

bowels had been regular until four days previous, when she had a slight diarrhoea for one day, and had not had any motion for two days, until this morning, when she passed a few hard masses of foecal matter. The abdomen was moderately tympanitic, but on account of the child's crying I could elicit nothing by percussion. Thinking that it might be worms, I ordered

R. Santonin, grs. vi.

ft. pulv iii.

One to be taken every 12 hours.

Also ʒss of ol Ricini to be given immediately.

May 9th, I was called early this morning, the messenger stating that the child was very bad. Upon my arrival I found that the bowels had not been moved. The abdomen more tympanitic than last evening, and the symptoms then found much increased. I immediately proceeded to give the child an injection of soap and water but before doing so on introducing my finger into the rectum about $1\frac{1}{2}$ inches it came in contact with a firm rounded tumor with a depression in the centre, imparting a sensation to the finger much like the os uteri; with steady pressure it would recede but immediately return on the withdrawal of the finger. I proceeded to administer an enema, but could not get more than a few ounces to enter, but by withdrawing the syringe and forcing the bowel up as far as my finger could carry it and lowering the child's shoulders I succeeded by using firm and steady pressure in injecting about a pint. On withdrawing the syringe I was surprised to find that no fluid escaped, and upon examining I found that there was a large mass of hardened fœces plugging the anus, which by the continued pressure of the fluid above, and the straining of the child forced the rectum so low down, that I could exert pressure through the perineum behind the mass, and much to the astonishment of the child's father, I succeeded in getting out a piece of hardened fœces $2\frac{1}{4}$ inches in length and 1 inch in diameter, and immediately following it several