EXTRAORDINARY INSTANCE OF
STRICTURE
AT THE
SIGMOID FLEXURE OF THE COLON,
IN A FEMALE.

*With a Communication between the Intestine
and Bladder; the Fæces, &c., passing by
the Urethra.*

By FREDERICK SALMON, Esq., Surgeon,
London.

Mrs. B., age 59, March 17th, 1831.—I was requested to see this patient by my friend Mr. Coward, of Hoxton Square. Upon my first interview with her she gave me the following narrative of her sufferings:—

"For some years I have been subject to irregularity of my bowels, which have more usually been loose than confined, and occasionally, though not often, I have had a good deal of blood pass with my motions. For the last two years I have had frequent attacks of purging, my bowels oftentimes being opened twelve and even twenty times in a day, though I did not suffer much excepting at the entrance to the passage, at which place I have had a good deal of smarting, pricking pain, and where, for the last twelve months, there have been some small lumps, which are much larger at one time than another. My water for many months past has been very troublesome, and I am now obliged to pass it every hour or so, unless I am lying down, when I can retain it for two or three hours together. About eighteen months ago I was seized with inflammation of my bowels and retention of urine, from which I nearly lost my life. A month or six weeks after this attack I had a violent purging, which lasted for three or four weeks, from which time to the present day I have never voided anything like a figured stool. When I go to motion I have a bad griping pain over the centre of my belly, at the lowest part, and in my left groin, which lasts for ten minutes or so, when my evacuations come away with a jerk, and are fluid, like an infant's. About nine months ago, after one of my attacks of purging, I thought a part of my motion came away in my water, which I mentioned to a medical man, who assured me it was all a pack of nonsense. In a few weeks I was certain it was the fact, as I used to find the stool lodged in the front passage every morning when I got up. In January last I first sent for Mr. Coward."

I found this poor creature suffering from pain in the region of the sigmoid flexure of the colon and the bladder, extending into the rectum and vagina. She had a frequent in-

clination to make water, and her bowels were relieved upon an average ten times in every twelve hours; she complained that at the period of passing her stools the scalding and pain in the fundament almost distracted her; she also suffered much uneasiness in the front passage, particularly when she began to pass her motion, but as her bowels were emptied, this generally subsided. The stools did not always come the wrong way, but appeared to depend on the looseness of her bowels, the quantity which passed per vaginam, increasing or diminishing according to the relaxed or confined state of her body. To my question, Are you certain that your motions come away by the front passage, she answered, "O yes, my nurse took away as much as a small teacup-full this morning; but it does not happen every day alike; some days scarcely any at all comes; at others it will pass, if my bowels are very relaxed, at every motion." I asked her if it ever passed with her water, she replied, "It did not now, but that this was very bad, for she could not retain it more than an hour or two at the most." Her general health was not materially impaired, neither did her appearance indicate any serious indisposition. She was engaged in her domestic occupations, and able to assist herself as heretofore, occasionally taking exercise, and, during the intervals of her bowels being relieved, performing her usual family duties. *No examination of the rectum had ever been made.* I advised,

Hyd. c. creta, gr. sex ;

Pulv. opii, gr. ¼; omni 3tia horá. Enema opia nocte manequé.

18. She was more tranquil, and had had a better night than for many weeks; her bowels had been relieved only three times during the last twelve hours.

Cont. med. omnia.

20. She had passed very little motion by the wrong way, her bowels had only been acted upon twice in twenty-four hours. She complained of feeling drowsy and stupid.

Omit. pulv. opii, hyd. c. creta gr. sex
omni nocte. Enema omni mane. Milk
diet, with rice-milk.

25. She had been very comfortable ; her bowels had been quiet, and had acted this day without any motion coming the wrong way, and she had but little irritability of the bladder. I this day examined the rectum, and discovered a stricture at the sigmoid flexure of the colon, through which I passed a No. 5 rectum bougie. The examination gave her no material pain, though she felt a kind of burning heat in the passage, just the same as when she passed her stools. I could not discover any disease in the rectum, beyond two or three trifling hemorrhoids. She retained the bougie without

any annoyance for four minutes. Upon withdrawing it the stricture was extremely well delineated, a portion of the instrument, about an inch in length, being much corrugated, where it had lain in the contracted part of the colon.

