

being mistaken for an
 uth of some abdominal
 the colon to become
 the caecum. Accumula-
 colon. The ascending
 n life than the books
 l, it may be said that
 to be found in the as-
 which is also contrary
 hen the accumulations
 he colon tends to dis-
 n may descend even
 e filled in an adult so
 fteen inches. These
 ey may be so hard as
 taken for gall stones.
 s to press upon any
 rfering with its func-
 the liver that arrests
 ary organs crippling
 accumulations almost
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 o fill a common-sized
 ounts occur only ex-
 attention is particu-
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 them by palpitation.
 ticularly that I wish
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are no sort of a sign
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 hose in which daily

movements of the bowels occur. The diagnosis of fecal accumulations is facilitated by inquiring as to the color of the daily discharges. A black or a very dark green color almost always indicates that the feces are ancient. Prompt discharge of food refuse is indicated by more or less yellow color. It would be interesting to inquire why fresh feces are yellow and ancient feces are dark.

Absorption of the feces from the colon leads to a great many different symptoms; amongst others, anæmia, with its results, sallow or yellow complexion, with its chlorasmic spots, furred tongue, foul breath, and muddy sclerotics. Such patients have digestive fermentations to torment them, resulting in flatulent distention which encroaches on the cavity of the chest, which in excessive cases, may cause short and rapid breathing, irregular heart action, disturbed circulation in the brain, with vertigo, and headache. An over-distended caecum, or sigmoid flexure, from pressure, may produce dropsy, numbness or cramps in the right or left lower extremity. A physical examination that will determine this impaction is simplicity itself. By placing the patient on his back, with the knees well drawn up, the physician can place one hand on the abdomen, below the tenth or eleventh cartilage, with the fingers of the other hand in the posterior hypochondriac region. The ascending or descending colon can easily be pressed forward against the hand in front of the abdomen. The hand in front should be kept firm and immovable. A little practice will enable one to very readily distinguish these accumulations. Conjoined manipulation only enables one to decide the incontestible presence of impaction of the colon. Percussion sounds may be so obfuscated by adventitious circumstances as to render them valueless. Conjoined manipulation can be very quickly practised, and is the most satisfactory method of examination. Its only uncertainty of detecting accumulations is in very obese patients. In them a flushing will dispel doubts.

Case I.—Miss O., age 27, has almost continuous universal cephalagia; pain over the angle of the transverse