

deeply congested, almost a port-wine color, and presented a mottled appearance. This condition existed for six inches of the gut and then stopped abruptly. On feeling this piece of intestine it appeared to be about three times as thick as normal and felt firm like a piece of leather. The condition of thickening and congestion continued right up to the cecum and ended there abruptly. It appeared that on pulling the cecum forcibly into the wound through a limited abdominal incision, the ileum had been pulled out of the cecum during the manipulation. There is, of course, the other possibility that reduction had been effected by the air inflated. The case illustrates the impossibility of determining with absolute certainty the effect produced by inflation in such cases. Silk-worm gut sutures were introduced and a dressing applied. The child made an uninterrupted recovery. These three cases I reported in detail two years ago.*

The *fourth* case is that of the patient whose history I have detailed in full at the beginning of this paper.

In the discussion on the treatment of intussusception in children at the last meeting of the British Medical Association at Cheltenham, abundant proof was forthcoming to indicate that early operative procedure should be the routine practice in these cases. There was also a strong expression of opinion against the time-honored custom of attempting a preliminary inflation before proceeding to laparotomy. The uncertainty which must necessarily exist in these cases as to the result of one's attempts at reduction by inflation is well brought out in the third case which I have cited in this paper. The possibility that inflation may effect an incomplete reduction with temporary relief of obstruction is apparently suggested by the fact that many such cases are said to "recur"; in all probability they were never completely reduced.

Most instructive statistics are provided by Dr. C. L. Gibson, who gives an analysis of 187 cases in the *Archives of Pediatrics*, February, 1900, page 99. These statistics show conclusively the value of early operation.

Of cases submitted to laparotomy :

Reducible	126 cases, with a mortality of 36 per cent.
Non-reducible	14 " " " 64 "
Gangrenous	23 " " " 95 "
Gangrenous or irreducible.	24 " " " 75 "

Simple laparotomy with reduction gave a mortality of 36 per cent. ; laparotomy with resection (special method not indicated) gave a mortality of 81 per cent. in 32 cases ; laparotomy with establishment of an artificial anus gave a mortality of 83 per cent. in 34 cases.

* *The Canadian Journal of Medicine and Surgery*, November, 1900, page 256.