

## **Scirrhus or malignant disease of the rectum / by Alden March.**

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# SCIRRHUS

OR

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## Malignant Disease of the Rectum.

BY ALDEN MARCH,

ALBANY, N. Y.



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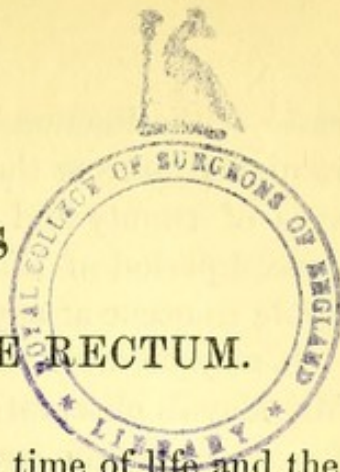
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# SCIRRHUS

OR

## MALIGNANT DISEASE OF THE RECTUM.



It is a matter of some interest to notice the time of life and the sex in which this affection is most often to be met with.

Before giving the result of my own observation, it will be proper briefly to refer to book authority.

1st. *Time of Life*.—Prof. Miller, in his "Practice of Surgery," says: "Malignant stricture, or scirrhus contracted rectum, is by no means uncommon in the aged."

Pirrie, in his "System of Surgery," does not notice the age or sex of persons liable, or most prone to, malignant stricture of the rectum.

Prof. Gibson, in his "System of Surgery," vol. 1st, page 195, remarks: "Like most other cancerous affections (malignant disease of the rectum), seldom occurs, except in persons advanced in life."

Bushe, on diseases of the rectum, says: "Those about, or a little above, the meridian of life, are most liable to cancer of the rectum;" but adds, "no age is exempt from it."

Macleod, in his "Surgical Pathology," remarks: "Malignant disease (of the rectum) is a very rare affection of young persons."

From the few authors thus consulted upon this affection, in relation to the time of life or age at which it is most commonly developed, the middle and after periods of life are regarded as the most prone. But as an offset to the above, we quote from the voluminous work of Prof. Gross, and from Mr. Herbert Mayo, of Middlesex Hospital, London. Prof. Gross, in his "System of Surgery," remarks: "I have observed several instances in young adults, and a case has been reported of ulcerated cancer of the rectum in a child aged twelve years." He adds, "One of the very worst examples of carcinoma of the anus that I have ever seen, was that of a young man scarcely twenty-two years old." Again the same author remarks: "My opinion is that scirrhus in both these locations (ano-rectal regions) is much more common in young persons than is generally supposed."

Mayo, in his monograph, "Observations on Injuries and Dis-



eases of the Rectum," says : "I have seen it (cancer of the rectum) in one instance at the age of twelve; most frequently between the ages of twenty and forty, but hardly less often at a more advanced period of life." He further remarks : "This complaint is liable to occur at any period of life."

It may be well to state, that Middlesex Hospital, the field of Mr. Mayo's observations, has a department endowed and set apart for the reception and treatment of patients afflicted with cancer, so that a great number of persons suffering from carcinoma apply at that institution for admission and relief.

According to our observation and experience, malignant disease of the rectum and anus is most often found at the middle or somewhat advanced period of life. Upon this point we have no statistics to present, but such is the impression on recalling to mind a large number of cases.

2d. *The sex most liable.*—Bushe, in his treatise on diseases of the rectum, says, from his examination of published cases, he finds that women are most commonly its victims.

Prof. Gibson says : "Cancer of the rectum is more common among women than men."

Ashton, on "Diseases of the Rectum," says : "Malignant disease of the rectum is more frequent in females than in males."

Mayo remarks : "Cancer of the rectum, like other affections of this part, is more frequent in women than in men."

This does not accord with my observations, neither as relates to cancer, nor to the more common affection of *Fistula in ano*, having operated on the male for relief of the latter disease twice where I have once in the female; and as to the former, I have seen two cases in the male since operating upon the patient whose case I am about to report.

3d. *Cause.*—I will not occupy the time of the Society, in attempting to assign the cause or causes of this fearful malady. There may be predisposing and exciting causes, but precisely what they are we can only conjecture. The disease is developed in the apparently healthy, as well as in the unhealthy; in the vigorous and robust as well as in the feeble; in the active as in persons of sedentary habits. As an instance of the disease attacking a vigorous, healthy and active male, even at an advanced period of life, we have but to direct the attention of some of the older members of this Society, to the case of our late member, Dr. Samuel McClellan, of Rensselaer county ; a notice of which may be found



in the published transactions of this Society, in connection with his memoir, as communicated by the late and honored member, Dr. Thos. Blatchford, of Troy, at its session in 1857.

