

A letter to Sir Walter Farquhar, bart. on the subject of a particular affection of the bowels, very frequent and fatal in the East-Indies.

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A 8
LETTER
TO
SIR WALTER FARQUHAR, BART.
ON THE SUBJECT OF
A PARTICULAR
Affection of the Bowels,
VERY FREQUENT AND FATAL
IN THE
EAST-INDIES.

LONDON:
PRINTED FOR T. CADELL, JUN. AND W. DAVIES,
IN THE STRAND.
1801.

[R. Noble, Printer, Old Bailey]

L. E. T. H. R.

TO

SIR WALTER FARQUHAR BART.

A PARTICULAR

Affection of the Horse.

VERY FREQUENT AND FATAL

IN THE

EAST-INDIES

By J. G. FARQUHAR, Esq. of the Middle Temple.

IN TWO VOLUMES.

1804.

Printed by J. G. FARQUHAR, at the Press of J. G. FARQUHAR, in the Strand.

LETTER

TO

SIR WALTER FARQUHAR, BART.

DEAR SIR,

IT is in consequence of the conversations which I have had with you since my return to this country, and of the favourable opinion you were pleased to express on the subject of the manuscripts which I submitted to your perusal, that I have been encouraged to revise those papers, and, for the present, to extract from them some account of that Disease, which appeared to you, as it has done to myself and others, so singular and extraordinary. The facts relating to it I cannot but consider as of some importance; and it is from a conviction of their utility, that

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I have presumed to offer them to the public. In doing this, I am desirous, as you see, of drawing some advantage from the interest which you have taken in the matter; and, by connecting a name so deservedly known, with the subject of the following observations, I am willing to ensure to them whatever little attention it may be in my power to obtain. This mode of communication, which a natural diffidence and sollicitude have, on the present occasion, induced me to adopt, respect and gratitude to you might otherwise incite; and if what is here offered to the world, had a better claim to notice, in prefixing your name to a tribute more worthy of your acceptance, I should be happy in a public opportunity of acknowledging the many obligations which I owe to your friendship.

I do not know that what I have to say on the subject of this letter will appear so important and new to others, as it does to myself; but, indeed, Sir, I am greatly deceived, and I am unconscious of being so, when I intrude upon you, and through you upon the public, if the singular disease which I am about to describe to you, has ever found a place in any of our medical records. If there really is any account of it to be met with in any writer, I have hitherto unfortunately sought for it in vain.

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The disease of which I speak, and which is by much the most acute and fatal I have met with in India, is an Inflammation of the Colon, attended, from the beginning, with a severe fixed pain above the pubes; with extreme difficulty of making water, and frequently an entire suppression of urine. There is, at the same time, a violent and almost unceasing evacuation from the bowels of a matter peculiar to the disease, and which I cannot describe more correctly, than by observing that it exactly resembles water in which raw flesh had been washed or macerated. There is always a very high fever, with unquenchable thirst and perpetual watchfulness. The pulse is extremely hard, frequent, and strong, resembling that which takes place in the highest degree of Pleurisy or the most acute Rheumatism; and there is a burning heat in the skin, which leaves a sensation on the finger, as if it had touched a piece of heated metal.

The fixed pain above the pubes, together with the peculiar evacuation above described, and the suppression of urine, may be regarded as the diagnostics of this disease, which will, on every occasion, sufficiently distinguish it from all other disorders of the intestines. These three leading symptoms are so constant and invariable, that,

having always found them existing together when I was first called to see the patient, I had often great difficulty in ascertaining the exact order in which they arose; for the first approaches of disease are either disregarded or not accurately marked by the persons affected. Some of the patients told me that the fixed pain and purging began at the same time; others, that the pain preceded; and others, that they had been suddenly seized with a purging, which, after a few hours' continuance, was followed by the fixed pain and stranguity. This last, though a constant, is, no doubt, a secondary symptom, depending on the previous affection of the colon. But with respect to the fixed pain and evacuation, they appeared, in all severe cases, to have begun so nearly at the same time, that I could not determine with precision, which followed or which preceded the other.

