

Practical observations on stricture and other diseases of the urethra : describing an effectual mode of cure by an internal medicine, and proving the application of instruments unnecessary, and generally productive of injury, illustrated by cases : and on the origin, symptoms, and treatment of stricture in the rectum / by William Renou.

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ON
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AND OTHER
DISEASES OF THE URETHRA;

DESCRIBING

An Effectual Mode of Cure by an Internal Medicine;

AND PROVING THE APPLICATION OF INSTRUMENTS UNNECESSARY,
AND GENERALLY PRODUCTIVE OF INJURY.

Illustrated by Cases.

AND

ON THE ORIGIN, SYMPTOMS, AND TREATMENT OF
STRICTURE IN THE RECTUM.

THIRD EDITION, ENLARGED,

BY WILLIAM RENOU,

Member of the Royal College of Surgeons, London.

London :

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INTRODUCTION.

THE inefficacy of the present severe and painful mode of treating diseases of the urethra, is acknowledged by all the eminent surgeons of the age, and particularly by those who have written on this subject. One author observes "as yet no remedy has been proposed capable of effecting a permanent cure in the majority of instances."*

The bougie, when applied under the most favorable circumstances, acts only as a palliative; it increases irritation, and produces disease in cases where few, if any, morbid symptoms appeared. A simple gleet is frequently converted into a case of permanent stricture, by the use of the bougie.

Caustic can only be applied in some cases of stricture, and no patient would resort to that severe

* Arnott.

and sometimes dangerous treatment, unless compelled thereto by the severity of the case. Its action is uncertain, and in those cases where it has proved the most effectual, the benefit resulting from it has been chiefly temporary, for the strictures commonly return after two or three years, at the longest period, and sometimes after a few months, notwithstanding the patient has used every effort in his power to prevent a recurrence of the disease. And this is the most favorable view that can be taken on this subject, for the extreme irritability of the urethra, (which we frequently meet with) in severe cases of stricture, renders it highly improper and sometimes impossible to resort to the use of either of these instruments, the simple or the caustic bougie.

Strictures are commonly supposed to be permanent obstructions in the canal (and are demonstrated as such by the generality of lecturers on Surgery in the Anatomical and Surgical Schools), which will only yield to force ; (for the introduction of a bougie is the act of forcibly dilating the passage ;) but this opinion is erroneous, (which I have endeavoured to prove in the following pages), for the internal medicine which I recommend has removed strictures in the urethra, which were rendered worse by every attempt to relieve by instruments.

Several patients have applied to me for the removal of strictures in the urethra, who have complained of derangement in their digestive organs, &c. Upon examination I have found the rectum in a diseased and contracted state. This fact had escaped the observation of the faculty to whom they had before applied ; I have therefore been induced to make some practical remarks on diseases of the rectum, and more particularly from having noticed the proximity of the urethra and neck of the bladder with the rectum, and the communication of disease from the one to the other. It rarely happens that the rectum is free from disease, when strictures have been formed in the urethra, for a considerable time, near the neck of the bladder; and contraction or stricture in the rectum invariably causes irritation, and occasionally stricture in the urethra. The cases related in the ensuing pages will illustrate these practical facts.

W. R.

No. 11,
NEW ORMOND-STREET.

*On the Urethra, and the Sensibility of its
Internal Membrane.*

THE urethra, so called from the urine passing through it, is a long canal arising from the bladder and terminating at the extremity of the penis. It is lined internally with a membrane of an exceedingly fine and delicate structure, possessing more sensibility than any other membrane of the human body; and this accounts for the derangement which frequently occurs throughout the whole system from disease of this part.* If during the inflammatory state of gonorrhœa, stimulating injections be applied, the inflammation will be increased and general fever (sometimes attended with delirium) will follow.

The pain, languor, and depression of spirits, which frequently follow the passing of a bougie for dilating stricture in patients of weak and irritable

* The inside of the urethra is lined by a very vascular and sensible membrane which is observed to possess a certain degree of contractility, and is therefore presumed by several anatomists to be endowed with muscular fibres.—*Fife's Anatomy*.

habits, and often experienced by those of the strongest constitutions, sufficiently prove the sensibility of this membrane. Those who have been obliged to endure the application of the bougie, are practical judges of this fact. Fainting and cold shivering fits, resembling the paroxysms of an ague, are the common effects which result from the dilatation of an irritable stricture.

Indigestion, and deranged functions of the liver, generally attend those patients, who have suffered for many years from strictures, which evidently prove the sympathy of those organs with the urethra, and also when the exciting cause (stricture) is removed, the liver and stomach soon recover their healthy action.

Stricture or contraction of a portion of the urethra, is by far the most prevailing disease, it generally proceeds from neglected or ill-treated gonorrhœa, but this is not always the case, for I have had several patients with strictures, who have never been affected with venereal infection in any part of their lives.* As diseases of the urethra are mostly the effect of gonorrhœa, the first object will be to give a general outline of that disease.

* Excess in venery is a common cause of stricture, and all its attendant symptoms.

On Gonorrhœa and the Origin of Stricture.

GONORRHŒA is an inflammation of a portion of the urethra from venereal infection. At the commencement, the inflammation is confined to a short distance from the external orifice of the urethra, which soon spreads along the canal. The clear fluid, resembling in appearance the white of an egg, and secreted from the mucous gland and internal surface of the urethra, which imbricates the passage, and prevents the saline particles of urine from irritating the internal membrane, is changed to a greenish coloured discharge. Considerable pain is felt in the act of passing the urine, which is in proportion to the degree of existing inflammation.

The internal membrane is thickened or swelled; the dimensions of the canal is lessened, and the stream of urine is smaller than natural.

In this disease injections are frequently applied, they seldom fail of doing injury, and are frequently the cause of the most obstinate strictures, which are rendered still worse by the application of the

bougie. Injections are recommended to stop the discharge, and the effect is accomplished by exciting a new action on the surface of the canal; the formation of stricture is generally the result, as I have endeavoured to shew in a subsequent part of this publication. Injections should never be used, for they always produce mischief in a greater or less degree, of which the patient is seldom aware until some time after they have been employed. If a portion of the urethra is irritable and disposed to contract, the stimulus of an injection will undoubtedly increase that disposition. When a portion of the canal becomes contracted, or in other words, a stricture is formed, the bougie is employed to act as a wedge to dilate the part. This mode of practice sometimes affords temporary relief by forcibly opening the obstruction, but ultimately proves a source of permanent injury, which I doubt not will be acknowledged by the perusal of the facts which follow. The use of a bougie, or catheter, when applied with the intention of dilating a stricture is always improper, and can find no better apology than ignorance of a more suitable mode of treatment.

On the Natural Action of the Urethra.

THAT the urethra naturally possesses a power of contraction and relaxation, is a fact which is generally allowed, and admits of no dispute.* The ejection of the semen and the last few drops of urine, is not simply the effect of the accelerator urinæ, but the conjoint action of that muscle with the contracting power (or in other words the muscular action) of the urethra.†

* Contraction and relaxation are the natural and healthy actions of the urethra:—*Sir E. Home, on Stricture.*

† It appears (from microscopical observations) that the human urethra is made up of two parts: an internal membrane, and an external muscular covering. The former is very thin and destitute of fibres. The latter is made up of short interwoven fibres, forming fasciculi, united by an elastic substance of the consistence of mucous. These facts shew, in the author's opinion, the fallacy of the common opinion, that the lining of the urethra consists of circular contractile fibres, and thus throws a new light on stricture; a spasmodic stricture being caused by a contraction of a small portion of the longitudinal muscular fibres, while the others are in a state of relaxation: and a permanent stricture, by the exudation of coagulable lymph, in consequence of inflammation between the fasciculæ of muscular fibres, and upon the internal membrane.—*See a Paper by Sir E. Home, read at the Royal Society of London, in the Medical and Physical Journal for August 1820.*

This power of contraction may be proved by introducing a bougie a few inches up the passage in its healthy state; the stimulus of the bougie will cause the membrane to close upon the point of the instrument, and push it slowly out of the canal; which shows that the introduction of a bougie or any instrument, is directly opposed to the natural action of the canal, and that it is not ordained by nature to allow (even a fluid, much less) a wax or metallic substance to pass through it.

