

Practical remarks on the discrimination and successful treatment of spasmodic stricture in the colon, considered as an occasional cause of habitual confinement of the bowels / By John Howship.

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PRACTICAL REMARKS

ON THE

DISCRIMINATION AND SUCCESSFUL TREATMENT

OF

SPASMODIC STRICTURE

IN THE

COLON,

CONSIDERED AS AN OCCASIONAL CAUSE OF HABITUAL
CONFINEMENT OF THE BOWELS.

Illustrated by Cases.

BY JOHN HOWSHIP,

SURGEON TO ST. GEORGE'S INFIRMARY; TEACHER OF SURGERY;

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AUTHOR OF

Practical Observations in Surgery; Practical Observations on the Diseases that affect the

Secretion and Excretion of Urine; Practical Observations on the Diseases of the

Lower Intestines and Anus; Practical Remarks on Indigestion, &c. &c.

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MDCCCXXX.

SIR SPENCER STAMFORD

My dear Sir,
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the case of the

considered as an occasional cause of habitual
dilatation of the bowels.

My conviction, that every

suggestion that has been for its object

and the improvement of our profession for

its purpose, is sure to find in you a steady

friend and ardent supporter, must plead

my apology for having ventured to place

the following Essay under the protection

and shade of your patronage.

I shall not, however, conceal another

motive for my having so done; it is a
desire to embrace the opportunity now

afforded me for acknowledging the plea-

TO

SIR JAMES M'GRIGOR, M.D.

Fellow of the Royal Societies of London & Edinburgh;

Honorary Fellow of the Royal College of Surgeons, of Dublin;

Director General of the Army Medical Department,

&c. &c. &c.

DEAR SIR,

MY conviction, that every suggestion that has truth for its object, and the improvement of our profession for its purpose, is sure to find in YOU a steady friend and strenuous supporter, must plead my apology for having ventured to place the following Essay under the protection and shade of your patronage.

I shall not, however, conceal another motive for my having so done; it is a desire to embrace the opportunity now afforded me, for acknowledging the plea-

sure I sometimes derive, from emotions of gratitude, in the recollection of those days, now long past, in which I was indebted to you for many civilities and numerous acts of kindness, at a period when you were pleased to unite the character of a friend with the duties of the commanding officer.

Believe me to remain,

Dear SIR JAMES,

Truly yours,

JOHN HOWSHIP.

21, Saville Row,

July 31, 1830.

INTRODUCTION.

FROM the earliest commencement of my professional studies, down to the present hour, I have been in the habit of paying a strict attention to the symptoms of diseases ; under the persuasion that this is the only course by which we can really enlarge the circle of our information, in medicine and surgery ; and where I have had reason to think any observations that occurred to me were interesting, or new, I have considered it a duty to make them known, in order that if they really possessed value, they might thus be rendered conducive to the successful practice of our profession, and consequently to the benefit of society at large.

It is this feeling, that has induced me

to submit the following very cursory remarks to the public eye. I am well aware these remarks are few in number, and extremely incomplete ; but it is to be considered that the subject is almost entirely new, and that the only included points that have been occasionally noticed by writers, have been treated so lightly and superficially, as to throw scarcely the least useful light upon the nature and discrimination, and still less on the successful treatment, of the complaints in question.

Neither is it to be supposed, that the small number of cases mentioned, are the only sources of information, from which my opinions have been derived. Very far otherwise. The consideration that I have for many years given to the disorders and diseases of the lower bowels, as regards the operative surgery of those parts, has necessarily led me to reflect pretty closely upon their functions, when in health ; and also their functions, when out of health.

It would be tedious, were I to enumerate many practical remarks that I have noted, which would nevertheless be found to bear very fairly upon my present subject. It is sufficient to say at present, that they have all assisted, in giving a precise direction to my inquiries ; and I trust I may add, in correcting, as well as strengthening my judgment.

I have candidly stated, that in more than one instance, it was the extreme difficulty and embarrassment of the case, rather than any confident speculations of fancy, that led to the trial of those means, that when adventured, soon gave me additional suggestions, as to their own value and importance ; and one of the principal reasons for my now bringing forward these observations, is the hope that perhaps they may excite some attention to this subject ; upon which, practically speaking, we are still but very imperfectly informed.

The pretensions these remarks may pos-

sess to that attention they solicit, I must leave to the determination of others. All that can with certainty be advanced, perhaps, in their favour is, that I am quite sure the large intestines are subject to a kind of permanent spasmodic contraction, or stricture, and that I have also been for a very long time satisfied, that this kind of stricture frequently gives rise to all the inconveniences induced by habitual and obstinate confinement of the bowels; and the only ground for my not having before ventured to say so, was my not having met with opportunities till lately, that enabled me to ascertain either a mode of successfully treating, or indeed, clearly discriminating these cases.

The following observations are practically important, only so far as they may lead to the discrimination, and cure, of certain affections of the great intestine; but although their principal object is to establish and prove the occasional oc-

currence of permanent stricture in the lower bowels, from the influence of spasm alone; I have no doubt whatever, that future observations, carefully made, by the assistance of the means I have recommended for the treatment of this one affection, will in time to come be found conducive to the ascertaining the distinctive symptoms of other complaints, to which also these parts of the alimentary tube are liable.

