Observations on strictures, and other affections, occasioning a contraction in the lower part of the intestinal canal, and the mode of treatment ... / [William White].

Observations

ON

STRICTURES,

AND OTHER AFFECTIONS,

OCCASIONING A CONTRACTION IN THE LOWER PART OF THE

INTESTINAL CANAL,

AND

THE MODE OF TREATMENT,

ACCOMPANIED WITH

CASES AND ENGRAVINGS,

ILLUSTRATIVE OF DIFFERENT MORBID APPEARANCES.

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Second Edition, corrected and enlarged.

BATH: PRINTED BY HENRY GYE, MARKET-PLACE;

PUBLISHED BY LONGMAN, HURST, REES, ORME AND BROWNE, PATER-NOSTER-ROW; AND BY CALLOW, CROWN-COURT, SOHO, LONDON.

1815.

TO

CALEB HILLIER PARRY, M.D. F.R.S. &c.&c.

DEAR SIR,

THE favorable support my Treatise on the subject contained in the following pages, has received from the Faculty in general, and its acknowledged utility, induce me to offer the present Edition to you.

Your ability and zeal in the advancement of medical science, as well as your candid, liberal, and polite manners, have long ensured you the confidence of a discerning public, and gained you the respect of an enlightened profession. That your useful life may be prolonged for the future benefit of mankind, is the sincere wish of,

Dear Sir,

Your most obedient humble Servant,

W. WHITE.

Bath, July, 1815.

Preface to the Second Edition.

SINCE the publication of my Treatise on the Contracted Rectum, I have had great satisfaction in knowing that the subject has excited considerable attention amongst practitioners; which object I had in view, from the conviction, that such a complaint must have been frequently overlooked. And subsequent experience has more fully confirmed me in that opinion; not only from the great

number of cases which have come under my notice, but also from various communications I have had on the subject, with some of the most eminent practitioners in the country; who have manifested great liberality of sentiment in acknowledging the truth of my observations, as corresponding with their own experience. Several of them have not only recommended patients to me, in whom the complaint had been detected, in consequence of my publication, but unfortunately some of themselves have even been subjects of the disease. Although this is a circumstance of regret, it has afforded me an additional and satisfactory proof, that I am not practising, either ignorantly or designedly, an imposition, as some might be ready to conclude: for even

facts, demonstrated by the most decisive evidence, are often rejected through prejudice.*

The beneficial effects which have resulted from my former Observations, and the favorable reception of the Work, have encouraged me to communicate my further experience on the subject; flattering myself, the addition will be considered sufficiently important to have justified the re-publication of the original Remarks.

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* As a proof of this, a near relative of a medical gentleman, who labors under strictures in the rectum, would not believe the existence of the complaint, although it had been ascertained by different able surgeons; and himself also of the profession.

OBSERVATIONS, &c.

SECTION I.

GENERAL REMARKS.

THE discovery of the first case of contracted rectum I met with, (about nine years since) which was far advanced, and its fatal termination, made so deep an impression on my mind, that, in all cases which have since occurred, where there was the least suspicion of any mechanical obstruction in the lower part of the intestinal canal, I have been extremely careful in the investigation; by which means I have detected many cases, which in all probability might have remained undiscovered.

It is very much to be regretted, that in some popular works of the present day, stricture of the rectum is not even mentioned; and more especially in a work which professes to embrace every article of surgery.

It must be acknowledged, that a lessening in the calibre of the lower part of the intestinal canal, from different causes, such as tumors, schirrus, and excrescences, has been noticed by several of the older writers, particularly Wiseman, Morgagni, Ruysh, Boerhave, and others; and more recently by Mr. Pott and Sir James Earl.* Nevertheless, the history of cases recorded by the former writers, would never lead to a suspicion of simple stricture in the rectum. I may therefore presume to state, that no complete history of the contracted rectum had been given, until that excellent Paper on the subject, by Dr. Sherwen, was published, in the second volume of the Memoirs of the London Medical Society, in the year 1794; and in which the symptoms of the disorder, towards its ultimate progress, are detailed with great accuracy and minuteness; but at the same time, I must take the liberty of remarking, that it does not appear, from the de-

* The reader will meet with some useful remarks on hæmorrhoidal excrescences, and some valuable cases, in Sir James Earl's last edition of Mr. Pott's Works.

scription which Dr. Sherwen has given, that he was acquainted with the disease in its early stage, or under the form of simple stricture: and the unfavorable prognosis given by him, must justify such an inference. When this disorder came first within my knowledge, I must confess that I derived considerable information, from having read his description, which is penned in striking and pathetic language. He observes, "the disease comes on in the most gradual and imperceptible manner; slow in its progress, but terrible in its consequences; it yields not to medical assistance; but must, under the best management, become ultimately fatal.* It however, admits of palliation; and, if early discovered, will also admit of the last moments of the patient being rescued from unavailing, mistaken, and distressing attempts to cure. It is therefore, an object worthy of the most serious attention of the humane practitioner."

About the time that Dr. Sherwen's Paper was published, several cases of contracted rectum were inserted in the first volume of the Parisian Chirurgical Journal, that had been under the care of Mons. Desault, in the

* This is certainly true as it respects the schirro-contracted rectum, but not with regard to simple stricture.

Hôtel Dieu. It appears, however, evident to me, that they were mostly cases of tubercles, (some of them clearly connected with the venereal disease) and not any of simple stricture.

Since that period, (an interval exceeding twenty years) I believe nothing on the subject had been communicated, until my Remarks and Cases were published in the Medical and Physical Journal.* Some months afterwards, Mr. Copeland published a Treatise on Diseases of the Rectum, including Strictures, in which he noticed these observations; but certainly misrepresented my opinion, as is noticed in my Preface to the former edition.

The more this disease has fallen under my notice, I become less surprised at its being so frequently overlooked. If strictures of the urethra are capable of exciting morbid action in distant parts of the system, (which appears to have been satisfactorily proved from the experience of the most respectable practitioners †) we need not then wonder if an analogous disease, in a part which is related by a continuity of surface, to the important organ of digestion, should excite a train of

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* No. 120, p. 287.

† Particularly Sir Everard Home, and Mr. Abernethy.

actions, even more numerous, complicated and uncertain.

Practitioners who are not experimentally acquainted with the complaint, will be apt to attribute the symptoms of its early stage, either to habitual costiveness, piles,* stomach complaints, or bilious obstructions; and those attendant on its more advanced progress, to chronic diarrhæa. Hence it happens, that a prominent symptom of this disease is very liable to be mistaken for other morbid affections of the alimentary canal, which proves the great necessity for a careful and minute investigation, where such a resemblance of symptoms occurs.

What Dr. Sherwen has so justly observed with regard to schirrus of the rectum, is likewise applicable to simple stricture: "There is no disease (he says) to which the human frame is incident, that is more liable

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* Piles, hæmorrhoidal excrescences, and prolapsus ani, sometimes, accompany strictures of the rectum.

"Quin credo inter causas cæteras, quare hoc vitium, quamvis fortasse non ita rarum, paucioribus innotuerit, nec fere nisi serius, immisso tandem digito, agnoscatur præcipuam illam esse, quod ægri et medici nihil plerumque subesse mali; nisi hæmorrhoidum, arbitrentur."

Morgagni de Sed. et Causis Morb. Epist. 32, Art. 8

to be misunderstood.—Diarrhæa, dysentery, tenesmus, cholic, painful distention of the abdomen, inflammation of the bowels, and iliac passion, which are each of them formidable, and often fatal diseases in themselves, may be successive symptoms of the schirrous rectum. Under some one of these appearances, it is highly presumable, that many patients have died, without the real cause having ever been assigned or suspected; and even when it is suspected, and becomes an object of manual investigation, may be easily mistaken for an enlargement of the prostate gland, or a schirrous uterus."

An opinion has been held that women are more subject to this disease than men; my experience, however, leads me to differ: for out of seventy patients by whom I have been consulted, forty-three were males, and twenty-seven females. Nevertheless, I would not, even from this great difference, infer, that men are more liable to this disorder than women; because I am inclined to believe it happens to them both promiscuously. Although no age or sex, appears to be exempt from this complaint, yet it does not come so frequently within our knowledge until persons have arrived at the meridian of life; the number afflicted at that period, has certainly been much greater than at any other, which will appear by the

statement.* At the same time it is proper to notice, that even in several of these cases, symptoms of the disease had been experienced at a very early age.

When I first published the cases of contracted rectum in the London Medical and Physical Journal, my reason for including them all under the term schirro-contracted, was, from having adopted the opinion, that simple stricture was the incipient stage of the disease. When my observations were afterwards published, although I had not altogether relinquished this idea, yet, in order to avoid confounding one complaint with another, I used the term contracted, as not applying to

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*Number of Males.			Number of Females.		
	Age.			*Age.*	
†16		1			
From	20 to 30	3	From	20 to 30	5
Ditto	30 — 40	15	Ditto	30 — 40	5
Ditto	40 — 50	11	Ditto	40 — 50	14
Ditto	50 — 60	6	Ditto	50 — 60	1
Ditto	60 — 70	5	Ditto	60 — 70	1
Ditto	70 — 80	2	Ditto	70 — 80	1
		43			27

In this list are included, cases of simple stricture (the most numerous) tubercles, indurations from a venereal cause, and schirrus.

† *This young subject had also strictures in the urethra, but neither from a venereal cause.*

any specific state of disease, but including every morbid state of the rectum, by which the canal becomes lessened in its diameter. But from the variety of cases which have come under my notice, since I made the preceding remarks, I have been led to think, that simple stricture and schirrus are very different in their nature: this I apprehend may be fairly inferred, from the length of time patients have labored under symptoms of contracted rectum, when ultimately, examination has proved the existence of simple stricture only. This remark is exemplified in the nineteenth case.

As the following observations of Sir Evererd Home, relative to the formation of strictures in the urethra, are so applicable to strictures in the rectum, I shall avail myself of them, as tending to illustrate the subject. After endeavouring to prove the contractile power of the urethra, which no one can doubt, although the peculiar structure, on which the contraction of a muscle depends, has not been ascertained in the urethra, Sir Everard observes, "This contraction and relaxation form the natural and healthy actions of the urethra, but this membrane, like every other muscular structure, is liable to a spasmodic action, which produces a degree of contraction, beyond the natural: and in that state, the canal loses the power of relaxing until the spasm is removed. When this happens, it constitutes disease, and is termed

a spasmodic stricture. While a stricture is in this stage it is only a wrong action of the membrane of the urethra; and if the parts should be examined in their relaxed state, there would be no appearance of disease. When a portion of the urethra is disposed to contract beyond its natural, easy state, this disposition commonly increases, till the part becomes incapable of falling back into a state of complete relaxation, and the canal always remains narrower at that part.

"In this stage, it is both a permanent stricture and a spasmodic one. It is so far permanent, that it is always narrower than the rest of the canal; and so far spasmodic, that it is liable to contract, occasionally, in a still greater degree. A stricture in the urethra, whether in spasmodic or permanent state, is a contraction of the transverse fibres of the membrane which forms that canal. When this contraction is in small degrees, it appears, upon examination after death, to be simply a narrowing of the canal at that part: but when the contraction is increased, it becomes a ridge projecting into the canal; this last, is the appearance of what is understood by a permanent stricture.

"The stricture is generally all round equally, the ridges projecting to the same distance, from every side of the urethra. It sometimes happens that it only projects from one side."

Experience has fully proved, that the intestinal canal is subject to strictures as well as the urethra and asophagus; and, although any part of the canal may be affected with them, they are most frequently met with in the rectum, and at the termination of the colon. "I have once seen (says Dr. Baillie) one of the valvulæ conniventes much larger than usual, and passing round on the inside of the jejunum like a broad ring. The canal of the gut was necessarily much narrowed at this ring, but no mischief had arisen from it. This malformation, however, might have laid the foundation of fatal mischief. Some substance too large to pass, might have rested on the ring, and produced there, inflammation, ulceration, and untimely death."

From the great experience of Dr. Baillie in morbid anatomy, we may I think, fairly conclude, that the disorder very rarely occurs in the small intestines. In a case however, published by Dr. Combe in the fourth volume of the Medical Transactions of the College of Physicians, London; where there was an uncommon pulsation in the aorta, dissection discovered the lower part of the ilium, as far as the colon contracted, for the space of three feet, to the size of a Turkey quill: the aorta was in a perfectly healthy state.

SECTION II.

REMARKS ON THE DIAGNOSIS OF THE DISEASE.

IN describing the symptoms of contracted rectum, it is necessary to premise, that, however accurately the diagnosis may be given, it will nevertheless be impossible to ascertain its existence but by manual investigation. The great similarity of symptoms arising from other causes affecting the alimentary canal, I must acknowledge, renders the pathognomic signs of this disease precarious and uncertain; but more especially those attendant on a schirrus of the uterus: and there are instances, where, even on examination, a schirrus of the intestine has been mistaken for a schirrus of that organ,* and *vice versa*.† Symptoms of the contracted rectum

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* A physician of great eminence in London, much conversant with female complaints, informed me that his opinion had been requested in a case which had been deemed a schirrus of the uterus by two surgeons of respectability, who had been previously called in. On examination, he was very much surprised to find the uterus was not in a diseased state, but that the disorder was a schirrus of the rectum.

† Some time ago, I was requested to meet two medical gentlemen of this city, to examine a lady who was supposed to labour under a

in the female, are so similar to those of a schirrous uterus, that I do not know any mark whereby the one disease can be distinguished from the other, excepting that in the latter, the urinary bladder is more liable to be affected than in the former; though sometimes pain and difficulty in discharging the urine attends that also.

I shall however, endeavour to point out, in as clear a manner as I am able, those symptoms, which, from my own experience, and that of other practitioners, appear to be most discriminative of the disease in its different forms; but more particularly simple stricture.

The history of cases clearly proves its insidious nature, and the slowness of its progress. A person may, perhaps, be affected with symptoms of stricture for several years, but the inconvenience he experiences is so trifling, that he is not induced to pay any particular regard to his situation; especially if he be able to follow his occupation as usual: and not finding any sensible declension of strength, he does not in the least suspect that the symptoms he is occasionally annoyed with, are

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contraction of the rectum: but, on investigation, I found the uterus completely schirrous, and so much enlarged as to fill up the whole cavity of the vagina; which had so compressed the rectum, as to occasion many of the symptoms attendant on an original contraction of the gut, which no doubt led to the mistake.

the precursors to as distressing a malady as any to which the human frame can possibly be subject. At length, however, his sufferings increase, and he is compelled to seek for aid. But, alas! even then, it too frequently happens that the complaint is overlooked, and mistaken for some other disease. Hence, we may venture to assert, there is no one disorder, the knowledge of which is of more importance than that under our present consideration.

The symptoms more particularly indicating the presence of stricture in the rectum, are, habitual costiveness, occasional uneasiness, arising from a sense of fulness in the course of the transverse arch of the colon, but more especially towards the termination of its sigmoid flexure, chiefly occasioned from wind meeting with some obstruction to its passage downwards.* The patient is often sensible of the aggravation of this symptom, from a variation in the quality or quantity of food he takes. Sometimes the fulness may be felt externally, in the course of the sigmoid flexure of the colon. Although this symptom frequently happens to be the

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* In consequence of this, eructations are often extremely distressing; particularly in one case, where the stomach was so much oppressed with wind, that the pulse frequently became intermittent, until the stomach was relieved from the flatulence.

first to arrest the patient's attention, and continues some time, before any particular local inconvenience is experienced from the passing of the fæces; yet, I would observe, this by no means invariably occurs: for I have known some instances of stricture, where that symptom was not at all conspicuous. Besides the sense of fulness just noticed, other sensations are often excited in the course of the colon, *viz.* acute pain—a sense of pressure when the fæces accumulate above the stricture—violent spasmodic contractions in different parts of the intestine, which usually happen after the colon has been exerted in expelling the fæces. Sometimes the patient feels as if girded tightly with a cord. It may be proper to notice, that these different sensations are in general aggravated, in proportion as the stricture is seated high up in the rectum. Sooner or later, the patient experiences an uneasiness on going to stool, attended with difficulty in voiding the fæces. As the disorder advances, the alvine excretions become gradually more scanty, the fæces are smaller-figured* than those which are natural, and are often discharged with a squirt, sometimes accompanied by a sudden and loud explosion of wind.† After an evacua-

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*Sometimes they are flat, at other times of a triangular form.

†This often takes place on introducing the bougie, from the wind being pent up above the stricture.

tion a sensation commonly continues for some time, as if the whole of the fæces had not been expelled; this by degrees goes off, and the patient feels himself tolerably easy, until the next time of going to stool, when a similar sensation recurs. This kind of tenesmus, however, is not so distressing as in the advanced stage of schirrus, after a diarrhæa has come on.

With regard to the lessened diameter of the fæces just noticed, which must necessarily be the case, whenever a permanently contracted state of the gut takes place; yet it has happened, in some instances, where that change had been observed, that in a more advanced period of the disease, fæces of a natural size had occasionally passed. The knowledge of this circumstance, I consider of some importance, in as much as, if properly attended to, it will prevent the practitioner from hastily concluding there is no stricture, merely from an examination of the evacuations; when symptoms may otherwise indicate the presence of the disease.

If the stricture should happen to be so low in the rectum, as not to allow room for the accumulation of fæces, it must appear evident that they will be found uniformly small in diameter, (in proportion to the degree of stricture) while they continue to be discharged in a figured state. And also, when the stricture happens to be high up in the rectum, so long as the gut below re-

tains its natural expulsive power, an accumulation will be prevented, and the diminished size of the fæces will continue. But, as the disorder increases, the inferior portion of the intestine gradually loses that power; * and when the contraction becomes considerable, a small quantity of fæces only pass at a time through the stricture, and not being sufficient to stimulate the lower part of the rectum, (which in a great measure is deprived of its natural action) an accumulation goes on from time to time, until at length it becomes difficult to remove: † and on these occasions, fæces of a natural size have been sometimes discharged. This is particularly conspicuous in the XIX case, where fæces, as large as the natural diameter of the gut, passed a few days previous to the death of the patient; in which form, it was impossible to have passed the stricture.

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* What materially contributes to lessen this power, is the interruption of the peristaltic motion (so essential to the expulsion of the fæces) at the stricture, which must necessarily take place in proportion to the degree of contraction, and deviation from the natural structure of the part. Patients have often expressed themselves surprised at their inability to expel the fæces when not indurated. What is just stated, affords a sufficient explanation.

† Sometimes even to require manual assistance.

Pain of the back about the sacrum, is a very common attendant on strictures in the rectum, and sometimes a primary symptom: the pain frequently shoots down the thighs, and I have known one instance where it extended down to the soles of the feet, so as to render walking extremely painful. I was convinced the pain arose from the stricture, not only because a similar sensation was induced when the bougie reached the strictured part, but in proportion as the stricture gave way, the pain went off. There have been, however, instances of stricture, where the symptom now noticed has not occurred.

Hæmorrhage very frequently takes place in strictures of the rectum, and sometimes the quantity of blood discharged is very considerable. At other times there is a mucous discharge.

Pain of the head, especially towards the occiput, is another very common symptom attendant on the complaint. I was not aware of this until an eminent physician, who laboured under strictures, consulted me, and being afflicted with severe head-achs himself, enquired if I had noticed that symptom in persons labouring under this disease. Recollecting two cases in which the patients had occasionally complained of their heads; I informed him of the circumstance, at the same time observing, that I did not consider that symptom at all

depending upon the state of the intestine. I have, however, so frequently met with it since, that I have no doubt, now, of this being the fact.