Dr. McClellan practiced physic and surgery for nearly forty-five years, and for the most part of that period, it was an extensive and laborious practice, which his uncommonly well developed physique enabled him to pursue, until within nine months of his death, which was caused by the painful and deplorable disease of cancer of the rectum.

*Treatment.*—It may be divided into medicinal and surgical. If we rely upon the testimony of authors, we should feel but little encouragement to make any attempt at a cure, either by medicine or by the art of surgery. Prof. Gross says, "This affection must be conducted upon the same principles as that of cancer in other situations—palliation being all that is to be hoped for in any case, by medicinal agents." And as to any operation, he says, "Excision promises no benefit in this disease, save temporary relief from pain and faecal obstruction."

Prof. Pancoast, in his work on "Operative Surgery," says, "The only means susceptible of affording any chance of relief, as shown by Lisfranc and Dieffenbach, is early extirpation."

Most other authorities consulted arrive at nearly the same conclusion.

*Case.*—Mrs. V——, of ——, aged twenty-six years, married two years ago, first noticed difficulty in defecating in June last, which was attributed to the presence of "internal piles." In September last, the patient visited New York, when a digital examination was made by two distinguished surgeons, one of whom has devoted many years to the treatment of female diseases, while the other is an accomplished general surgeon. This examination revealed a stricture in the rectum, about an inch and a half above the verge of the anus; and in other respects a condition of the bowel, by which they diagnosticated scirrhus or cancer, as I was informed.

The specific symptoms and treatment from last fall, up to the date of operation, I am unable at present, to give. Suffice it to say, there was a gradual increase of the scirrhus mass, and tightening of the stricture, so as to occupy an inch and a-half or more of the entire calibre of the gut; though the largest mass was found in front, or projecting towards the vagina, through which it could be pretty clearly defined by digital examination. The verge of the anus and the lower sphincter were healthy, which,



together with the age of the patient, the sex, the general health and the apparently well defined boundaries of the disease, induced me to recommend an operation for its removal. This I did without reference to any surgical authority for a precedent, and contrary to former experience, which has been quite ample in similar diseases. In this decision, Dr. Burdick, of Fulton county, the attending physician and surgeon, fully concurred.

Preparatory to the operation, the patient took a brisk purgative the day before, and in the morning of the day of the operation, an enema, so that the bowels should be free from all faecal matter; and a short time before commencing the operation, which was towards the middle of the day, January 8th, 1868, the patient took nearly two grains of opium. Ether and chloroform were used to produce anæsthesia.

The first cut was made through the posterior wall of the vagina, from the top of the tumor in its centre down through the perineum and into the anus. In the most prominent part of the tumor the vagina seemed to adhere to it, to the extent of half an inch in breadth and nearly an inch in length. On either side of this adhesion the vagina was dissected, with a scalpel, off from the diseased mass, by which a greater portion of the disease was separated laterally from the healthy tissues. Next, with lateral curved scissors, probe pointed bistoury and finger, it was dissected from above and below, so that in a short time nearly the whole mass was at once removed, about as it is now to be seen, preserved in Goadby's preserving fluid. In the course of the dissection, three arteries bled quite briskly for a few moments; only one or two seemed to require ligatures. Before closing the wound, a thorough search was made to discover and remove all traces of disease not included in the large mass which was removed at first. Apprehending there might be troublesome hemorrhage when reaction took place, the dressing was delayed for more than half an hour. The dressing was commenced by drawing down the divided gut, and by fixing it with five or six interrupted sutures to the divided mucous membrane just within the sphincter ani. Next the mucous membrane of the vagina was brought down and fixed with several sutures in its proper place; and lastly, by two transverse and rather deep sutures, the divided perineum and sphincter ani were united. By passing the finger of one hand into the bowel, and with a finger of the other into the vagina, the proof was conclusive that the partition wall between the two passages



was complete. To give support to the parts, and to permit gas to pass from the bowels without disturbance of the wounds and sutures, a metallic anal obturator or pile pessary was inserted, and all made secure by compress and T bandage.

The patient was then placed under the charge of Dr. F. Burdick, with the advice to allow but a moderate supply of solid food, and to use opium freely enough to keep the bowels in a quiet or constipated state for ten or twelve days.

Before completing the report of this interesting case, I must receive the daily record as made by my friend, Dr. Burdick. I believe I may be permitted to state, however, that the patient had no evacuation from the bowels until the fourteenth day, at which time the wound was united and in a healthy condition. It is now about a month since the operation was performed, and I am informed by Dr. Burdick that the functions of the bowel and sphincter are complete, and that the functions of the vagina seem to be unimpaired.

