

Observations on the diseases and contracted urinary bladder and frequent painful micturition; with some cautions respecting the use of the caustic bougie in the treatment of strictures in the urethra. To which are added, observations on the schirro-contracted rectum. From the second volume of Memoirs of the Medical Society of London ... / [John Sherwen].

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OBSERVATIONS

ON THE DISEASED AND CONTRACTED

URINARY BLADDER,

AND

FREQUENT PAINFUL MICTURITION, &c.



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THE diseased and contracted urinary bladder, in some of its features, resembles the *schirrous rectum*. Like that it produces a frequent and often fruitless stimulus to expulsion. It is also slow, but not equally slow, in its progress; and is to the full as dreadful in its consequences, and as fatal in its termination. Although, like the *schirrous rectum*, it do not admit of being cured, it will sometimes admit of palliation; and is equally an object worthy of the most serious attention from every humane practitioner.

This disease, to which, from a variety of obvious causes, men are much more liable than women, is in its most simple form often the mere natural consequence of age and debility. The bladder, gradually contracting in its capacity, becomes at last little more than an additional *pelvis*

common to both kidneys, from which there is a constant involuntary *stillicidium*. When it puts on this mild and gentle, though disgusting form, the patient is supposed to labour under a paralysis of the sphincter; and perhaps there may in fact be a real paralysis of that organ. Nature accommodating herself to the change which has taken place in the size and structure of the bladder, the sphincter becomes relaxed and useless; so that during the remainder of life the urinal glass, or the linen and garments of the patient, becomes the only receptacle to answer the purpose of the natural reservoir, the bladder.

This mild form of the disease may, I believe, be sometimes prematurely brought on by the patient yielding upon every slight call to the habit of frequent *micturition*. The never-failing stimulus at the moment of retiring to bed, whether the bladder be full or empty, shews how much this evacuation may be governed by habit; and I have known men whose bladders
 were

were perfectly sound acquire a similar habitual stimulus at the approach of dinner or supper, or on passing any particular frequented corner. By a little attention, these injurious habits, into which persons of a studious and sedentary disposition, and those who are in the decline of life, are most liable to fall, may be easily interrupted and corrected; and a sound bladder will, with a little forbearance, gradually distend with ease to its natural size. I am not certain whether a habit of frequent micturition may not sometimes have been brought on by a person unnecessarily guarding too much against the opposite and more immediately dangerous extreme of imprudent and protracted retention.

The incontinence of urine or frequent micturition incidental to old age may be considered as a simple and chronical form of the disease; but there is another much more acute, though equally simple in its nature; I mean, the sympathetic irritation arising from the use and application of

cantharides: this, however, is so well known, and, in general, so easily removed, that it does not merit our attention at present; nor would it have been mentioned here but for the sake of those patients who have already a tendency to disease in these parts. There can be no doubt but a blister, applied for any other purpose to a patient under these circumstances, must be very apt to accelerate mischief both in the bladder and urethra.

When the contracted bladder is not the consequence of age but disease, it is generally the effect of previous inflammation from whatever cause arising; and I have long been convinced that gout is a much more frequent source of this inflammation than will perhaps be generally admitted. Repeated attacks of inflammation from this or any other cause thicken the coats of the bladder, and proportionably contract its cavity. The *rectum* sympathizing with the bladder partakes of the same inflammation; adhesions come on betwixt these two *viscera*, which, together with a
preter-

preternatural accumulation of cellular substance, gradually forms a large diseased mass, which, by its weight pressing on the *os sacrum*, sometimes impedes the descent of *fæces*, producing symptoms resembling those of the true *schirrous rectum*. I had lately an opportunity of seeing this appearance thus most satisfactorily accounted for in a case of contracted bladder accompanied with frequent and painful micturition, and have no doubt but it will be found upon enquiry not to be a very unusual occurrence. RIVERIUS seems to have noticed this particular symptom, but erroneously ascribes it to the weight of the inflamed bladder. “Rectum intestinum affligitur propter viciniam, unde crebra desidendi cupiditas cum ardore procedit; aliquando etiam alvi suppressio, intestino a vesica inflammata compresso*.” The stimulus and irritation of a bladder perhaps nearly empty and contracted, labouring under acute inflammation, may be propagated to the *rectum*, and excite *tenesmus*, or impede the

* Praxeos Medicæ, Lib. XIV. Cap. 3.

descent of stools by exciting spasmodic constriction; but it can have little or no mechanical effect by its weight or compression; this can only happen after repeated attacks of inflammation when the disease becomes chronic.