The pain experienced in a state of simple stricture is not constant, but only felt at the time of the patient's going to stool, or when there is an accumulation of wind, or fæces, pressing upon the strictured part.

In a schirrous state of the rectum, the sufferings of the patient are not only more severe, at the time of voiding the fæces, but there is also at other times, great pain about the sacrum, often shooting down the thighs; as well as a sense of burning heat and pain in the rectum. Dr. Sherwen, in his description of the disease, observes, "The patient gradually experiences a difficulty in evacuating fæces of a thin consistence. There is a principle of accommodation in the human system, which enables him to go on for a great length of time, without applying for aid. As the passage becomes obstructed, the fæces acquire a thinner consistence, and the first complaint which he makes is of a looseness."

I shall here take the liberty of remarking on the preceding passage, that, although it may be very true, that the disorder sometimes arrives at the above-mentioned stage, before any application is made for relief, yet it does not follow from thence, that a diarrhæa is a primary symptom; because the history of cases

clearly demonstrates, that the complaint, in general, does exist for a considerable length of time before a diarrhæa comes on: and, I believe, it will be commonly found in a very advanced stage, whenever a spontaneous diarrhæa* takes place.

Dr. Sherwen further remarks: "He (the patient) continues in other respects apparently in good health, his appetite is but little impaired, reiterated scanty evacuations, amounting in the whole to a sufficient quantity to keep the stomach easy, preserve a sort of balance in the intestinal canal: but by degrees, the cavity of the gut becomes less permeable: opiates and testaceous powders have, perhaps, been had recourse to, and the frequent needing to stool abates. The patient, and his friends, flatter themselves he is getting well; but he soon falls off in his appetite for food. The absence of stools is for some time attributed to this cause, till the lower part of the abdomen, by degrees, acquires a remarkable prominency, attended with uncommon rumbling of wind in

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* This arises from the passage being so much contracted, as not to allow the fæces to pass, until they are previously dissolved above the contraction. Under this appearance of purging, I have often seen such a large quantity of thin fæces discharged after a dose of castor oil, or the administration of an enema, as to make one conclude, that scarcely any thing could have passed for weeks.

the belly, like the gurgling of water in a bottle.* These two last circumstances, perhaps, afford pathognomonic signs of the disease; especially when accompanied with frequent, but scanty discharges of thin, dark-coloured slimy fæces; often not more than a tea-spoonful, seldom exceeding at one discharge, a larger quantity than a table-spoonful. By degrees, a total suppression of stools takes place, the tumour of the abdomen increases, the uncommon rumbling of wind becomes more audible, so as to engage the attention of the friends and visitants of the patient. The distention gradually increases till the stomach is oppressed, and a vomiting comes on. The vomiting is not very frequent at first, but by degrees, every thing swallowed is vomited up. Severe pains are felt from distention in various parts of the abdomen, and a true Iliac passion† of the chronic kind comes on, and continues as long as the patient lives, unless he is acci-

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* This symptom has not been so conspicuous in any case that has fallen under my notice; and Dr. Robert White observes, in a case related by him, that the gurgling rumbling noise, considered by Dr. Sherwen as particular marks of this disease, were so trifling, as not to be regarded until a total obstruction took place

† Iliac passion sometimes supervenes in simple strictures, as well as in schirrus, and I have no doubt but a great number of persons die without any suspicion of the cause.

dentally relieved by a free discharge of thin fæces, which will sometimes, unsuspectedly, give a respite to his sufferings. In consequence of which, the appetite for food will again return; the patient will again appear to be getting well; but the anxious solicitude of his friends at this period, will urge him to get down a considerable quantity of generous nourishment, till a repetition of the same scene takes place, and the unhappy man is alternately tantalized and worn out, either with a stoppage or a purging.

"If assistance is not called in till the patient arrives at this deplorable state of the disease, the want of stools, the great pain, vomiting, and tenseness of the abdomen, may be pronounced an inflammation of the bowels, or an iliac passion of the acute kind. If powerful means are employed under such idea, it is easy to conceive that the last moments of the patient must be rendered doubly distressing."

Although this disease does undoubtedly sometimes terminate in the manner so accurately described by Dr. Sherwen; yet, in some of the cases which have come under my observation, and proceeded to a fatal termination, the symptoms of iliac passion did not supervene; but the patients were gradually exhausted from pain and debility.

The following is particularly worthy of attention, because it will assist the practitioner in discriminating this disease from a common dysentery.

"The constant needing to stool which attends this disorder, may be distinguished from a common tenesmus by attending to the following circumstances. A common tenesmus is generally sudden in its attack, or it follows more purgings or dysenteries, where the preceding circumstances have been well defined. It is often the consequence of drastic cathartics, and is always attended with considerable pain, and most frequently with a mucous discharge tinged with blood, instead of fæces; whereas that which accompanies the schirrous rectum is attended with little or no pain, but with powerful ineffectual strainings; during which there will be often a discharge of wind; and the mucus squeezed out is slimy, but always more or less black and excrementitious, very seldom tinged with blood. In the common tenesmus, the impetus seems entirely spent on the sphincter ani, and there is more or less of a protrusion of the gut; but in the straining, from a schirrous rectum, the patient is not sensible of that distress at the fundament which is experienced in the other, and as soon as a small portion of excrementitious mucus is voided, he is able to rise immediately from the stool; but in a common tenesmus he is under the necessity of

straining long, even after the expulsion of all that he knows, from his feelings, will at that effort be evacuated; and after he is able to rise from the stool, there still continues a burning pungent sensation, urging to a continual expulsion. Whereas in the tenesmus, of which I am treating, after the patient has strained hard, whenever a small quantity arrives at the anus, it is squirted out with slight efforts, and little or no uneasiness follows; nor does the countenance shew that extreme distress attendant on a spasmodic stricture of a common tenesmus."

It may also be observed, that there is very little emaciation of the body or loss of strength, until the disorder is far advanced; the countenance then become sallow, and in some instances the pulse is quick, accompanied by other hectic symptoms.

SECTION III.

OF THE MODE OF EXAMINATION AND THE USUAL MORBID APPEARANCES.

IF proper attention be paid to the preceding description, I have no doubt but this disorder would be often detected in its early stage.* Whenever, therefore, we have a suspicion of its existence, there is no other way of ascertaining it but by manual investigation; which ought to be performed in the most careful and attentive manner; seeing, from what has been already noticed, there is a possibility of mistaking it, either for a diseased prostate gland, or schirrous uterus, especially, as is observed by Dr. Sherwen, respecting the latter disease, "if the hardness and tumefaction is attached to the cervix uteri or back part of the vagina."

In prosecuting the examination, the first step to be taken (the bowels being previously opened) is to intro-

* On this circumstance depends the utility of what I have written.

duce the finger * as high up in the rectum as possible, at the same time desiring the patient to bear down, as if going to stool. For if the examination be first made by introducing a bougie, (especially if small) it may happen, that the instrument is pushed between the folds of the intestine, particularly if there should be a considerable laxity of its internal membrane; and the practitioner be led to suppose there is a stricture, when in reality none exists. I mention this circumstance, because it has occurred in my own practice. I would also observe, that in three cases which lately came under my care, the disorder had been overlooked, because the surgeons who examined the patients, not discovering any disease within reach of the finger, concluded that no stricture existed, but only a relaxation of the intes-

* In several instances, on introducing the finger, I have met with a considerable resistance from the strong action of the sphincter muscle. And I have a lady now under my care where the action of the muscle is so violently spasmodic, that several eminent surgeons attributed the sufferings of the patient to that circumstance. In consequence of which, no examination had been made except with the finger; hence unfortunately a stricture, between five and six inches up the rectum, had been overlooked, and which I conceive to have been the principal cause of the morbid irritability of the sphincter. I do not, however, mean to deny that there may be such a diseased action of the sphincter as an original affection; but I merely state my own experience.

tine. I have likewise in two cases had an opportunity of becoming acquainted with a circumstance I was before ignorant of. On introducing the finger up the rectum, just within reach, the gut felt like a pouch, and had it not been for the passing of fæces at the time through the centre, where the stricture was formed, I should not have been able to have thus discovered it. This afforded me an opportunity of acquiring some further knowledge on the subject, as in other cases where the gut had exactly the same feel, I was not able to discover the stricture with the finger, although it was afterwards satisfactorily proved by passing a bougie.

If however on introducing the finger, neither stricture nor induration * can be discovered, a large sized bougie † must be then introduced, and passed up as high as the colon, which will be readily done, if there be no obstruction in the passage; because there may be a stricture at that part of the gut only: although we

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* I always consider this a favourable circumstance, as a schirrous state of the intestine is generally within reach of the finger.

† I cannot help expressing my surprise at surgeons of the first respectability attempting an examination of the rectum with a urethra bougie; so contrary to the principles laid down for examining the urethra under a similar disease. It is true the passage sometimes will not admit of a larger size; but certainly the examination should be first made with a bougie corresponding to the natural diameter of the gut.

often meet with one two or three inches lower. This I believe will generally be found to be the case when the superior stricture has been of long standing, which is analogous to what happens in strictures of the urethra, as hath been noticed by Sir Everard Home, in his Practical Observations on the Treatment of that disease. "When the original stricture, at seven inches, has been of long standing, there is almost always another formed, about an inch further on, in the interior part of the urethra, and too often a third, about three inches from the external orifice. Whenever strictures are met with in these situations, there is reason, therefore, to consider them as consequences of one which has been formed for a longer time nearer the bladder."

The situation in which we meet with strictures in the alimentary canal is most commonly about the termination of the colon; this may be reasonably expected, when we take into consideration that the gut is naturally more exposed to pressure at its curvature, (where its diameter is generally least) and at the projection of the sacrum,* from the accumulation and passing of hardened

* Although sometimes the projection is very considerable, yet I cannot conceive how that can possibly be mistaken for a stricture, (as asserted by Mr. Copeland) by any person who is at all acquainted with the anatomy of the part, or in the habit of employing a bougie; as the sensation occasioned by the resistance is so very different.

fæces than any other part of the canal. Although I have just stated that when a stricture is discovered in this situation, there is often another a few inches lower in the gut, yet, I must beg leave to observe this does not uniformly happen, having met with several cases of stricture about the termination of the colon, where there has been none lower in the intestine. And sometimes strictures have been found between three and four inches from the anus, where there has been none higher: this lately occurred in four cases in immediate succession.

It is further to be observed, that a lessening in the capacity of the rectum will be attended with different appearances, according to the nature and degree of morbid alteration which may have taken place. Sometimes there is only a diminution in the diameter of the canal, perhaps in the whole length of the rectum, occasioning distention and uneasiness in the bowels, accompanied with some difficulty in voiding the fæces: in this state the fæces will not be found particularly lessened in their diameter, because the muscular coat of the intestine admits of being dilated, nearly to its usual extent. This condition of the gut I consider to be of the nature of spasm.

From my own experience, a contracted state of the canal occurs most frequently under the form of cir-

cular * strictures in those parts of the intestine already noticed. This may be sometimes ascertained by the finger, but more commonly by the bougie. These strictures are not attended with any remarkable thickening or induration of the intestine, and on passing a bougie slowly through the strictured part, the muscular action of the gut may be very plainly discerned, which is not the case when the rectum is become thickened and indurated to any great extent, because the muscular action is then entirely lost.

I have sometimes met with cases of contracted rectum, evidently the effect of the venereal disease. When this happens, the disorder generally commences with an appearance either of ulceration or excrescence about the anus. The sphincter ani gradually becomes contracted, and the disease extending upwards within the rectum, a considerable thickening and induration of the coats of the intestine takes place, which produces a great irregularity and contraction in different parts of the passage. Cases of this nature have only admitted of partial relief

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* I lately met with a case where there was a semicircular contraction at the posterior part of the rectum, about two inches from the anus; it formed no impediment to the passing of a large bougie. I suspected however, from symptoms the patient had, that there was some disease at the upper part of the sigmoid flexure of the colon.

either from the bougie, or from the use of mercury; although the patients had been repeatedly under its influence. My experience therefore with regard to such cases, has been far from being so favorable as those recorded in the Parisian Chirurgical Journal, where a lessening in the capacity of the canal proceeded from a venereal cause. Several of these cases have also been represented as of a schirrous and cancerous nature; but I am persuaded this is not the fact; for, I believe, the complaint under the form of schirrus is not curable; which leads to the conviction, that indurations in the rectum, similar to what I have just described, have been mistaken for schirrus, but differ essentially in their nature. At the same time it must be acknowledged, that if we had no other means of judging, but merely from local investigation, it would often be difficult to distinguish the one disease from the other. The more rapid advance of schirrus to a fatal termination, and the severe sufferings of the patient during the progress of this dreadful malady, will however form distinguishing characteristics.

Another cause of contraction in the passage of the rectum is schirrus, and of all others the most deplorable. The disease, under this form, has been perhaps more generally known to practitioners, than under any other, as we meet with a variety of cases of this nature recorded

by different writers: and from the complaint being considered as incurable, it is to be presumed other cases of contraction have been mistaken for schirrus, and on that account abandoned. The schirrus surrounds, and sometimes occupies nearly the whole cavity of the rectum, which is hard and uneven to the touch, with an abrasion of its internal membrane, attended with a mucous, serous or thin sanious discharge.

It sometimes happens, that the passage is so much contracted, as to render the introduction of the finger impracticable; hence it will only admit of an urethra bougie, or perhaps only a probe.

Tubercles * are often found obstructing the cavity of the rectum, which are often large, and at other times small and numerous.

It frequently happens in the advanced stage of contracted rectum (particularly under the indurated form already mentioned) and also in that of schirrus, that an abscess forms near the anus, and a common fistula is produced on the bursting of such abscess, which renders it liable to be mistaken for the original complaint; and the

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* I have a case at present (a female) where the rectum is in a tuberculated state, a little above the sphincter ani, accompanied by a stricture between four and five inches higher up in the gut. The complaint had been preceded by venereal symptoms.

operation * for fistula, is sometimes performed under the most unfavorable circumstances, and to the aggravation of the patient's sufferings, because the morbid state of the intestine had not been previously attended to. It occurs, sometimes, that in the female subject, in consequence of the formation of an abscess, or the intestine becoming ulcerated, a communication is formed between the rectum and the vagina, and part of the liquid fæces pass through the aperture, and are discharged by the vagina, producing an additional source of distress to the patient.

I have thus endeavoured to describe the different appearances, attendant on a contracted state of the rectum. Other morbid deviations, however, have been noticed by different writers.

Mr. Copeland observes, that "The rectum is sometimes divided and intersected in its canal, by small membraneous filaments,† which readily give way to the finger or bougie, when introduced into the anus. It seems probable, that this kind of obstruction is produced by an actual adhesion, or union of the parieties of the gut to each other. The rectum is inflamed from hæmorr-

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* I have only met with one case (XXIV.) in which the operation, in my opinion, could have been performed with any hope of success.

† I apprehend such a state very rarely occurs.

hoids or from some other cause, and coagulable lymph is thrown out on its surface, instead of the natural mucous secretion. As the passage of the stool gives considerable pain, the effort is suppressed, perhaps, for many days, or for a period quite sufficient for the coalescence of two inflamed surfaces in contact with each other. The greater of these adhesions will, of course, soon be destroyed by the passage of the fæces. But the very rupture of them is a cause of fresh inflammation, and of fresh adhesions, and the disease is re-produced."

Morgagni also relates a case (from Tulpius) where the intestine was "so depressed by two calculi of the urinary bladder, that, being streightened and collapsed, it produced many membranous filaments, which so closely interwove the internal parietes of its tube, as to prevent the possibility of its transmitting any excrement."

SECTION IV.

CAUSE OF CONTRACTED RECTUM.

MR. COPELAND, in his treatise supposes that "Stricture of the rectum, like stricture of parts of similar structure, may be produced by whatever excites inflammation or irritation of the inner membrane of the canal."*

When we take into consideration, the structure and use of the rectum, the very slow progress of the disease in general, and the absence of symptoms which characterize inflammation, we are naturally led to infer, that the complaint is produced by a cause essentially different to that of inflammation.†

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*Mr. Copeland is also of opinion, that the disorder is sometimes the consequence of fistula in ano, or the operation for it. I will not presume to assert, that it may not be the consequence of fistula; but I would beg leave to remark, that the cases which have come under my observation, the disease of the rectum preceded the appearance of fistula; from which circumstance I am led to believe, that in general, the fistula is the consequence of the diseased state of the gut, and not the cause of it.

†With the exception of that particular species of stricture, which has been already noticed, as described by Mr. Copeland.

Mons. Desault remarks, "This affection generally arises from an old venereal taint, unsuccessfully treated. But, however, there are other causes which tend to produce this disease. Hæmorrhoids in a violent degree, rheumatism, gout, dartrous, and other cutaneous diseases when they affect this intestine, produce in it irritation and swelling, to which, from its structure and position it is peculiarly subject." Morgagni was also of the opinion, that the complaint was the effect of the venereal virus.

In the production of simple stricture, I do not suppose that the cause operates primarily on the internal membrane of the intestine, as hath been suggested; but on its muscular coat in the first instance, producing a state of occasional spasm. And, it appears highly probable, from attentive observation, that a predisposition to stricture in the rectum exists in most cases, where the disorder occurs: this predisposition, I apprehend, to consist in the gut being somewhat narrower (particularly at its curvature in the sigmoid flexure of the colon) than it is naturally. This must consequently form an impediment to the free passage of the fæces, especially when indurated, and from accumulation the pressure on the gut will become so considerable, as necessarily to excite irregular contractions of its muscular fibres, and this for a length of time repeated, must ultimately pro-

duce a permanent contraction, which at first was only spasmodic. I do not mean, however, to assert that this predisposition must necessarily exist to the formation of stricture, because I conceive, that in naturally very costive habits, an accumulation of hardened fæces may take place from time to time, and produce such a degree of pressure, as to excite spasmodic action in the intestine, and ultimately, a permanent stricture.

It may be also remarked, that the glandular structure of the rectum may form the predisposing cause of schirrus, consonant to what Dr. Baillie has observed, "There is certainly more of glandular structure in the inner membrane of the great intestine, towards its lower extremity, than any other part of it; and this sort of structure has a greater tendency to be affected with schirrus, than the ordinary structures of the body. The gut, too, is narrower at the sigmoid flexure than any other part, and therefore, will be more liable to be injured by the passage of hard bodies; these, by their irritation, may excite the disease of schirrus in a part which was predisposed to it."

The following are some of the morbid appearances, which have been discovered on dissection.

Dr. Baillie observes, "Upon the inner surface of the great intestine, about two inches above the anus, little processes sometimes grow from the internal mem-

brane: they generally surround the gut at short distances from each other, so as to form a sort of circle." Since I introduced this passage, I have had the opportunity of investigating a case, where the process-like appearance was certainly very conspicuous; but instead of considering it as the origin or cause of contraction, it appeared to be an effect produced by the contracted, and somewhat thickened state, of the muscular coat of the intestine, as the inner membrane was not in the least degree indurated. It does not, therefore, appear probable to me, that a simple stricture of the rectum is ever formed by a diseased state of the internal membrane alone; (which seems incapable of contraction independent of the muscular coat) but that the diminished capacity of the canal in such cases, is primarily owing to a contraction and gradual thickening of the muscular coat, produced by the causes already noticed. This condition of the muscular coat being induced, the inner membrane, from the laxity of its texture becomes prominent, and, owing to the repeated irritation to which it is exposed, the process-like appearance may probably be produced.

