

instead, thus proving that constipation is a symptom, and not, as some writers assert, the cause of the disease.

PAIN.

4. Pain is the last of what I call the four primary symptoms, and it is almost invariably associated with tenderness of the whole or portions of the colon. The pain may be general over the colon, but far more commonly it is confined to one part of it, and not infrequently it remains localized in the same part of the colon throughout the whole attack, and sometimes will have the same localization in succeeding attacks in the same patient. The most common localizations which I have seen amongst my cases are the transverse colon, the cecum, and the sigmoid flexure. It may also be localized to the hepatic flexure or the splenic flexure. This pain, which may be the only symptom of which the patient complains, except the constipation, is apt to be extremely misleading.

When in the transverse colon it is certain to be mistaken for gastric pain, unless careful inquiry and examination be made, especially as the tenderness of the transverse colon may very easily be mistaken for gastric tenderness. The pain is often of a dull aching character, and very closely resembles the pain of gastric flatulence, and, like it, is liable to sudden increase in intensity.

There are certain characteristic points about this pain which ought to lead to a correct diagnosis of its origin. I am speaking now of a slight case of colon catarrh before the occurrence of mucus in the stools has become a prominent symptom. First, the pain often comes on an hour or more after a meal; it does not do so regularly. It is very apt to be brought on by exertion, and patients suffering from this mild form of catarrh will complain that after walking for a mile or so they have to sit down and rest, or after playing a single game of lawn tennis they have to stop because of the pain. The relationship to exertion is much more evident if the exercise be taken shortly after a meal. The pain may occur any time in the day, and when the stomach is empty the pain is often relieved by taking food.

Another characteristic of the pain is its occurrence at night. The patient will get up at night, thinking that the pain is due to gastric flatulence, but will find that sodium bicarbonate, carminatives, charcoal, etc., all produce no effect. Pressure with the hand and gentle massage give them some relief. The pain is not sufficiently severe to be incapacitating, and when it comes on during exercise, does not necessarily get worse, but may pass off as the exercise is continued. In such cases as this the patient will