Observations on the contracted intestinum rectum, and the mode of treatment: accompanied with cases, illustrative of the different morbid appearances attendant on the complaint. : To which are subjoined, two engravings of the disease. / By W. White, member of the Royal College of Surgeons, London.

OBSERVATIONS

ON THE

Contracted Intestinum Rectum,

AND THE

MODE OF TREATMENT:

ACCOMPANIED WITH

Cases,

ILLUSTRATIVE OF THE DIFFERENT MORBID APPEARANCES ATTENDANT ON THE COMPLAINT.

To which are subjoined,

TWO ENGRAVINGS OF THE DISEASE.

BY W. WHITE,

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INTRODUCTION.

It is upwards of two years since I sent several cases of CONTRACTED RECTUM,* accompanied with some remarks on that disease, to the editors of the Medical and Physical Journal, which those gentle-

* After the publication of the cases, my colleague, Mr. Cruttwell, (to whom I feel obliged) hinted to me that he thought I had confounded simple stricture with schirrus. The reason for including all the cases under the general term of schirro-contracted, was from my having adopted the opinion, that simple stricture was the incipient stage of the disease; and, though I may not altogether have relinquished that sentiment, yet, in order to avoid confounding one complaint with another, I have used the general term *contracted*, which does not apply to any specific state of disease.

men obligingly inserted. Some months afterwards a Treatise was published by Mr. Copeland on Strictures of the Rectum, &c. on perusing which, I was not a little surprised at that gentleman's manner of introducing my name. "Mr. White, (he says) in a paper in the Medical and Physical Journal, Oct. 1809, remarks, that this disease is most common at the decline of life; but his own experience does not bear him out in the assertion, for of eight cases which he gives, six are under fifty years of age. Mr. White considers the disease as necessarily fatal, but he does not seem to have heard of Mons. Desault's paper."

I do not wish to enter into a controversy with Mr. Copeland, but at

the same time I think it right to offer a few remarks in vindication of my own opinion, which I conceive to have been misrepresented by that gentleman.

With respect to the first part of the preceding passage, relative to the period of life that persons are most liable to the disease in question; I have to observe, that the sentiment was not the result of my own experience alone, but formed in conjunction with the opinion of other and more experienced practitioners.* It is, however, singular to remark, that of the five cases which are related by Mr. Copeland in his treatise, he only mentions the ages of two of the patients!

* Drs. Sherwen, White, and Baillie.

With regard to the second remark in the same passage, I apprehend that Mr. C. grounds his supposition, on my supposed opinion, of the disease being necessarily fatal, in consequence of a quotation from Dr. Sherwen's paper. But, surely, if he had properly noticed the remarks I had made both before and after* that quotation, with the favorable results of some of the cases from employing the mechanical plan, he certainly would not have drawn that inference.

* "If the disease should be happily discovered in its early stage, and not seated beyond the lower extremity of the sigmoid flexure of the colon, much benefit may be expected from the judicious management of the surgeon."

See Medical and Physical Journal, No. 120, p. 287.

The principal end I had in view, in publishing my observations, was to excite in practitioners a more general attention to a disease hitherto but little known, especially in its early stage; and to endeavour to point out those means* that were most likely to afford relief; and I was the more induced to communicate what experience I then had on the subject, from the consideration, that very little notice (at least as far as I could learn) had been taken of the complaint since the publication of some papers by the London Medical Society, in the second and fourth volumes of

* Not the least notice is taken of my *treatment of the disease* by Mr. Copeland.

their Memoirs,—an interval of nearly twenty years.*

Notwithstanding the author is sensible of the imperfection of the following treatise, yet he would rather hazard the censure of the critic, than withhold communicating what he conceives might prove beneficial to his fellow-creatures: and, if, from what he has suggested, the progress of so formidable a disease should be arrested only in a single individual, he shall consider himself as amply rewarded.

* Mons. Desault's cases were published about the same time; but I must acknowledge that Mr. Copeland was right in supposing I had not seen them when my remarks were inserted in the Journal.

OBSERVATIONS, &c.

SECTION I.

General Remarks on the Contracted Rectum.

I Am persuaded there is no humane practitioner who hath seen this disorder, but must feel desirous of contributing his aid towards extending the knowledge of so distressing a malady; especially when it is considered, that an early discovery may be the means of saving many a fellow-creature from extreme sufferings, and the necessarily fatal consequences attendant on so dreadful a complaint, when abandoned to itself.

