Further observations on strictures of the rectum : with remarks on the opinions of some late writers relative to the situation of the disease; and also on spasmodic constriction of the sphincter ani; with a translation of part of M. Boyer's valuable paper on that complaint: accompanied with several cases, and an engraving.

PRESENTED

BY

J. A. Kunneley Esqr

1900

FURTHER

OBSERVATIONS

ON

STRICTURES OF THE RECTUM;

WITH REMARKS

ON THE OPINIONS OF SOME LATE WRITERS

Relative to the Situation of the Disease;

AND ALSO ON

Spasmodic Constriction of the Sphincter Ani;

WITH A TRANSLATION

Of Part of M. Boyer's valuable Paper on that Complaint:

ACCOMPANIED WITH

SEVERAL CASES, AND AN ENGRAVING.

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PREFACE.

SINCE the last edition of my Observations on Strictures of the Rectum was published, other practitioners have written on the subject; particularly Mr. Charles Bell, and Mr. Howship: but neither of these gentlemen have noticed the opinion, which I have there suggested, respecting the predisposing cause and origin of the disease, considered in a simple form; nor other circumstances of importance connected with it: though there is an evident allusion to some remarks of mine in their publications, but without my name being mentioned.

I should not, however, have noticed this oversight, had not these publications contained some representations, which appeared to me calculated to mislead young practitioners, by impressing their minds with a limited and partial view of the complaint; which, if adopted, would tend to prevent the knowledge of it extending.

I have, therefore, stated their opinions in the following pages; and at the same time have given the reasons which induce me to differ from authors of such great respectability; whose writings have been highly appreciated, and which must be acknowledged to contain much important practical information.

It may, however, be observed, that the diversified appearances of contracted rectum which occur, are perhaps too numerous to fall under the observation of any individual

practitioner, or to render him practically acquainted with the different modifications of the disease, as to their nature and situation: this may, in a great measure, account for any discrepancy of opinion which may exist on the subject.

It is highly gratifying to find, from communications which I have received from different parts of the country, that the complaint is much attracting the attention of young practitioners, who are endeavouring to render themselves useful in a department of surgery too long neglected; and whose future practice will, I doubt not, redound to their own honour and the advantage of their patients.

I shall here embrace the opportunity of acknowledging my obligations to the different Reviewers, for their candid and favourable mention of my last edition of Observations on Strictures of the Rectum; and also to several

distinguished individuals of the profession, who have honoured it with their approbation; particularly Sir Astley Cooper, Mr. Pearson, and Mr. Abernethy.

W. W.

Bath, January, 1822.

FURTHER

OBSERVATIONS, &c.

It appears to me, that the different writers on strictures of the rectum have fallen into an error, by supposing that the disease is always the effect of inflammation; and that the inner membrane is the seat of contraction.

Although I have elsewhere* admitted that inflammation of the mucous membrane of the intestine may sometimes predispose to the formation of stricture, I am nevertheless persuaded, from extensive experience and observation, that inflammation, as a cause of the disease, very rarely happens, compared with numerous instances where there is no just reason for suspecting its presence, even in the most chronic form. The great

* Third edition of Observations, page 27.

length of time the disease is frequently known to exist—the slowness of its progress—its limited nature, only occupying a very small portion in the circumference* of the intestine—and the inner membrane having been frequently found in a healthy state on dissection: appear to be strong arguments against the notion of inflammation as a general cause of simple stricture.

There is no doubt, that the different extraneous bodies, mentioned by Mr. Howship, may, by lodging in the rectum, sometimes excite a diseased and contracted state of that bowel: as I have seen a cancerous affection of the rectum, where a great quantity of bones of small birds had been discharged. These in all probability, by lodging some time in the rectum, had induced the disease, in a habit that was very likely predisposed to it.

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* There is a very interesting case related by Dr. Palmer in the first volume of the Medico Chirurgical Journal, and Review; of a stricture of the stomach, evidently originating in a contraction of some of the muscular fibres.

Dr. Palmer remarks, "near the middle of the organ (the stomach) was observed a contraction as deep and strongly marked as though a thin ligature had been passed tightly around it, and thus presenting the appearance of two distinct stomachs. Nothing unnatural displayed itself in the istimate structure in the peritoneal covering—the *internal membrane* in the whole of the circle was perfectly smooth and of a natural colour; but all the coats of the stomach seemed thickened at the strictured part, and for some distance around, as though by deposition of lymph in the cellular membrane surrounding them."

Most writers have represented the complaint as commonly occurring near the extremity of the gut, as will appear by the following passages selected from different authors.

Mr. Copeland says, " This obstruction is very frequently so near to the anus, as to be within reach of surgical aid if the cause of the complaint were known." And in another place he remarks, " If the finger be introduced into the rectum, the gut will be found obstructed by some small tubercles, or intersected with membraneous filaments, or else the introduction of the finger will be opposed by a hard ring, of a cartilaginous feel, composed of the inner membrane of the intestine."

Mr. Howship, after very particularly describing different morbid conditions of the rectum, under a state of contraction, when within reach of the finger, says, "The foregoing remarks relate to strictures, so low down as to be within reach of operative surgery. Contractions of the bowels, however, may take place higher up, where no operation can avail. With regard to these cases we have much to learn, as to the power of determining the seats and causes of disease, that we may be better enabled to alleviate those sufferings which may not admit of being entirely removed." Mr. Charles Bell also remarks, " The disease called stricture of the rectum, is owing to a morbid change in the inner membrane

of the intestine: not unfrequently the inner edge of the deeper sphinster ani being the seat of this stricture, and then the finger enters only to the depth of the second joint, when it is obstructed by a sort of membrane standing across the passage. Sometimes the stricture is more than two inches within the anus, and feels like a perforated septem, or what the hymen is described to be." In another place, Mr. Bell, (after directing the rectum to be sounded with a wax candle,) further says, "But this I fear; and all other ways of examining the rectum beyond the reach of the finger are unsatisfactory."

Here I would beg to observe, it is not in the least surprising, that using such an unyielding substance as a wax candle should prove unsatisfactory, when the disease happens to be seated high up the intestine, because it must be evident that it cannot yield to the natural curvature of the passage. But, however unsatisfactory it may appear to Mr. Bell, in ascertaining the existence of stricture, when it is not within reach of the finger, several eminent practitioners have been perfectly satisfied of the fact, and have candidly acknowledged their obligations to me, for having pointed out the circumstance of the complaint occurring much higher up the intestine than had been generally suspected.

Moreover, several cases of dissection have fully confirmed the opinion that had been previously entertained with respect to the exact situation of the stricture.

Whatever uncertainty then may attach to an examination of the rectum by means of a wax candle;* there can be no difficulty in ascertaining the existence of the disease high up the intestine, with a proper instrument, particularly by that sort of bougie which I employ, which is made to yield readily to the natural curvature of the passage.

Mr. Shaw observes, "We have only to look to the curve which the rectum makes, to avoid falling into the error of supposing, that the difficulty which is offered by the sacrum to the passing of a bougie further than six inches into the rectum, is caused by a stricture of the gut." If this sentiment were generally adopted, I am persuaded it would prove fatal to many. But, surely, Mr. Shaw does not mean to affirm, that strictures never occur higher up the intestine than six inches; because various cases of dissection have proved the contrary. If the projection of the sacrum be always mistaken for stricture,

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* The following remark by Dr. Willan (mentioned in my last edition) tends to corroborate what I have said respecting the usual situation of the disease, &c. "Strictures (he says) take place in different situations, but they occur so frequently about the sigmoid flexure of the colon, near its termination in the rectum, that this part should be carefully examined in every case of a total obstruction. The insertion of an unyielding tallow candle, though often practised, has been generally found painful and inefficacious. It is requisite for the purpose to employ a bougie thirteen inches long and of a proportionate strength; which should also be directed with a nice hand by a skilful surgeon."

according to Mr. Shaw's conjecture, I should be glad to know, why so many persons have been completely relieved, from the most distressing symptoms, by the use of the bougie, when all other means had failed; if no real obstruction had existed in the intestine?

Although I may venture to state, that I have as frequently met with a contracted state of the rectum, towards its lower extremity, under as many different forms as any other practitioner; at the same time it may be observed, had my knowledge of simple stricture depended on those cases merely which have occurred at the lower extremity of the gut, it would have been extremely limited indeed; and, in all probability, I should not have seen any reason for deviating from the commonly received opinion. But, it has so happened, that, in the course of an extensive practice, very few cases of the simple form of constriction have occurred so low down the rectum as to be within reach of the finger. And I can positively assert, that the disease has been frequently overlooked, when the rectum had been subjected to an examination by the finger only.

So seldom does simple stricture take place within reach of the finger, that on looking over a list containing one hundred and eighteen cases, I do not recollect meeting with half a dozen out of that number, that were within reach; and even these, in all probability, would

not have been discovered by that mode of examination, had not the intestine been distended in consequence of a lodgment of fæces immediately above the stricture, or passing through its orifice at the time; by which means the stricture was brought within reach; and an opportunity was likewise afforded of ascertaining the nature of the constriction.

It was, therefore, the disease occurring so frequently high up the passage, connected with the circumstance of so many persons complaining of habitual costiveness, from an early period of life; which induced me to think, that the passage might possibly, in such instances, be naturally too narrow at some particular part, to allow the fæces to pass with their natural freedom: and which might lay the foundation for the formation of stricture.*

There is another circumstance, also, which deserves to be noticed here; as it has very much tended to confirm the above opinion respecting the predisposing cause of stricture: and that is, several members of the same family having been afflicted with the disease, and this has happened, to my knowledge, in different families. Such an occurrence cannot, I think, be more satisfactorily accounted for, than by supposing some original malformation in the passage, such as already alluded to.

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* Last edition, page 25.

The peristaltic motion, with which the intestinal canal is endued, for the purpose of forwarding the excrementitious part of the food, until it is finally expelled, evidently resides in the circular and longitudinal fibres, of the muscular coat of the intestines; by means of a contraction of the former, the calibre of the canal is diminished, whilst a contraction of the latter shortens the intestine; thus by their combined action, the fæces are pushed forward from one portion of the canal to another in regular succession, by alternate contractions and relaxations of these muscular fibres. In a healthy state, however, we are unconscious of this action, until the fæces arrive near the extremity of the rectum, when the aid of additional muscular power is necessary to overcome the natural resistance of the sphincter ani, and the other muscles connected with it.

Any cause, therefore, which tends to obstruct the passage of the fæces through the canal, must necessarily excite the fibres of the muscular coat of the intestine to a greater action than ordinary, for the purpose of expelling the fæces; this inordinate action, frequently excited at the narrow part of the canal, will, in all probability, sooner or later, terminate in a permanent spasmodic state of the muscular fibres of that part. How long a permanent contraction of the muscular fibres may continue, before any alteration in the structure of the part takes

place, it is impossible to conjecture: perhaps under very favorable circumstances, the disease may not proceed to any other structural derangement: but, there is too much reason to apprehend, from various cases of dissection, that, in general, disorganization, sooner or later, takes place; which consists in a thickening of the coats of the intestine, particularly its muscular coat, probably from a very gradual deposition of coagulable lymph between its fibres.

As it is acknowledged that the contractile power of the intestines, resides in the muscular coat, and as Pathologists also admit, that one coat may be affected with morbid action, without the other partaking of that action; it seems very unlikely, when a contraction of the intestine happens, that it originates in the inner membrane; because from its structure it is void of contractility, and so loosely connected by cellular tissue to the muscular coat, as to allow of considerable distention.* This is often evident by a partial prolapsed state of it some way through the sphincter ani.

In making this remark, I do not mean to infer, that the inner membrane is never affected in a contracted

* The internal coat of the rectum is more extensive than the muscular one; and their union is effected by an extremely lax cellular structure; hence when the muscular coat contracts, the internal one is folded on itself, and thus gives the internal surface of the rectum a wrinkled aspect." Dr. Ribies.

state of the rectum; because I have elsewhere shewn, that in other modifications of the complaint, it frequently becomes considerably thickened and diseased; and in cancerous affections of the rectum, it is sometimes entirely destroyed: but merely to confine the observation to the origin of simple stricture. I therefore, do not agree with those writers who are of opinion, that the disease originates in a contraction of the inner membrane of the intestine, but its muscular coat.

Whenever a permanently spasmodic, or simple stricture exists in the rectum, or about the termination of the colon, it will appear evident there must be an encreasing difficulty to the passage of the fæces, in proportion as the calibre of the intestine lessens. To such a degree does this contraction often exist, that there is an impossibility of fæces passing through the contracted portion of the gut, unless previously reduced to a very soft or liquid state, by the assistance of purgatives, or injections. It, however, often happens, that the more indurated part of the fæces is left behind, and an accumulation goes on, time after time, above the stricture, which at length produces a distended state of the colon. Though this distention in the first instance, is confined to that portion of the intestine immediately above the stricture; yet, if the cause remains undiscovered, and repeated accumulations be suffered to recur, the colon, in the

course of time, will become distended in its whole length; and even to such a degree, in some instances, as to occasion its bursting.

A distended state of the colon, as a consequence of stricture, is a circumstance which claims the serious attention of practitioners: because it is liable to produce more distressing feelings to the patient, than he experiences at the stricture itself; or any inconvenience which may arise from the mere passing of the fæces: by which means, the primary disease is not only apt to be overlooked, but the symptoms produced by distention, are also liable to be mistaken for an original affection, of some other of the abdominal viscera; according to the situation where the distention happens to be most considerable. Thus, for instance, should the distention be greatest at the superior portion of the ascending arch of the colon, where it lies under the liver, it may be mistaken for a disease of that organ, and this opinion will be further strengthened, should there be any obstruction to the passage of the bile through the common duct into the duodenum; which is not an unlikely circumstance to occur, from the pressure of the colon on that duct. If the distention be greatest in the course of its transverse arch, which passes under the stomach to the left hypochondrium, the functions of the stomach will be more or less disturbed by it, which will be particularly indi-

cated by a great sense of fulness about the epigastric region soon after meals, especially if rather more than the ordinary quantity of food should be indulged in. Should there be an uneasiness, and sense of fulness about the left hypochondrium, where the colon descends before the spleen, previous to forming the sigmoid flexure, it may be mistaken for a disease of that organ.*

Perhaps these remarks may be considered by some as visionary, but I can assure the reader, as a matter of fact, that a distended state of the colon, as a consequence of stricture, has often given rise to the various conjectures just mentioned. I would also observe, that repeated instances of inflammation of the colon, from over distention, has happened in the course of my practice; which has been clearly evinced by the presence of pain, and sense of fulness in the course of the colon: (the fulness is sometimes felt externally) and also by the increased frequency, fulness, and hardness of the pulse—the buffy appearance of the blood drawn, and the necessity for a repetition of blood-letting, before the inflammation has been subdued—and, finally, by the discharge of an immense quantity of lumpy fæces, which had been col-

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* It is remarkable M. Boyer has also noticed, that spasmodic constriction of the spincter ani has sometimes been mistaken for these and other complaints.

lected in the cells of the colon. And this has happened, not only when there had been a suppression of evacuations for some time, but when the bowels had been freely moved for several successive days: which prevented all suspicion of such an immense accumulation having taken place, until convinced of the fact by ocular demonstration.

