There has long been a popular superstition that plumbing was for the purpose of conveying waste water, slops and sewage from bath-rooms, water-closets and sleeping-rooms to the street sewers; but the *Tribune* has exploded this fallacious idea. The *Tribune* seems to think that "the gas" is generated in the wash-basins and bed-rooms, and yet complains of the plumbing for being "an easy arrangement" for conveying it away; the wash-basins themselves being accessories in the "deadly work of conveying the gas away." Here again is another new scientific fact: "Where there is no plumbing to connect them (bath-rooms, water-closets, sleeping-rooms and wash-basins) with the street sewerage there is no trouble from the gas." The fact is, it is just under this circumstance, or when the plumbing is defective, that there is trouble from the gas. If the plumbing and drainage of the *Tribune* office be in accordance with the unsanitary ideas of the editor it should be inspected by the Health Department.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, Sept. 6, 1886.

E. J. DOERING, M.D., PRESIDENT, IN THE CHAIR.

DR. J. S. JEWELL gave a partial verbal abstract of his paper on

OVERFILLING AND DILATATION OF THE COLON.

He said that for the last ten years this subject had attracted more or less of his attention. During the last eight or ten years he had accumulated a list of over five hundred carefully studied cases, in which the condition named existed and concerning which he gave his observations. His mode of investigating the cases in which the overfilling existed has been as follows: The patient is stripped so that the abdomen is bare, the abdominal walls being relaxed. Then he takes a plate of soft rubber at least two inches in length by an inch and a half in breadth and one quarter inch in thickness, and a heavy steel hammer, quite as heavy as the ordinary surgical bone hammer. With this the abdomen is carefully percussed over the track of the colon, from its origin tracing it up under the liver, across and down to the sigmoid flexure. Thus percussing over the track of the colon and carefully locating every mass of feces, (even in persons with fleshy abdominal walls) he has been able to get at its course and contents. Out of these five hundred cases, perhaps a hundred have said that they were as "regular as clockwork" in having movements from the bowels. But upon examination, in most such cases the colon was found to have variable quantities of fecal material lying in it. The part of the colon

most subject to dilatation is the sigmoid flexure and the descending colon. At the flexure of the colon, deep in the left hypochondriac region, almost as frequent as in any other part of the course of the colon, he had found it dilated and filled with fecal matter. The next most common situation is the transverse colon, last of all the cæcum. In one case where the colon was very largely dilated, during the thirty or forty hours that were devoted to emptying the same (not continuously but at different times) two gallons or more of material were removed. The common way is to find masses of feces lying in lumps here and there, not filling the entire intestine.

In one case a mass was removed from the right extremity of the colon by massage, and flooding the colon its entire length with water. The fact that this mass had remained in the colon for more than nine months was ascertained in this way: The patient had taken a dish of dewberries such as appear in the fall after the ordinary blackberry has passed its season. He was in ill health, and growing worse during his visit returned home. This was in September. Dr. Jewell saw him early in June following. When the mass was removed it was found to be more or less filled with the seeds of the dewberry, and according to his own account he had not taken berries of any kind since the September previous, certainly no dewberries. This mass was about the consistence of soft putty and the size of a large Irish potato.

In most cases investigated the colon was dilated apparently, in some part or other, all the way from two to three times its proper caliber. This class of patients are all liable to become "bilious" and are habitually taking cathartic pills, mineral waters, etc. In every or nearly all instances, Dr. Jewell could trace their "biliousness" to gradual filling up of the colon, and the disturbance produced from this cause in the digestive apparatus higher up. The change in the secretions of the mouth, the bad breath, the unhealthy odor of the skin produced by absorption of foetid substances from the rotting masses in the intestine together with the coloring matter in the same, gives the skin of the patient a peculiar dirty sallow color. One of the first things to occur in addition to the dilatation, and weakening of the muscular coat of the colon by accumulation of material in it, is irritation of portions of the mucous membranes where the fecal masses lie, producing local catarrhs. This occurs with a frequency and to an extent that no one would suspect, unless they set the patient or nurse to carefully watching the stool. The next important factor in these cases is irritation of the peripheral ends of the sensory nerves of the intestinal mucous membrane, irritated by contact with the fecal masses. The nerves that return from the colon probably enter the spinal cord, at a level not lower than that of the tenth or eleventh dorsal vertebrae. Above the level named they probably enter the cord at various points higher up in the lower two-thirds of the dorsal cord, not to mention direct medulla connections, etc. Along these nerves are propagated the irritative impressions from the colon into the spinal cord or medulla, and thereby "switch" connections outgoing or reflex impulses are sent to other portions of the body,