With regard to schirrus, Dr. Baillie remarks, "it sometimes extends over a considerable length of the gut, *viz.* several inches; but generally it is more circumscribed. The peritoneal, muscular, and internal coats are much thicker and harder than in a natural state.

The muscular too is subdivided by membranous septa, and the internal coat is sometimes formed into hard irregular folds. It often happens, the surface of the inner membrane is ulcerated, producing cancer. Every vestige of the natural structure is occasionally lost, and the gut appears changed into a gristly substance. When schirrus affects the gut, the passage at that part is always narrowed, and sometimes so much so as to be almost entirely obstructed. The obliteration or obstruction would sometimes appear to be greater than in proportion to the thickness of the sides of the diseased gut: this most probably depends upon the contraction of the muscular fibres of the gut, which, although diseased, have not altogether lost their natural action." This description so exactly corresponds with what I have seen in cases of schirrus in the rectum, that it would be superfluous to make any addition.

Before I conclude this part of the subject, there is a circumstance which I think of some consequence to mention, and that is the tuberculated state of the liver, which was discovered in two cases, on dissection: a fact, I believe, not hitherto noticed. And, moreover, there appears to me some reason for supposing such a diseased state of the liver not an accidental occurrence; for it is to be observed, that in other cases there was an evident derangement in the biliary secretion, particularly

in the eighteenth case, where the alvine evacuations were always of a light clay colour, except when the patient took a dose of calomel.

In a case of diseased rectum, communicated by Dr. Lettsom, in the second volume of the Memoirs of the London Medical Society, there was a suppuration of the liver. After describing the morbid appearances of the gut, he says, " The texture of the small lobe of the liver, and almost the whole of its substance, was destroyed by a large abscess, which was just ready to burst into the abdomen, and which contained a pure white pus."

I hope the knowledge of these last mentioned facts may ultimately tend to throw more light upon this important subject; especially if future experience should confirm, as a general coincidence, what I have stated as occurring in a few instances. In the mean time, I am persuaded, a due consideration of such circumstances, must evidently point out the necessity of a minute and circumspect investigation in all chronical derangements of the chylopoietic viscera.

SECTION V.

OF THE PROGNOSIS.

WHEN, from a careful investigation, it is ascertained that there is only a simple stricture or strictures in the rectum, and the general health of the patient remains unimpaired, a favorable prognosis may commonly be given. And if, on employing the bougie, the passage becomes dilated, the symptoms of the complaint lessen, and the fæces assume a larger size, there will be reason to conclude that the stricture does not extend higher up in the gut. If, on the contrary, the symptoms do not abate, and the passage of the fæces remains difficult after a dilatation of the canal, there will be reason to suspect the presence of another stricture that is not within reach of the bougie.* And it may

* The bougie should be always of sufficient length (at least ten inches) to reach into the colon, so as to ascertain the situation of the stricture. I believe the complaint has been frequently overlooked, from the circumstance that strictures are often formed higher up in the gut than is generally supposed.

be here observed, that when symptoms of stricture have been of long standing, although the disease may be overcome by the use of the bougie, yet, nevertheless, some of the effects resulting from the complaint may remain, and prove very distressing to the patient: particularly a distended state of the colon * above the stricture—an internal prolapsus—or a general deranged state of the canal. If the disorder has been of a long continuance, and the intestine is found to be much thickened and indurated, and at the same time the patient's health is sensibly declining, accompanied by a sallow countenance, quick pulse, and other hectic symptoms; the prognosis under such circumstances must be extremely unfavourable. But, whether we consider the contracted state of the canal as arising from a simple stricture, or a confirmed schirrus, there will be reason to fear, that the former disease, if abandoned to itself, may prove as fatal as the latter †.

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* In a case related by Dr. R. White, it is observed, that the whole of this gut was enormously distended, measuring not less in any part than twelve inches in circumference.

† Although I am not of Mr. Copeland's opinion that it is "perhaps as quickly destructive as cancer itself."

SECTION VI.

OF THE METHOD OF TREATMENT.

FROM analogy, it seems reasonable to suppose, that mechanical obstructions in the rectum, arising from the causes already stated, would be relieved by mechanical means, similar to what are employed in strictures of the urethra and œsophagus.

Mr. Pearson has observed, "When the œsophagus, intestinum rectum, or parts of similar structure, become schirrous, mechanical means are best adapted to the relief of the disease; but the expediency and advantage of employing them in every case is not yet sufficiently ascertained." This observation is of great importance, and it is very much to be regretted that so eminent a surgeon, and so able a writer, as Mr. Pearson, should not have had sufficient experience to have afforded him an opportunity of writing more decidedly on the subject. Different individuals have, however, in a variety of instances, proved the expediency of employing mechanical means, from the advantage they have experienced; although it must be acknowledged that an in-

discriminate use of this plan may be productive of great mischief.

The dilatation of the passage, appearing to be the principal indication in the treatment of this complaint, various methods have been proposed by different writers. Wiseman was the first writer I met with who adopted this plan. In a case recorded by him, he attempted the dilatation of the gut, with tents made of gentian, and also of deer's suet; but on these means failing, he informs us that he divided the contracted part several times with an instrument, after which, the excrements came away big, and the patient was not only able to expel them, but also to retain them; and on a subsequent examination he could not find any remains of the disease. In another case, published by the same writer, he made use of the actual cautery, with a view to destroy (what he supposed to be) a cancerous excrescence in the rectum; but the patient was afterwards seized with symptoms of pleurisy, succeeded by dysentery, which terminated fatally.

Dr. Sherwen, in his paper already referred to, suggests the propriety of using bougies made of horn, previously softened by means of boiling water; but it does not appear, that he had ever employed the method himself, or that it had been adopted by any other person.

The following is the method recommended by Mons. Desault, in the first volume of the Parisian Chirurgical

Journal, which appears to have been employed in several cases with great success.

A tent made of long lint, knotted and folded in the middle, dipped in cerate, was introduced into the rectum by means of a forked probe: this was removed twice a day, gradually increasing the length and size of the tent.

Dr. Darwin, in his third volume of Zoonomia, recommends (in a schirrus of the rectum) introducing a leathern canula, or gut, and then either a wooden maundrill,* or blow it up with air, so as to distend the contracted part as much as the patient can bear, or bougies made of mercurial plaster spread on leather. He likewise mentions introducing a candle smeered with mercurial ointment, and, "May not this disease, (he says) be cured by lunar caustic,† applied on the end of a pessary

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*Certainly no person acquainted with the disease, could think of introducing such an instrument.

† There is a case related by Sir Everard Home, in which he employed the caustic: the advantage, however, only appeared to be partial, for after several applications of it, the patient swallowed a prune-stone, which had so completely closed up the aperture of the stricture, that nothing for several days could pass: after much trouble, the stone was brought away. This circumstance proves the passage had not been much dilated. The common bougie was at first employed, but it "brought on so much irritation as to require its being left off."

or bougie, in the same manner as used by Mr. J. Hunter, and since by Mr. E. Home, in strictures of the urethra, when, on introducing the finger, a kind of membranous valve can be distinguished, rather than an extensive schirrus, or induration?"

The following method, is recommended by Mr. Charles Bell: "A flat piece of sponge, or indeed a piece of sponge of any form, is soaked in strong mucilage, then rolled up into the form of a bougie, and tied firmly with a cord: the cord should be oiled. When the sponge is dry, and fixed in its form, the cord is taken off, and it may then be rolled betwixt plates, polished, and made smooth, and a little conical: a string is tied to the greater end. This is a tent,* which when introduced into the stricture of the rectum, will imbibe the heat and moisture, and gradually distend the contracted portion of the gut." Mr. Bell also advises small doses of calomel to be given occasionally, and purged off once or twice a week.

Dr. Robert White likewise suggests the probability of

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* I have not employed this kind of tent; but Dr. Letsom, in a case published by him, in the second volume of the Memoirs of the London Medical Society, mentioned his having advised a sponge bougie to dilate the passage, but, "the bougie could only be once attempted, from sufferings, which he (the patient) expressed, as being impaled alive."

mercury being useful in a contracted state of the rectum. From analogy, (he says), it may be conceived, that as the employment of mercury, causing a ptyalism of some duration, is so serviceable in the schirro-contracted œsophagus, benefit may be also obtained from it, in the like manner, in the schirro-contracted rectum." The exhibition of mercury is also recommended by Mons. Desault, particularly from the circumstance of his having frequently seen venereal symptoms, connected with the diseased state of the rectum.

At the time when my remarks on the disease were first published, I had only employed the common bougie, not having seen Mons. Desault's cases; a circumstance of regret, because I think it probable, from the experience I have had since I became acquainted with his mode of treatment, that in some of the cases which proved fatal, more relief might have been thus obtained than by the other method. Although the dilatation of the passage may be considered the principal means whereby this complaint can be relieved; and, notwithstanding, some of the cases which had been under my care, were evidently, and, I hope, permanently so; yet, by reflecting on some of the cases which proved fatal, I cannot help thinking, that too much irritation was excited by the introduction of the bougie, though used with the utmost caution.

Before we employ the means calculated to dilate the passage of the rectum, we should endeavour to ascertain not only the degree, but also the nature of the contraction, which is of great consequence; because, it may happen that the diameter of the gut is less in a simple stricture, than in a schirrous state of the intestine; and yet in the former instance, a dilatation of the passage may be effected, whilst in the latter case, a dilatation will not only be impracticable, but the introduction of a bougie under such a circumstance, may prove very injurious, by forming an additional source of irritation. It requires, therefore, in my opinion, a tolerable degree of knowledge and experience to determine with accuracy, on the propriety or impropriety of employing the mechanical plan.

It was stated in my former publication, that when the contraction happens to be low in the rectum, I should always prefer Mons. Desault's method, not only from its being attended with much less inconvenience to the patient, but from the supposition, that by a continued gentle pressure, especially in a tuberculated state of the intestine, absorption would be more likely to be effected, than from employing the common bougie, which, in general, can only be retained a short time in the rectum. But, if the stricture should happen to be situated so high as the termination of the colon, I recom-

mended using the common bougie, from the circumstance of the tent (as then made) not possessing a sufficient degree of resistance, to overcome the obstruction so high up in the gut. From employing however, the common bougie in a few instances, the irritation was so great on introducing it, that I was led to the propriety of making the tent somewhat stiffer, (but considerably less hard than the bougie) so as to be able to pass it as high as might be required: this being accomplished, and the pain being comparatively trifling when introduced, I have had no occasion since to use the common bougie. And I am persuaded, no practitioner would ever continue to employ it, after having used mine.

The bougie* should at first be of such a size as to pass the stricture without considerable resistance, for if much force be applied, it cannot fail of exciting too great irritation, and of proving injurious by inducing inflammation and increasing pain. Although it is necessary to increase the size of the bougie, yet this should be done in a very gradual manner, (particularly at first,) until the passage becomes accustomed to the stimulus. As there is always more or less of spasmodic action excited on passing the bougie, it should be introduced in as slow and gentle a manner as possible; and it is gene-

* I now employ this term instead of tent.

tally necessary to desist a short time from pushing it forward when it arrives at the stricture, until the spasmodic action ceases. Therefore, in passing the bougie, there is not only the resistance of a permanent stricture, but also the resistance of a spasmodic one to overcome. At first it should not remain longer than half an hour or an hour in the rectum; or if there should be much irritation, not quite so long: this, however, seldom happens from the bougie I employ after it has completely passed the stricture. By degrees it may be suffered to remain eight or ten hours at a time, with little or no inconvenience to the patient. In general it may be passed daily. The length of time it is necessary to employ the bougie must depend on circumstances. When the contraction is not considerable, and symptoms of the disorder have not been experienced for a very long period, a dilatation of the passage may be effected in the course of four or five weeks. But, in cases of long standing, and where the contraction is considerable, it may be seven or eight weeks before the passage will admit of the largest bougie. And in some instances the stricture will not admit of dilatation to that extent. It is however surprising what I have seen effected by patiently persevering in this plan, in cases which had been abandoned in consequence of such a mode of treat-

ment being considered as impracticable and inimical to the patient.

It is proper to observe, that when the passage is so far dilated, as to admit the largest bougie, yet it is absolutely necessary to persevere in its use for some time afterwards, and then to leave it gradually off; because of the disposition of the passage to contract again, if the plan be relinquished too soon.

It may likewise be proper to mention here the effect the bougie has in exciting the natural action of the bowels. Sometimes it happens that, notwithstanding the patient had been a long time before (perhaps years) under the necessity of constantly taking opening medicines, yet after a few times employing the bougie, the bowels have regained their natural action. This effect, however, is not always to be expected so speedily; for I have known instances, where the action had not been restored until three months after using the bougie; and in some cases not at all.

Even in some instances of schirrus in the rectum, I have known the passage of the fæces facilitated by occasionally employing a bougie, when a constant use of it would have been highly improper.

With regard to the division of the stricture, as hath been practised by Wiseman and others, there can be no doubt of the expediency of the operation in some

instances, where the bougie fails of producing benefit, from the stricture being of a cartilaginous hardness. But before the division of the stricture is attempted, it should be ascertained, by passing the finger beyond the strictured part, that the intestine above is in a healthy state, and that the stricture is circular; for if there should be a longitudinal contraction of the gut, the operation in that case, instead of proving beneficial, would in my opinion, only tend to aggravate the disease.

In the medical treatment of this complaint, the first circumstace of importance to be attended to, is the regulation of the alvine excretions: and it is proper to remark, that laxative medicines are not only necessary to be administered in the constipated state of the bowels attendant on the early stage of the disease, but also in its more advanced progress, when a diarrhœa supervenes; because the evacuations are seldom in sufficient quantity to relieve the bowels, without the aid of laxatives.

Castor oil is to be preferred to any other medicine. Aloetic purgatives should be carefully avoided, from the peculiar irritable effects they are known to produce on the rectum.

Experience has particularly convinced me of the expediency and utility of administering laxative clysters in this complaint, when practicable; for, by dissolving

the fæces, their passage through the contracted part is greatly facilitated; and not only so, but it frequently happens that there is an accumulation of hardened fæces in the rectum, below the contraction. Under such a circumstance, it must appear evident that the exhibition of purgative medicines, instead of being productive of advantage, must do harm and augment the sufferings of the patient. Injections, therefore, in such cases, are peculiarly adapted to afford relief; great attention, however, is necessary in throwing them up. To be made of water-gruel with a table spoonful of castor oil, or sweet oil, or a little sapon. venet. dissolved in warm water, and sometimes warm water* alone will be sufficient to stimulate the bowels. A small quantity of liquid is generally to be preferred, not only on account of the difficulty there is frequently of getting any thing up the rectum, but likewise from the consideration that a large quantity of fluid would be apt to distend the intestine above the stricture, where the gut has sometimes been found much enlarged. When injections cannot be thrown up in the ordinary way, from the contracted state of the passage, a large hollow bougie may be fastened (instead of a common pipe) to a bladder, by which means they may be conveyed beyond the obstruction.

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* Some practitioners recommend cold water.

The exhibition of mercury in the contracted rectum has been strongly recommended by some of the most eminent men in the profession. I believe this has generally arisen from the impression of a schirrous state of the gut; and the expectation of a beneficial effect, has been grounded on the great advantage which is said to have been obtained from its adoption in some cases of schirrous contractions of the œsophagus. I have prescribed mercury in some cases of schirrus, and likewise in those of simple stricture. I do not think it has ever been of any service in those cases of genuine schirrus in which I have employed it. In simple stricture I am inclined to think more favorably of it. I have generally given the pil. hydrarg. combined with extr. conii. The latter I think tends to lessen the morbid irritability of the canal, whilst the former promotes a more regular discharge of bile. When the disorder is suspected to arise from a venereal cause, the exhibition of mercury is indispensably necessary.

Whenever the pain requires it, recourse must be had to opiates; and here I must observe, that in the advanced stage of schirrus, the sufferings of the patient are frequently so great as to render large and repeated doses of opium absolutely necessary before any relief can be obtained. If the pain can be alleviated by large

doses of extr. papav. alb. or extr. hyosciami, it is desirable, as these preparations do not constipate the bowels so much as opium. Although I have frequently employed opiates in the form of injections, and have also introduced opium, finely powdered, on the bougie, yet I think very seldom with any decided advantage in regard to relieving pain. Sometimes, however, I have known opiate injections relieve the tenesmus.

In every form of contracted rectum, it is of great importance to attend particularly to the regulation of the patient's diet: it should consist (as Dr. Sherwen remarks) of that sort of food "which contains the greatest quantity of nourishment in the smallest compass:" jellies, sago, arrow-root with milk, beef tea, thin chocolate, fresh fish, eggs either raw or lightly boiled. The patient ought to be very sparing of animal food, which should be of the lightest kind, and very little fruit or vegetables must be allowed, as they tend to increase flatulence in the bowels. Every thing seasoned or salted, and spirituous or fermented liquors must be carefully avoided. For common drink, water, or barley-water, in some cases a little white wine and water may be allowed. The quantity of food should also be attended to (as well as the quality) which ought to be as moderate as possible; because a strict attention in

these respects will greatly tend to mitigate the sufferings of the patient.* It will also be proper to point out to patients the necessity for well masticating their food, from the danger which may attend swallowing any indigestible substance, too large to pass the stricture. The case mentioned by Sir Everard Home, nearly proved fatal from that cause.

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* I have no doubt but two patients lost their lives in consequence of not properly attending to the above directions. Soon after eating and drinking more freely than ordinary, they were seized with symptoms of iliac passion, and both of them died in a very short time. There was no opportunity of ascertaining the state of the intestine afterwards, which would have been desirable. In both instances, the stricture was high up in the gut. If such a circumstance happened in cases where an evident advantage had been previously gained by the use of the bougies, what may be expected in numerous instances where the disorder is overlooked?

SECTION VII.

CASES.

CASE I.

ABOUT nine years since, I was requested to visit Mr. C——, aged forty-five, who had been afflicted for a considerable length of time with pain in the rectum on going to stool, and difficulty in expelling the fæces, attended with a falling down of the gut. On examination, there was a partial prolapsus of the anus on one side, accompanied with inflammation: there was also a considerable pouching of the integuments on the same side, similar to what has been described by Mr. Hey, in his Practical Observations on Surgery. I must confess, I was not at that time experimentally acquainted with the diagnosis of the contracted

rectum,* therefore did not examine farther than the prolapsed part. Means were prescribed with a view to lessen the local inflammation, and laxatives to keep the bowels open. As the symptoms in a short time became more violent and alarming, in consequence of the increasing difficulty of the fæces passing through the rectum, with increase of pain, considerable distention of the abdomen, and other symptoms characteristic of iliac passion; I was led to investigate more particularly the state of the rectum, which was so much indurated and contracted, as not to allow the smallest-sized rectum-bougie to pass up further than an inch. In the course of a few days the patient died.

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* Even if I had been previously acquainted with this disease, it is not likely that I should have had any suspicion of it in this case; because at first the prolapsed state of the gut was alone sufficient to induce pain, frequent tenesmus, and the difficulty in voiding the fæces, without adverting to any other cause. The case, however, teaches the necessity of minute investigation.

