

that she was in danger of bringing on her old troubles again. A walk of ten miles she regarded as a very moderate effort. Her figure soon became as remarkable for its lightness and grace as it had before been for its shapeless and unwieldy immensity.

COLO-PROCTITIS TREATED BY HOT WATER DOUCHE AND DILATATION OR DIVISION OF THE SPHINCTERS ANI.¹

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In presenting the following cases intended to illustrate the special merit claimed for the plan of treatment recommended, I fully recognize the importance of confining myself to that particular form of disease which the clinical history of each case will demonstrate, and to differentiate it from those more formidable and graver affections such as deep-seated corroding ulcers, the various forms of stricture, and varieties of cancer which are met with in rectal diseases. Whilst the disease under consideration is usually of long standing, or chronic in its character, it is a pure non-malignant inflammation, confining itself almost entirely to the mucous or sub-mucous tissues, and resulting in some cases in small superficial necrobiotic ulcerations found just within the external sphincters; that such cases are often mistaken for simple dysentery and unwisely treated by injudicious medication as such, I have no doubt.

Case 1.—In the fall of 1875 I was requested to take charge of a man about 30 years of age, affected, as he stated, with chronic diarrhœa. He informed me that he had been suffering with the disease for more than two years, that prior to the appearance of this trouble he had enjoyed excellent health, and for the last fifteen years been occupied on board a small fishing boat plying between Washington and the Chesapeake bay, engaged in the oyster trade. His family record showed no taint of strumous or tubercular disease. Upon a careful examination of this man, I found that his disease consisted in a chronic catarrh of the large intestine, extending into and embracing a greater portion of the mucous lining of the rectum. I became satisfied, from a careful manipulation, that the disease did not embrace the ascending colon, but seemed to commence in its transverse portion and proceed downward. At the time of my first seeing him there was much tenderness along the bowel, almost constant pain, always greatly augmented by defecation, usually passing of large quantities of mucus in long bands, sometimes tinged with blood, at other times there would be muco-sanguineous stools mixed with small quantities of fecal matter. There had been frequent discharges of clotted blood at various times, exhibiting the appearance of pure hæmorrhage. The history given me of the treatment which had been pursued by the different medical gentlemen whom he had consulted, embraced most of the usual remedies employed in

chronic diarrhœa and dysentery. It is not necessary to enumerate them. I directed a suspension of medication by the mouth, confined the man exclusively to hot milk diet, and ordered an enema consisting of four ounces of strong decoction of ipecacuanha root, and twenty drops of tincture opii, to be thrown up the bowel as hot as possible, and repeated every eight hours; to be kept in bed and allowed nothing else but the hot milk as nourishment. The enemata not to be used after midnight until eight o'clock the following morning. This practice was continued for two days, when the tincture opii was reduced one-half, ten drops being employed every eight hours instead of twenty.

The patient seemed to improve manifestly from the second day after he was placed under this treatment, and continued to do so until the sixth day, when he had a return of hæmorrhage, discharging about four ounces of clotted blood. Suspecting the presence of ulcers within the rectum, a careful exploration was made by means of the speculum, but no ulcer discovered; I found, however, a proliferation, or thickening of the mucous membrane just within the sphincters, and extending for two inches or more up within the bowel. This morbid growth consisted of exuberant villosities, exceedingly vascular and soft, and feeling to the touch like thick velvet. A very close inspection failed to disclose the presence of fissures. I recollected having treated a similar case, which came under my care many years previously, by the application of nitrate of silver first, and subsequently of nitric acid, which, however, had not resulted in a cure. I determined, therefore, to try the plan of dilating the sphincter freely by pressure with the thumbs and tearing up and squeezing out the blood of the villous vegetations, and thus destroy them by cutting off the abnormal blood supply, at the same time continuing to use the hot water injections, consisting now of the solution of boracic acid, instead of the decoction of ipecac, adding the tincture opii only to the one used at bed hour, in the quantity of twenty-five drops. Injections were ordered to be administered every three hours during the day up to twelve at night. Continuing this plan of treatment and confining my patient to the hot milk diet, with an occasional slice of stale bread, I had the satisfaction of discharging him perfectly cured at the end of fifteen days.

Case 2.—Two years after the above case, in the summer of 1877, a married lady, the mother of three children, came under my care suffering with severe proctitis associated with several small but exceedingly painful fissures. This lady had suffered for many months with attacks of dysentery, which had been temporarily relieved by medical treatment, but invariably returned without any immediate exciting cause that she could discover. Latterly she had experienced several hæmorrhages from the rectum, and found that all efforts at defecation were attended with such exquisite pain that it was almost impossible for her to accomplish that act. The pain had within a few days become persistent and unceasing, rendering sleep impossible, and her existence miserable in the extreme. The dejections had for several months

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prior to this condition of affairs consisted largely of mucus, sometimes, but not always, tinged with blood. It was impossible, in consequence of the extreme tenderness of the parts, to make a speculum examination, or even introduce my finger without first placing her under the influence of some anæsthetic; so I determined to etherize her the following day, and divide the external sphincter at once, relying upon the hot water injections for subsequent treatment.