There is frequently a severe Tenesmus. But as this is not a constant attendant of the disease, and as it chiefly occurs in the advanced stages of it, I have, for that reason, not spoken of it as a leading symptom. One of the most remarkable circumstances attending the Inflammation of the Colon is, that there is never any griping, such as takes place in Dysentery, but only a fixed and pungent pain confined to one spot, either immediately
above

above the pubes, or a little towards the right or left ilium. The strangury, or suppression of urine, which takes place at the same time, is invariably found to increase in proportion to the severity of the evacuations, whether there happens to be Tenesmus or not. These evacuations, it is to be observed, are not only peculiar and distinct in their appearance from what occurs in Dysentery and other fluxes, but they are ejected with extreme violence, as if by an extraordinary and unremitting effort of the bowels.

All the symptoms attending this Inflammation are in the last degree acute, and occasion a state of unremitting pain and watchfulness, in the midst of which the patient seems to suffer still more from sadness and despondency, to which he generally gives way from the beginning. He weeps incessantly, and rolls about in his bed with an anguish and distraction of countenance, which it is difficult to describe. Yet there is very rarely any delirium till near the approach of death; when the patient sometimes sinks into a short slumber, with his eyelids half shut, from which he suddenly starts, with violent and frantic screams. But he becomes immediately sensible, on being spoken to by those about him. This happens in severe cases, and in all situations where opium has been inju-

injudiciously administered. In cases where the patient has been largely bled at the beginning, there is little or no delirium, and more tranquillity and composure towards death.

In the advanced course of the disease, the neck, breast, and arms are generally covered with a pimply efflorescence; and, as the patient sinks, the burning heat of the skin is succeeded first by large drops of sweat on the forehead, and shortly after by profuse perspirations and clammy sweats on the extremities, which become as cold as marble, while the parts about the præcordia are still dry and burning. A very small fluttering pulse is still felt at the wrist, after the vital warmth of those parts is entirely gone. It is now that the respiration is observed to become extremely laborious, and interrupted with deep and frequent sighs. The tongue, which in the height of the fever was white and furred, now becomes perfectly black. In this stage of the disease there is sometimes observed a remarkable dilatation of the pupil of the eye, and the patient, who is still sensible, sometimes mentions that all the objects around him appear much larger than natural.

Of a disease thus violent in all its symptoms, it may easily be supposed that the duration cannot possibly

possibly be long. Its course is found to be more or less extended, according to the circumstances in which it arises. It is most frequent during service in the field, and it is felt here with additional severity. In the distraction and inconvenience of a camp, the quiet and accommodation which sickness requires cannot be obtained, and the patient is unavoidably exposed to many things which aggravate his illness. Here I have found the disorder terminate fatally on the fourth, fifth, and sixth day from its commencement. In situations more favourable to the quiet and comfort of the patient, it almost always terminates between the tenth and fourteenth day; and in no instance where it ended fatally, do I remember to have seen it protracted beyond the twenty-first day from its commencement. In some few instances the access of Gangrene shortens its ordinary period.

It has nothing in it of a contagious nature, though in certain situations it becomes epidemic. It is chiefly confined to peculiar habits, and young men of a blooming and florid appearance are especially subject to it on their first arrival in India. Those who have been seasoned to the climate are much less so, and it very rarely affects the aged, the infirm, and valetudinary.

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It is thus, from the particular circumstances in which it arises, that this disease, which is always violent in its nature, is rendered still more afflicting and fatal. Its invariable course in attacking those in the flower of youth, and on their first arrival in India, is of itself a very lamentable and aggravating circumstance: as unseasoned young men are the least able to contend with sickness in a hot climate, and as they feel most sensibly the irksomeness of a new situation, they are the most apt to give way to that dejection of mind and despondency which invariably attend this disease, and which have no inconsiderable influence on the event of it. Let it be remembered too, that depression of mind is felt in an extreme degree from the effects of intense and unremitting heat, and that none experience this so much as young men who have been suddenly reduced from a state of perfect health and vigour. They generally abandon themselves to sorrow and despondency, and lose all hopes of recovery from the beginning.