CASE II.

Mr. C——, about thirty years of age, applied to me, upwards of seven years ago, for a complaint which he supposed to be the piles, that being the opinion of the medical person to whom he had previously made application; but instead of obtaining relief, he was growing worse. He said that for several years he had been of a costive habit, and had experienced some little difficulty in voiding his stools; but as only a temporary inconvenience was induced, he did not pay any particular attention, as he otherwise enjoyed good health. He had also observed for some time that his stools were smaller in diameter than they had formerly been; and latterly, they had been discharged with a squirt. The pain in the rectum had now become considerable, not only at the time of his having a motion, but at other times in the day. The former case had made so deep an impression on my mind, that I suspected this person labored under a contracted rectum, more particularly when I saw the figure of his stools, which were very small in diameter, and scanty. On examining the rectum, I discovered two strictures, the first about three inches up, and the other at the termination of the sigmoid flexure of the colon. At first I could only pass a large urethra-bougie, but by degrees was able to in-

troduce a moderate sized rectum one. For some time the patient appeared to be considerably relieved, as he passed his stools much easier, (and of a more natural figured form) so that he was able to follow his occupation again, which made me entertain great hopes of his recovery. The relief, however, was not permanent; for shortly after, the pain and difficulty of voiding his stools increased, and the intestine became more thickened and indurated, accompanied by a thin acrid discharge, with frequent loose stools, which sometimes passed away involuntarily.* His countenance was sallow, and he had some hectic fever. An abscess also formed on one side of the anus, which broke externally.

Pills with Extr. cicuta. were prescribed for him, and various anodyne injections were thrown up occasionally; but nothing gave him the least relief, except large and repeated doses of opium. As he still grew worse, his friends advised him to go to a neighbouring infirmary. The surgeon, under whose care he was admitted, treated the complaint as a common fistula, and laid the sinus open, which, however, afforded him no relief, and as soon as he was able, he returned home. He sent for me, but I found his disorder considerably aggravated; and, after several months of extreme sufferings, he died.

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* In this state the bougies were discontinued.

CASE III.

WILLIAM LOVELL, about sixty years of age, applied to me, (soon after the last-mentioned person) who said he had been a long time afflicted with pain in the rectum, and great difficulty in passing his stools, which were costive. He appeared to be much reduced, and his countenance was sallow. On examination, I found the rectum in a very indurated state, and particularly contracted about the middle, and also at its upper extremity. At first I could only pass a large urethra bougie, but by degrees was able to introduce a middle-sized rectum one. His bowels were kept open with castor-oil; and, to relieve pain, opiates were occasionally exhibited. For some time the patient appeared to be better, and the fæces passed easier through the rectum: the relief, however, was not permanent. The indurated and contracted state of the intestine increased, with an augmentation of pain,* so that after several months severe sufferings he died. A short time previous to his death, an abscess formed on one side of the anus, and broke externally.

* The bougies were then left off.

CASE IV.

I WAS requested about six years ago to visit Miss C——, aged twenty-three, who complained of having frequently acute pain in the bowels, with a sense of fulness. She was of so costive a habit, that she often went a week without having a motion; the passing of which (whether she went so long or not) always occasioned considerable pain. Her appetite for food was very indifferent: she was often sick, and sometimes brought up bile. Not being relieved from the use of laxative medicines, which were occasionally exhibited, I suspected the cause of the complaint to be in the rectum. On examination, the whole length of the intestine appeared to be lessened in its diameter, so much so, that it was with some difficulty I could pass the smallest sized rectum-bougie: there was not, however, any sensible thickening or induration of its coats. A bougie was occasionally introduced for some time, from which the patient derived considerable benefit, as her motions afterwards passed freely, and with ease.

CASE V.

Six years ago I was requested to visit Mrs. F——, about thirty-five years of age, who complained of excruciating pain in the rectum, attended with a diarrhœa and a considerable discharge of matter, which also passed by the vagina, and part of the fæces constantly passed the same way. She was very much reduced, and exceedingly weak; her pulse was quick and feeble, with other symptoms of hectic fever. On examination, I found the gut in a very diseased and ulcerated state, and an opening in it, which communicated with the vagina. She lived a few weeks after I first saw her, and her sufferings were alleviated as much as possible by the exhibition of opium.

CASE VI.

Mr. H——, about sixty years of age, applied to me in June, 1808, and complained that he had been afflicted with a purging for several months, attended with considerable pain in the rectum, particularly when he evacuated the fæces. He had a sallow countenance, his face was rather œdematous, and his body was much

reduced: his appetite for food however remained tolerably good. By the advice of an eminent physician of this city he had taken medicines (such as are commonly prescribed in diarrhœa) for a long time, without deriving any benefit. On examination, I found the passage of the rectum so much contracted as scarcely to admit of a moderate-sized urethra-bougie being introduced. The gut had an indurated and uneven feel. There was frequently a considerable thin sanious discharge from the intestine, and the fæces often passed away involuntarily. A bougie was introduced a few times up the rectum, but was discontinued, as the irritability of the gut appeared to be increased by it. His pain, which was very great, could only be mitigated by the constant use of opium. He lived about six months after I first saw him.

CASE VII.

Mr. C——, about twenty-six years of age, applied to me in the autumn of 1808, when he informed me that he had been occasionally unwell about six years; in the course of which time he had consulted different medical gentlemen, and had taken a variety of medicines without receiving the least benefit whatever. He

complained of pain (which was sometimes very acute) in the course of the transverse arch of the colon and sigmoid flexure, attended with a sense of fulness. His bowels were costive, and whenever he had a stool it was attended with pain and difficulty in passing. The motions were small figured, scanty, and discharged with a squirt; and he commonly felt afterwards as if some fæces remained behind, which he had not been able to expel. His appetite was very good, but he generally felt himself worse after eating a hearty meal. He had not experienced any sensible diminution of strength, and he was able to follow his business as usual, except occasionally, when the pain became violent. On investigation, I found the rectum considerably lessened in its diameter, as it was with some difficulty that a small-sized rectum-bougie could pass up the gut. There were two strictures, one about three inches up, and the other at the upper extremity of the intestine. Though the rectum appeared to be so much lessened in its general diameter, (as well as where the strictures were formed) it had not an indurated feel. I endeavoured to explain the nature of the disease to the patient, in order to enforce the necessity of using bougies with a view to overcome the obstructions. To this he very readily consented, and the more so, as every other means that had hitherto been tried had failed in procuring him relief.

From persevering some time in the use of the bougies, the passage was at length so much dilated as to admit of the largest size being introduced. The motions then came away in a copious and free manner, and of a large diameter. The natural action of the intestine was so far restored that the patient often had evacuations without the necessity of taking opening medicines. Still, however, he had occasional returns of pain in the course of the colon, (which no doubt had been weakened and distended by the long continuance of the complaint) but not the distress on voiding his stools. He afterwards went into the country to reside, and was advised to continue the occasional use of the bougies.

CASE VIII.

Ann Davy, about forty years of age, complained of great pain about the anus, particularly on her going to stool. She had frequent scanty loose motions, with tenesmus, and a considerable serous discharge from the rectum. These symptoms had been coming on several months, and were daily growing worse. On investigation, there appeared to be a considerable projection of the anus, and the sphincter ani

was so much contracted, that the introduction of the finger was impracticable: indeed the rectum appeared to be so indurated and contracted, as scarcely to admit of a middle sized urethra-bougie being introduced. For the purpose of having the patient more immediately under my care, she was admitted into the infirmary on the 22d of October, 1808. Bougies were employed several times, (of the size mentioned;) but as the pain and irritability of the part evidently increased, they were discontinued. Although she had a diarrhœa, the evacuations were not sufficient in quantity to relieve the bowels; therefore either castor oil or elect. sennæ was occasionally administered. Opiates were given as the pain required.

I likewise directed a little ung. hydrarg. to be rubbed daily for some time about the verge of the anus, but not from any suspicion that the complaint proceeded from a venereal cause. She remained in the house several weeks, and was then discharged, not having derived any benefit, but on the contrary being rather worse than when she was admitted. Several months afterwards I saw her again, and was very much surprised, not only at her being alive, (because she had left the house in a very debilitated state) but from her appearing to be much improved in her health, and saying, that her former complaint was better. From these

circumstances I was anxious to ascertain the state of the rectum; on examining which, I was astonished not only at being able to introduce my finger with ease, but that the gut had a smooth and uniform feel, and not any remains of disease could be discovered. On questioning the woman by what method she had been relieved, she said she had not used any other means than what had been employed whilst she was under my care, but that she had been the greatest part of the time in the country, since she left the Infirmary, which she found had been of considerable benefit to her.

I think it not improbable but that the mercury may have had some good effect, although at the time the patient did not appear to derive any benefit from it.

CASE IX.

JOHN THOMAS, about thirty-six years of age, complained of frequently having pain in the bowels, but more particularly about the hypogastric region, towards the left side; and there was an evident fulness in the direction of the sigmoid flexure of the colon. He also experienced considerable difficulty in voiding his stools, which were very much lessened in their diameter, and

always costive. His general health appeared to be very good, and he was able to follow his business, though at times in considerable pain. The complaint, he said had been gradually coming on for some time, and that he had had the advice of a physician in London, without deriving any benefit from it: and it appeared there had not been any suspicion of the real complaint from what had been prescribed for him. On examining the rectum, a stricture was discovered about the middle of the gut, and another at the termination of the colon. I admitted the patient into the Infirmary, on the 24th of August, 1809. He was put upon a low diet. Pills with Extr. cicuta, and pil. hydrarg. were prescribed, and the bowels were kept open with castor oil. A small rectum-bougie was introduced every day, or every other day, as he could bear it; the size of which was gradually increased, so that at length the passage admitted of the largest size being introduced: after which his stools came away free and easy, and of their natural diameter; nevertheless he still had occasionally returns of pain about the hypogastric region.* As the dilatation of the passage appeared to be completely accomplished, he was discharged on the 24th of November.

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* It appears to me that the colon may be so much distended as to prove a source of complaint, after the obstruction in the rectum is overcome.

CASE X.

Ann Lord, a married woman, aged thirty-eight, of the common sanguine melancholic temperament, was admitted an out-patient at the Bath City Infirmary and Dispensary, in July, 1810. She complained of having pains in her limbs, which were so bad at night as to prevent her from sleeping. She had also large blotches on several parts of her body, which were evidently venereal. She had been ill for a long time, and appeared to be very much reduced. A mercurial plan was immediately adopted, to which the complaint soon yielded, as the pains of her limbs in a short time went off, and the eruption on the skin disappeared. But another train of symptoms* presented, such as great pain on going to stool, and a frequent troublesome tenesmus, accompanied with a considerable thin sanious discharge from the rectum, which likewise frequently passed by the vagina, and some liquid fæces often passed the same way. She also complained of pains about the os sacrum; and every forenoon she was seized with a chilliness, which was succeeded by flushings of heat, and

* They were mentioned before, but so obscurely, as not to demand any particular attention.

at night she had perspirations. Her pulse was eighty-four, weak and small; her appetite remained very good. These symptoms, she said, had been gradually coming on between seven and eight years; and, about two years before she felt any complaint in the rectum, her husband had given her the venereal disease, which she supposed had not been perfectly cured, as she never had been entirely free from some unpleasant feeling since. On examination, I found so much contraction and induration about the sphincter ani, that it was with some difficulty I could introduce my finger up the rectum, which prevented me from distinctly ascertaining the state of the gut: its internal surface, however, about an inch and a half up, had an irregular feel. Under these distressing circumstances I admitted the poor woman into the Infirmary, on the 29th of September. On her admission, a small-sized rectum-bougie was introduced, with a view to ascertain the extent of the contraction, which appeared to be about four inches from the anus. Afterwards the rectum was examined with a probe, which passed from the gut to the inferior part of the vagina, through an aperture about three quarters of an inch in length, the edges of which were irregular and hard. The lower part of the vagina was also much thickened and indurated.

For the purpose of dilating the passage, I used a tent,* prepared somewhat different from Mons. Desault's method; and although the first was very small, it gave her great pain on passing through the sphincter, but after remaining up a while, the pain gradually lessened, so that she was able to retain it in the gut several hours at a time, though sometimes she was under the necessity of removing it, on account of the tenesmus and copious discharge from the rectum. The size of the tent was gradually enlarged, but she felt always more or less pain at the sphincter on its being introduced.

As the complaint had been evidently connected with venereal symptoms, pills with Extr. cicut. and pil. hydrarg, were prescribed, and also a decoction of sarsaparilla. The bowels were kept open with castor oil or elect. sennæ. To relieve the pain, opiates were occasionally administered. The patient was also put upon a low diet,† being only allowed tea twice a day, without

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* Instead of making a knot in the middle of the lint, as directed by Mons. Desault (the impropriety of which must appear obvious) it was made at the end. The tent was made sufficiently stiff for introducing without the assistance of a probe.

† I was induced to recommend the above regimen, from the great advantage I had experienced from it in a case of diseased uterus;—a plan suggested by Mr. Pearson, in his "Practical Observations on Cancerous Complaints."

any bread; weak broth for dinner, with a small portion of bread, and at night a little arrow-root. After pursuing the above-mentioned plan for a short time, she appeared to be relieved, which led me to entertain great hopes of her recovery. The relief, however, did not continue long: she became gradually weaker, with loss of appetite, and complained more of general pains over the abdomen, which continued to increase for some time, when a sickness and vomiting came on, so that neither food nor medicines remained on her stomach. There was likewise a constipation of the bowels, attended with great distention of the abdomen, and every means proved ineffectual for procuring evacuations. The patient died about four days after symptoms of iliac passion came on, and nine weeks after her admission as an in-patient.

APPEARANCES ON DISSECTION.

On opening the body, the peritoneal coat of the intestines appeared to be very much inflamed, and in some places the small intestines adhered together, from the inflammatory exudation that had taken place. A large quantity of thick brownish-coloured fluid was discovered in the pelvis.* On examining the rectum,

* Evidently some of the contents of the bowels.

there was a considerable thickening and induration of its coats at the lower extremity. This general thickening, however, did not extend higher than about an inch and a half, though the gut was very much lessened in its diameter for three inches further, but the thickening was chiefly confined to its inner membrane. I was much surprised to find the internal surface of the intestine smooth, because when examined at first by the finger it had an irregular feel. There were two apertures discovered about the middle of the contracted portion of the rectum, running upwards in an oblique direction between its coats, about the distance of half an inch from each other; the coats of the intestine surrounding the apertures were very thin, and each of the openings were just sufficient to admit of the same sized bougie* that had been used previous to the death of the patient: the extremity of which, no doubt, had passed through one of the apertures into the abdominal cavity. The

* A few days previous to her death, I introduced a middle-sized urethra-bougie, which passed very readily until it reached about two inches up the rectum, where it met with some resistance; but on applying a little more force, the bougie passed beyond the part where it had been stopped. The patient immediately complained of acute pain, accompanied with great anxiety and languor, though the bougie was not half the diameter of the tent which had been constantly employed.

orifice which led to the vagina, appeared to be much less than when examined on the patient's admission into the infirmary.

CASE XI.

August 4th, 1810, I was requested to visit Mrs. E——, aged seventy-eight, who had been seized a day or two before with an acute pain of her left thigh and leg, but more particularly in the inside of the thigh, a little below the groin. She had frequently chilly fits, which were succeeded by flushings of heat. The skin was hot and dry; her pulse was frequent, her urine high-coloured, and her bowels were costive. For many years she had been under the necessity of taking constantly some aperient medicine, without the aid of which she never had an evacuation. She had been likewise troubled with a complaint about the anus for several years, which she supposed to be the piles. Some leeches were directed to be applied to the most painful part of the thigh, and afterwards to be rubbed with an opiate liniment two or three times a day. A saline mixture with antimony was also prescribed, and a pill with extr. papav. alb. to be taken every night at bed-time. The bowels were kept open with castor-oil. Under this treatment, the pain of

the thigh and the feverish symptoms, gradually went off. She then complained of having more pain in the rectum, which at length became so violent, not only at the time she had occasion to go to stool, but for several hours in the day, and she felt such a burning heat in the rectum, attended with tenesmus, and pain about the os sacrum, that she declared, although she had borne nineteen children, what she had suffered on that account was nothing compared to her present complaint. She was also troubled with wind in her bowels, and sometimes there was a distention of the abdomen. Notwithstanding she took castor-oil every other morning, which generally procured two or three motions, yet, upon inquiry, I found they were scanty. Suspecting from the symptoms, there was some mechanical obstruction in the rectum, I suggested to the patient the necessity of an examination, in order to ascertain the nature of the disease. There were two small condylomatous excrescences on the right side of the anus, and on introducing the finger above two inches and a half up the rectum, I felt a large hard substance obstructing the cavity of the intestine, which appeared to be connected with others of a smaller size, but too high up to be distinctly felt. She complained that my touching the part occasioned considerable pain at the time. I proposed some mechanical means for the purpose of dilating the passage, as the most likely to

afford her relief, to which she very reluctantly consented. Accordingly, a tent about the size of a large goose-quill was introduced as far as the obstructed part, which remained up the gut a few hours. The first motion she had after the removal of the tent was figured, and the quantity of fæces greater than had been discharged for a long time at one evacuation. After using the tent a third time, which evidently passed beyond the obstructed part, a very large quantity of consistent fæces came away, which gave the patient great relief. Castor-oil, or some other aperient medicine, was occasionally administered. She took five grains of Extr. papav. alb. every night at bed-time, and about two ounces of the following injection was directed to be thrown up the rectum once or twice a day, as pain required:

℞ Extr. Hyoscyam, ʒi

Aq. Puræ, ℥viii. M. ft. inject.

This plan (with the constant use of the tents) was regularly persevered in, from the beginning of September until the fifteenth of October, when she could pass her stools tolerably easy, and had very little of the pain in her back, or the burning heat in the rectum. She, however, never had a motion without the assistance of an aperient medicine, or an injection. As the complaint of the intestine grew better, she became more afflicted with pains in her joints, particularly the knees and

feet; the latter were sometimes swollen and inflamed. These pains* were attended with convulsive catchings of the limbs, which were frequently so violent as to prevent her from sleeping, though she took large and repeated doses of opium. Early in the spring of 1811, she was again very much annoyed with the complaint of the rectum, and the pain at length became so violent as to occasion strong convulsion fits, which sometimes continued an hour, leaving her in such an exhausted state, that her friends several times expected her immediate dissolution. Although for a long time she daily took twenty-five or twenty-six grains of opium, besides having anodyne clysters occasionally administered, she scarcely had any remission of pain, from which it may be conceived that her sufferings were very severe. On finding a return of the disease, I introduced a finger up the rectum, and found that the before-mentioned hard substance was much lower in the gut than on my first examination, being only a little above the sphincter ani, which circumstance rendered the administration of clysters extremely diffi-

* I have no doubt but the same cause which produced pain and inflammation of the joints, occasionally affected, and augmented the disease of the rectum; as it was frequently observed by the relatives of the patient that the complaint was less severe, on the joints becoming more painful.

cult; and when purgative medicines were given, they had no effect on the bowels, unless from frequent repetition a purging was brought on, which continued a day or two, accompanied by a most distressing tenesmus.