The serious tendency of the symptoms induced in these disorders, by the sympathetic disturbance of the constitution, is occasionally such, that had I not been very attentive in taking correct and complete notes of the cases, I should really have hesitated in venturing to state them from recollection.

It has been for many centuries well known, that violent irritation in the alimentary canal is capable of producing violent disturbance in the constitutional

health; but the precise quantity of disturbance, and the intensity of symptoms, occasionally so produced, by a cause situated in the great intestine, and there alone, could only be ascertained by the adoption of some means, capable of at once removing the source of irritation from the lower intestine, without disturbing or meddling with the upper or superior parts of the canal; points which appear to be clearly determined by what I have related, in the first case given; a case, the particulars of which are well calculated to excite an interest, and carry the mind forward to the close consideration of the importance of the operation by which the patient was so suddenly snatched, as it were, from extreme danger.

In the detail of the cases subsequently mentioned, which are intended to illustrate the diagnosis and proper treatment of habitual confinement of the bowels, and other incidental effects, when produced by

permanent spasmodic stricture in the great intestines, it will be seen that I was not myself competent to determine upon the precise seat, or even the nature of the obstruction, until by the operation of distending the affected part of the bowel, I was enabled to perceive at once the immediate effect, and watch the progressive influence of the pressure; and was at the same time instructed as to the symptoms attendant upon this kind of spasm, no less than with regard to the signs of the approaching relief and eventual cure of the complaint.

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PRACTICAL REMARKS,

&c. &c.

SEVERAL of the cases brought forward in my Observations on the Diseases of the Lower Bowels, prove, that the inferior parts of the intestinal tube are occasionally liable to be affected with spasm.

In various instances, when consulted for these complaints, in examining certain parts of the lower intestine, which had been the previous seat of uneasiness and pain, I have, by a very gentle and light pressure with the silver ball, mounted upon an elastic silver wire, gradually overcome the resistance; the contraction has yielded, and the instrument passing freely

on, has not on its return enabled me to perceive the least remaining trace of the obstruction, and the patient has been perfectly and permanently relieved : so transitory was the affection, and so sudden its removal.

Upon some occasions, I have known a slight degree of irritation, arising from a small abscess, situated at the verge of the anus, induce, in some parts of the bowel above, a degree of permanent spasm, of so determined a character, that for the several months of its continuance, the patient, always previously used to a regular state of bowels, could never once get them to act at all, without the assistance of medicine. In one such case, my friend Dr. JAMES, who was attending with me, found some difficulty in selecting medicines, the active powers of which were sufficient for this purpose. Our patient, in this instance, had a weak and irritable constitution, ruined by habits of

dissipation and intemperance ; with so little firmness of mind, that he hesitated for months before he yielded to our advice, that he should have a little hæmorrhoidal abscess opened. This, however, was at last done, and the cavity, once exposed, soon granulated and healed.

But the remarkable and curious circumstance was, that from the day on which the operation was performed, his bowels thought proper again to transmit their contents with perfectly punctual regularity, unassisted by medicine ; so that, to his great surprise, and without any change whatever, either in his diet or habits, he had now his one easy and regular motion every morning after breakfast, just as he had been accustomed to have a twelvemonth before.

The experience of ages has shown, that the bowels, under various circumstances, are subject to painful spasm ; which, as a symptom, is frequently induced by any

derangement connected with irritation. But as it is the pain, that, in such cases, makes the strongest appeal to the feelings of the patient and the attention of the practitioner, it has been very generally concluded that the pain attendant upon the spasm was its inseparable companion; a conclusion, not in every case correct.

Again, as to the seat of any painful uneasiness, occurring in a particular part of the abdomen, presumably in the bowels; it has been very generally thought difficult, and by many impossible, to come to any precise or satisfactory conclusion as to its exact situation: the bowels being all contained within one and the same general cavity, and the principal part of this extensive canal being so far unconfined as to be, in point of fact, sometimes in one, sometimes in another part of the abdomen.

Upon this point, however, I shall presently show, that where certain affections,

productive of uneasiness, pain, or habitual confinement of bowels, have their seat in any part of the great intestine, it is always in the power of the practitioner to determine the situation of the affected part with precision; and I am quite sure, that in the great majority of such cases, were the complaint attended to, as it should be, in its commencement, disorder would very rarely end in disease; or in other words, these complaints would terminate, much more constantly than they do at present, in the perfect restoration of health.

Where, from any cause, there is an unequal or inadequate transmission of the nervous power, the consequence is a deficient energy of muscular action; and in injuries of the spinal marrow, consequently, one of the most common symptoms is a remarkable torpor of the bowels. They not only cease to act spontaneously, but frequently refuse to pass forward their

contents, under the excitement of the most powerful and active purgatives.

This torpor, in the functions of the bowels, often appears to exist in a less decided degree, independent (as it would seem) of any injury to the nerves, or the least obvious derangement in the distribution of the nervous influence. All that can here perhaps be said with certainty is, that the bowels do not act so regularly as they used to do, or perhaps show no disposition to act at all.

