

finitely to be preferred to the formation of an artificial anus.

In the cases narrated below the conditions were not such as were suitable to the performance of Barker's operation, but I hope at some future time to test its efficacy. In my two cases one was successful; but the other, owing to the tender age of the patient and the prolonged manipulation necessary to reduce so large an invagination, succumbed.

*Case 1.*—Intussusception in a child aged six: abdominal section; recovery: E.A., æt. six, was seen by Dr. Finley on the afternoon of Feb. 13th, 1892. She complained of severe abdominal pain, which commenced about 8 a.m., and was attributed by the mother to over-indulgence at a Sunday-school feast attended the night before. The child had vomited several times during the day; next day a considerable amount of blood and mucus was passed per rectum. On Feb. 15th pain and vomiting continued; pulse rapid and small; temperature normal; tongue thickly coated. Now for the first time Dr. Finley discovered a small, indistinct tumor below the ribs in the left side and outside the linea semilunaris. Recognizing the case as one of intussusception, and remedies proving of no avail, I was called in to decide as to the expediency of operating. At 5 p.m. on Feb. 15th the child was put under the influence of ether, and a rectal examination immediately revealed a sausage-shaped tumor. No tumor could at this time be felt in the abdomen above. The tumor could be pushed back, but it almost immediately returned. Water was forced into the rectum in large quantities, and for a time the tumor disappeared from the rectum, but reappeared in the abdomen, and after a few minutes was again seen presenting at the anus. This procedure was repeated several times, when, not wishing to lose any more time, I advised removal to hospital and immediate abdominal section. This was done, the operation being performed about 8.30 p.m. The tumor could still be easily felt through the rectum, though it did not now pass the anus. The child having been placed under chloroform, a median incision was made below the umbilicus and the abdominal cavity opened; the finger was introduced and a tumor felt, which on slight traction of the bowel immediately disappeared. The

abdomen was now most carefully examined to find if any other tumor existed, as I could hardly believe that the invagination could have been relieved with so little manipulation. On examining the bowels, the descending colon was found to be deeply congested at one point, and near this a scybalous mass was felt in the bowel; it seemed like a foreign body, but could be easily moved on. The wound was closed with a few silkworm-gut sutures, and dressed with absorbent cotton. The child did perfectly well, and had a natural stool within twenty-four hours. In ten days she was discharged from the hospital, and has been in good health ever since. In this case the tumor was distinctly felt through the rectum before the abdominal incision was made, and immediately before entering the hospital the child passed considerable quantities of bloody mucus, and had experienced much pain and vomited, yet the opening of the abdomen followed by the slightest manipulation of the intestine was sufficient to reduce the invagination. It may be that the intussusception had already begun to be relieved before operation was undertaken, and that the operation merely hastened the process. Still the fact remains that after several attempts at reduction by forcing water up the rectum the tumor still could be felt and seen at the anus, and that it did not disappear until the abdomen was opened.

*Case 2.*—Intussusception in an infant aged seven months; operation; death: B.D., a strong and healthy infant, æt. seven months, began to suffer from severe pain, accompanied by vomiting and the discharge of bloody mucus per rectum, on May 6th, 1892. Dr. Elder was called in on Sunday, May 8th, and immediately recognized the case as one of intussusception, a dark-colored tumor presenting at the anus. I was consulted about the case, and advised immediate removal to hospital. At 6 p.m. on May 8th, I first saw the patient. At that time she was suffering considerable pain, and had extreme distension of the abdomen. Protruding from the anus was a dark-red sausage-shaped tumor, which on examination proved to be an intussusception. Abdominal section was immediately decided upon, as the employment of other methods of relief was thought to be useless, owing to the condition of the patient and the