

Appendix to Observations on the contracted intestinum rectum; containing some additional facts relative to that complaint; with several cases, and two engravings. / By W. White, member of the Royal College of Surgeons, London.

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APPENDIX

TO

OBSERVATIONS

ON THE

Contracted Intestinum Rectum;

CONTAINING

SOME ADDITIONAL FACTS

RELATIVE TO THAT COMPLAINT;

WITH

SEVERAL CASES, AND TWO ENGRAVINGS.



BY W. WHITE,

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AND ONE OF THE SURGEONS TO THE CITY
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BATH,

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APPENDIX.



BEFORE I notice the circumstances which more particularly induce me to publish some additional cases of CONTRACTED RECTUM, I ought to acknowledge my obligation for the very favorable reception which my former observations on that disease has met with from the Profession.

In stating the opportunities I have had of meeting with so many cases of Diseased Rectum within such a short period, it may perhaps appear almost

incredible to the reader, and make him ready to conclude that I deal in "stricture making."

It is true I was consulted by two persons in consequence of what I had published on the subject, but the other cases occurred in the ordinary course of practice. And, as some of these cases were attended with phenomena which my former experience did not afford me the opportunity of noticing, I consider it my duty to communicate the knowledge of such circumstances; flattering myself they will be found sufficiently interesting and important, to warrant their being presented to public notice.

The more I see of this disease, I become less surprised that it is so fre-

quently overlooked. If strictures of the urethra are capable of exciting morbid action in distant parts of the system, (which effect appears to have been satisfactorily proved by the most respectable and experienced practitioners*) we need not then wonder if strictures of the rectum, which are analagous to the former disease, should excite derangement in remote parts of the same canal, or in organs that are associated with it in the performance of its natural functions, particularly the liver.

The circumstance I apprehend which more particularly claims the attention of the reader, in perusing the

* Particularly Mr. Abernethy and Sir Everard Home.

following cases, is the tuberculated state of the liver that occurred in two of the patients; a fact, I believe, not hitherto noticed. And, moreover, there appears to me some reason for supposing such a diseased state of the liver was not an accidental occurrence; for it is to be observed, that in other cases there was likewise an evident derangement in the biliary secretion, particularly in the third case, where the alvine evacuations were always of a light clay color, except when the patient took a dose of calomel.

I hope the knowledge of these facts may ultimately tend to throw more light upon this important subject; especially if future experience should confirm, as a general coincidence, what

I have stated as occurring in a few instances. In the mean time, I am persuaded, a due consideration of such circumstances must evidently point out the necessity of a minute and circumspect investigation in all chronic derangements of the chylopoietic viscera.

In describing the diagnosis of contracted rectum, in the preceding part of this work, it was there noticed that the *fæces* are commonly found to be lessened in their diameter in this complaint: and although that must necessarily be the case whenever there is a permanently contracted state of the gut, yet it has happened, in some instances where that change had been observed, that in a more advanced

stage of the disease fæces of a natural size have occasionally passed. The knowledge of this circumstance, I think, will of course prevent the practitioner from hastily concluding there is no stricture, merely from an examination of the evacuations, when other symptoms may indicate the presence of the disease.

As the above statement may have the appearance of inconsistency to the young practitioner, I shall endeavour to communicate, in as clear a manner as I am able, an explanation.

If the stricture should happen to be low in the rectum as not to allow room for the accumulation of fæces, it must appear evident that they will be found uniformly small in diameter,

(in proportion to the degree of stricture) while they continue to be discharged in a figured state. And also, when the stricture happens to be high up the rectum, so long as the gut below the stricture retains its natural expulsive power, an accumulation will be prevented, and the diminished size of the fæces will continue. But as the disorder increases, the inferior portion of the intestine gradually loses that power; so that when the contraction becomes considerable, only a small quantity of fæces pass at a time through the stricture, and not being sufficient to stimulate the lower part of the rectum, an accumulation goes on from time to time, until at length it becomes difficult to remove; when on these occa-

sions faeces of a natural size have sometimes been discharged. Although I may not have rendered my meaning sufficiently clear, yet the fact remains the same.

