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I.

TWO CASES OF STRICTURE OF THE
LARGE INTESTINES, ABOUT THE
POINT OF THE TERMINATION OF
THE SIGMOID FLEXURE IN THE
RECTUM; WITH OBSERVATIONS.*

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CASE I.—*Scirrhus-Contraction of the
Large Intestine.*

A GENTLEMAN, between 45 and 50 years of age, of a sanguine and very irritable temperament, and accustomed to live well and keep late hours, consulted me in February, 1826, on account of some troublesome superficial small ulcers in the mouth, which had teased him for several weeks, and had resisted the remedial means employed. Accompanying these ulcerations, was a state of heat and dryness of the mouth and pharynx, with some little trouble in deglutition. The temperature of the body was increased and the surface dry, and the pulse was accelerated and rather tight; and the first hours of the night were passed restlessly, the bowels being habitually regular. The above assemblage of signs, except the regular state of the bowels, will be recognised as the frequent precursors of stricture of the œsophagus, which I thought it my duty to intimate to the patient, that he might be alive to such admonitions.

By the use of leeches to the side of the throat, and by saline aperients, the ulcers healed, and all the other signs abated in about ten or twelve days.

In November of the same year, and in February, 1827, I was again consulted by this gentleman, on account of some dyspeptic symptoms, which were soon relieved by medicine, his body being, as usual, naturally and freely open every day. From this time, I saw nothing more of him for twelve months, when, in February, 1828, he again applied to me, on account of his usual dyspeptic complaints, but with this difference, that his bowels, which had been exceedingly regular all his life, were now sluggish, and required the frequent use of aperient medicine. On this occasion, I prescribed the comp. rhubarb pill of the Ed. ph., which proved effectual, and, together with other treatment, gave him so much relief, that again I heard nothing of him for five months, when, in July, 1828, he called upon me, and complained much of flatulence, acidity, and irregularity of the bowels. He was this time also very much relieved by aperients, but the action of these medicines was not so certain as formerly; and when the bowels were not freely moved, he suffered much from fulness.

His symptoms, although relieved, returned whenever he relaxed in attention to the bowels; on

* From the Midland Med. and Surg. Rep.

which account, together with the favorable season of the year, I advised him to go to Cheltenham. The Cheltenham waters acted like a charm; the bowels emptied themselves freely every morning, and his appetite and digestion became exceedingly good, as did his spirits and general health; but immediately after he had quitted Cheltenham, the irregularity of the bowels returned, and with it all the dyspeptic troubles; and as from these he suffered considerably, and from his age and sallow face, and obstinate complaints, there was reason to apprehend that organic disease was establishing itself, I proposed a consultation, and the friends fixed upon the late Dr. Armstrong.

The Doctor and myself examined the abdomen very minutely, as I had done before, without being able to discover any indication of disease: pressure was borne in every part, and the only uneasiness complained of, except griping, was a pain which sometimes shot through the upper part of the sacrum. Blood was directed to be abstracted from this part by cupping, and, in addition, an alterative aperient plan was agreed upon; but these measures not being followed by amendment, it was proposed to ascertain if any cause of obstruction existed in the rectum. On first introducing the finger into the gut, no trace of disease was discoverable, but by passing it forward as far as was practicable, I met with a hard immoveable tumor the size of an egg, and further upwards and backwards, I reached, with the tip of my finger, a contraction of the bowel, having an opening not larger than a swan-quill, surrounded by a hard knotty structure, which altogether exactly resembled a scirrhus os uteri.

The case was now made out, and I recalled to mind the tendency to stricture of the œsophagus, manifested upwards of two years before.

Saline aperients, diluted in imitation of Cheltenham water, were now prescribed, and succeeded very well in evacuating the bowels.

