

SOUND FACTS ABOUT CONSTIPATION

BY W. W. BAUER

THE colon has been made the scape-goat for a large proportion of the ills of man. The evils of constipation are cried literally from the house-tops, often with the aid of electrically animated signs. The theories of autointoxication, now in large part discredited, were once charged up against the colon, which was dubbed lazy. It has been lubricated with oils, coddled with bland diets or stuffed and prodded with roughage. It has been examined, worried about and photographed. At one time its total removal was practised by certain groups of enthusiasts. It is still being harried with purges and laxatives from above, assaulted with enemata and irrigations from below. Still it struggles on; that's intestinal fortitude!

Boasting of constipation has superseded speaking of operations. A keen physician has remarked that civilization has multiplied the occasions for filling the intestinal tract, and reduced the opportunities for emptying it. Requirements of convention prevent us from forsaking the company of our friends in a simple and natural way, for necessary purposes of elimination. But we talk about it enough, sometimes unctuously, more often anxiously, but always voluminously. We ignore the admonition of Dr. Samuel Johnson: "Do not be like the spider, man, and spin conversation incessantly out of thine own bowels."

The evils of constipation, though grievously exaggerated, are real, when there is constipation. Too much enthusiasm about

health education by ukase, has resulted in a totally false popular conception of what really constitutes constipation. Everybody believes that a bowel action every day is a consummation devoutly to be desired. That is not true! As if that were not bad enough, there is a still more exacting standard promulgated in a very popular book on hygiene, which demands not less than three bowel actions daily as a normal standard of intestinal health.

The word *standard* itself, be it once a day or thrice or any other number, ought to be anathema in any consideration of human health. The human being, comparisons with machinery to the contrary notwithstanding, is no standardized mechanism with interchangeable parts. Except within very broad limits, normality for an individual is not to be judged by comparison with any standard. Each man and woman should be a law unto himself or herself. The normal state of each is that which is best for the efficient functioning of that person. There are individuals who have habitually three bowel actions daily; let them! There are others who have but one every other day or even once a week, feel perfectly well and are perfectly well; to disturb such an established rhythm is worse than criminal, it is stupid. Most Americans do not know what their own normal bowel function is, because they are forever disturbing the normal cycle with laxatives, purges, "health" foods, enemata or irrigations. The

healthy colon, left to itself and not abused, is a self-cleansing and self-regulating organ; the diseased colon needs skilled treatment, not inept fussing.

II

Normal bowel action depends on six principal factors. The diet must contain sufficient food with enough indigestible residue to give the colon something to work on. The establishment of a normal habitual rhythm is favored by the recurrent onward motion of the intestinal contents stimulated by the taking of food. Enough water must be taken to keep the large intestine and its contents from drying out; the colon is a thirsty organ, absorbing water from its contents continually. Exercise also may help, but exercise alone is less important than the other factors. The differences in size and in absorptive action in different individuals influence the frequency of necessity for emptying the bowel. Last but by no means least, the mental factor in constipation must be considered. Laxatives have no place in any rational consideration of the problem, except as they are prescribed for temporary use under the intelligent supervision of a physician, who after due examination and consideration, advises the limited use of a selected drug for a sufficient reason and over a specified length of time. Laxative drugs, correctly used, may be superior, under certain circumstances, to many of the so-called "natural" foods.

From time immemorial the use of physic has been resorted to in the treatment of disease, and it is still recognized that good elimination is a necessary part of the treatment of most if not all diseases. Laxative drugs have been known since ancient times; many of the herbs and

simples known to folk-lore owed what action they had to their laxative effect. Purgatives such as aloes, rhubarb, senna, cascara, phenolphthalein, castor oil and calomel have their definite place in the medical armamentarium, as have the drastics elaterium, colocynth, jalap, scammony, croton oil and mercurials stronger than calomel. The milder laxatives include the salines such as Epsom or Glauber's salts, and compounds of magnesium. The laxative salts are to be found in the highly popular crystals of various sorts now being exploited for what have you. Laxative foods and lubricants also make a great appeal to the introspectives whose minds are largely centered in their large intestines.

Many if not most secret proprietary cures for stomach trouble or intestinal distress are nothing but laxatives. They give an apparent temporary benefit which deceives the patient; this soon wears off, and recourse is had to something else. The intestine requires stronger and stronger and more frequent stimuli before there is a response. The laxative habit is thus established, and the outcome often is constipation of the most stubborn and resistant type. This in turn may be followed by ulceration of the colon or colitis, which is of several types. Ulcerative colitis is difficult to treat successfully, especially when sufferers from it are assailed on all sides with demands that they try this, that and the other thing for constipation. Constipation is only a symptom; the correct treatment for one kind of constipation may be the very thing to make another kind worse. The use of roughage is an example in point.