The operation was performed on the following day, as determined upon, the knife being first used, followed by stretching with the thumbs, and a thorough dilatation obtained, a half pint of hot water being thrown into the bowels every four hours during the day, and kept up for two days. The patient expressed herself as greatly relieved after the operation, and enjoyed, for the first time for several nights, a refreshing sleep. She was also placed upon hot milk diet with stale bread for a week, and the hot water douches continued every six hours for the same period. At the end of eight days she was discharged cured. I had an opportunity of seeing this lady quite frequently for many years subsequently, and enjoyed the satisfaction of knowing that my success in this case had been complete.

Case 3.—Four years ago I was consulted by a young lady twenty years of age, of delicate appearance, who informed me that she had been subject for six years to habitual constipation, with alternations of diarrhœa. That two years before she had submitted to an operation for hæmorrhoids, from which she had suffered for more than a year previously, and experienced occasional losses of blood. Although the hæmorrhoids had been removed, greatly to her disappointment she still had frequent hæmorrhages from the bowels, and at all times pain and discharges of large quantities of mucus, frequent attacks of diarrhœa, but generally constipated. A careful examination of this case disclosed a contracted anus, sphincters firmly closed and resisting the introduction of the finger, no appearance or condition, however, indicating malignant disease, but presenting what I shall call a *rectismus*. The lining membrane of the rectum was found thickened and villous, and exceedingly vascular; but not very sensitive beyond the sphincters. External manipulation over the abdomen produced some pain along the descending colon. This lady was required to go to bed and to commence at once the hot water douches; half pint every four hours, every alternate one containing two scruples of boracic acid and ten minims of tincture opii.

On the third day after confining her to bed, I placed her under the effects of chloroform and operated by dilating the sphincters, entirely paralyzing, for the time, that muscle. This was immediately followed by the application of nitric acid diluted one-half, to the inner surface of the rectum some distance beyond the sphincters. The subsequent treatment consisted simply of the milk diet, hot douches with solution of boracic acid, anodynes for the first three nights, and internal administration of lime water, half an ounce three times a day in the milk. At the expiration of two weeks she had so far recovered as to be able to

leave her house, and experienced no difficulty or pain in the evacuation of the bowels. This patient continued to enjoy entire freedom from any trouble, except more or less torpor of the bowels, for nearly two years, when I was again consulted for a return of the hæmorrhage of the rectum following defecation, and attended with pain. An examination with the speculum showed the presence of three ragged ulcers about the size of a split pea, located just within the sphincter. These were speedily destroyed, and the parts healed in a few days by three applications of pure nitric acid. She has now been under my observation for eighteen months, and has had no return of the diarrhœa, or other evidence of intestinal disease.

Case 4.—In the latter part of May, 1883, an elderly lady, sixty years of age, the mother of several grown children, stout and healthy in appearance, consulted me for chronic intestinal catarrh; with which she reported she had been suffering for more than a year. I saw her occasionally during the month of June, and directed her to use injections of hot water and be placed under a rigid system of diet, using but little medicine, as I was told that she had been pretty thoroughly medicated before consulting me. About the 20th of June, she reported that she had suffered latterly with severe pains about the rectum during defecation, and at all times more or less uneasiness at that point. This had been steadily increasing, and had finally become exceedingly distressing to her, and been attended with discharges of blood. An exploration of the anus and rectum disclosed the presence of an oblong ulcer just within the margin of the anus, and extending for one inch up in the bowel, about one-third of an inch wide and four or five lines deep, with smooth edges and base. The surrounding tissues were soft and natural to the touch and in appearance, except the usual velvety feeling of the mucous membrane above the sphincter. I was greatly relieved to find the condition of things, that dispelled all apprehension of malignant disease, which I thought the clinical history of the case with the age of the patient, to some extent warranted. The free application of nitric acid was made to the ulcer, hot water douches continued through the day, and a soft anodyne suppository at night was used. Finding at the end of ten days that the use of caustics, anodynes and astringent lotions and suppositories, in conjunction with the foregoing treatment, had utterly failed, I resolved to divide the sphincters through the bottom of the ulcer, practice dilatation, and continue irrigation of the bowels with hot boracic acid lotion.

On the 6th of July, assisted by Dr. Acker, of this city, who administered chloroform, I made a partial division of the sphincter with a bistoury, and completed the dilatation by pressure with the two thumbs. A large pledget of patent lint saturated with carbolized oil, was inserted and allowed to remain for eighteen hours. The hæmorrhage was quite insignificant, but a large quantity of almost pure mucus was thrown off by the bowels. A full anodyne was ordered for the night, and the patient put upon hot milk as a diet. On the day following the lint was re-

moved, and an application of an unguent, composed of sulphate of zinc, morphine and vaseline was made. In this, as in all the foregoing cases operated upon, the bowels were kept inactive by the use of opiates for four days.

