

Another pathological condition described by Dr. Arbuthnot Lane, of London, is the formation of adhesions between the peritoneal coat of the large bowel and the parietal peritoneum, so as to produce a fixation and contraction of part of the cæcum, ascending and descending colon, and sigmoid, and adhesions between the transverse colon, as it forms the V, with the ascending colon on the right, and the descending colon on the left, thus converting the two flexures of the colon into more or less fixed acute angles.

Before going farther, we should adopt some form of classification and the most convenient one is into the three forms, atonic, spastic and mechanical.

The atonic form is the most common and may be induced by many causes, such as deficiency of fluids, neglect of calls to stool, faulty diet, irregular meals, loss of sensitiveness of the rectum, debility, sedentary habits, abuse of purgatives, diseases of the stomach, brain, spine and some general diseases.

The *spastic variety* is most frequently associated with neurasthenia and hysteria, and with such painful conditions as fissure, ulcer, piles, or inflammatory affections of the pelvic organs. It is often associated with hyperchlorhydria. Mixed conditions of atony and spasm may be found in the same patient.

Among the mechanical causes are pressure from tumors or displaced organs, volvulus, hernia, stricture, adhesive bands, the contractions and fixations mentioned by Arbuthnot Lane, and enlargement and rigidity of the rectal valves.

In the *diagnosis* of constipation we must not merely take the patient's word for the condition, but go into minute particulars and make a careful physical examination. We must consider all the conditions of the patient's life and habits, before coming to a conclusion as to the probable cause of the constipation.

In the atonic form the abdomen is lax, the motions dry, hard and infrequent, and often in the form of scybala, with more or less mucus on their surface. At irregular intervals there is diarrhoea, due to the irritation of the retained masses. We find this atonic form often associated with enteroptosis or some form of debility.

In the *spastic variety* the tendon reflexes are apt to be more marked than in the atonic form. The abdominal muscles are more tense and palpation of the abdomen is more difficult. Portions of the intestines may be felt as hard, tender cords, while other sections are irregularly distended with gas and painful. The motions are small, like the little finger, or are ribbon-shaped, and putty-like in consistency.

There is a good deal of straining at stool with the feeling that the movement has not been satisfactory, even when the rectum is empty.