One would be apt to imagine that this disease very rarely occurs, because it has been so little no-

ticed even by the most eminent writers on systematic surgery. I am, however, convinced, from experience and observation, that the principal reason why it is not more generally known, is owing to an imperfect investigation; in consequence of which, it is often mistaken for other complaints of the alimentary canal, that are attended with similar symptoms. As a proof of this remark, out of upwards of thirty-seven thousand patients, who have come under my immediate notice in the course of twenty-four years, I have met with only fourteen cases of contracted rectum; but then it should at the same time be observed, that they have all occurred within the last six years; from which circumstance it may be fairly inferred, that the disorder is frequently overlooked. Practitioners who are unacquainted with the disease, will be very apt to attribute symptoms of its early stage either to habitual costiveness, or hæmorrhoidal affections;* and those attendant on its more advanced progress, to chronic diarrhœa

* "Quin credo inter causas cæteras, quare hoc vitium, quamvis fortasse non ita rarum, paucioribus innotuerit, nec fere

or dysentery. Hence it happens, that a prominent symptom of this complaint is liable to be mistaken for other morbid affections of the alimentary canal, proceeding from different causes; which consideration points out the great necessity there is for a careful and minute investigation, where such a resemblance of symptoms occurs.

It is very evident that some of the old practical writers were acquainted with this disease, from the cases which we find recorded by them; but the history of those cases would never lead to a suspicion of the disorder in its early stage.

Mr. Pott, in his Lecture on Diseases of the Anus, mentions stricture of the rectum, but without entering into any consideration of the nature of the disease, or the symptoms attending it. There is, however, in the same lecture a passage worthy of attention, inasmuch as the description given by

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.

Mr. Pott will not only assist the practitioner in discriminating excrescences, which are sometimes formed within the verge of the anus, from cancer of the rectum, but also in distinguishing them from stricture of the rectum.

"There is one circumstance (he says) I would wish you to take notice of, which is, these excrescences (meaning such as arise from a protrusion of the interior skin of the anus) are often confounded by practitioners with a cancer of the rectum, which has occasioned a good deal of error and confusion in the treatment of them. The excrescences will be painful to the touch, and discharge a considerable quantity of thin fætid disagreeable mucus, &c. So far they resemble a cancer, but by carefully attending to them they are found to be very different, and easily distinguishable; the excrescences are external, or may be made to become so, by putting the patient in a situation of going to stool; but the cancer does not protrude. You may pass your finger, or even instrument, between the excrescences, and find the skin smooth. This cannot be done in the cancer, as it is an entire diseased rectum; and, in passing your

finger into it, you feel nothing but a kind of pulp, whereas in excrescences you may feel the rectum clear, and free from disease above: the cancer is an incurable disease, the other* is always curable."†

Dr. Sherwen, I believe, is the person who first wrote a history of the contracted rectum, which was published in the second volume of the Memoirs of the London Medical Society, and in which the symptoms of the disorder, towards its ultimate progress, are detailed with much accuracy and minuteness: but, at the same time, it does not appear, from the description which Dr. Sherwen has given, that he was acquainted with the disease in its early stage, or under the form of simple stricture.‡ He very pathetically observes, "the disease comes on in the most gradual and imperceptible manner. Slow in its progress, but terrible in its consequences;

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

† By applying ligatures.

‡ The unfavorable prognosis, given by Dr. Sherwen, likewise justifies the conclusion.

it yields not to medical assistance, but must, under the best management, become ultimately fatal. It admits however 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 every humane practitioner."

"There is no disease to which the human frame is incident that is more liable 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 easily be mistaken for an enlargement of the prostrate gland, or a schirrous uterus."

SECTION II.

Remarks on the Diagnosis of the Disease.

IT would be highly desirable, as hath been judiciously observed by Dr. Robert White, to ascertain a train of symptoms which collectively might lead to an early detection of the complaint. The great similarity, however, of symptoms, arising from other causes affecting the alimentary canal, renders the pathognomonic signs of the disease precarious and uncertain, but more especially those attendant on a schirrus of the uterus;* and there are

* Symptoms of the contracted rectum in the female subject are so very 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 complaint, though sometimes pain and difficulty in discharging the urine attends that also.

instances, where, even on examination, the disorder has been mistaken for a schirrus of that organ.*

I shall, nevertheless, 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 stages.

The history of cases clearly proves its insidious nature, and the slowness of its progress. A person may, perhaps, be affected with symptoms of the disease for several years, but the inconvenience which 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 which he is occasionally annoyed with,

* A physician of great eminence in London, and who is much conversant with female complaints, some months ago informed me that his opinion had been requested respecting 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 complaint was a schirrus of the rectum.

are 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.