It may be fair to conclude, under these circumstances, that the cause to which such inconvenience is to be referred, is a want of tone, or of energy, in the contractile power, or peristaltic action, of the intestines; but here again I have long suspected, and recent observations have enabled me to see, that in some such cases the complaint does not so much consist in a defective power of contraction in the

whole extent, as in a deficient freedom of relaxation in some one part of the intestinal canal.

From having now, for some years, attended rather particularly to the subject, I have been induced to believe, that a general indisposition to action in the bowels, accompanied with a degree of occasional uneasiness or pain within some part of the abdomen, is in many instances brought on by a partial contraction in the intestine, the effect of excessive muscular action, not the consequence of disease. This state of parts I have long considered might sometimes take place; but such state not implying the existence of any incurable malady, and the contents of the internal cavities of the body being altogether concealed from direct observation, I have only recently obtained satisfactory and clear evidence of the correctness of this opinion.

The mere circumstance of an inactive

condition of the bowels, thus induced by a little excess of muscular contraction in the affected part of the intestine, abstractedly considered, might be regarded as a matter of no material importance, in its bearings upon the general system. But the truth is, that one effect invariably induces another, until eventually a long chain of consequences present themselves, such as it would, at first, hardly have been suspected could possibly have arisen out of a cause, in itself apparently so trifling.

To advert to some of these consequences, and to convey an idea of their importance, it is only necessary to mention, in the first place, a state of stomach which absolutely prevents the patient from retaining or taking food or nourishment, solid or fluid; and, in the second, a constant sense of soreness or tenderness about the abdomen, so acute as entirely to prevent the patient from taking exercise, leaving the bed, or even turning in it; a state

of irksome and continued suffering, protracted month after month, reducing life down to existence, and depriving the patient of every enjoyment or comfort, that can render that existence, in any point of view, desirable.

Independent of these more prominent characters, there are others, which however, so far from assisting the practitioner, only serve still further to mask and conceal the true nature of the complaint. A degree of febrile excitement, white tongue, quick pulse, constant thirst, and occasionally a dry and heated skin; which, in addition to the foregoing symptoms, have repeatedly induced other persons, as well as myself, to believe that inflammation was going on, notwithstanding the means proper for relieving inflammatory action had been already adopted without the least beneficial effect.

When, in such a case, I have consulted with physicians or surgeons, they have

seen and urged the necessity for persevering in giving nourishment, although to no purpose ; have thought it probable that some chronic inflammatory action was going on ; or, in more general terms still, have felt confident there was something wrong ; and have concluded by admitting that the patient was in a very serious and precarious state : a sort of opinion plainly enough calculated to confirm apprehension and alarm, but not very capable of lessening the previous difficulties, by throwing any additional light upon the necessary treatment.

From all that I have been able to see or learn, either from my own experience, or that of others, I am entirely convinced, that when the intestinal canal is suffering under the effects of irritation, the large intestine, and especially the colon, is most commonly its particular seat.

One case more powerfully than any other fixed my attention upon the conside-

ration of the extent and importance of this great truth ; a case, upon several accounts, interesting, and one in which there was reason to apprehend, not only considerable mischief, but extensive ulceration in the bowels : yet, just as we were convinced and had declared the patient had not three days to live, he was suddenly relieved from every symptom, and as if in a single hour recovered.

To place in the strongest possible point of view, the powerful influence that violent irritation, seated in the large intestine, may exert, in disturbing the feelings of the part, and the functions of the system, threatening destruction of life, I shall give a brief outline of the case to which I have just adverted ; a case that was considered, and treated by the medical gentleman who saw it first, as one of inflammation, or inflammatory spasm, in the bowels ; and such it certainly was, although the means that eventually gave

relief, as sudden and great as it was unexpected, sufficiently evinced how fruitless it is to endeavour to prevent effects, when the attention ought rather to be directed to the removal of the cause.

May 21, 1826, Sunday, 10 A.M. JAMES FIELD, aged 10 years (8, George Street, Grosvenor Square) was, eight days since, seized with violent pains in the bowels, and tenderness in the abdomen, for which Mr. D. of Oxford Street bled him from the arm, and the next day applied leeches to the abdomen; directing him, at the same time, proper medicines. The symptoms much relieved, were indeed supposed to be nearly removed, but on the Wednesday they returned with violence, and so continued till Friday the 19th, when I was requested to see him. At this time the abdomen was so tender as not to bear the slightest examination, the weight of the bed-clothes, or the least degree of motion.

About every ten or fifteen minutes there was an increase of pain, which seemed to follow the course of the transverse arch and sigmoide flexure of the colon, with moaning and crying, and a pulse between 100 and 110. In the most painful part, towards the left side, there was, when lightly touched, the feeling of an indurated mass, apparently the size of half an orange, within the abdomen; this tumour being observed and felt by Mr. D. as well as myself. The abdominal parietes were relaxed, and moved freely over the surface of the tumour. Medicines were directed, but without any alleviation of the symptoms.

