

Progress of Science.

CONSTIPATION,

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In the constant round of daily practice the physician commonly encounters cases where the bowels are not properly open. Both sexes and all ages are liable to this undesirable condition. Frequently the constipation is very obstinate, and refuses to yield to the measures employed; or, in other cases, is only kept at bay by the constant resort to laxatives or even cathartics.

The bowel is not only the recipient of the waste and undigestible matters of our food, but has its own glands, which are not all absorbent. Whether the offensive odor of the feces is due to mere fermentive or putrefactive change in the contents of the lower bowel, or the glands situated thereon lend some of the fœtor, it may not be easy to perfectly determine; but any one familiar with obstetrics knows how, when the fetal head is distending the perineum, the glands situated near the anus can be distinctly felt like so many small shot, and their secretion is as offensive as it is difficult to remove from the hands. The excreta possess an offensive odor which secures their disposal, and thus one good sanitary end is served by the unsavory secretions of these glands. These glands serve to lubricate the mucous lining of the intestine and thus expedite the passage over it of the contents of the bowel.

Any loss of activity in the muscular movements of the intestine will favor the tendency to a constipated condition. This is met with at all stages of life, but perhaps it is most markedly seen in the case of young females. A natural delicacy impels them to avoid the proximity of the closet, and gradually the bowels are taught to carry a greater and accumulating load. The pouches of the bowel become distended, and the feces which pass them are alone voided, and are of more or less fluid consistency; so that a girl may believe her bowels open, or even think herself the subject of looseness of the bowels, when in reality her abdomen is filled with feces. One ontoward result of such chronic constipation in young girls is displacement downwards of the ovaries, and these organs may become glued down to their new habitation by adhesive inflammation. Two unfortunate outcomes of this displacement of the ovaries are (1) sterility, and (2) irritable ovary. The most marked case of this kind which ever came under my notice was that of an American lady. For the sterility of course nothing could be done, the ova being hopelessly beyond the reach of the fertilizing zoöspersms. For the irritable tender ovaries something could be done, but the effects of treatment were so little satisfactory that the removal of the offending and useless organs was discussed.

Such a condition of chronic overloading of the bowels is furthered by the lack of bodily exercise during school-life. The school-girl is busy with her lessons and absorbed in her work; she scarcely gives a thought to her bowels, and perhaps is rather glad that they do not force themselves upon her attention. The resultant consequences are that the large bowel becomes distended, while the muscular fibres become attenuated, and the bowel becomes incapable of properly unloading itself when the opportunity is offered. The uterus is forced down upon the floor of the pelvis, and, as we have seen, the ovaries may be displaced. Until physiological aspirations arouse the idea of matrimony, and a marriageable age is reached, little attention is given to the physical state; and then a confirmed condition is discovered and one requiring considerable attention and trouble for its removal.

In selecting remedial agents, the choice must be guided by the precise requirements of the morbid condition. To restore the muscular activity is as important as to excite the secretion of the intestinal glands. The ordinary catharsis does both, and so sweeps the contents of the bowels out by the anus. But every physician of experience knows well that the recurrent resort to active purgation gives about as unsatisfactory results as well could be attained. In the first place women of all ages bear active purgation very badly. The griping pains are ill borne and depress very acutely. When the bowels are cleared out by a violent action the process of loading up again sets in immediately, and another catharsis is soon required with all its attendant discomfort. In this respect women are closely approximated by men of feminine type. Active purgation is only well tolerated by robust persons. In others it should only be adopted when there is some distinct end to be served by it.

An occasional clearance of the bowels may be desirable; but the treatment should consist of a small amount of laxative materials, taken with perfect regularity, persistently and steadily. Two classes of laxative agents present themselves for notice: these are vegetable substances and mineral substances. Frequently they can be combined with advantage. For women the vegetable laxatives are best. As compared to men they do not bear well mineral purgatives, whether as natural waters or artificial solutions. Fortunately vegetable extracts readily lend themselves to pill form. The first laxative to come into general use was rhubarb. But unfortunately rhubarb has a secondary binding tendency following the primary purgative action. Thus, it is unsuitable for habitual use, though this action gives it a peculiar value when the bowels are to be unloaded previous to an operation on any of the contents of the pelvis. (In cases of diarrhoea set up by a railway journey such use of rhubarb is most excellent.) The persons who adopt rhubarb for the relief of habitual constipation are not likely ever to be cured.