Since my former statement, (page 21) on the authority of Dr. Baillie, respecting the formation of simple stricture of the rectum, I have had the opportunity of investigating that circumstance (in case v.) where the process-like appearance of the inner coat of the intestine was very conspicuous; but it appeared to be an effect produced by the contracted and thickened state of the muscular coat, as the inner membrane was not in the least indurated. It does not therefore appear probable to me, that a simple

stricture of the rectum is ever formed by a diseased state of the internal membrane alone, but that the diminished capacity of the canal, in such cases, is principally owing to a contraction and thickening of the muscular coat of the intestine, although all the coats may become ultimately diseased; and which has been proved in many instances from the dissection of fatal cases.

I have to regret the not being able to give the result of some of the following cases, but the reader will readily perceive that the object I had in view was to communicate the knowledge of particular phenomena connected with these cases.

stricture of the rectum is even formed by a diseased state of the internal sigmoid flexure, but that the condition is principally owing to a contraction and thickening of the muscular coat of the intestine, although all the

CASE I.

costs may become ultimately detached, and when a healthy rectum is exposed, it is seen to be in the position of a normal rectum, in consequence of a painful affection about the anus, which had been gradually increasing several years, but then becoming rapidly worse, rendered her the extreme of suffering. She had long been giving up all her usual occupations, and was unable to walk, and had been in bed for several months. She was of a very costive habit, and experienced great pain and difficulty in passing her stools, which she had observed for some time were small in diameter. She had frequent flatulency, and when it often happened that a substance protruded from the anus

Cases.

CASE I.

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

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

Upon examining the part, I found a protrusion at the lower part of the anus towards the right side, about the size of a large filbert ; but on inquiry was informed that the tumor was sometimes much larger. The protrusion appeared to consist of an hæmorrhoidal excrescence, to which was attached a portion of the rectum ; the latter was of a dark

red colour, and its surface abraded : this, no doubt, had been chiefly owing to the patient frequently pricking the gut with a needle when it descended, as she supposed the bleeding gave her some relief.* The hæmorrhoidal vessels, surrounding the anus, were much distended with blood, and the integuments at the prolapsed part formed a pendulous flap, when the gut and excrescence disappeared.

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

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

read that a case of hæmorrhoidal excrescence had been completely relieved by that plan; to which the patient very readily assented.

On introducing a tent between two and three inches up the rectum, I was very much surprised to find a firm stricture, and the resistance to the passing of the tent (though of a small size) was very considerable, from the strong action of the muscular fibres of the intestine.* The discovery of a stricture, of course, proved an additional reason for employing the tent, and in all probability the stricture had been the cause of the prolapsus. A tent was therefore introduced daily, but omitted when the gut came down. I was much encouraged to hope the plan would have ultimately succeeded, as previous to the use of the tent the complaint had occurred almost daily; but after employing it, the descent only occurred once in eight or ten days;

* It usually happens (unless the gut has become so much thickened and indurated as entirely to lose its contractile power) when the tent arrives at the stricture, a spasmodic state of the intestine is induced from the strong action of its muscular coat; it then becomes necessary to delay pushing the tent forward until that action ceases.

and once the intestine remained up thirteen days. At first, the introduction of the tent occasioned so much pain on passing the stricture, that the patient was frequently thrown into a perspiration at the time. The tents were gradually enlarged, and, after persevering some time, the passage admitted of a large size being introduced without the least inconvenience. And unless when the gut protruded, her evacuations came away without pain, and the hæmorrhages were less frequent. She had nearly lost the pain and sense of weight about the sacrum, and her general health was much improved.

It happened however, unfortunately, that after the tents had been employed with such apparent advantage, the patient was seized with a very troublesome cough, which occasioned almost a daily descent of the rectum, with a frequent return of the hæmorrhages, so that it became impracticable to introduce the tent. The disease becoming thus aggravated, Miss B. made up her mind to submit to whatever operation I judged proper for the cure of the complaint; which was determined upon as soon as the cough was better.