I shall next describe the appearances as they presented themselves upon opening the bodies of those who died of this disease. Immediately under the spot where the fixed pain had been felt, a portion of the colon was always found to have been affected with severe inflammation and
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its consequences. It was very much thickened, eroded and ulcerated; and these appearances, which were always most remarkable in one particular part, were in a less degree extended through the whole tract of this intestine, as well as of the rectum, especially where there had been much Tenesmus. In those cases where an emphysematous swelling took place before death, the colon was found either wholly or partially mortified. But this did not often occur, although in every case which I had an opportunity of inspecting, the effects of inflammation were farthest advanced in the part or parts where the fixed pain had been felt. For, it is to be observed, that though in most instances the patients only complained of a pain in one particular spot, yet, in some others, and generally in consequence of blistering, the pain shifted from its original seat to some other portion of the colon, which, in this way, became successively affected; and these portions were always in a more diseased state than the intermediate parts. In most cases, the effects of inflammation were confined to the colon and part of the rectum. In a few instances they were extended to the small intestines, mesentery and peritonæum, though in a much less considerable degree, and I have never found these parts, like the colon, thickened, eroded, or ulcerated, or in
a state

a state approaching to gangrene. They were only affected with a preternatural redness and fulness of the vessels, and there were some morbid adhesions. It was otherwise with respect to the omentum; for, in all those cases, where besides the fixed pain, there had been felt a sense of soreness and tenderness over the whole abdominal region, and where retching and vomiting had occurred, the omentum was found in a more diseased state than even the colon, and it was, in some instances, quite dissolved into a putrid mass.

I have also found, though not often, the liver affected, and with portions of white matter of the size of a bean dispersed through its whole substance. The gall bladder had nothing morbid or particular, and I have met with no traces of inflammation in the urinary bladder, notwithstanding the severe symptom with which this organ is affected through the whole course of the disease. I think I have observed, (though I do not presume to give this as an absolute fact, but only mention it as a circumstance requiring further illustration), that, in those cases where the suppression of urine had been most severe, the lower part of the colon was chiefly affected; and where the above symptom had been less considerable, the seat of inflammation was principally confined

confined to the superior arch of the colon. The stomach, I have never found in the smallest degree diseased, nor the spleen, though others have sometimes found this last organ affected.

As the affection of the omentum is so remarkable a circumstance, and as it is in some instances distinctly marked from the beginning of the disease, I shall relate one case of this more at length.

James Price, a young man of 24 years of age, was suddenly attacked with a fixed pain at the bottom of his belly, attended with severe and frequent evacuations and suppression of urine, but without any Tenesmus. He had a very high fever, and a burning heat in his skin, with continual thirst and watchfulness. The pain at the bottom of his belly was felt on both sides towards the ilia. Though he chiefly complained of this, he constantly told me, that there was a forenefs over the whole belly, and an uneasiness under his stomach and short ribs, which he did not know, as he said, how to describe, but complained of it as very intolerable. In the advanced course of his illness, he had constant retching and vomiting. He died on the 10th day from the commencement of the disease.

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On opening his body, after having made an incision through the peritonæum, I found a great quantity of a perfectly white matter occupying nearly the whole cavity of the abdomen. There were several white incrustations formed on different parts of the surface of the intestines, and several morbid adhesions. Towards both ilia, the colon was very much thickened and eroded, and though the other parts were less affected, the whole gut was in a diseased state, and its interior coats were either ulcerated, or had been abraded. The small intestines were in different places affected with a preternatural redness and turgescence of the vessels; but here there was no thickening of the parts, nor any erosion, and the interior coats were perfectly sound, as I have found them in every other instance. The liver, rectum, stomach and urinary bladder, were all perfectly free from every morbid appearance. But the omentum was diseased through its whole substance; and in those parts nearest the liver and stomach, it was dissolved into a black and mortified mass. This state of the omentum accounts for the pain and uneasiness under the short ribs, which at one period might have been mistaken for an Hepatitis. It also accounts for the constant retching and vomiting.