If a tea-spoonful of any fluid be thrown up the urethra by the force of a syringe, it will be immediately expelled by the contraction of the canal, unless the orifice be completely closed by the pressure of a finger.

All injections, but more particularly those containing the most stimulating ingredients, excite this power of contraction, and being repeatedly applied, cause a portion of the internal membrane to contract beyond its power, and render it incapable of falling back into its natural state of relaxation, and the canal remains narrower in that part.*

* The mildest fluid so injected will excite spasm and uneasiness: and a perseverance in such a method, perhaps for weeks, may of itself produce a tendency to stricture.—*Johnston's Practical Observations.*

*On the New Mode of Treatment of Strictures,
Gleet, and Diseases of the Urethra.*

STRICTURE is supposed by some to be an obstruction of the urethra, which will yield to no other treatment than mechanical dilatation, or in plain language, force; but the observations of those who are acquainted with the nature of the disease, are sufficient to confute this erroneous opinion.

The cure of stricture of the urethra consists principally in removing the chronic inflammation, which is the cause of the contraction, discharge, &c. This may be accomplished by taking an internal medicine, the efficacy of which is fully described in the cases related in this tract.

If we consider the action of cantharides upon the neck of the bladder and the urethra, we shall find that it produces great irritation in those parts, accompanied with retention of urine. A case is related by Sir E. Home, of permanent stricture, which existed for seven years, brought on by blisters. As cantharides evidently produce irritation and

stricture of the urethra, is it not reasonable to suppose, that there may be a medicine, the effect of which is directly opposed to that of cantharides, and which will remove inflammation and irritation from the same part? That such is the case I have proved beyond a doubt. Those who have made use of the medicine to which I allude, are willing to testify the fact.

Strictures that have existed for only a few years, where the urethra has not been destroyed, or considerably injured by caustic, (although the canal may be almost completely obstructed, and the passage in such an irritable state as to preclude all hopes of relief by the use of bougies,) the medicine has never failed to remove in a few weeks.

Severe cases of more than ten or twenty years standing, where caustic and other means had failed of removing the complaint, the urine always passing with great difficulty in a small stream or in drops; the prostate gland and the neck of the bladder diseased, a mucous discharge coming away as thick as the white of an egg, and the obstruction so permanent as to render the passing of any instrument impossible. In such severe cases the medicine has afforded considerable relief in a short period, and by being continued occasionally for a few months, has removed all the most distressing

symptoms. The urine has flowed generally in a large stream, the discharge has considerably lessened in quantity, become thinner, and has passed with much less difficulty, and not near so often as before the medicine was used; while the patient's general health and strength has greatly improved. When such cases occur in very advanced age, which mostly happens, there is little prospect of a cure; but if the patient be only in the meridian of life, regular and temperate in his mode of living, it is probable the disease will admit of being removed.

A gleet is a vitiated discharge from a diseased portion of the urethra, and is generally the result of a severe gonorrhœa. In this disease there is seldom pain in making water, but the stream of urine is frequently smaller than natural, and there is commonly a stricture, of which the patient is seldom conscious. Every thing which irritates the passage, such as stimulating injections, riding on horseback, violent exercise, hard drinking, and excess in venery, will increase the disease, by producing either dysury, or symptoms resembling the incipient stage of gonorrhœa. Gleet and stricture are only different degrees of disease, arising from the same cause; the means employed to remove the one will cure the other.

Nocturnal emissions, or involuntary discharge of

semen during sleep, generally accompany gleet and stricture; they are occasioned by an irritable state of the urethra, but they may be brought on by many causes besides venereal infection.*

Some patients have complained of heat and uneasiness in the passage, without any discharge or difficulty in passing the urine. These, and various other symptoms occur, according to the degree of irritation which exists in the urethra, and also from the difference of situation: that portion of the canal called the prostatic urethra, is more susceptible of injury than any other, occasioning a greater variety of symptoms, which are rarely described alike by two individuals.

I have had several cases of this sort arising from irritation, and accompanied with involuntary emissions; some had been treated for stricture, and bougies and injections had been used, much to the disadvantage of the patients. Many considered their cases as hopeless, in having failed of obtaining relief from the various means they had pursued.

* One very common symptom of stricture is nocturnal emissions; and I have been consulted by patients who had no other cause of complaint, neither pain in making water nor discharge from the urethra; and upon examination by a bougie, a stricture has been met with, the removal of which has carried off this complaint.—*Sir E. Home.*

Every case of this description, which has been entrusted to my care, I have succeeded in restoring to perfect health, and generally in a very short period.

The following Cases, which I have selected from a numerous collection, I have thought proper to relate, to illustrate the efficacy of my new mode of treatment. Cases of gleet and irritation of the urethra, being a much minor degree of disease to stricture, I have thought unnecessary to describe, as they are in most instances removed in a much shorter time.

CASE I.

JAMES TAYLOR, a young man 20 years of age, contracted a severe gonorrhœa, which produced strictures in the urethra, attended with a discharge and pain in making water. The strictures rapidly increased from the commencement, and about six months from the time that he first felt the pain and difficulty in making water, he applied to a surgeon, who, after several attempts, succeeded in passing a small bougie into the bladder. When he applied to me, it was more than ten months from the first discovery of the strictures: a small bougie had been passed into his bladder once a week for the last three or four months, which for the time, partly removed the difficulty in making water; but if he waited longer than a week without having the instrument passed, the difficulty in passing his water returned, and he had sometimes from neg-

lect, experienced retention of urine. His evacuations of urine during the day were frequent, and in small quantities, and always accompanied with pain, which was sometimes greater than at others. The first dose of medicine which he took, (being a large one) afforded him as much relief as the passing of a bougie, and he did not return to me for a week. I then ordered him four large doses, one to be taken every night at bed time. I saw him again on the morning of the seventh day, having omitted taking any medicine for the last two nights. He told me he had made water more freely than he had done for a considerable time past, and without any pain, that the size of the stream had increased, and that he retained his urine a proper time. He continued the same medicine in smaller doses, once a day for six days; at the expiration of that time, he informed me he was quite well; his discharge was gone, he made water in a full stream, without pain, and he could eject the last few drops of urine. I desired him to continue taking a dose of the medicine every second day for the following week, and to come to me again if the complaint returned. I saw him three weeks after, he had not taken any medicine for a fortnight, and was quite well in every respect, and begged to have some of the medicine by him, in case the complaint should return; this request I refused to comply with, knowing it to be unneces-

sary; but I desired him to let me know if the complaint should again appear. I have not seen him since, and it is now upwards of two years ago.

CASE II.

WILLIAM STYLES, aged 50 years, had been troubled with strictures in his urethra for full seven years, during the last five years, his disease had got considerably worse; his stream of urine was no larger than a crow's quill, and upon any irregularity in living or exposure to cold, his urine passed only in drops. He was very dyspeptic and subject to a cough, shortness of breathing, and had a constant pain in his back. I ordered him some aperient pills to be taken occasionally, and three doses of the medicine for stricture, daily. He pursued this plan with very little alteration, for five weeks, at the expiration of that time, all his distressing symptoms had disappeared, his health had greatly improved, his stomach completely restored, and he experienced not the least difficulty in passing his water.

CASE III.

A YOUNG MAN, about 27 years of age, had strictures in his urethra, and a constant discharge of matter, which had never left him from the time that he first caught the gonorrhœa, which was now more than four years. Previous to his applying to me, he had consulted several surgeons,

but found no effectual relief from their advice. He had used injections of various kinds, to which he attributed the obstinacy of his complaint. He felt great pain and difficulty in voiding his urine, and was unable to bear the use of a bougie, from the irritable and inflamed state of his urethra. He was greatly debilitated, and his digestive organs were much impaired. I ordered him to use warm bathing, and to take the medicine, as I had prescribed, for three days, and to call on me at the expiration of that time, which he did, and informed me, he was better in every respect, except the discharge, which had continued nearly the same. I saw him again at the end of the week, his discharge was changed in its appearance, and was lessened in quantity; he made water without pain, and his stream of urine was larger, and he thought sometimes it was as large as natural. At the end of six weeks, his discharge was completely gone, and he felt himself well in every respect, notwithstanding he had occasionally neglected himself, and had used horse exercise.