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

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

For three or four days after the operation there was a slight degree of inflammation about the anus, which was removed by the application of a bread and milk poultice. As the bowels had been freely opened previous to the operation, she had no evacuation until the third day, when an aperient medicine was given, which gently moved the bowels; but there was no descent of intestine, neither was there the least return of hæmorrhage. The patient was confined to her bed nearly a week, and kept upon a low regimen, with the occasional use of a laxative pill. At the end of a fortnight she was allowed to walk about, and, with the exception of a little uneasiness, which was occasioned by the slight inflammation that occurred after the operation, she has never experienced the least inconvenience, as the gut never descended afterwards, nor has there been any return of the hæmorrhage.* She

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

passes her stools with the greatest ease, and even without the assistance of medicine. In short, her health is completely restored, a blessing she had not enjoyed for several years.

CASE II.

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

frequent hæmorrhages from the rectum.* The catamenia were still regular, and her general health appeared to be tolerably good.

Some months prior to my seeing Mrs. W. she had been seized with a sudden stoppage of the bowels, which so much alarmed her, that she sent for a surgeon, and requested him to examine the rectum. But it did not appear, from what he said, that he was thoroughly convinced of the existence of a stricture, although he procured some bougies which Mrs. W. had occasionally employed, from a conviction of there being some mechanical obstruction in the passage. No benefit, however, had been derived from them, but, on the contrary, the complaint was growing worse.

On examination, I discovered a firm stricture about five inches and a half up the rectum, which admitted only a very small sized bougie to pass, and this not until after considerable resistance from the strong action of the muscular fibres of the gut.

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

The distance of the stricture from the anus having been ascertained, the patient was convinced the bougie had never before passed the stricture, not only from this circumstance, but also from the pain produced by it; as the bougie introduced was the identical one that had been employed before, and without producing such an effect. It was therefore not improbable that some mischief had been done to the intestine, from the indiscriminate manner of employing the bougie, particularly with regard to increasing the frequent returns of hæmorrhage.

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

* I never use the common bougie now, as the tent may be made sufficiently stiff to answer every purpose, even when the stricture is high up the rectum.

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

CASE III.

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

which she has had frequent returns of the hæmorrhage; and upon that ceasing, a serous discharge supervened. Between five and six months ago she began to experience considerable pain and difficulty in passing her stools, attended with tenesmus, and almost constant pain in the gut: her strength was much reduced, with frequent flushings of heat, but her pulse was regular.

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

R Extr. conii, ʒiss.

Pil. hydrarg. ʒss. M. f. pil. xxx æquales
divid. quarum cap^t. ij. mane et vespere.

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

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

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

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

R Liquor ammon acet.

Aq. menth. pip. āā ℥iss.

.... puræ, ℥iij.

Syr. papav. alb, oxym scillæ, āā ℥ij. M. f. mist.

Cap^t. coch, ij. ampl. 4ta. quaque hora. Rep^r. pil. opiat.—a tent introduced.

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

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

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

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

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

5th. She has still a frequent discharge of loose stools. Injec: enema opiat.

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

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

8th. Both breathing and cough better; pulse not so quick, and tongue cleaner. Has had three

small motions with a little blood. Rep^r enema opiat. On introducing a tent, I perceived a foetid discharge from the rectum, which I had not before noticed. Rep^r med.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cap^t. mist. salin card $\mathfrak{z}$ i. 4tis. horis. Cap^t. haust. Anodyn h. s.—a tent introduced.

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

5th. Less pain in the abdomen: bowels open,

and the faeces discharged without pain—a tent introduced.

9th. A tent introduced.

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

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

25th. The tent occasioned considerable pain in the rectum, and a little blood followed its removal. She took castor-oil this morning, not having had a motion since the last tent was introduced.

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

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

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

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

Appearances on Dissection.

