CONSTIPATION AS A FACTOR IN DIARRHŒA.

BY C. P. PUTNAM, M.D.

THE object of this paper is to emphasize the important rôle played in diarrhœa by constipation, or, we might rather say, by retention of fæces. This is not a new subject, yet, I think the importance of it is not enough recognized.

Diarrhœa differs in its tendency from constipation, in that it is, almost always, an attempt at a cure. It is a successful attempt in many cases, and, though more often unsuccessful, is still a move in the right direction.

Diarrhœa occurs in most cases because there is something in the intestines which ought to come out. In case of constipation, however, we can by no means equally say that it is an attempt to keep in the intestines what ought not to come out. It is true that in certain classes of cases, no one hesitates to cure diarrhœa by increasing it. Green apples at once suggest castor oil, yet, I think that neither this drug nor calomel, nor, in their proper place, the many other laxative medicines and diets, are appreciated to their full value.

If I need to make any apology for bringing before the Society an old and simple subject, I think one can be found in the following cases, which are a few of the many that come to my mind:

(a) A girl little over a year old, she lived in a country town; had been nursed by her mother. She was weak at birth, and bled at the navel for a short time. When about three weeks old she had some kind of stomatitis and from about that time on, suffered occasionally with constipation. From time to time, however, she had diarrhœa; and for this, for the most part, she had been under treatment.

The diarrhœa had been worse when I saw her. For a week she had from six to nine dejections daily, which were loose, greenish, with whitish lumps, and very offensive.

In addition to the breast, she had, from time to time, for six months, been fed with potatoes and a little bread and milk, but she had again been put on the breast alone. The patient was extremely restless, especially at night.

The physician despaired of her recovery; and when sent for, a short time before, came unwillingly, saying he thought nothing more could be done for the child, that the digestive organs were unequal to their work.

The mother was advised to feed the child after each breast meal, with milk (warm from the cow, if possible), together with well-baked bread and indian-meal porridge. One-half grain of calomel was to be given every four hours until the bowels were freely moved, or until the offensive odor was gone.

Two days later the mother came, saying the child had taken about a pint of milk daily. The dejections were less green, but still very offensive. The child was even now very restless at night. Ipecac and calomel (one-quarter of a grain of each), were ordered to be given every four hours until the offensive odor disappeared, even if the bowels were very freely moved in the process.

One month later the mother came again to say the child had gained greatly in weight, and seemed perfectly well, the discharges having become natural and not offensive. Its health has never been so good.

(b) Miss B., about thirty years old, had suffered from diarrhœa for several years, seldom being free

from it except for short periods. The discharges were dark-brown, and offensive. She had received treatment for this trouble at various hands, but without any lasting success.

For a short time I advised hot-water enemata. This gave a certain degree of alleviation. Then a strong cathartic pill was administered, and from that time she improved rapidly, and the diarrhœa practically disappeared.

(c) A boy of fifteen months, seen in consultation. He had been attacked suddenly, a week before, with diarrhœa of unknown origin, and had been treated with bismuth and opium, with the result that he almost immediately improved, and seemed quite well. But soon after the treatment had been suspended, the bowels had begun to move, and the discharges became loose, green and offensive.

The same treatment again relieved the symptoms, only to have them reappear when the treatment was again given up.

Calomel, to be used as in the first case, was recommended; and from that time the child improved steadily.

The last case is that of a gentleman, about thirty-five, who was attacked with diarrhœa while travelling in Europe, and was treated in various cities for it. He took a number of sedatives, including a considerable quantity of opium, and finally came home almost in desperation. He was very weak and moderately emaciated when he arrived here, and was able to eat almost nothing.

He was ordered to take large hot-water enemata, which were increased by degrees to about two and a half quarts, with the result that before long his diarrhœa ceased and his usual health and flesh returned.

In reporting these cases, I have dealt with symptoms, not diseases, in order to keep the subject as simple as possible.

The practice of giving opiates for diarrhœa, irrespective of its cause, seems to me objectionable, and, in many cases, decidedly dangerous.

It is my practice to tell patients that the number of discharges is a very unimportant point, that the main question should always be, as to their quality. Any decomposing material in the intestines should be taken out of them as rapidly as possible. It can only be a matter of regret that we cannot more readily remove such material. Even in typhoid fever, I am inclined to think that the general fear of giving enemata and laxatives is an exaggerated one.

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FRACTURE OF THE ANTERIOR SUPERIOR SPINOUS PROCESS OF THE ILIUM FROM MUSCULAR ACTION.

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As a contribution to the literature of this rare form of accident, I will report the following:

John Coe, aged seventeen, while running a foot-race of one hundred yards, was suddenly brought to a stop by feeling something give way in his hip, with a sensation of bones grating together. He found that he could not take another step, and was carried home where I saw him within an hour after the accident. On examination I found distinct crepitus, with motion

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