On Saturday, a blister was directed to the abdomen, an aperient draught was also ordered, and a saline diaphoretic mixture, but without the least effect; the tongue covered with a thick fur; the skin hot and dry; the pulse quick and hard, though

small; and the boy moaning, screaming, and crying, alternately, the day through.

At 9 P. M. we met, and finding the youth in no respect better, stated our opinion, that he was in considerable danger, and that in fact we had but little hope of his recovery. It was agreed, that at ten I should see him again, and try the effect of a copious warm injection, and that, if this gave no relief, he should be placed in the warm bath.

At 10 P. M. I found him decidedly worse, every symptom being aggravated in severity. The most careful introduction of the tube of the injecting apparatus produced a sudden increase of spasm, and a screaming fit. Even the slightest contact with the skin did the same thing. The fluid employed was warm groat gruel, about the temperature of 96° . I commenced the operation so slowly, as to occupy five minutes in injecting the first half pint. At

first it was observable, that the slightest intrusion, even of the fluid, or the least degree of distension, aggravated the pain and spasm ; but as the volume of the contained fluid was increased, the bowel became evidently much more relaxed and less irritable, and the pains easier in the same proportion. Towards the conclusion of the experiment, when three pints were injected, relaxation prevailed to so decided a degree, that while the youth said he was becoming very much easier, I perceived, to my surprise, that the previously dry and burning skin, now moist and glowing, was in a few minutes more covered with a copious perspiration ; the pulse at the same time becoming fuller, softer, and in frequency subsiding down from 110 to 75 beats in the minute.

He soon expressed an urgent desire to get up to the night chair, where he passed the whole contents of the colon and rectum ; which, as it was afterwards poured

forth into another vessel, appeared to me a washing out of soft yellow fæculent matter, which was most intolerably foetid. A fæculent matter, of so diffusive an odour as to render the apartment in a moment insupportably offensive, it was not difficult to perceive was quite adequate to produce, not only spasm and inflammation, but ulceration also, in the intestines.

The next morning (Sunday, 10 A. M.) we were told that he had fallen asleep just after I left him, and had continued to sleep, without medicine, the whole of the night, undisturbed. He also passed the whole of this day without the least return of pain, with a soft pulse at 74, and much relief from the tenderness and tension of the abdomen. The feel of a tumour within one part of the abdomen could now no longer be perceived by the hand; the tongue was also becoming cleaner, and his only complaint was of hunger.

I repeated the injection for several even-

ings ; rather, however, in reference to the benefit derived from its first administration, than from any apparent tendency to a return of the symptoms. He was directed scarcely any medicine, but took nourishment freely. In three or four days he was up and well; and we took leave.

The above was, to me, a very instructive case. It enabled me, in the first place, to see more clearly than I had ever done before, the great importance, in particular instances, of effectually relieving the lower bowels from the irritation of acrimonious contents. It enabled me also to perceive, that, at least in this case, and probably in many others of a similar kind, the most painful, and perhaps the only spasm, was situated in the great intestine. And, in the third place, it gave me this useful intimation, that by the progressive introduction of a large volume of warm, emollient fluid (provided the medical attendant

will only take the trouble to superintend its management himself, and watch its effect), we have the power of inducing a gradual, but effectual and complete relaxation in the contracted and painful portion of the intestine, although that portion may be situated far beyond the reach of mechanical aid administered by any other means.

It may, perhaps, be said, that as the patient in this case recovered, I could not possibly know with certainty that the violent pains and spasms were situated in the colon, and there only. A moment's consideration, however, will be sufficient to demonstrate that the fact is otherwise. It will readily be granted, that the introduction of the fluid, and washing out of the bowel, were the immediate cause of relief and recovery, as all the symptoms and sufferings directly ceased, and did not return. The patient appeared to be suddenly (that is, within a quarter of an hour) removed from a state of urgent danger to

one of perfect safety and rapid convalescence, In the next place, we know that the valve of the colon would pretty well prevent the injection from passing beyond the great intestine; and we also know, that while, on the one hand, the valvular commencement of the colon is confined by its attachments to the right lumbar region, its opposite extremity, the sigmoide flexure, upon the other, is also bound down to the left loin; and that the only part below is the rectum. It follows therefore inevitably, that the colon, being the only bowel so situated as to pass invariably across the abdomen, was the only part of the intestinal canal that could have been the seat of the entire and complete relief by the means employed, and, consequently, it must also have been the seat, and only seat, of the complaint.

Neither are we to imagine it necessary to have so extensive and considerable a source of irritation, as that above de-

scribed, to induce spasm in the colon. Experience shows, that occasionally the smallest, and apparently the most inoffensive substance, passing the bowels, may accidentally have the power of exciting so obstinate a contraction in some part of the colon, as shall absolutely prevent all passage, and thus destroy life in a few days.

April 10, 1827, I was attending a lady, in consultation with Mr. FRANKS, a very intelligent young surgeon, when that gentleman mentioned to me some interesting particulars of a case he had recently attended, in which an orange pip had caused death, by intruding itself into the little vermiform appendix of the cæcum. There was obstinate constipation, with violent pain, and the symptoms usual in inflammation and ileus ; and inflammation of the inner membrane, even to ulceration of the cæcum, was found after death, extending some inches along the colon, to

the point where the greatest degree of contraction existed. The pip of the orange was found about an inch down the canal of the appendix, the mucous membrane of which was highly inflamed, although without extending through to its outer or peritoneal coat. It was ascertained, that, two days previous to the attack, the patient (a young woman) had eaten oranges, and inadvertently swallowed some pips. She died upon the fourth day of her illness.