A mechanical obstruction having been discovered, it was deemed proper to take the opinion of a surgeon as to the practicability of giving relief by a bougie or otherwise, and the late Mr. Wadd was called in. On his first examination, Mr. Wadd did not reach the disease, but when, after several days, he satisfied himself of its existence and malignant nature, he gave it as his opinion that surgery could do nothing. Saline aperients were laid aside, and castor oil substituted, which, although it excited the action of the intestinal canal, did not procure evacuations. The muscular efforts of the intestines were most violent, and gave rise to excessive spasmodic pain: the intestines could be seen and felt to move under the integuments, making ineffectual attempts to force the feculent matter through the stricture, and the agony was so great during these spasms, that the patient desired death. The spasms were much allayed by large doses of laudanum, but were, nevertheless, succeeded by a sharp attack of inflammation, which did not subside for several days; and when the patient had struggled through this danger, it was only to encounter similar torture at some early period. Extreme difficulty was always found in procuring evacuations, and being driven, as we were, to extremity, further surgical advice was desired, in order to consider, a second time, the practica-

bility of facilitating the evacuation of the colon. With this view, Mr. Copeland, Mr. Brodie, and Sir Astley Cooper, were consulted in succession, and all concurred with Mr. Wadd on the hopelessness of the case, and the inexpediency of surgical interference. Mr. Brodie and Sir Astley Cooper did make some attempts to pass a bougie, but did not feel justified in persevering, lest they should rupture the intestine.

Injections and saline aperients were had recourse to unremittingly, with partial success; the violent spasms returned frequently, and the most severe were followed by inflammation. The violent contractions of the intestine constituting the spasms, were always more or less relieved by laudanum; but opium, in this form, made the mouth and tongue dry, and was followed by headach and languor. From these ill effects, the liquor opii sedativus was free, but the most efficacious preparation was the acetate of morphia in the form of a pill, and in the dose of from one-eighth to half of a grain, repeated as circumstances required. The last preparation was found a most valuable medicine, and never failed to mitigate the excruciating pain and other sufferings of the patient's last days.

In this way the patient lived on, passing scarcely any feculent matter, and suffering pain and inflammation by turns, till the 20th of February, 1829, on which day the spasms returned violently about six o'clock in the morning, and soon after seven the patient felt a sudden and dreadful pain dart from the left side across the belly above the navel, which he compared to the discharge of a pistol. Quickly afterwards the belly became tense,

the respiration difficult, and the powers of life depressed. It at once occurred to me that the colon had given way above the stricture, which I stated to the friends, and prepared them to expect the rapid dissolution which took place in the course of eleven hours.

Sectio-cadaveris.—The abdomen being opened, a large quantity of feculent matter, of soft consistence, was seen lying among the intestines and upon the mesentery, and was found to proceed from a transverse rupture of the colon, about an inch long, at the spot from whence the violent pain darted. The whole of the colon was filled with feculent matter of the same kind; the sigmoid flexure was seen stretching across the brim of the pelvis to the right side, when it turned quickly upon itself, and terminated in the diseased portion, which was situated directly under the promontory of the sacrum. The diseased part was about the size of an egg, and consisted of a scirrhus degeneration of those structures of the intestine situated between the mucous and peritoneal coats. The aperture of communication between the colon and the rectum through the diseased part, scarcely equalled the size of a swan-quill, and had a curved direction, which proved the correctness of the opinion, that force used in attempts to pass a bougie would be likely to rupture the bowel. The lower opening looked backwards and downwards to the hollow of the sacrum, and its margin was knotted and irregular, as has been described. There were adhesions of the sigmoid flexure to the small intestines, and the scirrhus mass was adherent to the sacrum.

CASE II.—Annular Contraction of the Large Intestine.

Of the second case, which was an annular stricture, I regret that I am only able to present a few particulars, not having the means of obtaining the early history. It occurred in a female pauper in Covent-Garden workhouse, who had been admitted three weeks before her death, in a state of extreme emaciation, and with a remarkably distended flatulent abdomen. She passed scarcely any feculent matter during the three weeks, and was constantly vomiting, so that nothing except brandy and water, and similar beverage, could in any way be retained on the stomach.

Sectio-cadaveris.—Before the abdomen was opened, traces of the convolutions of the intestines were evident, by corresponding elevations of the integuments. These convolutions were found to be distended with gas, and the colon was full throughout of soft feculent matter; and at the termination of the sigmoid flexure in the rectum, was a circular contraction of the bowel forming the annular stricture. There was no thickening or disease of the part, and the contraction had the appearance of the bowel tied with a ligature, except that there were neither folds nor puckering.

Observations.—The ulcerations, the heat of the mouth and trouble in deglutition, detailed in the history of the first case, showed a condition of constitution prone to morbid action, which, having first fixed on a part of the digestive canal, determined that canal to be the eventual seat of disease.