This patient was left in charge of Dr. Acker a few days after the operation, and not seen by me again for four weeks. She continued, however, to use an abstemious diet, and to persist with the hot douche for some weeks. On my return to the city she had so far improved as to be able to walk out without inconvenience, and suffered no pain in evacuating the bowels; had a good appetite, and pronounced herself as almost entirely cured. She has since that date been under my observation, and seems perfectly well; having had no return of the diarrhoea, or other indications of her former disease.

Case 5.—In October last, I was requested to see a gentleman 52 years of age, a lawyer by profession, of sedentary pursuits during the last fifteen years of his life; regular and temperate in his habits. He informed me that he had for several years, suffered from a slight bronchitis, attended with a troublesome cough, but no expectoration. That eighteen months before, he began to experience some discomfort about the rectum after defecation, which had gone on increasing to actual pain; and that for the past six months there had been an occasional discharge of blood after evacuations of the bowels. Contemporaneously with this feeling of malaise, he had been attacked with diarrhoea which had continued at intervals up to the time of his consulting me. He had also undergone during this period a regular system of medication by two different physicians, who regarded his case as a simple catarrh of the large intestine; but that they had failed to afford him any permanent relief. Upon making a careful examination of the rectum, I found a superficial fistula about one and one-half inches deep, two small fissures at the anal orifice, and the lining membrane of the rectum congested and thickened. A laxative of sulphur and Rochelle salts was administered, and instructions given that he should use hot water douches every four hours daily. I explained the necessity to him of operating for the fistula, with the probability of an additional operation for dilating the sphincters. He determined to try for a week the plan of irrigating with hot water alone, and abandon all internal remedies. At the end of ten days I received a note requesting me to call and see him. He had experienced much relief from the hot douches during the intervals of intestinal quiet, but at each evacuation the same pain was produced, his diarrhoea also had continued to recur, and he had finally concluded to submit to any plan of treatment which I might determine to pursue.

On the day following, assisted by Dr. Acker, who administered a mixture of chloroform and ether, the anæsthetic I usually prefer, I first divided the superficial fistula which extended just within the margin of the anus and dilated freely and forcibly the sphincters with the thumbs, packing the rectum for a few inches with a tent made of fine old linen, and well lubricated with vaseline. An opiate was directed to be given

four hours after the effects of the ether had worn off. The next day I removed the pledget of linen and used the hot douche, repeating the opiate at night and directing a very light diet. On the third day a laxative was given, which operated without occasioning much pain. No further treatment was practiced in this case than the continued use of the hot water irrigation and a moderate diet. At the end of eight days he was sufficiently well to resume his ordinary vocations, and pass from under my observation till the following January, when I met him on the street and received the gratifying intelligence that he had increased ten pounds in weight, and had experienced no return whatever or any symptom of his old trouble.

Recognizing the important part played as etiological factors in the production of this disease by the muscular adjuncts of the rectum, and as one of the chief obstacles to be encountered in accomplishing its cure; it is important that we should bear in mind the anatomical relations of this organ to those muscles. The extensive attachments of the levatores ani with its fibres converging to a central raphe encircling the bowel, and exercising a controlling power over its various motions, its contractions and its dilations, and to a certain extent diminishing or increasing thereby the vascular supply of its coats; the external and internal sphincters presiding to a large extent over the act of defecation, maintaining under certain conditions by a tonic or spasmodic contraction of their muscular fibres, an abnormal blood supply to the bowel above, resulting in proliferation of tissue and necrotic areas of mucous membrane; the rich supply of nerves and blood-vessels, and especially the particular distribution of rectal veins, constitute a vast field for investigation by the pathologist as well as an interesting and useful subject for observation and instruction to the general practitioner.

URETHRAL CALCULI¹

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The clinical pictures presented by foreign bodies in the male urethra are so varied that every case is likely to display special features of interest which will vary according to the form, seat of lodgment, and source of the foreign body. In most cases this is a calculus which has descended from the bladder or kidneys, or in rarer cases, such as prostatic disease or stricture, has developed in loco. In the vast majority of cases, the stone is single. In the following case, for the "previous history" of which I am indebted to Dr. J. A. Brown, of Germantown, two stones were found, which varied as much in size as in the symptoms to which they gave rise.

J. L., æt. 37, farmer, had always enjoyed good health until sixteen years ago, when he suddenly suffered from severe pain in the urethra, associated with hæmorrhage and retention of urine, for the relief of which the catheter was used. After continuing for a few weeks these symptoms subsided, and the patient

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