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ON THE TREATMENT OF STRICTURE OF THE RECTUM.

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IN the treatment of stricture, our first object should be to correct local disturbance. Topical applications to the neighboring parts, such as leeches around the entrance of the bowel, and cupping the perineum, nates, or loins; are often of material service; and where the disease is accompanied with considerable irritation of the bladder, it is beneficial to abstract blood from the lower part of the abdomen. In the use of leeches we should be cautious of the number we apply, for they will sometimes, when the parts are in a high state of excitement, bleed to a most extraordinary extent.

But it cannot have escaped the observation of the most inexperienced practitioner, that, in the treatment of all disorders and diseases, he is more or less successful in proportion as he attends to the functions of the stomach and bowels. We readily understand why this should happen, when we reflect upon the important services they perform, that they are the source by which the body is supported and relieved of the impurities imposed upon it. The utmost attention should be paid to procure from the bowels a free and comfortable relief daily. To accomplish this, two points should be observed, first, that we do not load and annoy the stomach, by the too plentiful administration of food, and secondly, that we do not irritate the bowels through an injudicious use of purgative medicines.

Here I cannot too strongly deprecate the common every day's practice of giving violent doses of purgative medicine; not only is no benefit derived from such treatment, but serious injury is frequently induced. When adopted in diseases of the rectum, such must be the result, since large quantities of feculent matter are driven from the small intestines into the colon, already distended, as a consequence of stricture in the rectum, and highly irritated, and thus arise frequent and distressingly painful efforts to pass motions, the straining to accomplish which, may, in extreme instances, induce inflammation, or even rupture of the intestine, at the sigmoid flexure. In making these observations, I trust I shall not be considered as drawing an exaggerated picture of affliction; such results are upon record: I have been an eye-witness of their occurrence, and common sense ought to convince us they are likely to be produced. A few years since, I attended a gentleman, whose wife died from the improper administration of violent purgative medicines. She had had

for a long period an affection of the womb, which was believed to be carcinomatous, and she was of an extremely confined habit of body, always requiring the assistance of powerful doses of medicine to produce the slightest evacuation. After having had her bowels constipated several days, she was seized with inflammation of the peritoneum, to relieve which, in conjunction with the usual remedies, large doses of calomel, mixed with drastic purgatives, were administered for the space of two days and nights, without any other effect than that of producing the greatest inclination and straining to pass her motions; in one of these attempts she suddenly exclaimed, "Oh! something has given way in my left side." Cold clammy perspirations immediately succeeded, attended with faintness, which was speedily followed by delirium and death. Examination discovered that a cherry-stone had lodged in the sigmoid flexure of the colon, where the passage was almost obliterated by stricture, immediately above which the gut had given way, its contents escaping into the cavity of the abdomen. Here, the existence of contraction had never been thought of by her medical friends, though probably it had been the exciting cause of the affection of the womb.

I doubt the propriety of administering violent aperient medicines in attacks of acute inflammation of the bowels; and would suggest that, before the adoption of such a measure, we should ascertain, by the introduction of the rectum bougie, whether the inflammation is connected with any mechanical impediment in the lower bowel. I am convinced, by experience, that many cases of obstruction and inflammation of the intestinal canal occur as an effect of stricture in the rectum: now it is very obvious, that where this is the fact, the exhibition of powerful aperient medicine is, to say the least, an inconsistent course to pursue; since we increase the irritation throughout the canal, more especially in the rectum, without lessening the mechanical obstruction from which that irritation arises. In the forty-ninth number of the Medical Gazette, there is reported a case which verifies this position. The circumstance of the inflammation of the bowels, originating in or being connected with the contraction of the rectum, appears to have been totally overlooked by the medical attendants.

We cannot be too cautious to avoid this injurious custom. While, on the other hand, the exhibition of mild aperients, such as castor oil, or electuary of senna, may be said to solicit the bowels to perform their office, and their frequent repetition in small doses seldom fails of inducing a salutary effect. Patients should be advised to take such a quantity of castor oil, confection of senna, or the electuary prescribed beneath,* as may be found adequate to produce from the bowels satisfactory relief once a day.