A very prominent circumstance in the dissection of both these cases, was the soft consistence of

the feculent matter, particularly when it is remembered that, from the slow accumulation, the feculent matter had been lying in the colon for several weeks in the first case, and, in all probability, for several months in the second. This is the more curious, because, in ordinary constipation of the bowels, the feculent matter becomes hard and knotty in eight-and-forty hours, sometimes in twenty-four, and continues so till it is evacuated: hence it occurred to me that the soft consistence above alluded to, was probably one of those remarkable provisions which nature is often observed to make against disease; and if this is the case, the same soft condition of the retained feces may be expected in all cases of stricture. Experience, however, does not afford me a sufficient authority of facts to come safely to a conclusion on this point, but the probability which I have expressed is much strengthened by two cases, one of which occurred in private practice, and was mentioned to me by Mr. ———, a pupil of Guy's hospital, who witnessed the dissection; and the other in a patient in the same hospital,—in both of which the accumulated feces were in the same soft state. I do not know that this circumstance has been hitherto noticed, nor can I find, in the works upon stricture of the rectum, any evidence that bears satisfactorily on the question.

Did the feces undergo the same change as in ordinary cases of constipation, there would be no possibility of evacuating them through a stricture, and the irritations and accumulations would be quickly and uniformly fatal; whereas the reverse is a matter

of daily observation. The sympathies by which this usual change in the feces retained in the colon is prevented, are the more remarkable, because they influence only the part of the large intestines above the stricture; for the soft feculent matter which gradually oozes through the contractions into the gut below, very soon becomes solid and figured, as I had an opportunity of witnessing in the first case, in which it was not uncommon for solid figured pieces to come away, although all above the stricture was quite soft, as seen by dissection. This last fact is also mentioned by Mr. White.*

The soft feculent matter was also of a most healthy character, being homogeneous, and containing an abundance of good bile; from which it may be concluded that digestion was perfect, notwithstanding many of the symptoms said to be indicative of indigestion were urgent, as flatulence, fulness, acidity, and eructations; whence it is apparent that the sufferings usually referred to the stomach, may arise from another cause than disorder of that organ.

In both instances the patients died from the mechanical obstruction: in the one the disease was not malignant; in the other the malignancy had not come into operation, the patient having died before the destructive effects of cancer had taken place, as ulcerations, sloughing, discharge, and sympathetic irritations and fever;—the subject for consideration, therefore, was the treatment of the obstructions,—the observa-

tions on which refer only to the first case.

The eminent surgeons consulted were unanimous as to the inexpediency of attempts to force a passage by the bougie, owing to the situation as well as to the malignancy of the disease; in which opinion all must concur, who have witnessed the torture that attends the use of a bougie in scirrhus disease of the rectum, and which is not recompensed by any benefit;—this stricture not admitting of dilatation, the effect of the bougie is to bruise and hasten ulceration, or increase it if present. Although the most desirable means, by way of operation, was the introduction of a hollow tube through the stricture to facilitate the passage of injections, yet this was found impracticable, the distance of the strictured part from the anus being too great to admit of the finger as a guide, and without this, the capacious and yielding rectum left no chance of effecting the passage of such an instrument. In this dilemma, and in my frequent consultations with Mr. Wadd, I suggested for discussion the propriety of making an artificial anus, which, although he discouraged, I cannot but think might be attempted under favorable circumstances as regards the operation, and urgent circumstances as regards the prolongation of the patient's life.

It may be said, that between the two evils of a stricture and an artificial anus, it is difficult to choose,—to which I assent generally; but when the patient's life must fall a sacrifice to the mechanical obstruction, and when the prolonging his life for a few months only is of great consequence to his family, the sug-

* Observations on Stricture of the Rectum, 3d edition, p. 37.

gestion is worthy the consideration of surgeons : for, in the first case, the malignancy of the disease would not have destroyed life for months, in all probability ; and, in the second case, there being simply an annular contraction, life would have been preserved by an artificial anus, which would have permitted the regular evacuation of the bowels. To render the operation justifiable, the colon should be empty ; and the means of attaining this end are the object of the medical treatment of stricture generally.