In ascribing inflammation to an over distended state of the colon, it will not be considered singular, since Dr. Abercrombie, in his valuable researches on the pathology of the intestinal canal, has expressed a similar opinion with respect to inflammation of the colon occurring as the effect of over distention. He also says, "We know that all parts that are rapidly distended are liable to inflammation, we see it in the inflammation which attacks the distended urinary bladder, and the integuments covering certain tumours which have increased rapidly." It may likewise be observed, that a distended state of the colon, may proceed to a fatal termination, with or without inflammation, which is also clearly proved by the cases reported by Dr. Abercrombie.

In contemplating the various chronical diseases to which the abdominal viscera are subject, were practitioners to bear in mind the relative situation of the colon with regard to the organs just mentioned, and the lia-

bility of having their functions disturbed by pressure of the colon, when in a state of over distention; it might often prevent useless conjectures, and unavailing attempts to remove some imaginary disease.

It has been already observed, that the most simple form of contraction we meet with in the lower part of the intestinal canal, consists in a permanently spasmodic constriction of the muscular coat of the intestine; and, that the sphincter ani is likewise liable to a similar kind of contraction, which I have particularly described in my last edition.

I am, however, sorry to find, the latter complaint treated so lightly by some late writers, because I conceive it of great consequence in a practical point of view. Although Mr. C. Bell acknowledges the existence of a spasmodic state of the sphincter ani; at the same time he says, "The cure will depend in the correction of the general condition of the intestinal canal, and especially in the exhibition of such medicines as tend to restore the natural secretions to the internal surface of the intestine." From this remark it is evident, that Mr. Bell does not admit of that confirmed state of spasmodic constriction of the sphincter ani, which I have frequently met with, but which I have never known yield to the most appropriate medicines, (even when administered under the

direction of the most skilful of the profession) without the necessity of having recourse either to the use of the bougie, or the division of the sphincter, for its removal. In Mr. Bell's treatise, there is also a note by Mr. Shaw, who seems to treat the notion of permanent stricture of the sphincter with a degree of contempt. He says "Mr. Dupuytren describes a case of stricture, in consequence of spasm of the sphincter muscle; and he alleges that he has neither found inflammation nor fissure to account for the great pain which the patient suffers. This spasmodic affection is much dwelt upon by some writers of this country, who describe this complaint as analogous to stricture of the urethra, which they suppose is a consequence of the contraction of muscular fibres. It is hoped that this has been already shewn to be an erroneous idea, and that the explanation given why the muscles of the perineum should occasionally act spasmodically on the urethra, will suffice for the illustration of the cause of the spasmodic affection of the sphincter ani."

Mr. Shaw's mode of reasoning has not, however, convinced me of the erroneousness of the idea, maintained by Mons. Dupuytren, respecting a permanently spasmodic constriction of the sphincter ani; because my own experience perfectly coincides with the observations of Mons. Dupuytren as to the existence of the disease, and also that neither inflammation, nor fissure, can account

for the extreme sufferings of the patient, when labouring under the complaint.*

Mr. Howship likewise, from the manner in which he notices spasm of the sphincter ani, evidently shews he had not been much acquainted with that form of contraction; as he says, "The treatment of the contraction from spasm of the sphincter must be regulated by circumstances. In the cases mentioned by M. Delpech, the attempts made to dilate the part increased the distress and did harm. But the description certainly implies the existence of some venereal taint in the habit, to remove which, should have been the first step. That gentlemen advises that the stricture be removed by carrying a free incision through the fibres of the muscle, taking care so to heal the wound as to prevent the reunion of the divided parts. This operation (says Mr. Howship,) I have never seen performed, and as a matter of opinion, I should think very rarely necessary." Here I would particularly observe, that in all cases of mere spasmodic constriction of the sphincter ani, I have hitherto met with, there never has been the least reason to suspect any venereal taint whatever in the habit.

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* Although Mr. Shaw may have satisfactorily proved the non-existence of muscular fibres in the uretha; yet, that forms no solid argument, in my opinion, against the existence of permanent spasmodic stricture of the sphincter, which is a powerful muscle—therefore, the analogy does not hold good between it and the urethra.

The preceding remark, therefore, of Mr. Howship, serves to convince me of his mistaken notion with regard to the nature of the disease; as that kind of contraction, which is sometimes found at the anus as a consequence of venereal infection, differs materially from spasmodic constriction, in being always attended with more or less of structural derangement.

It is rather extraordinary, that neither Mr. Bell nor Mr. Howship, have noticed in their late publications what M. Boyer has written on the subject; which I conceive to be the best history that has been given of the complaint. I have, therefore, in justice to that eminent writer, given a translation of part of his excellent and valuable paper; hoping it will be instructive to the young practitioner, and impress his mind with the necessity of paying strict attention to a disease, which he may have hitherto considered trifling and unimportant, because its true nature has been so little understood.

" Among a number of diseases of the anus, there is one exists, for a description of which we have in vain explored the books of the ancients—namely, a flaw or fissure, accompanied by spasmodic obstruction of the fundament. Albucasis, it is true, makes mention of a disease which he terms fissure of the anus, and which he does not describe; but can any one suppose that he meant to speak of the affection whose symptoms and treat-

ment we are about to explain—when he advises that the fissures should be scratched with the nail, and a cutting instrument, till they swell and excoriate, when excoriation is its principal character? He adds, that by this means and God's help, the malady will cease. It is evident from this, that he is treating of quite a different matter. Sabatier has cursorily remarked (in his Medicine Operative) that superficial excoriations often take place at the interior of the margin of the anus, of a long and narrow form, as painful as they were difficult to cure. It is astonishing, adds he, that no author has yet spoken of them. Sabatier stops here, he was without doubt ignorant, and I myself was not aware of it, till some little time since, that in a treatise of fistula in ano, published in 1689, by L. Lemonnier, there is a passage concerning fissures in the anus, where the author speaks in the following words.

" ' These flaws, or fissures, are small painful ulcers, lancinating and without swelling—which follow longitudinally the wrinkles of the fundament, and which very much resemble those chaps or cracks which the cold produces on the lips and hands during winter—they are sometimes occasioned by the induration of the fæces, which becoming accumulated in a great quantity in the rectum, and afterwards evacuated, these through their

excessive dryness and heat excoriate, or split the sphincter and the anus in passing away.'

" The author thinks that these fissures also may depend on dysentery, or venereal virus. He says they are superficial or deep, exterior or interior, tractable or malignant. In conclusion he proposes for their cure, the same means which are employed for other parts, namely, oils and fat combined with different vegetable and mineral substances.

" We see from what Lemonnier says, that he had a knowledge of fissures in the anus—but are these of which he treats, the same as we have observed? I think not. Since he affirms, that some are the consequence of the passage of fæcal matter, and yield to oily embrocations or ointments; that others proceed from dysentery, and cease with its cure; and that others are produced by venereal virus, and require the employment of mercury, while the species of fissure of which we are about to give a description, depends on none of these causes, and yields to none of these remedies. The flaw or fissure of the anus, is by no means a malady of rare occurrence. In the course of my practice, I have met with fifty cases at least—it is from my own observation alone that I shall describe it. Adult persons appear to be almost exclusively the subjects of this complaint. I have never seen it in children, or very young persons; most of the

individuals who have been affected with it have been between the ages of twenty-five and forty. Some have been above that age (forty) one only under twenty-five.

" No class of society appears to be exempt from it; both sexes are equally exposed to it; but women perhaps are more frequently attacked than men. The characteristic symptom of fissure is a fixed pain in one point in the circumference of the anus. This pain is always more acute during the alvine evacuations—it decreases, by little and little, between the intervals of evacuation. The sphincter of the anus is so contracted that the introduction of a finger, a candle, or a canula, is very difficult and excessively painful.

" The causes of this affection are very obscure, only we have observed, that in many of these patients, it has been preceded by an hæmorrhoidal tumescence; and in some other cases, hæmorrhoidal tumours had been previously cut out. The complaint begins in an insensible manner: the dejection of the fæcal matter is accompanied with heat and smarting—Some hours after the evacuation every troublesome sensation ceases; a patient thinks he has the piles, or that the parts are inflamed—Sometimes these symptoms go off in the course of a few days, particularly if he abstains from heating drinks, uses clysters, and frequent ablution with cold water. But in a short time the heat and smarting

re-appear; the expulsion of the fæces becomes more torturing, and the uneasiness it leaves lasts a longer time; the stools are a little tinged with blood; the pains increase; the laxative drinks to which we then usually resort, the clysters, and the cooling regimen afford a little relief. These means however cease to take effect; and in spite of their adoption, the disease continues its progress. Some patients are obliged to take a purgative medicine every forty-eight hours, and three or four clysters a day, to procure a stool; in other cases to use injection for hours together, till an evacuation takes place. If they remain many days without going to stool, the pains that they in the end experience in going, are still more excruciating—and they compare them to what a burning iron introduced into the rectum would produce. Some patients are then attacked with a sort of general convulsive catching, or fall into a swoon. There remains, after the evacuation, not only an acute pain, but prickings and throbbings, like those which are produced in an inflamed part. I have seen a woman in whom a febrile exacerbation succeeded every stool.

" Besides, in the course of this disease, the pains do not augment in an equal and progressive manner, they increase and diminish by intervals, and in consequence of certain circumstances—violent exercise, the use of wine, liquors, (noyau, &c.) heating aliments, or food taken in

too great a quantity, invariably augment the disease; the influence of diet is so manifest, that some patients do not take the least quantity of food without trembling, being harassed by the idea of the pains they must experience in getting rid of the residue of it. In some women, the pains increase at the time of the menstrual discharge; I have seen one who regularly experienced once a week a very evident aggravation of her sufferings; it is probable that this periodical return of it depended upon some peculiarity in the patient's habits.

"When the disease is felt, the most trivial circumstance may exasperate it; the act of coughing, of passing urine, jumping is often sufficient; one patient cannot remain seated. I have known a man who, from the last circumstance, was obliged to change his trade, and enter on a business in which he could work standing.

"The pain which accompanies and that which follows the alvine excretion, is generally in proportion to the volume and hardness of the fæces. The more bulky contents are arrested by the constriction of the sphincter, and when they descend to the anus, they excite efforts excruciating, tedious and useless, till they are softened by injections and the mucus secreted by the rectum. Even the evacuation of fæces, though but little consistence, does not take place without pain. I have known a patient who experienced very acute pain, although he

had a diarrhæa. Besides this, the passing of wind is also sometimes painful, difficult, or impossible. I cured a woman who tormented with the desire, and (at the same time) impossibility of passing the wind collected in the intestines, was reduced to the painful inconvenience of keeping a probe, made of elastic gum, in the rectum.

"When the disease lasts beyond a certain time, to the local symptoms of which I have spoken, are connected emaciation, an extreme susceptibility of the nervous kind, sometimes hypochondriasis; sometimes also retention of urine.

"Such is commonly the progress of this malady; such are the principal symptoms which those persons have experienced who have had recourse to my advice. Now, for what the examination of the rectum has presented to me.

"Externally, nothing remarkable is to be seen. In some patients I have noticed hæmorrhoidal tumours; in others little pimples, which have always appeared to me, as well as the hæmorrhoids, to have no connection with the fissure; in two or three only I have seen a slight discharge, which I believe equally foreign to that affection.

"In some cases, we may perceive in that point of the circumference of the anus where the patient feels pain, (it is commonly to the right or left,) we may perceive,

I say, the lower extremity of the fissure ; but in general we do not get a sight of it, without pressing on the opposite sides of the nates, and separating the orifice of the rectum a little: in some patients no endeavour will make it visible.

" The fore-finger does not penetrate into the rectum without difficulty ; its introduction is always very painful ; the pain is intolerable if we press forcibly on the fissure, and the patient throws himself forward to escape from the torment he suffers.

" The finger feels a remarkable constriction, tight, and continued : this constriction is one of the characteristic signs of the complaint. We perceive upon the mucous membrane of the intestine, no swelling nor hardness. Sometimes we remark, at a particular point, a depression elongated and parallel to the length of the intestine ; at other times we only recognize the place which the fissure occupies, on account of the pain which the pressure we employ occasions on that part.

" Had we placed more importance in pursuing a strictly methodical order, than in accurately characterizing a complaint hitherto unknown, we should have commenced this memoir by the description of the fissure. In fact, the fissure of the anus is constantly accompanied with spasmodic constriction of the sphincters, but this constriction sometimes exists without fissure ; perhaps,

also, this is nothing more than an effect, or a complication of the former. We have oftener observed the fissure, or if you please, the constriction with fissure—than the constriction without fissure. We have found, as to the ratio number of these two complaints, or of the two species of the same complaint, in the proportion of nine to one: this is our excuse. It is probable, however, that when the constriction and fissure exist, these two symptoms have not commenced together; either the fissure has induced the constriction, or the constriction has preceded the fissure; so that one of these affections will be primitive, and the other accessary or consecutive: but I have never seen fissure without constriction, though I have many times met with that without fissure. The dividing of the sphincters makes the fissure disappear, without it being necessary to use a cutting instrument upon it. I think we may conclude from this fact, that the principal affection is the spasmodic constriction; the discussion of this, as of no practical utility, I leave to others. Besides, whether the constriction exists alone, or is accompanied with fissure, the progress of the complaint is precisely the same; the symptoms are alike in the two cases, and they require the same treatment. I ought here, however, to point out what peculiarity the spasmodic constriction, without fissure, has offered to my notice.