On dividing the parieties of the abdomen, there were evident marks of peritoneal inflammation, and the intestines also exhibited a similar appearance, but more particularly the ilium; and its folds were glued together in several places, the consequence of inflammatory exudation; and on its surface there were different patches of coagulable lymph: there was also some purulent matter in the pelvis. On separating the rectum from the sacrum its posterior part gave way, appearing that only the peritoneal coat at this part of the intestine had remained; the other coats having been destroyed by ulceration. The internal surface of the gut was extremely irregular, and its inner membrane entirely destroyed by ulceration; which process had extended somewhat less than an inch from the anus, as far as the contracted portion of the rectum. The muscular coat was very much thickened and indurated, exhibiting the usual cancerous appearance: and in other places (besides the posterior part already noticed) it appeared to be entirely

destroyed, as well as the inner coat, by the ulcerative process. At the termination of the ulceration there was a considerable contraction of the gut, from the diseased state of the muscular coat having formed a complete thick cartilaginous ring; and a little below it the jagged edges of the inner coat projected; its lower portion, as before mentioned, being entirely destroyed by ulceration. Above the cartilaginous ring the intestine was somewhat dilated, its inner membrane having an inflamed appearance, which had extended about two inches up the gut. The muscular and peritoneal coats, at the back part of the superior portion of the rectum, were thickened and indurated, extending in a line along the sacrum for nearly three inches above the contraction; the thickening gradually lessening as it extended upwards. A great quantity of solid fæces was collected above the contracted part, and properly tinged with bile.

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

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

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

CASE IV.

FEB. 22, 1812, I was requested to see Mrs. S. forty years of age, who lived a few miles from Bath. She complained of a violent pain about the epigastric region, which sometimes descended into the bowels, and was frequently accompanied with a sense of chilliness at the same part, extending round to the back and shoulders, and succeeded by flushings of heat. The chilly fits came on about three weeks before she was seized with the pain, which she felt only a few days. She was of a costive habit of body, and had been for a long time troubled with

wind in the bowels ; and lately, when desirous of discharging it per anum, she found it prevented from passing at the lower part of her back for several hours ; and at which part she had felt occasional pain and weakness since having her first child, about eight years ago. The catamenia were regular, but paler than formerly, and generally preceded by considerable pain at the hypogastric region. She had some thirst, but no particular heat on the skin, nor quickness of pulse.

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

came less violent: but as the partial chilliness continued frequent in its return, she was so much alarmed (being extremely nervous) as to induce the wishing her friends to consult Dr. Parry, who visited the patient with me. Dr. P. suggested but little alteration in the mode of treatment, chiefly recommending the aperient plan to be continued, as there still appeared a considerable foulness in the evacuations.* And, although the fæces assumed a more natural appearance after persevering in this plan, Mrs. S. was not entirely relieved from her distressing symptoms. I then advised her going to Bath, thinking that a change of place and drinking the waters might prove beneficial to her; (particularly as there had been a considerable derangement in the biliary se-

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

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

The nature of the complaint being now ascertained, Mrs. S. returned into the country, requesting

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

my attendance, and desirous of pursuing whatever plan I judged proper. The use of the tents was immediately adopted.

As Dr. Parry had expressed a wish to see her again in the course of a week, I took the opportunity of waiting on the Doctor with our patient, to inform him that I had, on investigation, discovered a stricture in the rectum ; at the same time wishing him to be convinced of the fact from his own examination, which he declined, on account of his particular engagements at the time. At the consultation it was agreed, that she should take the pil. hydrarg. et. extr. conii. and continue the mixture, as she had found some relief from it with regard to the heat in her stomach. The tents were introduced every other day, and their size gradually enlarged, until the passage admitted nearly the largest. For some time Mrs. S. appeared to be considerably relieved: her stools passed more easily, and of an enlarged diameter; her bowels having at length become so regular as very seldom to require any aperient medicine, to which she had been constantly obliged to resort previous to the use of the

tents. Although so much relieved, she still experienced great difficulty in the discharge of wind.

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

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

CASE V.

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

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

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

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

CASE VI.

