an equal degree