Roughage is useful and necessary for bowel function. The normal diet supplies roughage through its residue of indigestible material, mainly the cellulose in

fruits and vegetables. Additional roughage, derived from bran, psyllium seed, flaxseed or kelp, or any of the combinations and variations of the same dressed up in ornate packages and sold under fanciful claims, may be needed in some types of constipation, but in others it is just another insult to an already wearied and despairing colon which has been roughed more than enough. The human digestive system is not built on the bovine model, and cannot handle roughage in the same manner. Diet faddists have something to answer for in the American addiction to diets that are rough and tough on the colon.

Popular forms of roughage include bran, agar (a product of Japanese seaweed), kelp or seaweed itself, flaxseed or psyllium seed. It is now well known, at least to physicians, that bran has a restricted usefulness and very definite limitations; that there are patients with certain types of irritable intestines who should never add bran to the roughage that normally occurs in the fruits and vegetables in their diets, and who may even have to restrict their intake of such normal roughage. Agar, psyllium seed and flaxseed become mucilaginous when water is added. They are less likely than bran to irritate, but even such relatively bland roughage may be unsuitable for certain types of patients. Yet such patients, responding to the lure of the advertising prospectus, go blithely on, taking rough stuff for the elimination of sore spots. If anyone suggested to such a person that the correct treatment for a very painful boil is a swift kick, he would regard the advisor with horror and loathing.

Among the least objectionable of the laxatives is mineral oil. This is inert, therefore not irritating. It is not absorbed. It acts simply to soften the mass of food and residue and ease its progress along the in-

testinal tract. Yet even mineral oil is accused of being responsible for interference with digestion by spreading a thin film of oil over the food and thus excluding the action of the digestive juices and in time favoring fermentation of undigested food, with gas and distress as a result.

A great vogue has grown up for the use of phenolphthalein, a supposedly mild and inoffensive laxative. This drug is found in gum and candy laxatives, and is widely sold in pleasant-tasting preparations. The drug itself is tasteless. Yet it is not harmless in all instances. Severe poisoning has resulted from overdoses accidentally taken by children mistaking the preparation for candy. Certain persons have suffered illness apparently due to abnormal sensitization; symptoms include skin eruptions and evidences of injury to the liver. The drug may be responsible for severe constipation due to spasticity of the colon.

The use of laxatives is especially to be deplored in the presence of abdominal pain. While appendicitis is only one cause of pain in the abdomen, it is a common one, and appears to be growing more common. Appendicitis responds to a laxative with results which are often disastrous; the appendix may be ruptured by the taking of a laxative. The medical society of Philadelphia county has proved that by discouraging the use of laxatives and encouraging earlier surgery in appendicitis, the mortality can be reduced definitely. The State medical societies of Pennsylvania and Wisconsin are using this information as the basis of public campaigns against the disease, using stickers bearing the advice, in the presence of abdominal pain, to take nothing by mouth, apply cold over the site of the pain, and call a physician if relief is not experienced in a few hours.

Less objectionable than any laxative for the relief of occasional constipation is the

enema. Not the de luxe enema containing all sorts of supposedly nutritious materials, which are not absorbed, nor yet the irritating though popular soapsuds and the equally unsuitable plain water, but an enema of a rounding tablespoonful of salt to two quarts of warm water. This gives a gentle cleansing to the lower bowel without disturbing twenty feet or more of the small intestine.

The enema also may be subject to abuse, especially the formation of a habit. Particularly unwholesome is that variation known as the colonic irrigation, in the form in which it is being exploited by cultist healers. The colonic irrigation has its place, a limited one, in therapeutics, under proper circumstances. It is, however, being made the means of appealing to the neurasthenic by a lot of twaddle about internal cleanliness, internal bathing, and other pseudo-scientific buncombe of that character. Excessive irrigation of the colon can do serious harm. The healthy colon requires no bathing.

III

Last but not least, a factor which is of great importance but rarely considered, is the relationship of the mental state to constipation and general disability of the intestinal function. Mention has already been made of colitis, that is, inflammation of the bowel, sometimes with ulceration. Unfortunately, the term colitis has also been applied to certain functional conditions in which the large bowel gets into a state of high tension and stubbornly refuses to let go. There is pain and discomfort, the stools are infrequent and small, often ribbon-like or pencil-thin, then watery, mucoid and diarrheal. Worrying over the condition, with over-zealous attention to the details of symptoms accompanying the

constipation, is a prominent characteristic of such patients. Laxatives and roughage make the condition worse, and so does practically everything that is done for it.