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

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

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

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

I found, on examination, a stricture about four inches up the rectum, and that passing a tent, though small, gave him considerable pain. Although I entertained but little hope of affording him much relief, from his advanced age, with the debilitated state of the whole system, yet I thought some temporary advantage might be derived from employing the tents. I recommended castor-oil to keep the bowels open, or an injection to be thrown up occasionally. Pills with *P. rad. scillæ* were prescribed,

* This proved to be a fact.

and, to relieve pain, opiates. The tents were only introduced three or four times, as he complained of their producing so much pain. His weakness daily increased, and the paroxysms of pain were so violent and frequent, that he scarcely had an interval of ease, unless when under the influence of opium. His misery became so great that he earnestly wished for death, although he was very patient and resigned to the will of the Almighty. The event, however, did not take place until the twenty-fourth of May.

Appearances on Dissection.

The abdomen remained tumid and tense, and there was a considerable prominence and hardness about the epigastric region.* The parieties of the abdomen were extremely thin, and the muscles of a livid color, although the examination took place twenty-eight hours after death. There was about a pint and a half of serum in the abdominal cavity. The intestines were much dis-

* From the enlargement of the liver.

colored, but had not the appearance of increased vascularity. The colon was much distended with flatus, and the omentum attached to the middle of the transverse arch of the colon was formed into a short thick ligamentous-like substance, by which that part of the colon was drawn down from its natural situation near to the os pubis, in consequence of an adhesion having taken place between this process of omentum and the peritoneum, a little above the pubis. Previous to examining the rectum I was under the necessity of puncturing the bladder, it being distended with urine:* a stricture was then discovered near the upper part of the sacrum, about an inch and a half below the commencement of the rectum. There was some difficulty in separating it from the sacrum, as its muscular and peritoneal coats had become of a cartilaginous hardness. There was also an adhesion between the rectum and the lower posterior part of the vesica urinaria. Although

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

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

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

CASE VII.

SARAH HORWOOD, aged twenty-seven years, of the common sanguine temperament, applied for admission as an out-patient at the Infirmary and Dispensary on the 18th of June, 1812. She had been ill about eight months. Her complaint began with a pricking and itching sensation about the anus, accompanied by a serous discharge from the rectum. She sometime afterwards felt a swelling and soreness on one side of the anus, which had

become very troublesome to her. Between three and four months she had suffered from a tenesmus, with a frequent bloody discharge, and occasionally a similar kind of discharge passed by the vagina.* Her habit of body was regular: she had experienced for the last two months pain and difficulty in her alvine evacuations, which were small in size; she was also much troubled with wind in the bowels, which with some difficulty passed downwards.— During the last six weeks she had suffered considerable pain about the os sacrum. Her appetite was bad, with emaciation and great debility; pulse rather quick, and was thirsty: catamenia regular.

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

On examination, I perceived a large indurated excrescence at the left side of the anus, and on introducing the finger up the rectum, I found a continuation of the same kind of diseased thickening and induration extending some way up the gut,

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

which had produced great irregularity on its surface ; and just within reach of the finger there was a considerable contraction of the rectum from a circular thickening and induration of its coats. Under these circumstances, I proposed admitting her an in-patient, but as she could not then make it convenient, I prescribed some opening medicine and an opiate pill to be taken at bed-time. On the 30th of June she was admitted an in-patient, and the following pills were directed for her :

R Pil. hydrarg. ʒss.
Ext. conii, ʒifs. M. f. pil. xxx quarum
cap^t. ij. mane et vespere.

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

July 23d. A tent was again introduced.

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

27th. The tenesmus very troublesome, with frequent loose stools. Injec^t enema opiat.

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

The catamenia have come on. Cap^t pil. opiat. omne nocte hora somni.

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

8th. By the desire of her husband she left the Infirmary, but requested to be made an out-patient, which was complied with. As the pil. hydrarg, &c. had apparently been beneficial to her, they were again prescribed as soon as her mouth

got well. She afterwards left Bath for several weeks. On her return she called on me, (her general health appeared to be much improved) and informed me that she felt very little inconvenience from the complaint, except a frequent discharge of a sanious-colored mucus from the rectum. On examination, very little of the excrescence remained at the side of the anus, which had a softer feel, and on introducing the finger up the rectum, the thickening and induration of its coats appeared to be considerably lessened, and the contraction before mentioned not so much. I then introduced a small tent, which passed up tolerably easy, but the gut appeared to be contracted higher up than the finger could reach. Finding she could now bear the introduction of the tents, I wished to give them a further trial, and with that view admitted her again an in-patient. The same plan was adopted as on her first admission, with the addition of the tents. I am, however, sorry to add, that after a trial of them, they were discontinued, being convinced, from the appearance of the discharge, that ulceration was going on in the rectum, and which would