The tent was again employed, but I was not able to pass it far, as the tumor filled up almost the whole cavity of the intestine at its lower extremity: by persevering, however, a few times, and varying the direction of the tent, I succeeded in passing it above the obstructed part. After continuing its use for some time, (in conjunction with opium and clysters) there appeared to be an evident lessening of the substance which had obstructed the passage, as the gut was more permeable; the fæces again came away copious and easy; the patient was more free from pain, (though she did not take a fourth part of the opium she had been in the habit of taking daily) and the convulsion fits entirely left her. From being able to take more nourishment, her strength was so far recruited that she attempted to walk across the room, which she had not been able to do since the first attack of her complaint in August, 1810.*

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* This was her situation the beginning of July, 1811. September 17, she feels very little of the complaint of the rectum, and for several successive days she has had stools without the assistance of clysters, which circumstance had not occurred without the aid of medicine for several years.

CASE XII.

Elizabeth Hancock, aged twenty-seven, of the common sanguine temperament, was admitted an in-patient at the Bath City Infirmary, December 6th, 1810, under the care of Mr. Creaser,† for the purpose of undergoing the operation for fistula in ano, which had been formed about five months. Her general health was much affected, and she had a diarrhœa. Previous to the operation an annular stricture was discovered about two inches and a half up the gut, which Mr. C. judged proper to divide, after laying the sinus open. A considerable hæmorrhage succeeded the operation; but the patient appeared for some time to be doing very well. A vomiting, however, came on, attended with great languor and debility, and continued about three weeks, when she died.

On examination after death, the rectum was found in a very diseased state: it was not only thickened, and indurated at the part where the stricture had been formed, (which had not been completely divided) but the inner membrane of the intestine was entirely de-

† To whom I am indebted for the knowledge of the case, and who kindly permitted me to examine the body after death.

stroyed by ulceration, from its lower extremity to about an inch and a half above the strictured part. There was likewise a large ulcer near the beginning of the colon, which communicated with the abdominal cavity. The coats of the intestine surrounding the ulcer were thick and indurated.

CASE XIII.

JULY 28th, 1811, I was requested to visit Mr. S——, about forty years of age, of a dark complexion, and spare habit of body, who complained of having had a pain of the left hip behind the trochancter major about five months, which was growing worse. He experienced some difficulty in walking, attended with a limping gait. His appetite for food was much impaired; he felt weak, and had lost flesh. He commonly had two or three loose motions every day, but particularly complained, that whenever a desire was excited to discharge wind downward, he was not able to accomplish it without being under the necessity of sitting on the night-chair, and straining hard for a considerable time, which increased the pain of his hip; and the passing of his stools likewise produced a similar effect, though not attended with any pain in the rectum.

On examination, the glutæi muscles appeared flaccid on the side affected, and the hip did not preserve a parallel line with the other. There was not, however, any sensible elongation of the limb, but the thigh was evidently less in its circumference than the right.

The pained part was cupped, and about eight ounces of blood were taken away. The patient was ordered a warm bath two or three times a week; and a pill with calomel and opium, was directed to be taken every night at bed-time. By these means the pain of the hip was very much relieved, but he still complained of the difficulty he had in passing wind, which continued to excite pain of the hip, as did also the passing of his stools. From this circumstance I thought it expedient to examine the rectum; but, on introducing the finger, could not discover any disease. The next time I visited the patient he expressed himself as being more uneasy, in consequence of something which had appeared externally at the anus. On inspection, a very small fleshy excrescence was perceived within the verge of the anus, which was removed by a ligature. As he was not relieved, a middle-sized bougie was introduced a few days afterwards, when a stricture was discovered about four inches up the rectum, through which the bougie passed with a jerk, after considerable resistance from the strong action of the muscular fibres of the gut

inducing a spasmodic stricture, when the instrument reached the contracted part; but resting until the spasmodic action ceased, the bougie then passed readily through the permanent stricture in the manner just described. On the left side of the gut the stricture was prominent.

On questioning the patient more particularly with regard to this complaint, he said, he had observed that when his stools were figured, they were not more in circumference than his little finger, but he very seldom evacuated any in a solid state, as his general habit of body was to have two or three small loose motions daily; and that he had never experienced any difficulty in voiding his stools or wind until after he became afflicted with the pain of his hip.

The same bougie was introduced again the next day, and suffered to remain up about an hour, which caused considerable pain in the gut. The next time a tent was employed, but that produced very little uneasiness, though it remained up much longer than the bougie; and after using it a few times, the patient was able to pass wind downward without being under the necessity of sitting on the night-chair. Neither did he experience so much pain of the hip on going to stool.

An irregular impression appeared several times on the side of the tent when it was withdrawn, which con-

firmed the idea of a prominency on the left side of the stricture previously mentioned.

The tents have been regularly persevered in for some time, and the passage admits of the largest size being introduced. Evacuating the fæces does not now produce the least pain of the hip, but a very trifling degree is yet excited on the passing of wind. His stools are loose as usual, but much more copious than formerly. His appetite is greatly improved, and he has gained strength.

CASE XIV.

Miss B. nearly fifty years of age, applied to me in the beginning of December, 1812, in consequence of a painful affection about the anus, which had been gradually increasing several years, but then becoming rapidly worse, rendered her life extremely uncomfortable. She had neglected applying sooner for advice, from the mistaken notion of the disease being only piles. She was of a very costive habit, and experienced great pain and difficulty in passing her stools, which she had observed for some time were small in diameter. She had frequent but ineffectual calls, when it often hap-

pened that a substance protruded from the anus, extremely painful, until an hæmorrhage supervened: the tumor then gradually lessened, but did not entirely disappear, before she had passed the night in bed. There was sometimes an hæmorrhage without any protrusion. She complained likewise of a sense of weight about the os sacrum, and pains shooting down the thighs. Her nights were restless, attended with perspiration. In the day she had alternately cold and hot fits; she was thirsty, had a very impaired appetite, and strength considerably reduced. The skin, however, was cool, and no quickness of pulse. The catamenia had left her some months. She was always aware of the protrusion taking place, from a dragging pain (to use her own expression) felt some little time before at the epigastric region.

Upon examining the part, I found a protrusion at the lower part of the anus towards the right side, about the size of a large filbert; but on inquiry was informed that the tumor was sometimes much larger. The protrusion appeared to consist of an hæmorrhoidal excrescence, to which was attached a portion of the rectum; the latter was of a dark red colour, and its surface abraded: this, no doubt, had been chiefly owing to the patient frequently pricking the gut with a needle when it descended, as she supposed the bleeding gave her

some relief.* The hæmorrhoidal vessels, surrounding the anus, were much distended with blood, and the integuments at the prolapsed part formed a pendulous flap, when the gut and excrescence disappeared.

Having minutely examined the part, and being satisfied in my opinion, I informed the patient she would be under the necessity of submitting to an operation, to effect a complete cure of the complaint. In the mean time proper means were adopted with a view to palliate the disorder, such as gentle laxatives to keep the bowels open. Slight astringent lotions with opium to the part; leeches were also applied near the part affected. As no sensible benefit was derived from these means, I suggested the propriety of trying gentle pressure, by introducing a tent up the rectum, from having read that a case of hæmorrhoidal excrescence had been completely relieved by that plan; to which the patient very readily assented.

On introducing a tent between two and three inches up the rectum, I was very much surprised to find a firm stricture, and the resistance to the passing of the tent (though of a small size) was very considerable, from the strong action of the muscular fibres of the intestine.

* The patient had recourse to this method, if the spontaneous hæmorrhage did not take place soon after the protrusion of the gut.

The discovery of a stricture, of course, proved an additional reason for employing the tent, and in all probability the stricture had been the cause of the prolapsus. A tent was therefore introduced daily, but omitted when the gut came down. I was much encouraged to hope the plan would have ultimately succeeded, as previous to the use of the tent the complaint had occurred almost daily; but after employing it, the descent only occurred once in eight or ten days; and once the intestine remained up thirteen days. At first, the introduction of the tent occasioned so much pain on passing the stricture, that the patient was frequently thrown into a perspiration at the time. The tents were gradually enlarged, and, after persevering some time, the passage admitted of a large size being introduced without the least inconvenience. And unless when the gut protruded, her evacuations came away without pain, and the hæmorrhages were less frequent. She had nearly lost the pain and sense of weight about the sacrum, and her general health was much improved.

It happened however, unfortunately, that after the tents had been employed with such apparent advantage, the patient was seized with a very troublesome cough, which occasioned almost a daily descent of the rectum, with a frequent return of the hæmorrhages, so that it became impracticable to introduce the tent. The dis-

case becoming thus aggravated, Miss B. made up her mind to submit to whatever operation I judged proper for the cure of the complaint; which was determined upon as soon as the cough was better.

I have already mentioned that the disease consisted of an hæmorrhoidal excrescence, and a portion of the rectum adhering to it. If the disorder had been merely an excrescence, I should certainly have considered the ligature the best method of removing it; but being apprehensive, if that plan had been adopted in this case, there would be danger of exciting great inflammation, by necessarily including a considerable portion of the rectum in the ligature; I determined on the following method.

After bringing the prolapsed part as much as possible in view, I separated the adhering portion of the rectum with the knife from the excrescence. On performing this part of the operation an artery was opened, which bled freely, but was soon stopped by a little pressure. I then proceeded to remove the excrescence, which was done by a circular incision, including the integuments that formed the pendulous flap, close to the anus. No further hæmorrhage ensued. A little lint and soft dressing were applied to the part, and an opiate was given. The patient was desired to live low, and to keep herself cool, as I apprehended the artery might

bleed again. For three or four days after the operation there was a slight degree of inflammation about the anus, which was removed by the application of a bread and milk poultice. As the bowels had been freely opened previous to the operation, she had no evacuation until the third day, when an aperient medicine was given, which gently moved the bowels; but there was no descent of intestine, neither was there the least return of hæmorrhage. The patient was confined to her bed nearly a week, and kept upon a low regimen, with the occasional use of a laxative pill. At the end of a fortnight she was allowed to walk about, and, with the exception of a little uneasiness, which was occasioned by the slight inflammation that occurred after the operation, she has never experienced the least inconvenience, as the gut never descended afterwards, nor has there been any return of the hæmorrhage.* She passes her stools with the greatest ease, and even without the assistance of medicine. In short, her health is completely restored, a blessing she had not enjoyed for several years.

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* It was not necessaay, after the removal of the excrescence, to employ the tents again; a proof that the dilatation of the gut had been completely effected.

CASE XV.

JANUARY, 1812, I was requested to visit Mrs. W. nearly fifty years of age, of a robust size, and full habit of body, who had borne twelve children. She complained, that, from the early age of fifteen, she had experienced some difficulty in passing her stools, which had so much increased for some time, that she was under the constant necessity of sitting over warm water before she could procure an evacuation, although in the habit of taking aperient pills, to which she had been accustomed for many years, from a natural costive state of body. She had also considerable pain about the sacrum, inclining to the right side, and frequent hæmorrhages from the rectum.* The catamenia were still regular, and her general health appeared to be tolerably good.

Some months prior to my seeeing Mrs. W. she had been seized with a sudden stoppage of the bowels, which so much alarmed her, that she sent for a surgeon, and requested him to examine the rectum. But it did not appear, from what he said, that he was thoroughly convinced of the existence of a stricture, although he procured some bougies which Mrs. W. had occasionally

* I have seen nearly a pint of blood discharged at one time.

employed, from a conviction of there being some mechanical obstruction in the passage. No benefit, however, had been derived from them, but, on the contrary, the complaint was growing worse.

On examination, I discovered a firm stricture above five inches and a half up the rectum, which admitted only a very small-sized bougie to pass, and this not until after considerable resistance from the strong action of the muscular fibres of the gut. The distance of the stricture from the anus having been ascertained, the patient was convinced the bougie had never before passed the stricture, not only from this circumstance, but also from the pain produced by it; as the bougie introduced was the identical one that had been employed before, and without producing such an effect. It was therefore not improbable, that some mischief had been done to the intestine, from the indiscriminate manner of employing the bougie, particularly with regard to increasing the frequent returns of hæmorrhage.

Although the stricture was so high up the rectum, I advised the use of the tent, in preference to the common bougie; and, after introducing them a few times, the patient could pass them very readily herself. I directed an injection of gruel and oil to be thrown up daily, which was done at bed-time; and after its operation,

the tent was introduced, which generally remained in the rectum till early the next morning.

Whilst Mrs. W. remained in Bath (which was about a fortnight) she appeared to be considerably relieved, the evacuations passed more easily, and there was scarcely any discharge of blood. Although I requested, I have not heard of the patient since.

CASE XVI.

Feb. 1812, E. Morgan, an unmarried woman, sixty-three years of age, complained of having been subject to pains about the os sacrum shooting down the hips, between four and five years. She had been always of a costive habit of body, seldom having any evacuation for four or five days, and not then without the aid of a strong purgative medicine. About a year ago, she was attacked with a sudden hæmorrhage, which she supposed to have been a return of the catamenia in a most extraordinary and violent manner; but on the hæmorrhage recurring shortly after, she was convinced the discharge proceeded from the rectum; ever since which she has had frequent returns of the hæmorrhage; and upon that ceasing, a serous discharge supervened. Between five and six months ago, she began to expe-

rience considerable pain and difficulty in passing her stools, attended with tenesmus, and almost constant pain in the gut: her strength was much reduced, with frequent flushings of heat, but her pulse was regular.

On examination, I found great irregularity and induration in the rectum, about an inch from the anus, which extended some way up the gut, when a considerable contraction was discovered, but yet a sufficient passage to admit the tip of the finger being introduced: the contracted part had an irregular and indurated feel. That I might have the patient more immediately under my care, she was admitted an in-patient at the Bath City Infirmary, on the 25th of February. The next day, a small tent was introduced, and the following pills were prescribed:—

℞ Extr. conii, ʒiſs.

Pil hydrarg. ʒſs. M. f. pil. xxx æquales divid. quarum capt ij. mane et vespere.

A clyster, with gruel and castor-oil, was also directed to be thrown up daily. Her diet—gruel, broth, arrow-root, and light puddings.

Feb. 27th. Has had several motions without the injection, and less pain—tent again introduced.

Capt. pil. extr. conii, et pil. hydrarg. j. mane et vespere, et quoque pil. opiat. gr. j. o. n. h. s.

28th. Has a troublesome cough, breathing short, with wheezing. Omitt^{r}. pil. hydrarg, &c.

℞ Liquor ammon acet.

Aq. menth. pip. āā ℥iſs.

....puræ,.....℥iij.

Syr. papav. alb, oxym scillæ, āā ʒij. M. f. mist. Cap$_{t}$. coch, ij. ampl. 4ta. quaque hora. Rep^{r}. pil. opiat.—a tent introduced.

29th. Breathing rather better, and less pain in the rectum. Rep^{r}. mixt. et pil. opiat.—a tent introduced. As the bowels had not been freely open, an injection was directed.

March 1st. Had a good night, the bowels have been moved in consequence of the injection, with scarcely any appearance of blood— a tent introduced.

2d. Breathing much worse, and cough more troublesome—pulse quick: has had two or three small loose motions without any blood. Rep^{r}. med. et enema laxativ.

3d. Her breathing better, and cough not so troublesome: had three motions from the injection, but no blood.

4th. Much the same: has frequent loose stools, (so as to prevent introducing the tent) but unattended with pain.

5th. She has still a frequent discharge of loose stools. Injec^{r}. enema opiat.

6th. Breathing much worse, with increase of wheezing, and the cough more troublesome; skin hot, and pulse quicker; tongue white, and complains of thirst. A very large quantity of consistent fæces has passed. Applic^{r}. emp. canth. sterno. Rep^{r}. mixtur; add sp^{t}. æther vitriol comp. ʒij.

7th. Breathing somewhat relieved, but the feverish symptoms continue. Has had two small loose motions. Rep^{r}. mist. et cap^{t}. haust. anodyn. h. s.

8th. Both breathing and cough better; pulse not so quick, and tongue cleaner. Has had three small motions with a little blood. Rep$_{r}$. enema opiat. On introducing a tent, I perceived a fœtid discharge from the rectum, which I had not before noticed. Rep^{r}. med.

11th. Has very little uneasiness in the rectum, but general pains over the abdomen. Cough and breathing still troublesome, though in a slighter degree. Not so much heat on the skin, nor quickness of pulse. Rep^{r}. med. et enema opiat.

12th. Less pain over the abdomen. Although there is less heat on the skin, she complains more of thirst. Has had some small loose motions. Rep^{r}. enema laxativ.

13th. Has very little pain in the abdomen. The clyster occasioned several loose motions, which very much relieved her—a tent introduced.

14th. Breathing more affected; has had several loose motions. Applic^{r}. empl. canth. sterno, et rep^{r}. med.

15th. Breathing somewhat relieved, but the cough still troublesome: has had two loose motions, besides what is found to pass away involuntarily on returns of cough—a tent introduced.

16th. Had a restless night, from the difficulty of breathing and cough: passed several small sanious colored loose motions. Rep^{r}. med.

17th. Breathing and cough much the same, but now attended with an expectoration, free and copious—has had two small loose motions of the same appearance as last. Rep^{r}. med. et enema laxativ.

18th. Breathing much the same; a little bloody mucus is brought up with the cough: has had more uneasiness in the bowels. Two injections have been given without producing any effect—the injection was ordered to be repeated with the addition of a little murias sodæ.

19th. Had no evacuation until she took some castor-oil this morning, which procured several motions: cough and breathing much the same. Rep^{r}. med.

20th. Had a better night: breathing not so difficult; skin cool; pulse regular; tongue clean. Passed three stools without any pain. Rep^{r}. med.

22d. Her breathing much better, and cough not so urgent: had a very good night; bowels open—a small tent introduced.

24th. Continues better: bowels still in an open state, and the evacuations of a more natural consistence —a tent introduced.

26th. Bowels having been confined yesterday has taken castor-oil, which procured three motions; one of them very copious—a tent introduced.

27th. Her breathing and cough better: bowels open—felt a soreness in the rectum after the tent yesterday.

28th. Feels better: has had two motions without pain—a tent introduced.

30th. Having had no evacuation yesterday took castor-oil, which operated two or three times.

31st. Complains of sickness, and the having brought up bile: had a motion this morning, followed by a little blood. The fœtid discharge from the rectum has ceased.

Cap^{t}. mist. salin card ℥i. 4tis. horis. Cap^{t}. haust. Anodyn h. s.---a tent introduced.

April 3d. Sickness better: complains of pain over the abdomen. Took castor-oil yesterday, which procured several motions---a tent introduced.

5th. Less pain in the abdomen: bowels open, and the fæces discharged without pain---a tent introduced.

9th. A tent introduced.

11th. Complains of having had a considerable soreness in the rectum since the last tent was introduced. Although, on examination with the finger, the contraction does not appear increased, yet there is a greater difficulty in passing the tent from the extreme irregularity on the internal surface of the gut---the tent was omitted. The bowels were kept open with castor-oil, and the evacuations continued to be discharged without pain or appearance of any blood. Her general health appeared also to be improving, and she was able to sit up a few hours daily, which she had not been able to do for a long time: her appetite was so much better as to render her very desirous of having a little animal food, which was complied with.

On the 23d a tent was introduced, but could not pass it until I had previously ascertained the direction of the contracted part by introducing the finger, the irregularity of the surface continuing the same.

25th. The tent occasioned considerable pain in the rectum, and a little blood followed its removal. She

took castor-oil this morning, not having had a motion since the last tent was introduced.

