

over the 'phone, and asked his opinion. It was then agreed that the method which presented the best hope of recovery was an operation for the immediate relief of the obstruction. In one hour the child was ready for operation, and I opened in the median line. The crescentic-shaped tumor was found to extend from the left hypochondrium to the brim of the pelvis, with its lower extremity near the sigmoid flexure. The intussusception was of the enteric type, and involved the jejunum in its upper part. The sheath slipped easily from its intussuscepted portion as the peritoneal surfaces were bathed freely with a serous fluid. The surfaces were darkly congested, were free from adhesions, and gave promise of a quick return to their normal conditions. On the reduction of the intussusception the distal portion of the bowel was immediately inflated with air, which offered much difficulty to the return of the exposed part to the abdomen and the subsequent closure of the wound. With the easy reduction of the tumor, the short time of the operation and good quality of the pulse, a reasonable hope for recovery was entertained. A few hours preceding operation the vomiting was more frequent and continued after the operation. There was a general paresis of the bowel and it was found impossible to restore the peristaltic activity, though numerous and patient efforts were made. The vomiting became more frequent and towards the latter part of the afternoon the collapse was marked, and gradually increased till 7 p.m., when the little one died.

Two features which mark the enteric type of intussusception were absent in this case, viz., extreme pain and pronounced collapse. Their absence must be regarded as a contributing factor to the unfavorable termination. If present they would have indicated in a striking manner the serious nature of the malady and alarmed the parents to seek immediate relief. It seems that the impulses which incite a peristalsis are in the young more easily blocked and return less readily than in adult life, when the peristaltic action asserts itself more powerfully and is less easily subdued.

Intestinal obstruction, of which intussusception is but a single cause, may be produced by many conditions. They may be briefly enumerated :

I. Strangulation by bands or through apertures;

- (a) False ligaments;
- (b) Omental cords;
- (c) Meckel's diverticulum;
- (d) By normal structures abnormally attached;
- (e) By slits and apertures, including internal hernia.

II. Volvulus.