producing thus various forms of disorder to be referred to later. He believes that he has not found one case out of twenty of ordinary melancholia that has not had its origin partly or in some cases apparently entirely in overfilling of the colon. Headache and a great many transient disorders referred to the head more frequently owe their origin to this source than he had ever supposed. Next is the influence upon the circulation in general, especially upon the heart's action, lowering its tension, and thus giving a feeble pulse.

Dilatation of the colon often causes a sluggish capillary circulation, and this accounts for the frequency with which patients complain of cold extremities. Dr. Jewell has found patients who could not remember having had naturally warm feet for years, when upon removal of the masses in the colon the feet would become warm. In insomnia he has found the condition of the colon described to be a frequent cause, the colon being the seat of the original disorder. There is lowering of the vascular tension nearly always in these cases, hence the feeble nutrition and feeble circulation in the brain, not to mention other parts. The next most important result of dilatation and overfilling of the colon is the fact that these masses of retained fecal substance in various ways poison the individual, by absorption of septic material. He has had three cases of epilepsy that he traced exclusively, as far as could be told by the results of treatment afterwards, to disease in the left extremity of the colon caused by fecal accumulations, and when the disorder was removed by proper means he was able to relieve the epilepsy. For the removal of these masses, as a rule, he does not use purgatives, but injections are given after the following plan: A large bag fountain syringe, holding half a gallon is adjusted at a convenient height from the floor, the patient lying down in the knee-chest position. The fluid should flow with considerable force until it makes its way past the upper sphincter which is at the lower part of the sigmoid flexure; pass one quart to one-half gallon of water, according to the size of the colon, so as to fill the entire organ to the cæcum. In some instances he has been able to introduce as much as a gallon of water into the colon, the patient feeling no serious inconvenience from it, and a half gallon is a common amount to introduce. The patient is then directed to lie down on the left side, and by proper massage over the ascending colon the liquid is moved and with it the contents of the bowel, toward the rectum. This should be done once or twice in the twenty-four hours until the colon is clear, and by this means it should be kept so. After this has been accomplished give the patient something that will act as a stimulant to the nervo-muscular coat of the colon. A good prescription for this purpose he has found should contain in pill or capsule form extract of cascara, a little belladonna, strychnia, hydrastis canadensis and aloes. By care the colon can be kept clear, and the disorders of the stomach usually disappear, the secretions of the mouth are improved, the skin becomes of a healthier color and loses the distinctly fecal odor that it frequently has.

He has met with a number of cases of so-called typho-malarial fever in their earlier stage with a temperature as high at times as 103-4-5, in which, by removing a great mass of material undergoing rapid fermentative decomposition at the high heat of the body, leading to rapid distension of the colon with gas, the signs of disease abated in a few hours and rapid recovery occurred. Where there is considerable inflammation in the bowel itself he introduces water pretty well charged with listerine or some other antiseptic, and a little glycerine or other medicinal agents, and in this way the intestine is purified and cleansed and the individual immediately improved. It seems now astonishing that it never occurred to him earlier, that to have a mass of feces undergoing fermentation and decomposition in the interior of the body, and in contact with an absorbent surface like the colon mucous membrane is or may be often the real cause of serious diseases.

