

the self-conscious patient seeing imaginary evils impending from the accidental failure of his bowels to act on some occasion when he has decided that they ought to have done so. The *malade imaginaire* forthwith concludes that the only way to relieve his "attack of constipation" is to take "a dose." And, he argues, the stronger the dose, the more effectual the cure. The medicine having operated, the bowels are probably found more inactive than before, which leads to renewed "doses." Soon the bowels fail to respond to natural stimuli, and periodical discharges are excited only by repeated doses of stronger and stronger aperients. In the words of Sir Andrew, "With few exceptions, no person has passed through this experience and fallen under the tyranny of aperients without finding his life invaded by a pack of petty nuisances which lower his health, vex his temper, and cripple his work."

Now, it is quite true that "for the most part all these troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation." Chief among these conditions are a sufficient quantity of digestible food—including plenty of liquid—the presence of enough refuse matters in the colon, a decent regard to nature's promptings, regular solicitation once every twenty-four hours, the co-operation of the will, and contentment with a moderate evacuation. Of course, this simple and natural regimen presupposes a healthy nervo-muscular apparatus, without which the function in question cannot be properly performed. Sir Andrew briefly discusses each of the above conditions; but they are so well known to the profession that it is unnecessary to dwell on any of them, except, perhaps, the last-named—*i.e.*, contentment with a moderate discharge. On that score there is probably more ignorance than on any other point connected with the subject. According to Clarke, "for a man of average weight, consuming an average amount of food, the average amount of *fæces* ready for discharge in twenty-four hours is about five ounces. This should be formed, sufficiently aerated to float, and coherent." There is not the slightest doubt that "many people expect to have a much more abundant discharge, and are dissatisfied or anxious if they do not get it." Such persons commonly resort to aperients in order to obtain "relief" from their imaginary constipation, and thus invite the very condition from which they are making misguided efforts to escape.

To effect a cure in such cases it is necessary, first of all, to stop aperients, and then to renew obedience to physiological laws. Sir Andrew's instructions to this large class of patients are so simple, direct, and practical that we cannot do better than here transcribe them:

"1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. 2. On rising, take a cold or tepid sponge-bath, followed

by a brisk general towelling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and, if desired, and it do not disagree, take also a slice of bread-and-butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive-oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions: your object is to coax or persuade the bowels to act after the manner of nature, by the production of a moderate more or less solid-formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the beet Lucca oil."

The author maintains that if this programme be faithfully adhered to, aperients will rarely be found necessary. Of course, Clarke admits that the use of drugs is not altogether avoidable. His own preference is for the compound aloin pill (aloin; gr.  $\frac{1}{2}$ ; ext. nucis vom., gr.  $\frac{1}{2}$ ; ferri sulph., gr.  $\frac{1}{2}$ ; myrrh and soap enough to make one pill), taken half an hour before the last meal of the day. We fully agree with Dr. Clarke in believing that "the particular agent employed for the relief of constipation is of much less importance than its mode of operation." Whatever the remedy, it should act after the manner of nature in securing a daily formed stool. If in place of yielding to the importunities of patients demanding new and stronger aperients physicians would always take the pains to insist upon some such plan as outlined above, we have no doubt that there would be less trouble for and from constipated persons.—*N. Y. Medical Record.*