"I believe that it may be congenital. I have seen two persons in whom it commenced, if I may use the

expression, with their existence. The fluidity and softness of the fæcal matter, in the earlier years of life, make their expulsion easy or more supportable; but in proportion as the patient advances in age, the alvine excretion becomes denser and more copious; the pains of the anus more acute during and after the evacuation of its contents, which every day renders more difficult. The introduction of the finger occasions a very acute pain; it is strongly compressed, but, on whatever part of the anus we press, the pain is not augmented.

"What we have before mentioned relieves us from the necessity of treating at large concerning the diagnosis of the two complaints. The spasmodic constriction of the sphincter—the pain which accompanies and follows the alvine evacuations—the absence of all running—of all lesion in the structure of the anus—the long duration of the complaint, are symptoms common to the spasmodic constriction and to fissure. The latter, besides, causes a fixed pain in some point in the circumference of the anus, and a superficial ulceration parallel to the wrinkles of the mucous membrane. We think that these particular characters ought to prevent the confounding of this disease with others, which has hitherto prevailed.

"Among the patients who have applied to me, the greater number had already had recourse to many medical men. In most of them the disease had been mistaken. One had been treated for a supposed disease of the

liver; another for an affection of the spleen; this for a venereal complaint; that for a scrofulous taint; in one patient the mischief had been attributed to a too great incurvation of the os coccygis; in nearly all the others it had been thought the consequence of internal hæmorrhoids. The remedies made use of, in concordance with these opinions, produced no effect; and the incision of the anus, in banishing all these pretended scrofulous, venereal, hæmorrhoidal causes, left not a doubt respecting the true nature of the complaint.

"If the symptoms and progress of the spasmodic constriction and the fissure of the anus were little known, the curative treatment was still less; among most of the patients who have been under my care, nothing but palliative means had been employed, which often failed to give any relief. Among these means, some had for their aim the diminution of the consistence of the alvine contents; others, to allay the pain and heat of the fundament, and lessen its sensibility. Thus, they prescribed a cooling regimen, prohibited the use of stimulating diet and heating drinks. Some patients have, of their own accord, reduced their ordinary quantity of food to half, or even less; others have been compelled to the miserable plan of taking an aperient potion every two days. Most have made frequent use of simple or laxative enemas, and they have had recourse to them three or four times a day.

These means at first procured some relief, but after a time they became useless, and scarcely produced a momentary alleviation. Fumigations of hot water; decoction of chervil or infusion of elder, cold effusion, general bathing, the hip-bath, the application of leeches, narcotic injections, suppositories, and opiate pastes, have sometimes rendered the pain more tolerable, but they have been always insufficient to the cure of the disorder, and often even to diminish suffering; however, I have once cured by some of these means a fissure of the anus, with slight constriction. The mode of treatment was long, and followed up with perseverance: I have obtained good effects from a pomade composed of

Hogslard,
Juice of house-leek
——— night-shade
Oil of sweet almonds
} of each ℥iv.

"In most of these complaints which I have treated, I have employed these remedies before I proceeded to more powerful means.

"Many of these patients have made use of candles to dilate the orifice of the rectum, but instead of diminishing the constriction, they have often had a contrary effect, the irritation caused by their pressure has sometimes increased the constriction of the sphincter to such a degree, that before long, the smallest candles, even

a clyster-pipe could not overcome it; at other times without augmenting the constriction, the candles have so aggravated the pain, that the patients have not been able to bear it, have withdrawn them a few moments after they were introduced. In no case have I observed any good effects resulting from this plan, it has been always useless or pernicious.

"Such were the means the patients had made use of who first came to request my attendance. The uselessness of these methods deterred me from resorting to them, when all had been tried, but if one of them had been omitted I prescribed its use, and always without success. I conceived a hope of more directly remedying the fissure, which I regarded as the cause of these pains, by converting it, by an incision, into a simple wound. I was encouraged to attempt this operation by some of the patients themselves, who being racked by insufferable pain, were resolved to submit to whatever might afford them any hope of cure. I operated—my success exceeded my expectation—the agonizing pains disappeared—and notwithstanding the irritation which the passage of the fæces occasioned, their expulsion was not by any means so painful as before—the fissures disappeared—the constriction ceased. This last result prompted me to try the same operation for spasmodic constriction without fissure; I obtained the same success. At a

later period, having met with patients in whom the fissure occupied the anterior, or posterior part of the anus; parts on which a cutting instrument could not be used without inconvenience; I determined on making a latteral incision, without taking notice of the fissure which has always disappeared of itself after the operation. At last, experience has taught me that in a case of considerable constriction, one incision only is not sufficient, and that it is necessary to make two, one to the right and the other to the left, either at the same time or successively; either at a longer or shorter period as may be necessary.

"Now for the manner in which I perform the operation—the patient takes three days before a mild purgative, and the same day a laxative enema to evacuate the intestinal canal, in order that the patient may remain some days without being affected by a desire to go to stool.

"I make him lie upon his side, as for the operation for fistula in ano; I carry the forefinger of my left-hand, anointed with cerate, into the rectum, and upon my finger I make a bistoury glide on its flat side, the blade of which is very narrow, square at the end, and the extremity rounded off. The edge of the bistoury is then directed towards the right or left side, according to the place which the fissure occupies, and with one incision I divide the intestinal membranes,

the sphincters, the cellular tissue, and the integuments of the nates. I thus form a triangular wound, the top of which reaches to the intestine, and the base to the skin; it is sometimes necessary to elongate this, I do this with a second cut of the bistoury. In some cases the intestine slips away from the edge of the instrument, and the wound of the cellular tissue extends higher than that of the intestine; we must then introduce the bistoury a second time into the rectum to lengthen the incision of the intestine, or complete it with the blunt pointed scissars.

"When the constriction is great, I make two similar incisions, one to the right and the other to the left; and when the fissure is situated before or behind, I do not comprehend it in the incision.

"We introduce immediately into the wound, or the two wounds, a large bougie, which prevents the edges of the incised parts from reuniting in an irregular manner. We plug it up slightly with lint, apply a number of pretty long compresses, and the whole is supported by a bandage, like that which is used for fistula in ano. It is seldom that hæmorrhage supervenes, a slight compression is always sufficient to stop it. We do not remove the first dressing for three or four days, and afterwards dress it every day till the cicatrix is entirely formed, this is generally a month or six weeks, in some circumstances the

cicatrization has not taken place till after the second month, or in the course of the third; but at other times, also, in twenty days—once only in fifteen.

"All the patients in whom I have performed this operation, have been cured radically, completely, and without return of the pain of the fissure, or the constriction.*"

It does not, however, appear from the preceding observations of M. Boyer, that he had any idea of spasmodic constriction of the anus being connected with stricture higher up the rectum, or occurring as the consequence of it; but he seems to consider it as a primitive affection. Whereas, all the cases that have come under my notice, the complaint has always been attended by stricture some way higher up the rectum, except in one instance. From which it would seem, as if the disease was sometimes a primary, and at other times a secondary affection. At the same time I cannot help observing, that it is very probable many of M. Boyer's cases might have been attended with stricture of the rectum also, and yet be overlooked. Because, from what has come within my own observation, there is reason to believe that simple stricture of the rectum might frequently re-

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* Journal Complementaire du Dictionaire des Sciences Medicales, Novembre, 1818.

main unsuspected, were it not for the exquisite sufferings a spasmodic constriction of the sphincter ani occasions, that compel the patient to apply for relief; (when perhaps otherwise he would not) and a careful investigation often proves the existence of the former complaint as well as the latter. Moreover, when a permanent spasmodic constriction of the sphincter is removed by the bistoury, the relief is so great, that I am not in the least surprised at the patient supposing himself to be perfectly cured; although at the same time a disease may exist, which at some future period may prove extremely distressing, or even fatal.

With regard to M. Boyer's objection to the use of a candle or bougie, in cases of spasmodic stricture of the sphincter ani; it may be observed, that his objection most probably arose from the kind which he employed: being persuaded many cases of that species of stricture would not bear the use of a common hard bougie. And, indeed, even that sort which I employ, (though much softer,) produces considerable irritation at first; and was it not for the confidence I have of the bougie generally succeeding, I should abandon its use. It therefore requires courage, and patience, on the part of the patient to persevere, when he is commonly rewarded by the disease yielding in the course of a little time.

When my last edition was published, I had not then met with any case that did not give way to the use of the bougie; but two cases have occurred since, where there was a necessity for dividing the sphincter: though I believe this operation will be found very seldom necessary, when the bougie is judiciously managed.

Here I cannot refrain expressing the great obligation I feel to M. Boyer, for the communication of his treatment of this distressing complaint, which I believe was never suggested by any English writer.

It may be further observed, that whenever simple stricture of the rectum exists, there are different circumstances attending the disease, which contribute to render the sphincter ani morbidly irritable and spasmodic.

The first of these is, a greater degree of straining, that takes place on the patient's going to stool; in consequence of which, there is not only an increased action of the muscular fibres at the constricted portion of intestine, but the abdominal muscles and diaphragm are also excited to greater action, to overcome the obstruction that is opposed to the passage of the fæces, by the formation of a stricture. When the stricture is considerable, this combined muscular power cannot be so effectually exerted to overcome the natural resistance of the sphincter ani; because the peristaltic action below the stricture, instead of being regularly continued as low as the sphincter, is

greatly interrupted, and in some instances almost entirely suspended: so that the action of the abdominal muscles, and diaphragm, is chiefly spent at the stricture, when a desire to expel the fæces is excited, and not at the sphincter, where it ought to be. From sympathy, the sphincter ani acts more strongly also, but as there is less power opposed to it, in consequence of the interruption of the peristaltic action of the intestine, between that muscle and the stricture, a relaxation of the sphincter is not completely effected; hence the great difficulty and pain attending the expulsion of the fæces in such cases. Whilst the cause continues, (stricture) the contractility of the sphincter progressively increases, until a confirmed state of permanent spasmodic constriction is established.

Another circumstance which may contribute to produce an irritable and spasmodic state of the sphincter ani, is a distention of the hæmorrhoidal veins, or a sanguineous effusion into the cellular tissue surrounding the verge of the anus; which often happens in consequence of pressure, from repeated accumulations of feculent matter above the stricture: as it is evident, a considerable degree of pressure must tend to obstruct the blood on its return by the hæmorrhoidal veins to the liver.* And as

* May not this interruption tend to lessen the momentum and quantity of blood sent to the liver, so as to diminish the secretion of bile, and dispose that organ to chronical affections? The abdominal veins

branches of the hæmorrhoidal plexus are found to penetrate the sphincter, (as stated by Dr. Ribes,) it is very probable, when these vessels are distended, that that muscle becomes more irritable, and disposed to irregular action.

As Dr. Ribes's observations appear to me very interesting, I have selected the following passages from his paper on fistula in ano, published in the Quarterly Journal of Foreign Medicine and Surgery, for Oct. 1818 :—" The internal sphincter and the hæmorrhoidal plexus are found at the lower part of the rectum, between the mucous coat and the fleshy longitudinal fibres. In reality, when the internal coat of the rectum is dissected away at its lower part, we immediately discover the hæmorrhoidal plexus, and this said plexus forms a continuation and anastomosis above, with the internal hæmorrhoidal veins below, with the external ones, and in the middle with those which lie between both. The interior surface of the rectum has this hæmorrhoidal plexus inlaid outside of its internal coat; and when its branches are dilated in this part, the internal coat is

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having no valves, is another cause why the hæmorrhoidal veins are liable to distention.

It is a fact I have before mentioned, that on using the bougie in some cases of stricture, where the fæces had been previously of a light clay colour, they have become highly charged with bile, from which it would seem as if the bougie directly or indirectly, proved a stimulus to the liver'

marked, indented, or impressed as it were, withinside by them ; it becomes thin, and takes on a bluish appearance, in such a way that it would seem as if the dilatation projected into the intestine, without any of the proper membrane intervening ; in short, the last seems scarcely to have any existence. Nevertheless, if we carefully dissect away the internal or mucous coat of the intestine, we immediately fall in with the individual membrane of the dilated part of the plexus. On the exterior surface the hæmorrhoidal plexus is inlaid on the internal sphincter muscle ; but it appears to me of importance to remark, that tolerably large branches of the plexus detach themselves, pass through the muscle to its back, and immediately descend on its external face to its lowest edge, and communicate anew as it were, with the lower border of the hæmorrhoidal plexus. It thus happens, that the internal sphincter muscle, in persons violently attacked with piles, is traversed, and in a certain degree embraced by many large veins, so much so as to give it a cavernous aspect. This disposition, however, is scarcely apparent in the dead bodies of persons, who, during their life-time, had not been troubled with the piles.

" It ought further to be remarked, that the hæmorrhoidal plexus, and the veins which give it existence, are more or less dilated and varicous in the immediate neighbourhood of the piles themselves.

"I have forced air into the inferior mesenteric vein, by means of a blow pipe, when the hæmorrhoidal plexus became distended, and the cellular structure of the inferior portion of the rectum has become emphysematous. Spirit of turpentine, coloured black, has been thrown into the same vein, and it passed into the hæmorrhoidal plexus, and it also instantly filled the cellular texture of the margin of the anus.

"When the hæmorrhoidal veins become distended and dilated by the blood, the result is, that they become varicous; but if the blood, by any cause, instead of returning by these veins, descends and diffuses itself at the inferior and internal surface of the anus, into any cells of the cellular structure, communicating with the hæmorrhoidal veins, the result is a pile: thus, then, the dilatation of the hæmorrhoidal veins gives origin to varices, and the blood issuing from these vessels, diffused in a cell of the cellular texture, at the inferior part of the rectum, or at the margin of the anus, is the cause of the pile properly so called.

"If we dissect the inferior mesenteric vein of a subject having the piles, we find its ramifications to terminate in these pouches of blood. If we detach and completely remove the whole, the piles remain suspended to the branches of the hæmorrhoidal vein, in a similar manner as the grapes are to the general branch."

I am likewise disposed to think, that there may be a predisposition to a spasmodic state of the sphincter ani, in consequence of some peculiarity in the natural formation of that muscle, which I have frequently met with, and which is also noticed by Mr. Copeland;* who says, "That there is considerable variety in the structure of this part in different individuals. Sometimes the fibres of one division of the muscle have a different or alternate contraction with those of the other, and seldom leaving the whole muscle at liberty, or relaxed."