DR. H. A. JOHNSON in opening the discussion said: This is a subject to which I have given no special attention, but perhaps if I propose one or two questions it may elicit some information. First, the inquiry suggests itself to me as to why this state of things exists, what is the cause of it? Perhaps as the author has suggested our rapid mode of eating, and our neglect of the natural demands of the functions of digestion have something to do with it, but this does not seem to me to cover it all. Secondly, the question arises in my mind as to how far such a state of things as he describes does actually exist in the colon, viz., putrefaction of the contents. So far as my observation goes the contents of the cavities of the body, including the alimentary canal and bladder, are kept from undergoing these putrefactive changes while they are inclosed. It is true that the fecal matters are full of bacteria in various forms, but I am not sure that the ordinary processes that take place out of the body, go on here. Thirdly, as to the function of the colon; it is both an excretory and secretory organ, and nutritive matter that are carried into it are undoubtedly taken up in their passage through it. There should be a delay, a normal arrestation of the progress of the fecal mass from the time it enters the colon at the cæcum till its discharge. In the normal condition the fecal mass is made up of the debris, of the waste matters of food, and the material removed from the blood; there ought to be, physiologically a retardation—time for the accomplishment of these two functions. What is that time?

DR. WM. E. CLARK said: The subject before us is one of great importance, and one to which I have given much thought. My first call in consultation, after my return to the city some twenty years ago, was to a female patient who had been an invalid for a number of years. A tumor could be felt through the abdominal walls, supposed by the attending physician to be a tubercular enlargement of the mesenteric glands, but which proved to be a mass of fecal matter in the colon. It had probably been accumulating for a long time, as after removal it was found largely to consist of bran from Graham bread—her principal diet for several years previous. Under ap-

propriate treatment, with particular attention to the condition of her bowels, the patient apparently recovered her health, though she died some years after with disease of the kidneys—the latter perhaps having some relation to the previous condition of the bowels.

Again, to-day I made an examination of a supposed uterine tumor, and found a tumor but not connected with the uterus—but an accumulation of fecal matter in the colon, and consequently have made arrangements for its evacuation. For the removal of these masses of fecal matter, I first gave cathartic with large doses of olive oil and then use injections of water into the bowel as far up as possible through a stomach tube; sometimes resorting to the placental forceps for the removal of large fragments.

DR. G. C. PAOLI said: I have listened with a great deal of interest to my learned friend to-night. We know that expansion of the colon occurs in many different diseases and there is hardly a practitioner who has not seen it in his practice for years. We see it in typhoid fever, nephritis, hysteria and lead colic. Constipation is undoubtedly a great cause of expansion of the colon. A man gets constipated, neglects himself, his feces become very hard and in consequence pains occur in the colon. With due respect to the author's experience and observation, he must admit that although we meet with cases in our practice they are not so common that we see them in the hospital. In regard to the treatment, we ought to administer such remedies as will give tonicity to the muscular coat of the bowels, such as cascara sagrada in combination with small doses of aloes. But without physical exercise medicine has very little beneficial effect. I have seen a shower bath over the abdomen have a good effect in producing contraction and tonicity of the muscular coat of the bowels. In regard to the injection which the author advises, it is well to remark that the rectum should first have a digital examination, because often hard excrement is impacted in it and under such circumstances the injection would meet with an obstacle. Strychnia may be very good in chronic but not in acute cases.

DR. JEWELL, in closing the discussion, said: The members of the society will of course understand that I have spoken only of the sick people who have come to me, a special class that is not met with so frequently in general practice. I am speaking entirely within bounds when I say that the number of cases that I now have on my record in which overfilling of the colon was one of the principal features of disorder, must be 700 or 800 during the last ten years, and 500 of these have been made the basis of my study. The question as to how long the matter may be left in the large intestine without harm is to me exceedingly interesting, and I have made that a study. The difference between the ordinary slow decomposition of fecal matter in the intestine and unhealthy decomposition, I have taken into account in my study, as well as the conditions or causes that bring about unhealthy decomposition. I am convinced that not enough stress is laid upon this subject. Many persons in the condition I have referred to have been all but ruined by taking by the week,

month and year, cathartics, which must be taken into the stomach first, dissolved and go the entire length of the small intestine before they reach the colon. The colon may be emptied in a much more satisfactory way by means of large injections, together with the use of medicinal agents, to stimulate naturally its weakened muscular apparatus.