The symptoms which more particularly indicate the presence of this disease in its early stage, are, habitual costiveness, occasional uneasiness arising from a sense of fullness in the course of the transverse arch of the colon, but more especially towards the termination of its sigmoid flexure;* the patient is also sometimes sensible of the aggravation of this symptom, from the quality or quantity of food which he takes. There is also an uneasiness in the rectum on going to stool, attended with some difficulty in voiding the fæces. As the disease advances, the alvine excretions become gradually

* Sometimes a fulness in the course of the sigmoid flexure of the colon may be felt externally. It seems probable that the whole alimentary canal becomes progressively influenced by the diseased action going on at its lower extremity: in consequence of which the digestive process is less perfect, more air is generated, and a gradual distention of the abdomen takes place.

more scanty, the fæces are smaller figured than those which are natural, and are often discharged with a squirt. After an evacuation, a sensation commonly continues for some time, as if the whole of the fæces had not been expelled, which 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 symptom, however, is not so distressing as in the advanced stage of the disease, after a diarrhœa has come on.

In the fourth volume of the Memoirs of the London Medical Society, there are some observations worthy of notice by Dr. Robert White. After enumerating the principal symptoms of the disease, as detailed by Dr. Sherwen, he observes, "I am also of opinion that the following symptoms will urge the necessity of manual investigation, by inducing a suspicion of the malady. When a person somewhat advanced in life is troubled with frequent constipation, complains of fullness and weight in the stomach, with repeated inclination to discharge the contents, and uneasy rumbling in the belly and distention in the lower part of it, with a sensation

of numbness towards the upper part of the sacrum extending down the rectum; repeated fruitless efforts being also made to pass a stool, attended with a sense of constriction and tenesmus high up in the rectum, and the flatus which seemed to the patient to occupy the intermediate space, bursts forth; clysters failing as well as medicines, and the complaint is unattended with fever or pain; it will be reasonable to expect some mechanical obstruction in the passage. This opinion will be further strengthened, if the above symptoms return without evident cause, no well-formed stool regularly intervening."

The pain or uneasiness attendant on a state of simple stricture* is not constant, but only experienced at the time of the patient's going to stool, or, when there is a considerable accumulation of wind in the colon, from an obstruction in its passage downwards; whereas, 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 at

* I would just observe, that, from casual circumstances, alarming symptoms may occasionally supervene in the early state of the disease.

other times there is great pain about the sacrum, 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 diarrhœa is a primary symptom; because the history of cases clearly demonstrates, that the complaint does exist for a considerable length of time before a diarrhœa comes on: and, I believe, in general, the disorder will be found to be in a very advanced stage, whenever a spontaneous diarrhœa 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 that 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 the belly, like the gurgling of water in a bottle.* These two last circumstances perhaps afford pathognomonic signs of the disease; more

* This symptom has not been so conspicuous in any case that has come under my notice; and Dr. Robert White observes, in the history of 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 noticed until a total obstruction took place.

especially when accompanied with frequent but scanty discharges of thin, dark-colored 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 encreases, 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 encreases, 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 accidentally 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 the disease undoubtedly does sometimes terminate in the manner which has been so accurately described by Dr. Sherwen, yet, in some of the cases that 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.

* In these cases the gurgling and rumbling noise were not noticed.

" 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 severe purgings or dysenteries, where the preceding circumstances have been well defined. It is often the consequences 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 often be 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 extreme 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 a 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 of thin fæces 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 becomes sallow, and in some instances the pulse is quick, accompanied with other hectic symptoms.

SECTION III.

Of the Mode of Examination, and the usual Morbid Appearances.

IF due attention were paid to the description which has been given of this disorder, I am persuaded it would be more frequently detected in its early stage. Whenever therefore we have a suspicion of the complaint, there is no other way of ascertaining its existence 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 prostrate gland,* or

* A young man lately consulted me who had some unpleasant feelings about the rectum, which made me suspect a stricture was forming. On examination, I found an enlargement of the prostrate gland.

a 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, is to introduce the finger (after being oiled) as high up 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, 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 may be led to suppose there is a stricture, when in reality none exists. I mention this circumstance, because it has lately occurred in my own practice. If, however, on introducing the finger, neither stricture nor induration can be discovered in the rectum, a small-sized bougie must then be introduced, and passed as high as the termination of the colon; because there may be a stricture at that part only, (which situation is completely out of the reach of the finger) although

we commonly 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 circumstance is analogous to what happens in strictures of the urethra, as hath been noticed by Mr. 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 anterior 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 the consequences of one which has been formed for a longer time, nearer the bladder."

Sometimes it happens that the gut is so much contracted as to render the introduction of the finger impracticable, and the passage will only admit of a middle-sized urethra bougie, and sometimes only a small probe.