When this diseased mass of cellular substance thus presses upon and partially obstructs the *rectum*, the necessary opiate medicines, administered for alleviating the painful sensations in the bladder and *urethra*, are very apt to hasten the progress and fatal termination of the disease. Difficulty in procuring an intestinal discharge is soon followed by hiccup and stercoraceous vomiting, which encrease the general debility of the system, and are rarely conquered, though not speedily fatal. I have known these symptoms continue day after day while the pulse and the countenance and the temperature of the skin, as in the true *schirrous rectum*, gave evident signs that death, however ardently desired, was still at a distance.

Since

Since these symptoms, but more especially the hiccup, originate partly in a mechanical cause, it is in vain to harass the patient with large doses of musk, oil of cinnamon, æther, or any other medicine, administered with a view to quiet spasm; calomel and such purgative medicines as the stomach will retain, with the occasional application of cold water to the abdomen, are alone useful; and these are again soon counteracted by the exhibition of opium, for which the afflicted patient will naturally call.

Although the contracted bladder may thus accidentally produce some of the symptoms common to the *scirrhus rectum*, no attentive practitioner can ever be under any great difficulty in distinguishing the two diseases. But the case is very different with respect to the *stone*, which excites every appearance common to the diseased and contracted bladder. So much are the symptoms of these two morbid affections blended, that I believe the diseased and contracted bladder never fails to excite,
for

for a great length of time, the strongest suspicions of stone; which nothing but the actual introduction of the finger *per anum*, or of the *catheter* into the cavity of the bladder, by one or more careful and experienced surgeons, can remove.

Although the stone be capable of exciting every symptom common to the diseased and contracted bladder, the latter does not occasion every symptom common to the other. The peculiar feeling of a stone rolling or changing its position in the bladder is never mentioned; nor is it usual in this disease for the urine to stop suddenly when passing in a full stream, as it is well known frequently to do in patients afflicted with the stone; neither is it usual for bloody or coffee-coloured urine to be discharged in consequence of riding in a carriage or on horseback. But some patients afflicted with the diseased bladder will void urine with greater ease and freedom in a recumbent than an erect posture, which, when the absence of stone has been well ascertained, may always be ascribed

ascribed to the weight of the diseased mass contiguous to the bladder being by that posture prevented from pressing upon its neck.

To enumerate all the various symptoms common to both diseases would ill agree with the intended brevity of these remarks. They are in general well known; and I have only to observe, that, when a patient labours under many of the symptoms common to the stone in the bladder, if none can be found upon examination, and there be not a stone actually lodged in a fold of the bladder (a rare occurrence), there will be little doubt that he is afflicted with the disease which is the subject of this Essay.

The frequent painful micturition arising from this affection has been often ascribed to an ulcer at the neck of the bladder, or in some part of its cavity; and it must be acknowledged that the puriform mucous discharge gives some countenance to the opinion. But I believe it is now very generally

generally known that the internal surface of the bladder, like that of the membrane of the lungs under the stimulus of inflammation, both acute and chronic, will afford a secretion so strongly resembling the discharge consequent upon ulceration, as frequently to deceive the best eye and the soundest judgement.

Strongly as this disease resembles the stone in the bladder, it may, I think, be in general distinguished from it by a want of those characteristics of *calculus* already noticed.

I wish it were in our power, with equal certainty, to distinguish the disease from a train of kindred symptoms which accompany strictures in the *urethra*. At first it may be thought that the introduction of a bougie might decidedly ascertain this point; but, unfortunately for our prognostic, the diseased and contracted bladder is often accompanied by spasmodic strictures in the *urethra*. I have seen, for instance, a small bougie in vain attempted
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to be introduced, and return twisted into the form of a cork-screw, when a warm catheter of the full size has, with a little patience and gentle perseverance, entered the bladder, without giving much pain. It is also a very curious fact, that the contracted bladder and the real stricture of the *urethra* mutually produce each other. The former particularly, when labouring under disease, excites a frequent stimulus to expulsion, which irritates the passage, at first exciting spasmodic and sympathetic constriction, terminating after length of time in induration and permanent substantial stricture. On the contrary, when this is the primary disease, it excites obstruction to the passage of urine and *semen*, and thus often occasions difficulty and irritation, with frequent inclination to the discharge of urine; the consequence of which is, that the bladder, being often irritated to expel its contents, gradually contracts in its size, and, being often subjected to painful efforts, thickens in its coats; and hence it becomes a source of much ambiguity to ascertain the primary disease; which,

which, however, is an object of the utmost importance, both to the welfare of the patient, and the reputation of the surgeon.

Difficult as it may be to establish this important distinction, it is, I am persuaded, often to be done by an attentive and accurate observer.

If repeated and well-defined attacks of inflammation in the bladder, which, from a deference to the superior knowledge of many of my readers, I will not presume particularly to describe, have preceded the diminished stream of urine; and if the *urethra* of the patient hath never been subjected to the irritation of long-continued *gonorrhœa*, or the use of acrid injections, it may be strongly conjectured that the stoppage of a bougie in the middle of the *urethra* is no proof that the disease is confined to that passage; a prognostic, however, which may perhaps be justly made nineteen times in twenty, or forty-nine times in fifty, if the candour of the patient

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in disclosing the previous habits of his life do justice to the abilities and caution of his medical adviser.

