the cases I have seen, a majority of which have been referred by other physicians. Many of these patients have come with a diagnosis of appendicitis or gall-stones, some of them postoperative, yet the symptoms present were apparently the same as those which had existed from the beginning of the illness.

I am confident that operations of this kind would be undertaken much less frequently if every colitis patient were properly treated from the incipiency of the case, and that the results of these operations, when indicated, would be far better if more attention was given to the after-treatment of the colon.

Fecal examinations are an important part of the investigation of these cases and in those reported such examinations have been the rule. Most frequently, they have been macroscopic only, but in a considerable number, microscopic and chemical as well.

It is easy to determine, so far as the individual case is concerned, whether the difficulty in digestion has to do chiefly with the fats, proteids or carbohydrates, when the patient is on his ordinary diet, and the information thus obtained is sometimes more valuable than when a systematized diet is employed.

While a very cursory inspection will suffice to determine the existence of mucus, its character and amount, the color and consistency of the stools, presence of intestinal sand, blood, worms, and the grosser evidences of undigested food-products, to form an accurate opinion of the digestive function, a microscopic examination should also be made and in many cases it is desirable to employ a test diet such as has been recommended by Schmidt.

While attaching much importance to the results of examinations of this kind, I would also emphasize the point that the results, to be of practical value, must, as in all laboratory investigations, be considered in connection with the clinical history and physical signs.

COMPLICATIONS

Among the various conditions complicating colitis, gastric disorders were decidedly the most common. In only 18 per cent. of the cases was there an absence of such symptoms, although very often they were comparatively slight. Examinations of the stomach contents were made in most of the cases in which such features were at all prominent, as I believe they are not only of value from the standpoint of diagnosis, but more especially for the information they afford as regards the diet. Of these cases, gastritis was present in 15 per cent. and hyperchlorhydria in 28 per cent. Sixteen cases showed achylia gastrica. In many of the remaining cases, no particular abnormality was apparent. Appendicitis was, or had been, present in seventy-eight cases; in thirty-four it was postoperative. Symptoms of cholelithiasis existed in forty-two cases, in nine of which operation had been performed. Gouty manifestations were of very frequent occurrence, usually of an atypical form. Cutaneous eruptions, such as eczema, urticaria, acne and psoriasis were comparatively common also.

TREATMENT

The treatment will, of necessity, vary with the indications present. Patients differ so radically in the prominence of different symptoms, in the state of nutrition, in their response to psychic impressions and in the manifestation of idiosyncrasies towards certain kinds of food, to say nothing of the innumerable influences of environment and habits of life, that one must be guided largely by general principles.

Whether we take the view that the indications are to be sought solely from the side of the neurosis or that we should take some cognizance of the digestive symptoms, more than to stimulate intestinal peristalsis, one thing is certain and that is that we shall not succeed by medication alone. I do not hesitate even to say that on the whole medicines are likely to do more harm than good.

Here, as in other diseases, the important thing is a recognition of the influences that have caused it. Our patient has not been living correctly or the condition would not exist, and we should be just as painstaking in our investigation of questions pertaining to his environment, his diet, and his habits of life generally, as we are in obtaining data on which to base a diagnosis.

If the case is brought to us at a time when the only evidences of the trouble are the presence of mucus and pain, plus certain neurotic disturbances common to other functional neuroses, the treatment would not differ materially from that which would be applicable to neurasthenia without special intestinal involvement.

So far as my own experience goes, however, such uncomplicated cases as these are the exception and not the rule, for even though there may have been a simple neurosis in the beginning, evidences of other disturbances of digestive function and not infrequently changes in the organs themselves are likely to follow in more or less rapid succession.

Ordinary hygienic measures, such as fresh air, exercise, rest, baths, etc., are always applicable and if, as is generally the case, the nutrition is below par, we must see that the diet is sufficient in quantity to meet these requirements; but to accomplish this it is necessary that it be of a quality that will not overtax the digestive capacity.

While I am confident that much harm is often done by concentrating the patient's attention on dietetic details, and that the prolonged and frequent use of enemas and other local treatments may act unfavorably in the same way, I am equally positive that when judiciously employed, such measures are distinctly beneficial.

There is no scheme of diet that is applicable to all cases. If we can exclude any catarrhal condition, a coarse regimen, rich in cellulose, such as is recommended by Von Noorden, will often succeed admirably, but the change, I believe, should be made gradually and not abruptly. If pain is a prominent feature, if there is much tenderness over any part of the colon, great distention or marked evidences of undigested starch granules in the stools, it will only aggravate these symptoms. Hyperchlorhydria and gastroptosis are often contraindications and one or the other of these conditions is not infrequently to be found in cases which afford the most typical examples of the secretory form of this disease.

The best diet in such cases is one that is small in bulk, that is easily digested and that leaves a small residue. It may not relieve the constipation, but it will lessen the patient's discomfort. As improvement is observed in the secretory and sensory disturbances, we can, by a diminution of proteids and the substitution of fats and carbohydrates, promote a better motor function. Fruits, honey, butter, olive oil, the coarser breadstuffs and vegetables all act to increase the volume of alimentary residue and to stimulate peristalsis. If diarrhea is present, or if experience has shown that this condition is readily precipitated, only the blandest articles of food should be permitted. In dealing with constipation, diarrhea and other attendant local phenomena, I believe that the milder mineral waters of the alkaline-saline

Digitized by Google