It is further to be observed, that a lessening of the capacity of the rectum will be attended with dif-

ferent appearances, according to the nature and degree of morbid alteration which may have taken place. Sometimes there is only a diminution of the diameter of the canal, perhaps in its whole length, occasioning distention and uneasiness of the bowels, accompanied with some difficulty in voiding the fæces: yet in this state the fæces will not be found particularly lessened in their diameter, because the muscular coat of the intestine still admits of being dilated, nearly to its usual extent. Sometimes there are annular strictures* without any remarkable thickening, or induration of the intestine, being discoverable on examination; 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 ex-

* The following description gives us some idea how an annular stricture is formed. "Upon the inner surface of the great intestine, about two inches above the anus, little processes sometimes grow from the internal membrane: they generally surround the gut at short distances from each other, so as to form a sort of circle."—*Baillie's Morbid Anatomy.*

† An impression is also left on the bougie.

tent, because the muscular action is then entirely lost. Too frequently it happens, that the disorder is not discovered until a considerable thickening and induration of the strictured part has taken place. Sometimes a schirrus surrounds and fills up the whole cavity of the rectum, which feels hard and uneven to the touch, with an abrasion of its internal membrane, attended with a considerable serous or thin sanious discharge. Tubercles are often found obstructing the cavity of the rectum, which are sometimes large, and at other times small and numerous.*

It frequently happens in the advanced stage of this disease, that an abcess forms near the anus,

* Some time ago I attended a married woman, about thirty years of age, whose husband had given her the venereal disease, for which she was put under a mercurial course; but after the symptoms of the complaint were removed, she complained of great pain about the region of the uterus, and also of pain and difficulty in voiding her stools. On investigation, I found the uterus enlarged, and indurated, particularly at its fundus; and on examining the rectum, there were several small tubercles attached to the back part of the vagina. Upon a subsequent examination several months afterwards, I could not discover any remains of the tubercles, but the uterus still remained somewhat indurated and painful, though not so much as formerly.

and a common fistula is produced on the bursting of the abcess, which is liable to be mistaken for the original complaint; and the operation for fistula is sometimes performed under the most unfavorable circumstances, to the aggravation of the patient's sufferings, because the morbid state of the intestine had not been previously attended to. It occurs sometimes also in the female subject, that in consequence of the formation of an abcess, 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 complaint to the patient.

I have thus endeavoured to describe the different appearances attendant on a contracted state of the rectum, which have come under my own observation. Other morbid deviations, however, have been noticed by different writers.*

* Morgagni mentions glandular tumours, fleshy, and cancerous excrescences, having been found in the intestines, but more particularly in the rectum.

Mr. Copeland observes that "the rectum is also sometimes divided and intersected in its canal by small membranous filaments, which readily give way to the finger or the bougie, when introduced into the anus. It seems probable that this kind of obstruction is produced by an actual adhesion, or union of the parietes of the gut to each other. The rectum is inflamed from hæmorrhoids 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 part 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 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 a possibility of its transmitting any excrement."

The following are the usual morbid appearances of a schirrous rectum, as discovered on dissection. "The schirrus sometimes extends over a considerable length of the gut, viz. several inches; but generally it is more circumscribed. It exhibits the same appearances of structure which were described when speaking of the schirrus of the stomach. The peritonæal, 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 that 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 stricture, 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."*

* Baillie's Morbid Anatomy.

SECTION IV.

Of the Prognosis.

WHEN, from a careful investigation, it is ascertained that there is only a simple stricture, or strictures, of the rectum, and there is reason to suppose the disease does not extend higher than the termination of the sigmoid flexure of the colon, the general health of the patient continuing unimpaired; a favorable prognosis may be given. If, however, the disorder has been of long standing, and the intestine is found to be much thickened and indurated, at the same time the patient's health is sensibly declining, accompanied with a sallow countenance, quick pulse, and other hectic symptoms; the prognosis under such circumstances must be very unfavorable. But, whether we consider the contracted state of the rectum as arising from a simple stricture, or a confirmed schirrus; we may be assured, that the former disease, if abandoned to itself, will certainly prove as fatal as the latter.*

* Even Mr. Copeland acknowledges this; "for, when left to itself, (he says) it is as necessarily, as certainly, and perhaps as quickly destructive as cancer itself."

SECTION V.

Cause of the Disease.

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 of the part, the slow progress of the disease in general, the absence of symptoms which characterize inflammation, and the affinity the disorder often

* 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 sometimes the consequence of fistula; but I would beg leave to remark, that, in some of 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.

has to schirrus, and sometimes evidently so, we are led to infer, that the complaint is produced by a morbid action essentially different from that of inflammation.*

Mr. Pearson observes, "It has often been doubted whether inflammation ought ever to be regarded as the remote cause of schirrus, and indeed the propriety of admitting it cannot be easily demonstrated."