be increased by the application of such a stimulus. Her general health remained much the same as when admitted; but as there was no prospect of her obtaining any further benefit, she was discharged: recommending her to take castor-oil occasionally, and to have an opiate injection thrown up twice a-day, which had tended to lessen the discharge and irritation of the bowels.

CASE VIII.

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

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

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

July 14th. He has had several consistent motions, with but little discharge of blood. I had intended introducing a tent again, but the patient

being attacked with gout prevented me until the 19th, when a small one was passed beyond the stricture.

20th. He felt very little inconvenience from the tent; has had several stools; less discharge of blood; and not so much pain about the epigastric region—a tent introduced. Cap^t. ol. ricin. ℥ss. cras mane.

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

23d and 25th. Tents were introduced.

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

29th and 31st. Tents were introduced.

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

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

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

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

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

13th and 15th. Tents were introduced. The passage now admits a large size. No blood has been discharged. The tents were continued until the 26th, when he found himself so well that he refused to have any more introduced.

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

[The following Case, which was written by the patient himself, forms another striking proof of the truth of what I have before suggested, respecting the disease being so frequently overlooked.]

CASE IX.

“I am now in the 36th year of my age. As long as eight years ago I found some inconvenience on voiding my stools; but it is about five years since my disease gave me real distress. The first symptom was costiveness. In the mornings, after having taken tea I was obliged to go to stool, and only able to discharge a few hard fæces at a time; so that by going six or eight times in one morning, I hardly had so much evacuated as one good stool would amount to with a sound person. I was farther frequently incommoded with spasms, which at any time of the day would attack me on a sudden, and it was with the greatest difficulty and uneasiness that I could resist the tendency of these spasms, which was a sudden expulsion of fæces.

“Medical gentlemen, whom I consulted at this time, considered my complaint as a mere obstruc-

tion and piles; their remedies were purgatives, &c. &c. but which only gave me momentary relief. Two or three years passed in this manner: when I did not find any decline of strength taking place, I took but little physic. Since, my bowels became entirely obstructed for some days; these days I found myself always in the best health apparently; but when the frequent and scanty evacuations began, I always felt uneasy and painful. Sometimes I had no stool for six or seven days, but only some discharge of mucus in the morning, and at intervals I was attacked by violent colics, with great pains, and which terminated in one or two hours with enormous loose evacuations, probably collected in the bowels for several weeks or even months. These violent attacks always obliged me to keep my rooms for one or two days, when I was again able to resume my occupation and pleasures. In the year 1811 I came over to England, when I consulted a physician of great eminence in London: he declared my complaint to be a disease of the liver, and gave me some mercury and opening draughts, which also gave me relief for the moment, but no perma-

nent better state of health was obtained. On my journey back to Russia, after some days costiveness, I was attacked by so violent a colic on the road that I was obliged to stop four hours, and had the most plentiful evacuations, but which weakened me so much that I was scarce able to pursue my journey: after that the usual costiveness again took place. The physicians at Riga, whom I consulted in the winter of 1811 to 1812, declared my complaint to be that of the liver, and ordered me to rub upon the lower ribs ung. hydrarg.; and they gave me opening medicines, also sometimes calomel, ipecacuanha, columba, &c. As all these means partly failed in their end, the physicians believed it was the piles that obstructed the passage, and leeches were accordingly applied to the anus; and, to keep the bowels open, clysters were ordered; but these also failed, and produced another distressing symptom, viz. that of an involuntary discharge of mucus during the night. In the spring of 1812, when I was about to leave Riga, my physician told me that he had cured me of my liver complaint, and that there now remained only piles in the rectum, but which, by a