Nothing will be found more conducive to the regularity of the bowels than the daily use of the *enema*, throwing into the rectum, every morning or evening, half or three parts of a pint of water or thin gruel, com-

* Recipe, Confectionis Sennæ ℥i.
Sulphuris Præcipitati ℥iii.
Olei Juniperi guttas vi.
Syrup. q. s. misce.

Fiat electuarium. Sumat cochleare unum parvum horâ somni pro re natâ.

fortably warm, containing a dessert spoonful of castor oil. In simple spasmodic strictures, the perseverance in this plan will sometimes remove all symptoms of the disorder. By this course any extreme collection of feculent matter is avoided, and even in the most aggravated cases of obstruction, it will assist in preventing, or tranquillize local irritation.

There is not, probably, any improvement in modern surgical practice more simple, yet, at the same time, more beneficial than this custom. It is, however, necessary, that it should be adopted with judgment, and not in the injurious manner it is too commonly pursued. Many persons have informed me, that they have been in the habit, and that under the sanction of their medical advisers, of daily distending the bowel with large quantities of fluid, by which the intestine in time loses its natural susceptibility of contraction; hence it permits a large portion of feculent matter to accumulate before any desire to pass an evacuation will be produced. Furthermore, this system is not altogether free from danger; for when the bowel is thus immoderately distended, it may, from the spasmodic action which will often be produced, give way immediately above the contracted part, where the mucous membrane is often destroyed by ulceration.

The quantity of fluid I have stated, will be found to answer every purpose, and the injection of such a portion may be adopted as a habit, at or for any period, without the smallest detriment. A variety of *enëma* apparatuses may be procured at the surgeon's instrument makers. There is a very simple instrument of continental origin lately introduced into this country by Mr. Hartly, of Sweeting's Alley, and for ordinary circumstances, it is, perhaps, the best method of administering *enemas* with which we are yet acquainted. It is not, however, applicable to all cases, like the common elastic bottle and pipe. By this we may inject any portion of fluid, however small, which is often a great advantage, as when administering laudanum or any particular medicine which we wish to be retained in the rectum. The latter apparatus has, at all events, this additional recommendation, that it is of reasonable price.

The extent to which persons will permit their bowels to remain inactive, without making the slightest attempt to promote their regularity, is surprising. A lady informed me, that her bowels were never relieved above once every ten or twelve days, that frequently they remained inactive for fifteen and twenty, and occasionally even for a month; yet she wondered that her general health was bad! Another lady stated, that it was common with her to pass five and six days without any motion occurring, though for twelve years past, she had never omitted to take every night her aperient pill. There is not, in the whole practice of our profession, a point upon which we shall find it more difficult to acquire correct information than on this essential particular: from mistaken notions of delicacy, the truth is too often concealed; and it can be obtained only by an inspection of the motions, a duty no medical man, however eminent, or however extensive his practice, should fail to perform.

It is sometimes beneficial to attempt to obtain evacuations at a stated period of the day. Persons, when in good health, have usually an inclination to relieve the bowels immediately after breakfast; the pressure

of the distended stomach upon the transverse arch of the colon causing it to contract and propel its contents towards the rectum, which, becoming distended and irritated, gives rise to the desire of going to stool. This opportunity should not be neglected, for the activity of the absorbents in the bowel will remove the softer particles, and the bulk being thus reduced, the disposition soon subsides. Feeling the desire, with a deficiency of capability, persons endeavor, by violent straining, to accomplish their object, which, not only is of no service, but adds to the local irritation, and increases disease.

Where the bowels remain exceedingly inert, accompanied with more or less hardness and fulness of the lower part of the belly, it is useful to administer an aperient draught, at intervals of two or three days apart. I have been surprised at the quantity of seculent matter brought away by this medicine, after the patient has taken oily aperients for weeks.* I presume this arises from the secretion which it promotes, softening the indurated and long collected fæces. In ordinary cases, however, no better medicine can be advised than castor oil, or the aperients before mentioned.