It will readily be observed, that several of the appearances which I have described, resemble those that arise from Dysentery; and yet, in my opinion, no two diseases can be more distinct in their nature and circumstances, than what is here described, and the Dysentery of authors. The most constant and invariable attendant of the latter disease, is severe griping. But here, there is never any griping whatever, and only a fixed and pungent pain, which is as distinct from the Dysenteric Tormina, as the pain in Pleurisy or Hepatitis. The suppression of urine, which is a pathognomonic in the disease here spoken of, has never, so far as I know, been considered as a symptom in Dysentery. In the latter too, Tenesmus is a more constant attendant, and the small intestines are always found more affected than in the former. The true Dysentery generally begins with sickness at the stomach. But here there is no sickness at stomach in the beginning, though this symptom sometimes occurs in the advanced course and latter end of the disorder, and, agreeably to what I have seen, in those cases only where the omentum is affected. In the inflammation of the colon, the alvine fæces are never retained or discharged in the form of scybala, as occurs in Dysentery; besides, that the evacuations are altogether distinct and peculiar, and such as I have
never

never 'seen in any other bowel complaint. Dyfentery is sometimes contagious ; but the disorder here spoken of, though frequently epidemic, is never contagious. The former too is of uncertain duration, and, as far as my observation goes, is more frequently of a chronic than an acute nature. The latter is in the highest degree acute, and distinguished as well by the peculiarity as by the extreme violence of its symptoms ; by the rapidity of its progress, and by a fixed course which is less subject to variation than that of almost any other disease which I am able to name. In no other bowel complaint have I ever observed a train of symptoms so constant and invariable. One or two cases, indeed, I have met with, where the strangury or suppression of urine was wanting. But from all that I have seen, I believe examples of this are as rare as that of an acute inflammation taking place in the liver, without producing a pain in the right shoulder.

It has been found, that those are most subject to Dyfentery whose habits are already affected with a scorbutic taint. But it is quite otherwise with respect to this affection of the colon. During the siege of Seringapatam in February and March 1792, many of the soldiers were afflicted with a scorbutic disorder. These were men who
had

had been long in India, and whose constitutions had been much impaired. Several of them had dysenteric fluxes, but none of them were affected with this particular inflammation of the colon, though it made great havoc among others. It was chiefly confined to the recruits of the season, and to those especially among them of the most blooming and florid appearance. Its victims were the finest young men in the army, and generally between the age of eighteen and twenty-five.

Having endeavoured to point out how essentially this disease differs from Dysentery, it seems hardly necessary to mention how widely also it differs from Entiritis, with which it is less likely to be confounded; as the Entiritis is an affection of the small intestines, and is always attended with a bound-belly, and with a pulse of a distinct and peculiar kind.

It may be proper here to advert to a distinction of some importance. In the disease which has been described, I have considered the affection of the colon as the leading and primary cause of all the other symptoms, which discovers itself from the first by a fixed and pungent pain above the pubes, accompanied with a strong inflammatory fever. But besides this primary affection,

tion, in which the fever and all other symptoms run very high, there is in many of the fluxes of India, a secondary and symptomatic inflammation of the colon which did not exist at the beginning of the complaint, but comes on in the advanced stages of it, and is occasioned either by improper treatment, or by the violence and obstinacy of the disorder itself. Of this distinction I shall have occasion to speak more fully afterwards, and to state the importance of attending to it in the treatment of all bowel complaints in India. In the mean time, I may observe, that when the disease appears in this secondary form, that is, when it comes on in the course of a flux, although the symptoms are nearly the same as have been described, they are less acute and dangerous than when the colon is affected in the first instance.

I shall now proceed to mention that method of treatment which experience has pointed out to me as the most useful in this disease.