It may and has been asserted, that a mistake of this kind can be of little consequence, because the state of the bladder, whether it be diseased from the irritation of a stone, or from a scirrous contraction and thickening of its coats, or from whatever other cause, cannot be ascertained, till the obstacle to the introduction of a proper instrument be removed. But, if the stricture in the *urethra* should sometimes be an effort of nature to stop the farther contraction of the bladder, by impeding the discharge of urine, the painful process necessary for its removal will merely enable the patient to expel its contents, for a short time, perhaps, with greater ease and freedom; the relief will be temporary and delusive; the bladder will be enabled still farther to contract in its capacity, and the frequent micturition will encrease with the facility; and, in a short time, the pain, spasm, stricture, and per-

perpetual irritation, with all their fatal consequences, will return with redoubled violence. It will therefore be much better, when we can ascertain the disease to have been originally seated in the bladder, to be cautious how we attempt the removal of a stricture under such circumstances.

Should the spasmodic stricture be at any time taken for a real and substantial obstruction, much mischief would ensue in attempting to remove it by any of the means commonly recommended for that purpose; but this is an error which I hope and trust is not often likely to occur; the other must, without minute and most accurate attention to the preceding symptoms of inflammation in the bladder, be in a manner unavoidable.

In the contracted state of the bladder which I have described, it is evident that all the symptoms of suppression may come on when the bladder does not contain more than one or two ounces of urine, which will be as great a burthen and
distress

distress to a bladder highly contracted and diseased as two or three quarts to one in its natural state, capable of slow and gradual dilatation; and it is thus that I have more than once known an expert surgeon much surprized and at a loss to account for the symptoms of suppression when the catheter has been introduced, and not more than one or two table-spoons full of urine have been evacuated, with some trifling alleviation of distress, speedily recurring. It will also sometimes happen in this case, that the small intestines will be loaded with flatulence and thin *faeces*, occasioning tension and tumefaction immediately above the *pubes*, which will still farther tend to deceive the surgeon. This last deception may be detected by pressure with the hand, which will not immediately excite a stimulus to the discharge of urine; and, as the patient continues to exist with little food and frequent vomiting, the fulness and tension gradually disappear.

This view of the subject leads to a circumstance, which I conceive to be of some

C importance

importance at the present period. As I have already said, the contracted and inflamed bladder is capable of producing sympathetic contraction and obstruction in the *urethra*, so a real stricture in that canal has a similar effect on the bladder. Stricture in the *urethra* is always accompanied by frequent micturition: in process of time the bladder contracts, from the want of dilatation; and, I believe, most experienced surgeons will recollect, that suppressions of urine from this cause much more frequently occur while the stricture is of a recent than of a chronic date. The membrane of the *urethra* and the internal surface of the bladder are at first much more susceptible of sympathetic irritation than at a later period, when they have undergone many attacks of inflammation, and become, in a manner, callous. A person labouring under a stricture of two or three years duration will be liable to suppression of urine upon every accidental cold or irregularity; he will go through the whole painful and inconvenient process of warm bath, bougie, catheter, &c. and,

and, after a suppression of several hours, will at last discharge three or four pints of urine. But, after the disease has got into a settled state, the bladder will be contracted to a very small size; and, if suppression should now take place, which, however, the patient will not be equally liable to undergo, painful and dangerous symptoms will come on with a very small accumulation of urine.

The caution, which I wish to communicate, and which I feel myself particularly and irresistibly called upon to do, is this, that they will ever keep in mind the distinction betwixt a stoppage of urine arising from a stricture of a recent or chronic date; because, in one, the capacity of the bladder may be so large as to admit the whole length of the catheter or bougie to pass without injury; but, in the other, it is very possible, that, from the time the point of the instrument has passed the fourth part of an inch beyond the neck of the bladder, it may be stopped by a thickened fold; or, if it pass one inch or

one inch and a half farther, it may push against the *fundus*; whilst the unwary practitioner may suppose, if he advert only to the length of bougie or of catheter introduced, that he has not passed beyond the prostate.

In the introduction of the catheter an error of this kind will be of no other consequence in the hands of a humane and skilful surgeon than to make him believe that he is unable to enter the bladder, at the very moment that the point of his instrument is pushing against a wrinkled and thickened fold, or the *fundus* itself; and he will withdraw his instrument, suspecting that he has failed in his attempt to introduce it; but the case may be very different in the hands of rashness or ignorance. Under the influence of this deception, a bold, ignorant, or unfeeling practitioner may be tempted to use force sufficient to produce fatal mischief.

