

Medicine

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Pathology and Diagnosis of Constipation. (Am. Proctologic Society.) By WM. M. BEACH, M.D., OF PITTSBURG, PA.

Pathology of constipation is naturally considered under two general heads, namely:

1. Stasis due to altered secretions.
2. Stasis due to mechanical obstruction.

The first may be the result of neuroses and acute fermentative indigestion, or a bacillary infection. The anaerobes may attack the contents of the bowel or the gut wall itself, leading to varying degrees of inflammation in the colon—as ulceration, hypertrophic and atrophic catarrh. The colon impaired functionally or traumatically leads to stasis and consecutive inhibition of the fecal excursion. Such impairment further disturbs the physiologic lines of defence against the auto-intoxications as:

- (a) The intestinal mucosa itself;
- (b) The liver, and
- (c) The antitoxic glands.

Collateral with these phenomena in constipation are such factors as cholelithiasis, hypochlorhydria, cholangitis and appendicitis, as altered secretions incident to coprostatics.

Mechanical obstructions to be reckoned with include:

1. Enteroptosis or Glenard's disease.
2. Gastroptosis.
3. Dilatation of the colon.
4. Certain extra-mural and intra-mural sources of obstruction—as pelvic tumors and displacements, nephroptosis, enlarged glands, intussusception, malignant disease, etc.
5. Acute angulation at the recto-sigmoid junction, hypertrophy of O'Beirne's sphincter, and stiff rectal valves.
6. Disease in the anal canal.

Diagnosis resolves itself into an analysis of the above conditions; to differentiate acute or chronic obstruction and the ordinary functional stasis which may also be accompanied by the various forms of colitis.