The foregoing is, in substance, what was communicated to the society at its late meeting; and that which follows is nearly in the language of Dr. Burdick, the faithful and judicious attending physician, under whose care the patient was placed for treatment, after the operation:

Operation performed 8th of January, 1868. Reaction came on in about two hours after the operation.

January 8th, 8 P. M.—Pulse 110, feeble; she is free from pain; the bowels are tympanitic, but with no tenderness. Ordered one grain of opium every hour. She has taken beef tea *ad libitum*; is slightly faint and has urgent thirst.

January 9th, 9 A. M.—She has had a comfortable night; pulse 120 and feeble; skin hot and a little feverish; tongue slightly coated and thirst urgent. She feels cheerful; not much soreness of wound, but slight exudation of serum; no hemorrhage. She has taken beef extract freely, and one grain of opium every two hours; the bowels are tympanitic; the bladder distended with urine. Gas has escaped freely from the bowels, and some has been eructated from the stomach. I drew off a pint of urine which relieved her very much.

6 P. M.—Pulse 128; thirst moderate; bowels but moderately tympanitic; other symptoms as in the morning; no hemorrhage, and but little tumefaction of the wound. She has urinated three times in small quantities; has taken one grain of opium every two



hours, and two drops tincture aconite root at the same time through the day. She takes beef tea freely, and a tablespoonful of brandy every two hours. The skin was slightly moist in the forenoon.

10 P. M.—No change in the symptoms; pulse 120; she feels comfortable, except a slight pain in the bowels. Same treatment continued.

January 10th, 9 A. M.—The patient has had a comfortable night. Pulse 111; is free from fever. The bowels are nearly free from tympanitis, and the tenderness has wholly subsided. Gas has escaped freely from the bowels through the tube. She has taken beef extract freely, one tablespoonful of brandy every two hours and a grain of opium at the same time. There is very little tumefaction of wound which begins to unite a little; there is some discharge of bloody mucus from the vagina. Same treatment continued.

9 P. M.—Patient quiet; has rested well all day; pulse 114; gas escapes freely through the tube; the bowels being slightly tympanitic and tender, and the labia more swollen; thirst moderate. She has taken gr. j. of opium every two hours, brandy four or five times, and two drops tincture aconite root twice, and beef extract freely; no hemorrhage; the wound suppurating slightly.

January 11th, 10 A. M.—The patient was frightened by a fire in the town which made her nervous; but has rested very well; pulse 110; symptoms as yesterday; appetite good. She takes the beef tea with great relish, and has taken freely of it through the night, and one grain of opium every two hours, except, after the fright, when she took one grain every hour; has taken brandy three times. Same treatment continued. Whisky and water, equal parts, constantly applied to the wound and bowels. She has taken the tincture of aconite twice.

4 P. M.—Pulse 100. Same treatment continued.

10 P. M.—Pulse 110; wound discharging a little; bowels moderately distended; feels faint and exhausted, somewhat uneasy, but not very restless; complains of being tired; thirst moderate. Ordered her toast, milk punch, and beef extract freely; opium one grain every two hours.

There has been no hemorrhage since the operation.

January 12th, 10 A. M.—Pulse 102. She has rested well and slept through the night. Labia more swollen; wound discharging a little bloody matter. The bowels are distended moderately



with gas, nearly the whole of which was discharged when I passed the tube higher up into the bowels. I dressed the wound, had her clothing changed, and she is quite comfortable. She has taken beef tea, beef extract, toast, and milk punch. Same treatment continued.

9.30 P. M.—Pulse 100; skin moist; tongue cleaner; bowels very much distended and tender; she is very uncomfortable. The wound discharges considerable sanious matter. After drawing off twenty ounces of urine, I crowded the tube further up the rectum, and a large quantity of gas escaped—the bowels became soft and flaccid, and the uneasiness subsided. She then ate some bread and milk, and went to sleep. Ordered gr. j. of opium every two hours; milk punch at the same time, and to let her eat freely of bread and milk, and keep the bowels constantly wet with whisky and water, of each equal parts.

January 13th, 8 A. M.—She has rested well all night; pulse 100. She looks pale; is free from fever; bowels mostly free from tympanitis. About a tablespoonful of sanious matter discharged from the vagina; but very little inflammation around the wound; appetite moderate. I have dressed the wound, and ordered the same treatment continued.

4 P. M.—Pulse 96; she has urinated freely. We moved her from the bed to the lounge; she is feeling much better. Same treatment continued.

11 P. M.—Patient is uneasy lying on the lounge; complains of back-ache; pulse 100. It has been necessary to draw off the urine nearly all since the operation. The bowels are but little distended, with gas. The wound discharges freely matter of sanious character, which smells badly. We have moved her back to the bed, where she feels better. Slight soreness of the bowels in umbilical region. Ordered for the night one grain of opium every two hours; milk punch at the same time; toast, beef extract, crackers and milk for diet; bowels and wound to be wet with whisky and water as before.