I have at present a GENTLEMAN under my care, whose case resembles the preceeding one, but if any thing, it is rather worse, the disease having been on him for five years. He has recovered in every respect, except his discharge, which has greatly abated, and will, I have no

doubt, cease in a week or two. For his own satisfaction, I passed a full-sized bougie into his bladder, to prove the removal of the strictures and irritation of his urethra.

CASE IV.

WILLIAM LANSDOWN contracted a gonorrhœa; a few months after he observed symptoms of stricture, which from neglect, had rapidly increased. They were attended with much irritability in the passage, and he had considerable pain and straining in making water. He applied to a surgeon, who endeavoured to remove the disease by the use of the bougie, but without effect. After following my directions for four days, he felt himself so much better, that he did not return to me for more than two months after. I then directed him to pursue the same plan as before; in two days he was greatly relieved; he continued on for nearly a fortnight, and at the expiration of that time, all the symptoms of the disease had disappeared. This man had materially increased his disease by his frequent attempts to introduce bougies; in consequence of which, he had more than once brought on symptoms of dysuria.

CASE V.

AN OFFICER, whilst serving in the Peninsula War, contracted a gonorrhœa, which brought on strictures in the urethra, and were much increased

by the hardships he had to endure. He had had strictures in the urethra some years before, which had been, as he supposed, completely removed by the use of metallic bougies. When he applied to me, he told me his urethra was in such an irritable state, that the application of bougies were impossible, from the violent pain they produced, agitating his whole frame similar to the paroxysm of an ague. He had been in this state for nearly two years; he made water frequently during the day with great difficulty, and only a small quantity of urine passed at each effort. He had a continual discharge and a swelling in the urethra, about six inches from the orifice, which could be distinctly felt in the perinæum. It was painful to the touch, and he considered the chief stricture to have formed at that part; a bougie could only be passed four inches up the urethra. He suffered from a chronic affection of the liver. He had a continual pain in his right side, and he could not bear the part to be pressed upon; pain between his shoulders, and on the back part of his head. He had long been obliged to desist from the use of bougies, on account of the violent symptoms they produced, which continued for hours after they were withdrawn; he was occasionally subject to involuntary emission of semen. I ordered him to take two doses of my medicine twice a day, and some

aperient pills occasionally. I saw him three days after; he told me he had made water the two last evenings much better than he had done for some time past, but in a morning, when he attempted to void urine, it was some minutes before it passed; when it did come, it gushed out suddenly. This momentary retention, which he experienced upon getting out of bed, I attributed to the effects of cold, upon rising from a warm bed, being in the month of January. After the first week, he was conscious he was considerably better; but he felt occasionally in a morning, though in a less degree, the same kind of retention; in the evening his urine passed freely. From this time, his health began to improve greatly, his appetite increased, he perceived small pieces of membrane came away in his urine, the swelling in the urethra gradually diminished and subsided in a few weeks. After being under my care seven weeks, he was quite well in every respect; made water in a full stream, and could eject the last few drops of urine, and experienced no pain or inconvenience.

CASE VI.

WILLIAM COLLINS, aged 45 years, had suffered from strictures in his urethra for fourteen years, and for the last twelve years, the smallest sized bougie could not be passed into his bladder, and during that time he has never passed his water

without considerable difficulty and pain. At the commencement of his disease, bougies were applied without success, after which caustic was used; but notwithstanding all the means he had tried, his complaint within the last few years had greatly increased. He applied to me in February, 1820; he was much emaciated and his health was greatly declining, and he thought his end was fast approaching. His urine came away in drops, and sometimes in a stream the size of a pin, and the smallest sized bougie would pass no further than three inches up the urethra. He had a frequent desire to make water with much straining, and a thick mucous discharge settled at the bottom of his urine. His urethra was thickened and enlarged along the perinæum, and pressure upon the part gave him pain. He was considered as incurable by all the surgeons to whom he had applied. I directed him to take an aperient pill containing a small quantity of calomel every night at bed time, and a dose of the mixture, (which I always prescribe in those cases,) two or three times a day. I saw him on the fourth day, and he declared his water passed from him with more ease than it had done for years past, and he felt himself better in every respect. He continued following my directions with much benefit; after a fortnight had expired, he informed me he had made water two or three times in a small stream, and without any straining, and begged that

I would pass a bougie to know if the passage had not opened. I complied with his request, chiefly to satisfy my own curiosity, but the bougie stopped about three inches up the passage. He continued to follow my directions. In the evening he could pass his urine tolerably free, and without straining, but he commonly felt difficulty in a morning. He observed repeatedly small pieces of substance like membrane come away with his urine, some appeared like threads, and were more than half an inch in length; this I attributed to the sloughing of the diseased portion of the urethra; I have been informed of this circumstance by many patients whose cases were severe. One patient mistook a portion of this membranous substance, which passed with his urine, for a piece of tow, which he supposed had been in his urethra for more than twenty years, which had been passed up with a bougie. I found upon examination, that COLLINS had contraction of the sphincter ani and a stricture about four inches up his rectum, which by a little attention, was soon removed. After six weeks had elapsed, his health was restored, and the chief inconvenience he suffered was from having taken large doses of the medicine for stricture rather too often, which obliged him to void his urine immediately the inclination commenced, otherwise it run from him. In consequence of which, it was left off for nearly a month, and he continued mending during

that time, the portions of the same kind of substance came away as usual. After which time, he again resorted to the same medicine, taking it only once a day. He now made water always in a stream, the thick mucous discharge no longer appeared, but he had a continual running, resembling a serous discharge, which was colourless. He again requested I would examine his urethra, which I did, and much to my satisfaction, found that a full sized bougie passed up seven inches, and it gave not the least pain. When the instrument was withdrawn, a portion of the diseased membrane was adhering to its point. This patient has followed my treatment for four months, and at the end of that time, his appearance altogether had so much improved as to be incredible to those who had not witnessed it. He is now perfectly well in all respects, and makes water always in a full stream, and without any pain. I have not again ventured to pass a bougie, fearing it might do injury, and being confident no advantage would be derived from it.

CASE VII.

JOHN BARTLETT, aged 25 years, informed me, that he was affected with gonorrhœa four years previous to his consulting me, which remained on him for a long time. Two years after, he took the infection again, before he got perfectly well from the first disease; since which time he had

never been free from a discharge, and pain and difficulty in making water. His urine passed in a very small stream, and sometimes with the greatest difficulty; in this state he applied to a celebrated surgeon at Clifton, who, with much difficulty, passed a small sized bougie into the bladder. He told him he had two strictures, which he supposed he could remove by the bougie, in about six weeks. The bougie was constantly applied for more than two months, which afforded him temporary relief. After its use was suspended, the irritation and disease in the passage returned, and the difficulty and pain in making water was increased. In October, 1819, about eighteen months from the time that he first discovered the strictures, he came to Bath, and had the bougie applied by an eminent surgeon, but derived no real benefit from its use; for a few days after the application, the obstruction returned as bad as ever. He first applied to me in January, 1820, and told me he was then in a worse state than ever he had been before; having cohabited with a woman during her monthly period, which he supposed had aggravated all his symptoms; he declared the woman was perfectly free from the disease. His discharge previous to his connection with this woman, resembled a gleet, but was now changed to a thick matter, his urine passed in a very small stream, and gave him great pain. I directed him to take a brisk purge, and then to begin

with my medicine. After he had taken a few doses, he was greatly relieved from the pain in making water. On the third day, his urine passed from him with more freedom and ease than it had done for a considerable time past, and his discharge was lessened. On the eighth day, he only complained of the discharge and a cordee, which was not relieved by opium, but was completely removed by the application of leeches. At the expiration of a fortnight, he made water in a full stream free from pain; his cordee was gone, and the discharge had greatly abated, but had not quite left him. His health was much improved, and a pain in his loins, which had constantly troubled him for many months, was now no longer felt. I have not seen him since this time, but I have no doubt that he would have returned to me if he had not completely recovered from his complaint.