This so-called spastic colitis is a common manifestation of high nervous tension. Dr. Josephine Jackson says that a spastic colon in every instance is evidence of a spastic mind, and she treats her patients accordingly. Whether one wishes to go as far as that or not, the fact remains that many high-strung persons have this symptom, and that it responds only to treatment which reduces the nervous tension. It seems to have increased greatly in prevalence during the current depression, especially in persons under stress of uncertainty and anxiety. Yet it is not new. Dr. Axel Munthe in his "Story of San Michele" tells about employing the term long before the World War—though he confessed he did not know what the disease might be—to accommodate his fashionable Parisian patients who had to have some satisfactory disease to replace appendicitis after American surgeons began inconsiderately to cure that perfectly delightful drawing-room affliction by removing the appendix. Since the disease, in the case of Dr. Munthe's fashionable ladies, was in the head anyway, colitis was a perfectly good substitute for appendicitis. A satisfactory bridge-table disease, be it remembered, is one which lasts a long time, causes excruciating suffering but no mortality, responds to no treatment except sympathy administered at regular intervals, and never gets well.

Lest this may sound like an unsympathetic attitude toward what constitutes very real suffering to the patient, I hasten to add that the cynical description of the complaints of idle women seeking outlet for their futility in neurasthenic vapors, is a far cry from the very genuine neu-

rogenic disturbances of the eliminative function which afflict persons of all economic strata in America today, among them many hard-working and useful citizens. According to the Freudian conception, spastic colitis may be a revolt of the unconscious against circumstances which bear too hard upon the sufferer; thus the disease represents escape. It is not to be confused with conscious malingering. In such types of constipation the most careful examination, including röntgenography, shows no physical lesions except that the colon is contracted virtually to the thinness of a cord by muscle spasm.

The only relief is in measures directed to overcoming the underlying anxiety, whatever it may be. These patients want a great deal of information about their condition; they write letters to health columnists; they scour the libraries for

books; they pounce upon news items in the daily press. The best prescription for them is to be examined to be sure that there is no organic disease, then to do whatever their doctors tell them, and give the matter no further thought. They had better read detective stories and the sporting news than medical literature of any kind. Their true salivation lies in the resolution of their situation in life, whether by solving the problems which vex them or facing the worst and developing a philosophy which will lift them at one and the same time above their troubles and their colons.

There are enough patients with colonic disease which needs medical treatment. What the healthy American colon needs is a reasonable diet, a good supply of drinking water, a fair chance to function, and a merciful letting alone.

THE STATE OF THE UNION

THE CORRUPT LOWER COURTS OF PHILADELPHIA

By J. T. SALTER

Philadelphia

IF ONE reads about the grievous shortcomings of the magistrates in the city founded by Penn and (until recently) governed by Vare—and if he reads the Philadelphia newspapers at all these days he is certain to read about them—he may wonder: “What difference does it make, who the magistrates are or what they do?” He may know that for more than a century magistrates’ courts or their predecessors, aldermen’s courts, have been seriously criticized for their partisanship, arbitrary action, ignorance of the law and corruption. So well qualified an observer as former District Attorney Fox publicly declared in 1928 that the magistrates, “instead of being professional men, are plumbers or undertakers, salesmen, or men noted for their sporting proclivities.”

The most celebrated judgment of Solomon was delivered in a case that would today, in all probability, be brought in the first instance before a magistrates’ court. Charles Evans Hughes gave his answer to the question of the importance of these courts in his presidential address to the New York Bar Association. He said, “I never speak of this work of our higher courts without the reflection that after all it is the courts of minor jurisdiction which count the most so far as respect for the institutions of justice is concerned. The Supreme Court of the United States and the Court of Appeals will take care of

themselves. Look after the courts of the poor, who stand most in need of justice.”

There are about 150,000 arrests each year in Philadelphia; all of these cases are considered and about half of them are finally disposed of by the magistrates. Many arrested individuals and their friends and enemies get their opinion of the nature of American justice from their first hand experiences in magistrates’ courts. If their observation at this point of the judicial process leads them to believe that the legal merits of a case count but faintly and the sponsors of the “judge” or defendant count powerfully the citizens’ training in lawlessness has begun. And because these tribunes of the people are “the emergency hospitals of the law, to which all cases go for first treatment,” much if not everything depends on the action taken there. They exert more influence on the attitude of the citizen in a great city than does the Supreme Court which the individual may never see.

There are twenty-eight magistrates in Philadelphia. They have a dual rôle in the life of their city. They are, with rare exceptions, ward or division leaders—integral and often substantial parts of one of the most powerful party organizations in the United States. They are both politicians and judges, and they are not permitted to forget that they could never have been judges if they had not first been successful politicians. This is the reason that the core of their thinking is politics, not law. They may ignore the mandates of Coke and Blackstone or of the Pennsylvania law and survive, but their places