The use of the caustic bougie has not become so general as it merits, and as it
soon

soon will; and I sincerely hope these cautions may be published in time to guard the unwary against similar mistakes in the introduction of that instrument. Let us, for a moment, suppose a bold and persevering surgeon to discover a real stricture of long standing in any part of the *urethra*. He makes way through this obstruction by means of the caustic bougie, and, in due time, passes a common bougie into the bladder; but, not adverting to the contracted, thickened, and diseased state of that *viscus*, the point of his bougie meets with a second obstruction from a wrinkled fold, or the *fundus* of the bladder, an inch or an inch and a half sooner than he believes he can possibly have gone beyond the *cervix*. The consequence will be that he will suppose he has found a second stricture, which is a very common occurrence, and will not hesitate to apply his caustic bougie to the internal surface of the bladder, by which he must inevitably excite intolerable pain, with incessant and ineffectual strainings towards micturition, and expose the life of his

patient to the most imminent danger, to no manner of purpose; perhaps, after he have given him the strongest assurances of a safe, speedy, and effectual cure.

There is no admeasurement of the length of the *urethra* from the extremity of the glans to the neck of the bladder that can be depended on for preventing a mistake of this kind, because an horripilation of half a minute is capable of making an alteration of two inches or more in the length even of an *urethra* already flaccid.

The best mode of proceeding then must be, whenever the armed bougie is to pass within the verge of the *sphincter ani*, to accompany it with the finger in the *rectum*, which will, if necessary, distinctly trace its progress, till it touches and is lost in the prostate gland.

If I am fortunate enough to guard the unwary or inexperienced practitioner against making an erroneous prognostic to the detriment of a patient labouring under circumstances

cumstances of lamentable distress, I shall in a great measure have attained the object which I had in view when I sat down to communicate my thoughts on this subject. I have little to add respecting the *methodus medendi*, having been myself always hitherto content with recommending the palliative cure alone; and since this chiefly consists in the abstraction of all stimulating food and of every irritating circumstance, with the exhibition of mild and gentle medicines, it would be trespassing on the time of my readers, were I to enlarge upon it here. Mr. Foot, who has had much experience in the treatment of diseased bladders and obstructed *urethræ*, has lately suggested the propriety of attempting to cure the contracted bladder by the injection of mild liquids, with a view to effect a gradual dilatation of its coats. He has produced some successful and satisfactory cases in addition to the solitary one first mentioned by LE DRAN, confirming the propriety of the practice; and his observations on the subject appear to me to merit the most serious and candid attention

of the faculty. Where the bladder is merely thickened and contracted, without being in other respects materially diseased, this method bids fair to be extremely advantageous; and in the most diseased state of that cavity cannot, under gentle and prudent management, be attended with any disadvantage.

With regard to the cure of strictures in the *urethra*, which have fallen, as it were, by accident, under my notice, I must observe, that the very excellent and scientific treatise of Mr. HOME on this subject has placed the safety and propriety of introducing the caustic bougie in so strong and so favourable a point of view, as completely to remove all the dread and reluctance which it is impossible for the mind not to entertain at the first contemplation of the proposal; and I am so perfectly satisfied with the great importance of this mode of cure, that it will give me the sincerest pleasure if I have it in my power to suggest an improvement in the method of applying the caustic, which
 may

may thus be done—but first let me observe, that the possibility of a piece of caustic being forced out of the end of a bougie by the spasmodic action of the *urethra* is alone sufficient to excite horror and alarm in the mind both of patient and surgeon. We have heard of instances where this has happened with impunity; and I know of one in particular in which it was decidedly advantageous; but this is a chance which no sober surgeon would wish to run; and it is not probable that the very dangerous and mischievous consequences most likely to ensue from such an accident will ever be blazoned abroad by the parties interested in suppressing the fact.

By macerating a longer or shorter time in hot water, a bougie or urethral probe made of polished whalebone will acquire any degree of softness and pliability that may be required; and, as I have already observed in my treatise on the *schirrous rectum* will adapt itself to the natural curvature of the passage without
being

being ever liable to break; and, since it contains no wax nor unctuous ingredient, must be much less liable to stimulate the *urethra* than the common bougies, and cannot easily be impaired in its properties. The extremity of such a bougie is to be of the common thickness, and the point should have a small depression, to the bottom of which a little adhesive plaister, or any other viscous substance, may be applied; after which, let it be lightly touched with a thin coat of powdered lunar caustic, which will be perfectly secure; and the operator will thus have it in his power at any time to convey the precise quantity which he wishes to apply at once, from a quarter of a grain to a grain, without the smallest danger of a larger being disengaged.