26th. Had several motions yesterday, and her bowels are very open to-day: does not complain of any particular pain.

28th. A small tent again introduced—the last time.

30th. Complains of having had much soreness in the rectum since the last tent was introduced, and has had no motion. Rep^{r}. enema laxativ.

May 1st. Passed several motions. She had appeared to be rather weaker, and her appetite had failed for the last day or two; but no material alteration was observable until the fifth, when, on entering the ward in the morning, I was surprised to find so great a change in her countenance; her breathing short, pulse extremely feeble; with every other appearance of a speedy dissolution. She died the same afternoon. The nurse informed me she had become suddenly worse in the night.

APPEARANCES ON DISSECTION.

On dividing the parieties of the abdomen, there were evident marks of peritoneal inflammation, and the intestines also exhibited a similar appearance, but more particularly the ilium; and its folds were glued together in several places, the consequence of inflammatory ex-

udation; and on its surface there were different patches of coagulable lymph: there was also some purulent matter in the pelvis. On separating the rectum from the sacrum its posterior part gave way, as only the peritoneal coat at this part of the intestine had remained; the other coats having been destroyed by ulceration. The internal surface of the gut was extremely irregular, and its inner membrane entirely destroyed by ulceration; which process had extended somewhat less than an inch from the anus, as far as the contracted portion of the rectum. The muscular coat was very much thickened and indurated, exhibiting the usual cancerous appearance: and in other places (besides the posterior part already noticed) it appeared to be entirely destroyed, as well as the inner coat, by the ulcerative process. At the termination of the ulceration there was a considerable contraction of the gut, from the diseased state of the muscular coat having formed a complete thick cartilaginous ring; and a little below it the jagged edges of the inner coat projected; its lower portion, as before mentioned, being entirely destroyed by ulceration. Above the cartilaginous ring the intestine was somewhat dilated, its inner membrane having an inflamed appearance, which had extended about two inches up the gut. The muscular and peritoneal coats, at the back part of the superior portion of

the rectum, were thickened and indurated, extending in a line along the sacrum for nearly three inches above the contraction; the thickening gradually lessening as it extended upwards. A great quantity of solid fæces was collected above the contracted part, and properly tinged with bile.

About the middle of the convex surface of the liver there was a very large tubercle, with several lesser ones dispersed throughout its substance.

The fundus uteri was red, and the fimbriated extremities of the fallopian tubes were in a state of ulceration; no doubt from having been exposed to the purulent matter which was collected in the pelvis.

The lungs had a diseased appearance, and with some difficulty separated from the back part of the thorax.

CASE XVII.

Feb. 22, 1812, I was requested to see Mrs. S. forty years of age, who lived a few miles from Bath. She complained of a violent pain about the epigastric region, which sometimes descended into the bowels, and was frequently accompanied with a sense of chilli-

ness at the same part, extending round to the back and shoulders, and succeeded by flushings of heat. The chilly fits came on about three weeks before she was seized with the pain, which she felt only a few days. She was of a costive habit of body, and had been for a long time troubled with wind in the bowels; and lately, when desirous of discharging it per anum, she found it prevented from passing at the lower part of her back for several hours; and at which part she had felt occasional pain and weakness since having her first child, about eight years ago. The catamenia were regular, but paler than formerly, and generally preceded by considerable pain at the hypogastric region. She had some thirst, but no particular heat on the skin, nor quickness of pulse.

Previous to my visiting Mrs. S. she had taken an opening medicine which had brought away some dark-colored motions. Pills of extr. coloc. comp. were directed to be taken every morning, so as to procure two or three evacuations daily, to which were occasionally added a few grains of calomel. A saline mixture with opium was also given every four hours. A considerable quantity of feculent matter was discharged for several days, of a dark yellow color, but without affording much relief. She was then bled, and a blister afterwards applied to the epigastric region; after which the

pain became less violent: but as the partial chilliness continued frequent in its return, she was so much alarmed (being extremely nervous) as to induce the wishing her friends to consult Dr. Parry, who visited the patient with me. Dr. P. suggested but little alteration in the mode of treatment, chiefly recommending the aperient plan to be continued, as there still appeared a considerable foulness in the evacuations.* And, although the fæces assumed a more natural appearance after persevering in this plan, Mrs. S. was not entirely relieved from her distressing symptoms.

I then advised her going to Bath, thinking that a change of place and drinking the waters might prove beneficial to her; (particularly as there had been a considerable derangement in the biliary secretion) but from this she did not derive any advantage. Dr. Parry was again consulted, who prescribed some aperient me-

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* The alvine evacuations were daily examined for some time; they were generally loose from taking the pills, but when they happened to be solid, being in form of scybala, and of a large size, prevented my earlier suspicion of a stricture. Subsequently, however, the patient informed me that she had sometimes observed her stools were not larger than her little finger; I therefore wished her to submit to an examination, suspecting there might be a stricture, but she would not at that time submit to it.

dicines, and a mixture with magnesia and creta, as she then complained of great heat about the stomach: Dr. P. also advised her return into the country. Before Mrs. S. left Bath, I again suggested, as my opinion, that some disease in the rectum was the principal, if not the sole cause of the symptoms she labored under; and, after much persuasion, she submitted to an examination.* On introducing a moderate sized tent up the rectum, a stricture was discovered about three inches from the anus; but not being able to pass it beyond the stricture, it was withdrawn, and a smaller one introduced, (about the size of a large urethra bougie) which, after considerable resistance, passed the stricture.

The nature of the complaint being now ascertained, Mrs. S. returned into the country, requesting my attendance, and desirous of pursuing whatever plan I judged proper. The use of the tents was immediately adopted.

As Dr. Parry had expressed a wish to see her again in the course of a week, I took the opportunity of waiting on the Doctor with our patient, to inform him that I had, on investigation, discovered a stricture in

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* After examining the rectum, I embraced the opportunity of ascertaining the state of the uterus, but it did not appear to be the least diseased, which the symptoms before mentioned seemed to indicate.

the rectum; at the same time wishing him to be convinced of the fact from his own examination, which he declined, on account of his particular engagements at the time. At the consultation it was agreed, that she should take the pil. hydrarg. et extr. conii. and continue the mixture, as she had found some relief from it with regard to the heat in her stomach. The tents were introduced every other day, and their size gradually enlarged, until the passage admitted nearly the largest. For some time Mrs. S. appeared to be considerably relieved: her stools passed more easily, and of an enlarged diameter; her bowels having at length become so regular as very seldom to require any aperient medicine, to which she had been constantly obliged to resort previous to the use of the tents. Although so much relieved, she still experienced great difficulty in the discharge of wind.

After employing the tents several weeks, she began to complain of more pain about the back, and, as the passing of the tents became also more painful, they were discontinued.

In the summer she went to the sea, and a few weeks after her return I called upon her; when I found that her general health had been much improved by the sea air, and that she felt less of the complaint in the rectum.

CASE XVIII.

March 7, 1812, Mr. S. about thirty years of age, of a dark complexion and spare habit, applied to me, in consequence of reading my Treatise on the Contracted Rectum; which led him to suspect that he was laboring under a complaint of that nature.

From the early age of thirteen he had experienced some difficulty in passing his stools, which for a long time obliged him to have recourse to injections of warm water before he could obtain a passage. The bowels were naturally costive. The fæces of a light clay color, unless he took a dose of calomel, which always gave a bilious tinge to the evacuations. He also complained of a sense of fulness and uneasiness throughout the whole intestinal canal.

Mr. S. had consulted several medical gentlemen without obtaining any relief; a contracted state of the rectum not being suspected by them.

On examination, I found a considerable contraction of the rectum a little above the anus, proceeding from an irregular thickening and induration of its coats. The introduction of a bougie (though very small) gave him great pain. I supplied him with tents, and saw him once afterwards; but, as he failed in using them regularly, he did not receive benefit.

CASE XIX.

April 1, 1812, I was requested to visit the Rev. Mr. H. (at a village about three miles from Bath) aged seventy-one, whom I found laboring under the following symptoms: —

Considerable pain about the os sacrum, and in the bowels, attended with a rumbling noise, sometimes so loud as to be heard below stairs. Difficulty and pain in passing his motions; abdomen very tumid and tense; the water made small in quantity; the legs ædematous; breathing short; pulse quick, irregular, and intermittent; general debility and emaciation, with loss of appetite. He informed me these symptoms had gradually increased since August, 1811; prior to which, however, he had occasionally experienced some difficulty in passing his stools, but in so trifling a degree as not to engage his attention longer than the moment he felt the inconvenience. He had also observed that the fæces were small in diameter; but since August he had very seldom passed any figured stools.

He had consulted some months since an eminent practitioner in the country, who supposed his liver was diseased;* but he derived no benefit from that gentleman's prescriptions.

*This proved to be a fact.

From the above-mentioned symptoms, I very much suspected Mr. H. laboured under a stricture of the rectum, which opinion coincided with the patient's own view of the complaint; as he often thought there was some mechanical obstruction in the passage, although the gentleman he consulted had not hinted such a circumstance.

I found, on examination, a stricture about four inches up the rectum, and that passing a tent, though small, gave him considerable pain. Although I entertained but little hope of affording him much relief, from his advanced age, with the debilitated state of the whole system, yet I thought some temporary advantage might be derived from employing the tents. I recommended castor-oil to keep the bowels open, or an injection to be thrown up occasionally. Pills with P. rad. scillæ were prescribed, and, to relieve pain, opiates. The tents were only introduced three or four times, as he complained of their producing so much pain. His weakness daily increased, and the paroxysms of pain were so violent and frequent, that he scarcely had an interval of ease, unless when under the influence of opium. His misery became so great that he earnestly wished for death, although he was very patient and resigned to the will of the Almighty. The event, however, did not take place until the twenty-fourth of May.

APPEARANCES ON DISSECTION.

The abdomen remained tumid and tense, and there was a considerable prominency and hardness about the epigastric region.* The parieties of the abdomen were extremely thin, and the muscles of a livid color, although the examination took place twenty-eight hours after death. There was about a pint and a half of serum in the abdominal cavity. The intestines were much discolored, but had not the appearance of increased vascularity. The colon was much distended with flatus, and the omentum attached to the middle of the transverse arch of the colon was formed into a short thick ligamentous-like substance, by which that part of the colon was drawn down from its natural situation near to the os pubis, in consequence of an adhesion having taken place between this process of omentum and the peritoneum, a little above the pubis. Previous to examining the rectum, I was under the necessity of puncturing the bladder, it being distended with urine:† a stricture was then discovered near the upper part of the sacrum, about an inch and a half below the commencement of

* From the enlargement of the liver.

† The great quantity of solid fæces in the rectum had so compressed the neck of the bladder, as to prevent the urine from passing.

the rectum. There was some difficulty in separating it from the sacrum, as its muscular and peritoneal coats had become of a cartilaginous hardness. There was also an adhesion between the rectum and the lower posterior part of the vesica urinaria. Although the stricture was considerable, (about half an inch in diameter) the coats of the intestine had not an indurated feel except at the part already mentioned, and which did not exceed half an inch in length, and not quite so much in breadth. The muscular coat, however, was somewhat thickened in its remaining circumference at the strictured part. On the internal surface of the gut, below the stricture, there were several red patches. The inner membrane at the stricture projected a little forwards, forming a process-like appearance, though not in the least indurated: above this the internal surface of the rectum was very red, which had extended to its termination. The inner membrane at the upper orifice of the stricture was so much puckered as to form a complete valve over it. Above, as also below the stricture, there was a considerable collection of solid fæces, but particularly below, and of a much larger size than it was possible to pass the stricture; though it was evident that fæces, as large as the natural diameter of the intestine below the stricture, had passed a short time previous to the death of the patient.

The liver was very much enlarged and indurated, and tubercles, of various sizes, were interspersed throughout its whole convex surface. The gall bladder was nearly full of bile, and the fæces were properly tinged with that fluid. My time would not permit me to examine the thorax, where I had no doubt, from the symptoms, that either effusion, or some organic derangement, would have been found.

CASE XX.

Sarah Horwood, aged twenty-seven years, of the common sanguine temperament, applied for admission as an out-patient at the Infirmary and Dispensary on the 18th of June, 1812. She had been ill about eight months. Her complaint began with a pricking and itching sensation about the anus, accompanied by a serous discharge from the rectum. She sometime afterwards felt a swelling and soreness on one side of the anus, which had become very troublesome to her. Between three and four months she had suffered from a tenesmus, with a frequent bloody discharge, and occasionally a similar kind of discharge passed by the va-

gina.* Her habit of body was regular; but she had experienced for the last two months pain and difficulty in her alvine evacuations, which were small in size: she was also much troubled with wind in the bowels, which with some difficulty passed downwards.—During the last six weeks she had suffered considerable pain about the os sacrum. Her appetite was bad, with emaciation and great debility; pulse rather quick, and was thirsty: catamenia regular.

Seven years before her husband gave her the venereal disease, since which she had never enjoyed a good state of health.

On examination, I perceived a large indurated excrescence at the left side of the anus, and on introducing the finger up the rectum, I found a continuation of the same kind of diseased thickening and induration extending some way up the gut, which had produced great irregularity on its surface; and just within reach of the finger there was a considerable contraction of the rectum from a circular thickening and induration of its coats. Under these circumstances, I proposed admitting her an in-patient, but as she could not then make it convenient, I prescribed some opening medicine and an

* A communication between the rectum aad vagina was ascertained by a probe.

opiate pill to be taken at bed-time. On the 30th of June she was admitted an in-patient, and the following pills were directed for her:

℞ Pil. hydrarg. ʒfs.

Ext. conii, ʒifs. M. f. pil. xxx quarum capt. ij. mane et vespere.

A little ung. hydrarg. was also directed to be rubbed about the excrescence; and when occasion required, to take elect. sennæ. She was put upon a low diet. This plan was continued until the 21st of July, when her mouth became a little sore, and she appeared to be much relieved from pain; but on re-examining the rectum, its internal surface had the same irregular feel, and the contraction somewhat increased. For the first time I introduced a very small tent which occasioned pain.

July 23d. A tent was again introduced.

25th. A tent introduced, but she complained of its producing so much pain that it was withdrawn before it had passed the contracted part, when it was followed by a little blood. From the soreness of her mouth she was desired to omit the pills.

27th. The tenesmus very troublesome, with frequent loose stools. Injecr. enema opiat.

28th. The nurse was not able to throw up much of the injection, owing to the very irregular and contracted state of the rectum; the tenesmus, however, not

so troublesome. Mouth still sore. The catamenia have come on. Capt. pil. opiat. omne nocte hora somni.

August 4th. Catamenia still continue. The tenesmus has considerably abated; the motions pass off with very little uneasiness, and she has much less pain about the sacrum.

8th. By the desire of her husband she left the Infirmary, but requested to be made an out-patient, which was complied with. As the pil. hydrarg. &c. had apparently been beneficial to her, they were again prescribed as soon as her mouth got well. She afterwards left Bath for several weeks. On her return she called on me, (her general health appeared to be much improved) and informed me that she felt very little inconvenience from the complaint, except a frequent discharge of a sanious-colored mucus from the rectum. On examination, very little of the excrescence remained at the side of the anus, which had a softer feel, and on introducing the finger up the rectum, the thickening and induration of its coats appeared to be considerably lessened, and the contraction before mentioned not so much. I then introduced a small tent, which passed up tolerably easy, but the gut appeared to be contracted higher up than the finger could reach. Finding she could now bear the introduction of the tents, I wished to give them a further trial, and with that view admitted

her again an in-patient. The same plan was adopted as on her first admission, with the addition of the tents. I am, however, sorry to add, that after a trial of them, they were discontinued, being convinced, from the appearance of the discharge, that ulceration was going on in the rectum, and which would be increased by the application of such a stimulus. Her general health remained much the same as when admitted; but as there was no prospect of her obtaining any further benefit, she was discharged: recommending her to take castor-oil occasionally, and to have an opiate injection thrown up twice a-day, which had tended to lessen the discharge and irritation of the bowels.

CASE XXI.

Mr. S. about fifty-six years of age, of the sanguine temperament, rather a free liver, and subject to regular attacks of gout, applied to me in the beginning of July, 1812, in consequence of having had frequent hæmorrhages from the rectum, which had weakened him considerably. During the preceding year he had occasionally found a little discharge of blood, but the quantity was comparatively trifling until a short time before I saw him, when he supposed that he had some-

times lost near half-a-pint at a time. Very often when a desire was excited to go to stool, nothing passed but a large lump of coagulated blood. Although he usually had two or three motions daily, no solid stool had passed for three weeks. When the evacuations were costive, he felt a sensation as if a sharp instrument was passing through the gut. He also complained of having frequently a pain in the course of the transverse arch of the colon, and the part was painful on pressure. He was likewise very much troubled with wind in the bowels, but did not experience any particular difficulty to its passing downwards.

On examination, no disease could be detected in the rectum by the finger; but on introducing a moderate-sized tent, a stricture was discovered about four inches from the anus, beyond which I was not able to pass the tent; it was therefore withdrawn, and the patient was directed to take a dose of castor-oil the following morning.

July 14th. He has had several consistent motions, with but little discharge of blood. I had intended introducing a tent again, but the patient being attacked with gout prevented me until the 19th, when a small one was passed beyond the stricture.

20th. He felt very little inconvenience from the tent; has had several stools; less discharge of blood;

and not so much pain about the epigastric region—a tent introduced. Capt. ol. ricin. ℥fs. cras mane.

22d. The castor-oil opened the bowels yesterday: he feels himself better—a tent introduced.

23d and 25th. Tents were introduced.

27th. The last tent remained in the rectum upwards of four hours, and he had considerable pain after its removal. Easier however to-day, and the bowels open; very little blood has been discharged; no pain in the direction of the transverse arch of the colon—a tent introduced; but he was requested not to keep it longer than an hour or two in the rectum.

29th and 31st. Tents were introduced.

August 2d. Feels himself very comfortable: as he particularly wished to go out, a tent was not introduced.

4th. Had rather a costive stool this morning, but it was not followed by any blood, nor attended with any uneasiness—a tent introduced.

6th. His bowels have been regular without taking medicine—a tent introduced.

9th. Feels himself better; bowels regular, and the motions larger in diameter—a tent introduced.

11th. A small quantity of blood has been discharged—a tent introduced.

13th and 15th. Tents were introduced. The passage now admits a large size. No blood has been dis-

charged. The tents were continued until the 26th, when he found himself so well that he refused to have any more introduced.

About three weeks after he applied to me again, requesting my assistance, as the former symptoms had returned; and lamented the having acted contrary to my advice, in not pursuing the use of the tents for a longer time. The same means were again employed, which in a short time relieved him, the passage not being so much contracted as at first. The tents however were continued, until, from the confirmed appearance of amendment, I was led to consider their further use unnecessary.

[The following Case was written by the Patient himself.]

CASE XXII.

"I AM now in the 36th year of my age. As long as eight years ago I found some inconvenience on voiding my stools; but it is about five years since my disease gave me real distress. The first symptom was costiveness. In the mornings, after having taken tea, I was obliged to go to stool, and only able to discharge a

few hard fæces at a time; so that by going six or eight times in one morning, I hardly had so much evacuated as one good stool would amount to with a sound person. I was farther frequently incommoded with spasms, which at any time of the day would attack me on a sudden, and it was with the greatest difficulty and uneasiness that I could resist the tendency of these spasms, which was a sudden expulsion of fæces.

