REMARKS ON THE BENEFICIAL EFFECTS OF COMBINING TONICS WITH APERIENTS IN CHRONIC CONSTIPATION.*

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THERE is, perhaps, no more prevalent affection than chronic constipation of the bowels—nothing from which a large proportion of both sexes suffer more inconvenience and incur greater risk than irregular and slow action of the intestinal canal. Many years ago (when I had the honour to be in practice as a physician), numerous cases came under my care, both in males and females, where the parties found it to be a great discomfort and trial to them. It was a great discomfort because, after a certain period, varying from three to seven and ten days, it was necessary to take an aperient or purgative, which, if taken in sufficient quantity to act upon the bowels, generally overacted, and caused sinking of the system and depression of spirits; and not only this, but the bowels seemed to be so weakened that they could not again act of themselves. The trial was again to undergo the same ordeal, so that it was put off till serious disturbance was threatened. The subject had, perhaps, more interest for me, because I had to deal with it in my own person; and on one occasion I had been—when a medical student, and while working very hard in hospital and dissecting-room, etc.—three weeks without an evacuation from the bowels. I need not say that on that occasion I suffered fearfully, and had a narrow escape from serious disease. Very many cases of persons with constipation for a week came before me, in the course of a lengthened practice, and the subjects were for the most part of the character denoting a want of tone in the entire system. I had an idea, therefore, that it was want of tone in the intestines in particular that caused the constipation, and that a combination of tonic and aperient—the latter subdued in its action by a mild sedative—would be the remedies to meet such cases; and in carrying my principle into practice, I have rarely if ever been disappointed.

In fixing upon an aperient, my attention was turned to the class that was known to possess also tonic qualities, and Socotrine aloes was experimented with. After a great many trials, and in a variety of cases, I resolved upon the following formula.

R Aloes Socotrin., extracti hyoscyami, āā gr. xii; quinin. disulph. gr. vi; ferri sulph. gr. iv. M. bene et fiat massa in pilulas xii æquales dividenda.

At first I directed that two of these pills should be taken at bed-time, and I found that a free feculent, and in a measure formed evacuation was the result on the following morning, or in about twelve hours after they had been taken. In some cases, however, there was a second motion of a liquid character. Now this latter was what I wished to avoid; for the depressing effect at the time, and the weakening influence afterwards, upon the bowels, were the effects to be got rid of in any endeavour to devise a safe aperient. I ordered, therefore, only one pill to be taken, and the time, instead of being bed-time, to be the afternoon, four to six o'clock; and I was rejoiced to find that on the following day, from ten to twelve o'clock, the bowels were relieved of a formed natural motion, and without pain. I have reduced the proportion of aloes in some cases to ten grains, and in other cases to eight grains, with the same result, until I found that I could in all cases so control the action as to assimilate it to that of nature: in fact, having had now the experience of a large number of cases, and spread over many years, I am enabled to say that the beneficial result is unailing. The drawback usually attributed to the action of aloes, of inducing hæmorrhoids, or increasing them where they already exist, does not ensue.

The unspeakable comfort of having the power to regulate the action of the bowels need not be dwelt upon in the presence of medical men; and I only ask you to put to the test my prescription. In very many cases, after steadily using the pills for a time, the bowels have been restored to or brought into healthy action, and all the evil consequences of chronic constipation have disappeared—the quinine and iron, no doubt, as well as the tonic effect of the aloes, having a bracing effect upon the system generally, and upon the bowels especially. Neuralgia or "tic" being frequently an accompaniment of constipation, it has in many cases been quite removed, and in most cases greatly lessened, while the pills have been used. Those only who have suffered from it can conceive the trying effects upon body and mind produced by constipation, and those only who have felt that there is a remedy can appreciate the value of that remedy which can relieve them from those effects, and make life, that had been rendered irksome, a pleasure.

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REPORTS OF MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

MIDDLESEX HOSPITAL.

CASES OF CIRRHOSIS OF THE KIDNEY IN YOUNG PEOPLE.

(Under the care of Dr. HENRY THOMPSON.)

WE are indebted to Mr. J. W. Langmore, M.B., late Resident Clinical Assistant, for the following notes.

The following are examples of a class of cases which, though not rare, are scarcely noticed in most works on renal diseases. All the examples of primary contracted kidney given by Dr. George Johnson and Dr. W. Roberts are in patients of forty and upwards; and the latter says (p. 321) "the subjects of it are more advanced in years than those of the large, smooth kidney". The cases given below resemble the ordinary cases of "gouty" kidney in their insidious origin and *post mortem* condition; but they run a more acute course, and the proportion of albumen is rather greater: whether the pathological history is the same may well be doubted. Both of these patients had probably suffered from scarlatina; but this certainly cannot always be made out, and in these the fever was not followed by dropsy, nor had they any symptoms of renal disease for years afterwards. Lastly, they were both very steady and temperate.

CASE I.—R. H. C., aged 24, was a pawnbroker's assistant. His father died at fifty-one, of heart-disease and chronic bronchitis. His mother is alive and well, and has a family of nine children. All the rest are healthy. The patient had scarlatina when an infant, but had no dropsy then or since till the present attack. He had always been subject to dyspepsia and flatulence, but had otherwise enjoyed good health till six months ago. He then began to feel ailing, and noticed that his feet swelled towards evening. He never had any puffiness or swelling of the face. His urine was always clear and very abundant. Latterly, the patient had been obliged to rise twice during the night to micturate. Three months before admission, his sight began to fail rapidly, and he could now barely distinguish the outline of large objects. During the last month he had suffered from severe and almost constant frontal headache, from much nausea and flatulence, and occasional vomiting. He worked in a shop, and had not been exposed to cold.

On admission, he was well made, spare, but not emaciated. His face was pale; some rhonchus was heard throughout the chest; there was slight enlargement of precordial dulness. He had moderate oedema of the lower limbs; none elsewhere. The urine contained nearly one-third albumen; specific gravity, 1010; it contained abundant granular and hyaline casts, some fatty; not much epithelium.

In spite of all treatment, the patient became steadily worse. The headache became more severe; the vomiting very troublesome; the dropsy rapidly increased. He got oedema of the lungs, then slight epileptiform attacks, and finally profuse epistaxis. He died, worn out by sickness and loss of breath, just a month after his admission.

Post Mortem Examination.—There were ecchymoses under the pleura and pericardium, and patches of lobular pneumonia in the lungs; and the bronchi were choked with frothy fluid. There was some hypertrophy of the heart. The kidneys were pale, opaque, and mottled, coarsely granular to the touch; the capsule was strongly adherent; the cortical substance was very pale, and diminished in thickness. The organs were small, especially the left; they weighed four ounces and a half each.

CASE II.—E. T., aged 24, married, never strong, had a fever when two or three years old, and had been deaf ever since. There was no history of dropsy. She had been married four years, and had had two miscarriages, but no living children. Two years before admission, she had rheumatic fever badly. She was in her usual health till the 3rd of November last, when she noticed swelling of the ankles towards evening; but for six or eight weeks before that she had to rise once or twice every night to pass urine, and noticed that she passed a much larger quantity than before. The swelling of the legs slowly increased. Six weeks before admission, the thighs and lower part of the back were involved. Ten days ago, she first had puffiness of the face, and at the same time the amount of urine suddenly diminished, so that during the last few days she had passed very little. During the last week, she had had slight cough and dyspnoea, with frontal headache, loss of appetite and nausea. The catamenia had been absent since January.

On admission, April 2nd, her face was very pale and puffy; there was considerable oedema of the lower limbs. Rhonchus and sibilus