A CASE OF FÆCAL ACCUMULATION IN THE RECTUM AND COLON: COMPLETE OBSTRUCTION OF BOWELS SUPERVENING: OPERATION: RECOVERY.

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DURING the month of August, 1877, I was consulted by a young lady, aged 24, who complained of symptoms of indigestion, occasional vomiting, etc., for which I prescribed. Finding, on passing her home about a week afterwards, that she was no better, I asked her to undress herself, so that I might properly examine her. To my great astonishment, I found that she had large, nodulated, firm, painless, movable tumours, occupying the lower part (and chiefly the left side) of the abdominal cavity. There was no gastric tenderness, menstruation had been regular, the bowels were being moved—in fact, there existed a kind of spurious diarrhoea. I considered it advisable at once to examine the rectum, when I found that this was tremendously distended, and packed full of dry, nodulated, earthy, fæcal matter, the anus being in a continual state of patency, due to the paralysis of the sphincter by mechanical distension. So much was the rectum distended, that a child at full period could easily have passed through it. Before going any further, I had better state that this individual, when a child, was in the Denbigh Infirmary, under the care, I believe, of Dr. Tournour, for accumulation in the bowels.

Getting the patient on the edge of the bed, covered with a sheet of oil-cloth, and using plenty of soaped warm water, I diligently dug away at this mass with my finger (which I think better and safer than a spoon) for a considerable length of time, finding that the mass was gradually descending as it was being removed below. Suffice it to say, that in this way the whole masses in the colon and rectum were cleared.

I cautioned the patient now about taking occasional aperients, and an enema to prevent a recurrence; but this she failed to do, so that after losing sight of her for about eighteen months, I was called to her again.

This time I found her just in the same state, applied the same treatment, but not with the same result, inasmuch as a mass was left in the sigmoid flexure of the colon, which would not descend into the pelvis. This could be felt by introducing a long tube, against which the point would impinge, but which would give way under a little pressure. Injections were of no avail, coming out as administered, owing to the compactness of the mass. After this attempt to clean the bowels, symptoms of complete obstruction supervened, as evidenced by her vomiting every meal she took, as well as a total stoppage of any fecal discharge from the bowels.

These symptoms were not accompanied by any greater distension or tenderness of the abdomen, neither was there any additional pain; and in spite of the administration of various kinds of purgatives and medicines, as well as enemas, they continued persistently for several weeks. The patient, in the meantime, was getting rapidly emaciated, so much so that, before long, death from starvation must take place.

At this critical period her parents asked me one day if I would have any objection for her to see a very eminent provincial surgeon, which, of course, I gladly consented to. I wrote a full history of the case for her to take with her, which the above gentleman kindly acknowledged, with the remark that it was a very extraordinary case, and that he had not made up his mind what to do. In a few days more I received another communication, stating that, upon further examination, he found that the case was beyond the reach of surgery, and recommending a trial of large doses of aloes. The patient returned home, and tried the above doses for a fortnight, but each dose came back.

Whilst she was away, an idea on one occasion suggested itself to my mind of doing something for her. The idea was to introduce my hand into the gut, and to push it up as far as possible, with the intention of getting at and removing the obstruction. After apprising her and her parents of this—stating that, if it was not successful, she would be left in the same state as at present—I operated, with the assistance of my old master, Dr. Davies, of Llanfair Talhaiarn, and Dr. Roberts. My intention was to dilate the anus; but, finding this impracticable, under chloroform, I divided the whole structures back to the coccyx. Now I could easily pass my hand; and Dr. Roberts passed a long tube in by my wrist, through which warm soaped water was injected. At the top of the pelvis I came across the big mass which I had so often felt and vainly attempted to remove, but now I could easily crush it. The arm was now withdrawn, when the whole was expelled. After reintroducing

the arm, I found that the colon was in a very abnormal condition, because, instead of there being an ascending, transverse, and descending colon, it was one tremendously distended chamber, and with my whole arm introduced up to the axilla, I could, on account of her great emaciation, investigate and manipulate every part of the abdominal cavity, with the other hand externally. Strange to say, in the neighbourhood of the right iliac fossa I found an opening of an oval shape, large enough to allow the passage of a good-sized plum (an inch and a half long), with a well-defined margin. This was plugged with a lump of hard fæcal matter, which was removed and crushed in the large amount of water which had by this time been injected. Every part was now thoroughly examined; and, after satisfying myself that there could be nothing more, the arm was withdrawn. Sutures were carefully inserted, a soft elastic catheter placed in the bladder, and by-and-bye a large dose of opium given. Vomiting occurred next day, due, no doubt, to chloroform; after which she went on for a fortnight, fed upon liquid nourishment, without any vomiting. At the end of this time, I detected a doughy kind of swelling in the left iliac fossa, which, I thought, must be the result of what she had been eating; and in a few days more, upon removing the sutures and catheter from the bladder, fæcal matter was found in the rectum, which was all easily removed by an enema.

After this, she got up, gradually resumed her ordinary diet, and I took care to watch her carefully for some time, with the satisfaction to find that the bowels gradually resumed their normal functions without the use of aperients or enemas; the bowel, no doubt, as time went on, in spite of its extraordinary distension, resuming its tone and contractile power; whilst the inestimable advantage of a sphincter capable of discharging its functions has been regained. In this way the patient has kept for over seven years. Lastly, what the above opening was, unless it was the ileo-cæcal valve, I am at a loss to know.

FIVE CASES OF PULMONARY PHTHISIS TREATED BY THE "BACTERIUM TERMO" SPRAY.

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SEEING an article in the BRITISH MEDICAL JOURNAL of October 2nd, headed "Failure of the Bacterial Treatment of Consumption," I think it only fair to state what has been my experience in five cases subjected to this treatment. I can scarcely say that failure has been the result of my efforts, for in two of the five cases marked improvement resulted; which continues up to the present time. The first case was that of a painter and paper-hanger, aged 43. He had lost his mother and a brother of consumption. In September of last year he caught cold, and had been ill until the time I saw him in April. He then had lost over a stone; his appearance was typical of advanced phthisis—great shortness of breath, bad cough, sputa sinking in water, with much pain in the chest, and continual diarrhoea. Physical signs showed breaking down in the upper part of the left lung, with a cavity under the left clavicle, clicks in the right apex, and commencing disease throughout the whole lung. Having obtained a pure cultivation of "bacterium termo" in a meat-infusion, by means of an incubator, kindly lent me, I injected six ounces a day in three sittings into the lungs, with a fine spray-producer. While pumping the spray, the patient was made to take as deep inspirations as possible; these were quick and shallow at first, but as time went on they became very deep and long.

At the end of a fortnight, his condition had greatly improved; the diarrhoea had ceased, the cough and expectoration were less, the appetite had become better, and the physical signs showed more natural breath-sounds.

At the end of a month, his condition was sufficiently improved for me to allow him to go back to his work—that of painting and paper-hanging—at which trying occupation he has been employed ever since. I, however, took the precaution of continuing the spray twice a day for three weeks more.

In this case, although I never could get the patient's lungs free of disease, yet a good deal of repair had taken place, weight had been gained, and a healthy appearance substituted for his consumptive look.

The second case was that of a girl, aged 20, who came from a distance to consult me. She had lost several members of her family from consumption. Her lungs were very weak, and there was disease in both apices, but no cavities. I put her under treatment, and in ten days she had so much improved that she went home to enable her sister,