All are agreed that the aperients which must necessarily be given, should be of a mild character, and the recommendations of authors who have treated on the subject, are limited to castor oil, senna, and sulphur ; thus leaving unnoticed saline aperients, which, as will presently be seen, are the most efficacious. These medicines, castor oil, senna and sulphur, although desirable from their mild qualities, are very uncertain and ineffectual in cases of stricture. It is true they produce a moderate, and so far, a proper peristaltic action of the intestines ; but as they do not render the feces watery, this action is not followed by sufficient evacuation, and therefore not by sufficient relief. Sulphur is objectionable on other grounds ; it has been known to form into balls, when taken in large doses, and in this way may add to the mischief. The same objection applies also to magnesia, which has been found accumulated in large quantity above the stricture.

While the subject of the first case was at Cheltenham and taking the waters, the evacuations were so thin that the colon emp-

tied itself every day ; and under these favorable circumstances, the patient lost all complaint and improved surprisingly. This first suggested to me the use of saline aperients, which were given in the form of Seidlitz powders and of sulphate of magnesia, in a very diluted solution ; and they were found to operate much more pleasantly and efficiently than other aperients. These, however, and the Cheltenham water itself drank in town, were by no means so certain in their operation as the waters drank at Cheltenham, —owing, no doubt, to the want of auxiliary circumstances, which are known to favor the operation of mineral waters—as change of scene, absence from the fatigue and anxiety of business, early rising, and exercise. On one occasion, when castor oil was substituted for salts, its effect was exceedingly injurious ; it duly excited the action of the intestines, but as it did not render the feces watery, they could not pass the stricture freely, and the consequence was violent spasmodic pain and vomiting.

Drastic and heating purgatives are very properly objected to in all cases of stricture ; nevertheless, the distress of the patient, on one occasion, was so great for the want of evacuations, that a person of very great practical attainments was induced to propose the administration of croton oil, the propriety of which was much discussed, on account of its irritating properties and violent action ; but its employment being much urged by the proposer, on the score of its unrivalled purgative power in other cases, it was exhibited in the dose of one drop, which was repeated in the space

of half an hour. The effect, as was anticipated, was nearly fatal; it produced most violent contractions of the intestines, and spasmodic pains, with a distressing heat along the whole alimentary canal, and constant and urgent, but ineffectual efforts, to go to stool, the scanty evacuation consisting of nothing more than a bloody secretion from the rectum, the product of excessive irritation.* The violent action of the intestines led one to fear a rupture of the colon, of which the sequel of the case proved there was great danger.

In the medical treatment of stricture of the large intestine, then, saline aperients are the best and most efficacious.

II.

ON THE INJURIOUS EFFECTS OF STAYS AND TIGHT LACING.

THE effects of a long continued pressure are particularly observable in those persons who wear too tight clothes, and who, seeking a fine shape, use stays and corsets, and consider themselves elegant in proportion as their bodies appear to be divided into two parts, or approach the form of a wasp or an ant. To assure such persons that these cuirasses deform them, and are injurious to health; that to strangle oneself in the middle is contrary to the laws of nature; that

* As, from the vast accumulation of feculent matter found on dissection, it was impossible that any particle of the croton oil could have reached the rectum, the excessive irritations must have been the result of sympathy, which may go far to explain the phenomenon of the inflammation of the rectum which occurs in cases of poisoning from arsenic.

woman, as she comes from the hands of her Maker, represents an ellipsis, the widest part of which is at the pelvis; or two cones, the bases of which meet there, and not four,—is to render oneself ridiculous in the eyes of the sex. It is not very probable that physicians will ever be able to put an end to so universally adopted a custom, since the ordinance of Joseph the 2d, Emperor of Germany, which was well calculated to produce such an event, had not the slightest effect. To give an air of ridicule and contempt to this custom, Joseph issued an imperial decree, forbidding the use of stays in all female orphan houses, convents, and all institutions devoted to the education of the sex; and which, moreover, directed that all females condemned to correctional punishment, should thenceforth wear stays and hoop petticoats. Most women pretend that, if they did not wear stays, they could not hold themselves upright; such, probably, is the case with those who have long used them; already their muscles are partly paralyzed, and when they are not supported by this bandage, they lean forward, and their bodies take all sorts of bad attitudes. It is stays and corsets, in the greater number of cases, that produce the deformities known by the name of high shoulder, elevated hip, round back, &c.

It is from the earliest years that stays must be left off, it being at this time that they do the greatest mischief, particularly in weakly and delicate children, as they then act not merely on the muscles, but also on the bones. It is, therefore, mothers of families, from infancy that you must