This instrument has been suggested to those ingenious artists, SAVIGNY, in King-street, Covent-Garden, and PEPYS, in the Poultry, from whom they may be obtained

tained of all sizes ; and, by their assistance, I expect very soon to produce a hollow bougie of the same substance preferable to any other for the purpose of a flexible catheter applicable in some cases to the discharge of thin *fæces* through the contracted *rectum*.

... of all these; not by their all being
... to be taken to be the same
... of the same distance, or
... to any other; the purpose of a
... applicable in these cases to the
... of this view through the air.

OBSERVATIONS
ON THE
SCHIRRO-CONTRACTED RECTUM,
FROM THE SECOND VOLUME OF
MEMOIRS OF THE
MEDICAL SOCIETY OF LONDON.

A PAPER, TO WHICH THAT SOCIETY ADJUDGED
A PRIZE MEDAL FOR THE YEAR

1788.

REVISED

INDEX

P. 45. l. 11. *read*, "thereby enable him"

P. 54. l. 21. *strike out the comma after* "ignes."

FROM THE REVISED EDITION OF

MEMOIRS OF THE

MEDICAL SOCIETY OF LONDON.

AS PUBLISHED BY THE SOCIETY, AND SOLD

BY A. CLAY AND SONS, 15, BARRICK-LANE, LONDON.

1838.

THE disease of which I am about to treat is not peculiar to either sex ; but is, I believe, pretty generally confined to patients in an advanced period of life. It comes on in the most gradual and imperceptible manner. Slow in its progress, but terrible in its consequences, it yields not to medical assistance ; but must, under the best management, become ultimately fatal. It 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. For, though we cannot cure, it is our duty to smooth the bed of death, and, under the most unhappy circumstances of disease, to prolong life as far as lies in our power.

There

There is no disease to which the human frame is incident that is more liable to be misunderstood; *diarrhœa*, *dysentery*, *tenesmus*, colic, painful distension of the abdomen, inflammation in the bowels, and iliac passion, which are each of them formidable and often fatal diseases in themselves, may be successive symptoms only of the *schirrous rectum*. Under some one of these appearances it is highly presumeable, 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, it may easily be mistaken for an enlargement of the prostate gland, or a *schirrous uterus*.

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

complaint which he makes is of a looseness. He tries small doses of rhubarb, which, perhaps, exciting a considerable discharge, procure relief; but the cause remaining, the symptoms again return. He now tries *colombo* root, *simarouba*, small doses of *ipecacuana*, and a variety of medicines recommended for *diarrhæa* or dysentery. These have little effect, and he 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 now gradually 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 prominence, at-

D

tended

tended with uncommon rumbling of wind in the belly, like the gurgling of water in a bottle. These two last circumstances, perhaps, afford pathognomonic symptoms of this disease; more especially when accompanied with frequent but scanty discharges of thin, dark-coloured, slimy *fæces*; often not more than a tea-spoonful, seldom exceeding at one discharge a larger quantity than a table-spoonful. But to return: the patient makes several ineffectual attempts to go to stool, and, if he be a man of natural good sense and penetration, begins to suspect that there is some mechanical obstruction to the completion of his wishes. His physician, if he have not sooner taken up this idea, now enters heartily into it, and will naturally suspect an accumulation of hardened *fæces*, which often produce for a long time the same symptoms as a real *schirrus* of the part. In fact, the obstruction in both cases is mechanical, and hardened *fæces* in the rectum, too bulky to be evacuated, almost always produce a looseness; scanty evacuations of thin *fæces*, formed from the retention

tention of the general contents of the bowels, every now and then escaping past the hardened ball, keep up at least the appearance of a looseness. Under this idea he will have recourse to calomel or castor oil, and will perhaps succeed. If the obstruction is from hardened *fæces*, the finger generally is necessary; but when it proceeds from a schirrous gut, the cathartic may possibly produce a plentiful discharge of thin *fæces*; the symptoms will for a time subside, but by degrees they will again return; there will again be a constant needing, with slimy scanty evacuations, and the disorder will now be pronounced a *tenesmus*. If an attempt be made to throw up warm water or milk to wash the part and lessen irritation, the operator will experience nearly the same difficulty in getting the liquid up which the unhappy patient hath found in expelling the contents of the bowels. If a female assistant perform this office, she will tell an inattentive practitioner, that it goes up very well; but the whole will be wasted and received in the cloths, and

the patient, doubly cheated, first, of expected relief, and, secondly, disappointed in his physician's acquiring that information so essential to his future comfort: if a surgeon, he will find, upon forcing the liquid into the gut, that a few ounces will apparently pass well, but soon a forcing downwards on the part of the patient takes place, and the whole will return into the bladder in his hand. He may repeat his efforts ten times, and the regurgitation will as often follow, and perhaps not a table-spoonful of the *enema* will be lost. At last he may possibly succeed, the *enema* may be forced beyond the obstructed part; but it will there be retained an unusual length of time, and will come away at last by little and little. In the course of this task he will doubtless introduce his finger, and will flatter himself at first that he feels a lump of hardened *faeces*; but, upon the patient's bearing down forcibly, he will distinctly feel the coats of the intestine betwixt his finger and the lump, which, if it happen to be situated on the side of the gut in contiguity with

with the bladder, he may conceive to be an enlarged prostate, but a free discharge of urine will discountenance such idea. If the hardness and tumefaction is attached to the *cervix uteri*, or the back part of the *vagina*, it may easily be mistaken for a *schirrous uterus*.

