

incurable disease, into a chronic and partial form? As respects mercury I shall only observe, that, of many cases of tetanus, I have seen but three recover, and in all three the patients were fully and severely mercurialized. Your cut-and-thrust surgical dialecticians will say, "They did not recover because they were mercurialized, but they became mercurialized because they recovered,"—a species of logic which we may safely pass without notice. Strict attention to the bowels must be observed all through, and an occasional brisk mercurial purgative, with turpentine enemata, appear to me the most suitable means of acting on, and carrying off rapidly, depraved and irritating secretions, as recommended by Mr. Abernethy. I would also suggest the necessity of sustaining the patient's strength *from the starting-post*. I am sure that I have seen more than one instance in which due attention to this point was overlooked in the anxiety to push vigorously the medicinal treatment of the case. Constitutional irritability, without a high degree of which we cannot have tetanus, is the product of deficient power; according to Hunter's definition it is "an increased disposition to act, without the power to act with," or "overaction, relative to the strength of the parts." Every hour that the disease lasts is fatally exhausting this already deficient power; and hence there are, I should say, few cases (if one at all) in which chicken-broth, beef-tea, and wine, may not be from the first judiciously exhibited.

ART. VII.—*Selections from the Unpublished Manuscripts of the late ABRAHAM COLLES, Professor of Surgery to the Royal College of Surgeons of Ireland.* Edited by his Son, WILLIAM COLLES, F.R.C.S.I., Surgeon to Steevens' Hospital, &c.

(Continued from Vol. XVI. p. 299.)

#### NO. 4.—A PECULIAR DISEASE OF THE RECTUM.

IN many of my father's earlier note-books I find cases under the heading of "The Disease of the Rectum;" of these there are records of about twenty, and in his miscellaneous papers is an *essay*, of which I cannot find the commencement, but which was evidently intended to have been read at some medical society, there is no proof however that this intention was ever carried into effect, nor do I find any notice which would induce me to conclude that it had been published. I therefore give it now, imperfect as it is, subjoining a case illustrative of the disease; this will suffice to give an idea of his view of the affection. In

conclusion, I shall append a tabular abstract of the remaining cases noted by him, adding some observations upon them.

*Essay.*— . . . Such are the symptoms of the disease under which the patient labours; our next object of inquiry should be to ascertain what is the name and nature of this disease, and to learn by what treatment a cure may be finally accomplished. I regret much that it is not in my power to give any positive information on these important points; that I can only lay before this Society a sort of negative knowledge.

But, although the following remarks cannot furnish us with an insight into its nature and cure, yet I trust it may be a task not unworthy of your notice to lay before you the symptoms of this disease, which, I fancy, has been long known to practitioners, but the symptoms and natural history of which, I cannot find recorded in any surgical works. I have seen it attack patients of both sexes indiscriminately, and persons of all ranks of life indifferently. I have met with no instance where it occurred before puberty or after 60; it may attack at any age between these two periods.

Many of these unhappy people commence the history of their disease,—that their bowels had been obstinately costive for some days, or even for weeks; that they had taken very large and repeated doses of salts and other purgative medicines without having been able to procure a single evacuation; that this long continued constipation of the bowels at length gave way, and on passing a stool a large discharge of pure blood, or blood mixed with purulent matter, to the amount of some quarts, followed the evacuation. With other patients, a tenesmus for a few days preceded this costiveness; the tenesmus having continued some days, many of them then perceived a lump or fulness at the verge of the anus, which they did not notice previously, and which they conceived to have been caused by the affection. Some few of these patients cannot refer the commencement of the disease to any particular period; they have never been sensible of any lump or tumour. Such persons generally mention that they had often been subject to inward piles in the rectum.

However different the commencement of the disease may be in different patients, yet they are all similarly affected in its subsequent stages, for after this first large evacuation of blood, or other fluid, the patient is troubled with a frequent desire to go to stool, on which occasions, in general, nothing but a very small quantity of fluid escapes, sometimes a table-spoonful of a glutinous matter, sometimes more thin and liver-coloured.

Seldom is a feculent stool passed, and when it is, the patient is sensible of a contraction in the gut, or diminution in its caliber; if the fæces be hardened, the evacuation is attended with excessive pain; if of a more soft, though solid consistence, the diameter is much lessened, sometimes not exceeding that of a writing pen. They generally pass two, three, or more days without a feculent stool unless they use some article of diet or medicine for the purpose of evacuation. From the description of these patients, it appears that the tenesmus which accompanies the alvine discharges is the prime source of this distress. The stools vary in number on different days, sometimes amounting to twenty, seldom fewer than six or eight.