It may be further observed, that the sphincter muscle of the anus, has been divided by anatomists into internal and external sphincter.—The first of these is formed by the termination of the circular fibres of the muscular coat of the rectum—whilst the external is said "To arise from the skin and fat which surround the verge of the anus on both sides, near as far out as the tuber of the os ischium; the fibres are gradually collected into an oval form, and surround the extremity of the rectum. Inserted, before, by a narrow point, into the perineum, acceleratores urinæ, and transversi perinei; behind, by an acute termination, into the extremity of the os coccygis."†

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* Mr. Copeland's view of the complaint appears to be perfectly correct.

† Dr. Monro.

The external sphincter, is conjoined by fleshy portions to the internal, that they may co-operate together, when they appear as one distinct muscle; but it very often happens, that there is a considerable distance between the fibres of each, so that they seem to be merely connected by loose cellular substance, leaving a cavernous appearance between the sphincters. This deviation in the structure of the part, may also dispose the muscle to irregular action, and produce the effect described by Mr. Copeland.

Besides the spasmodic constriction to which the anus is subject, it is also liable to other morbid affections; and the numerous cases of stricture of the rectum, which have been submitted to my care within the last few years, have afforded me an opportunity of meeting with a variety of these complaints, (particularly hæmorrhoidal tumors, excrescences—and prolapsus ani.) I should not, however, have noticed any of these affections, as they have been already so ably treated on by different eminent writers, but for the reason of their being so often connected with strictures of the rectum, which these writers appear to have overlooked. I therefore, feel it a duty incumbent on me to mention the circumstance, as these complaints have been generally considered primary affections, and not as the consequence of a disease of a more serious nature, and requiring a different mode of treatment.

In attributing a frequent occurrence of the above-named complaints, to stricture of the rectum, I do not anticipate any material objection being made to that opinion; since all writers uniformly agree in acknowledging, that habitual costiveness is the most common cause of piles. When then a mechanical obstruction takes place in the rectum in consequence of stricture, there must of course be a greater pressure upon the anus, occasioned by a more violent straining on the patient's going to stool, than what happens in ordinary cases of costiveness, where no mechanical obstruction exists.

The most frequent of these complaints alluded to, is the piles, and I think with Mr. Howship, that writers have not made a proper distinction between hæmorrhoidal tumors, and hæmorrhoidal excrescences; though they are different in appearance: at the same time it must be acknowledged, that the latter disease is sometimes the consequence of the former, when for a considerable length of time the hæmorrhoidal tumors have been exposed to much irritation by the passing of indurated fæces. Although it is evident that hæmorrhoidal tumors are sometimes converted into excrescences,* yet it likewise hap-

* Some time ago, I was consulted by a lady who had been very much afflicted with considerable contraction of the sphincter ani, so as to occasion great difficulty and pain on her going to stool: for which she was advised to use a large conical metallic bougie; and with considerable advantage, as the contraction of the sphincter appeared to be entirely

pens that excrescences frequently appear about the verge of the anus, which seem to be mere productions of a morbid secretion from the sebaceous glands of the part, arising from some irritating cause, when there is not the least appearance of these excrescences having been preceded by any distention or varicous state of the hæmorrhoidal veins.—Excrescences of this nature are not unfrequently connected with the venereal disease.

Hæmorrhoids may be described as small, distinct, round prominent tumors, situated at the verge of the anus; of a bluish colour, soft and yielding to the touch: evidently arising from a distended or varicous state of the hæmorrhoidal veins. But sometimes these tumors are of a darker colour and hard, containing blood in a coagulated state, attended with inflammation and considerable pain. If the blood should not be absorbed after the inflammation subsides, it will be necessary to let it out with a lancet.

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removed: but she complained of being greatly annoyed by a troublesome protrusion at the anus, though the motions came away tolerably easy. On examination there was a slight appearance of hæmorrhoidal tumors on each side of the anus; when this was mentioned, the lady said, what she complained of was not yet protruded, and on making a further effort, a large soft bluish tubercle was brought into view. The cuticular covering all over the tumor retained its natural appearance except on the centre of it, where a small soft fleshy excrescence was formed about the size of the smallest white kidney bean: which formed a striking specimen of incipient morbid action.

At other times, the anus forms a protuberant ring, of large, soft, bluish tubercles, which are evidently produced by an effusion of blood into the cellular tissue at the extremity of the rectum; which admits of great distention: (in this form I have never seen the blood in a coagulated state.) Very often these tubercles are not observable at first on examining the anus, until the patient makes a considerable effort to go to stool, when they are brought into view; but after an evacuation, they commonly gradually retire within the anus.

Sometimes this tuberculated state of the anus is accompanied with a slight degree of prolapsus, and a small portion of the inner membrane of the rectum is found adhering to one or both sides, assuming the appearance of a soft excrescence.

With regard to the use of the bougie in cases of stricture attended with hæmorrhoidal tumors; it may be observed, that these tumors are often lessened by its application; the local conpression, no doubt contributes to produce that effect, but the chief advantage I apprehend arises from the pressure being taken off, by preventing the frequently repeated accumulation of fæces; (by removing the stricture) which obstructs the free circulation of the blood by the hæmorhoidal veins to the liver, in the same manner as a state of pregnancy does. It is also necessary to observe, the bougie should not be introduced

during an inflamed state of the hæmorrhoidal tumors; and when they have acquired a habit of morbid irritability, so as to prevent altogether the use of the bougie, it then becomes necessary to remove them. The method I have described in my last edition.

Many eminent surgeons, however, prefer the ligature; but those cases which have come under my care, that method was impracticable.

The fleshy excrescences, which are frequently met with about the verge of the anus, are different in their nature, and manner of production; hence they have acquired a variety of names, such as condyloma—ficus—crista, &c.—But as the different names are not characteristic of any essential difference in the nature, or origin of these excrescences, they are not to be regarded as of any practical utility.

For the most part these excrescences are external to the sphincter ani, but sometimes they are within the verge of the anus, and are not discoverable until the patient makes an effort to go to stool. That species described by Mr. Pott is perhaps of all others the most formidable; (with the exception of cancer.) In a lecture of his, on diseases of the anus, he remarks, "There is one circumstance which I would wish you to take notice of, which is, these excrescences (meaning such as arise from a protrusion of the interior skin of the anus) are often confound-

ed by practitioners with a cancer of the rectum, which has occasioned a good deal of error and confusion in the treatment of them. The excrescences will be painful to the touch, and discharge a considerable quantity of thin disagreeable mucus, &c. So far they resemble a cancer, but by carefully attending to them they are found to be very different and easily distinguishable; the excrescences are external or made to become so by putting the patient in a situation of going to stool, but the cancer does not protrude. You may pass your finger or even instrument between the excrescences and find the skin smooth. This cannot be done in the cancer as it is an entire diseased rectum; and in passing your finger into it you feel nothing but a kind of pulp, whereas in excrescences you may feel the rectum clear, and free from disease above: the cancer is an incurable disease, the other is always curable."

This distinction made by Mr. Pott is very important, and deserves the serious attention of practitioners, when investigating these complaints; as it is to be feared, that many of them have been abandoned, which might have been effectually relieved by proper surgical assistance. For the removal of these excrescences, Mr. Pott employed the ligature. I have not met with a case of that nature combined with stricture of the rectum; but in all probability at an early stage of the disease, (whether primary or secondary,) the bougie, or tent, such as M. Desault

used with so much success, in a tuberculated state of the rectum, might be employed with considerable advantage.

Mr. Chas. Bell, has noticed in his last publication, warty excrescences, but he is not so particular in his description of them as Mr. Pott. He recommends their being snipped off with scissars, with blunt points ; which method I should prefer to the ligature.

Sometimes these excrescences are numerous, soft, and pendulous, surrounding the anus, as to render it difficult to find the natural opening ; which is found to be considerably contracted, from a thickening and irregularity of the membrane lining the sphincter. If the part should be too much thickened and condensed to yield to the use of the bougie, it will be necessary to divide the contraction on both sides of the anus, in the same manner as directed for a spasmodic constriction of the sphincter muscle.

At other times these excrescences are hard, with a narrow neck ; and a distinct indurated line (about the thickness of a small cord) may be traced along the internal surface of the sphincter as far as the finger can reach ; evidently some of the hæmorrhoidal veins become obliterated, with a thickening of the surrounding cellular tissue—sometimes this kind of excrescence will require to be removed before the bougie can be regularly employed.

Another very distressing complaint, is a prolapsed state of the inner membrane of the rectum, which is found adhering by fibrous bands, nearly to the whole circumference of the anus; and from its thickened, and highly vascular appearance, it may be readily mistaken for an excrescence. The adhesion prevents a return of this portion of intestine, so that in some cases it always remains more or less external to the sphincter; and any attempt to reduce it, only aggravates the complaint, by drawing up the integuments along with it; so that the patient suffers far less pain when it remains protruded. I have known pessaries recommended in such cases, but the impropriety of using an instrument of that kind must appear obvious, where adhesions had taken place.

I have before mentioned the various kinds of bougies, &c. which have been recommended for dilating strictures of the rectum, in the different editions of my treatise on that disease; and also, I have given a form for making a bougie which I have employed with considerable advantage in a vast variety of cases of stricture. And several eminent practitioners, who have tried the instrument, have given it a decided preference to every other sort. It has likewise been honoured with the approval of Sir Astley Cooper, who has recommended it on several occasions to his patients.

In almost all cases of stricture, where the common bougie had been previously employed, I have found the disease aggravated. This effect is acknowledged by Mr. Bell, who says, "A stricture of the rectum some way within the orifice and attended with spasm and pain, the common bougie will be found to produce distressing symptoms. Here we shall find more advantage by introducing a simple tent of rolled linnen." Mr. Bell describes the manner of making and of introducing it, which is very similar to M. Desault's method, noticed in the different editions of my work, with this difference, that the latter gentleman employed lint instead of linen, which is far preferable. And the bougie I now employ is an improvement of M. Desault's plan, being made somewhat stiffer; as I found his tents were too soft to introduce, when the stricture happened to be high up the rectum.

I have lately tried Mr. Arnot's dilator in several cases. It is a very neat and ingenious contrivance. One great advantage attending its introduction is the distending power not being applied until the instrument has passed through the stricture. It was a long time before I could get one made completely air tight, and even then, I am inclined to think there is an uncertainty of its remaining all the while sufficiently distended at the stricture, as to fully answer the purpose. Patients in general complain that withdrawing it produces more pain than

the bougie, so that they do not like it so well. Although it may not supersede the use of the bougie, yet I think its occasional use may be attended with advantage.

I would just observe, that being unable to introduce the dilator (as contrived by Mr. Arnot) in consequence of the metallic tube not yielding to the curvature of the passage where the stricture is high up, I had the dilator fixed on a small elastic gum catheter instead of the metallic tube, which passes with great ease.

This information will be found useful to those practitioners who may be disposed to make trial of the dilator in strictures of the rectum.

CASES.

Cases of Stricture with Rupture of the Colon.

CASE I.*

In July, 1820, I was consulted by a medical gentleman of this City, between thirty and forty years of age, who looked extremely ill, and had a very emaciated appearance. He informed me that he had been a long time afflicted with some complaint in his bowels, for which he was anxious to obtain my opinion; it having been suggested to him the probability of his labouring under stricture of the rectum, although he had not entertained such an opinion himself, nor indeed any of the medical gentlemen he had previously consulted. Three months prior to his application to me, he had had a violent at-

* This Case was published in the Medical and Physical Journal of September 1820.

tack of pain in his bowels which he conceived to be peritonitis: and, though he had been relieved from the extreme pain he endured at that time, he felt his health gradually declining, and increasing difficulty in attending to his professional duties. Frequently, after returning home from visiting his patients, he was so much in pain as to induce him to use warm fomentations to the abdomen, which afforded some temporary relief. He had for a long time experienced considerable difficulty in procuring alvine evacuations, which were loose and scanty, and for several months he had not passed a figured motion. These last symptoms made the existence of stricture suspicious, which proved to be a fact, on examination. However, not being able to pass different sized bougies through the stricture, the patient was requested to take some castor-oil the following morning, promising I would call upon him afterwards, hoping, if the bowels were opened freely, I should be able to pass a bougie. On calling on him next day, I found the oil had only procured a small loose motion, but by no means sufficient to relieve the bowels. He appeared to be in considerable pain. A very small bougie was passed beyond the stricture without meeting with any obstruction higher up the passage. A mixture with infusion of senna and sulphate of magnesia, was directed to be taken every two hours until the

bowels should be freely open. In the evening I found the mixture had not remained on his stomach, and that every thing he had taken returned. As the pain of the bowels had increased, about twelve ounces of blood were taken from the arm, (which exhibited a buffy appearance,) and he felt somewhat relieved afterwards. As aperients in a liquid form did not remain on the stomach, pills with extr. coloc comp. &c. were directed to be taken at stated periods until a proper effect should be produced. The next morning I found the stomach had rejected the pills also, and that there had been no alvine evacuation. A very troublesome, and almost incessant hiccough had come on, which, with the sickness and vomiting, continued two days and then entirely ceased in consequence of the patient having been directed to take some curds and whey ;* the good effects of which I had often experienced in cases of obstinate vomiting. The patient was then able to keep down what nourishment he took, and also medicine. Various enemas were administered, and every means adopted that were likely to afford relief, but every attempt proved unavailing. There was a total suppression of stools. The abdomen became distended; and the

* I am indebted to an eminent Physician for the knowledge of this fact. The curds must be quite light and scarcely separated from the whey.

tumefaction continued to increase, with great languor and debility, until the morning of the eighth day, (from my first seeing him,) when he expired, after very severe suffering.

It will appear obvious, from the dissection, that the effects of the disease, had become of too serious a nature to admit of relief, after the discovery of the original cause.

THE FOLLOWING WERE THE APPEARANCES ON DISSECTION.