By degrees a total suppression of stools takes place, the tumour in 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 distension 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 distension 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 be accidentally relieved by a free discharge of thin *faeces*, which will sometimes unexpectedly 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 considerable quantities of generous nourishment, till at last a repetition of the same scene takes place, and the unhappy man is alternately tantalized and worn out either by a stoppage or a purging.

If assistance is not called in till the patient arrive at this deplorable state of the disease, the want of stools, the great pain, vomiting, and tenderness 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.

The constant needling 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

or it follows severe purgings or dysenteries, where the preceding circumstances have been well defined. It is often the consequence of drastic cathartics, and is always attended with considerable pain, and most frequently with a *mucous* discharge tinged with blood, instead of *fæces*; whereas that which accompanies the *schirrous rectum* is attended with little or no pain, but with powerful ineffectual strainings; during which, there will 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 the necessity of straining long,

even after the expulsion of all that he knows from his feelings will at that effort be evacuated, and, after he is able to rise from the stool, there still continues a burning pungent sensation, urging to a continued expulsion. Whereas in the *tenesmus* of which I am treating, after the patient has strained hard, whenever a small quantity of thin *faeces* 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 the spasmodic stricture of a common *tenesmus*.

When the preceding symptoms have not been known, it will be less easy to distinguish this malady from the true *volvulus*, or acute iliac passion. It is presumed, however, that they may be thus discriminated: this obstruction being situated within a few inches of the extremity of the intestinal canal, does not produce such enormous pain, such exquisite anxiety, as when it is seated higher up, or in the small intestines; nor do the powers

powers of life so soon give way. The patient swallows food, he retains it some time, and is apparently nourished by it, for his pulse keeps up in a surprizing manner, and the physician may pronounce, day after day, that his patient is far from being arrived near the termination of his sufferings, for which, however, he ardently longs. But, in the true iliac passion from inflammation, *intus-susception*, or incarceration in the small intestines, the powers of life almost immediately sink, the countenance is descriptive of misery, the pains are intolerable, the patient tosses and writhes his body to and fro, and whatever is swallowed is instantaneously returned; in a short time, a cessation of pain takes place, and the skilful observer can, almost to a certainty, predict the hour of dissolution, at the time that the friends and the patient are even beginning to flatter themselves with hopes of his recovery.

As soon as we are able to ascertain the true nature of this disorder, it will be necessary

cessary to make the patient sensible of it, and thoroughly understand it, that his ideas may go along with ours, and cooperate in the future plan for his comfort. Nor will this be very easily accomplished; it must appear strange to the patient, who has long known himself to be afflicted with a looseness, to be told that it is necessary, during the remainder of his life, to confine himself to that regimen, which common experience points out as most likely to procure an open belly. And, even admitting that we have gained over the understanding of the patient, we shall be liable still to interruption, from the intrusion of well-meaning friends and neighbours, with whom a perpetual war must be waged.

Food which contains the greatest quantity of nourishment in the smallest compass should be used, cautiously avoiding every article of this kind which is of a constipating quality. It should be taken frequently, but sparingly. All solid food, and particularly bread, pudding, and farinaceous

rinaceous substances, which contribute to bulky motions, should be totally laid aside. Milk, which may be considered as chyle already made, would be excellent nourishment, but there are some reasons to suspect that it is often productive of hardened *faeces*: its use, therefore, must be determined by the former habits of the patient when in health. Jellies and rich broths will afford considerable nourishment, and will deposite little that is not capable of passing off by the kidneys. It is impossible, *à priori*, to say how long the human system may be comfortably supported under such diet, with very scanty evacuations by the anus. It is certain that men have lived, in good health and spirits, a fortnight, without voiding any stool whatever, notwithstanding they have eaten and drank during the whole time with good appetite. If this plan should be adopted whilst the *rectum* is in part pervious, the very scanty evacuations will bear a much larger proportion to the *ingesta*, than when food of various kinds is indiscriminately and plentifully swallowed.