After the disease has continued in this state for some indeterminate period—a few months or years—the condition of the patient is rendered more distressing by a discharge of a thin, ichorous or coffee-coloured fluid, which flows from the rectum when he coughs, or walks, or uses any bodily exertion: not unfrequently his nights are rendered still more uneasy by the flow of this matter as he lies in bed. The urinary discharge is, in some instances, affected even early in the disease; in some few by a difficulty or delay in commencing this evacuation; in others, by an inability to void the last drops. In the very last stages the urine cannot be voided without causing an irresistible desire to go to stool.

If we examine the rectum we may there perceive one or two excrescences at the verge of the anus. These seem to be formed partly by the lining membrane of the gut, at least their inner surface appears like a secreting surface or excoriation. In many instances, two level excrescences lie with the adjoining edges in contact, so as to resemble the arytenoid cartilage, or the spout of an ewer. The patient being desired to press down or strain as if at stool, a few drops of a liver-coloured fluid are discharged. A hard mass can, in some instances, be felt by pressing around the anus. On introducing the finger into the rectum a hardness and roughness, caused by innumerable protuberances, is to be felt seated at different heights. In some it commences immediately at the very verge of the rectum, and extends nearly as high as the finger can reach; in other cases this morbid condition does not extend beyond that portion encircled by the sphincter; and in others again, the disease is seated still higher up. In all, considerable resistance is given to the introduction of the finger, not only by the narrowness of the canal, and its projecting irregularities, but also by the firm, unyielding hardness of the diseased portion. In one or two instances the canal of the gut was particularly con-

tracted in one spot—as if a small aperture had been left in a membrane which stretched across the gut. The introduction of the finger in all instances has given considerable pain, but if the finger be slowly passed up the gut it will be found gradually to dilate, and then admit the examination with less distress. The hardness which is felt in the substance and neighbourhood of the gut does not always uniformly surround it. In some instances the hardness is felt at one particular spot, as if a tumour lay connected with the coats of the intestine at this part. There is one symptom which is to be met with in, perhaps, every third or fourth person affected with this disease, and which deserves particular attention—it is an external fistulous opening at or near the verge of the anus, which yields a discharge resembling in quantity and quality that of the ordinary fistula, and by no means of the same quality with that passed through the canal of the intestine. I have myself, before I was aware of the nature of the disease, cut one of these patients as for fistula, and have seen more than a few instances in the hands of other practitioners, and always with this remarkable effect, that these incisions, in general, healed as kindly as if the fistula had been the only disease; and in no instance—not even one I had cut, and in which the incision did not heal up—could it be said that the operation added to the subsequent distress of the patient, or exasperated the original disease. Where the fistulous opening occurred in cases with a tumour at some particular spot of the gut, the fistula was found to lead to such tumour.

I have not been able to trace in the relation of these cases that any of the patients experienced any constitutional symptoms which could be considered as precursors or attendants on the first stage of this local disease. Nor does it, during the greater part of its progress, seem to make any impression on the constitution—indeed, my astonishment has been excited on perceiving that such trains of local distress had not produced any sensible decay in the general habit.

I should observe, that in one instance only vomiting accompanied the first attacks of this disease. Symptoms of hectic fever first denote the injury done to the constitution. The time at which these appear differ in different individuals: in some so early as six months, while others have remained with the constitution unimpaired for as many years. In one case there was not any regular hectic, the patient was reduced to the most extreme degree of wasting and emaciation that I have ever witnessed. I am inclined to think that the appearance of hectic is the only index that can lead us to a knowledge of the probable duration of the disease.

I have had the opportunity of inspecting only one of those whose death had been caused by the disease. It was the case of a gentleman who had never shown symptoms of regular hectic. Some slight marks of inflammation appeared in different spots; on the small intestines a quantity of fluid, partly composed of coagulated lymph, and partly purulent, was found in the pelvis; the alteration in structure was not confined to the rectum, but was remarkable, though not to an equal degree, along the left colon, as may be seen in the preparation preserved in the Museum of the Royal College of Surgeons. The tumour, or hardened part, was closely in contact with the anterior face of the sacrum, so as to render its separation from the bone both difficult and tedious; the bladder was much thickened and contracted. How far the state of the viscus was a consequence of the decrease in the very scanty secretions of its fluid during the last month of life, I cannot pretend to say.

From the history of the symptoms, and the appearances on dissection, I fear we can derive but little useful information which could lead to a successful mode of treatment. I shall now proceed to state the various remedies I have tried, and the results of such trial.

