from the walls of the abdomen from a point
own the pelvis to the diaphragm, and from
muscle anteriorly to the vertebra posteriorly.
idney had been displaced and was apparently
nd the entire descending colon, together with
e of the abdominal viscera which should oc-
eft side, were pushed over to nearly the me-
and were enveloped in a sack of loose peri-
There was not the slightest evidence of peri-
e bowels being flat, and apparently showing
f irritation.

eing considerable hemorrhage in the form of
oozing, I carried a second incision at right
the first, for the purpose of drainage, cutting
ie abdominal muscles, to the outer border of
r muscles. After thoroughly cleansing this
enched the parts with hydrogen peroxid, after
vas packed with a large quantity of gauze
warm bichlorid evaporating solution. The
though weak and exhausted before the opera-
d from it very nicely.

following the operation he seemed to be semi-
which seemed to be the result of exhaustion,
as no evidence of inflammatory trouble, and
rise of temperature. There was no effort at
whilst the wound remained perfectly clean,
a peculiar ammoniacal odor connected with
there was no evidence of escape of urine into
from either the kidney, ureter or bladder;
ion, to my mind, indicated molecular dissolu-
re was incontinence of urine, and whilst the
considerable nourishment, which apparently
ligest, yet he gradually sank and died on De-
just five days after the operation and twenty-
after the accident.

GENERAL COMMENTS.

had here a series of injuries in which there
abdominal injuries without corresponding
idences of traumatism, yet the result in each
tal. In four of the cases reported, we have
e of some part of the alimentary canal, fol-
eath. What are the lessons we are to learn
grave accidents? Could the lives of these
ve been saved through operative interference?
st case, in which the patient was struck by a
firmly believe that if operative interference
sorted to immediately after the accident, that
would have survived the injury. In the case
of the stomach, there was such general in-
the entire abdominal cavity, as shown by
rtem, such rapid collapse, that I question
would have been possible to have saved the
patient unless the surgeon had been actually
nd at the time, and made immediate opera-
ust be remembered, as in this case, that these
equently occur miles from surgical aid, and
the surgeon reaches the patient the time for
ference has past.

lies to the third case, in which the patient
against the end of a rail, producing rupture
tine, but as the patient was past all hope of
en seen by the writer, and no postmortem was
t is only conjecture as to the real injury
At all events, operative interference would
in this case by the time it was possible for
reach him.

hemian miner, the question of immediate op-
ference might well be considered. This man
was in the hospital in less than three hours from
time the accident occurred. The question of
intervention came up, but inasmuch as the
rallied from shock, I do not consider it good
undertake an abdominal operation without
edge of where the injury might be located, with
less patient, suffering from extreme shock, from
he never rallied. Had I seen the slightest sign
ing, I would have operated on him at once.

This, of course, brings up the mooted
operating in shock, and although I have for
advocated major amputations under shock,
made many such amputations under such
where the patient has rallied after the
mangled limb, which I doubt ever would
without its removal, I was skeptical in this
abdominal operations where there is
seems to me that there is a different condition
to contend with, and it is a question in my mind
operative interference for grave abdominal injuries
the patient suffering from the severest form of
advisable, or would result in benefit to the patient
in hemorrhage.

The last case is a peculiar one, and brings
question of operations for hematoma. It is my
not to operate for hematoma as long as there is
able hope that they are being absorbed. I see many
dents every year in which there are severe hemat
cated between the muscles, which are rapidly
and the patient gets well with little or no difficulty
casionally we have hematoma that do not absorb,
I consider proper cases for operative interference
would treat such cases the same as I would a
pus: evacuate and drain thoroughly. We admit, in
days of antiseptic and aseptic surgery, that incisions
muscular tissue with evacuation of collections of
ought not to be followed by infection, but notwithstanding
ing all the precautions the surgeon may resort to,
patients are liable to become infected. I seldom
compound of simple or open of closed wounds
can be avoided, and particularly so when nature
clined to take care of the extravasation by the
channels of absorption. This is particularly true
we have different nationalities to deal with who do not
readily understand or thoroughly comprehend the
lish language and are liable to unintentionally disregard
the surgeon's instructions.

CONCLUSION.

From reading the literature of this class of cases
gether with my own experience, I am led to the conclusion
sion that it is the surgeon's duty to make an exploratory
incision in all cases where there is grave doubt as to the
real nature of the injury, and particularly so when
constitutional symptoms point to a condition more serious
ous than is indicated by either the subjective or
jective symptoms, provided the physical condition of the
patient is such as to warrant an operative procedure.

