

## INFANTILE CONSTIPATION.

CLINIC OF PROF. JACOBI, APRIL 14, 1880.

How old is this child? "Three months." What is the trouble? "Its bowels move eight or ten times a day." Only a little at a time? "Yes, only a little bit." Are you sure its bowels move as often as that? "Yes, I think they do."

I show you here, in this napkin, a collection of these bits of feces which the child is passing continually, the mother says as often as eight or ten times a day, but it is not probable that it is so frequent. You see that the colour of the feces is about normal, but that they are deficient in moisture. They are dry and somewhat friable. If I break open a piece I shall find it a little white inside. No, it is very little changed in colour from the outside, only a little whitish within.

The passages of young babies are never normally like this. They are of about the same colour, but semi-solid. There is evidently here a lack of moisture, which may possibly arise from an insufficient secretion on the part of the intestinal glands. It may, however, arise from other causes. It was, I think, in 1869 that I alluded, in my writings (*Journal of Obstetrics*, Aug., 1869) to a peculiar anatomical condition occasionally existing in the bowels of new-born or young infants. It had been recognized before, by a few anatomists, that the intestinal tract is different in the young from what it is in the old. The colon is very much larger and longer, in proportion, in the child, than it is in the adult, and this peculiar condition often remains up to the age of five or six years. The child may have two or even three sigmoid flexures, or the real sigmoid flexure may not be found on the left side, but on the right. It has occurred that the colon has been on the right side and not on the left, in those cases of imperforate anus where the operation has failed to discover the sigmoid flexure on the left side. In the passages of the young, where the peristaltic action of the bowel is normal and the colon of the usual proportion, the passages will not dry out; but where the flexure is long, or where there are two or three of them, the feces will dry out, as in the case before you.

In the fœtus and new-born the secretions of the intestines are very copious. There is a great deal of mucus and epithelium, which may become very hard and compressed—to such an amount, indeed, as to constitute actual obstruction. I remember one such case in my own practice, where constipation existed, accompanied by vomiting and other symptoms of complete obstruction. Water was injected in large quantities; air was blown into the intestine, and carbonic acid gas also, by means of an apparatus prepared for the purpose, but all to no avail. At last symptoms of regurgitation took place, peritonitis set in, and the child died. I made a post-mortem examination, and found that the condition was like this which I have mentioned. There were three sigmoid flexures, and in one of them an accumulation of epithelium, mucus, and feces had taken place, which was so hard that my probe passed through the mass with difficulty. Not long after I was called to a similar case, and treated it in the same way, but without avail. I saw the case in consultation, and not liking to be caught in the same scrape again, was prepared to operate, when late one night my door bell rang, and the physician in charge of the case came in and said, "Doctor, the child has had a passage." The child had passed a mass of mucus and epithelium, and finally got well. There have occurred to me a number of cases like this in children, that cannot be explained in any other way than by the fact that there were two or three sigmoid flexures, one on top of the other, and impeding the free passage of the feces.

When you are called to such a case, where you suspect such a state of things, you are to regulate the diet so that there may be an abundance of water in the food. In fact, it is always better to have too much water in an infant's food than too little. In the choice of food, do not give tapioca, rice, potatoes, or even barley, which is my favourite child's food, but give oatmeal in preference.

Purgatives ought not to be given except in very urgent cases; they will not act without great pain. You cannot do without injections, and from these you will derive great benefit. You may be compelled to use them for months and years. Remember that the constipation is