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 opinion that the complaint was generally the effect of the venereal virus. I have only once seen the disease combined with venereal symptoms: but it is ob-

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

vious, that a contracted state of the rectum does not always depend upon the same specific cause.

It appears highly probable that the glandular structure of the rectum may form the predisposing cause of the disease;* and it is also presumable, that the accumulation of hardened fæces, and the pressure occasioned by their passage through the intestine, and the violent straining thereby induced, may prove the general exciting cause.

These remarks correspond with Dr. Baillie's opinion on the subject. He observes, "There is certainly more of glandular structure in the inner membrane of the great intestine, towards its lower extremity, than in any 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 in 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."

* There may be a predisposition to the disease, from the rectum being naturally small in its diameter.

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."

It is very much to be regretted, that so eminent a surgeon, and able writer, as Mr. Pearson, should not have had sufficient experience of the complaint, to have afforded him an opportunity of

writing more decidedly on a subject of so much importance. Different individuals have however, in a variety of instances, proved the expediency of employing mechanical means, from the advantage which they have experienced; although at the same time it must be acknowledged, that the indiscriminate use of them 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 to answer this end.

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-root, 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 a 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) intro-

ducing a leathern canula, or gut, and then either a wooden maundril,* 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, smeared with mercurial ointment. "May not this disease (he says) be cured by lunar caustic, applied on the end of a pessary 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

* No person acquainted with the disease would think of introducing a wooden maundrill.

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. When prepared for use, it is to be oiled or imbued with mucilage."* 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 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

* 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, mentions his having advised a sponge bougie to dilate the passage, and says "the bougie could only be once attempted, from sufferings which he (the patient) expressed as being impaled alive."

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 former remarks on this disease were published, I had only employed the common bougie, not having seen Mons. Desault's cases; a circumstance I have to 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 by which this complaint can be relieved; and, notwithstanding that some of the cases which had been under my care were evidently, and, I hope, permanently so, yet, by reflecting on some of the other 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.

Whenever, therefore, the contraction happens to be low in the rectum, I should always prefer

Mons. Desault's method, not only because it is 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 by employing the common bougie, which, in general, can only be retained a short time in the rectum.

If, however, the stricture should be seated as high as the termination of the colon, the tent in that case does not possess a sufficient degree of resistance to overcome the obstruction so high up, and therefore the common bougie must be employed; in the using of which, the practitioner must be careful to adapt the size to the degree of obstruction in the passage, which, as far as is practicable, must be previously ascertained by introducing the finger up the rectum, and afterwards a small bougie in the manner already stated; for unless this circumstance is particularly attended to, considerable mischief may be done to the diseased part, by inducing inflammation and increasing pain,

if the bougie be too large. It should be gently, slowly, but at the same time steadily, introduced, until it passes the obstructed part and enters the colon. If the bougie be previously warmed a little, it will yield better to the curvature of the pelvis, and pass much easier to the patient, and with less trouble to the practitioner. I have commonly found, on introducing the bougie every day, that too much irritation has been produced, and therefore have been under the necessity from that circumstance, of employing it every second or third day.

When great irritation is excited, it will be manifested by the patient complaining of increase of pain for some time after the removal of the bougie, and also of increased uneasiness on going to stool. If it can, however, be employed daily without producing the above-mentioned effect, there can be no objection to its use. I generally suffer it to remain in the rectum about an hour. The size must be gradually increased.*

* These directions are only applicable to the common bougie, when employed.

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; 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 circumstance 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 gentle laxatives.

* As in Case XI.

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 convinced me particularly 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,* which no doubt is owing to the intestine having in a great degree lost its power of expulsion. Under such a circumstance, it must appear evident that the exhibition of purgative medicines, instead of being productive of advantage, would, on the contrary, augment the sufferings of the patient. Injections, therefore, in such

* When the contraction is considerable, only a small quantity of fæces passes at a time through the strictured part; and not being sufficient to stimulate the rectum below, the accumulation goes on from time to time, until it becomes at length difficult to remove. The gut has sometimes been found much enlarged below the stricture.

cases, are peculiarly adapted to afford relief. Great attention, however, is necessary in throwing them up. I commonly direct about four ounces of water-gruel, and a table-spoonful of castor-oil, and sometimes only sweet-oil. A small quantity of liquid is 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 strictured part, where the gut has sometimes been found much enlarged. When injections cannot be thrown up in the ordinary way, 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.

With respect to the exhibition of mercury which has been so strongly recommended by some of the most eminent in the profession, I cannot say any thing particular from my own experience, having only administered it in one case of stricture, combined with venereal symptoms. In my opinion, however, it merits a fair trial in the early stage of the disease, whether the complaint may have been

preceded or accompanied with syphilitic symptoms or not.