Clinical Report.

UNPRECEDENTED CASE OF CONSTIPATION.

D. GEIB, M.D., AND J. D. JONES, M.D.
GROTON, S. D.

This case, reported to the South Dakota State Medical
ciety, June, 1900, and to the Aberdeen District Medical
ciety, June, 1901, by Dr. D. Geib, was further described
communication to the Aberdeen District Medical
September, 1901, by Dr. J. D. Jones and concluded by

case to time of death, January
D. Geib and J. D. Jones.
patient, Mr. K., having enjoyed g
of 11, began at that time to b
for three months by Dr. Nichola
Wisconsin, no bowel movemen
sult of cathartics and laxatives
tion continued until death. It
him to go three weeks or as
ent of the bowels. At the age
ment for three or four months
a homeopathic physician, who pr
croton oil, to be doubled in two
and quadrupled in six hours. Th
a period of several weeks, his b
ven years following, his bowels
age of 29 he contracted a severe
days passed without an evac
regularity, his bowels did not
fteen days. At this time he con
without immediate benefit, but
bowels were regular. In Febru
turned. The patient had no mov
June 21, 1901.
these periods of costiveness he
a good day's work. His respirat
urine was normal when he was

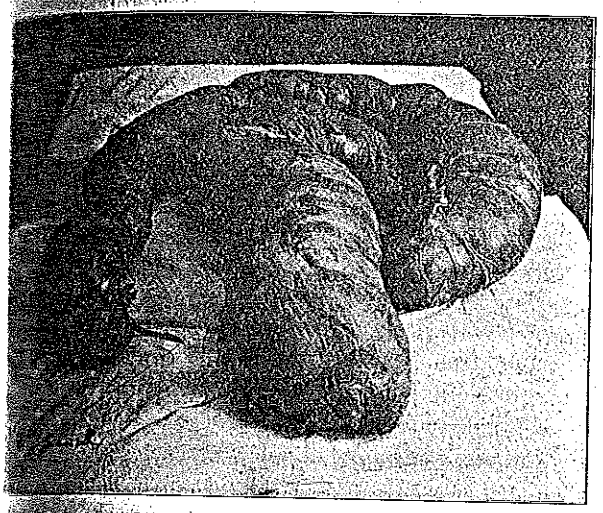
The colon of Mr. K.

colored when in pain. The evacua
him very weak and he was greatly tr
had to lie on his right side to relie
ly disabled for work.
Abdomen was greatly distended so
much crowded up the diaphragm an
visibly pushed out. There was tend
fissure, but over the remainder of the
heavy pressure.
was not troubled with gas when reg
of valerian, sumbul and asafetida
siderable relief.
June 19, 1901, Dr. Jones was called in
the patient from his painful conditi
greatly distended. The colon, on palpa
as a six-inch stovepipe. From th
fissure to the rectum, the bowel seem
fat and hard. On digital examinatio
filled with a mass of fecal matter so
could be made on it. The anus wa
removed from the rectum with a bon
Further operation was postponed be
by the patient, and olive oil enemas
on further attempt to evacuate t
that the olive oil had softened the h

...rate to time of death, January 8, 1902, with autopsy, ... D. Geib and J. D. Jones.

...e patient, Mr. K., having enjoyed good health previous to ... age of 11, began at that time to be constipated and was ...ated for three months by Dr. Nicholas Senn, then of Dodge ...unty, Wisconsin, no bowel movement being secured. The ...only result of cathartics and laxatives was severe pain. The ...ation continued until death. It was a common occur ... for him to go three weeks or as many months without ...ement of the bowels. At the age of 20 he did not have ...ement for three or four months at a time. He con ...ted a homeopathic physician, who prescribed for him two ...ops of croton oil, to be doubled in two hours, tripled in four ...s, and quadrupled in six hours. This produced no result, ...after a period of several weeks, his bowels moved again. ...For seven years following, his bowels were fairly regular. ...At the age of 29 he contracted a severe cold and five months ...three days passed without an evacuation. After a few ...ks of regularity, his bowels did not move for six months ...fourteen days. At this time he consulted Dr. Stamm of ...Sr., without immediate benefit, but during the next six ...his bowels were regular. In February, 1900, the consti... returned. The patient had no movement from June 18, ...to June 21, 1901.

...During these periods of costiveness he could eat full meals ...do a good day's work. His respiration was always nor... the urine was normal when he was free from pain, but



The colon of Mr. K.