The tumefaction of the abdomen arose from a great quantity of flatus having escaped into the cavity, and a preternatural distention of the colon, particularly its ascending arch, which was of an enormous size, having more the appearance of the stomach than intestine. It was filled with soft frothy fæces, which were beginning to escape into the cavity from two small openings at the upper part of the ascending arch where the distention was the greatest. On tracing the intestine to the inferior extremity of the sigmoid flexure, a stricture was discovered, not more than sufficient to admit a very small bougie. The internal surface of the intestine had a healthy appearance, except that the coats above the stricture were very thin from the long-continued distension they had been subject to: there was, however, a considerable thickening of the peritoneal and muscular coats at the

stricture. Above the stricture there was a small opening into the cavity, but it did not appear that any fæces had passed through it. There was no other appearance of disease.

The two following cases are published in the second volume of Transactions of the Association of Fellows and Licentiates of the King's and Queen's College of Physicians, in Ireland.

CASE II.

" Miss T——, aged 70 years, naturally well formed and of middle stature, had been for many years habitually costive, otherwise healthy, till the year 1814, when she was seized with constipation so obstinate as to resist, for many weeks, active and ultimately effectual means employed by Surgeon Kirby. Since that time, the due evacuation of the bowels has been maintained by the daily use of laxatives, till the last three weeks, during which there has been no discharge per anum. At the commencement of that period, she had for a few days a copious flow of limpid urine, but latterly there has been a total suppression of urine. Her chief distress at present, arises from the enormous and painful distention of

the abdomen, which is elevated to a conical shape with the navel at its apex. The surface of this swelling is smooth, tense, and extremely sore to the touch; no hernia or enlargement of any viscus can be discovered; and the air with which the tumour, from its elasticity, appears to be distended, seems to pervade the whole abdominal cavity. The patient is easiest in the erect posture, and a full inspiration increases her pain in the right side; has frequent hiccough, which also increases her distress; her stomach rejects the ingesta, unless taken in very small quantity at a time; total loss of rest and appetite. Pulse 90, full, and rather harder than natural. Face flushed, skin dry, tongue white but moist. The strength of her voice or muscular power, in general, little impaired. Attributes her present illness to cold during the operation of a purgative taken that morning, and states that the swelling of the abdomen increased remarkably during a chilly fit, produced by taking a bottle of ærated magnesia, which she was induced to drink with the hope of restoring the action of the purgative; in the course of the last three or four days, warm and oily laxatives by the mouth, alternated with enemata, have been actively, though ineffectually employed by Mr. Hamilton of Cuffe-street. I directed that nine ounces of blood should be taken from the arm: pills of aloes, assafætida and calomel to be given, assisted by tobacco and turpentine glisters alternately;

by these means, most distressing symptoms were for a while mitigated, and a scanty discharge of urine and fæces followed. A very peculiar noise was now to be heard every three or four minutes, like the guggling of fluid forced backwards and forwards in a peristaltic motion, pervading the alimentary canal from one end to the other; and, during the continuance of this sound, the pain of belly was much increased; no discharge of flatus. For several days the symptoms became progressively more and more urgent, resisting all the medicinal and mechanical means suggested or employed by Dr. Percival, Surgeons Richards and Collis, whose able assistance I had the satisfaction to have. On the 1st of June, the tumefaction of the belly seemed to have arisen at the utmost possible extent, having the feel and sound when touched with the finger, of a full inflated bladder, and attended with the sensation to the patient, as if ready to rupture in some part of it. At seven in the evening, the pains became most urgent and lancinating, the pulse a short time hard and quick, soon after was feeble and intermitting; extremities cold and clammy; her mind continued collected, and she complained of her pain increasing till half-past nine o'clock, p. m. when she expired. The following were the appearances which presented themselves on examination the day after death, by Dr. Collis and myself, and were noted by him.

"The abdomen was of a conical shape, the umbilicus representing the apex of the cone. On making an incision through the abdomen, muscles and peritoneum, a very large quantity of fætid air escaped, and the parietes of the abdomen resumed their natural form. The abdominal cavity being laid open, we saw the surface of the viscera covered over with fluid fæces, which were effused in very large quantities into the cavity. In the transverse arch of the colon, and rather to the right side, we discovered a circular opening, capable of receiving the end of the thumb—no mark of ulceration on the edges of this opening, nor the slightest appearance of inflammation in its vicinity. The opening through the two external coats, seemed to be larger than that through the mucous coat. The *colon* continued *very much distended;* no marks of peritoneal inflammation in any part of the cavity occasioned by the effusion of the fæces. The intestines were loaded with great quantities of fat. Passing the hand along the rectum, a considerable hardness was felt pretty high up in that intestine. This intestine was removed, and also the diseased part of the colon, and are now preserved in the museum of the College of Surgeons, the rectum, at six inches above the anus, felt extremely hard for a full hand's breadth; when slit up, we could not say that the hardness was seated particularly in any one of the coats; for, on removing the fat, we found it run-

ning chiefly along the posterior part of the intestine: the fat along this part being of a very firm consistence. This thickened state extended four inches along the intestine—through this space the inner coat of the gut was thrown into deep folds running transversely, and placed very close to each other, resembling the valvulæ conniventes in form, but exceeding them in depth and closeness of arrangement. Between the rugæ are openings large enough to receive the end of the probe, many of these lead into pouches which are made by projections of all the coats of the intestine, along the particular line of the intestine, (where the principal hardness lies;) many of these openings lead into a canal, which runs along the hardened parts behind the valvular projections. At the upper edge of the hardness, the mucous membrane presents three or four rounded openings lying close to each other, and all of them leading into the same canal, which allows a probe to pass about two inches and half; into this canal many of the openings between the valvulæ conniventes conduct the probe."

CASE III.

"Mrs. C——, aged 60 years, and mother of four children, says that she has been always of a costive habit, and was frequently obliged to use purgative medicines; but that latterly these procured scanty discharges. She

now positively declares, that she has been for the last ten weeks without any passage from her bowels, though she has taken a variety of physic, and got several very active injections by the advice of different physicians. She was frequently affected with vomiting, but now scarcely any thing remains in her stomach but cold water; her countenance has the appearance of long suffering; her eyes are sunken, and her skin is of a pale brownish colour; her limbs are emaciated and anasarcous. Tongue dry, and of a dark yellow brown colour. Pulse quick, small, and weak. Abdomen distended to an enormous size, is painful on pressure, and has a tympanitic feel. On examining the rectum by the finger, an obstruction was discovered high up in it; I tried to pass a small candle without success. The woman who was intrusted to give the injections says, she never could make them pass to her satisfaction. A few hours after this short sketch was taken, I learned that she was dead: her friends did not expect so speedy a dissolution. Leave being given to open her, the following appearances presented:—

"On opening into the abdominal cavity, a large quantity of air, having the smell of fæces, rushed out, and some fluid of a yellowish colour. The whole of the intestinal canal was greatly distended. The *transverse arch* of the *colon* was as large as the stomach when distended. The cæcum was so much enlarged, that I am

positive it would have contained one gallon of fluid: on its anterior surface, there was a small aperture bounded by a circle of a livid greenish colour. It gave exit to a small quantity of feculent matter, which coated some of the intestines in the neighbourhood. The intestines appeared of a dark red colour, but nothing like inflammation was discovered, On passing the hand down into the pelvis, the uterus was found much enlarged and hard, and evidently cancerous. It had formed firm adhesions to the rectum and bladder, both of which were in some degree affected by the cancerous disease. On examining these parts out of the pelvis, the rectum was found almost entirely obliterated for a space of nearly six inches. This diminution in the capacity of the rectum was caused by the pressure of the uterus, and also by a diseased thickening of its coats."

Although in the preceding case, the contraction of the rectum might not be the primary disease, yet the distention of the colon was *evidently* the consequence of that contraction.

CASE IV.*

"A man, aged forty-six, had almost recovered of a flux, which had continued about a year, accompanied with gripings, and after each motion, with blood dropping from him; when twelve days before he died, the passage of his body was entirely shut up; the belly swelled and for some time was partially pushed out by portions of the colon. Glysters and whatever he drank were immediately returned, the former with wind. There was much noise in the bowels. The belly becoming at last uniformly swelled, he died in the utmost agony.

"The colon was every where *distended* to almost five inches in diameter, by thin fæces and air, which last, through some small apertures in the coats of the intestine, had burst into the cavity of the abdomen. The stomach was compressed by a flexure of the colon, which almost entirely filled the left hypochondrium; and the distention of this intestine terminated at a stricture thereof, a little above the reflexion of the peritoneum over the blad-

* This Case is from the clinical observations of Dr. Stork, published many years ago by Dr. Carmichael Smith.

A few years ago, Dr. Parry informed me that he had attended a gentleman, who had been subject to habitual costiveness, where the colon had suddenly given way with a loud report, the patient instantly exclaimed "my belly is burst."—He died shortly after, and on examination the colon was found actually ruptured. There was a considerable

der. At this stricture the passage was almost wholly shut up, by a kind of tubercles, soft, spongy, and rotten. We observed some erosions of the internal coat of the cæcum, and in the lower part of the ilium; also erosions of what is commonly called Peyer's glands; and near the attachment of the mesentery, we discovered small holes of the internal coat, some of which might, by pressing upon the vessels near them, be filled with blood. The other parts of the alimentary canal *were internally* sound."

I am indebted to the kindness of a young professional gentleman for the next case.

CASE V.

"In December 1819, the following case came under my observation.

"The patient had been under the care of another medical man for some days previously, labouring under obstinate constipation, for which a variety of powerful

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stricture at the termination of the colon. Above the stricture the intestine was very much distended, but the rupture was several inches higher than the stricture. The peritoneal and internal coats appeared to be healthy, but there was a considerable thickening of the muscular coat. Below the stricture the rectum had a natural appearance.

The preparation is in the possession of Mr. G. Norman, an eminent Surgeon of this City, who kindly favoured me with a sight of it.

purgatives had been ineffectually administered. Arnold's machine had also been employed freely which had the effect of distending his bowels with air to a very considerable degree, and of distressing him exceedingly, that he declared he 'would rather die a thousand deaths than suffer its use again :' but no fæces were evacuated. He had been for some time declining in health, and complaining of great irregularity in the action of his bowels : sometimes several successive days without any evacuation, and other times frequent loose and scanty motions; always suffering much from flatulency.

"Dec. 3. A small rectum-bougie was now introduced, with a view to ascertain whether any mechanical obstruction in the lower gut, within reach of mechanical assistance, but none was discovered. His stomach was very irritable, rejecting in a few minutes every thing that was taken. He laboured under much fever, and a greatly distended abdomen with very considerable pain; altogether threatening a speedy and fatal termination if the bowels were not effectually relieved. Blood was taken from the arm—leeches were applied to the abdomen : enemata directed to be given at proper intervals, and large doses of calomel. These were continued for twenty-four hours, and then a number of thin stools came away which relieved him very much : but not satisfactorily as to render their continuance unnecessary. Some such means,

but milder and at more distant intervals, were continued for many days, when he became so far recovered that he deemed it unnecessary continuing the use of medicines. From the 18th of December he neglected all remedial means beyond those of his female advisers. He took considerable exercise, eat with a good appetite, and considered himself rapidly recovering.—His bowels, however, were very irregularly and partially relieved.

" On the 5th of January he was again compelled to have recourse to those means he had before used with so much advantage,—and was again benefited by them; but not to so great an extent. Many different aperient preparations with bitters and tonics were given. Enemata, suppositories, &c. which relieved him in some degree from time to time by producing liquid evacuations from the bowels, but scarcely once so effectually as to leave him tolerably comfortable. About the 20th of January his bowels again became much distended. On the 26th all his sufferings increased. On the 30th in the morning the abdomen was enormously enlarged, but the pain not greater than during the preceding day or two. On visiting him at noon he had just been making a fruitless effort to relieve the bowels, and had lain down again when he felt a little jerk in the epigastric region, and instantly made the most piteous complaint of intolerable pain. His sufferings indeed appeared to be the extreme that human

nature could labour under. A full dose of anodyne medicine was given, but the pain only ceased with his life, and that in an hour and a half from the sudden increase of his protracted sufferings. No man ever better merited the title of patient.

THE APPEARANCES ON EXAMINATION.

" On opening the abdomen, the parietes of which were extenuated almost to a semitransparency, a quantity of offensive flatus escaped. Exposing the parts further, little less than a stable-bucket full of liquid fæces was extravasated in the cavity. All this being cleared away, and the intestines examined, an aperture was discovered in the centre of the arch of the colon, sufficiently large to admit a finger. The small and large intestines were very considerably increased in their diameter, particularly the latter, the dried preparation of which, moderately distended, measures thirteen inches in circumference. Several other parts of the colon had their inner coats ulcerated through, and the peritoneal on the point of giving way. Tracing the intestine a little further to the left hypochondrium, there was found a contraction so great as to render it totally impervious to every thing. The coats of the intestine at this part, were thickened, and appeared as if a broad ligature had been tied around them ; yet not that

great increase of substance and irregularity of surface which characterizes carcanomatous affections. The whole extent of intestine below this to the anus, which was sixteen inches, was small, and empty even of air, or nearly so, compared with the other intestines; indeed it appeared morbidly contracted, but on examining closely, no diseased structure could be suspected, and it may probably be justly attributed to the stimulating powers of the injections that were employed. The other abdominal viscera were free from disease. The functions of the urinary organs, the brain, heart, and lungs, except what difficulty arose in inflating them from the pressure on the diaphragm from beneath, having been well performed during life, their state was inquired into."

STRICTURE

WITH DERANGEMENT OF THE COLON.

CASE VI.

Mrs. H——, a widow lady, about forty years of age, of a delicate habit, who had never borne any children; complained that she had been for a long time under the necessity of taking aperient medicines, in consequence of obstinate costiveness: and even with their assistance the evacuations were scarcely ever satisfactory. She was seldom free from more or less pain in the course of the colon, which was often accompanied with a sense of ful-

ness, increasing on taking food, so that sometimes she was under the necessity of leaving off eating before she had finished a meal. She also experienced considerable difficulty in passing wind downward. Menstruation was regular, but always attended with pain.

Mrs. H—— consulted a medical gentleman some distance from Bath, who was of opinion that her liver was diseased, as at that period the bile was evidently obstructed in its passage to the duodenum, from the light colour of the fæces. Afterwards the same practitioner changed his opinion, and suspected there was an enlargement of the spleen, as the patient complained of pain about the left hypochondrium, with distention: which appeared merely to arise from wind being pent up in the colon, or lodgement of fæces.—There was evidently no enlargement of the spleen.