Whenever the pain requires it, recourse must be had to opiates: and here I must observe, that in the advanced stage of the disease, the sufferings of the patient are frequently so great as to render large and repeated doses absolutely necessary before relief can be obtained. If the pain can be alleviated by Ext. papav. alb. or Ext. 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 tent, 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 this complaint it is also of importance to attend 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, gruel with milk, beef-

tea, thin chocolate, and fresh fish; very little animal food, fruit, or vegetables, should be allowed. For common drink, water, or barley-water. Every thing seasoned or salted, and spirituous or fermented liquors, must be carefully avoided. 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.

SECTION V.

Cases of Contracted Rectum.

CASE I.

ABOUT six 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.

* 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 four 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 introduce 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.

* In this state the bougies were discontinued.

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.

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 abcess formed on one side of the anus, and broke externally.

* The bougies were then left off.

CASE IV.

I WAS requested about three 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.

THREE 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

* 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."

the introduction of the finger was impracticable: indeed the whole extent of 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

* This circumstance was not mentioned before, as the patient did not appear to derive any advantage.

the contrary being rather worse than when she was admitted. Several months afterwards I saw her again, and was very much surprized, 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.

CASE IX.

A. B——, about thirty-five years of age, complained of frequently having considerable pain in the course of the sigmoid flexure of the colon, and of great difficulty in voiding his stools, which were always costive. On examination, I found two strictures; the first was about the middle of the rectum, and the other at its upper extremity. Previous to my seeing the patient he had been in the habit of using bougies, as the complaint had been discovered some time before, while he was in London, when that plan was recommended, which I advised him to pursue, as he was very well able to pass the bougie himself. I only saw the patient three or four times, therefore do not know the result of the case.

CASE X.

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.

CASE XI.

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

* 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.

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 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

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

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.

* Instead of making a knot in the middle of the lint, as directed by Mons. Desault, (the impropriety of which must be obvious) it is made at the end; the lint is then dipped in ung. cera, (with a small additional proportion of wax, more or less, according to the state of weather) previously melted, and laid upon a slab until cold, when it is rolled into the form of a bougie. The tent is made sufficiently stiff for introducing, without the assistance of a probe, as directed by Mons. Desault, which, after repeated trials, I did not find to answer so well as without it. The heat of the part soon softens the tent, so that it may be retained in the rectum with very little inconvenience to the patient. About an eighth part of ung. hydrarg. was added to the ointment.

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 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

* 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."

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, 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 dia-

* Evidently some of the contents of the bowels.

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

* 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 im-

CASE XII.

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

mediately 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.

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 enquiry, 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

* Its surface had rather a smooth feel. From the sufferings of the patient one would be led to suppose that the disease was of a carcinomatous nature, but the favorable result of the case will not, I think, warrant that conclusion. Most probably it was of the sarcomatous kind.

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 last spring 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

* 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.

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 difficult; 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.*

CASE XIII.

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

* 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. The tents are still occasionally used.

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

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 destroyed 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

* The induration was not equal through the whole circumference of the gut, where the stricture had been formed, but it occupied chiefly one side of the rectum.

coats of the intestine surrounding the ulcer were thick and indurated.

CASE XIV.

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 pro-

duced 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 inspec-

tion, 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 confirmed 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. The bougies are still occasionally employed.

The following case, which is related by Morgagni, appears remarkable in that the patient did not complain of pain.

"A woman, who was more than fifty years of age, had fallen three years before from an hæmorrhoidal affection, as she herself said, into a much more grievous disorder of the rectum, on account of which she was, at length, received into the hospital of incurables at Bologna, about the end of the year 1704. Valsalva having only asked questions of this woman, without so much as introducing his finger to examine the rectum, immediately pronounced her disorder to be incurable, and, turning to me as I stood close to him, said, 'This is a disorder of a similar kind with that which I found at Faenza, some months ago, when you were there with me; that is to say, a glandular tumor occupies the circumference of the rectum here also.' And this woman, although with the other symptoms of this disorder, she perceived no pain, discharged,

nevertheless, a great quantity of fœtid matter, sometimes thin, and at other times pretty thick. Wherefore, being brought to the last stage of a consumption, she died within a month or two from her coming into the hospital, after fevers which attacked her with a chillness.

"The intestinum rectum being laid open longitudinally, and displayed, I examined it, and found it in the following state:—At six or seven fingers breadths above the anus it began to become pretty hard and thick, and to swell out every where, from the surface, internally into bodies, which, in their figure and size, resembled very large beans. They were all smooth in their surfaces, but of a solid and compact substance. The hardness and thickness of the intestine, and the bulk of those bodies, which were more nearly similar to conglobate glands than to any other bodies, and in their colour also, as well as in their size and figure, were proportionably increased, as you came nearer to the lower part of the canal. Yet the lower part of the intestine, as far as it could be covered with the breadth of a finger, was sound, and from the very extremity of the anus

hung two excrescences, at the same time that the cutis was slightly ulcerated about the anus."