...dy colored when in pain. The evacuation of his bowels ...de him very weak and he was greatly troubled with gas so ...t he had to lie on his right side to relieve himself and was ...tially disabled for work.

...The abdomen was greatly distended so that the liver and ...stomach crowded up the diaphragm and the floating ribs ...visibly pushed out. There was tenderness in the sig... flexure, but over the remainder of the abdomen he could ...heavy pressure.

...He was not troubled with gas when regular. The admin...ation of valerian, sumbul and asafetida by Dr. Geib gave ...considerable relief.

...On June 19, 1901, Dr. Jones was called in with Dr. Geib to ...ve the patient from his painful condition. The abdomen ...greatly distended. The colon, on palpation, seemed to be ...rge as a six-inch stovepipe. From the head of the sig... flexure to the rectum, the bowel seemed to be perfectly ...ght and hard. On digital examination the rectum was ...filled with a mass of fecal matter so hard that no im...sion could be made on it. The anus was dilated and the ...removed from the rectum with a bone curette and hot ...r. Further operation was postponed because of the pain ...ered by the patient, and olive oil enemas were ordered.

...June 21, on further attempt to evacuate the bowels, it was ...d that the olive oil had softened the hard mass so that about two pounds of the feces could be removed before the patient complained of pain; his weakened condition prevented further operation. The circumference of the patient at this time at the ensiform cartilage was 39 in., at the umbilicus, 38.5 in., and at the crest of the ileum, 39 in.

On arrival at the house on the morning of June 22, the report was received that he had passed an ordinary pailful of feces since the day previous. There was much rejoicing in the family. The patient was very weak and sore, so no further operation was attempted at this time, but the olive oil enemas were ordered continued.

The patient, when next seen, on June 25, was feeling comfortable; the gas had ceased to trouble him and he had passed about three quarts of feces that morning. His measurements at this date were, at the ensiform cartilage 34 in., umbilicus 33 in., and at the crest of ileum 30 in.

The enemas were ordered continued. Mr. K. estimated that he had passed about eight gallons of feces since the beginning of the treatment. On June 29, he was cheerful and pleased at his progress. The measurements at the ensiform cartilage were 34 in., umbilicus 30 in., crest of ileum 29 in. From that date he received massage treatment given by Dr. Geib, twice a week for three weeks, and improved in strength so that he was able to ride to town and walk about. One July 8, after his massage, he suffered considerable pain for about three days.

His bowels moved frequently. The contents were described as resembling soft soap and during this period of discomfort he passed a hard mass about the size of a duck's egg, containing grape seeds. He had not eaten grapes since the fall before. After this he had little trouble and gained in strength and weight. The only treatment then given was massage, iron and strychnia.

The history of the case subsequent to the above report to the Aberdeen District Medical Society is as follows: Since the treatment in June, 1901, the bowels moved regularly; occasionally he was obliged to take an enema, but he was well nourished and weighed more than he had for years. He was very sensitive to cold this winter, chilling on the least exposure.

On the second day before his death, which occurred Jan. 8, 1902, he rode to town, a distance of eight miles. He retired at 11 p. m. apparently as well as usual, and awoke about 5 a. m. with pain. He arose about 8 a. m., built the fires and did part of his morning's work. The pain, however, became very intense and he went to the house and suffered more or less all day. There was a great desire to evacuate the bowels, but it was impossible. At 2 o'clock the following morning, he died while sitting on the stool. No medical aid was called.

The autopsy showed the abdomen greatly distended with gas and fecal matter. On making an incision along the linea alba, the tension was sufficient to tear the flesh apart; the omentum was very thin and the colon was brought at once into view. The position of the colon was as shown in the photograph, save that the extra loop overlaid the normal colon. The splenic flexure, transverse colon and descending portion of the extra loop were very much thickened, containing much more muscular fiber than normal. The parts most distended were the splenic flexure, the transverse and the descending portion of the extra loop, but the whole colon was much larger than normal.

The most distended portion measured 19¼ inches in circumference. The rectum contained a hard mass of feces shaped like a goose egg, measuring about 4 inches in the shortest diameter and 6 in its longest. This was pressed tightly against the sphincter and acted as a valve. The remaining portion of the colon contained soft feces; the total contents were an ordinary bucketful. The stomach and small intestines were empty. The diaphragm was crowded up to the level of the fourth rib on the right side; the heart and lungs were both displaced.

Iodoform Odor.—Oil of turpentine is suggested for the removal of the odor of iodoform. It is claimed that it at once removes the objectionable smell from the hands or implements. —*Med. Fortnightly.*