CASE OF FÆCAL ACCUMULATION (NOTWITHSTANDING DAILY EVACUATION), CAUSING VIOLENT NEURALGIA IN RIGHT LOIN.*

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ABOUT a month ago, a gentleman living in the country requested me to visit his wife, a very healthy middle aged lady, who had been seized suddenly, three days before, with severe pain in the right loin as she sat at dinner. The pain lasted through the greater part of the night, and left her quite well, as, indeed, she had always been for years before. It recurred, and left again as suddenly, on three other occasions during the two succeeding days; and on the last occasion, the night preceding my visit, it had continued during the whole night in a very excruciating form, without relief from the hot applications and mustard poultices which had previously given her relief.

I found her in bed, to all appearance quite well, as the pain had left her a few hours before. There was no constitutional disturbance. Her tongue was clean, and pulse 68. The pain had been most acutely felt to the right side of the backbone at the last rib, and had shot about from there down the lumbar muscles to the crest of the ilium. It had been of a dull, aching, sickening character, with occasional paroxysms of a more acute lancinating kind. The skin was blistered of a scarlet redness by mustard, the mustard having remained upon the skin for some hours without her even feeling its presence, so acute had been the internal pain. Firm pressure detected under the rib a slight tenderness; but in all other respects the region in which the pain had existed was to all appearance quite normal. The urine was pale, and had passed freely; and, concluding that the kidney could not therefore be the source of the pain, I requested permission to examine the abdomen. There I found slight tympanitic distension, extending from the right iliac bone and groin below to the umbilicus above; but no heat, nor any tenderness or uneasiness on pressure. Indeed, she was not aware that there was anything unnatural the matter with her in the tympanitic region. Questioned as to the condition of her bowels, she stated that they were quite natural; that, although she had taken two opening pills every night since her illness commenced, she had only had the one usual daily morning evacuation which she had been accustomed to have all her life; indeed, that she never required to take the least medicine, as her bowels always acted after breakfast, and the pills had made no difference. That morning's motion had been removed, but was reported to have been healthy. In answer to the inquiry of the husband, I said the cause of the pain appeared to me to be obscure. From its intermittent character, it must be a form of neuralgia, as there was no evidence of the least inflammation; and, although there was no irregularity of the bowels, there was probably some irritation of the head of the colon, from the tympanitic distension that existed there; and the pain in the lumbar nerves might arise from it. I ordered her to remain in bed; to continue the warm poultices; to take two more aperient pills; and, in the absence of castor-oil, to secure free evacuation by Seidlitz powders or an enema, if necessary.

On the following morning, I found that the pain had twice recurred for two or three hours together. There had been two slight motions, loose, but not watery, which, contrary to order, had been removed. In other respects she was the same. She was ordered again to take the pills, and follow them up with castor-oil.

The next morning—the fifth of the attack—she had again been exceedingly ill with the pain for many hours. The oil had caused sickness, and repeated vomiting of a bitter yellow bilious fluid had followed. The skin was cold; and the pulse rather weak, but otherwise natural. There was no tenderness of the abdomen, and the slight tympanitic distension remained about the same. She had taken six pills, and used a soap-and-water enema. The enema had brought away about half a pint of loose dark chocolate-looking fæcal matter, with a few small hard pieces intermixed, the whole having a most pungent and foul putrid smell. She was ordered a calomel purge, to be followed by repeated enemata, champagne, and effervescing drinks; and opium to secure her sleep, if the pain should recur at night.

On the sixth morning she was, on the whole, somewhat better. The vomiting had only recurred two or three times; the pain twice severely. One grain of opium, thrice repeated, had secured her some sleep during the night. The tympanitic state of the right iliac region remained; and she had passed nearly a chamber-potful of the same foul dark knotty motions. She was ordered to repeat the castor-oil and enemata, and again to use the opium at night, if necessary; all food

to continue liquid; and the warm applications to be repeatedly applied.

On the seventh day, she was greatly relieved. There had been no sickness; and, although the pain had slightly recurred during the previous afternoon, and again during the night, two grains of opium had given speedy relief. The bowels had been frequently moved; and there was a chamber-potful of the same dark offensive-smelling liquid, but no formed pieces. The tympanitic distension was sensibly less. She was ordered a couple of aloetic pills at night, a Seidlitz powder in the morning, and liquid food.

On the eighth day, she was rather weak, but otherwise well. There had been no return of the pain—only some slight uneasiness the previous afternoon, quickly relieved by a poultice. The tympanitic distension was quite gone; and the watery motion, which had followed the Seidlitz powder taken in the morning, had quite lost all that pungent putrid odour of the preceding days, and was of the ordinary yellow straw-colour that ensues after repeated loose motions. She was now told to consider herself well, and gradually to return to her ordinary diet, etc. Some pills of aloes and nux vomica were ordered to be taken every other night for a week or two; and she was enjoined for the next few months to take care to secure free relief from the bowels at least once a week by some gentle aperient medicine.

It is curious in this case that the collection of fæcal matters should become putrid and set up the irritation and pain, without any noticeable change of health or constipation of the bowels. It is singular, likewise, that violent relapsing neuralgic pain in the loin should have been the only perceptible symptom for the first few days. No doubt the pain was a colic pain of the colon, reflected into the loins. At any rate, it continued as long as the colon was required to contract on the putrid fæcal mass, and disappeared at once as soon as the straw-coloured evacuations proved the colon to have completely emptied itself of the irritant matter.

A NOTE ON THE USE OF ALCOHOL IN HEALTH AND DISEASE.

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To those who, like myself, have been trying for years to oppose the indiscriminate use of alcohol medicinally and dietetically, it is very gratifying to find that many influential medical men have been induced to adopt views similar to those which I have long advocated. It has been very discouraging to the few to find how lukewarm the profession has been on this subject, and this I can say from long personal experience. In August 1870, I read a paper on "Intemperance in its Medical and Social Aspects" at the annual meeting of the Association at Newcastle, which was printed in the JOURNAL for January 28th, 1871, and I endeavoured to obtain a committee to inquire into the value of alcohol as a medicine and an article of diet. I did not succeed in this, though Dr. Rumsey, Dr. A. P. Stewart, Dr. Morgan, Dr. Ransome, and others were willing to take part in such an inquiry. At the Plymouth meeting I had promised another paper on the subject, but was prevented from attending. This was the less to be regretted, as Dr. Rumsey would not be present, and Mr. Dalrymple, M.P. was in America. Dr. A. P. Stewart made some useful remarks on the question in his address at the Public Medicine Section. I hope at the next meeting at Birmingham more good will be done, and a large number of those interested in so important a subject will be brought together. I have already prepared a general statement of the question, with numerous facts from our hospital and asylum reports, to show how widely different is the practice of the leading medical men in the use of alcohol; and I shall be glad of any information which will assist the object in view. Until a majority of the profession take up the matter, we cannot expect to see any alteration in public opinion; and I quote a paragraph from the paper alluded to, as to the scope of an inquiry such as I propose. "The subject of intemperance should be fully examined in a scientific and humanitarian spirit, and the public should be taught, on medical authority, what is the true position of alcoholics in relation to health and disease."

I can only repeat that, in my opinion, total abstinence has failed in producing any considerable amount of good, which has been confined to individual instances. Unless the profession act in the matter, the public will be beforehand with us, and compel us to do something more than what isolated individuals are capable of performing. It is desirable that copies of the declaration already made be sent to every member of the profession for signature, and I will willingly commence a subscription for the purpose by contributing a guinea. I shall also be glad to be at any trouble in collecting a suitable fund.

* Communicated to the Northumberland and Durham Medical Society.