The purgative medicines which were prescribed, procured some temporary relief, by unloading the bowels of feculent matter; and preventing, for the time, further accumulations.

As Mrs. H—— felt very much weakened, from the powerful medicines she had taken for some time; she was advised to go to the sea, with a view of benefiting her general health: (being informed that nothing now remained but weakness;) from whence she returned much

stronger, but the constipated state of the bowels still required the constant use of aperients; and the uneasy feelings she had experienced before returned.

As the symptoms appeared to me indicative of stricture, with distention of the colon, the rectum was examined, when two strictures were discovered, the first about four inches from the anus, and the other between seven and eight.—She was requested to take a little castor-oil daily—and a few grains of extract of hyoscyamus, with one grain of pil hydrarg. every night at bed-time. —A bougie was introduced every day, and the size gradually enlarged. In a short time, the evacuations became more copious, solid, and satisfactory, instead of the patient being teased with numerous and ineffectual calls to the night-chair. The sense of fulness in the colon gradually went off, and also the pains she felt in different parts of the bowels.—The bougie was continued for some time.

The preceding cases, are, I think, sufficient to confirm the observations that have been made, with respect to a distended state of the colon, occurring as a frequent consequence of strictures of the rectum.

CASES OF STRICTURE

WITH SPASMODIC CONSTRICTION OF THE SPHINCTER ANI.

CASE VII.

M. Tidcomb, aged forty, had been ill about two years.—She complained of having been frequently troubled with a pain about the pit of the stomach, accompanied by a great sense of heat.—She was often annoyed with distention of the bowels from wind, and experienced great difficulty in passing it downward. She was naturally of a costive habit of body, and commonly went three or four days without having an evacuation, and not then unless she took an aperient; but even with that assistance the motions were never satisfactory, and always attended with considerable pain; which continued several hours afterwards, at the extremity of the rectum. She had not passed any solid stools for a great length of time, and when she last observed them to be figured, they were very small and flat. Menstruation was regular but always painful. Her appetite was tolerably good, though sometimes she had sickness. She had been under the care of different medical gentlemen without deriving any advantage; but on consulting Dr. Barlow, he suspected some disease of the rectum, and requested an examination might be made. On attempting to introduce the finger, the

resistence to its passing was very considerable, from the strong action of the sphincter ani—it was accompanied by a fissure in a line with the os coccygis. There was also a stricture a few inches higher up the rectum.

The patient was directed to take castor-oil every morning—to use a hip-bath daily : and an injection with a few grains of extr. papaveris—a bougie was also employed for some time, but the spasmodic action of the sphincter was so extremely distressing, as to render her incapable of persevering in its use. In consequence of which, recourse was had to deviding the sphincter by the bistoury, in the same manner as directed by M. Boyer.—The sphincter was divided on both sides—a day or two afterwards, the evacuations were far less painful in passing, than they had been previously to the operation ; notwithstanding the soreness of the part. Short tents made of lint covered with soft ointment, were employed, until the passage was able to bear the introduction of a bougie. The spasms at the sphincter entirely ceased, and the evacuations were discharged without pain or difficulty. In short, the great relief derived from the operation, would have led me to conclude, that a perfect cure had been effected, if I had not previously known a stricture existed higher up ; which for some time required the use of the bougie. She was then able to undertake a servant's place, and some time afterwards she called upon me ; and expressed great gratitude for the benefit she had received.

CASE VIII.

Mr. R——, about forty years of age, had been afflicted with severe spasms of the sphincter ani five weeks. His bowels had not been unusually costive, neither had he experienced any great pain or difficulty at the time of passing the evacuations; but the spasms generally came on two or three hours afterwards, and continued very violent nearly the same length of time, and sometimes longer, when they gradually subsided. Those days on which he had no evacuation, the spasms were invariably less violent. On examination there was a redness about the anus, but no appearance of swelling. The sphincter was so much contracted as not to allow the finger to pass into the rectum, but a very small bougie was introduced, though attended with difficulty, and great irritation.

It should be observed, that Mr. R—— had laboured under stricture of the rectum between four and five years before; but feeling himself tolerably well, he had given up the occasional use of the bougie too soon. About a year afterwards, he was seized with a violent spasmodic attack of the muscles of the perineum, which produced so much agony in the course of the urethra, as to occasion a suspicion of a stone in the bladder; on which account he was sounded different times, but no stone could be discovered.—Sir A. Cooper, who sounded him the last

time, considered the complaint merely an irritable state of the bladder. I am, however, more inclined to think that the spasmodic action was chiefly confined to the muscles of the perineum, owing to some irritation in the rectum; and the present spasmodic state of the sphincter tends to confirm that opinion.

He was directed to take castor-oil occasionally, and to use the hip-bath daily.

Sept. 25th. Introduced a bougie.

26th. Had a loose motion from taking the oil—has had no violent spasms at the sphincter to day, but felt great heat and itching about the anus—sitting is very uneasy to him.—Bore the bougie a longer time.

27th. Has had a loose motion, and not so much spasm afterwards, but complains of great soreness and pricking pain when he sits down. Bougie introduced, and retained it longer than yesterday.

28th. Passing the evacuations is less painful—the spasms came on an hour and a half after a motion he had in the morning, and continued violent until very late in the evening—although introducing the bougie occasioned great pain, he was able to keep it in longer; and observed, that he was easier before it was withdrawn than he had been at any time in the course of the day.

29th. Had a tolerable good night, and has had very little spasm in the course of the day, but still complains

of great pricking and itching about the anus.—Introducing the bougie gave him more pain than usual, so that he was not able to retain it so long as last night.

30th. The pain did not continue long after the bougie was withdrawn, and he had a tolerable good night —this morning he had a copious motion without taking any castor-oil—the spasms came on half an hour after the evacuation—but were neither so violent, nor of so long duration—bougie introduced.

Oct. 1st. Much the same—introducing the bougie rather more painful.

2nd. Had a tolerable good night—the spasms came on soon after he had a loose motion this morning, but were not violent. He went out this evening and walked some distance, but before he returned the spasms came on rather violent for some time—the bougie was not introduced.

3d. The spasms came on this morning soon after he had an evacuation—less violent and shorter duration —bougie introduced.

4th. After withdrawing the bougie last night he felt a great deal of pain for an hour afterwards—he had however a very good night—had a copious loose motion in the morning, and the spasms have been very trifling to-day—a bougie was introduced and he was able to bear it nearly three quarters of an hour; a longer time than hitherto.

5th. Had a motion in the morning—the spasms have been very trifling to-day, and considerable less heat and itching about the anus, and he is able to sit with more comfort. Bougie introduced, but was not retained long, being rather more painful.

6th. Has had two loose motions, (without oil,) and after the last the spasms came on rather severe for a short time—bougie introduced.

7th. Has had less spasm to-day—had a copious loose motion—bougie introduced, it was rather more painful from the size being increased.

8th. The spasms have been very trifling to-day, but felt great soreness at the anus, and pain on sitting down—the introduction of the bougie was attended with considerable irritation.

9th. Has had four loose motions to-day, which have produced much soreness at the sphincter, but not any spasm—the bougie was omitted this evening, Mr. R—— having had an evacuation just before the usual time of using it, which always renders the part very irritable for some time after.

10th. Has had no alvine evacuation to-day—spasms very trifling—bougie was not introduced as the bowels had not been open in the course of the day—ordered to take castor-oil.

11th. Has had a natural loose motion, attended with much soreness at the anus after, but very little spasm. A larger and longer bougie was introduced, when there appeared to be a considerable contraction between four and five inches above the sphincter.

12th. Complains of great soreness about the anus, but very little spasm—has had a loose motion—a bougie introduced of a length sufficient to pass the upper stricture.

13th. Spasms less violent—bowels open—bougie introduced.

14th. Has been very free from spasms all day—had a loose evacuation this evening, which passed more freely—there was a soreness afterwards, but no spasmodic action. The sphincter appears to be much more relaxed, but the passage at the upper stricture is considerably constricted—bougie introduced.

15th. Continues free from spasm—had a loose motion—bougie introduced.

16th. Took castor-oil in the morning, which procured three loose evacuations, and he had a slight attack of spasm after—complains of considerable pain in the bowels, which he attributes to his having eaten some plum-pie—bougie introduced.

17th. Has had no motion to-day, nor felt scarcely any spasm at the sphincter, but has still some pain in the bowels—was requested to take castor-oil in the morning —bougie introduced.

18th. Had a motion last night after withdrawing the bougie, and three to-day without taking any castor-oil—scarcely any spasm—but as he complained of much soreness about the anus since the last evacuation, the bougie was omitted.

19th. Shortly after the last motion yesterday evening, the spasms came on and continued nearly three quarters of an hour rather severe—but he has been entirely free from them to-day—had a motion this evening—bougie introduced.

20th. Had a loose motion with a slight return of the spasms.—In consequence of his having had some leeches applied to his temples for a pain of the head, the bougie was omitted.

21st. Has had two motions; no difficulty in their passing, but the spasms returned about an hour after each evacuation—bougie introduced.

22nd. Had no spasms last night after withdrawing the bougie—but half an hour after an evacuation he had to-day, the spasms came on rather sharp.

23d. The spasms came on to-day soon after an evacuation, and rather severe for two hours—bougie not introduced.

24th. Took castor-oil this morning which procured a copious evacuation—the spasms came on soon afterwards and continued some time—bougie introduced.

25th. There was not any spasm after withdrawing the bougie, and he had a very good night—took castor-oil in the morning, which procured two loose copious evacuations. Spasms less violent—bougie omitted.

26th. Has had two motions, and the spasms have been very trifling—bougie introduced.

27th. He has been free from spasms to-day—has had two motions—bougie not used.

28th. Had a return of spasms, about three hours after an evacuation—bougie introduced.

29th. Two loose motions—spasms trifling—no bougie.

31st. Has had no motion to-day, neither any of the spasms—bougie introduced.

Nov. 2nd. Bowels open—spasms trifling—bougie not used.

4th. Spasms decrease—bowels open—bougie introduced, and much less pain on passing the sphincter.

7th. Has been nearly free from spasms, bowels have been daily open—bougie introduced.

10th. Spasms decreasing—has had a more copious and consistent evacuation than he has had since the commencement of the spasms, and not the least degree of spasm afterwards—there is considerable less constriction at the sphincter on introducing the bougie, which also passes more freely through the upper stricture.

12th. Has had no spasm since I last saw him—bowels are open—the evacuations are more copious and free—bougie introduced.

14th. Has been entirely free from the spasms until this evening, when he had a very trifling attack—bowels are open—bougie introduced—he no longer dreads the operation.

16th. Has had a very slight return of the spasms; but so trifling, that he could scarcely recollect it—bowels open—bougie introduced.

18th. Was entirely free from the spasms yesterday, but had a trifling attack after an evacuation to-day—bougie introduced.

20th. Had a return of the spasms for a short time after an evacuation—bougie introduced.

22nd. Has had no return of the spasms—bowels open—bougie passed.

24th. Remains entirely free from the spasms—bougie introduced.

28th. No return of spasms—bougie introduced.

Dec. 2nd. Has had no spasms—bougie passed, which was the last time; the patient being under the necessity of going into the country: and on his return he felt so well, that he did not seem willing to submit to any further use of the bougie, though absolutely necessary on account of the stricture, without the removal of which, the spasms would be liable to return.

CASES OF STRICTURE

WITH IRRITABILITY OF THE STOMACH.

CASE IX.

Mrs. W—— , about sixty years of age, had been of a costive habit of body for several years, and for the last two, she never had an evacuation without taking medicine of the most active kind ; which at last failed to produce any effect. Enemas likewise proved equally inefficacious, so that the only way she could procure an evacuation, was by means of the powerful injecting machine kept at one of the Baths ; but the discharge of fæces was never satisfactory as to quantity, or consistence.

For a long time the fæces had passed in a liquid state, and she felt as if she had lost all power to assist their expulsion. She complained of pain of her back, with a sense of heat, and a gurgling noise in the bowels, with great distention of the abdomen. For nearly two years scarcely any food had remained on her stomach. She had not eaten any bread for a considerable length of time, and so great was the irritability of the stomach, that even a small quantity of water was almost instantly rejected ; in consequence of which, she was very much reduced in flesh and strength. Mrs. W—— also frequently brought up several pints of an aqueous liquid in the course

of the day from the stomach; which often continued several days before it entirely ceased: sometimes it had an acid taste. In all probability this aqueous discharge was owing to an inverted action of the gastric lymphatics, and perhaps intestinal also, from the retrograde motion of the stomach and upper part of the intestinal canal, in consequence of a mechanical obstruction which was found to exist at its lower extremity (on examination) to such a degree, as to threaten a complete iliac passion.—The patient was requested to take a small quantity of castor-oil daily, and occasionally to use a gruel injection; but to discontinue the injecting machine at the Bath, conceiving it would be too powerful; especially as there was reason to fear the colon might already have suffered from over-distention. A bougie was daily employed, of a very small size, the passage being so much contracted.

In the course of a short time, food remained on the stomach, the bowels were more easily excited,—the evacuations, which had been for a long period scanty and watery, became more copious, consistent, and even figured; a circumstance (the servant informed me) that had not happened for two years. Wind also passed more freely downward, which had been greatly obstructed, producing the distention of the abdomen.

After going on in the most satisfactory manner for several weeks, and the passage admitting nearly the largest

size bougie; which Mrs. W—— could manage very well herself, and intending shortly to leave Bath, when, unfortunately, the vomiting returned: evidently owing to her own imprudence, having drank porter and beer; and also having eaten vegetables; all of which had been strictly prohibited. In this irritable state of the stomach, she returned home; (a considerable distance;) and continued so extremely ill, that I expected daily to hear of her death. I was, however, agreeably surprised by a letter, which I received from her daughter, a few weeks afterwards, containing the following passage:—

"Dear Sir,—I think you will be happy to hear, that after several severe attacks, my mother is much better; and has passed much of the water* down. She unites with me in best respects, and believe me to remain

Your humble Servant,

———."

As the case was extremely interesting, I particularly requested some further information; with which, however, I have not yet been favoured.

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* Alluding to the water she had been accustomed to throw off the stomach, proving there was less retrograde movement of the canal.

CASE X.