Injections by the rectum had brought away some fæces, lodged below the seat of the contraction, but no more. Calomel and opium, drastic purgatives, local depletion, leeches, and fomentations, formed the treatment.

It is, then, sufficiently clear, that a sudden attack, with extreme violence of pain, connected with, and induced by spasm, may take place from a temporary contraction in some part of the great intestine. It now remains to demonstrate

its being also occasionally subject to a permanent kind of spasm; so far, at least, permanent, as to continue for many years; yet so far spasmodic as to admit, under proper treatment, of being entirely relieved and relaxed in a few weeks: a position, which, although of extensive practical importance, and as far as I know not before brought forward, I conceive nevertheless is sufficiently proved by what took place in the two following cases.

July 24, 1829, I terminated my attendance upon Miss F., a lady aged thirty-six, of spare habit and delicate constitution, who, some months previously, I had visited at Tunbridge. At that time, under the care of Mr. PRINCE, surgeon, of that place, every thing had been done for her relief; notwithstanding which, she had remained many weeks confined to her bed, with severe pains at the stomach, obstinate costiveness, and great tenderness of the

abdomen. The stomach so irritable, that whatever she swallowed, or however small the quantity, solid or fluid, was almost invariably rejected by vomiting.

For the relief of these symptoms, I was informed, she had been often leeches and blistered, and directed various febrifuge medicines; and had now for many weeks subsisted literally upon gum water alone, as the least exceptionable, and in fact the only kind of nutritive matter the stomach would retain. The tongue was white, and the small weak pulse at 130.

I acquainted Mr. PRINCE, that, about eight years before, I recollected having attended this lady, in an attack very similar to the present, only more acute. Considerable pain and tenderness in the abdomen, with highly irritable stomach, and obstinate costiveness; for which, as I then thought her life decidedly in danger, I had twice taken blood from the arm, and directed the warm bath, with appropriate

medicines ; until, after an interval of eight or nine days, the bowels were partially relieved, and she slowly recovered. Subsequent, however, to this attack, the bowels, it appeared, had never, in a single instance, acted, unless under the immediate influence of some brisk cathartic medicine.

On the present occasion, enemata had been repeatedly employed, and they were considered to have afforded some degree of temporary relief.

As to opinion, I entirely agreed with Mr. PRINCE in the view he had taken of the case ; and also in considering that the patient's eventual recovery was extremely doubtful, although perhaps there might be no very immediate danger.

Notwithstanding she could not be more favourably situated, as regarded professional care, the anxiety of her family induced them, in the month of June, to take the risk of bringing her up to town, in order that she might be nearer to them ;

and being then desired to visit her, I again tried aperient, saline, and anodyne medicines. They rarely remained at all upon the stomach; and when they did stay, they evinced no power whatever in soothing or relieving the symptoms. The aperients never procured any action of the bowels oftener than about once a week; and neither the saline nor anodyne medicines appeared to have the least influence in allaying the unmanageable state of the stomach, or enabling it to retain food.

At length, puzzled extremely as to what I should next direct, or how proceed; having long suspected spasm had much to do with her sufferings; trusting this spasm might be situated somewhere in the colon, and possibly also capable of some degree of relief, by a regular daily distension of the bowel with a warm fluid, which would at all events wash out the intestine, if it did nothing more; I made up my mind to inject a certain quantity of warm gruel

regularly every day, and observe attentively and carefully what effects were produced.

In this way I entertained a hope, that by distending, up to a certain degree of pressure, the whole of the bowel with fluid, the seat of the contraction, although far beyond the reach of any other mode of instrumental aid, might still, perhaps, be relaxed and relieved.

In order that the operation might be performed with the requisite precision, I employed the patent apparatus of Mr. WEISS, which I believe to be the most perfect instrument that can be constructed; and having gently introduced the tube, I slowly injected the fluid, and requested it might be retained fifteen minutes.

On the first day, I injected only a pint and a half, the sense of distension being then rather acutely painful. In a few days, two pints induced but little uneasiness, and in a week the quantity daily introduced was increased to somewhat beyond four pints.

On the first day, acute pains were induced in the caput coli ; on the third day, these pains suddenly shifted (during the operation) to the middle of the arch ; and this, she observed to me at the moment, was the precise and exact spot where the principal pain had all along been ; after this, the griping and uneasiness, induced by the injected fluid, decreased daily, till at length it was scarcely felt at all.

On the first day, the washing out of the intestine was extremely bilious, and foetid ; but it was afterwards much less so. The patient herself thought, that the clearing these matters away, was the means of relieving her complaints.

