

lating surface, over which dermatization will proceed rapidly, or which will serve as an ideal base for the reception of Reverdin or Thiersch grafts. The mild toxic symptoms which have been reported as occasionally occurring will never be seen if reasonable care is exercised.

382 Commonwealth Avenue.

COLITIS *

GEORGE D. KAHLO, M.D.

Professor of Clinical Medicine, Indiana University

FRENCH LICK SPRINGS, IND.

That there should be such a conflict of professional opinion regarding the nature and concept of colitis is perhaps not surprising when we consider its protean characteristics.

The more experience one has in dealing with these cases the more likely is he to be convinced of the futility of attributing to them either a common origin or a constant pathology. The term "colitis," as here used, is intended, therefore, to include both conditions associated with catarrhal inflammation and those in which the disturbance in colonic function is dependent on a secretory neurosis. I have excluded, however, cases of gastro-enteritis, enterocolitis, and all conditions in which the colonic involvement seemed of secondary importance, as also the acute forms of colitis.

The statistics given are based on a series of 625 cases observed during my four years' residence at French Lick Springs. All have one feature in common, *viz.*, an excess of mucus and, with few exceptions, pain and tenderness along the course of the colon. I have not attempted a further classification under the headings of colica mucosa and intestinal catarrh, for the reason that while I believe that a certain proportion of such cases, as clinically observed, may be readily recognized as belonging to one or the other of these forms, there still remains a considerable number which, either for the lack of sufficient data or because of the coexistence of certain features supposedly characteristic of each of these types, cannot be thus differentiated with certainty.

ETIOLOGY

From the standpoint of etiology, neurotic influences, both hereditary and acquired, undoubtedly play an important rôle, for, with few exceptions, the evidences of a neurosis are present, yet I am by no means convinced that such influences are necessarily primary. Not a few of these cases have apparently had their origin in an intestinal catarrh occurring in early childhood, although the symptoms present have exactly corresponded to the classic descriptions of colica-mucosa. On the other hand, I believe that there are many which in their inception are simple secretory neuroses, are at a later period complicated by a catarrhal inflammation, the result either of fecal retention or of measures employed for its relief.

Of the patients whose cases are included in this report, forty-four were under 20 years of age, the youngest 3. Fifty-six were over 50, the oldest 78. The greatest number were between the ages of 30 and 40 years. The duration of the disease has varied from three months to twenty years, usually from two to six years.

SYMPTOMS

In 87 per cent. the symptoms first observed were those of a disturbance of digestive function; in some it was attributed to the stomach, more often to the intestinal tract, particularly the colon. Fifty-four per cent. gave a history of constipation; in a majority of the cases, of the spastic variety. In 15 per cent. diarrhea was present more or less constantly, the number of stools varying, as a rule, from two to five daily. Frequently constipation alternated with diarrhea; in a few the stools were apparently normal.

Mucus, as has been stated, was present in all cases in appreciable amounts. In 36 per cent. it existed in the form of casts or tenacious inspissated shreds, showing evidences of pressure and retention. In the remainder, it was found in the form of small flakes more or less mixed with fecal deposit or in gelatinous masses sometimes passed alone. The appearance of the mucus was, however, most variable, not only in different cases, but in the same case at different times, so that very often it was without special diagnostic significance.

Colic was a prominent feature. In only 15 per cent. was this symptom entirely absent. In 35 per cent. it was described as slight or moderate in degree and in the remainder as at times severe. Neurotic tendencies, sometimes of the most manifold nature, were exceedingly common, as were also autotoxic symptoms.

Physical examination showed gastroptosis in 17 per cent. of the cases and enteroptosis in 24 per cent. The right kidney was palpable in eighty-four cases, the left alone in nine, and both kidneys in fourteen. Tenderness over the course of some portion of the colon was present in about 90 per cent. of the cases. Most commonly it was over the sigmoid flexure. Next in point of frequency was the cecum and then the transverse colon. Very often it included both the ascending and descending colon and in about 15 per cent. it was quite general.

Urinalysis showed indican in excess in 34 per cent. and urates in 27 per cent. Oxaluria was present in 19 per cent. and phosphaturia in 23. Other abnormalities of renal function were probably not more common than might be expected in a like number of cases of other diseases.

Among the other symptoms observed, that which was most frequently complained of was a disagreeable sensation in the abdomen, hardly amounting to actual pain and usually referred to the region of the descending colon or sigmoid. Gastric distention, eructations, burning, regurgitation, coated tongue, and a bad taste were common symptoms; nausea less so. Cardiac palpitation, arrhythmia, intermittence of the pulse and precordial distress were often a source of much anxiety to the patient, as were also vertigo, and unusual fatigue. Insomnia, migraine, and general neuralgic pains still further added to their discomfort. Mental depression of some degree was a very constant feature, in some instances amounting almost to hypochondriasis.

Many of these phenomena were probably merely the evidences of the underlying neurosis, but most of them, I believe, were the result of auto-intoxication, as they usually disappeared or were much mitigated as soon as the disturbance of digestion was relieved.

DIAGNOSIS

The diagnosis in typical cases of colitis is not difficult, although mistakes are common, and its significance is often overlooked, even when its existence is recognized. I am sure that this is true in a considerable number of

* Read before the American Gastro-Enterological Association, St. Louis, June, 1910.