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I have already mentioned a certain accommodating disposition in the animal œconomy, by which it becomes reconciled to new situations. It is worth while to pay more attention to this circumstance here, because upon this accommodating disposition I build my hope of rendering the last moments of the patient supportable. As the gut contracts, the contents of the bowels are impeded in their progress, they undergo a degree of fermentation, the *fæces* become thinner, a large quantity of air is generated, the bowels are thereby gradually distended, and the patient goes on with little inconvenience for a considerable length of time. At last there is a total suppression of stools, and, soon after, the stomach begins to regurgitate. That progressive motion of the bowels, called peristaltic, ceases to operate downwards; by degrees it takes a contrary turn, and acts as regularly upwards; and even now, under these unhappy circumstances, if the patient be left to nature, he will feed, he will be nourished; the discharges of urine and perspiration will go on,

on, and the stomach will reject what it is not capable of digesting. How long life may be thus sustained when medicine is refused is unknown. It must be acknowledged, that life under such circumstances cannot be desirable; still, however, it is the duty of the physician to prolong that life to the utmost of his power, and to use his best endeavours to lighten the affliction of the unhappy patient, and thereby to enable him the better to submit to the dispensations of Providence.

In this last stage of the disease, every cathartic becomes a distressing emetic, and should doubtless be no longer used. Indeed, admitting that the peristaltic motion of the bowels were not inverted, yet when the stoppage is complete, there will be the same objection to cathartics, which forcibly strikes us in regard to the use of diuretics in a suppression of urine. Diuretics in such cases counteract the accommodating disposition of the animal œconomy; they stimulate the kidneys to a larger secretion of urine, and the bladder
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of course every moment becomes more and more distended : whereas, if diuretics and diluents were totally disused, absorption would considerably relieve the patient, and, perhaps, enable him to support life till more effectual relief might be obtained from mechanical means. Catheters and bougies for a suppression of urine are in the hands of every practitioner, and these may doubtless be contrived (particularly the elastic ones) to give relief in a suppression of thin stools. Strongly impressed with the importance of this idea, I beg leave to lay the following case before the Medical Society, together with the diseased part, which I have sent for their inspection ; as, I trust, they will clearly shew, not only the practicability, but the absolute necessity, for some attempt of this kind.

CASE

CASE
OF
A SCHIRROUS RECTUM.

ELIZABETH SHAKESHAFT, aged 52, a woman of a thin and fallow countenance, applied to me about the latter end of the year 1786, for a pain in her bowels, which, upon asking her some questions, and from observing some little unusual prominence of the abdomen, I apprehended arose from a want of stools, notwithstanding she had some degree of looseness upon her. She was considerably relieved by a dose of castor oil. In two or three weeks she was obliged to apply to me again, and was again relieved in the same manner. The same symptoms constantly recurring about the same distance of time, induced me to pay more particular attention to her complaints. I now prescribed calomel, which acted very briskly,

briskly, and, with the help of an anodyne draught, gave her considerable relief. The discharge was dark-coloured, but free from lumps. As usual, however, about the same distance of time, she was again obliged to apply for assistance, and begged to have another dose of the little spitfire powder, as she called the calomel. I now began to pay a strict attention to the discharge of *fæces* when she was not under the operation of cathartics, and found them such as I have already described in my general remarks on this disease, which will render a minute description of the case less necessary here. I was now convinced that the complaint proceeded from some mechanical obstruction; though this could not be accurately ascertained by examination with the finger, the point of which, upon her bearing down strongly, just reached a substance unusually solid: upon introducing a finger into the *vagina*, the *os tinæ* was distinctly felt apparently in its natural state; but closely attached to it, and a very little nearer, the same solid substance was felt which opposed
itself

itself to the finger in the *rectum*. I satisfied myself that it was not hardened *fæces*, but suspected it to be an irregular enlargement of the *uterus*.

Being now convinced that the case would go on from bad to worse, I earnestly solicited her to procure advice in London; but, to my great concern, having implicit confidence in myself, she long objected; till at last a humane lady in her neighbourhood asking my opinion of the complaint, I pronounced it an incurable one: assuring her, that either from a schirrous womb or some solid substance obstructing the gut, there was not a sufficient passage for natural figured stools, and that I knew of no means even for temporary relief besides purging medicines and thin diet. Upon this alarming prognostic it was determined to remove her to London, from whence at first we received very flattering accounts, *viz.* that she had had stools, that her appetite was returned, and that she was recovering fast. Ten days, however, were hardly elapsed, before

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before

before a very different account was brought down: we were now informed, that the disorder had taken a new turn, that it had got up into her stomach, and that she was worse than she had ever been before. Anxious to put herself again under my care, she returned to Enfield in the beginning of April. I was not surprized to find her with frequent hiccups, violent pains, an enlarged abdomen, and a total suppression of stools. Her stomach immediately rejected castor oil, and her favorite medicine calomel ceased to take effect. I must here candidly confess, that, had this been my first introduction to the case, I should not have suspected the true cause of the symptoms. Some ineffectual attempts having been made to give relief by means of tobacco clysters and tallow-candles, she was resigned to her fate; and it will be sufficient to add, that she lingered twenty-four days without passing a single tea-spoonful of *faeces*. Towards the conclusion of the scene, I was happy in having an opportunity of carrying Dr. Lettsom to be a witness of it. The
 Doctor,

Doctor, ever ready to give his assistance to the poor, judiciously, but in vain, examined the navel and the groins, lest any small unobserved *hernia* might have given rise to the symptoms: On the tenth of May she expired.

