SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College; Assistant Surgeon,

Western Hospital

AND

GEORGE FISK, M.D.,

Instructor in Surgery, University of Bishop's ! ollege! Assistant Surgeon, Western Hospital.

REDUCTION OF INTUSSUSCEPTION.

D. J. Minchin, Berlin, Ont., reports the following method of reducing an intussusception which was successful in a case occurring in a child of eight months. The child was seen several hours after the occurrence of the trouble, and the parents refused to consent to abdominal section. child was then inverted and the colon filled with hot water by means of a rubber bulb syringe, resembling a Politzer inflation-bag, and having a capacity of about four ounces. It was found possible to do this by pressing the syringe firmly into the anus during the child's efforts to expel the water, and then refilling the bulb when the paroxysm of straining had passed. Then, while manipulating the tumor through the abdominal wall with the left hand, the bulb was alternately compressed and relaxed, in much the same way as a plumber uses his suction pump in clearing out a stoppedup sink pipe, and after a little gentle manipulation in this manner, the tumor was felt to disappear under the fingers. This was followed by immediate relief of the urgent symptoms, although occasional vomiting and some pain persisted for a few hours longer, but the vomited matter was no longer offensive in character. The advantages of this procedure over the application of hydrostatic pressure by means of a fountain syringe are the greater control which the operator has over the amount of force applied and the benefit of an intermittent, rather than a continuous pressure.—N. Y Med. Rec.