DR. A. SCHIRMER reported a case of

ACTINOMYCOSIS HOMINIS,

with exhibition of patient and specimens of actinomycosis.

Frank P., a Pole, 25 years old, married, laborer in a lumberyard, has been five years in this country. No hereditary disease in his family. His occupation in the old country was farming during the summer months and during the winter months he attended to barnwork. He never was sick and never had the toothache. In his 18th year, while chopping wood he received an injury on the chin, which produced a bleeding wound. No medical attendance was necessary at the time. Shortly afterwards he noticed a swelling on both sides of the lower jaw. The swelling of the right side disappeared in a few days, but that of the left side remained three months after the injury. He was obliged, on account of pains, to consult a physician who injected at different times a clear fluid into the swelling. These injections were very painful. Shortly after the injections the skin turned white, and in the course of a few days it broke open and discharged a little pus. Later on the discharge of pus increased, the fistula remaining open. After that time the patient was not able to fully open his mouth. Three years ago, on account of a severe cough, he was unable to work for one week. From that time on he was able to work until last May, when on account of weakness, pains and stiffness in the neck, he was obliged again to quit working. At the end of July Dr. Schirmer saw him at his house. He complained of severe pains in the left side, and stiffness of the neck, being unable to move his head. He was feverish, pulse and temperature increased. He also had some cough; no appetite. Two days afterwards the opening of the fistula was enlarged and several small pieces of necrosed bones extracted. At the same time Dr. Schirmer opened an abscess situated between the jaw and the shoulder on the left side which discharged about one tablespoonful of a thin, serumlike pus, in which were sandlike granules of a greyish-yellow color. The opening was enlarged, and by digital examination and with the sound it was found that the crown of the abscess had no connection with the surrounding tissues. The abscess was superficial and did not extend into the deep layers. After this operation the patient could open his mouth better; ten days afterwards another abscess was opened on the right side of the neck. It discharged almost four tablespoonfuls of pus. The pus was thicker and the granules were considerably smaller than in the abscess of the left side. The skin was hard.

His cough and expectoration have become gradually worse. His appetite and sleep have also failed. For the last ten days he complained of severe pains in the right arm. A microscopic exami-

nation of the pus confirmed Dr. Schirmer's suspicions regarding the character of the disease, who found in the contents of the abscess actinomycoses. He also found actinomycoses in the sputum. Prof. Fenger, to whom he had given some of the contents of the abscess, also found actinomycoses.

DR. NEWKIRK asked if the patient knew of any disease among the cattle he attended.

DR. SCHIRMER: He said there was no disease among the cattle, and nobody else had such a disease.

DR. W. T. BELFIELD said: The case is hardly one for discussion, because Dr. Schirmer has not said anything about actinomycoses as such, but merely about the case. The finding of actinomycoses in the sputum is very interesting, it is undoubtedly a case of actinomycoses of the lungs and must prove fatal. There are only some thirty cases recorded in which this parasite has been found in men. I am not familiar with the literature on the subject for the last year, but up to that time there had been no well authenticated case of actinomycosis observed in man either in England or America.

DR. A. V. PARK read a paper on a case of
CARIES OF THE RIGHT PARIETAL BONE CAUSED BY
RAILWAY INJURY.