The body was opened the next day in the presence of Mr. Connop, an ingenious surgeon, and the appearances upon dissection were as follow :

The stomach and the whole intestinal canal were turgid with *flatus*. There were evident marks of inflammation on the external coats of the colon, and in several parts of the small intestines. There was a considerable quantity of thin, yeasty, frothy, dark-coloured, *faeces*, in the colon. We found the seat of the disease where the colon ends and the *rectum* begins; the gut was thickened and considerably enlarged, but its cavity at the same time so much obliterated, that, when Mr. Connop poured water into the superior part of the gut through a funnel,

it was with some difficulty that it filtered through the thickened intestine. When the parts were dissected out, it measured exactly five inches and a half from the *anus* to the beginning of the tumor, which extended five inches and a half farther up, and appeared to be about ten ounces in weight. Upon flitting the intestine to the thickened and contracted part, it had the appearance each way of an *os tincae*, but was not in the nature of a common *intus-fusceptio*. The *uterus* was remarkably small, and attached to the thickened gut which extended a very little below the *os tincae*. I tried in vain to pass a small bougie through the contracted part of the intestine, but it yielded to and was dilatable by the finger. In the living subject this might probably have been effected by passing a common probang up the *rectum*; or we might have succeeded by the use of bougies of different sizes, made of horn (or whalebone,) smoothly polished, which I would certainly try in future in any similar case. This substance, by immersion in boiling water, becomes
soft

soft and pliable, and will retain its softness some time after it is removed from the boiling water. It will adapt itself to the natural curvature of the *pelvis*, and should be carried on to the obstructed part slowly, gently, and steadily, with the utmost tenderness and circumspection, but at the same time with sufficient force and resolution. There are cases of suppression of urine in which bougies of horn or whalebone softened by means of boiling water, would probably adapt themselves to the part, and give much relief. The great danger will be in the point of the bougie acting upon a fold of the intestine, close to the entrance into the obstruction. If it once passes through the obstructed part, there will be a plentiful discharge of thin *faeces*, and the disorder will be again brought back to a *diarrhœa*, in which state every possible means consistent with supporting the strength of the patient should be used to continue it. There are frequent instances of daily purgings being supported many years by old persons; and, perhaps, there is reason to suppose, that
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such purgings often arise from a similar contraction in the *rectum*.

I will here candidly confess, that I have myself attempted to cure such a purging from a *schirrous rectum*, which attempt produced a dangerous stoppage. The purging was again brought back by castor oil, and the patient relieved. It was again stopped, and the stoppage followed by tumefaction of the abdomen, rumbling of wind in the bowels as already described, and regurgitation from the stomach. I have seen this patient, after twenty hard straining motions, void only so many drops of slime, tinged with *fæces*. The purging was a fourth time brought back by means of castor oil, but the strength of the patient so much exhausted that he did not long survive it. To be more particular in this case would be “*incedere per ignes, suppositos cinere doloso:*” suffice it to say, that, after the first stoppage, my prognostics were confirmed in every future stage of the complaint; and that knowledge acquired, which I have
here

here endeavoured faithfully to communicate. And happy shall I be, if this imperfect sketch of a disease, which I have reason to think is not generally known, shall, in any future instance, be the means of a timely discovery of its true nature and cause; on a knowledge of which depend the right management and future comfort of the patient's life.

POSTSCRIPT.

SINCE the publication of the above Paper, I have been consulted in several melancholy cases of this disease, and have, in some instances, promoted a discharge of thin *faeces* by the introduction of a rectum-probe made of polished whalebone.

In one unhappy case, that of the late Mr. Hoare, of Enfield, the purging had existed and been managed with tolerable comfort upwards of twenty years; but the gut became at last so much closed and diseased, that the *faeces* made a passage into the bladder; and, during the last month of his life, not a drop was discharged except through the *penis*, from which it was almost constantly oozing mixed with urine.

THERE are symptoms connected with the diseased bladder and *rectum*, which have been often erroneously ascribed by medical men of high reputation and real ability to an enlargement of the prostate gland. It is therefore the duty of every practitioner, since that gland lies within the reach of his finger, to take the earliest opportunity of examining and ascertaining its condition. In those cases, which have fallen under my observation, I have most frequently found it in a state of extenuation.

F I N I S.