

fortable as possible.  $\frac{1}{4}$  gr. morph. sulph. was given. The next morning, found her quite easy, and rested from a sleep of six hours. She could not micturate, and her urine was drawn off. This difficulty persisted for five or six days. She was kept on a low diet all the time, and on the 9th day her bowels moved of themselves. On the tenth day she was allowed to move to the sofa.

In most cases of hernia, I am afraid we are apt to delay the operation too long, and sometimes, perhaps, the taxis is over-attempted, injury accomplished, and time given for gangrene to ensue, before the *der-nier-resort* is decided upon.

It is only in cases of children that delay is safe. I had one case, æt. 8 months, ten days ago, where, through the refusal of the parents, the operation was not performed until fifty-eight hours after the descent of the bowel. The sac had quite a dusky appearance, but still the little one recovered very well.

## Progress of Medical Science.

### ON CONSTIPATION.

Clinical lecture delivered in Bellevue Hospital, by  
Wm. H. Thomson, M. D.,

Professor of Therapeutics in the Medical Department of the University of the City of New York.—Phonographically reported for *The N. Y. Medical Record*.

Gentlemen:—I will direct your attention to-day to the treatment of constipation as found among males as commonly, perhaps, as among females. The constipation generally complained of in the male sex I divide into that due to deficient action of the small intestine, and into that due to deficient action on the part of some portion of the large intestine.

Deficient action on the part of the small intestine is due to two causes:

1. Deficient secretion;
2. Want of innervation, or want of muscular action.

Constipation dependent upon deficient secretion is quite distinct from that caused by want of muscular action, and yet you will have many cases in which both causes are operating.

Deficient secretion in the small intestine may be caused by some disturbance of the liver. Constipation, therefore, may date from the time when the patient suffered from some severe form of fever in which the liver was prominently involved, such as the bilious remittent; or, it may follow an attack of tropical diarrhoea, which is almost invariably accompanied by marked hepatic disturbance.

In such cases the patient does not have an extraordinary fecal accumulation and impaction, but there is, instead, a sluggish action of the bowels, and they are usually obliged to take medicine to bring about a movement once in four or five days; and when it does occur, the evacuation is moderate in amount, and quite dry.

This kind of constipation is quite common in the Southern States, as a sequence of the diarrhoea which prevails in that latitude; and it is also frequently seen in the Northern States as the result of malarial poisoning.

The symptoms are extremely negative, except the constipation. The one which, perhaps, gives the patient most discomfort, is a tendency to a dull, indefinite headache. In a majority of cases this is located in the posterior part of the head, is rather an uncomfortable sensation than a real pain, and is best relieved by something which promotes a free discharge of bile. The tongue usually is small, not large and flabby, generally a little reddened along the edges and tip, and the secretions of the mouth are commonly viscid. The condition of the mouth is an indication of the condition present along the entire alimentary canal. We have, therefore, evidence of the presence of only a moderate amount of secretion in the intestinal tube, and our treatment should be regulated accordingly.

If, for the relief of this condition, you administer mild cathartics, the condition of the case will be aggravated, because the temporary stimulus afforded by them, however mild, is immediately overcome by the tendency to deficient secretion. Active purgation produces a much more injurious effect than mild laxatives. If you resort to the use of medicines which have been recommended to stimulate nerve action, you will not obtain much benefit. What you wish to have present in the intestine is a small increase, of lubricating substances, as it were, and, to that end, I have found altogether the best results have been obtained by causing the patient to take a great deal more water than is his usual custom. Let him take, on rising in the morning, two tumblersful of Croton or other drinking-water. As a rule, those who drink considerable water are not troubled with constipation. You can insure the laxative action of the water by the addition of some mild saline, like the carbonate of soda, or even common salt, and the reason why such an effect is produced is this: the mixture formed by the union of some saline with water does not readily pass through the mucous membrane, and so into the general system. The theory now generally accepted with regard to the action of salines, is that they are not absorbed, and that they prevent the water with which they are combined from being absorbed; hence the water, by exciting the peristaltic action of the bowel, brings about a movement to discharge it, and with that the other contents of the intestinal tube. There is considerable to lend support to this view. You need not, therefore, give large doses of saline cathartics, as a half-drachm of the sulphate of magnesia, dissolved in a pint of water, commonly operates very nicely.

There is another curious fact which may here be mentioned, namely—the addition of small doses of quinine to salines increases their power of acting upon the intestine. For example:

R. Magnesia sulphas..... 3 i.  
Quin. sulph..... gr. i.  
mixed and taken in a tumbler of water every morning