

treated till the invagination was reduced. Adhesions had formed for about three inches on either side of the ileo-cæcal valve, showing this part of the invagination to be of longer standing than the other part. The constriction had interfered with the nutrition of the lower end of the cæcum and four inches of the ileum. This I resected and united with a Murphy button, overstitched with silk. The colon was anchored to the anterior abdominal wall to prevent a recurrence of the prolapse.

The child lived five days. A post-mortem showed complete union of the bowel, with gangrene of three inches of colon adjacent to the button, caused by thrombosis of a branch of the mesenteric artery. There was no general peritonitis, nor pus at the region of the union. Had the resection included the whole of the transverse colon, the child's life would probably have been saved, but at the time of operating there was no reason to suspect any interference with the nutrition of the bowel past the part of section. The bleeding of the part when cut seemed to indicate that the circulation was not interfered with.

The delay in operation due to the prejudices of the parents, the amount of manipulation and the extent of the section, with five days post operative life, coupled with the satisfaction of no peritonitis gives encouragement to the surgical treatment of these cases. It is needless to state that manipulations within the abdomen of an infant are somewhat more difficult than in the adult, but with early operation and careful examination of the bowel as to its nutrition, we should expect recovery in all but enfeebled cases.

IMPERFORATE RECTUM, OPERATION, RECOVERY.

The rarity of this malformation, coupled with the greater rarity of successful operations for the relief of the condition, renders this case worth reporting. This is but the second case of malformation of the bowel that has come under my observation in eighteen years of practice. The former, a well nourished child was allowed to die without any attempt being made to overcome the defect.

The subject of this report, a male infant, was the third child of healthy parents, the other children were normal in every respect. The father had web toes which was reproduced in this child, otherwise it was normal with exception of the bowel deficiency. It was well nourished and vigorous and weighed seven pounds. Accouchment was rapid, breech presentation, and liquor amni colorless, nothing unusual was noticed regarding the child until my second visit. When the nurse informed me that the child had not passed anything from the bowels.