Cont. ut antea.

28. She had experienced no pain from the examination. On the contrary, her motions passed easier. I requested her to allow me to examine the vagina, but she begged I would delay doing so for a few days.

Con. ut antea.

April 5. She had suffered great pain and difficulty in making water all night, which passed by drops, with an acute burning sensation. No motion had passed by the front passage for the last two days.

Oleum ricini, ʒii, hac nocte.

R *Mist. mucilag.*, ʒvi;
Spt. ath. nit. ʒii;
Tinct. opii, ʒi. *Misce. Sum. coch. duo magna 4tis horis.*

6. Urine passed more readily, but with great pain. Her bowels had acted freely, but with much uneasiness to her. I introduced a No. 6 rectum bougie without much trouble, and she retained it with facility nine minutes.

Discon. mis. mucil., et hyd. cum creta.

From this period to the 26th, she went on much as heretofore; some days she suffered but little inconvenience in the urinary organs; on others she would be compelled to pass her water every ten minutes; a very trifling quantity of motion had passed by the front passage. On the 26th she assented to my making an examination per vaginam; but though I made the most cautious investigation, I could not discover any communication between the rectum and this part. Her health, within the last week, had not been so good; she had lost her appetite, slept badly, and had an irritating cough; she was likewise unable to sit up the whole of the day, being compelled to go to bed by six o'clock.

Cont. ut antea.

May 7. She had gone on much in the same way, though, upon the whole, she did not suffer so great a degree of irritation in her bowels, but her desire to make water was greater than ever, and it flowed from her whenever she coughed violently. I introduced a No. 7 bougie, which she retained for five minutes; when I withdrew it, she complained of its causing her a burning pain down the back passage; the upper half of the instrument was covered with a most offensive discharge. I requested her

to permit me to examine the vagina with the speculum, but she would not.

Hyd. c. creta, gr. v, *omni nocte*;

Puls. opii, gr. i, *p. r. n.*;

Enema opii, ʒii, *omni mane.*

17. She had been rather more tranquil for the last few days, yet her bowels continued irritable, and she usually passed some small quantity of motion by the front passage daily. A good deal of blood had also passed by the rectum. No alteration in treatment.

26. Her motions had become very offensive, and contained a great deal of matter; the bladder was extremely irritable. Thinking this excessive irritability might be produced from some accumulation above the stricture, I gave her a brisk purgative.

27, 28, 29. She had rested better, and had been more quiet in her bowels than for the last five weeks, but her motions usually contained more or less blood and pus. With these symptoms I did not consider it prudent to attempt the use of the bougie.

June 2. The irritation of her bowels had returned as badly as ever, and she felt a cutting pain in the left groin whenever she went to stool. It was now evident that I could do nothing for this poor creature, since the irritability of the bowel prevented the use of instruments for the purpose of dilating the obstruction; nor could I understand how the motions passed per vaginam, being unable, upon the closest examination, to discover any communication between the anterior and posterior passages.

It now, for the first time, occurred to me that the stools *might* pass per urethram, but my patient induced me to discredit this opinion, because she said she was sure the aperture was at the top of the upper and back part of the passage.

Mist. cretæ c., ʒvi;

Tinct. opii, ʒii. *Misce. Sum. coch. duo magna 3tia quaque hora, suppos. opii rec. hora somni.*

9, 18, 21, 25, 28. No material alteration took place between these dates, on each of which I visited her. Last night, while she was retching on the close stool, she felt a pricking kind of pain in the front passage, as if some substance was sticking there, and being convinced that such was the fact, she asked her female attendant to put her finger to the spot, when she felt a hard substance fixed in the passage, which she brought away with a pair of pincers. *It was a triangular piece of bone*, which she had accidentally swallowed.

I now entertained slight hopes that I might be able to do some good in the case, considering it possible that the irritation might have resulted from this substance

being lodged in the stricture. With this view I resolved to keep her under the influence of opium for a few days, so as, if possible, to quiet the bowels and bladder.