At the time this operation was commenced, she was almost constantly sick, and vomited every thing, and was in all respects (to use her own words) exactly in the same state in which she had before been, at Tunbridge. The operation was repeated daily, for sixteen days. Previous

to its commencement, unable to walk at all, or stand upright, the extreme tenderness about the abdomen was such that she had not the power of turning in bed, nor even of bearing the least weight of the bed-clothes. In a day or two, the sickness at the stomach was quite gone, and the abdominal tenderness so far relieved, that she could move about in bed, with much more ease and freedom than before; in short, she said the tenderness was nearly gone.

At first, the tongue was white, thirst incessant, and pulse 120, which symptoms not being alleviated by any thing that was prescribed, medicine was entirely laid aside; this course, I thought, would enable me to judge more accurately of the effect of the local means about to be employed.

As I have already said, the quantity of fluid injected was gradually increased, until the volume was equal to between four and five pints; a quantity that (according

to the stature of the patient) might be considered sufficient for the complete distension of the whole extent of the rectum and colon.

At the time this operation was discontinued (July 24), the pulse was 80, and small; all the symptoms of the complaint having disappeared. During the continuance of this means of relief, as soon as the irritability of stomach subsided, I allowed her to eat and drink freely, whatever she pleased; so that before the operation had been continued a week, she found herself, to her surprise, able to eat cold or hot meat heartily, drink malt liquor, or wine; and also to take exercise, and walk for an hour with ease and comfort.

I repeated the daily distension of the intestine, till there was reason to conclude that all remaining tendency to excessive contraction was effectually overcome; and the operation was then laid aside; at which period the patient observed, that judging

according to her own feelings, she was now in better health than she had been at any time for the last ten years.

In July, 1830, I had the satisfaction to hear, that since the time of the operation, the bowels had acted without assistance, with almost perfect and invariable punctuality. Now and then, perhaps once in two or three months, medicine had been required; but, even when this was the case, the most gentle aperient now answered every purpose.

The particulars of the above case appear to me to throw much interesting light upon the general sympathetic disturbance, induced by chronic irritation, and permanent spasm, in the transverse arch of the colon. It affords, at the same time, but little information as to the varying feelings, and peculiar habits, of the immediate seat of the stricture. Defects, which I apprehend, are to a considerable extent

supplied by the notes I took in the following instance, which fell very lately under my notice.

June 14, 1830, I was requested to see Miss H. W., aged 15, a young lady of delicate constitution, who, I was informed, had always, even from childhood, been very subject to extreme confinement of bowels. About two years previous to my visiting her, she was for the space of a twelvemonth frequently distressed by a pain in the abdomen, always confined to one spot, just beneath the umbilicus; which pain then left her, giving place either to a frequent, or a constant sense of uneasiness, and sometimes very acute pain, which settled itself close up, under the lower ribs in the left side; a part constantly tender on pressure, inconvenienced by moving the body, and very frequently catching the breath in respiration.

Although the power of taking exercise

was very limited, as it always aggravated the pain in the side, the appetite had always been good, and the general health tolerable, until a few days previous to my seeing her, when the pain increasing, the small weak pulse became quickened, the skin heated, and the tongue white ; with acute pain in taking a moderately free inspiration. The stomach, also, was now disturbed ; she was neither disposed to take nourishment of any kind, nor able to retain it when taken.

For these complaints, which, after an attentive consideration, I had every reason to believe arose from a spasmodic stricture in the sigmoide flexure of the colon, I determined to try the effect of injecting the bowel at stated intervals.

June 27. Every second day, for the preceding fortnight, the operation of injecting the great intestine with warm groat gruel had been regularly repeated ; most frequently with considerable relief to the

local pain, and also to the constitutional excitement. Yesterday, however (June 26), the pain in the side was much increased, and so acute that she came home very ill. The pain, she said, was extremely pungent, in drawing in the breath. The abdomen, on that side, I found very tender, when pressed or touched. The disturbance of the system, and the local pain, were now so considerable as to induce me strongly to suspect the existence, not only of spasmodic stricture of the intestine, but some degree of ulceration of its inner membrane ; upon which presumption, besides injecting the bowel daily, I directed two drachms of the balsam of copaiba, in an eight ounce mixture ; a table-spoonful of which I desired might be given two or three times in the day.

To-day, when I commenced injecting, I observed, that the pain in the seat of contraction was rather increased, for the space of ten minutes ; after which, by the

effect of the progressively increasing volume of fluid, the pain in a single minute gave way, and was greatly relieved, on the accession of the usual griping sensations from distension, coming on rather suddenly, in the other parts of the bowel. Near two pints of fluid introduced, and the effect kept up for the space of fifteen minutes ; the bowels were then allowed to relieve themselves.

In the afternoon, about two hours after the operation, this young lady walked a short distance from home, into a crowded and hot room, where she fainted, and was with difficulty brought home. She soon became better ; and as I attributed this discomposure in some degree to the effect of her medicines, some castor oil was given ; when this operated, she was entirely relieved.

June 28. The pain in the stricture had not been so acute as to require the application of the blister, which on the pre-

ceding day I had desired to be kept at the bedside ; to be ready, if wanted, To-day, the bowel was injected to its full extent for nearly ten minutes, before the pain and stricture began to yield. It then gave way suddenly, on the accession, as before, of the ordinary griping pains in the colon and rectum. The pulse now was at 80 ; the tongue and skin, clean and cool.

