

# INTUSSUSCEPTION IN AN INFANT, AGED 9 MONTHS— OPERATION—RECOVERY.

BY

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MR. PRESIDENT AND GENTLEMEN,—The case which I venture to bring before the Society this evening has the following history:—Baby M., aged 9 months, was breast-fed until a few weeks ago, when nursing was supplemented by artificial feeding. The baby has never been ill until the present attack, and her nutrition has always been excellent. There is nothing in the family history showing any pre-disposition to bowel trouble. The present attack began at midnight December 15th, when the infant awoke, crying, as if suffering pain. and soon vomited; the pain was intermittent in character, and the vomiting recurred only a few times during the night and following day. December 17th, in the evening, the nausea, with occasional vomiting and tenesmus, increased, and a couple of blood-stained and slimy stools were passed. At midnight I was sent for, but happened to be out at the time, so Dr. George Fisk kindly saw the case for me. The symptoms then were indicative of intestinal obstruction; there was retching, with occasional vomiting and tenesmus.

December 18th, at 11.30 a.m., I saw the patient for the first time. The baby appeared to be very ill; the face was pale, drawn and pinched, the eyes were sunken, the pulse was small and rapid, 150 per minute; temperature, 99½° F.; there was almost constant retching, with straining at stool without effect; no abdominal distention. On palpation a distinct elongated tumor could be felt in the left lumbar region, just above the crest of the ilium. It was movable and yielding to the touch.

*Diagnosis.*—*Intussusception.*—Immediate operation was advised. The child was accordingly removed to a private ward in the Western Hospital, where, at 1.30 p.m., assisted by Dr. George Fisk, I did a celiotomy, making a two-inch median incision below the umbilicus. On opening the peritoneal cavity two or more ounces of straw-colored fluid escaped. The small intestines were red and injected; a number of coils were allowed to escape from the abdomen, but were protected and kept warm while the tumor was being dealt with. The invaginated bowel was next seized and brought out through the wound.

<sup>1</sup> Read before the Montreal Medico-Chirurgical Society, April 1, 1898.