January 14th, 9 A. M.—Pulse 100 and soft. The parts are uniting finely. I removed two sutures, and the parts remain *in situ*. The patient is comfortable, except being crowded by her urine. The bowels nearly free from tympanitis; labia less swollen; the wound discharging considerable matter of a creamy character. She is cheerful; the soreness of the abdomen all disappeared.

11.30 A. M.—No change.

[ART. 4.]



10 P. M.—Patient has rested well, and is comfortable; bowels more tympanitic, but free from tenderness—the tympanitis relieved by the escape of gas through the tube. Treatment nearly the same. Opium one grain every two hours; milk punch at the same time, composed of one tablespoonful of brandy mixed with three tablespoonsful of milk; whisky and water applications as before.

January 15th, 10 A. M.—Symptoms much the same; pulse 100; the swelling has nearly all disappeared from the labia; she has urinated freely; we changed her from the bed to the lounge, syringed out the wound with soap-suds; ordered quin. sulph., dr. i.; elixir vitriol, dr. ij.; aquæ destill, oz. viij.; mix. Dose one tablespoonful every six hours. The beef extract, opium pills, and milk punch continued. She eats toast, bread and milk, milk and crackers for diet.

7 P. M.—The wound suppurating less; another ligature came away to-day.

January 16th, 10 A. M.—Has passed a comfortable night, and is doing well; bowels free from tympanitis and tenderness; labia and wound free from swelling; suppurating but very little. The same treatment continued.

10 P. M.—No change.

January 17th, 10 A. M.—Pulse 100. She passes her urine voluntarily; the ligatures are all away but two; syringed out the wound and continued the same treatment.

10 P. M.—Continued the same.

January 18th, 9 A. M.—The patient has rested well all night, and urinated freely; the parts are free from swelling, and the wound has ceased to suppurate; but one ligature left. She takes one grain of opium every three hours; one tablespoonful of the quinine mixture every six hours; beef extract, bread and milk, crackers and milk, toast, &c., freely.

11 P. M. Patient comfortable. Same treatment continued.

January 19th.—Found the patient in good condition. Treatment and regimen the same as before; we changed her clothing, which produced but little fatigue.

January 20th.—No change.

January 21st.—She had a spontaneous evacuation from the bowels. This was the first evacuation since the operation was performed.

January 22d.—Patient is uneasy and complains of pain in the bowels. I ordered oz. j. of castor oil which operated on the



bowels three or four times freely. The ligatures have all come away.

January 23d.—She had another evacuation from the bowels to-day, with perfect control over the passage. The wound has nearly all healed, and every indication tends to perfect recovery.

From the above date I have omitted the notes, for it has been a continual improvement, gradual but steady and certain. The improvement is not confined to the local condition of the affected parts; although that would meet our most sanguine expectation, and even such a result would entitle this operation to historical record, as a triumph in surgery, standing as a monument of hope to the afflicted.

It is a perfect success in one of the most grave and important cases for whose relief surgical aid is solicited—successful not only in the perfect performance of the operation—but in its successful and happy termination.

The general health of the patient has improved and is still improving very much. She is getting quite strong, is about the room cheerful and full of hope.

March 8th.—She was out to church this morning. She looks forward to the future with great anticipations of health and enjoyment.

JOHNSTOWN, *March* 13, 1868.

In the above daily record of Dr. Burdick, it will be perceived that stimulants, tonics, and anodynes, were used freely—that the bowels remained unmoved from the 8th, the day of the operation, till the 21st of January, some fourteen days.

I believe the ultimate success of the operation was due to the quiescent state of the bowels, till the union of the parts had become sufficiently firm to allow of a fæcal evacuation without danger of breaking up the union of the parts, as well as to the general good management of Dr. Burdick.

Up to near June the patient was still in good condition, and with no symptoms of returning disease.



...the above daily record of Dr. Farber. It will be perceived that abundant forces and agencies were used freely—that the bowels remained unobscured from the 21st, the day of the operation, till the 21st of January, some limited diet.

1. In the above summary of the operation was due to the present state of the bowels. (1) The union of the parts had become sufficiently firm to allow of a local operation without danger of breaking up the union of the parts as well as to the general good management of Dr. Farber.

Up to now then the patient was still in good condition, and with no symptoms of retarding disease.

January, March 12, 1858.

...the general health of the patient has improved and is still improving very much. This is gratifying, especially in view of the fact that the patient was not without this morning. She looks for-ward to the future with great anticipation of health and enjoy-ment.

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