Having considered the point of medicine, I proceed next to a few simple observations upon the subject of diet.

It may, perhaps, be accounted superfluous to enlarge upon this particular part of the treatment: to attempt, however, to relieve any formidable complaint without the strictest observance of diet, will be found an unprofitable employment of time.

If we advert to the causes of the different diseases with which mankind are afflicted, we shall be constrained to admit, as the most fruitful source of them, those habits of luxury by which the health, comfort, and prosperity of society are alike contaminated and destroyed. Instead of enjoying the simple products of nature, recourse is had to every species of unnatural and artificial combination to gratify the palate and pamper the appetite. Not content with loading the stomach with immense quantities of food, we irritate and distend it with substances alike dissimilar and unnecessary. The observations of the late Mr. Abernethy, than whom a sounder physiological surgeon did not exist, with reference to this subject, cannot be too highly appreciated either by the profession or the public. He has shown the absurdity of putting more food into the stomach than it is capable of digesting; likewise the various and important diseases which arise solely from a disordered condition of the stomach and bowels.

The diet for patients laboring under stricture of the rectum ought to be of the kind most nutritive and easy of digestion; by which the quantity of seculent matter will be lessened, and thence the necessity for aperient medicine greatly diminished. Of this description are weak cocoa, chocolate, or milk, any of which may be taken for breakfast;

* Recipe, Pulveris Rhæi gr. xii.
Potassæ Sulphatis ℥ss. Misce bene.
Adde, Tincturæ Sennæ ℥iii.
Infusionis Sennæ ℥vj.
Aquæ Menthe Viridis ℥iv.
Misce. Fiat haustus horâ somni sumendus.

beef, mutton, and a preponderance of animal food for dinner, to the exclusion of made dishes, pastry, undressed fruits, and fermented liquors. I have no wish altogether to prohibit the taking of wine; two or three glasses will not in ordinary cases do mischief; nevertheless, I am persuaded that the functions of the stomach are frequently impaired by the practice of taking immense quantities of fluid with our meals. The sensation of thirst results from a deficiency of secretion in the stomach, which secretion is most plentiful during the process of digestion. But by distending the stomach with large quantities of fluid, we also dilute the gastric juice, in which peculiar secretion, as we believe, the principal power of digesting the aliment rests: thus we either impose upon the stomach the necessity of secreting the gastric juice in an increased quantity, or we render the process of digestion uncertain and incomplete.

The effect of this dilution may be familiarly elucidated by chemical experiment. Suppose we wished to dissolve any particular substance by the power of an acid; should we not do so more speedily and effectually by pouring the acid upon the substance in an undiluted state, than if we were to lessen its strength by diluting it with large quantities of fluid?

Two or three hours after meals, when the sensation of thirst naturally arises, a moderate quantity of any fluid most agreeable may be taken. In this country it is usual with most persons after dinner to take tea, and not unfrequently an imprudent use of this beverage, simple as it may appear, is the cause of derangement of the stomach, either from excessive indulgence in quantity, or, which is more common, from drinking it exceedingly hot. I consider it injurious to take any fluid into the stomach of a temperature which imparts a sensation of heat; for by such means we diminish the tone and contractile power of the organ, and that at a time when it is requisite to excite, rather than diminish, its muscular energy.

Another point of essential moment is, that we thoroughly masticate our food; otherwise the labor of the stomach will be materially increased, in which cause alone indigestion may originate.

When the dinner has been taken at an early period of the day, a light supper is requisite; but the custom of taking late dinners, generally supersedes the necessity for any subsequent administration of food.

REMARKABLE RETENTION OF THE PLACENTA.

BY GEO. R. GRANT, OF JEFFERSON, JACKSON CO. GA.

Mrs. D. of this county, was delivered on the 12th of May last, in the evening, of her first child. Nothing unusual occurred during the accouchment. The labor, for the first one, was considered by the midwife, easy and expeditious. Immediately after the child, followed the entire cord, which had given way close to the placenta. The cord breaking thus early, and the placenta not coming away, after waiting several hours, the midwife being alarmed at an occurrence so unusual, advised that a phy-