To the preceding cases I shall add the first case, published by Mons. Desault, in the Parisian Journal, which I think will be interesting to the reader, if he has not seen Mons. Desault's paper, particularly as that practitioner's method of treating the disease is minutely detailed therein.

"R. Colot, forty-four years of age, towards the latter part of the year 1787, was afflicted with smarting pains about the verge of the anus, which constantly returned when she had occasion to go to stool. At this time the passage of the fæces became obstructed by hard and painful tubercles; and the pain was now insupportable, from a constant desire to go to stool, without being able to evacuate.

"Many surgeons and physicians were consulted, who considered her symptoms as referable to the hæmorrhoids, and were of opinion, that her complaint would yield to the remedies usually adopted in similar cases.

" Ointments, fomentations, baths, drinks, soap-boluses, pills, &c. were for many successive months unsuccessfully employed. The disease increased in a rapid degree, and the passage to the fæces became so difficult, that only a few small portions were evacuated, after the patient had gone twenty times to the night-chair. The form and size of the evacuated fæces were about the bigness of a quill, and they were voided with such incredible pain, that, from the account of the woman, who had had nine children, they exceeded the pains of child-birth.

" To prevent the recurrence of these evacuations as much as it lay in her power, she endured the utmost extremity of hunger; and she was reduced to such a state from her weakness and sufferings, that she could scarce support herself at the time of her admission into the Hôtel Dieu, on the 15th of January, 1791. M. Desault attempted in vain to pass his finger up the rectum, and with difficulty succeeded in passing up a female sound, by alternately moving it from the right to the left, and by carefully avoiding the indurated tubercles; which, from filling up almost the whole cavity of the canal, effectually prevented the introduction of the sound in a right line.

" Compression was the plan adopted for the treatment of this disease, which was produced by means of a tent of long lint, knotted and folded in the middle, dipped in cerate, and introduced into the rectum, by an assistant, by means of a forked probe. Though this tent did not exceed in diameter the size of a quill, it could not be introduced above two inches up the rectum. On the external tubercles thick compresses were placed, and supported by a triangular bandage. The patient was put on rice diet, and ordered a slight diaphoretic decoction, for a common drink.

" This woman from this day grew better; and, from the stimulus of this kind of suppository in the rectum, she had in the evening a copious stool, without the same degree of pain that she ordinarily experienced. She was dressed in the same manner as before; but the tent admitted of being introduced higher up. The dressings remained on till the next day, when they were removed for the convenience of administering an enema; which, by softening the fæces, procured their evacuation without any considerable pain.

"A larger and a longer tent than was employed the evening before was now easily introduced. The dressings were renewed twice a day, till the sixth day, increasing the length and size of the tent by degrees. She began now to regain her strength; and by means of an enema, administered in the morning, the excrements were voided without pain. The rectum was sufficiently distended to admit of the introduction of the finger.

"M. Desault, in examining as high up in the gut as he was able to reach, felt distinctly some callus knobs or tubercles, extremely sensible, and very hard at their base, but less so towards their edges, which had, without doubt, been softened by the compression of the tent.

"The dressings were now only changed once in twenty-four hours, and the size of the tents were gradually and considerably increased. The patient was not incommoded by their presence, and her health and strength daily improved.

"On the fifteenth day, M. Desault re-examined the state of the intestine; and, instead of hard painful tubercles, there were only some soft de-

pressed wrinkles, which were not painful to the touch. The tubercles that were situated near the verge of the anus were so depressed, that no vestiges were now to be perceived. The use of the tents were still persisted in, and augmented gradually in size, till, by the thirty-fifth day, they were increased to one inch in diameter.

"On the forty-fifth day, the woman was instructed in the manner of passing the tents, that she might from time to time use them herself, and by this method prevent for the future the return of the disease. She continued to dress herself for eighteen or twenty days that she remained in the hospital for the more perfect establishment of her cure; after which period she was discharged, being the sixty-seventh day from her admission, and twenty-six months from the commencement of her disease."

Before I conclude the subject I shall beg leave to make a few remarks on some of the preceding cases. The second, third, and sixth cases, I have

no doubt were of a cancerous nature; and, from the diseased state of the gut through its whole circumference in each of these cases, there was not the least probability of effecting a dilatation of the passage; therefore, under such circumstances, the bougie could only prove an additional source of irritation: and, in all similar cases, I would not advise employing the bougie. How far the use of the tent may prove of temporary advantage I will not take upon me to decide; further experience alone must determine the propriety or impropriety of the measure.