July 5. She was so much better, that she was able to sit up and enjoy her meals, and even to do trifling matters about the house herself, nor had she had any discharge from the front passage worth mentioning. —To prosecute the same plan.

7 and 9. She continued to improve in the bowels, and this day passed a small figured stool, which she had not done for the last eight months, the bladder was however very irritable. I examined the urine, which presented no remarkable appearance.

11. Another attack of irritation of the bowels had come on last night, and she had passed a great quantity of blood and matter per anum, but voided little motion by the front passage.

℞ *Infus. quassiae*, ʒi;
Cupri sulph., gr. ʒ 6tis horis;
Pulv. opii, grs. ii, *hac nocte*.

12, 14, 16, 19, 20. The irritation of the bowels continued more or less. She complained of great pain in her back, and in the region of the bladder.

℞ *Pulv. trag. comp.*, ʒi;
Nitri, grs. vi;
Opii, gr. i. *Misce. Ter die sumendus.*
ex aqua hord. Fetus regioni lumb.

22. Her urine had passed pretty freely for the last twelve hours, but, said she, "the torment I suffer from my bowels no one can tell."

Her strength was now evidently fast declining, she was unable to leave her bed, the stomach was irritable and rejected her food, although she took scarcely anything. In fact I gave up the case as hopeless. She lingered on in the same distressing way, becoming daily worse and worse, till at last she was obliged to be kept constantly upon the bed-pan, owing to the excessive irritability of the rectum, from which either an offensive discharge, or feculent matter, kept constantly oozing for the last fortnight of her life.

On the 27th of August, death relieved her from the most miserable state of suffering I have ever witnessed. I saw her daily; she was sensible to the last, though, with a hope of lessening her sufferings, she took a grain of opium every hour for the last fortnight of her existence. Several times prior to her death, which the poor creature contemplated with the happiest serenity of mind, she requested me to promise that I would examine her body, her only grief being, as she said, "that she should not be able to be satisfied of the true nature of her disease."

Sectio Cadaveris.

Aug. 29, two P.M. Though there was much general emaciation of the body, the fat over the parietes of the abdomen was of considerable thickness. Upon making the usual incision through the abdominal muscles, the peritoneum covering the rectus was found closely adherent to the sigmoid flexure of the colon, the adhesions being firm, and evidently of some standing. The membrane at this part, and in that portion of it which was reflected upon the bladder, and over the lower part of the colon, was thickened in texture, and of a dark-green colour. The descending colon, sigmoid flexure, and that portion of the rectus muscle which was agglutinated to it, the rectum, pelvic viscera, together with some of the soft parts around the anus and meatus externus, were then removed from the body. There was not any disease of the rectum worthy of notice, and after examining the bowel with the greatest care, no communication could be discovered between it and the vagina. The latter passage laid open, presented no morbid appearance of moment, being only triflingly inflamed. The uterus was likewise healthy, as far as its general structure was concerned, but a portion of its cavity towards the fundus was obliterated, from coagulated lymph having become organised in several bands. A very small polypus grew just within the os tincae. The urethra was next laid open into the bladder; this canal was much dilated and vividly inflamed. The bladder, notwithstanding the destruction of a part of its fundus, was not generally diseased, nor was there any material inflammation or thickening of its internal surface; but the colour of this coat was of the peculiar green cast before alluded to; it was much contracted and perfectly empty.

An incision was now made through a part of the descending colon, its sigmoid flexure, and the first curve of the rectum, so as to bring into view the extent and nature of the stricture. Immediately above the sigmoid flexure, the colon was distended, and contained a considerable quantity of feces, but at this part the intestine was so contracted, that the point of the fore-finger could hardly be passed through it.* About three inches of the bowel were adherent by the superior surface to the peritoneum covering the abdominal muscles, while the inferior portion of the intestine was in like manner firmly united to the fundus of the bladder, a portion of which was destroyed by ulceration, together with part of the colon to

* The contraction was circular in form, and about an inch in length; the mucous membrane of the intestine immediately before, throughout, and for some short distance beyond it, being destroyed by ulceration.

which it was united, so as to form a direct channel for the passage of the feculent matter. There was not so much thickening of the intestine as might have been expected, and the ulceration appeared as if it had been produced more from acute inflammation, than any chronic disease of the part.

