

taking three more doses she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrate in grain doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and nerves proceeding therefrom. She took potassium bromide, gr. xx, and croton-chloral hydrate, gr. i, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgias for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the Pharmacopœia,—strychnia, iron, quinine, ammonium chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two grain doses of croton-chloral hydrate every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have croton-chloral hydrate, not a single bad symptom has been observed. In grain doses, it relieves pain quickly, causes sleep, no subsequent headache or furred tongue. In several cases it acted as a gentle laxative.—[Penson Baker, in the British Medical Journal.

PRACTICAL MEDICINE.

CONSTIPATION IN PNEUMONIA.

From a Clinical Lecture by Professor Skoda, Vienna.

There is not any physician who has not had occasion to observe that pneumonia is often accompanied by a state of obstinate constipation which may be greatly prolonged. It is natural, therefore, to ask oneself if it is proper to interfere in these cases in order to put an end to the constipation.

This question of constipation in disease is more important than it seems at first. But before entering on its study we must first inquire what is the interval which separates the stools of persons in perfect health. These data will serve to form our judgment, and we can then decide whether the constipation which arises in any illness can have any influence or not on the evolution of that malady.

The observation of facts teaches us that the time which elapses between different stools is not the same in all individuals. The greater number have one stool a day; others also numerous have only one in two or three days. There are yet others who only experience this need at intervals yet more distinct. On the other hand, there

are individuals in the most perfect state of health, who have two stools a day. The physician ought not to forget this fact, when he finds himself in the presence of a commencing diarrhœa; it is especially important for the prognostic point of view. As we possess as yet only very imperfect notions of the reasons of these physiological differences, we will here content ourselves with pointing them out to the attention of physicians, and will abstain from further commentary. There are even cases of persons in whom the retention of fœces persists, not only for some days, but even for many weeks. This is seen especially in women. In these cases the first evacuations are accompanied by violent pain, which may be so severe as to provoke syncope. During the whole duration of this obstinate constipation, it is often impossible to succeed by any means in forcing a stool. Nevertheless, appetite may be preserved, the individual takes food, and even experiences only relative inconvenience. The quantity of food ingested is necessarily very small, but it is none the less a very singular thing to see the need for alimentation continue, in spite of the complete absence of evacuation.

Does the diversity which we indicate in the habits of different individuals exercise an influence on their state of health? On this point observation shows us first that the stools of individuals in whom constipation has lasted some days are in no way different to those of persons who go to stool every day.

Fœcal matters can, then, remain entire weeks in the intestinal canal without undergoing sensible modifications. It follows that substances ingested during the time that constipation lasts, are digested and absorbed, and that the fœces remain constituted by the residue of digestion as in the case in which an evacuation is produced every day.

From all these facts one has the right to conclude that fœcal matters may sojourn for a long time in the intestinal canal without undergoing any modifications prejudicial to the organism, and that constipation does not constitute in itself a state very dangerous to the general health. Thus we are enabled to reply to the question above stated: The differences observed among individuals as to the number of their stools in a given time do not induce modifications in the health of these individuals. This is a fact well established by experience, and which has been hitherto too much overlooked in practice.

How much harm has been done by the untimely employment of purgatives, which might have been avoided by the simple knowledge of this fact. We think it is our duty, therefore, particularly to insist upon it, for it is not without danger in a number of cases that purgatives are administered. And we shall avoid falling into many errors, if we keep in mind this fundamental truth of the harmlessness of constipation.

As to the gases which are developed in the intestinal canal, it is to be remarked that they also are retained with the fœcal matters; but that, in the case of prolonged constipation, unless we have to do with intestinal strangulation, there is for the most part very little gas. It is a fact

long recognised that the gases are necessary for the evacuation of the fœcal masses; they facilitate it by diminishing the friction of the matters against the walls of the intestine. It is their function also to favour the movements of the diaphragm, and to deaden the effects of the play of this muscle on the abdominal walls. The gases exercise, then, a real influence over the fœcal evacuations, and we may henceforth feel assured that in all cases where there is not any gas, the evacuations will take place with much difficulty.

What demonstrates this influence of the gases over fœcal evacuation is the happy effect produced by aliments productive of gas in individuals subject to constipation. At the head of these aliments may be placed black bread, and the legumes; these kinds of food, however, are not equally well borne by all temperaments, for they often produce a very disagreeable inflation.

But, besides gases, there must also be fluids in the intestinal canal, in order that the stools may be effected with facility. We should, therefore, seek to introduce them into the digestive tube, and we must choose those which are not immediately absorbed. And fluids stay longest in the intestine, for they are obliged to unite with bases before they can be absorbed. This transformation requires always a certain time, during which the fluids will act as irritants of the intestine, as the result of which the evacuations are notably facilitated. But these means also remain fruitless when the constipation has lasted a certain time. Then there is a complete arrest of peristaltic movements of the intestine, and we must act differently. What has given the best results to the lecturer is the employment of quinine, friction on the abdominal walls with aromatic oils, and the energetic faradisation of the abdomen. Hydrotherapia and warm baths are also very efficacious. Oppolzer employed cold compresses on the abdomen; gymnastic measures also assist these means.

Since it is established at the retention of fœcal matters gives rise to no notable disturbance in the organism, it is not difficult to reply to the question which we asked ourselves at the commencement of the lecture. And at the outset we may say that in general it is unnecessary to occupy ourselves with the constipation which accompanies pneumonia, since the increase of fœcal matters in the digestive tube does not exercise any morbid influence on the organism. Under this head we may say that one cannot insist too strongly on the fact that it is absolutely useless to give a purgative in the course of pneumonia when there is reason to desire that the patient should be left at rest. It is only when the patient becomes incommode by the accumulation of gases and liquids tending to embarrass the respiration that we should seek to unload the intestine. In this case the patient is often vainly urged by the desire to go to stool without being able to succeed in his efforts.

When constipation has lasted several days without inflation of the belly being produced, it is absolutely useless to interfere, for it is a sign rather favourable for the normal condition of the malady. Moreover, it must not be imagined