From the reports of Dessault, on whose authority I have always placed great reliance, I tried, in almost every case, the effects of dilatation. For this purpose I have used a variety of substances, such as prepared sponges, bougie composition rolled so as to form pessaries of various thickness, tallow candles of various sizes, adapted to the diminished capacity of the canal in each case. My expectations, which had been raised so high at reading Dessault's cases, I must say, have been completely disappointed, for when the dilatation has been used in the early stage of the disease, before any symptoms of hectic had appeared, although some had steadily persevered in its use, yet I could not discover much amendment in the symptoms, and the most regular of these persons have at length laid them aside, fully convinced by experience of their total inefficiency to afford even a mitigation of their distress. After the accession, the use of the dilating instruments could not be borne by any patient longer than one week, owing to the pain and irritation they occasioned.

Those who had been cut for the fistulous openings near the rectum did not experience any relief from the original disease, even in the cases in which the incisions had healed up. One or two of these patients seemed to think the passage was rather more narrowed after the operation.

From the supposition that the disease was cancerous, I have given the solution of arsenic in such doses as to produce the

usual symptoms attending its operation on the system, and continued its use for some time, but without producing any alleviation of the suffering. With the same view, and with the same inefficacy, has hemlock been administered.

I have used mercury in small doses, so as to excite pyalism, and have even used this medicine as freely, and for as great a length of time, as is in general sufficient for the cure of secondary venereal symptoms, but have never been able to observe that its use afforded even temporary relief; and not unfrequently has the general health been materially injured by it. Mucilaginous fluids, combined with opium, have appeared to give more relief than any other medicine I had tried; yet this medicine has not uniformly, or even in the majority of cases, been of service. Large leechings are prejudicial.

This disease might be considered as cancerous, but, as an objection to this opinion, I must remark, that cancerous diseases are much exasperated by incisions or partial excisions, whereas this disease did not appear to be at all increased by such treatment.

The venereal disease might be suspected to be the cause of this affection; but, although it had occurred in some instances where lues had previously existed, yet all the other venereal symptoms<sup>a</sup> . . . . .

CASE I.—Matthew Maguire, aged 38, July 7, 1808. Two years ago he perceived that he passed, by stool, a substance resembling melted fat, distinct from fæces; also a substance like flummery alternating with it. The disease was preceded by a discharge of blood from the anus for a fortnight, and the diarrhœa was followed by tenesmus. He had syphilis the winter before; in November he was confined to bed by this complaint, when the stools were watery; he had chancre since, and used mercury; and in March scrofulous glands enlarged in his neck. At present there is a discharge like melted fat, of a greenish colour, and at times like flummery; desires to go to stool innumerable, and more frequent by night than by day, attended sometimes with tenesmus and protrusion of the rectum; no uneasiness in abdomen, nor delay in passing urine. At the anus is an excrescence resembling a cream-ewer; to the finger the anus feels more soft than natural, as if thickened, not hardened; pushed up one-half, a narrowness of the gut is felt, which yields by steady pressure; above this it feels healthy; great pain on the finger passing through the stricture; flesh wasted; pulse 110.

*Post-Mortem Examination.*—On opening the abdomen, the

<sup>a</sup> The original manuscript terminates thus abruptly.

omentum was found healthy, but devoid of fat; cœcum and colon distended, with flatus; in the tranverse colon the coats slightly thickened; ilium distended; some slight vascularity about the small intestines; no other disease; no indurated glands to be perceived; the colon and rectum, slit up, were found not thickened; no thickening or tumour in the rectum; at the seat of the structure, the inner coat of the gut had an irregular surface, as if an additional membrane was pasted over it; the remainder of the rectum and colon presented similar appearances, but in a less degree; no hardness on the spots, but considerable on the edges; the colour of the inside of the rectum was deep brown or livid near the anus, gradually diminishing near the colon; the colon had some spots of unusual vascularity, and its surface was covered with a secretion resembling that of an ulcer; a large quantity of yellow fluid was found in the right colon.

## ABSTRACT OF CASES.

No.	Age.	Sex.	Duration.	Discharge compared to	Remarks.
1	38	M.	2 years.	Melted fat and flumery.	Fistula.
2	34	M.	1 „	Hard balls in a bag of slime.	
3	25	M.	10 „	Slime and reddish water.	
4	30	M.	4 „	Slimy matter mixed with blood.	Cut for fistula a year ago; sores size of a finger.
5	48	M.	1 „	Slime and pus.	Fæces flat.
6	28	M.	5 „	Slime, froth, and blood.	Says if he could do without eating would be as well as ever.
7	50	F.	3 „	Reddish fluid.	Great appetite; fat; vomiting brought on by straining at stool.
8	45	M.	. . . . .	Blood and pus.	Small hard protuberances inside of rectum for two inches up.
9	36	M.	. . . . .	Slime and pus.	
10	32	M.	4 „	Scraping of guts.	Had jaundice when twelve years' old. Often had vomiting. Fistula cut; hemorrhage, followed by incontinence of fæces. Stools pass involuntarily if not firm. Great pain at anus for five hours, during which he cannot pass fæces or urine.
11	23	M.	19 months.	Pus and blood.	
12	29	M.	9 „	Jelly, slime, and blood.	
13	28	F.	4 „	Clots of liver colour.	
14	55	F.	12 „	Lumps of blood.	
15	25	M.	12 „	Reddish water.	
16	50	M.	9 „	Blood and pus.	

