

what time has shown to be one of the greatest discoveries of our age. It will therefore be your duty to correct such abuses, and to use your influence in preventing those epidemic disorders which so often decimate our population.

At the risk of being tedious, I have thus mentioned each portion of your studies. I trust, however, that my remarks may not be altogether without benefit to you, as it is my wish to impress the fact of your having entered upon a very serious profession, but one which will reflect honor upon you, if you will follow it in the spirit of gentlemen; working with honesty and integrity of purpose, and doing unto others as you would be done by. In this way you will be an honor to the profession, gain the esteem of your fellow men, and be useful in the world. In conclusion I would earnestly recommend you to be regular in attendance upon lectures, and to make yourselves practically acquainted with the use of the diagnostic instruments, such as the stethoscope, laryngoscope, the microscope and clinical thermometer, as well as the other instruments which are requisite for the intelligent practice of the profession. By so doing you will be able to commence your career with a sense of self-reliance which will gain a position of independence if not wealth. Such are your opportunities and your duties; do not forget that, though life may be short, you have a place to fill as an atom in the body of mankind; fill it well, and, when life's eventful journey shall be near its close, you will have the pleasing consciousness of having been a good and faithful servant to the Master who placed you here; and, afterwards, of witnessing the rise of a glorious Sun when the day breaks and the shadows fly away.

*Case of Intussusception.* Under the care of J. T. Finnie, M.D., C.M., L.R.C.S. Edin. Recovery.

Early on the morning of Sunday July 12th, I was called to see the child of Mr. R—, of Ann Street, a fine healthy looking lad four years old. Up to a late hour of the night previous the child appeared to be quite well, but towards morning complained of a pain in his belly, which gradually increased in severity accompanied with a desire to go to stool. Nothing, however, was passed but a small quantity of watery fluid slightly tinged with blood. The parents becoming alarmed sent for me to go at once and see their child. On arriving I found the patient as described, suffering from a pain in the lower portion of the abdomen, the seat of great tenderness being about the right side of the

umbilicus. No vomiting was present at this time, beyond what resulted from the administration of a dose of castor oil, given previous to my visit, it having been rejected almost immediately after being swallowed. I strongly suspected invagination but as symptoms so far were not urgent, I merely gave a small dose of opium  $\frac{1}{4}$  of a grain, with instructions to repeat the same in two hours if pain continued. At eight o'clock the same morning I saw the little patient again, vomiting had now set in, and the desire to go to stool more frequent, the dejection being nothing but blood. By external examination, I could find no tumor or enlargement; neither by passing my finger up the rectum, could I detect anything to aid the diagnosis.

Being satisfied from the symptoms, that invagination did exist, I by means of an ordinary enema syringe injected a large quantity of water into the bowel, but with no satisfactory result. I left with the intention of procuring a pair of bellows and try inflation. After considerable trouble I succeeded in procuring the latter, through the kindness of my friend Dr. Rodger, who accompanied me. We endeavoured by means of *inflation* to affect a cure, but with no better result. As everything seemed to have failed so far and the child becoming worse, I despaired of success.

Dr. Rodger suggested that a large syringe or stomach pump be used, with a long nosle. After some hours further delay I succeeded in getting such an instrument. I inserted the gum elastic tube or nosle its full length, fifteen or eighteen inches into the bowel (per rectum), and after throwing about a quart of fluid into the intestines, suddenly something gave way, with a slight explosive noise. I was satisfied that the invagination was then reduced, and that the diagnosis was correct.

The patient was properly placed in bed and immediately fell into a deep sound sleep, not waking for hours. Once or twice during the night he got up to stool, the motions being fluid, greenish in colour and very offensive. From this time the patient improved rapidly, the pulse (which I omitted to mention before) was, while the trouble lasted very rapid, being 135 to 140, and temperature 103°. Two days after the occurrence the child was up and walking about the house. No cause could be assigned for it. The child had not eaten anything out of the usual diet, neither had he been out of the house the whole day. In cases where the invagination is very high up, as in this case, I would lose no time in resorting to this procedure, if the tube of a stomach pump could be obtained, as I am