

throughout the North-Western States and a number of American physicians to the next annual meeting at Banff.

Dr. Sweetland, Ottawa, was appointed Auditor.

On the motion of Dr. Mullin, Hamilton, the thanks of the Association were tendered to Dr. James Bell, Montreal, for his valuable services as secretary.

The twenty-first annual meeting of the Canadian Medical Association was then brought to a close.

JAMES BELL, M.D.
Secretary.

Progress of Science.

ON THE TREATMENT OF HABITUAL CONSTIPATION IN INFANTS.

(Eustace Smith, M.D., F.R.C.P., in *Brit. Med. Jour.*)—Sluggishness of the bowels in infants is a common source of trouble in the nursery, and the derangement is one which it is not always found easy to overcome. Occasional aperients in such a case give only passing relief. The bowels, indeed, are unloaded for the time, but when the action of the aperient is at an end, they are left no less sluggish than before. Habitual constipation is very common in infants who have been brought up by hand; and on inquiry, the trouble will often be found to date from the time at which bottle feeding was begun. Still, infants at the breast are not exempt from this annoying derangement. A deficiency of sugar in the breast milk, or, as is sometimes seen, a milk the curd of which makes a firmer clot than is common in human milk, will often cause habitual torpor of the bowels, which resists treatment with some obstinacy.

It is, no doubt, to improper, or at any rate inappropriate, feeding that the bowel trouble is usually to be referred. An excess of starch in the diet, or any food which overtaxes the child's digestive power, and thus burdens the alimentary canal with a large undigested residue, may set up the costive habit. By such means a mild catarrh of the intestinal mucous membrane is excited and maintained. There is excess of mucus, and the fecal masses, rendered slimy by the secretion, afford no sufficient resistance to the contractions of the muscular coat of the intestine, so that this slips ineffectually over their surface.

Another cause of constipation is dryness of the stools. Even in the youngest infants the evacuations may sometimes be seen to consist of little round hard balls, often the size of sheep droppings, which are passed with difficulty every second or

third day. The form of costiveness is generally due to insufficiency of fluid taken. The food is made too thick, or the needs of the system in the matter of water are in some way overlooked. But whether the constipation be due originally to excess of mucus or deficiency of fluid, it cannot continue long without affecting injuriously the peristaltic movement of the bowels. As the colon grows accustomed to be over-loaded, the intestinal contents can no longer exert a sufficiently stimulating influence upon the lining membrane, and the muscular contractions begin to flag. If the infant be poorly fed and badly nourished, this languor of muscular contraction may be aggravated by actual weakness of the muscular walls; and as under these conditions the bowels are apt to be over-distended by accumulation of its fecal contents, the expulsive force at the disposal of the patient is seriously impaired. Constipation, resulting from the above causes, is often made more obstinate by the infant's own efforts to delay relief. A baby whose motions are habitually costive knows well the suffering which undue distension of the sphincter will entail, and often yields to the desire to go to stool only when it is no longer possible for him to resist it. The pain is sometimes aggravated by the formation of little fissures about the anus, and the violent contraction of the sphincter set up by the presence of those fissures forms an additional impediment to free evacuation.

There is another form of constipation in infants, which we should be always vigilant to detect. This is the torpidity of the bowels induced by opium. In well-to-do families the use of soothing syrups and other narcotic preparations is now less common than was at one time the case; but now and then we find a baby drugged, for reasons of her own, by an unscrupulous nurse, and showing the earlier symptoms of narcotic poisoning. So long as the sedative continues to be given the bowels are costive, the child often vomits, his relish for food in great part disappears, and he lies with pupils firmly contracted in a dull, heavy state, from which he cannot easily be roused. In young babies the use of opium seems to lessen the action of the kidneys, the urine is scanty, and on examination of the surface of the body the healthy elasticity of the skin will be found to be seriously impaired. When pinched up between the finger and thumb the skin lies in loose folds on the abdomen, or only slowly recovers its smoothness. If this inelasticity of the skin be noticed in a baby whose pupils are closely contracted, and who seems habitually heavy and drowsy, with little relish for his food, it is well to remember that these symptoms may possibly be due to the action of a narcotic.

An infant whose bowels are habitually costive is not necessarily injured by the want of a daily relief. Often the child seems perfectly well in health, and, except for occasional local discomfort when he gets rid of an unusually large or hardened mass, may appear to suffer no inconve-