June 30. The operation repeated daily, and the mixture regularly taken : she said she felt herself better, and had slept better the preceding night, than at any time for the last fortnight. During the forenoon to-day, the pain in the seat of the contraction was much less than yesterday. In the operation, when about eight ounces of fluid was injected, the pain in the contracted part became rather worse, and so remained till the volume of fluid equalled twenty ounces, when the uneasiness and gripings commenced, upon which relaxa-

tion and ease immediately followed in the seat of spasm; still described as in precisely its first situation, extending from beneath the lowest ribs, across the abdomen, nearly but not quite to the umbilicus.

It was remarked to-day, that when the gripings became very sharp, the pain in the stricture diminished down to the slightest uneasiness; which still remained scarcely perceptible, after the gripings had subsided, upon the bowels being allowed to discharge their contents.

July 3. Yesterday and to-day, there was no pain at all, in the seat of the stricture, either during the operation, or in the intervening period of time; nothing but the temporary griping, while the distension of the bowels was kept up.

July 4. Said that since yesterday she had felt no pain in the side in coughing, or walking; and only a little, when laughing heartily.

July 5. Had been quite free from any return of pain; but to-day the fluid injected was accidentally 15 or 20 degrees below its usual temperature; the consequence was, some return of the old pain, in the seat of the constriction. This continued about ten minutes, after which it subsided, as formerly, upon the griping pains taking place.

July 7. Yesterday and to day, there was not the least pain felt in the stricture, during the operation, or in the interval; except once, when in walking briskly it was induced, but only to a trifling extent. She now also found, that her bowels were occasionally relieved by their own unassisted action, an event which she scarcely recollected ever having occurred before, at any period of her life.

July 13. She now found she could walk, and even use to some extent the more active exertion of skipping, without in the least degree bringing on the old

pain in the side. The operation was still repeated daily; and the bowel distended more promptly than before, without any particular inconvenience, or new result.

July 16. I repeated the operation to-day, for the last time; without exciting the least sense of uneasiness in the seat of the previous spasm.

Seeing that the natural activity of the bowels was now sufficiently restored, and that this young lady was able to walk, run, or use the skipping rope, until obliged to stop from fatigue or exhaustion, without experiencing the least return of pain in her side, I took my leave; recommending that she should be sent down to the sea-side, for a month or two.

From the particulars noticed in the above cases, the symptoms generally attendant upon a permanent spasmodic contraction in the great intestine, may be pretty accurately collected.

In the first place may be mentioned, the constant or habitual tendency to confinement in the bowels, in consequence of which they require a greater degree of excitement, to render them active, than is wanted in a state of perfect health. This inconvenience is such, that, at times, the most active purgative is scarcely sufficient to ensure relief. This symptom may exist for several, or many years, before any other cause of complaint appears to arise.

Sooner or later, however, occasional local feelings, first of uneasiness, then of pain, perhaps of a decidedly acute description, are induced; in most instances confined to one and the same part, attended with a sense of soreness when the seat of the complaint is examined or pressed upon, or when the chest is moved upon the pelvis.

In the progressive course of this disorder, the stomach is in every case more or less deranged; and in some instances,

extreme irritability of this organ takes the lead of every other symptom, and becomes alarming, from the total suspension of its functions, threatening to destroy life by inanition.

The diffused sense of soreness and tenderness of the abdomen, with increased distress from the extent or degree of local pain, is liable to bring on attacks of constitutional disturbance and irritative fever; modified in its symptoms by the peculiarities of its cause. The thirst is constant and considerable, and the tongue (as I have seen it) white; although any prevailing bilious irritation will of course influence and alter this appearance. The pulse is quick and small, and, unless there is decided heat of skin, it will be soft also. Where the local pain becomes very acute, the reaction of the system will be violent in proportion, the pulse becoming hard, the skin hot and dry, and the thirst extreme.

A great diversity in the occasional combination and course of the symptoms in these cases, will, I believe, depend on the accidental coincidence of irritation with spasm. It may be said here, and it is perfectly true, that irritation must exist, in order to spasm being induced ; and it may perhaps be therefore concluded, that, the effect being acknowledged to be present, the cause must be supposed to be so too. If, however, it be correct to admit this conclusion, it must, I conceive, be allowed only to a very limited extent.

The irritation, for example, may bear no relation at all, in permanence or severity, to the spasm ; the former being so slight in degree, and so independent of pain, as for many years to have passed entirely unheeded by the patient ; while the latter, constantly and obstinately present, shall totally suspend all passage of contents through the alimentary canal, unless when

excited by the action of drastic purgatives.

Again, on the other hand, the spasm may bear no comparison with the irritation, the occurrence even of transitory spasmodic constriction having never prevented the regular and punctual transmission of the contents of the bowels, in many cases in which the effects of irritation had induced all their worst consequences—chronic inflammation, extensive ulceration, sometimes epileptic convulsions, and eventually destruction of life.