"Medical gentlemen, whom I consulted at this time, considered my complaint as a mere obstruction and piles; their remedies were purgatives, &c. &c. but which only gave me momentary relief. Two or three years passed in this manner: when I did not find any decline of strength taking place, I took but little physic. Since, my bowels became entirely obstructed for some days; these days I found myself always in the best health apparently; but when the frequent and scanty evacuations began, I always felt uneasy and painful. Sometimes I had no stool for six or seven days, but only some discharge of mucus in the morning, and at intervals I was attacked by violent colics, with great pains, and which terminated in one or two hours with enormous loose evacuations, probably collected in the bowels for several weeks or even months. These violent attacks always obliged me to keep my rooms for one or two days, when I was again able to resume my occupation

and pleasures. In the year 1811, I came over to England, when I consulted a physician of great eminence in London: he declared my complaint to be a disease of the liver, and gave me some mercury and opening draughts, which also gave me relief for the moment, but no permanent better state of health was obtained. On my journey back to Russia, after some days costiveness, I was attacked by so violent a colic on the road that I was obliged to stop four hours, and had the most plentiful evacuations, but which weakened me so much that I was scarce able to pursue my journey: after that, the usual costiveness again took place. The physicians at Riga, whom I consulted in the winter of 1811 to 1812, declared my complaint to be that of the liver, and ordered me to rub upon the lower ribs ung. hydrarg.; and they gave me opening medicines, also sometimes calomel, ipecacuanha, columba, &c. As all these means partly failed in their end, the physicians believed it was the piles that obstructed the passage, and leeches were accordingly applied to the anus; and, to keep the bowels open, clysters were ordered; but these also failed, and produced another distressing symptom, viz. that of an involuntary discharge of mucus during the night. In the spring of 1812, when I was about to leave Riga, my physician told me that he had cured me of my liver

complaint, and that there now remained only piles in the rectum, but which, by a strict diet and exercise, I might also overcome. The last remedies I got from this man were decoctions of bark, equally useless as the former. On my arrival in London, in the month of July, 1812, I waited on an eminent surgeon, and desired him to examine the rectum; when it was found, on introducing the finger, that it was completely diseased, and a stricture discovered about three inches from the anus. I was recommended to introduce pills of hemlock and opium, and afterwards went to Cheltenham, where the waters very successfully opened my bowels, so that I had frequent loose stools every day. After three weeks I returned to London, when bougies, armed with lint and an ointment of ung. hydrarg. fort. camphor, and opium, were daily introduced up the rectum, and kept there from a quarter to half an hour. Seidlitz waters, and other medicines, were taken to keep the bowels open. The size of the bougies was gradually increased, so as to admit of the largest size after three weeks. I was again ordered to Cheltenham, where I used the waters four weeks more, and introduced the bougie myself every day. I went back to London in the beginning of October, when Mr. ——— examined the rectum with his finger, and declared there was a great change for the

better. The discharge of mucus had also ceased in a great degree, but still opening remedies were necessary; also clysters of milk and aloes were recommeded, but they did not answer the purpose. Injections of starch and Dover's powders were ordered, to prevent the irritation of the bowels, and these answered the purpose very well. But as the evacuations still were very irregular, and the needings to stool sometimes very sudden, and even sometimes the fæces came away involuntarily; Mr. ——— ordered me to use every morning an injection of cold water, from one to two quarts, which I continued until my departure for Bath, the 7th of December. Although the injections procured a stool, the evacuations were neither regular nor plentiful. I performed the journey from London to Bath in one day: when I arrived there I found my bowels so obstructed, the injections of cold water so ineffectual, and uneasiness and rumbling in the bowels so much increased, that I called Mr. White to my assistance six days after my arrival. This gentleman discovered that there existed in the rectum another stricture, higher up than that which Mr. ——— attempted the cure. Although Mr. White introduced a common bougie of a less size than what I had been using, he could not pass it beyond the stricture: a very large urethra bougie was then introduced, which passed the stricture, but occasioned pain, and

threw me into a fever.* Injections with gruel and castor-oil procured me some evacuations,† but attended with so much pain as I never before experienced, and which induced me to request the attendance of Dr. Parry. I was then ordered to take some opening draughts, to inject, and to take opiate pills at night. My situation was now miserable; I had no appetite, no sleep, excruciating pain when I went to stool, and a constant pain at the os sacrum. My bowels were disturbed with wind collected in them, which could find no vent, and distressed me considerably.

"But although the introduction of a small-sized bougie had given me so much pain, Mr. White introduced some days after, a tent of a larger size than the bougie, yet it gave me no pain, and I was able to keep it in the part for some time (half an hour.) The introduction of the tents was continued every day, and their size increased. A fortnight after the use of them, (the opening draughts and clysters occasionally) the fever entirely subsided, the evacuations came off more easily,

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* The patient improperly ascribed that effect to the bougie, which in my opinion had been produced by travelling, and the irregular manner in which he had lived since he left London.

† The first evacuation which I examined, was of a light clay color, but afterwards the motions were highly tinged with bile for several days.

and the pain also gradually ceased; and as the wind passed away more freely, the distention of the bowels also ceased.

"Mr. White, under whose sole direction I now remained, gave me pills composed of pil. hydrarg. et extr. conii, and which so much tended to keep my bowels open, that after having taken them about a week, my bowels were open fourteen days without taking any physic or using injections.

"With very little variation, under this mode of treatment I continued to regain my former state of health, so that now, the latter end of February, 1813, I am able to introduce myself a common-sized rectum tent every other day. I continue the use of the pills. My evacuations are more copious, and of a more consistent nature than they were formerly.

"The attack of my disease had reduced me very much, so as to occasion a difference in weight of eight pounds, since my dep rture from London: but I am now in a fair way of regaining what I had lost;* and trust, by continuing the mode of treatment applied by Mr. White, I shall continue to be considerably benefited and relieved."

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* He had gained three pounds the last three weeks he remained in Bath. Some months afterwards I had the pleasure of seeing the gentleman again in Bath, with an improved state of health.

CASE XXIII.

JUNE 24, 1814, Miss M. aged twenty-six, complained of having had a violent pain in the bowels for a few days, attended with frequent loose stools and tenesmus—sickness—pain of the head—her skin was hot, and the pulse rather quick. On inspecting the evacuations, there was no appearance of fæcal matter, but only bloody mucus. Conceiving the complaint to be a bilious dysentery, I directed some pills with calomel and rhubarb for her; and also a saline cordial mixture with opium. On visiting her next day, she was not in so much pain, and the calls to stool were less frequent, and what had passed was of a more natural appearance.

On more particular enquiry, I found that although she had been seized in the manner above stated only a few days, yet she had been very unwell several months before; and for the last two she had evidently lost flesh, with a gradual failure of strength. For a long time she had been of a very costive habit of body, sometimes going a week without having a motion, and for the last few weeks, passing her stools had been attended with considerable pain and difficulty, accompanied by so much straining as to bring on a violent pain at the back part of the head, which continued for some time after.

She had frequently a pain in the sigmoid flexure of the colon, and about the sacrum, and was very often troubled with wind in the bowels. She was always more in pain before the appearance of the catamenia. After the violent irritation of the bowels ceased, I prevailed on her to undergo an examination of the rectum, when I discovered a stricture between three and four inches from the anus. The first instance I met with one so low unaccompanied by another higher up. The bougie was employed daily for some time, and the bowels were ordered to be kept open with castor oil; this however was seldom necessary, because after using the bougies a few times, she had natural evacuations almost daily. She is now perfectly recovered.

CASE XXIV.

Mr. D——, about thirty years of age, of the muscular sanguine temperament, with a remarkably healthy countenance, applied to me in July, 1814, complaining that he had labored under a disorder in the rectum for several months, on which account he had consulted different practitioners in this city, without obtaining any relief. The disorder, he said, com-

menced with great heat about the anus, with a swelling and hardness on one side; and the person to whom he first applied, gave him a lotion, which he supposed lessened the external swelling, and at length it entirely disappeared: but he experienced more internal pain, and some time afterwards there was a discharge of matter from the rectum with occasional hæmorrhage. He then applied to another surgeon, who, from the supposition that there had been an internal abscess, prescribed a variety of injections, &c. He was under this person's care twelve weeks, without experiencing any benefit, except that the discharge was checked. Mr. D —— then went to London and consulted an eminent surgeon there, who examined the rectum with his finger, and told him it was necessary he should submit to an operation before he could be relieved; to this however he would not consent, and on his return to Bath he applied to me.

It is proper to notice that on more particular enquiry, I found the patient had had symptoms indicating a disordered state of the alimentary canal, long before the period he first alluded to; as he had for some years been subject to such violent attacks of flatulence in the bowels, as frequently to bring on general convulsions. He also complained of considerable pain about the sacrum, and in the course of the sigmoid flexure of the

colon: he was costive, had pain and difficulty in passing his stools; and there was still a discharge from the rectum, with occasional returns of hæmorrhage. These symptoms led me to suspect the presence of stricture.

On examination, I could not perceive any external mark of disease about the anus; but on introducing the finger up the rectum, I found a small tumor* on the right side, not larger than a common hazel nut, having the feel of a glandular substance, with a smooth surface. Not being satisfied that so small a substance could be the cause of the patient's sufferings, I passed the finger higher up the rectum towards the sacrum, and discovered a stricture just within its reach. The gut at the stricture was uneven and thickened; but it had not an indurated feel: pressure occasioned pain. A moderate sized bougie was then introduced, but no other stricture was discovered. The patient was directed to take a dose of castor-oil in the morning, which freely opened the bowels, and in the evening a bougie was introduced, which remained an hour in the rectum; when removed, it was much besmeared with mucus. The following morning he had a natural evacuation.

* This afterwards proved to be the situation of the orifice of a sinus, by which the matter had been discharged into the rectum: but I had no suspicion of this circumstance at the time.

The bougie was repeated every night, and he was able to keep it in the rectum till early in the morning: the size was gradually increased, until the passage admitted the largest. The bowels became more regular, seldom requiring the assistance of medicine, and the pain in the back and colon considerably abated, the discharge ceased, and there was seldom any appearance of blood. The patient, feeling himself so much better, left off using the bougies; but some time afterwards he called on me, in consequence of the swelling re-appearing at the right side of the anus. On examination, I found an abcess nearly in a proper state to open, but he would not consent to the operation. He went into the country, and therefore I did not see him again for several weeks, by which time the swelling had disappeared, but there had been frequently a discharge of matter from the rectum during his absence; a proof that the abcess had burst into the intestine. Although the swelling had subsided, there was a line of induration extending from the right side of the anus, almost close to the perineum, evidently a continuation of the sinus which communicated with the gut. As the patient still continued opposed to any operation, I advised his taking Ward's paste. At length, finding there was no probability of his being relieved by any other means, he submitted. The whole of the sinus was laid open, (which was very

extensive) first in its direction towards the perineum, and then to its termination in the gut.* Nothing unfavorable occurred after the operation, and the part was completely healed in the course of a few weeks. After which he began to experience more difficulty in passing his stools; and on examining with a bougie, the passage at the stricture was found to be more contracted, on which account the bougies were again employed, and the difficulty was soon removed. His bowels continued regular without the assistance of medicine. He however complained occasionally of weakness and pain of the back, which was not to be wondered at, as his employment required considerable exertions.

CASE XXV.

At my request, the patient wrote the following history of his complaint.

"At the latter end of April, 1814, was seized

* The internal surface of the intestine was free from induration, which rendered the case favorable for the operation.

rather suddenly with a diarrhœa,* had not been previously subject to any derangement in the state of the bowels, though for upwards of two years preceding, the stomach had been much out of order—much indigestion, flatulency, great languor and debility.

"The diarrhœa just mentioned continuing with some violence, recourse was had to prepared chalk, with some drops of laudanum—afterwards to opium pills, decoction of Angustara bark, with extract of columba-root, &c.; and other still stronger astringents, but without any benefit, though they checked the diarrhœa for a short time, it always returned with greater violence. An injection of laudanum mixed with thin starch, thrown up the rectum abated the sense of irritation in the bowels, but was not productive of any permanent good effect.

"After the complaint had lasted about a month (during the latter part of which time the patient abstained as much as possible from motion) he perceived, on attempting to walk, a considerable weakness and

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* This is the first instance of chronic diarrhœa I have met with in simple stricture. If the derangement of the canal had proceeded from any ordinary cause, it does not appear likely that the diarrhœa would have resisted all the appropriate means which had been employed by the most skilful of the profession.

irritability in the bladder*; which, though not so sensibly felt for a while at first, when he was at rest, always accompanied bodily exercise, and likewise the discharge of urine. In the course of a short time the sensation of weakness and irritation became more habitual and inconvenient, extending also more immediately along the course of the spermatic chord, and affecting the urinary canal.

"The diarrhœa continuing all this time, though with occasional intermissions, yet upon the whole with unabated violence, he was advised to try the Bath waters,† and accordingly came to Bath about the middle of July. For a few days preceding, during, and after his journey, the bowels were tolerably composed, owing apparently to some confection of opium, which he had taken for that purpose. The waters also at first seemed to agree pretty well. About the end of the first week there was a sensible increase of excitement and heat in the rectum and bladder, particularly along the spermatic chord and

* Before the patient came to Bath, it was judged expedient to examine the bladder; but nothing particular was discovered.

† He consulted me previously, and the case appeared very proper, viewing the complaint as the effect of debility in the digestive organs, that being the opinion of the medical gentlemen who had recommended the waters.

urethra: this was followed by a sharp return of the diarrhœa, and by a sense of pressure on the bladder, which was increased by walking or standing. It was particularly felt also when at stool, at which time the motions, though very loose, appeared to be passing through the bladder, and were usually discharged with a sudden protrusion and collapsure of the rectum. At other times also the movements which took place in the lower part of the bowels (such as rumbling, flatulency, &c.) seemed to be going forward in the bladder, which, together with the abdomen, becoming sensibly pressed forward* and considerably indurated, the patient requested Mr. White to examine into the state of the rectum; in short, Mr. W. had before intimated his suspicion that a stricture might have taken place. Mr. W. ascertained that his suspicions had been well founded, and entered upon his course of treatment of that complaint."

"*Bath, August* 27, 1814."

On examination, a stricture was discovered between three and four inches from the anus; a bougie was introduced daily, and in the course of a few weeks, the

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* This was merely a fulness in the sigmoid flexure of the colon, the patient had not noticed before, which made him anxious for an investigation.

passage admitted of the largest size, which the patient was able to introduce very well himself. The evacuations became more regular, and there was less irritation in the rectum and bladder.

In a letter which I received from him after he left Bath, he states, "My bowels have certainly been in a more composed state than they had been in general for some months before. I have had no return of diarrhœa during the last fortnight or three weeks—my motions have been regular and pretty solid; and not unfrequently somewhat costive. I found, on observation, that their dimensions were as large as I could at any time expect them to be."

Mr. H——, however, still complained of the derangement of his stomach, which he had been long troubled with prior to the attack of diarrhœa, or before he felt any uneasiness about the bladder, &c.

CASE XXVI.

Aug. 1814. The Hon. Mr. —— between fifty and sixty years of age, had always been of a very costive habit of body, on which account for the last twelve years, he had been under the necessity of constantly

taking an aperient medicine. For a long time he had been subject to very severe head-achs, and occasionally sickness at stomach. He had been frequently seized with convulsive motions in the muscles of the thighs and legs, and also now and then he experienced some pain in the bladder, from whence calculous matter had been sometimes discharged. His appetite was good, he felt no pain in passing his stools, no uneasiness in the alimentary canal, nor sense of fulness in the bowels, but he had not passed any figured stools* for several months. Topical bleedings had afforded him temporary relief with regard to the head-ach, but when the bowels were freely open, he felt himself most sensibly relieved.

He had consulted several eminent medical gentlemen, without deriving any benefit from their advice. He was then recommended to go to Cheltenham, where he did not however derive any advantage from drinking the water, but on the contrary, his head was rather worse, and the water had no effect on his bowels, without a solution of the salts.

He afterwards went to town, and consulted one of the first physicians there, who directed some aperient pills for him, and a mixture with cascarilla and camphor. Again disappointed of obtaining relief, on his way home

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* This circumstance induced Dr. Parry to suspect a stricture.

he visited some friends in this city, who were very anxious he should consult Dr. Parry, and who (fortunately) suspected he was laboring under a stricture of the rectum. In consequence of that suspicion, I was requested to examine the intestine. On introducing the finger, no disease could be discovered; but on employing a bougie, a stricture was discovered nearly four inches from the anus, through which I was not able to pass the bougie; but afterwards succeeded in passing a smaller one. A bougie was daily introduced, and in five weeks the passage admitted the largest size. The bowels were more easily excited—the evacuations were more solid, and often figured. He was much more free from the head-ach, and was very seldom attacked with the convulsive motions of the lower extremities. In short, his general health was sensibly improved, and in seven weeks from the commencement of the plan, he left Bath in a very comfortable state, and was able to introduce the bougie very well himself. Although I requested it, I have not heard from him; I should therefore fear he had relinquished the plan too soon.*

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* I have had the pleasure of being informed by Dr. Parry, that he is very well.

CASE XXVII.

The Rev. Mr. ——, about fifty years of age, had for a long time experienced some difficulty in passing his stools, and unpleasant feelings in the rectum, which induced him to apply to an eminent surgeon in this city some years ago, who examined the gut with his finger, and advised the patient to introduce his own finger up the rectum daily, besmeared with ung. hydrarg. Finding himself no better, some time afterwards he consulted two eminent surgeons in London, but whose advice proved equally unsuccessful; he then applied to a third surgeon in town, who on examination discovered he had a stricture, and introduced a large urethra bougie, but after employing it for some time without any benefit, it was discontinued. The gentleman then went to another part of the country, and consulted a surgeon, who introduced a common rectum bougie, but it occasioned so much pain that he would not consent to a repetition of it.

The beginning of last October he applied to me, requesting I would examine the rectum, which as far as the finger reached was in a healthy state. On introducing a tolerably large bougie, I could not pass it higher than between five and six inches. On with-

drawing it, a smaller one passed the stricture, after some resistance: from the pain it occasioned, the patient did not think the bougie had ever passed the stricture before.

He generally had a motion every morning * without the assistance of medicine, and he had frequently observed that when the motions were figured, they were of different forms. His general health and appetite were good, but occasionally felt a fulness and uneasiness in the bowels, as well as the difficulty in passing his stools.

The bougies were daily employed, and in a very short time he was able to pass the largest size himself, without any difficulty. So that in the course of a few weeks, he obtained complete relief; what he had been seeking in vain for years before.

CASE XXVIII.

October 6, 1814, I was requested to visit Mr. T——, about forty years of age; who complained of considerable pain in the bowels, and sense of fulness.

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* A very rare circumstance in so considerable a stricture.

He had been drinking the Bath waters about ten days, by the advice of a physician in London, but his complaint increasing, he sent for me. For some years his bowels had been in such a costive state as to require the constant assistance of medicine; (an aloetic pill) and about twenty months he had been very much troubled with convulsive motions in different parts of the body—particularly in the bowels, muscles of the thighs and legs, and sometimes the face; but the convulsive motion was more frequent and more violent in the intestinal canal than any other part of the body; for he was often annoyed with the complaint nearly the whole of the day. On examining the patient during the attack, it appeared that the convulsive motion commenced at the lower part of the intestinal canal, as the action was readily traced along the course of the sigmoid flexure of the colon, which being propagated to the stomach, terminated in a kind of hiccup; and from the rapid succession of the convulsive motions, the patient was often unable to speak for some time. The muscles of the face likewise appeared to be slightly affected. His countenance was sallow, he felt weak, but his appetite was tolerably good. He complained of some little difficulty in making water, and an inclination was commonly excited to go to stool at the same time; but if he made water when he had a motion, he experienced no difficulty at all.