(Written by the patient, an unmarried Lady about thirty years of age.)

"At the age of thirteen, I was first troubled with a sick head-ache, and about the same time, a complaint in my bowels commenced; and if they were not open for a day or two, they were then relieved after a violent paroxysm of pain, which occurred after I had eaten a tolerably hearty dinner, which for a growing girl was reckoned scanty; and it was concluded that some part of the food I had taken must have disagreed with me; but it was found by attention to my diet that neither quality or variety of food made any difference, soups of all kinds excepted, for a very small quantity produced pain in my bowels.—This complaint gradually increased, and at the time I was seventeen years old, it seemed to have reached its height; for from having the attacks first about once or twice a week they had increased to every day, so that I really dreaded to eat my dinner—indeed, sometimes the pain came on before I had half finished.—The pain came on with an excessive gaping, hiccough, and an uncomfortable sensation at my stomach, then slight pain high in the bowels, which ceased and returned about six times before it terminated in a copious loose evacuation, attended with a fainting: as each time the pain increased, so it descended, till the whole of the lower part

of my body was in one continued pain. In this way I continued for a quarter of a year or perhaps more; and then as gradually became better.—At the age of twenty, a practitioner told me my occasional indisposition in the bowels was bilious, and he gave me pills to take when they were not daily relieved—it was not till this time that I had taken any medicine to obtain relief, excepting a few nostrums, which were quite ineffectual. And notwithstanding the pills I took, the pain in my bowels often returned; and I was much astonished, when I rose from the night-chair, to find a very large worm had been discharged from me: in appearance it was like a large size earth-worm—from that time I certainly experienced an abatement of the frequency of the attacks of pain, and I must observe, that quantity rather than the quality of food tended to produce the pain which did not always immediately follow my having dined; but I do not recollect one solitary instance of an attack before dinner, or after having taken tea.—The pain resembled a *twisting* of the bowels. In 1811, I caught cold, which was attended by a very loud-sounding cough, and it was at this time I was attacked by symptoms of a most distressing and uncomfortable nature, to which I have been subject in a greater or less degree, until the year 1820.—An urgent necessity unrelieved by a retention of the water—it com-

menced with gaping and hiccough ; also a sinking, and wind at my stomach—these distressing sensations lasted about an hour.

" Ever since 1811, I have been more free from those frequent attacks of pain in my bowels—but, in lieu, have suffered from a more severe kind, about three or four times in a year.—This pain commenced with a fulness and hardness in the bowels, slight pain at first in the back, and indeed all round, extending downwards to the knees ; costive at the time ; nor was the pain removed until I had taken a large dose or two of some aperient medicine.—In 1814, I came to Bath, and for an indisposition of sickness, head-ache, and pain in my bowels, you sent me a pill and draught—it acted powerfully—it was a kind of medicine I had not taken before, and afterwards I felt great weakness, fulness in the bowels, and pain from side to side—I went to the coast—was very bilious again.—I returned to Bath, and excepting occasional attacks of pain in my bowels, and frequently a difficulty in passing water, I was tolerably well.—In the Autumn of 1815, after having taken the Bath waters constantly for a month, I found myself in excellent health, and frequently enbonpoint.—I ate heartily, and experienced no pain in my bowels as formerly, only an uncomfortable fulness in them —but I was inconvenienced by this in a greater degree, and more particularly in the morning when I arose.—

Towards the close of this year, I was afflicted with inflammation of the lungs, the sense of fulness of my bowels increased, and after taking nourishment of any kind it returned in part, but without the least degree of sickness —I had been subject to this inconvenience for a long time before occasionally—still delicate and debilitated, (although recovered from my cough,) I proceed to November 1817, when I first felt pain in my left side—which was incessant day and night. In Feb. 1818, I caught cold again, and a loud-sounding cough ensued, attended with oppression on my breath—first I suffered more particularly from violent pain in my head, and again your attentions and skill were resorted to for my relief.—The pain in my side was then but seldom felt in the day—a difficulty in passing water daily occurred—attended at all times with a strange sensation at my stomach, and an extreme yawning and hiccough—fulness in the bowels very great at times—food, whether solid or liquid, returned with much acidity, but not with any feeling of sickness—I was also troubled during this illness with an uncomfortable and distressing sensation which attacked me by day and by night. It was an entire loss of strength; but different from fainting,—accompanied by a burning at the soles of the feet and palms of the hands; a sinking at the stomach, gaping, and hiccough.—About this time the fulness in my bowels became extremely painful with

the addition of pain in my left side and leg; which I felt more particularly in the morning when I arose—I had also much pain in my back which extended from hip to hip. My water was commonly almost colourless, but sometimes there was a sediment; whenever there was any, it was like reddish sand.—In May 1818, I began to use the shower-bath to strengthen my weak frame, but it proved ineffectual—I ate without appetite, and my food returned as described before.—My beverage was porter, cider, and wine, chiefly port—still my debility was such that often in the day I was obliged to have recourse to spirits of lavender, eau de luce in water, or camphor julap—my nights were spent so restlessly that I was scarcely refreshed with more than three or four hours sleep from day to-day.

"In August I went to Town, and by attending to the advice of a medical friend, and inhaling the sea breezes for a few weeks, the effects of my indisposition were so much subdued that I seemed to be recovering fast to a state of health I had not known for a long time; but I was still troubled with fulness in the bowels and much noise in them in the left side from wind; with pain also in the left side, and occasionally returning the food I took with acidity. I pass on to October 1819, when I first experienced pain so low in my back as about an inch from the extremity of the bone. It was excru-

ciatingly painful for about a week or ten days, when I was relieved from the extreme pain by some unknown internal cause; it was a burning, throbbing pain; my left leg was considerably affected with a benumbed pain, and I was unable to walk or stand, for even a few minutes, without increased inconvenience. By taking a medicine constantly which had been prescribed for me, I was occasionally relieved. The winter I passed under truly afflicting circumstances from increased indisposition—and your work on Strictures having fallen into my hands, I did not hesitate to conclude that I was the subject of that distressing complaint.

"It was not till Feb. 1820, when I had been labouring under a distressing cough for some time, that you again attended me; and you found my health in a very precarious state. You investigated my complicated ailments, which had reached their climax, and gave your opinion accordingly. And when I was sufficiently recovered from the effects of cough and pleurisy, I submitted to an examination which proved that the symptoms which had so long afflicted me, were only the effects of the cause you suspected, and found to be too true*—and from the use of the bougie (principally) daily, I have gradually and at last lost every uncomfortable, distressing,

* There were two strictures of the rectum.

and painful feeling and complaint to which I had been so long subject. At first I took castor-oil every morning, without which my bowels were never relieved; but as I gradually improved in health under your skilful care and unremitting attention, my bowels were in the course of a few months brought into so comfortable a state of action, that they only required assistance from medicine once in a week or ten days. The pain in my back and left leg were invariably removed as soon as the bougie was introduced, however bad it might have been before. Although what I am going to observe is in itself insignificant, yet as I have found it to be only an effect of an existing cause, I must mention it. Ever since I was nineteen years old, I have not been able to walk before breakfast without being ill all the rest of the day; and the few last years I have been obliged to have a cup of tea as soon as possible after I arose in the morning, for without it I had such a head-ache and sinking at my stomach, that I was not fit for any engagement whatever. I am also relieved from those distressing periodical pains, under which I have certainly suffered so much. The head-ache also I am now but very seldom troubled with, formerly it was almost constant. And I am now in the enjoyment of a most comfortable state of health, better than I have known for many years."

CASE XI.

A man, between forty and fifty years of age, complained that he had been ill about a year with considerable pain at the epigastric region, frequently attended with pyrosis; (water-brash;) and very often a vomiting of his food (without sickness.) He was also very much troubled with wind in the stomach and bowels, particularly at night, when he was often under the necessity of sitting up in bed a long time before he could discharge any from his stomach, when he was relieved: but very seldom passed any wind downward. His appetite was very indifferent. He was of a costive habit of body; and unless he took an aperient, he would not have an evacuation for several days: but even with that assistance, there was great difficulty and pain, particularly at the extremity of the rectum, on going to stool. He had taken a variety of medicines without deriving any particular benefit.

On examination, the sphincter ani was disposed to spasmodic constriction; the part where he experienced most pain on going to stool. On introducing a bougie, there was also a disposition to contraction between four and five inches up the rectum, but not to any great degree. He was directed to take castor-oil every night, and a bougie was occasionally introduced for some time. The

castor-oil remained on his stomach, which kept the bowels in a regular state. The vomiting ceased—the pain at the epigastric region, and pyrosis gradually went off—though he was still occasionally troubled with wind in his stomach, which, however, passed more freely downward; his bowels very seldom required the assistance of medicine.*—Feeling himself so well he left off using the bougie much sooner than I wished.

CASES OF STRICTURE

WITH HÆMORRHOIDAL TUMOURS AND PROLAPSUS ANI.

CASE XII.

The following statement was written by the patient, a married Lady about sixty years of age.

"Seven years ago, I was troubled with great pain and uneasiness about the fundament, which was supposed to arise from piles, and treated as such. I was always of a costive habit of body—about five years since, a protrusion appeared similar to the case 14 :† and indeed in that case every symptom I suffered is there described. Application was made to two eminent Surgeons, who upon examination, found an excrescence, which they agreed must be taken away by the knife, which was done, but without any particular benefit being derived from it.

* It is right to mention that the patient's stomach seemed much relieved by his taking a tea spoon-ful of carbonate of potash twice a-day.

† Alluding to a Case published in my Observations on Strictures of the Rectum.

" Two years afterwards, I was very ill in London, where I suffered the most excruciating pain ; and at last a sharp point appeared on the side of the anus, from which there was a continual oozing of matter ; Sir —— (a particular friend of mine) was called in with another Surgeon, and they determined to apply a caustic to the part from my unwillingness to have it opened with a lancet. After this, the oozing continued a considerable time and than gradually ceased. No sort of examination of the rectum was attempted, nor was there ever any idea hinted of an obstruction from stricture, until it was suggested to me, about a month ago, by Dr. B——, who said all the distress arose from that cause. And his opinion was confirmed to me by a perusal of your excellent book on Strictures, which providentially was put into my hand a few days ago.

" Ever since the time I was so ill in London the pain, and difficulty in procuring evacuations have increased, so that they can only be obtained by the assistance of medicines and injections. Going to stool is generally attended by a falling down of the gut, which often bleeds. So great is the straining when at the night-chair, that it often brings on violent head-ache. Appetite is very bad, and there is great load at the stomach after eating—distention of the bowels from wind—pain of sides, and across the bowels—great difficulty in walking, from pain and weakness—nights are restless."

On examination, I found the anus surrounded by hæmorrhoidal tumours, with a partial prolapsus ani, and a small point of adhesion—the rectum as far as the finger reached had a healthy feel; but on introducing a bougie, a stricture was discovered between four and five inches up the intestine. Castor-oil was directed to be taken occasionally and a bougie was daily introduced.

In less than a month, the passage admitted nearly a full size bougie, and the patient was almost entirely free from the distressing symptoms which she had so long laboured under; and the bowels required less medicine. There was also a diminution of the hæmorrhoidal tumours, and there had not been any prolapsus since the use of the bougie, neither any hæmorrhage.

When I first saw the patient, it appeared as if an operation would be requisite, but the use of the bougie prevented the necessity of it.

The lady being able to manage the bougie herself, returned home.

CASE XIII.

Ann Davis, aged forty, had been of a costive habit of body as long as she could remember; and about the age of fourteen, she had such an obstinate stoppage of the bowels, that it was with great difficulty evacuations could be procured. Since that period, she had expe-

rienced considerable pain and difficulty on going to stool, and was likewise very much troubled with wind in the bowels, producing great distention, so that she was often under the necessity of taking her stays off, to afford a little relief. She had been also afflicted with procidentia ani, for ten years, which followed a severe labour she had at that period ; and the complaint was gradually becoming worse. At first, the gut came down occasionally, but for a considerable length of time some portion of intestine remained constantly down.

On examination, the inner membrane of the rectum was found adhering, by distinct fibrous bands, nearly to the whole circumference of the anus, which adhesion prevented its return within in the sphincter. On the right side the inner membrane had become thickened so as to assume the appearance of a soft excrescence, resembling a mulberry in colour, and size. There was also a similar appearance on the left side, but not so large. The whole projecting surface of the intestine, had a highly vascular aspect, and though much thickened, it was perfectly soft.

A bougie was introduced into the rectum when a stricture was discovered about four inches from the anus; but the prolapsus, was too troublesome to admit of the use of that instrument. It was therefore necessary to separate the prolapsed portion of intestine from its adhesion to the sides of the anus with a knife, and to remove the project-

ing portions of it, which had formed into the excrescence like appearances above mentioned. There was no hæmorrhage after the operation—lint and soft dressings were applied, and when it was necessary to remove these, a short tent of lint covered withsoft ointment, was introduced at each dressing, until the passage admitted a bougie of sufficient length to pass beyond the stricture: which was persevered in (gradually increasing the size) till the stricture was overcome.

It was highly gratifying, to see the smooth and healthy appearance of the lower portion of the rectum, after the operation. There was not the least return of any prolapsus.

The poor woman was thus restored to ease and comfort, what she had been a stranger to for several years.

CASE XIV.

Mr. P——, thirty-nine years of age, who had been a free liver, applied to me about three months ago; complaining that he had been afflicted with the piles upwards of seven years; and for the last five, attended with prolapsus ani. The gut always came down on his going to stool; even walking, or any other exertion would often occasion its coming down also. Sometimes he found considerable difficulty in returning it, especially if he did

not succeed immediately after an evacuation. One time it remained down several days before it could be returned. The prolapsus was frequently attended with considerable hæmorrhage. The patient said the complaint had not been preceded by costiveness, as his motions were generally loose, but scanty, and often felt after an evacuation a desire to go again to the night-chair. He was very much troubled with acidity in the stomach, and almost every thing he took appeared to disagree with him. He was often sick and sometimes vomited—felt great distention of the bowels after eating, with much wind, but seldom passed any downward.

He had applied to several Surgeons in Town, and also in the Country, without deriving any benefit whatever from the various means they employed ; so that he had been under the necessity of relinquishing a very comfortable situation which he held as a Clerk, from being rendered incapable of doing his duty in consequence of the complaint.