CASE VIII.

A. B. upwards of 60 years of age, who had lived very freely during his youth, has suffered for the last twenty-four years, from strictures in the urethra: many years ago he was a patient for a considerable time in St. Thomas's Hospital. He has had caustic applied, and has been under the care of several medical gentlemen, without ever experiencing any permanent benefit. For these many years past, his urine has dropped from him continually, and he suffered most excruciating

pain from the discharge of a thick mucous fluid, which always came away with considerable difficulty. He was in a state of great debility, much emaciated, and had constant pain in the lower part of his back. I desired him to use the Cross Bath (of 96 degrees) for half-an-hour, every other morning. I ordered him to pursue the plan which I always adopt, and is mentioned in the preceding cases. He was better after a few days, and was considerably relieved in a fortnight, his urine passing with more freedom and ease, and the mucous discharge coming away with more facility. After pursuing the same directions for five weeks, he recovered his general health and strength, made water tolerably well, but continued to feel great pain when the mucous discharge came away, which, however, was not near so violent as it used to be, the quantity was less, neither were the attacks so often. When he first applied to me, this discharge was almost constant, but now it only appears about once a fortnight. After this period he became negligent, and for many days together omitted taking what was ordered him. Pieces of membrane was observed in his urine, such as I have mentioned in some of the other cases. At the expiration of three months, although he was very irregular in following my orders, he informed me he made water as well as ever he did in his life, except at those periods when

the mucous was passing, which is now much less frequent than ever; the paroxysms are not near so painful or frequent, and there is not one tenth part of the discharge which there used to be, and it has become much thinner, and has less the appearance of mucous.

CASE IX.

The following case is one of the most obstinate nature, resembling the preceding one, and only differing from it by being worse in every respect.

J. DEMIZONG, a man accustomed to a sedentary mode of life, had complained for many years of disease and obstruction in his urethra, for which he had consulted several medical gentlemen of note, but had failed of obtaining relief; within the last ten or twelve years his complaint had increased to such a height, as to render his life miserable. He was subject to a discharge of mucous, thicker in consistence than the white of an egg. This discharge had been increasing for a length of time, and was at some periods thicker than at others. He was always in the greatest agony every time he attempted to make water, and was obliged to assist in forcing out this discharge (which became firm after it had remained for a short time in the vessel) by pressing his hands along the perinæum in the direction of the passage. In this way he had frequently been em-

ployed for hours, hoping to assist in expelling the mucous, and obtaining relief from the torment he endured. No bougie or catheter would pass up his urethra more than three or four inches, and no instrument had been passed into his bladder for many years. The very name of an instrument filled him with dread, from the violent pain he had endured in their application. His urine was continually dropping from him. This patient on the second day was relieved by the medicine I ordered him, and from that time continued to improve, until he quite recovered, which was about seven months. During the first two months, he did not omit taking my medicine according to my directions; after that time it was only taken occasionally, and left off by degrees.

Cases selected for the Third Edition.

CASE X.

SIR,

I sit down to offer you my warm thanks for having enabled me to pass the last five months in comfort, in an old case of inveterate permanent stricture in the urethra, without using a bougie, which I had for several years previous to reading

your book, and consulting you, been under the necessity of doing.—I am happy to say, I feel every probability of a decided cure, as far as by any means, either surgical or medicinal, a part which has been so long disorganized, is capable of being restored to nearly a natural state.

I have also to offer you my best acknowledgements, for having greatly improved the state of my health in general, by your discovering that I was also afflicted with a strictured rectum, of which I had previously no idea; the means I have used under your advice, have in a very great degree already relieved me from this complaint, and which I feel persuaded, a perseverance in for a further short space of time, will altogether remove.

As the intended early publication of another edition of your work, will not admit of your waiting the result of a further continuance of your remedies, I feel bound to say, that for both complaints, I am most materially benefited; that the success of your treatment has been such, as to make me a convert to the belief, that a stricture in the urethra is capable of being removed by internal medicine, without the use of a bougie, which I did not before think was to be accomplished. I am enabled to pass my urine as freely as I did when using the unpleasant remedy of a bougie, which is a source of great comfort to me, both mentally and bodily.

I am turned of 50 years of age, and cannot say how long I have been subject to a stricture in the urethra; but about eleven years ago, I first learned the nature of the complaint I was ignorantly suffering under. I had the advice of an eminent practitioner in such cases, and had one of the milder caustics applied, and was enabled to pass a bougie of nearly the largest size, I believe, which I continued doing occasionally until last June.

My mind had been long convinced, that mere dilatation of the parts by the bougie was only temporary relief; that it had a tendency again to contract.

An anxious desire to obtain a radical cure, (although I despaired of one,) induced me to procure almost every work which appeared on the subject; at last your book fell into my hands, and your position, that as a medicine, (Cantharides) would contract the urethra, it was but consistent with natural effects, that there should be also a medicine which would relax a part already contracted, made a strong impression on me, and I therefore consulted you in that month; but residing at a distance from Bath, and having only been able to have your personal assistance during about three weeks since, the rest of your aid having been given by letter, I have not made, I am persuaded such rapid progress towards a perfect cure,

as would have been the case, could I have remained altogether at Bath. In addition to this, the very long time the complaint has been upon me, (to my knowledge, and how much longer it may have been I cannot tell,) must necessarily require the application of remedies longer than recent cases, which I am convinced may be removed in a few weeks. I forgot to state that circumstances had occasioned an irregularity for some days in the using of the medicines.

When using the bougie, and when I first applied to you, the irritation of the strictured part was such, as to cause me to have the sensation of wanting to make water almost every half hour; although there was not much urine in the bladder, which passed in a small spiral stream, that was very tedious and unpleasant, if called upon to void it when from home, or in a public convivial party, which I could not avoid occasionally falling into. I was obliged also to make water several times during the night; for the first three or four days, after using a bougie, the stream was considerable, it then diminished, and so on from time to time; I was obliged to recur to its use about once a month.

In two or three weeks after taking the powder you prescribed for me, the irritation subsided, and I had occasion to make water less frequently, and

very soon afterwards I was seldom disturbed with a desire to pass it in the night.

You at length, suspected (I believe from the remedies not operating to the usual prompt removal of my complaint,) that I had a strictured rectum, and that the stricture in the urethra was sympathetic, and rendered it necessary to its cure, that the rectum should be restored to a healthy state; you therefore inquired whether I was subject to piles, and as to some other matters, and from my answers, being satisfied your conjecture was well founded, I attended you at Bath, and upon examination you found that to be the case.

I had been for years subject to weakness of stomach, depression, flatulency, (what I supposed) indigestion and costiveness; and latterly had been most uncomfortably annoyed with a sensation which I have heard a medical man term "muddy headed," a sort of stupor, not a decided head ache, accompanied with a lassitude, a repugnance to study or think upon any difficult subject, and great nervous irritation, impatience, and loss of temper; when walking I was frequently so stupid and giddy I was fearful of falling.

You accounted for all this, from the obstructions to the regular discharge of the focus, and the result has proved you were right; for most of those unpleasant sensations are already greatly relieved

and I have fervent hopes they will be still much more so; if I was younger, and had not been affected so long as has been the case, I should have felt reliance on a perfect cure, and I do not despair of it as it is.

The relief obtained for the disorder of the rectum has been by the use of the bougie, which I have not yet left off. I conceive, as that passage dilates the stricture in the urethra relaxes, as my stream of urine increases considerably.

As it is clearly established that in my case, both the passages are strictured, it may be a matter for consideration, whether they are sympathetic; and if they are, which was the primary stricture; if the rectum was first strictured, (and I remember having piles, when a boy,) the mere removal of it, being the cause, might alone have cured the other, which was the effect.

If piles be a symptom of strictured rectum, then as I had them when so young, it is quite as likely that the stricture in the urethra, should be sympathetic; and to have been caused by that in the rectum, as to have had its origin in gonorrhœa, with which I was, I believe, only about twice afflicted.