In the first place, I must observe, that all strong purgatives do irreparable mischief, and that they are generally hurtful in proportion to the severity of the symptoms. In cases where these run very high, I am doubtful whether even
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the mildest laxatives can be given with safety. Let it be remembered, that the spontaneous evacuations are here very severe, and that the alvine fæces are never retained, as in Dysentery; that the bowels are constantly stimulated into the most extraordinary efforts. That, in fine, some portion of the colon is in a state of very high inflammation, or already ulcerated, and that this affection appears evidently to become deeper and more extensive from all further irritation. Under circumstances like these, what good can we expect from purgatives? There is nothing in fact to discharge besides what is continually thrown out by the preternatural efforts of the bowels, which are so severe and unremitting, that it becomes the principal object of cure to mitigate and restrain them. It is in this way only, agreeably to what I have seen, that we can prevent the increase of that morbid affection of the colon, which, even in situations where it was inconsiderable at the beginning, will, from further irritation, become incurable.

In what I have said of the hurtful effects of purgatives, I do not advance any theoretical opinion. When I first met with this disease, I was altogether ignorant of its nature; and being uncertain of my way, and having no lights to guide me, I began by treating it as a Dysen-
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tery with purgative medicines ; and I was only induced to abandon this mode of treatment, from the fullest conviction of its prejudice and inutility. I observed that purgatives, especially where they acted with any degree of violence, always increased the pain at the bottom of the belly, and that, without mitigating any other symptom, they prematurely sunk the strength of the patient, and thus lessened the chance of his recovery. In some cases too, I found that they brought on a Tenesmus, when this did not exist before, and, in short, the more I saw of this disease, the more averse I became to the use of purgatives.

The mode of treatment which I found to answer best, especially in the height and violence of the disorder, was extremely simple, and consisted merely in the frequent repetition of emollient and anodyne glysters, together with constant warm fomentations of the belly, and the use of mild and diluent drinks. In this way the pain and strangury were somewhat abated ; the evacuations moderated ; the Tenesmus relieved or prevented, and the condition of the patient rendered somewhat more tolerable ; which was the utmost I was able to accomplish where the symptoms were very severe and urgent. The fixed pain was generally relieved by the application of a blister, but it almost always shifted to some other portion of the colon;

colon; and as blistering interfered with the more permanent relief afforded by fomentations, I was, on this account, obliged to discontinue its use.

Blood-letting is of essential service in moderating the fever and inflammation, especially when it is practised early. But although I have carried this to as great an extent as I could with safety, I have never found that blood-letting by itself will cure the disease, and I consider it as chiefly useful, as it prepares the way for opium, which, in every situation where it can be given, is the best remedy.

It has been well observed by Boerhaave, that "he knew no remedy for any disease, but what only became so by its seasonable use." The truth of this valuable remark, (which is so unfavourable to the pretensions of those who practise on the weakness and credulity of mankind), will not be contested by any person who has had experience in the treatment of diseases. It is no where more true and applicable than it is with respect to the use of opium in the disease here spoken of. In the height of the fever, and while the skin is hot and dry, opium always does harm. Instead of composing the patient, it still further agitates and disquiets him; and if in this situation

it is injudiciously persisted in, it gives rise to a fixed delirium which cannot afterwards be removed. It is only in the very beginning, when the patient first complains of the fixed pain and stoppage in his water, or in cases where the fever is less considerable, or after the urgent symptoms have subsided, that opium can be given with any prospect of success; and it is in these situations only that I have seen it of the most essential service. Even in the last stage of a violent disease, although here there was every reason to suppose that the colon was so deeply affected as hardly to admit of any remedy, I have sometimes seen the use of opium attended with the happiest event. I shall here relate one of the first cases of this which I met with.

John Strobond, a foldier, and native of Germany, a stout young man, of a dark complexion, was attacked with an acute and pungent pain above the pubes, attended with a suppression of urine, a strong and burning fever, and an evacuation of a matter resembling the washings of flesh. He had also a severe Tenesmus. His extremities at last became cold, and were covered with clammy sweats. His respiration grew laborious, and he rolled about incessantly in his bed, much agitated, but without any delirium.