The patient was a stout German boy, aged 16, who was injured September 18, 1883, sustaining various lacerations and contusions on the body, besides a V-shaped wound over the left ear and a circular wound nearly over the centre of the right parietal bone. No fracture of cranium was discovered, although at the request of Dr. Park the case was examined by the family physician and the railway surgeon on different occasions. Patient exhibited signs of collapse and rallied slowly. Erysipelas ensued. After fourteen days the boy commenced to regain consciousness, but could not distinguish one person from another, nor remember events which occurred only a few hours before. It was over a week before he had complete control of his senses. Seventy days after the accident a piece of exfoliated bone, size of three cent piece and thickness of external layer of cranium, was removed from wound over right parietal bone. More dead bone was detected, and ninety-two days after the injury an area of two and one-half inches in width by three and one-half in length of diseased bone was removed, the bone being removed down to the diploë. Erysipelas again ensued and lasted about one week. One hundred and fifty-one days after the injury the patient was discharged, with partial deafness of the left ear and impaired vision of the left eye, as the only unfavorable results of the injury. Dr. Park gave as the result of his observations of railway injuries the following conclusions: 1. Sloughing is the rule in contusions and lacerations. 2. Hæmorrhage may be little, but is apt to be great in injuries to head, or extremities where large vessels are lacerated. 3. Examination of wounds should be thorough, and is best done during period of shock. 4. Shock may be excessive and death ensue rapidly, or reaction take place slowly with symptoms of collapse. 5. Amputations are attended with high rate of mortality, owing to liability of stump being at-

tacked by erysipelas, osteomyelitis, sloughing, or pyæmia ensuing. 6. Erysipelas may ensue rapidly and must be manfully combatted. 7. A large majority of persons injured on railways recover but partially. The sequelæ may be paralysis, insanity, loss of memory, impaired vision, deafness, etc. These results may follow immediately, or not appear until months or years after the injuries were inflicted.

CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular Meeting, Friday, August 20, 1886.

THE VICE-PRESIDENT, HENRY T. BYFORD, M.D.,
IN THE CHAIR.

W. W. JAGGARD, M.D., EDITOR.

DR. W. W. JAGGARD exhibited

AN OVUM CORRESPONDING TO THE FOURTEENTH
WEEK OF PREGNANCY, SHOWING TWIN PREG-
NANCY, WITH ONE PLACENTA, ONE CHO-
RION, ONE AMNION, BOTH EMBRYOS
OF THE MALE SEX.

The interesting specimen was placed at his disposal through the courtesy of Dr. Daniel H. Williams, of Chicago. The egg corresponded to the fourteenth week of pregnancy. It was a case of twin pregnancy, with one placenta, one chorion and one amnion. The embryos were equally well developed and were of the male sex.

The case illustrated one of the modes of origin of multiple pregnancy. An ovum may have two nuclei, and an embryo may be produced from each nucleus. Under these conditions, the fecundated ovum has one placenta, (or there is anastomotic communication between two fused placenta), one chorion and two amnions. The amniotic septum may be broken down or absorbed, and the embryos may be contained in a single amniotic sac, as in the specimen exhibited.

In a case of single placenta, or fused placenta with anastomotic communication, and a single chorion, the twins are always of the same sex, (Hyrtl, Spaeth, Braun).

DR. JOHN BARTLETT read a paper, entitled

A PROPOSED MODIFICATION OF PORRO'S OPERATION.

After giving a concise history of the classical and Porro's operations, Dr. Bartlett said:

The substitute for Porro's operation which I have to propose is as follows: The operation proceeds as in Cæsarean section till the child is removed, the actual cautery being used in opening into the womb. Then, instead of dragging the womb out of the abdomen through the dominal incision, it is dragged out of that cavity through the vagina. The operator passes a Well's clamp, somewhat modified in its prehensile surfaces and properly curved in coincidence with the parturient canal, to the fundus of the uterus and there secures a firm grasp into the uterine tissues. By traction upon these forceps, and pressure, and suitable manipulation from above, the fundus of the uterus is depressed into the body of the organ, dragged through the cervix into the vagina to produce complete in-