

injected into the bowels through an elastic tube, passed well up into the rectum. These means, unfortunately, proved of no avail. A medium sized male elastic catheter was, on two different occasions, passed about six inches per rectum; but I suspect that it did not pass that length along the bowels, but had got bent or doubled upon itself. I should mention that Professor Rainy and Dr Andrew Anderson saw this child in consultation with me.

An inspection of the body was made 24 hours after death by Professor Rainy and myself. The following is a report prepared by Mr. J. R. Watt, my hospital assistant:—

The body was in good condition, the abdomen discoloured and distended, which, on percussion, was found to be caused by the presence of gas. On laying open the abdomen, the viscera seemed to be normal in position and appearance, but no portion of the colon was visible. Two ligatures were applied below the pylorus, and the gut was divided and carefully detached, when, on reaching the left ilio-lumbar region, a firm mass appeared, about five inches long and three in circumference, into which the lower portion of the ileum was continued. Here a couple of ligatures were applied, and the gut removed. On further examination, this enlargement was found to terminate inferiorly at the upper extremity of the first portion of the rectum; another ligature was placed here, and the abnormality lifted out. The whole of the colon was invaginated and formed this large mass, the external layer of which was formed by the descending colon which contained from without, inwards, in succession, the transverse and ascending portions, the terminal portion of the ileum and caput cæcum coli, which last seemed to have been arrested in its course downwards at the upper portion of the first part of the rectum on account of its size. It was laid open from end to end as the successive layers presented themselves, its colour becoming very dark on nearing the caput cæcum coli, the walls of which were much thickened, apparently from disease, and their internal structures obliterated. Thus, to all appearance, the invagination had originated with the caput cæcum coli, which gradually progressed until the whole of the colon was included in it.

II.—CASE OF IMPACTION OF DAMSON STONES IN THE RECTUM OF A CHILD.

Reported by JOHN MITCHELL, M.D., Barnard Castle.

MR A— called on the 18th Oct., 1869, and requested me to send his son, aged two years and nine months, “some medicine for the diarrhœa.” In course of conversation he stated that he was afraid the child had swallowed two or three damson stones, for, on giving him castor oil the day before, some had come away. When I called later in the day I found him free from fever, with the pulse little accelerated, and no tenderness

over the bowels,—but suffering from paroxysms of pain, recurring at irregular intervals. Next morning his father came to say that he had removed a “canny few” stones from him during the night, that he feared there were still some remaining, and asked me to see him soon. Following him home, I made him place the boy on his knee, in lithotomy position, and removed from the rectum, by the finger, upwards of one hundred stones. Finding that still some remained, which I could not reach, I administered an enema, and then removed the whole. Altogether, I took away one hundred and forty-two; and, as his father thought, he might have got a “dozen or twa,” it is probable, on a moderate calculation, that this child had swallowed no fewer than one hundred and sixty damson stones. He was convalescent next day, and has since suffered no inconvenience.

III.—CASE OF COMPLEX PRESENTATION.

Reported by WILLIAM ALEXANDER, M.D., Dundonald.

MRS R., in the beginning of the seventh month of her tenth pregnancy, awoke on the morning of the 23rd July, as she said, “swimming in water,” and then sent for me. She had no labour pains, but it was evident that the membranes had given way, and a sufficiency of water had escaped, not only to soak the bed, but to pass through it and wet the floor. The os was patent enough to admit a finger easily, but no presentation could be felt. Rest was enjoined, and an opiate given.

Mrs R. kept her bed till the 1st of September, when illness in the family required her to get up occasionally, and undergo some fatigue. Slight labour pains came on, for the first time, on the morning of the 5th Sept., and as they were getting more severe after midday, I was sent for at half-past three o'clock. On arriving, and making an examination, I found, first, a hand, and then the head, low down in the pelvis, during the pain which was then upon her. On the pain ceasing, a further examination detected another hand on the opposite side of the head, and two feet pressing against the forehead in the hollow of the sacrum. I then began to think I had got a twin case to deal with; that the head and hands of one child were coming down, and the feet of the other. While thus in a state of suspense, another powerful pain came on, during which I found the presenting parts advancing towards the birth, retaining their relative positions. A third pain put the perineum upon the stretch, and two more sufficed to deliver a living child at four o'clock, with a hand on each side of the head, and the feet pressing against the face of the child; the breech being, of course, the last part expelled.

Remarks.—A presentation of this kind is, I believe, of very rare occurrence, and is merely alluded to in any work on midwifery which I have