The viscera of the chest and abdomen were healthy.

12, Old Broad Street,
March 15, 1832.

SUPPOSED DISCOVERY BY
PROFESSOR DELPECH
OF AN
AFFECTIO^N OF THE SEMILUNAR GANGLIA.
IN THE
MALIGNANT CHOLERA,
SHOWN TO BE ERRONEOUS.

To the Editor of THE LANCET.

SIR,—The recent researches of Professor Delpech in Musselburgh and Glasgow, would seem to point at some affection of the semilunar ganglia and solar plexus, as the proximate cause of the disease called cholera. From the appearances observed by him, he has also drawn certain physiological deductions, which, if not erroneous, at least rest on very slight foundation. In presuming to question the anatomical accuracy of the investigations conducted by Professor Delpech, I may seem presumptuous, and therefore feel it necessary to say thus much of my pretension to offer an opinion. Having been for some years an anatomical assistant to the professor of anatomy in the University of Dublin, and one of his demonstrators in the dissecting-room, my attention was particularly directed to the anatomy of the nervous system, and I have more than once dissected the whole of this portion of the body, as the groundwork of a treatise, now in course of publication, on the Anatomy of the Nerves I may therefore presume to say, that the natural appearance and situation of the semilunar ganglia are familiar to me. On Monday, the 5th inst., I was requested by one of the district inspectors to examine the bodies of two persons who died of cholera. There were present several distinguished members of the profession in this metropolis, with the professor of anatomy to the College of Surgeons in Ireland, Professor Delpech, and Dr. Löwenhagen of Moscow. The cavity of the thorax having been examined by me, the knife was resigned to Professor Delpech, that he might demonstrate the solar plexus and semilunar ganglia himself. The professor first exposed a branch of the pneumo-gastric

nerve proceeding from the coronary plexus towards the transverse fissure of the liver; it was quite healthy in appearance, but M. Delpech affirmed it was enlarged. I cannot take upon me to say that the individual nerve then displayed was not enlarged, because the original size of the branch was indeterminate, but may with confidence declare that I have many times seen as large branches proceeding to the hepatic plexus, and therefore would conclude the nerve alluded to healthy. The professor of Montpellier, to satisfy all scruples, now proceeded to scrape through the hepatic plexus with the point of the knife, and soon came down upon a roundish dark body, situate a little to the right, and above the vena cava ascendens. It was surrounded on all sides by the filaments of the solar plexus. This M. Delpech pronounced to be the right semilunar ganglia, and after having drawn the attention of all present to its external appearance, which was very dark, and conveyed the impression that the ganglion was much swollen, he cut into the substance; the internal appearance of this body was even more extraordinary; it was a mixture of dark and yellow, and the substance seemed very soft; the point of the knife being applied to the divided surface, a portion readily came away, and the ganglion itself pronounced in a state of ramollissement. The substance was shown to Professor Harrison, who shook his head, and said it was very extraordinary. I felt convinced, from the superficial situation of this body, that it could not be the semilunar ganglion; but not venturing to impeach the accuracy of M. Delpech, I determined to find the "veritable" semilunar ganglion in the other body which lay on the table. The same idea seemed to have passed through the mind of Professor Harrison, for he threw off his coat, raised up the renal capsule with his finger, and tearing away a little cellular substance, in a few seconds exposed the right semilunar ganglion with the great splanchnic nerve, nearly an inch and a half below the substance which M. Delpech had divided, which was now sought for, and discovered to have been a lymphatic gland. The true semilunar ganglia of both bodies were healthy, the cellular substance surrounding one of them was certainly much injected, but the ganglion was neither inflamed nor altered in any way, and the injection equally existed in the cellular membrane of all the neighbouring parts. I have seen the same kind of injection in the left semilunar ganglion of a subject examined since, but the most careful scrutiny could not detect any alteration in the interior of the ganglion. From the very confident manner in which M. Delpech pronounced the ap-