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

in the beginning of October, when Mr. ——— examined the rectum with his finger, and declared there was a great change for the better. The discharge of mucus had also ceased in a great degree, but still opening remedies were necessary; also clysters of milk and aloes were recommended, but they did not answer the purpose. Injections of starch and Dover's powders were ordered, to prevent the irritation of the bowels, and these answered the purpose very well. But as the evacuations still were very irregular, and the needings to stool sometimes very sudden, and even sometimes the fæces came away involuntarily; Mr. ——— ordered me to use every morning an injection of cold water, from one to two quarts, which I continued until my departure for Bath, the 7th of December. Although the injections procured a stool, the evacuations were neither regular nor plentiful. I performed the journey from London to Bath in one day: when I arrived there I found my bowels so obstructed, the injections of cold water so ineffectual, and uneasiness and rumbling in the bowels so much increased, that I called Mr. White to my assistance

six days after my arrival. This gentleman discovered that there existed in the rectum another stricture higher up than that which Mr. ——— attempted the cure. Although Mr. White introduced a common bougie of a less size than what I had been using, he could not pass it beyond the stricture: a very large urethra bougie was then introduced, which passed the stricture, but occasioned pain, and threw me into a fever.* Injections with gruel and castor-oil procured me some evacuations,† but attended with so much pain as I never before experienced, and which induced me to request the attendance of Dr. Parry. I was then ordered to take some opening draughts, to inject, and to take opiate pills at night. My situation was now miserable; I had no appetite, no sleep, excruciating pain when I went to stool, and a constant pain at the os sacrum.

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

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

My bowels were disturbed with wind collected in them, which could find no vent, and distressed me considerably.

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

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

“ With very little variation, under this mode of treatment I continued to regain my former state of

health, so that now, the latter end of February, 1813, I am able to introduce myself a common-sized rectum-tent every other day. I continue the use of the pills. My evacuations are more copious, and of a more consistent nature than they were formerly.

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



BESIDES the preceding cases, I have had several more under my care; but as they were not attended with any peculiar circumstance, I shall not take up the reader's time, further than to observe, that one of the patients labored under a stricture in the urethra at the same time; and also, another

* He had gained three pounds the last three weeks he remained in Bath.

had been cured of a stricture in the urethra, some months prior to his application to me, in consequence of a similar disease in the rectum, which had been discovered by an eminent surgeon in the country. In these cases, as well as many others, the tents were employed with the greatest advantage.

In cases, however, attended with circumstances similar to what are described in the third and seventh cases of the last report, I would not advise using the tents, because of the impracticability of effecting a dilatation of the passage, and the probability of aggravating the complaint by introducing an extraneous body.

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

* He had gained three pounds the last three weeks he remained in Bath.

AUGUST, 1806, THOMAS CHAPMAN, aged 30, complained of a purging, with which he had been troubled more than two months; and of pain in the right iliac region, afterwards in the left iliac region. The abdomen was tense, with a high degree of that flatulency, which Dr. Sherwen compares to the gurgling of water in a bottle. Pulse above one hundred; urine deposited a lateritious sediment. He was greatly emaciated, but his appetite had not failed.

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

DISSECTION.

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

EXPLANATION OF PLATE I.

For CASE III.

This PLATE represents a posterior division of the rectum, for the purpose of shewing the thickened state of its peritoneal and muscular coats above the ulceration.

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- A A small portion of the lower extremity of the rectum undivided.
B Ulcerated surface of the internal anterior portion of the gut.
C Irregular thickening and induration of the peritoneal and muscular coats towards the back part of the intestine, some portions of it being entirely destroyed by ulceration.
D An opening opposite to the fundus uteri, to which the rectum adhered.
E The termination of ulceration.
F Contracted part of the gut.
G G . . The internal coat.
H H . . The muscular coat.
I I . . The peritoneal coat.

EXPLANATION OF PLATE II.

For CASE VI.

- K Shews the natural curve of the intestine, where it loses the name of sigmoid flexure of the colon, and takes the name of rectum.
L The stricture.
M The intestine turned back in order to shew the process-like appearance of the inner membrane N.

EXPLANATION OF PLATE I

FIG. CASE III.