On examination, I found the anus surrounded by soft hæmorrhoidal tubercles, with prolapsus ani ; and the lower extremity of the inner membrane of the rectum was adhering nearly to the whole circumference of the inner lining of the anus. There was also a stricture about five inches up the intestine. As the disease was too far advanced to admit of being relieved by the use of the bou-

gie, I advised his submitting to the operation as adopted in the preceding case,* and I have the satisfaction to state, that it was equally successful.

It is very much to be regretted, that Surgeons in general, do not avail themselves of the experience of that excellent Surgeon, the late Mr. Hey, in cases of prolapsus ani; as I have found the operation described in his Practical Observations in Surgery, to succeed in a variety of cases of that nature, where other means had been employed in vain, and where the patient had been led to despair of obtaining relief.

STRICTURE

WITH MORBID IRRITABILITY OF THE BLADDER.

CASE XV.

A gentleman between thirty and forty years of age, on his application to me, presented the following statement.

"About two years and a half since, I went to the late Mr. —— of Clifton, who sounded the bladder, as the symptoms I then felt led to a suspicion of my labouring under that complaint: but he pronounced the bladder to be free from stone, and the urethra from stricture: what

* When the gut was returned, there was a considerable flap formed by the integuments surrounding the anus, which required to be removed.

was prescribed afforded me very little relief. On returning from London the latter end of last May, I was dreadfully ill, having a great deal of fever, and violent inflammation. A dozen leeches were applied to the perineum, but I was no better. There was a sense of fulness in the bowels, which were evidently swollen; and sensibly aggravated after taking food—uneasiness in the rectum on going to stool, attended with great difficulty in voiding the fæces, which were generally discharged with a squirt; and after the evacuation a sensation, as though not half the fæces had been expelled. Perhaps repeated fruitless efforts to pass a stool eight or ten times a-day, with a manifest sense of constriction and tenesmus high up the rectum. Extreme suffering about the bladder and prostate gland, with ten or a dozen calls to make water during the night; and several attempts without succeeding, especially when wanting to go to stool, which was as distressing as the act of urining. The quantity voided was very small, the first portion tolerably clear, then it came off, having a turbid appearance, resembling chalk and water, followed by a dark liquid, the colour of coffee. The last mentioned symptoms were much relieved by Dr. W——'s prescription of uvæ ursi, &c. Of the different opening medicines I took, castor-oil was the most efficacious and soothing—and notwithstanding three or four

enemas were thrown up in the course of the day, still there was a difficulty in procuring an evacuation. I do not recollect having had a natural or figured stool, such as confirms the bowels to be in a healthy state, for years past.

"Having been alarmingly ill five weeks since, from my bowels becoming very much swollen, with constipation, and the abdomen sore to pressure of the hand; it was suggested to try the use of a small candle, thirty-six to the pound: and after repeated efforts the small end passed through a stricture, causing it to bleed—then a small urethra bougie was used, the evacuation afterwards was in quantity astonishing.—After this, I introduced a rectum bougie, which was extremely painful, and long before it could pass; and then with a jerk or slip, like going through a horny substance, it caused the right testis to swell immediately, and become very painful, with sickness of the stomach, so that the day after using the bougie I was very ill, and felt exceedingly sore high up the rectum, particularly after a stool of any consistency. I think the common bougie is productive of much irritation." *

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* Practitioners are highly culpable, in suffering patients in the first instance, to use the bougie themselves, where so much judgment is requisite for its successful employment. I have known several instances where the bougie had been recommended without any examination whatever of the rectum!

As soon as the gentleman was able, he came to Bath ; and on examining the rectum, I found two considerable strictures, attended with great morbid irritability of the intestine, which I have no doubt had been occasioned by the injudicious use of the bougies he had employed. The first stricture was about four inches up the rectum, and the second between seven and eight inches ; the patient was sensible of the existence of two strictures, from his having passed the bougie beyond the second, although he had not noticed that circumstance in his statement. I began using a small size bougie, and the facility with which it passed the strictures, convinced him that he must have injured the passage, by using too great violence with the common bougie. He continued to take a little castor-oil every night, and to throw up an injection of warm water and sweet-oil once or twice a day. He was also directed to take a few grains of extr. papaveris every night at bed-time. The bougie was gradually enlarged. In a short time, the gentleman returned home in a comfortable state, having been properly instructed in the use of the bougie. He, however, occasionally visited Bath, when I had the satisfaction each time to find progressive improvement. Unfortunately, soon after, imagining himself to be quite well, he omitted using the bougie regularly. At the same time he made too free in eating and drinking, with too much horse exercise,

which brought on great pain of the bowels, with distention and obstinate constipation; that there was much difficulty to overcome the obstruction. He came to me soon afterwards, when he appeared conscious of the impropriety of his conduct, and sensible of the imminent danger into which he had brought himself thereby. There was great tenderness and irritability of the rectum, but with care and attention he soon recovered his former comfortable state, and returned home.

It should be observed, the patient particularly noticed, that in proportion as the strictures had given way, the irritability of the bladder lessened, and the water became clear. And although his bowels still required the assistance of medicine, he had entirely lost that frequent ineffectual desire to go to the night-chair, and tenesmus, with which he had been so much annoyed.

STRICTURE

WITH SPASMODIC CONSTRICTION OF THE SPHINCTER ANI.

I did not receive the following Case in time for insertion in the proper place; but it is too important to omit.

CASE XVI.

"My dear Sir, "Windsor, Jan. 5, 1822.

"In compliance with your request, I now transmit you a detail of my case, as nearly as I can recollect. It

has often appeared to me, that I am naturally inclined to take on the complaint for which I applied to you: but before the year 1814, my general health was remarkably good, although I had been for many years in the West-Indies. In August of that year, I was attacked by dysentery, when in the island of Tortola, where it raged to that degree, that upwards of five hundred persons fell a sacrifice to that complaint. After reducing me nearly to death, the disorder settled into a diarrhæa, which continued nearly twelve months—from that time I have been occasionally subject to severe bowel complaints, and from what I now know, am convinced a stricture in the intestine was beginning to form. In June 1820, being then resident in Nevis, I was seized with fever, for which the usual remedies (calomel and strong purgatives) were prescribed. The fever was conquered in a few days, but the action of the medicines produced great distress—inflammation at the neck of the bladder—violent pain in the rectum, particularly about the sphincter, with discharge of blood, and great general uneasiness in the bowels, accompanied by obstinate costiveness. Soon after, by degrees, great difficulty in passing the fæces came on, accompanied with considerable pain, and about half an hour or an hour after a motion, a violent spasmodic contraction of the sphincter came on, producing

excruciating torment; which generally lasted two or three hours, and sometimes much longer: during these attacks, I found it impossible to introduce the point of a finger, which I was directed by my medical attendant to attempt, (in order to apply a liniment,) until the spasm went off. At that time the stools, when figured, which was seldom the case, were about half an inch broad, flat like a ribbon, and tinged with blood. Dr. A——, suspecting a fistula, advised an examination, when he discovered a stricture of the sphincter muscle, which produced dreadful pain; but from the manner in which the examination was conducted, the other stricture, since found out, escaped detection. The use of a short bougie, rather less than half an inch in diameter, was recommended, but it was so hard as to create excruciating torture, which I can only compare to what I should suppose would be the sensation occasioned by the introduction of a red-hot iron. —It could not be continued, as independent of pain, it brought on fever, and inflammation of the part. A course of mercury with opium was then adopted, and the mouth kept rather sore for nearly two months, without any good effect, the disorder evidently growing worse. About Christmas, I was nearly confined to my bed, much emaciated, and obliged to take from three to four grains of opium daily—hardly ever having a motion except from

medicine. Early in spring the mucous discharge, tinged with blood, which had before only followed after a stool, now became nearly constant. I was much distressed with head-ache, and rumbling of wind in the intestines, which was with great difficulty discharged. My appetite was gone, and digestion greatly deranged. I now seldom passed a motion without efforts lasting from an hour to sometimes two; the pain becoming so severe that I dreaded the idea of going to the night-chair. From Christmas the alterative medicines had been continued, but not so powerful. About March, the excessive violence of the complaint much abated, but finding the stricture did not give way, I embarked for England * in April last; where I arrived after a tempestuous passage of ten weeks: certainly in much better general health, with increased strength, having recovered flesh and appetite. In June, I came under your care, and at your first examination found a second stricture about five inches up the rectum. The bougie you passed was seven sizes less then I now use. I was recommended to take a spoonful of castor-oil every morning—the bougie was introduced daily, and

* This was at the request of Dr. A——, who recommended the Gentleman to apply to me.

from being only able to bear it about twenty minutes, I soon could allow it to remain an hour—a poppy injection eased the pain caused by removing the bougie, and appeared to me to relax the spasm. The size was increased every fortnight or three weeks, as nearly as I recollect. In about a month's time, the pain after the motions had entirely ceased. Soon after medicine became unnecesary —I regained my usual degree of strength, and became able to take exercise—my digestion, however, still continued bad, for this I took the blue pill and other medicines, which only partially relieved me. About ten weeks, I had attained the largest size long bougie, for the upper stricture, and a still larger short one for the contraction at the sphincter. I now find that part of the intestine which was the seat of the upper stricture presents no interruption to the long bougie, which I can myself introduce, and keep in one or two hours without any pain or inconvenience.—The short bougie still gives some pain at its introduction, but all uneasiness goes off in a few minutes. My general health is now as good as ever I remember it to be—I am able to take exercise, and live just as other people do. Indeed, I may now say, you have succeeded completely in conquering in my own case this distressing and dangerous disorder. Be assured, I shall always feel grateful for the unremitting attention and

ability which have enabled you to confer the blessing of health on,

Dear Sir,

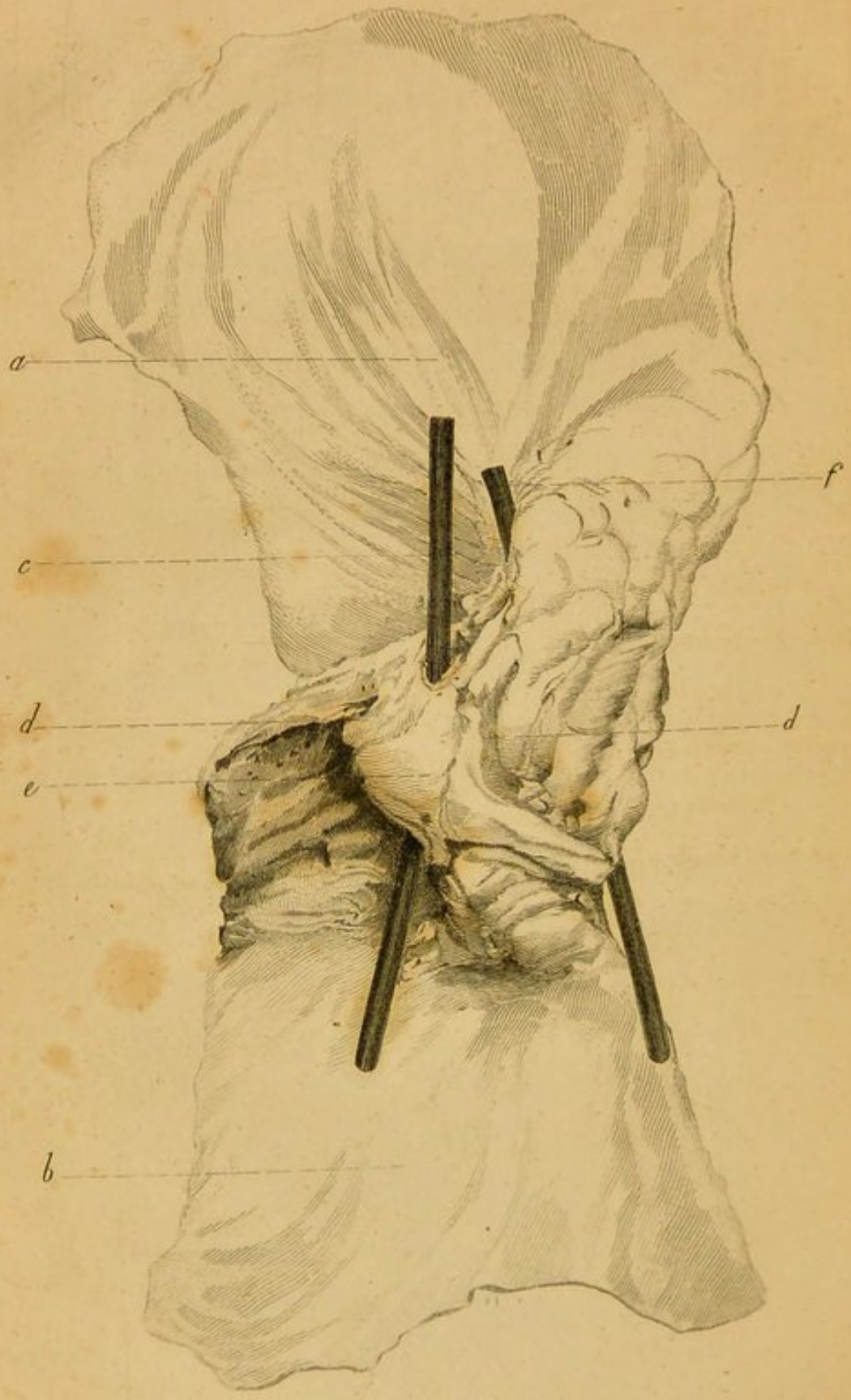
Your very obliged and obedient Servant,

G. C. F———."

Mr. F——— having described his case with so much accuracy and minuteness, renders any further statement unnecessary. I would, however, just observe, that the spasmodic constriction of the sphincter ani, appeared to be accompanied by that deviation from the natural structure of the part, which has been already noticed; and which might probably predispose the muscle to that affection.

FINIS.

H. GYE, PRINTER, MARKET-PLACE, BATH.


a
f
c
d
d
e
b

EXPLANATION OF THE PLATE.

(FOR CASE I.)

A....The internal surface of the colon.

B....The internal surface of the rectum.

C....A small bougie passed through the strictured part.

D D....The peritoneal and muscular coats divided, which were considerably thickened.

E....The inner membrane, not divided, for the purpose of showing the extent of the stricture.

F....A small bougie passed through the opening into the cavity of the abdomen.