The diagnosis of this peculiar affection, may, upon the first glance, appear involved in much obscurity; a little care, however, will, I believe, enable the attentive practitioner to discriminate this complaint with satisfactory and perfect precision.

The long continued sense of soreness, and perhaps pain or uneasiness, most com-

monly confined to some one part of the abdomen, the established habit of confinement in the bowels, the occasional increase or diminution in the acuteness of the pain and tenderness, or the accession of habitual irritability of stomach and constitutional disturbance, are symptoms, that I should think in most instances would be sufficient to identify the nature of the complaint; although I consider that it is the invariable and obvious influence produced upon the symptoms, under the operation of distending the bowel, which alone affords that direct evidence, on which implicit reliance may be placed, in determining the existence and particular habits of this peculiar derangement.

Now, as to the treatment, I have very little to add to what has been already said. In the cases that have been related (of the favourable result of which, in certain stages of their progress, there was little ground for hope) we certainly have an

opportunity of seeing how much may sometimes be done by the agency of the most simple means. The above practical comments at least place this position in a clear and strong point of view. Although there is so little novelty in the proposal for introducing fluids into the intestine, that in all ages I believe, or nearly so, this mode of administering medicines has on various occasions been adopted. In fact, it has been generally supposed to be so commonly understood, and to require so little care or attention, that the administration of an enema, in the present day, is almost universally committed to the charge of any ignorant nurse, who will undertake its management; and where the quantity to be injected is small, and it is of little or no importance to observe its immediate effects upon the patient, it may be matter of indifference to whom the duty devolves.

Where, however, as on the present occa-

sion, the volume of fluid required to be introduced is very considerable, and the progress and promptitude of its introduction may need to be varied at every moment, or every day, according to the feelings of the patient or the sensations in the part; where all the discernment that a correct knowledge of the anatomy of the viscera, and of their situation and habits, is also necessary; where every point and circumstance of the previous history of the case must be constantly kept in view, in forming a judgment of the daily and progressive influence manifested by the operation; and where even the least awkwardness in the manner of introducing the tube of the apparatus, might (if committed to the care of an unskilful person) so injure the membrane lining the sphincter as eventually to substitute one irritation for another; it becomes, I say, under these circumstances, indispensably necessary that the practitioner should not rest satisfied

with directing the manner in which the operation shall be performed by others, either in his absence or in his presence. His duty to his patient requires, that the operation, and all that belongs to it, should be performed by his own hand, assisted by all his knowledge, judgment, and discretion; and without these conditions, it had, in my opinion, much better not be attempted at all.

The operation of injecting a fluid into the colon, for the specific purpose of first determining the existence of spasmodic stricture, and then relieving and removing the contraction, is, as far as I know, an entirely new proposition; and although, from what I have seen, I have the most implicit confidence in it, as a successful measure, that confidence is, as yet, rather the effect of close, than the result of extensive observation: a circumstance rendering it extremely desirable, that every early trial of its power and efficacy should

be made with the greatest care, in order that its merits and true value may be correctly appreciated by the extended experience of the profession.

It is now some years since, in my work on the Diseases of the Lower Bowels, I first suggested, that in making an examination, to ascertain the presence of stricture in the rectum, an advisable preliminary step is that of distending the gut with a warm fluid, with a view to disengage the course of the canal from any incidental fold or sudden turn of the bowel, which otherwise, by impeding the progress of the instrument, might in some cases prevent the operator from forming a clear or correct opinion.

I still adopt this mode of procedure upon every occasion, because experience still continues to evince its decided utility. It induces scarcely any inconvenience to the patient, although it certainly gives a

little additional trouble to the operator ; but it enables him to obtain much additional information ; and, what is still more important, it enables him to obtain that information with so much comparative safety to the patient, that I will venture to say, that if this precaution, simple as it may appear, were invariably adopted, we should have no instance of loss of life from the passing of an instrument through the coats of the rectum into the cavity of the abdomen, an accident that unfortunately has occasionally happened.

In concluding the present cursory remarks on distension of the great intestine, for the removal of spasmodic contraction of the gut, I would beg leave to observe, that, in order to prove successful, the operation appears to require—

1st. That the fluid should be introduced with the least possible disturbance to the

sphincter, and consequently that the tube conveying it should be always passed carefully.

2d. That the fluid used should be of one and the same degree of warmth upon every occasion, the temperature to be preferred being that of blood-heat, or 96° of Fahrenheit.

3d. That the fluid be introduced at first very slowly, and the instrument used so easy and free in its action, that as the fluid flows into the bowel, the hand of the operator may be sensible of any increasing resistance to further expansion of the gut, independent of any thing the patient may say as to his own feelings.

4th. The quantity introduced should be accurately observed as the operation proceeds, in order that, as the fluid cannot make its way beyond the valve of the colon, the maximum in volume may never exceed that which may reasonably be supposed equal to the healthy capacity of the

intestine ; and when introduced, it should be there retained for a certain time, to produce the desired effect ; for which purpose I should say an interval of from fifteen to thirty minutes may be sufficient.

5th. That, as far as my present limited experience on the subject enables me to judge, it appears, that, in order to its ultimate success, the operation should be repeated daily for a period of three weeks, or perhaps a month.