This PLATE represents a posterior division of the rectum, for the purpose of showing the thickened state of its peritoneal and muscular coats in ulceration.

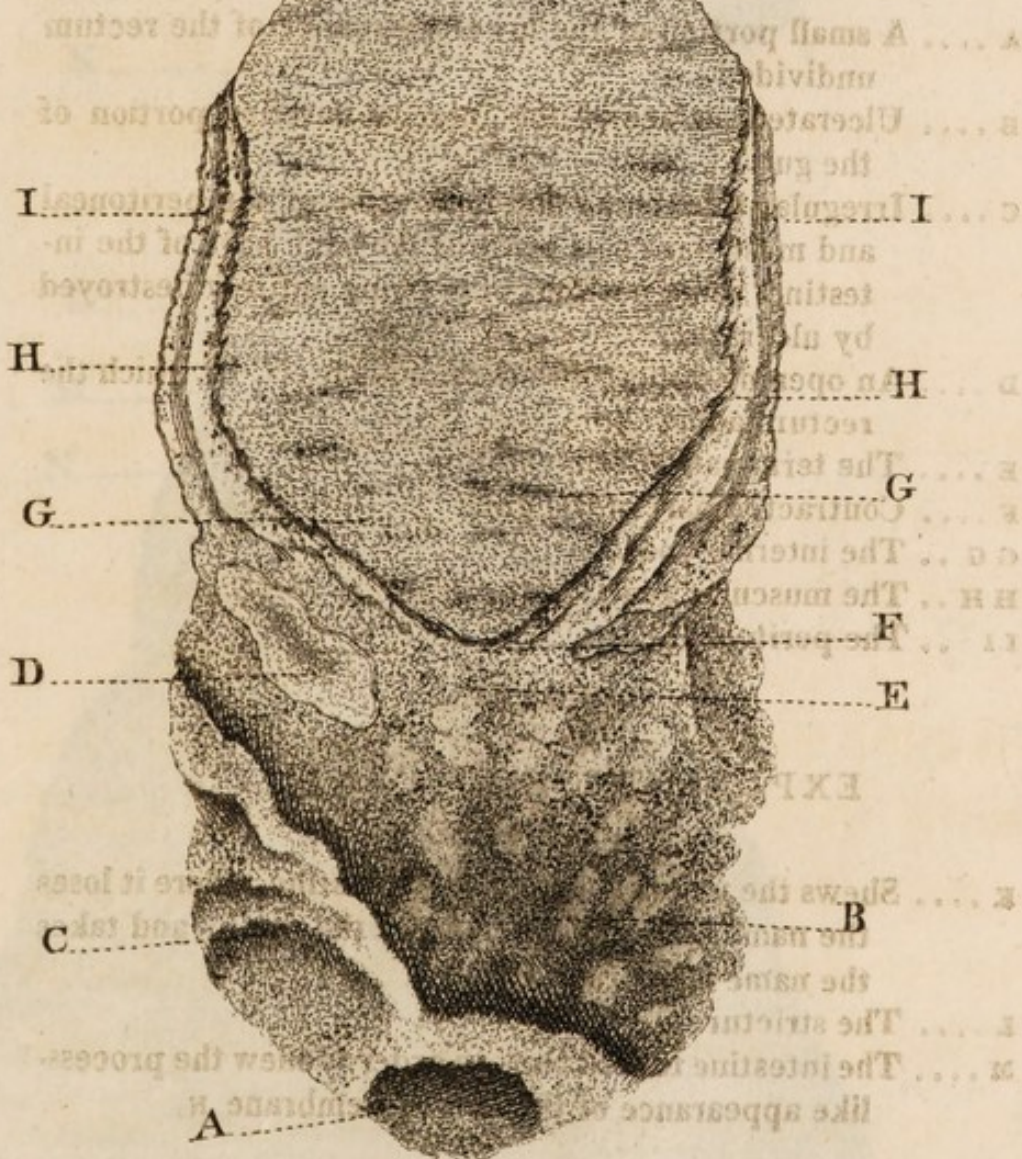


Plate 2.