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In this situation I had recourse to opium as a palliative, and not expecting that this or any thing else could effect a cure. Finding that it agreed well with him, I gave him a grain every hour, till he had taken seven grains. It did not in the least affect his head, and I continued to repeat the medicine at intervals. It entirely stopped the discharge from his bowels for some days, and his first evacuations afterwards were mixed with a white matter, and of a thicker consistence. During the use of the opium the clammy sweats disappeared, and the natural warmth returned to his extremities. He got perfectly well, though his bowels continued for a long time very weak and subject to irregularity. It was in this way that opium produced its favourable effects, when it did any good. Yet it has too often disappointed my hopes; and such is, unhappily, the fatal nature of this disease, that of those whom at different times I have seen affected with it, by much the greater number have sunk under its severity. A few extraordinary recoveries indeed I have met with, even from the most desperate situations. But these recoveries were altogether unexpected by me; and although to myself they appeared to be chiefly, if not wholly, owing to the use of opium, yet as opium did not succeed equally well in other cases which were apparently similar, I
know

know not that I can wholly ascribe to the aid of this medicine what may be more justly due to the resources of nature. Much, no doubt, is here owing to the powers of particular constitutions ; yet experience will not warrant me in saying, that these constitutions could have struggled through the disease without the assistance of opium. For although many died where opium was given, I have never seen any one recover without it.

On the first approach of the symptoms, if we could take the disease in this situation, I believe that it might be checked with seasonable opiates ; and I have seen some cases, the result of which confirms me in this opinion. But it unfortunately happens, that patients seldom apply for assistance till they are very bad. During the violence of the symptoms very little can be done ; and when these subside, the colon is in general so completely diseased, as to be past all remedy. From all that I have seen, this extensive and irrecoverable affection of the colon, is principally occasioned by the severity of the purging, and by the preternatural action of the bowels which attends it. To prevent, and to moderate these, as far as circumstances will admit, is, in my judgment, the great object to be aimed at, and is, indeed,

deed, indispensable towards effecting a cure. The advantages of this mode of treatment in all situations where it is practicable, will further appear from a consideration of what follows.

I have already taken occasion to observe, that during the course of several fluxes in India, the colon is subject to an inflammation, which, the better to distinguish it from the disease which has been described, I have called a secondary or symptomatic inflammation, because it evidently supervenes upon another disorder. In this case, although the symptoms are less acute than where the patient's illness originally began with a fixed pain at the bottom of the belly, yet if this symptomatic inflammation is either neglected or improperly treated, it will in the end prove as certainly mortal, as when the colon is affected in the first instance.

The following is the ordinary course of things where this symptomatic inflammation comes on.

A person is at first affected with a slight looseness or diarrhæa, which for some days perhaps he pays no regard to, as it gives him little pain or uneasiness. As the purging increases, or simply continues, griping pains are felt; and now the
evacuations,

evacuations, which before differed but little from the natural discharges of the bowels, are found to consist more of mucus, and are generally streaked with blood where they are preceded by much griping. Some degree of Tenesmus is now felt, but still there is little or no fever. If in this situation the patient happens to be exposed to cold or damp: if he lives irregular, or is treated with drastic purgatives: if, in short, from any cause whatever, his bowels are further irritated and stimulated into more violent action; his evacuations, in proportion to their frequency, become thinner and more bloody, and a tension is now felt at the bottom of the belly. This is followed by a fixed pain in some particular spot in the tract of the colon. The griping ceases entirely, but the fixed pain is always attended with more or less difficulty in making water. There is now continual thirst and watchfulness, with a hot and dry skin, although the fever, in these circumstances, never runs so high as where the colon is affected in the beginning. But the situation of the patient is very critical, and if he is not immediately composed with anodynes; if the speediest means are not used to mitigate the pain and the severity of the evacuations, his life is in the utmost danger.