I purpose using the rectum bougie about a fortnight longer, and from my present feelings, judge that by that time both my complaints will be removed, as far as they are capable of being.

Regard being had to the length of their duration, and my time of life.

To conclude; when I applied to you, the urethra was the first object of relief, but even that affliction was almost absorbed in the other, which so deranged my system. I attach vast importance to the future comfort of my life, by your discovery of the derangement of the rectum. The already improved state of my health generally, I attribute to the means afforded me, of a proper and regular evacuation; and I am sanguine in thinking that both passages, will very soon be in such a state, as to serve all the necessary purposes intended them by nature, in a way that, before I was under your care, I never expected to have the happiness of experiencing.

CASE XI.

SIR,

AGREEABLY to your request I here write you a brief statement of my case. For ten or twelve years past I have been subject to indigestion and derangement of the nervous system, attended with irritation of the bladder; not being able to retain my water after drinking any thing of a stimulating nature. This I attribute to a positive change in my habits of life, having been bred in the country and accustomed to active exercise in the open air; and am now closely confined in London to an employment chiefly sedentary. About five years ago I contracted a severe gonorrhœa, which, from my own irregularities, and unskilful treatment, continued upon me a great length of time. After the virulence of this disease had subsided, I experienced a train of symptoms more distressing than the complaint which gave rise to them: viz. extreme irritability of the urethra, with dull lancinating pains about the loins, and termination of the back bone and thighs; and great pain, sense of fulness, weariness and exhaustations, subsequent upon the least exertion. My indigestion and nervous symptoms were also greatly aggravated, attended with pains of the shoulders and side, and loss of appetite; in short, the whole system was entirely out of order. I

have also, in consequence of taking cold, been several times attacked with very alarming symptoms of inflammation about the region of the bladder; with an inclination to void my urine every instant, without ability to pass more than a few drops at a time, attended with the most excruciating pains and *tenesmus*. These symptoms were only subdued by copious topical bleedings, the warm bath, and plentiful dilation: at this time my urine was very turbid, leaving a sediment resembling matter.

I have consulted some of the first surgeons in London upon my case; they considered it a severe affection of the urethra and prostate gland, principally depending upon derangement of the digestive organs, and have directed their remedies chiefly to the improvement of the stomach, but without any permanent benefit. Several surgeons have, upon passing a bougie, pronounced the urethra to be in a state of contraction, and the prostate gland to be slightly enlarged. My stream of urine is smaller than natural, and in shape like *tape* with spattering and dripping at the finish, and a dull aching sensation along the urethra and down the thighs and legs. The use of bougies never made any improvement in the size and shape of the stream of urine, and I am satisfied, had no other effect than to aggravate all my symptoms. The passing of the smallest instru-

ment would now give me acute pain, and cause much irritation.

I was suffering under all these symptoms to a most distressing degree, when I applied to you in January last, and have now the pleasure to say, I am considerably relieved; and flatter myself I am about half way towards convalescence. It never occurred to me, or was ever hinted at by any of my medical advisers, that my complaint was complicated with disease and contraction of the rectum, until you proceeded to treat it as such; but I am satisfied it is the case, and am very sensible that that disease is giving way under your treatment.

With best hopes of a perfect restoration to health, I remain, Sir,

Your obedient Servant,

23rd May, 1821. E. T. aged 37.

CASE XII.

MR. G. S. had stricture in the urethra, and a discharge, which had proceeded from a gonorrhœa, contracted four years previous to this time. He had used strong injections, to which he attributed the severity of his complaint. A thick sediment settled at the bottom of his urine; he had nocturnal emissions, attended with pain, similar as he describes it, to what he experienced in making water, when he had the clap. Formerly he felt

great pain in making water, so much so as frequently to occasion a fit of shivering, but this had not been the case latterly. He had great irritation in the urethra, and he could only pass his urine when his penis was erected, and it came out in a forked direction. He felt pain at the neck of the bladder after each emission. He took the medicine for a month before he could perceive any benefit from it. On the seventh week he informed me he was much better, the pain at the neck of his bladder was not near so violent, and his discharge was lessened and was nearly colourless; the quantity of semen which passed in the urine was considerably reduced. He continued the medicine for three weeks after this time, when he complained of heat in passing his urine, attended with a difficulty of retention, and a frequent desire to pass it. All his other symptoms had left him, he ceased taking the medicine, and soon afterwards he informed me he was quite well.

CASE XIII.

The following are Extracts from the Letters of a Patient, dated Ireland, January 6, 1821:—

“ON reading a publication of your's, I am induced to address you to know how a person at a distance can be supplied with your medicine for the cure of stricture. The disease is not very

troublesome; has existed for these ten years past, during which time I have been under the care of Mr. — in London, who passed a good sized bougie repeatedly. The same medical gentleman has passed a large metallic bougie, and applied caustic; from all of which I found for a time enlargement of the passage, and of course a larger flow of urine. In warm weather there is a considerable discharge, and a reduction in the passage, which is in some measure obviated by passing, once a week, a tolerable sized bougie. The stricture is about four inches from the orifice. I am forty-five years of age, of a robust habit."

In his next letter of January 20th, he says, that "a stricture of a lesser kind existed near the neck of the bladder. The one about four inches up, lays such a hold of the bougie, that it is not easy to ascertain its extent. I am naturally of a costive habit, and I had the piles about eight years ago." This patient began taking the medicine, on the 10th of February; on the 20th of the same month, he says, "I make water freely, sometimes a little forked, but no discharge, which I don't know whether I can attribute entirely to your medicine, as it generally stopped in cold sharp weather; but I do conceive I feel better in the discharge of urine, and much more regular."

"*Ireland, March 15th.*—I have to say that the stream of water, while taking the first medicine,

was more copious and stronger than during that of the second, but I certainly feel better, and have no perceptible discharge at present."

"*Ireland, March 23rd.*—Since the commencement of the disease, I have had a swelled testicle, which I believe originated in the improper use of the bougie. I have observed since taking your medicine, small pieces like threads in the urine, and a stinging feel at the termination of the discharge of urine."

"*Ireland, April 21st.*—It is now ten days since I finished taking the last medicine, which I have found of the greatest benefit, and I continue improving daily. After I had finished the medicine, I found a frequent inclination to make water. On receiving your letter I took your prescription, which I have since omitted, as the uneasiness was removed; in fact, if I continue to make water as I now do, I should conceive myself cured of the disease; but on being costive, at the time of stool, I have a discharge from the urethra of a whitish colour, which is sometimes considerable, but not at all so frequent as before I used your medicine. The swelling of the testicle has gone down."

This patient had contraction in the rectum, which frequently accompanies old cases of stricture.* He at first introduced chandles up the

* This subject will be found at the conclusion of this publication, under the head of Disease of the Rectum.

rectum repeatedly, and afterwards passed the rectum bougies.* In the beginning of June, in the same year, he called upon me and said he had had no recurrence of his disease, and was in a perfect state of health.

CASE XIV.

MR. R. aged 26, contracted a gonorrhœa at the age of sixteen years; a gleet followed, and injections were applied, to which he attributed the formation of stricture. Between the age of eighteen and twenty, he had retention of urine three times. At the age of twenty, he caught the infection a second time, and a violent running continued for three months; and from this period to the time that he applied to me, his disease increased, in spite of the numerous remedies to which he had resorted. His stream of urine was never larger than a crow's quill, but it generally passed in drops. Latterly the disease had increased so much, as to occasion retention of urine every six or eight weeks; which at one time continued more or less for nearly three weeks. A bougie could not be passed. He had a constant discharge of purulent matter, occasionally mixed with blood, which varied in quantity at periods.

* I recommend the use of the brown rectum bougies, prepared by Stodart, Surgeons' Instrument Maker, 401, Strand, London.