*Observations.*—This is a form of disease hitherto undescribed. It differs from the known diseases of the rectum—simple stricture and scirrhus rectum. It cannot be mistaken for the former, which feels as if a smooth, narrow band was drawn around the gut; from the latter, though more resembling it, it may be distinguished:—first, by the age at which it occurs; thus we have seen it in young persons, and, on taking an average of the cases, the ages, and the previous existence of the disease, we find on the average that the disease comes on about the age of 33. Again, in scirrhus rectum, I do not think we find those profuse discharges, or the admixture of pus.

In the scirrhus rectum the constitution soon sympathizes with the disease, or even alters before the local symptoms appear, and we find the patient presents the peculiar leaden, waxy hue and thinness of a cancerous subject. In this disease the patient will retain his fresh, healthy look for years unaltered, till finally the hectic sets in. In the scirrhus rectum the finger feels the gut contracted and rough, but this is of the stony hardness peculiar to cancer, while, in this disease, the gut feels thickened, and the protuberances soft, like large flabby granulations.

These are, in my opinion, differences sufficient to enable us to distinguish between the two diseases, and to authorize us to regard them as separate and distinct. And even should they be considered as the same disease, I think the paper worthy of publication, as attracting attention to a form of the disease of which we have no very full or satisfactory account, as far as I am aware, and symptoms are here noticed which have not been sufficiently regarded in the accounts of it hitherto given.

There is at present under my observation a woman who was attacked with this disease at the age of 25. She was five years under treatment by every possible means, including the strongest caustics, without any effect; she was then admitted into that valuable institution, the Incurable Hospital, where she has now been for nearly thirteen years. Yet she is still stout and healthy-looking, though suffering at times great pain; the bowel protruding on any exertion, and so contracted as to scarcely admit a No. 4 catheter. She is constantly annoyed by the discharge of the jelly-like fluid, and is enabled to procure a faecal evacuation about once in the week by medicine, which induces a great aggravation to her sufferings, attended with vomiting, &c. It at one time appeared to me that this would be a form of disease in which the operation of forming an artificial anus might add to the patient's comfort, and prolong life indefinitely, for here the original disease is not malign-



nant: yet, when we see a case like this, where the patient can exist for such a number of years, and remain in health and flesh, whilst the caliber of the rectum has not allowed any matter to pass of a size larger than a goose-quill, we feel a hesitation in urging such an operation, at least until the later stages of the disease indicate danger to the patient's life from the greater narrowing of the canal.

**ART. VIII.**—*Contributions to the Pathology of the Heart.* By BENJAMIN GEORGE M'DOWEL, A. B., M. D., one of the Physicians to the Whitworth and Hardwicke Hospitals, Lecturer on Anatomy and Physiology in the Carmichael (formerly the Richmond Hospital) School of Anatomy, Medicine, and Surgery, &c.

(Continued from Vol. XVI. p. 81.)

**SECTION IV.**—TRICUSPID REGURGITATION—EFFECTS OF DILATATION OF THE RIGHT SIDE OF THE HEART.

WHILST the valvular apparatus of the right side of the heart is to a remarkable degree exempt from disease, it must be admitted that the muscular structure of the right auricle and right ventricle is liable, even more than that of the corresponding cavities of the left side, to structural changes. The explanation of this fact is contained in the now generally admitted axiom, that morbid changes in the heart are propagated in a direction contrary to the course of the circulation. Hence all diseases of the heart which interfere with the free transmission of the blood through its left cavities, or of the lungs, which in any degree produce permanent obstruction to the pulmonary circulation, are, sooner or later, productive of hypertrophy, and subsequently of dilatation of the right ventricle and right auricle. Dilatation and hypertrophy of the right side of the heart are consequently, in a large proportion of instances, to be regarded as secondary affections.

In a former paper I endeavoured to illustrate by a series of cases the pathology of dilatation of the heart, especially as regards its effects upon the system generally. In those instances, however, this lesion affected the left chambers principally; or, where the right cavities were implicated, such change was consecutive to disease originating in the left side. In a few instances only were both sides equally affected; but the following cases present marked examples of excessive dilatation engaging the right auricle and right ventricle almost exclusively.