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In this state of things, after I became better acquainted with the ordinary course and nature of the disease, I employed no purgatives, having seen them do harm in every case, where, instead of griping, there was fixed pain at the bottom of the belly: and this was the criterion which guided me. For wherever the colon appeared to be affected, that is, wherever the griping ceased, and the fixed pain arose, with its concomitants, I was careful to abstain from all further irritation. My first object was to quiet the patient with anodynes; which, if they agreed with him, I repeated at intervals, till they produced the desired effect. If, in this way, I succeeded in composing the bowels and checking the evacuations for some days, without materially increasing the fever or affecting the head, the patient did well. His bowels were relieved with mild injections, and the evacuations were now found to be of a thicker consistence, and intermixed with a white matter. In some instances where opium disagreed, or could not be given in sufficient quantity without affecting the head, I have found, from constant warm fomentations to the belly, from the frequent use of emollient and anodyne glysters, and from mild and diluent drinks with only an occasional opiate, that the disease, instead of getting worse, gradually put on a chronic form, and the patient recovered.

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In this way the affection of the colon may be relieved, when it comes on in the course of an ordinary bowel complaint, as frequently happens. And in every case where it appears, that is, in every case where the griping ceases, and is followed by a fixed pain above the pubes, we ought to be fully aware of the danger of giving any further irritation to the bowels, for all the symptoms will become more and more acute, in proportion as the intestines are irritated by purging medicines. These, when they operate with violence, will sometimes bring on the complaint in cases where it did not exist before. Once, in the case of a simple cholera, where a strong cathartic had been most injudiciously given, I saw the colon in consequence affected with an inflammation, which, in the course of a few days, destroyed the patient.

There is, perhaps, no disease where more constant watchfulness and solicitude are necessary to guard against any sudden increase of the symptoms, which, when they rise to an unusual degree of severity, are hardly to be mitigated. During cold and wet nights I have often had occasion to observe the disease, where it was before moderate or had suffered an abatement, to increase suddenly to a most alarming degree. I have left the patient
easy

easy and composed late at night, and have found him early next morning, reduced, from a sudden exacerbation, to a state of the most imminent danger, and after this severe attack it is found impossible to restore him to his former condition. The colon is now irrecoverably affected, and all the symptoms depending on it are increased in proportion. This is especially to be remembered in all those moderate cases, while the means of cure are yet within our reach. In every situation where the patient is relieved by opiates, by fomentations, by emollient and anodyne glysters, these cannot be safely discontinued, for even a short space, till he is entirely out of danger. For any return of the violent purging, by increasing the diseased state of the colon, will frequently put it out of our power to afford him any effectual relief. Even after his recovery, he ought not to be dismissed immediately from our care, nor be permitted to return to the exercise of his duty for some time, during which every attention must be paid to the state of his bowels, till their tone and regularity are in some measure re-established. Till this is accomplished, there is always great risk of a relapse, from any exposure to damp or to fatigue, or from any irregularity in the first passages. Such returns of the disease, I have had occasion to observe, were frequently more severe than the first attack ;

attack; and young men of a delicate conformation are very subject to them, if they are discharged too soon, or in any respect neglected in a state of convalescence or imperfect recovery. When, at last, they return to their duty, care should be taken to examine them from time to time with respect to the state of their bowels; and it ought always to be remembered that the severest kind of this disorder is that which supervenes on a state of costiveness, to which those who have been already affected with bowel complaints, or who have lately arrived in India, are particularly subject. Whenever the affection of the colon appears, or any tendency towards it, (and it discovers itself from the first by the most unequivocal symptoms), we ought always to keep in mind the extreme danger of irritating the bowels by drastic medicines. It were better, in my opinion, to leave things entirely to their own event, than, by exasperating the symptoms and prematurely sinking the strength of the patient, to diminish what little hopes of recovery we are still fain to look to in the worst cases, from the powers and resources of the constitution.