Plate I

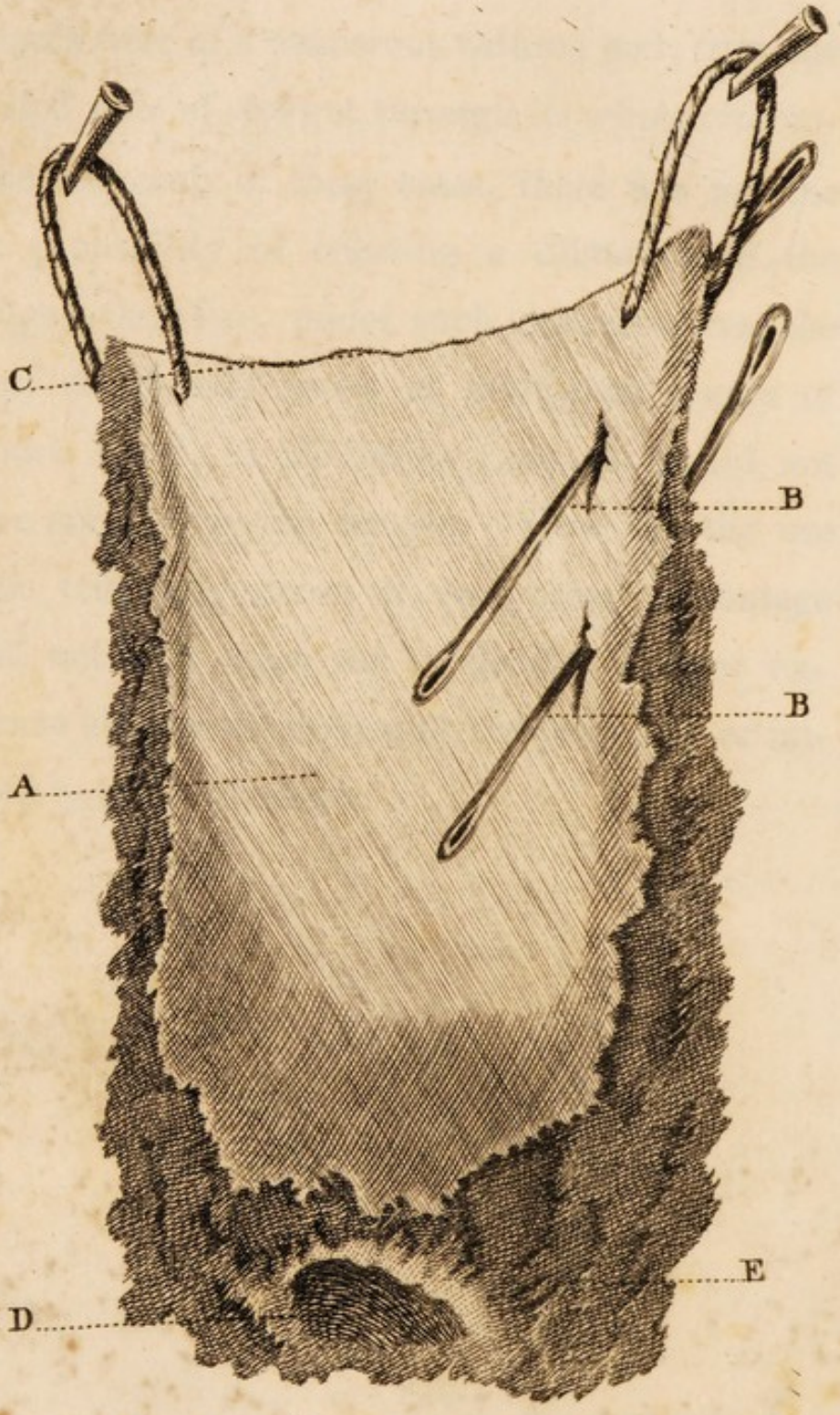

Plate II

EXPLANATION OF PLATE I.

For CASE XI.

A .... The internal surface of the rectum.

B B .. Probes passed through the apertures, which communicated with the general cavity of the abdomen.

C .... The superior termination of the contracted portion of the rectum.

D .... The inferior part of the contraction not divided.

E .... The general thickening and induration of the rectum.

The intestine did not measure more than an inch and a quarter in its circumference the whole extent of the contraction.

EXPLANATION OF PLATE II.

For CASE XIII.

F .... The internal surface of the rectum.

G .... The inner membrane of the intestine destroyed by ulceration.

H .... The strictured part not divided.

I .... The indurated part.

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