The first person Mr. T—— consulted was a surgeon of great eminence in London; but as the convulsive motions were the most prominent symptom of complaint, no local examination was judged necessary, although the patient must have expressed a degree of uneasiness in the rectum, because the surgeon said he thought he might have inward piles. His advice, however, proved ineffectual. Mr. T—— then applied to a very eminent physician, whose care he was under for a considerable time, but with no better success. He afterwards applied to another physician, who prescribed chalybeate medicines, under a variety of forms, without deriving any advantage. The same physician then advised his going to Bath, as he was confident drinking the waters, and bathing, would cure him.

As this case appeared to be very singular and obstinate, from having resisted all the means that had been employed for so long a time, by such eminent practitioners, as the patient h d consulted; it occurred to me, that there must be some local cause, for such extraordinary convulsive motions, and that cause most probably a stricture, either in the rectum or colon. The circumstances which first suggested this suspicion, were the patient's costive habit of body, and the inclination he frequently felt for going to stool when he made water. As soon as I hinted my opinion, Mr. T—— very readily

consented to the proposal of an examination, particularly as he was convinced that the nature of his complaint had not been understood.

After freely opening the bowels with castor oil, I introduced the finger up the rectum, but the gut appeared to be in a healthy state as far as the finger could reach. On introducing a tolerably large bougie, a stricture was discovered between four and five inches from the anus, through which I was not able to pass it; a smaller one however was afterwards passed beyond the stricture. During the investigation, the patient suffered so much from the increased violence of the convulsive motion in the intestine, (which was very conspicuous at the stricture, and rendered the passing of the bougie difficult) that he nearly fainted. A bougie was employed daily, and the bowels became so regular, that it was very seldom necessary for the patient to take an aperient medicine. On examining the fæces when figured, they assumed a flat form for several inches. And, it is a fact worthy of notice, that if it happened the convulsive motion was present during the introduction of the bougie, the difficulty in passing it was often very considerable; yet, when it had completely passed beyond the stricture, the convulsive motion either entirely ceased, or considerably abated, until the bougie was withdrawn. In the course of a few weeks, the passage admitted the

largest size, which the patient was able to introduce himself with ease. His general health appeared to be improved; but the convulsive motion still continued in the intestinal canal, though not so frequently; neither did the motion recur so often in the muscles of the lower extremities.

I am sorry to find by a letter which I received lately from the patient, that his memory and sight are very much impaired. This will not appear singular, when we advert to the length of time (upwards of two years) the nervous system had been in a deranged state.

Although some of the faculty did not think there was any connection between the convulsive motions, and the stricture, yet I must beg leave to differ from such an opinion, however respectable.

REFLECTIONS.

Not only from the consideration of this case, but also many others, it may be presumed that a permanently deranged state of the intestinal canal is often induced, when the disorder has continued a long time before it has been discovered. It is very evident from the symptoms attendant on strictures of the rectum, that the digestive organs, and the whole canal becomes progressively influenced by the disease (particularly the colon) at its lower extremity. In consequence of which, the digestive process is less perfect, more air is generated, and the organic obstruction opposed to the free and regular discharge of the fæces (and flatus*) must necessarily excite greater exertions in the colon in order to overcome the resistance: which will naturally tend to weaken the intestine, increase its irritability, and ulti-

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* In order to excite the retrograde motion of the colon, with a view to expel the wind, I have seen a patient apply his hand forcibly for some time in the course of the sigmoid flexure, until eructations took place, as the wind collected at the stricture could not be expelled downward. And I have often experienced, on passing a bougie, that considerable spasm has been induced by the pressure of wind above the stricture.

mately to produce such effects as may remain after the original cause is removed.*

I am well aware of the probability that other diseases of the abdominal viscera, and stricture may sometimes co-exist; and therefore it is possible I may be mistaken with regard to the cause of the very peculiar convulsive motions in the preceding case: but after a careful investigation, the stricture appeared to be the most probable. And, it is worthy of observation, that the convulsive motion was not only particularly conspicuous at the stricture (as ascertained by the bougie) but where it really appeared to me to originate.

I must beg leave further to remark, that I have frequently noticed convulsive twitchings excited in the lower extremities of patients on passing a bougie through the stricture; and there is no doubt that pressure arising from an accumulation of wind or fæces, often occasions similar motions: which clearly proves the partial effect pressure on a part, has, on the nervous system. And,

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* When, in a variety of instances, we find that symptoms indicating a derangement of the digestive organs, &c. are attendant on stricture of the rectum; and if such symptoms disappear on the removal of the complaint; shall we not have reason to suspect, when similar symptoms continue after the stricture is overcome, that they proceeded from the same cause?

may we not from thence reasonably infer, that in some instances, the same circumstances may produce, not only a more general, but also a permanent effect, especially where the constitution of the patient is predisposed to nervous irritability? This observation is not novel, and it affords me great satisfaction in being enabled to state that some cases related by Sir Everard Home, tend to confirm this opinion. He mentions the case of a lady, twenty-eight years of age, afflicted with a stricture in the rectum, who, "during the last three years was so much affected by this complaint, as to be frequently attacked by nervous affections." Sir Everard

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In the London Medical and Physical Journal for the last month, there is an excellent Paper, written by Dr. Kinglake, on general and local disease, worthy the attention of the profession; from the great importance of his observations in the investigation of diseases. "It is probable (he says) that diseases of every description, however general may be their aspect, have actually in the onset a local origin."

"The morbid sympathies generated by the failure of healthy action in the digestive and secreting functions are various and severe, and often assume an originality of character that imposes the aspect of idiopathic affection. It is of practical importance, to make a correct discrimination on these occasions, that the remedy may be applied to the cause, instead of being unavailingly directed against an effect.

"Local diseases, originating as such, or supervening a disordered state of the system, exert an hurtful influence on the digestive and secreting functions of life."

likewise relates a case of strictures in the urethra, where the patient was attacked by sciatica, attended with *spasms* in the lower extremity of the same side, the most severe that can be imagined; and that "his whole nervous system was very much affected." Which symptoms disappeared on the removal of the strictures.

In a letter which I received a few days ago, from an eminent physician, who (I am extremely sorry to state) labors under strictures* in the rectum, he observes, "the colon is more tender than ever, and the *spasms* into which it is constantly thrown after a motion are greater than heretofore. I have also suffered three attacks of cramp in my stomach within these three weeks, the last of which was so violent, I did not believe I could have survived it. All the muscles on the left side are repeatedly affected with cramp and soreness, arising, I imagine, from pain in the colon."

Such, unfortunately, has been the irritable state of the intestine in this case, that the bougies could not be regularly employed: in allusion to which, the gentleman says, "Although I can but seldom use them, I find more advantage from *your tents* than any other I have tried; and I am persuaded if the parts would permit me

* The upper stricture is between nine and ten inches from the anus.

to introduce them daily, I should derive important benefit from them."

From a careful perusal of the preceding cases, the reader must have perceived that several of them unequivocally prove what I have repeatedly noticed, respecting the disease being so frequently overlooked.*

I might have given a greater number of cases, but as they were not attended with any peculiar circumstance, I did not consider it right to take up the reader's time unnecessarily, having selected the most important. It may, however, be proper to observe, that some of the patients laboured under strictures of the urethra at the same time. And one patient had been cured of a stricture in the urethra some months prior to his application to me, in consequence of a similar disease in the rectum, which had been discovered by an eminent surgeon in the country.

Before I conclude this subject, I would beg leave again to remark, that in cases attended with circumtances similar to what are described in the Second, Third, Sixth, and Sixteenth Cases, where the com-

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* This not only happens from inattention to the symptoms of the disease, but likewise when an examination has been attempted either with the finger, a too small, or a too short bougie. This fact has been proved in several instances.

plaint appeared of a cancerous nature, I should not advise the use of the bougies, not only because of the impracticability in effecting a dilatation of the passage, but also from the danger of aggravating the complaint, by the introduction of an extraneous body, which must necessarily prove an additional source of irritation.

Since the Work was sent to the press, I have received the following Case from my much esteemed friend, Dr. POLE, of Bristol, accompanied by an accurate Drawing, with a general Description of the Appearances on Dissection: and, to render the Case more interesting, I have had an Engraving taken from the Sketch done by the Doctor, who, it is well known, has been many years in the habit of making anatomical delineations from nature.

"MARY WILSHIRE, about sixty years of age, of a thin, spare habit, regular and temperate in her manner of living.—In the latter end of February, 1815, she began to complain of some uneasiness and occasional pain in the bowels, attended with costiveness, or a difficulty in passing her motions, for which she frequently took opening medicines. With her evacuations she sometimes had a discharge of blood in small quantities. She seldom complained, even to the last, of pain in that part of the rectum where the fatal disease was seate :

her sufferings arose principally from the flatulent distention of the bowels, which was at times considerable, before she had recourse to medical advice; the first time she applied for professional assistance, was on the 30th of April; her complaint at this time was a distressing fulness of the intestines, from the want of proper alvine evacuations; she observed that before the passage was entirely obstructed, she could only bring away a part of the fæces, having a distinct sensation of a portion being left behind. Her pains were not, at that time, great; nor were they until the last week of her life; but always more so when in an horizontal posture than when sitting in a chair; on which account, she did not confine herself to the bed, until the last day: she not only sat up, but moved about the room with considerable activity, and said she should feel perfectly well, but for the flatulence in the bowels, and that she thought herself as strong as usual. Two days before her death the pains were severe; returning by frequent paroxysms, very much resembling labour-pains; particularly during the last twenty-four hours, when she became convulsed about the arms and upper parts of the body.

From the time the nature of the disease was clearly ascertained, she was advised to live entirely on fluid nutriment, to avoid filling the intestines with what would not pass the stricture, nor did she feel any inclination

for solid food. She had no vomiting until within the last two or three days, if it may be called vomiting; part of the contents of the stomach were occasionally brought up by the act of hickuping. She never voided from the stomach any thing which in smell or colour resembled fæces. She remained perfectly sensible to the last hour of her life. She swallowed no nourishment the last day, but had her mouth frequently moistened, in order to enable her to speak articulately. She died on the 15th of May, about two weeks from the time she was first professionally visited; during the whole of which period, and for one week previously she never had any efficient or relieving evacuation from the bowels; the whole of what she passed in those three weeks, could not have been more than sufficient to fill a four or six ounce measure, not one half of which was fæculent matter; it was principally composed of mucus, sometimes tinged with blood.

Her life was, undoubtedly prolonged, by confining herself to thin fluid aliment, such as beef-tea, mutton-broth, &c. which could be more perfectly carried off by the kidnies: the abdomen was notwithstanding greatly distended before she died, even beyond what is usually the case at the full period of utero-gestation

With respect to the medical treatment of the case, it may be observed, that on first visiting the patient in

question, it appeared, she had been taking several doses of active purgatives without the desired effect; she was then (April 30, in the morning) ordered the following mixture.

℞ infus. sennæ ℥ vi.

Sulph. magnes. ℥j ɱ capt cochl. iij ampl. 3tia quaq. hor. donec alv. respond.

In the evening the same medicine was repeated. —At the same time an injection was also administered, composed of gruel and one ounce of sulph. magnes.

May 1. She took three of the following pills every third hour:

℞ Calomelan. gr. x.

Extr. colocynth. comp ʒi ɱ in pilul xij divid.

On the 2nd—℞ pulv. jalap. ℈i.

Scammon. comp. gr. xv. ɱ in chart. iv. divid.—sumat i 3tia quaq. hor.

4th. ℞ Extr. colocynth. ʒi, and sulph. magnes. ℥i were given in a clyster of gruel.

5th. ℞ pulv. jalap. ℈i

Scammon. ℈ii ɱ in chart. iij divid. capt. j. 6 ta quaq. hor.

The above were the only memorandums I could collect after the decease of the patient; there not having been any regular history of the symptoms and medical treatment kept; but I know that some of the above

remedies were repeated without any written instructions, and some others not recorded in this history were prescribed.——I can recollect, as well as her female attendants, that fourteen or fifteen injections differently composed, were administered; but at length, these and the cathartics taken by the mouth not being attended with any success, on the other hand as they increased her sufferings, it was concluded best to relinquish all hopes of affording any assistance, and only to endeavor to support her by fluid aliment, as before mentioned.

On the first or second visit, there appeared reason to apprehend the obstruction of the bowels was not dependent on simple costiveness, but that a morbid contraction of the rectum was the ostensible cause; an examination was then made, first by the finger, per anum; but the rectum, as far as could be reached, afforded no indication of disease, excepting that of its being more perfectly free from any fæculent matter, than is usually the case when the fæces have their free course.——In the next place, the rectum-bougies were employed of various sizes, the stricture was thereby readily ascertained, at the distance of about five or six inches from the anus.—The small bougies appeared to pass the stricture with pain and difficulty; but when they were withdrawn, the parts probably closed by their elasticity, so as to prevent the escape of any fæces of

consequence, and the larger instruments when urged against the orifice of the stricture, inflicted intolerable pain, and drew blood from the part.—These efforts were renewed at many different times, but the circumstances before stated, rendered it advisable to relinquish them altogether, and permit nature to take her course.

THE APPEARANCES ON DISSECTION.

Upon opening the abdomen,* the circumstance which first attracted attention, was the great distention of all the intestines, but more particularly the colon, which was not only much enlarged in its diameter, but longitudinally also; in consequence of which, it was thrown into preternatural convolutions to such a degree, as almost to conceal the whole volume of small intestines, as well as the liver and stomach.

The contents of the intestines were very fluid, with inconsiderable portions of more solid fæces floating in the colon and rectum, above the stricture; but no accumulation of these had taken place at or near the constricted part; the distention of the bowels was principally occasioned by flatus.

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* Which was performed by Mr. J. C. Swayne, surgeon of Bristol.

The large intestines put on somewhat of a livid appearance, particularly about the *caput coli*;* where sphacelation had taken place, and through one small aperture the fluid fæces were beginning to escape.

Adhesive inflammation existed in various parts of the intestines, uniting them to each other; some purulent matter and water were in the cavity of the abdomen.

The stricture of the rectum was situated about two inches below the base of the os sacrum, but this had probably been forced rather below its original situation by the distended intestines, which must have made considerable pressure in all directions. No examination of the thorasic viscera was thought necessary, that cavity was consequently not opened."

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* The disease at this part appears to have been the immediate cause of the patient's death, and not the stricture; because the passage admitted a larger bougie than I have seen in many instances where the result has been favorable: although it is highly probable, the stricture had been the original source of disease.

Having also been favored with the following Case, by Dr. DAVIS, an eminent physician in this city, I shall beg leave to insert it, as tending to confirm what I have before noticed, with regard to the occasional passing of fæces of a natural size at an advanced stage of the disease.

AUGUST, 1806, Thomas Chapman, aged thirty, complained of a purging, with which he had been troubled more than two months; and of pain in the right iliac region, afterwards in the left iliac region. The abdomen was tense, with a high degree of that flatulency, which Dr. Sherwen compares to the gurgling of water in a bottle. Pulse above one hundred; urine deposited a lateritious sediment. He was greatly emaciated, but his appetite had not failed.

As I paid him several visits, I found that the purging was only occasional, and that he experienced relief whenever it took place. About three weeks before his death, he passed three or four scybala, as large as pigeon's eggs. Three days previous to that event, vomiting took place, and continued to the end, with an increase of the rumbling noise in the bowels, and frequent discharges of slimy fluid, mixed with blood, without the smallest portion of fæces. According to the account which he gave of his complaint, it was not of more than four months duration.

DISSECTION.

The abdominal viscera were besmeared with fæces resembling yeast, which had escaped from a rupture in the sigmoid flexure of the colon at its upper extremity; notwithstanding which, the stomach and whole intestinal canal remained distended, as if filled with flatus: the colon and small intestines were inflamed. The disease was seated in the rectum and colon: it commenced three inches above the anus, and extended rather beyond the sigmoid flexure of the colon. All this portion of the intestinal tube was much thickened and enlarged. In the upper part, however, patches were observed, in which the natural structure was not apparently altered, and in one of these the rupture had taken place. The cavity of all that part of the rectum which was occupied by the disease, and of part of the colon, about ten inches in length, was entirely obliterated—presenting one continued cancerous ulceration. On removing this highly-diseased portion of intestine, the peritoneal and muscular coats slipped off, consequently it could not be preserved.

THE MANNER OF MAKING THE BOUGIES.

℞ ceræ flavæ ℔ i ¼

Adep. suillæ prepar. ℔ iv. ℏ

Ft. cerat·——N. In the winter, one part of wax will be sufficient to four of lard.

A long piece of lint, folded and tied at one end, is to be dipped in this ointment, then drawn through a wooden mould, and when cold, it must be passed through another mould, of somewhat less diameter; afterwards to be re-dipped and passed a third time.

I employ seven moulds for the purpose of making different sized bougies.

EXPLANATION OF PLATE.

FIG. I.

An Interior View of a Portion of the Colon and Rectum.

A....The lower portion of the colon cut transversely, shewing its internal surface.

B....The external surface of the rectum.

C C C C C C C C C C C C....The fatty appendages of the colon and rectum.

D....The external surface of the colon.

E....The constricted part of the rectum, where there is a cluster of small tubercles or excrescences.—There appeared marks of considerable inflammation about this part.—Above and below the stricture, the intestine was drawn into rather large longitudinal folds, which were gradually lost upon the more healthy parts.

F F....Loose portions of the peritonæum, given off from the lateral parts of the rectum.

FIG. II.

The Portion of the Colon and Rectum laid open posteriorly.

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

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

C....The constricted portion of the rectum obstructed by small tubercles, or excrescences; above and below which, the intestine is thrown into folds; below the stricture are numerous plicæ, composed of the villous coat, ramifying downward, and gradually terminating on the surface.

D D....Portions of the peritonæum, lying loose on each side.

E....The morbidly contracted and thickened state of the intestine, constituting the stricture.

FINIS.

BATH: PRINTED BY HENRY GYE, MARKET-PLACE.

Fig. 1.

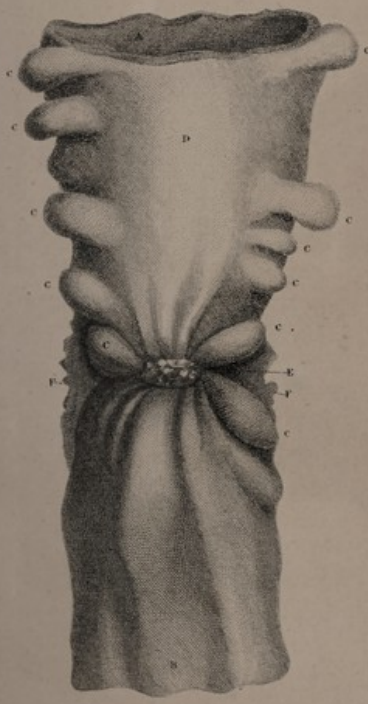

Fig. 2.