From all that I have seen of the ordinary course of the complaint, I cannot but earnestly urge and recommend the strictest attention to the precautions

tions which I have now stated. As we unfortunately can do so little for the relief of the patient during the height and severity of the symptoms, the greater care and vigilance are required at our hands to guard against every circumstance which may have an influence in bringing them on or in aggravating them; or which may occasion a relapse from a state of apparent recovery, or a fresh return of the disease after it has been entirely removed. A guarded attention to these precautions will, in some measure, compensate the imperfection of art; and we shall, in this way, be frequently enabled to prevent the disease and obviate the rise of its severer symptoms, as far, at least, as a knowledge of the circumstances connected with its history, can enable us to attain so desirable an object.

I am aware that some exception may be taken against the use of opium in a disease of that violent and inflammatory kind, which has been described. Let it, however, be remembered that, far from recommending opium indiscriminately, I have carefully restricted its use to particular circumstances of the disease, and have stated how prejudicial it is in other stages. Instead of speaking of it as a general remedy to be used at all times, I have only described those situations in which

which I have found it of infinite service, and where, in my opinion, the patient could not possibly have recovered without it. Some eminent practitioners, with whom I have conversed on this subject, have chiefly objected to the use of opium on the idea that most bowel complaints in India are connected with obstructions in the liver, spleen, and mesentery; and it is certain that this is frequently the case in those who have been long in the country. But it must not be forgotten that this particular affection of the colon is chiefly met with in young men on their first arrival in the East-Indies, and that, in such constitutions, little is to be apprehended from visceral obstructions, till after a longer residence in the country. In confirmation of this, I may here take notice of a fact, with which I have been frequently struck, and which deserves attention. I have never met with a liver complaint in any person immediately after his arrival in India, nor, in general, have I seen the liver affected in any situation where the bowels had not suffered from previous indisposition: and notwithstanding the Hepatitis has been considered as the peculiar and principal disease of the Coast of Coromandel, the liver is not so immediately affected by the climate, as the intestinal canal. It is in consequence of loss of tone, irregularity, and disorder in the
bowels,

bowels, that the functions of the liver are first disturbed, and that this organ becomes subject to inflammation and obstruction. To this fact I have never met with a single exception among all the recruits, who, at different times, fell under my care on their first arrival in the East-Indies. Certain it is, however, that many bowel complaints, in those who have been longer exposed to the climate, are attended with obstructions in the liver, spleen, and mesentery: and as mercury has been found so efficacious in these cases, it has also been tried in the disease which is the subject of this letter. I have been assured by persons of much experience, that they had sometimes succeeded in removing it by mercurial frictions, and that this answered best in the beginning after copious blood-letting. In the cases where I tried it, I thought it sometimes alleviated the symptoms. But I have never seen a cure effected by its use, and want of success induced me to lay it aside.

In what I have said of the hurtful effects of purgatives in this complaint, I have only communicated the result of my experience, which forced me to depart from that mode of practice with which I began. And although the result of this experience, with respect to the event of severe cases,

cases, has not been very fortunate and satisfactory, it has confirmed me in the opinion that the patient, even in the worst situations, always does best when the bowels are not irritated with purging medicines. Fully satisfied, from every observation, that the diseased state of the colon becomes worse and worse from the continuance of the purging; that the symptoms are sensibly aggravated from every increase of it; and fearful of adding to this, I will not affirm that an apprehension of doing harm may not, in some instances, have led me into error. Yet what is here stated is the result of the most deliberate judgment which I have been able to form on the subject: and if it shall be found that this disease (hitherto unknown from any written account of it) has been faithfully described, and the circumstances in which it arises, correctly stated; if the importance of watching its early approach has been properly pointed out; and the necessary care for preventing its return: it will not, I hope, be thought that, though often unfortunate in my endeavours to relieve it, I have been less attentive than I ought to the means of cure. I shall, at least, retain the satisfaction of knowing that I have done my best to warn young and inexperienced practitioners of the extreme danger of this inflammation, and to enable them, in all situations, to distinguish it from

from every other disorder of the intestines. To those young men who are preparing to go out to India in the medical profession, a knowledge of the facts here stated may be of some importance; and to them it cannot be deemed unseasonable in me to offer what, in their circumstances, I should have gladly and thankfully received.

FRA. DUNCAN.

26th June,
1801.

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