After taking the medicine and some alterative pills (which I prescribe in such cases) for about a fortnight, he told me his complaint had altered for the better, the running was not so yellow in colour, the quantity less. The stream of water was sometimes larger than before, especially toward evening; no pain was felt in passing the urine. The chief inconvenience he complained of, was irritation and pain in the parts, if he walked a very short distance. Before he took my prescription, he had occasionally nocturnal emissions, which had not happened since. Eight days from this time, he thought the stream occasionally decreased in size; felt some pain in making water, and had also momentary retention of urine. A day or two afterwards these symptoms subsided, that made him suppose it to be the action of the medicine on the disease, which was the case. Seven days afterwards, he informed me that the pain in making water had rather increased, and the urgency greater than before. He was convinced my treatment "had shook the root of his disease." He could now take exercise without pain, which he could not do before. The medicine was altered, he took six drops of the Tincture of Opium and ten of Liqueured Potass in a little water, three times a day. The sixth day from this period, he said his painful symptoms were considerably relieved; the stream of urine, for the

first two or three seconds, evidently larger than before. The discharge had diminished, and its colour was lighter; he could eject the last few drops of urine. Two months from the time that he applied to me, he had recovered in every respect, except occasionally feeling pain upon exercise; his discharge had ceased entirely, he made water in a steady stream, without any pain or difficulty.

CASE XV.

*Extracts from the Correspondence of a Patient
in London, November 2nd. 1820.*

“ I HAVE been annoyed by strictures, for upwards of twenty years. Bougies have been applied, and they have only afforded temporary relief, and sometimes aggravated the complaint. I have never been free from a discharge, which I attribute to the frequent use of bougies. I have lately been confined with rheumatism.”

“ *London, November 6th.*—The original stricture was about the bulb; I have been constantly obliged to dilate the urethra with bougies, and I once hurt myself very much by the passing of a bougie, which may be the cause of the ulceration in the passages. The urine occasions a smarting pain as if it passed over one sore part in the passage.”

" *November 13th.*—I commenced taking your medicine on the 9th, and have followed your directions. Some time since I had the blind piles, and have been troubled with a heat and itching about the part; I continue lame from the rheumatism. I have not yet perceived any benefit from the medicine. I have sometimes observed to pass in my water, small pieces resembling veal jelly, or fibres of flesh."

" *November 22nd.*—I don't find any alteration in the discharge for the better, neither do I improve in health, but I fancy I am not quite so well." I ordered the medicine to be discontinued for a time, and substituted some other for it.

" *November 28th.*—I am disappointed in not continuing the same medicine; the yellow discharge being much diminished in quantity, I was in hopes that the next would have quite cured me. I find myself rather better in my lameness, and evidently stronger. One of my testicles is swelled, and painful to the touch. The stream of urine I think is rather less than it was. I am now quite satisfied that your medicine will cure the discharge."

" *December 6th.*—The yellow discharge continues, but in a much smaller quantity, I think it appears lighter coloured. I find the testicle improved, it is softer and something less in size. I am in hopes the rheumatism has quite left me."

"*January 27th. 1821.*—I think I am no better in respect to the discharge; it still continues yellow; within the last two days it appears to have increased in quantity; I am in other respects much better, having none of those pains, which I formerly complained of."

"*February 16th. 1821.*—Since my last the discharge has somewhat diminished, and I am in hopes a few more doses of the medicine will completely remove it. I find my strength much improved, and if I can get the better of this discharge, which I have no doubt of, I shall feel myself quite another man."

REMARKS

On the Origin, Symptoms, and Treatment of Disease in the Rectum.

THE origin or primary cause of contraction or disease of the rectum, I consider has not been satisfactorily described by any of the authors who have written on this subject. For which reason, I have been induced to offer a few practical remarks, in hopes of affording some additional information to facilitate the means of detecting this disease, (which has frequently proved so insidious, as to have escaped the observation of many of the faculty who rank high in their profession,) and also from the desire of introducing a more effectual mode of treatment than has hitherto been made use of; for I certainly believe, that in many instances, attention has been paid to the effect, while the cause of the disease has been left unregarded.

One circumstance I think particularly deserving of notice: namely, those who are suffering from this disease, chiefly complain of their stomach, and are seldom conscious of the diseased state of

the rectum, unless it be in the very last stage, when the discharge of blood and matter becomes troublesome, or the contraction so great as almost entirely to prevent the passing of the fæces.

I have always found in patients who have disease of the rectum, great disorder of the stomach, which has existed for years, attended with acidity, flatulency, and frequent eructations of a nauseous fluid; they are almost continually costive, and evacuate small portions of fæces at a time, and require a strong opening medicine to produce this effect. The difficulty and pain they experience in the act of evacuation, they attribute entirely to a costive habit of body, and are not aware of the disease and contraction in the rectum. They complain of being subject to piles,* and occasionally void a little blood and matter with their stools. Hence it happens, that they are considered as nervous, hypochondriac and dyspeptic patients, and the disease in the rectum is frequently passed over unnoticed.

* Piles and contraction of the rectum arise from the same cause: the former is the swollen enlarged state of the internal membrane of the rectum, from inflammation, &c. which projects outwardly; the latter is to the same effect, but higher up, and sometimes not within reach: the former is temporary, while the latter is permanent; though stricture in the rectum is commonly accompanied by external swelling from the anus, and there are many cases of piles where the external appearances are of less consequence, than the internal contraction.

I do not doubt but there are many individuals suffering from this disease, who are lingering out a miserable existence, under the idea that their complaints are incurable, from having derived only temporary benefit from the various means to which they have resorted; and are not conscious that their distressing symptoms are greatly increased by the disease in the rectum, which must of course prevent the regular evacuation of the fæces.

On Stricture of the Rectum.

Contraction of the rectum is a more common occurrence than is generally supposed. A due consideration of the structure, the action, and the sympathy of this intestine with the stomach, is sufficient to account for this circumstance: but a permanent stricture requiring a manual operation does not so frequently happen.

When the rectum is in a relaxed state, its internal membrane which is largely supplied with veins, hangs loose and in small folds. During the evacuation of the fæces, the rectum dilates to admit the fæculent matter, and afterwards contracts above, in order to expel it. By introducing the finger up the rectum, this membrane will be felt hanging in a relaxed state, and the contracting power of the intestine may be ascertained by desiring the patient to make an effort to evacuate.

Continued irritation or inflammation of the internal membrane of the rectum, will bring on thickening of the part, and a diminution in the cavity of the gut; which, when once produced, is liable to be increased; and if unattended to, may in time become permanent.

Contraction of the rectum may be known by the difficulty that is felt in passing the stools, which is generally supposed to arise from habitual costiveness.

The patient occasionally feels a degree of uneasiness in the rectum in walking, and sometimes in sitting, more particularly in hot weather; also pain in the loins and down the legs. There is sometimes a frequent desire to evacuate, with little or no effect; but these symptoms only occur when the disease is far advanced.*

The patient is weak, emaciated, extremely nervous, and complains of lowness of spirits. If the complaint has been long standing, there is hypochondriasis and wandering in the imagination, almost approaching to insanity: but the most

* Patients with this disease have sometimes two or three loose evacuations daily, but the quantity passed in these efforts, does not equal one proper evacuation. I doubt not but there are many persons with contraction in the rectum, who suppose themselves to be of a costive habit of body, and think their only remedy consists in the constant use of purgative medicines.

striking symptoms of this disease, are continual indigestion, with flatulency and acidity; acid eructations, and sickness chiefly in a morning, and sometimes during the attempt to expel the fæces. The patient is generally uneasy after eating, and complains of a fulness or weight in the stomach or bowels, and occasionally feels pain in the side and back, and achings in the shoulders and arms, resembling rheumatism. These latter symptoms evidently denote deranged functions of the liver and of the digestive organs; and it is a well-known fact, that a variety of local affections proceed from this cause, and I have reason to believe, that it is the primary cause of stricture in the rectum.

A strong sympathy exists between the stomach and the whole of the alimentary canal, but more especially the rectum;* derangement in the organs of digestion will always produce temporary irritation and contraction of the rectum, which will subside when the healthy action of the digestive organs are restored.

