Dr. Cleveland, in the Medical Record of March 9th, 1889, states that from observation of a number of cases where the sphincter ani has been stretched for fissure of the anus that the accompanying constipation had at the same time been cured. He gives a record of some ten intractable cases that resisted all ordinary treatment, but were entirely cured by a thorough stretching of the sphincter and careful attention afterwards. The theory of the effect of the operation is as follows: When fæcal matter passes from the colon into the rectum, there is aroused the conjoined muscular action to expel it. The action of the sphincter muscle is twofold: that of a barrier to involuntary movement, and an aid to expulsion of the fæces. The internal sphincter is merely an aggregation of intestinal muscular fibres, and the joint action of both sphincters in aiding the expulsion of the fæces is the same as the peristaltic movement of the bowels, only much more powerful. Where obstinate constipation of long standing exists the general condition is usually debilitated. and the rectum distended by hard, dry fæces. The sensibility of its nerves is blunted, and the contractile power of muscles so enfeebled that even with the aid of expiratory muscles it is unable to overcome the resistance of the sphincter to the passage of large fæcal masses. The sphincter here is merely a barrier. It is stimulated to excessive action by the hard masses packed against it, and cannot grasp and aid in its downward movement. Where the operation of stretching has been done the sphincter, no longer able to contract forcibly, offers but a passive resistance to the passage of the fæces. can check the effect of the involuntary action of the intestines, but not when the expulsive force of the expiratory muscles are brought into play. This plan is certainly worthy of trial in intractable cases. Since reading Dr. Cleveland's article, three cases have come under my notice where the sphincter ani has been stretched for painful affections of the rectum. All were cases of chronic constipation previous to operation, and all were cured of that trouble. and by regular habits since have had no further difficulty in that respect.

In infantile constipation strict attention must be paid to diet, clothing, and regularity, and in this way many cases will speedily recover. In

most cases, however, some treatment will be required until the digestion, circulation, and habits return to a normal condition. Frequently very simple means will suffice, such as soap or glycerine suppositories, and placing the child in position at regular intervals. If these fail, small doses of cascara sagrada with suitable carminatives are an excellent remedy. perience has been that with due attention to hygienic measures combined with suitable medication by mouth cases recover more rapidly and surely than where we resort to the continuous use of enemas. Many good authorities favor the use of the syringe for children, and many others think it produces evil results. Like all our remedies it has its place, and is very useful in suitable cases, but its use can be abused.

DISCUSSION—THERAPEUTICS OF CONSTIPATION.*

BY A. M'KINNON, GUELPH.

The part allotted to me in this discussion, viz., "The Hygienic Treatment of Constipation," has been briefly considered by Dr. Mitchell in the able paper to which we have just now listened. In view of the importance to the public health of the community that the subject of constipation should receive every attention from our profession, I feel that I owe no apology for impressing on the mind of every member of our profession a few simple things relating to its hygienic management. Let me ask. What furnishes the quack medicine man his harvest? Not the acute diseases, but the slight, more or less chronic, ailments that arise from constipation. Almost all quack medicines are aperient in action, and when any benefit arises from their use the result is due to the removal of constipation. Is it not because, as a profession, we pay too little attention to these minor ills that many people seek relief from the hands of the quack?

It is undoubtedly true that, when serious disease arises, we rouse ourselves to action and fight for the lives of our patients as we would for our own. But why should we neglect these more trivial ailments? To the patients they are not trivial. No doubt it wearies us to listen to the minute

^{*}Read before the Ontario Medical Association.