

Section of Proctology with Section of General Practice

Chairman Robert Cooke ChM
(President of the Section of Proctology)

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Papers

Variation of Bowel Habit in Two Population Samples [Abridged]

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'In health the bowels are opened once or twice a day. . .' (Witts 1937).

Although there are many statements in the literature about normal bowel habit, few analyses of the range of normal variation have been published. A survey of bowel habit by questionnaire among 1,055 presumed normal subjects working in three factories and among 400 patients attending a general practitioner's surgery has therefore been made. Full details of the methods used, of the populations studied and of the results obtained have been published elsewhere (Connell *et al.* 1965).

The overall findings as regards bowel frequency are shown in Fig 1. The results in the two populations were similar. Over 98% of the subjects fell within the frequency limits of 3 bowel actions weekly to 3 bowel actions daily. Conversely, 1% or less of subjects passed fewer than 3 bowel actions weekly or more than 3 bowel actions daily. Apart from the fact that all the subjects with two or less bowel actions weekly were women, there was little difference between the sexes. There was no obvious correlation between bowel frequency and the age of the subjects.

Only 4% of the industrial population considered themselves constipated. The subjects' ideas of

constipation varied, some passed infrequent motions, some hard motions, and in some there was no clear reason why they regarded themselves as constipated. In the whole population 19.7% (16% in the industrial community and 29% in general practice) took laxatives. The frequency of laxative taking rose with age, and the different

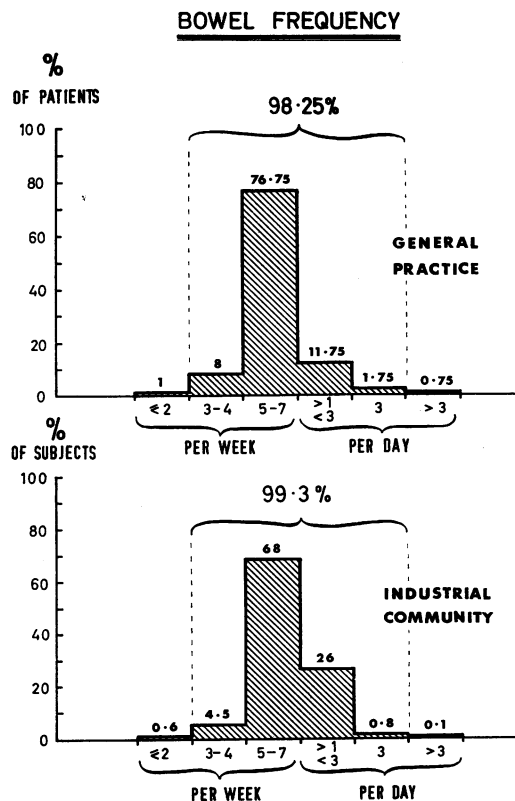


Fig 1 Proportion of subjects with different frequencies of bowel action. (Reproduced from Connell *et al.*, 1965, by kind permission)

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percentage of laxative-takers in the two populations can be largely ascribed to differences in age distribution of the subjects. No children under 10 were being given laxatives and no person under the age of 20 was taking laxatives more often than once a week.

Only two other comparable surveys have been published (Parks 1943, Hardy 1945) and their findings were similar to those presented here. It seems that half to three-quarters of normal subjects have their bowels open once a day. A frequency greater than once a day is more common than a frequency less than once a day. Constipation, in terms of frequency alone, might thus be defined as less than 3 bowel actions weekly, and diarrhoea as more than 3 bowel actions daily.

A comparison of the present findings with those of Parks (1943), Hardy (1945) and Reid (1956) suggests that the frequency of laxative taking is decreasing.

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Irritable Colon

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Definition

Basically the 'irritable colon' consists of colonic dysfunction, with pain, diarrhoea, or constipation, and excessive mucus production, with an absence of demonstrable organic disease.

History

The condition was recognized about seventy years ago, the earliest publication traceable being by Charles Ball (1894). He used the term 'irritable rectum', giving as an illustration a clergyman who always desired to defæcate before divine service.

Later new symptoms appeared in the syndrome which became known as mucous colitis or catarrhal colitis; Tuttle (1903) used these terms

in referring to a condition characterized by passage of mucous tubes and tape-like masses of mucus, accompanied by constipation, depression and chronic anxiety. His treatment included a regime of laxatives, washouts, and glycerin with cottonseed oil retention enemas. Lockhart-Mummery (1910) referred to chronic mucous or membranous colitis as an ill-defined disease occurring in introspective and neurotic persons. He records a substance called intestinal sand, which was found in the patients' stools; 51% of this sand was inorganic matter, mostly salts of calcium, magnesium, phosphorus and iron. I have never seen stools containing intestinal sand. Membranous colitis became the fashionable term (for example, Earle 1911) and the introduction of new names must be responsible for some of the confusion at that time, for Gant's (1923) description of catarrhal colitis was more like that of milder ulcerative colitis. In 1931 Pruitt used the term 'mucous colitis' in describing a syndrome of alternating constipation and diarrhoea with the passage of mucous casts, accompanied by toxæmia of the putrefactive variety. He recognized it as being an obstinate but rarely fatal disease and advised that treatment should be colonic irrigation, mild laxatives and preparations containing atropine, and that patients benefited by the relaxation of a holiday.

When modern diagnostic techniques came into use it was possible to distinguish between the various organic diseases of the intestines and the disorders of colon function which in the absence of organic disease we call 'irritable colon'. It seems certain that the lack of precise diagnostic facilities explains the former confusion. For the time being we must accept that this is a diagnosis by exclusion. For example, Lockhart-Mummery's 80 cases comprised 66 who had some organic disease of the bowel and 30 had chronic inflammation of the colon demonstrated pathologically. The probability is that some of these patients were suffering from ulcerative colitis.

Classification

I agree with Chaudhury & Truelove (1962) that these patients are divisible into two groups: (1) Patients who complain of abdominal pain, with or without constipation or diarrhoea, or with alternating constipation and diarrhoea. We consider these to be suffering from 'spastic colon'. (2) Patients with painless diarrhoea; these we label 'irritable colon'. Chaudhury & Truelove, describing 130 cases of this syndrome, noted that more than half belonged to the spastic group whilst the remainder had irritable colons. Many of their patients blamed articles of diet for attacks of their discomfort but about half noticed no such connexion. These authors noted that one-third