A very respectable Gentleman, in describing his case, informed me, that when his stomach was greatly disordered, his evacuations were exceedingly small and passed with difficulty; but as soon as

* The late Dr. Darwin, in his *Zoonomia*, speaks of the sympathy by sensitive association of the two ends of a canal, as the urethra and the bile duct the oesophagus.

his stomach had regained its healthy action, his stools resumed their natural appearance and were evacuated freely.

A Gentleman at a very advanced age, whom I attended for disease in the urethra, informed me, that he had been of a costive habit of body for a number of years, and had also been much subject to the piles, and his stomach had been disordered for a great length of time. He was obliged continually to take senna tea to produce an evacuation, which was always in a fluid state. He took a small dose of calomel for two nights at bed time ; on the third day, his secretion of bile was much increased, and a great deal was discharged from his stomach. On the third night, he repeated his dose of calomel, he slept better than he had done for a considerable time, and on the fourth day, he had a more copious evacuation, (to use his own words) than he had ever remembered to have been the case.

Continual disease in the stomach will produce continued irritation and contraction of the rectum; and every effort to evacuate the fæces, will, in some degree, increase the irritation.

If the disordered state of the stomach be allowed to go on for a considerable time, the contraction of the rectum, which at first is only an effect, becomes in time a separate disease, and proves a source of aggravation to the cause from whence it proceeded. For when obstruction in the rectum

has existed for years and become permanent, it is impossible materially to relieve the stomach, until the obstruction in the intestine is partly removed.

Stricture in the urethra near the neck of the bladder, will frequently produce disease in the rectum. Most of the severe cases of stricture which have come under my care, that have been of long formation, have been accompanied with disease in the rectum, and sometimes to such an extent, as to have impeded the evacuation of the fæces, and rendered the passing of an instrument to dilate the obstruction, absolutely necessary.

A young man aged 19 years, applied to me for the removal of the disease in his urethra. He informed me he had had a chancre and a clap at the same time; and that the chancre had spread to such an extent before he applied for relief, as to occasion the loss of nearly the whole of his penis. When the stump was healing, he was obliged to introduce bougies up the urethra, to prevent the external orifice from closing up: in consequence of which, and, together with the use of injection, the stricture formed near the neck of the bladder. He experienced great pain and difficulty in passing his urine, which was so much increased by the use of bougies, that he was obliged to desist from applying them altogether. He felt the pain about the neck of the bladder shoot backwards towards the rectum; his rectum became diseased. He had difficulty in

evacuating his fæces, which had so much increased by the time he applied to me, as to oblige him to take a portion of epsom salts every morning, to produce a stool; for nothing could pass from him except in a fluid state.

The smallest sized chandle was passed up the rectum, which proceeded no further than four inches, and gave him considerable pain, and it was applied several times before it would pass. I relate this case to shew, that the disease in the urethra was the cause of the contraction in the rectum.*

I have also found that disease in the rectum, will produce irritation in the urethra; and pain and difficulty in passing the urine. These circumstances will account for the mistaken opinions which have been formed by some authors, who have written on disease of the rectum, namely, that it commonly takes its origin from the venereal disease.† It is true, that, where there is stricture of long standing, or severe irritation about the

* The sphincter of the rectum becomes painful or inflamed from the association of its sensitive motion with those of the sphincter of the bladder, when the latter is stimulated into violent pain or or inflammation by a stone.—*Darwin's Zoonomia*.—*Tenesmus calculosus*.

† Monsieur Desault ascribes the complaint to many other causes besides venereal infection.—*Copeland on Stricture of the Rectum*, page 24.

Richerand in his *Nosographie Chirurgicale*, considers the stricture of the rectum, as sometimes arising from the venereal disease.—*Ibid.* page 25.

neck of the bladder, the disease will be communicated to the rectum from the proximation of the parts; also irritation or disease in the rectum, will occasion disease in the urethra, but this can on no account justify any author in asserting, that syphilis would bring on the disease. We have only to examine the anatomical situation of the rectum and bladder, to account for the disease of the one affecting the other.

The under surface of the bladder adheres to the rectum: the prostate gland which surrounds the neck of the bladder, is contiguous with the rectum, and when enlarged, forms a projection, which may be felt by passing a finger up the intestine; it also makes an indentation on the solid evacuation as it passes. The upper part of the urethra also lays upon the rectum. The fibres of the *accelerator urinæ*, *transversalis perinei* and *sphincter ani*, do not act separately but together. The *levator ani*, surrounds the extremity of the rectum, neck of the bladder, and prostate gland: its action is to draw up the rectum, and assist in shutting it after the evacuation of the fæces, also to assist in the ejection of the semen and urine.* Obstruc-

* The *Accelerator urinæ*, the *sphincter ani*, *transversalis perinei* and the *levator ani*, have a simultaneous action.—*Charles Bell's System of Dissections*, vol. 1. page 193.

In violent irritation of the rectum, as in long continued tenesmus of dysentery, the neck of the bladder sympathises; and what produces relaxation of the gut, causes strangury

tion in the rectum generally occurs several inches up the gut from the anus. The gut is frequently so distorted, that the most skilful anatomist may not succeed in passing an instrument through the contraction, until he has made several attempts; this may be partly owing to the enlargement of the hæmonoidal veins. Stricture is mostly formed in that part of the gut, which lays near the prostrate gland and the neck of the bladder; when the instrument is passing through the obstruction, the patient frequently complains of pain in the bladder and penis. A bougie should be softened by a gentle heat before it is passed, so as to be flexible and capable of adapting itself to the course of the intestine. Great care must be taken in removing it, otherwise it may occasion considerable pain to the patient.

The bougie may be applied at first every day, until the instrument passes easily through the obstruction, it may then be introduced every second, and afterwards every third day. Should the mechanical dilitation occasion a temporary degree of irritation and tenesmus, which is frequently the case; the operation may be occasionally omitted and an

or spasmodic construction in the neck of the bladder. This we can readily conceive when we recollect the strict relation which subsists between the actions of the rectum, and that of the muscles about the neck of the bladder in their healthy state.—*Ibid.* vol. 1. page 199.

anodyne *troche* introduced up the intestine, which may be repeated occasionally if needful. The stricture is sometimes from one to two inches in length. It is requisite that the bougie should always pass beyond the diseased part, otherwise much irritation may be produced without affording relief to the patient. The time for it to remain will depend entirely upon the situation of the patient; under some circumstances a few minutes may be the utmost, in others it may continue for twenty minutes or longer. Between the stricture and the *sphincter ani*, the bowel is sometimes distended considerably beyond its natural state, and frequently a receptacle for hardened lumps of fæces; and when this is the case, it requires a skilful and experienced operator to succeed in discovering the passage. An inexperienced tyro would poke the end of the bougie against a part of the bowel, and probably lacerate it.

Disease of the rectum is most common in those local situations, where derangement of the liver and digestive organs are most frequently met with. In the early stage of this disease, the cure will consist in restoring the tone of the digestive organs;* but when a part of the rectum has become permanently contracted, proper means must

* This may be accomplished by pursuing the plan, which I have laid down for the cure of this disease.

be used to dilate the constriction; at the same time attention must be paid to the organs of digestion, which will be frequently found more effectual in removing the disease than any operation.

Permanent contraction of the rectum greatly impedes the evacuation of the fæces, and the excrementitious matter frequently collects in a cavity higher up the intestines, and this accounts for the patient complaining of a constant weight or load in his bowels; and a tumifaction may sometimes be felt externally.

The instruments hitherto made use of to dilate the contraction of the canal, are not altogether suitable for that purpose, being either too soft to produce a sufficient effect, or too hard and inflexible. An instrument which consists of a roll of linen or lint dipped into a composition of wax and hog's-lard, and made round as a candle, is at first a very suitable application, but it will not dilate a firm stricture, and only afford temporary relief without removing the complaint, which may be accomplished without the least danger, by gradually dilating the contracted part to nearly the proper size of the canal; and unless this be done, the disease is likely to return.

The common rectum bougies are considerably too hard, for those of the larger size cannot be sufficiently softened by heat to allow of their use; and the elastic gum bougies will not bend to the

curve of the intestine without cracking. The best instrument that I could invent, has been composed of wax, melted and softened by the addition of a little oil to nearly the consistence of tallow, and poured into a circular tube of oil case, fastened at each end, which, when gradually softened by heat, will be found to be pliable and sufficiently firm to dilate the contracted portion of the intestine, and this instrument can be made to any size.*

As soon as a free passage is obtained by the dilatation of the stricture, an astonishing improvement in the health of the patient will be perceptible, and before a fortnight has expired, the digestion and strength of the patient will be considerably restored. But although the health of the patient in the generality of cases may soon be re-established, yet it will be necessary to continue to dilate the stricture until an instrument of the circumference of a halfpenny can be passed with ease, (I mean in cases of permanent contraction of the rectum that have existed for a number of years) otherwise the stricture will again contract, and the patient will be obliged to have the operation continually repeated.

Purging ought to be avoided, as it produces

* Since the publication of the former editions, I have recommended the brown bougie, prepared by Stodart, 401, Strand, London.

weakness and irritates the rectum, but the bowels ought to be kept gently open by an alterative pill composed of a small dose of alomel, (or any other mild mercurial) combined with some anodyne extract, to improve the biliary secretion. A mild chalybeate will also be found to be extremely beneficial in restoring the tone of the stomach and the strength of the patient.*

The patient should eat animal food, but abstain from malt liquor; wine and water, or water dashed with brandy, may be taken. The tenesmus which frequently follows the dilatation of the contraction, will be removed by the introduction of an anodyne *troche per ano*, and should be repeated as often as it may be found necessary.

CASE I.

A GENTLEMAN, an inhabitant of Bath, applied to me at the close of the year 1819. His chief complaint was of his stomach, which had been disordered for full fifteen years: he was in continual pain, which at times was greater than at others, every kind of food that he took turned acid on his stomach. He felt a constant weight and fulness in his stomach and bowels; was much

* Regular and constant exercise should be taken. The mind should be kept easy and free from care and anxiety. For I attribute the primary cause of most stomach complaints to these latter circumstances, as well to intemperance and irregularity.

troubled with flatulency; was continually subject to sickness and nauseous eructations, especially in a morning; and was always obliged to take a strong purging medicine to produce an evacuation. His stools were very small and a long time in passing, and during the act of evacuation, the contents of his stomach used to rise up into his mouth; he had often a desire to evacuate, without being able to produce any effect. Upon enquiry, I learned that he had felt a difficulty in evacuating the fæces for the last ten or twelve years, which had greatly increased within the last two or three years. He had consulted several medical men, without experiencing any permanent benefit, and none of them had ever hinted of the disease in the rectum. He experienced an uneasy sensation in his rectum while walking, and could not sit easy in his chair after exercise. He was extremely weak and exhausted, and overpowered by the least exertion; occasionally, matter was discharged with his stools. The *sphincter ani* was so contracted and in such a painful state, that the patient could not bear me to introduce the point of my finger. My first application was a piece of rushlight scraped small, nearly four inches long, and although it was introduced with the greatest possible care, it gave him great pain; the same operation was performed the second day with much less pain, and on the third day I succeeded in passing up the whole of a rush-

light. In a few days the rectum was sufficiently dilated to allow the fæces to pass with ease, and the improvement in the patient's health in that short time, was astonishing. The stricture was now dilated generally every second day, and afterwards every third, with an instrument formed of wax and oil, enclosed in oil case, which when warmed, was quite soft; it was allowed to remain in the rectum generally about half an hour, the time being gradually increased. The irritation (which sometimes ensued from the dilatation) was allayed by a suppository of a grain of opium. The patient was ordered small doses of calomel to be taken occasionally at bed time, and the sulphate of iron during the day. In consequence of taking cold from standing in a damp situation, he experienced a slight attack of fever, with acute rheumatism, which prevented the operation from being performed for two or three weeks, and during this interval the contraction had increased. After dilating the contraction twice a week for three or four weeks, an instrument was passed, about six inches in length and larger in diameter than a mould candle; and was occasionally applied for some time, to prevent the contraction from returning. The impression which the stricture made on the instrument, proved it to be nearly two inches in length; it commenced about three inches and a half from the sphincter. This gentleman, pre-

vious to his applying to me, had not been able to taste malt liquor for years, and wine turned acid on his stomach. He has informed me, that he has enjoyed better health this summer, (1820) than he has done for fifteen years past, and can eat and drink any thing without his stomach being the least disordered.

CASE II.

EMANUEL DUKES, 25 years of age, had suffered from indigestion, pain at his stomach, and occasionally in his side, and between his shoulders, for four or five years previous to his applying to me. Within the last two years, his complaint has greatly increased; he was never free from acidity and flatulency at his stomach, and felt a fulness in the epigastric region, which gradually increased; also shortness of breathing, and sometimes a slight cough. He has been obliged to abstain from malt liquor for a considerable time past; some months previous to his being under my care, he was confined to his room for two days in consequence of drinking three parts of a pint of beer, which produced violent sickness that lasted several hours. During the last ten or twelve months, every thing he took he supposed lodged in his left side, and a tumour could be perceptibly felt. He has been subject to piles for many years, and has experienced difficulty in passing his stools for two years; for

some months he has been sick regularly every morning and also during his evacuation of fæces, and has always thrown up his breakfast. Cold shivering fits, faintness, and the sense of sinking at his stomach, (as he termed it) and hiccups used to come upon him frequently, and he has often thought he was dying. Lately these symptoms had increased to an alarming height, and in consequence of an attack of this description, I was called to him in the night. He was in a state of exhaustion, and answered my questions incoherently, and with indifference. He had taken a large quantity of purging medicine without its having produced any effect; for four days he had no evacuation at all, and very little had passed from him during the last fortnight. I introduced the smallest sized rectum bougie, felt the sphincter contracted, and [a stricture about four inches up the rectum, and succeeded with some difficulty in passing the bougie beyond it. After allowing it to remain a few minutes, I withdrew it, and gave him a clyster; a short time after he evacuated a large quantity of black-coloured fæces in a fluid state, to the amount of four or five pints, from which he experienced considerable relief. I ordered him small doses of calomel with the extract of colocynth every night, and three grains of the sulphate of iron twice a-day, and applied the bougie the two following days, after which his evacuations passed

from him freely. I applied the bougie seven times during three weeks, which was found sufficient to remove the obstruction. His health was greatly improved, his evacuations were proper, and all his distressing symptoms were nearly removed; the tumour in his side had considerably diminished. The patient soon after this period went to London, and I have not heard any more respecting him.

CASE III.

MR. S——, about two years ago was attacked with violent purging and vomiting, which was termed by his medical attendant, *cholera morbus*. Previous to this attack, he had been subject to piles and a discharge from the rectum. The sickness and purging continued upon him (though in a less degree than at first) until he applied to me. He complained of being sick every morning as soon as he arose from his bed, which continued on him until noon, and he was not able to eat any thing during the fore-part of the day. He had constant pain and uneasiness at his stomach, also acidity and flatulency to a great degree, and a weight in his stomach and bowels after eating. His stools were always fluid; he sometimes experienced a discharge of blood and matter, and felt pain and much straining in the act of evacuation, which sometimes produced sickness. He had not the least idea of the diseased and contracted state of his rectum. He was extremely weak and low spirited, and

despaired of having his disease removed, and more than once he had been supposed to be dying. He pursued the same mode of treatment as I have described in the foregoing cases, his sickness began gradually to abate, together with all his distressing symptoms. In about five or six weeks he informed me he was never better in his life. In this case the bougie was only introduced nine times, and only remained in the rectum a few minutes each time.

FINIS.

described of having his disease removed, and more than once he had been supposed to be dying. He pursued the same mode of treatment as I have described in the foregoing case, the disease began gradually to abate, together with all his distressing symptoms. **First Case.** He was informed that he was better than in his case. In this case the disease was only introduced nine times, and only remained in the rectum a few minutes each time.

Second Case. A man, aged 45, had been suffering from hemorrhoids for many years. He had tried every remedy, but without success. He was informed that he was better than in his case. In this case the disease was only introduced nine times, and only remained in the rectum a few minutes each time.

