A CASE
OF
CONSTIPATION OF NINE DAYS' DURATION
FROM
SCIRRHOUS RECTUM,
RELIEVED BY OPENING THE SIGMOID FLEXURE OF THE COLON
IN THE LEFT GROIN.

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July 21st, 1851.—I was requested by Mr. Kennedy, of Stratford, to meet him in consultation on the case of a lady, æt. 35, whose bowels had been constipated four days. She was a person of a delicate frame, pale, and somewhat emaciated; the mother of four children; and was hereditarily predisposed to cancer, her mother and a sister having died of the disease. For some years she had experienced considerable difficulty in managing her bowels, and had suffered great inconvenience in expelling her fæces: this was always accomplished with pain and straining, and her motions were never properly moulded. She had also occasionally passed blood with her stools, and was much troubled with hæmorrhoids.

About half a year ago she consulted a surgeon, in consequence of the symptoms just detailed, who made an examination, and pronounced the case one of carcinoma of the rectum, with ulceration. She had also consulted various physicians of eminence, in consequence of the irregular state of her bowels. From the account given by Mr. Kennedy, her usual medical attendant, it appears that lately she had

been much better than usual, and had gained somewhat in flesh ; but that a few days prior to the constipation of her bowels, she had an attack of diarrhoea, which ceased on the 17th, and since this nothing has passed *per anum*.

When I first saw her, I was informed by Mr. Kennedy that no motion had passed for four days, and that she had vomited almost every thing she took, whether of food or medicine. From the previous history of the case, there could be no doubt that she was labouring under some serious organic disease of the lower part of the intestinal canal, and, as a variety of means had been employed, both by way of purgatives and injections, without success, my advice was requested.

I found her with a placid countenance, not indicative of much suffering ; the pulse rather frequent ; the tongue moist and red, without heat of skin ; her abdomen was moderately, but not excessively, distended and tympanitic ; there was no pain on pressure ; we fancied we could trace the course of the colon from its ascent to its descent, but its outline was not accurately marked. She suffered much from occasional cramps in the intestines, and we could distinguish the spasmodic action of their muscular coat through the parietes. We contemplated the probable necessity of an operation, but agreed to wait as there was no urgency in the case. A scruple of calomel was administered, and an injection of warm water was thrown up, which came away in ten minutes slightly tinged with blood, and containing a quantity of flocculent mucus. In passing the tube of the syringe, it was found that fourteen inches had entered the rectum, but that a portion of the tube had become twisted spirally in the gut, so that it was impossible to say to what extent of intestine the instrument had passed : there was no evidence of scirrhus within reach of the finger. The calomel was repeated in the same dose on the day after I first saw her, and it was subsequently increased to two scruples, but without any effect either decidedly beneficial or injurious, although it appeared to allay the tendency to vomit. She

was directed to take light nourishment in small quantities, and to moisten her mouth with ice constantly.

It would be tedious to describe minutely the treatment pursued from day to day: it consisted in the occasional use of injections, and small doses of morphine were administered when the stomach became unusually irritable; and the only change from these palliative means consisted in the exhibition of half a pound of metallic mercury, a small quantity of which speedily passed *per anum*, but the bulk remained behind.

She continued much in the same condition until the evening of the 21st, when, the symptoms having increased in severity, I was requested to see her, as her medical attendant thought the time had arrived when further delay was likely to be injurious, and that something operative ought to be had recourse to at once. I therefore saw her in consultation with Mr. Luke and Mr. Kennedy, and acquiesced in the propriety of opening the sigmoid flexure of the colon in the left iliac region. I made an incision of about two and a half inches parallel with the epigastric artery, at about half an inch internal to the anterior superior spinous process of the ilium, the lower end of which terminated just above Poupart's ligament. The peritonæum having been carefully opened, above half an ounce of serum escaped: a portion of distended small intestine protruded, this was replaced, and on introducing the forefinger, the descending and sigmoid flexure of the colon could be felt undistended, and of their natural size. On passing the finger along the colon downwards towards the rectum, a hard tumour could be distinguished in the upper part of this gut.

The sigmoid flexure of the colon was now pulled through the opening, and having been retained in the position by a ligature passed through an appendix epiploica, an opening an inch long was made in it, when a small quantity of fluid fæces and air escaped: the gut was now stitched by two sutures to the integuments, and the

patient was placed in bed. I passed my forefinger downwards into the intestine, and could feel a fleshy mass almost completely filling the calibre of the upper part of the rectum. A fomentation was ordered to the abdomen, and the wound was kept clean by sponging away the feculent matter as it made its escape.

On visiting her the day after the operation, I found that a large quantity of feculent matter had escaped, by which she was much relieved, and the distension of the abdomen had in a great measure subsided. She had not vomited since the operation, and expressed herself much better in every respect. A large quantity of fluid mercury had escaped with the feculent matter. She had taken a small quantity of wine and beef-tea, with a little soda water. There was not the slightest tenderness in the abdomen, and the pulse, although rather quicker than before, was quite soft; her tongue was red and moist, and there was no tenderness in the gums.

I saw her in about fourteen days after the operation, and found that she had continued to discharge freely the contents of the bowels through the wound, and that a large quantity of metallic mercury had passed, and that there was a tendency to diarrhoea, which had been checked by small doses of aromatic confection. The abdomen was quite free from pain and tension. Her tongue and mouth were sore, apparently from the calomel; her countenance was cheerful, her pulse calm. I removed the ligatures which were quite loose. She had passed some thick slimy matter by the rectum tinged with blood; she thinks also that a small quantity of feculent matter had passed as well as some of the mercury, and some flatus had escaped with an audible noise. She was directed to take strong broth, beef-tea, and arrow-root, and two glasses of Port wine with water daily.

A few days ago, I received the following communication from Mr. Kennedy, in answer to my inquiries as to her present condition:—"I have nothing to add to the previous account, but to say that the operation has been entirely

successful, and, although the disease which demanded the operation still exists, and I presume will ultimately terminate her life, she is improving daily in health and spirits; the artificial anus gives very little trouble, and she is able to attend to it herself, in which respect the opening in the groin is much superior to that in the loins. Two ounces and a half of the mercury came away per anum five weeks after it was swallowed, which proves incontestably that in the metallic state it is quite innocent."

I have since ascertained that the tendency to discharge the contents of her bowels occurs twice in the twenty-four hours, and that there is still a frequent discharge of offensive slimy mucus from the rectum. Her general health has wonderfully improved, and she is now making flesh.

Of the nature of the disease in the case I have just had the honour to detail, there could be no doubt: the previous history of the symptoms, and the evidence afforded by the resistance, to the passage of the rectum-tube, at once indicated, as accurately as possible, the precise locality of the obstruction, and hence it only remained to determine the *modus operandi* for the relief of so formidable a condition. It seemed to me that the operation to which I had recourse was, at any rate in this instance, quite admissible, inasmuch as in all probability the intestinal tube was healthy above the rectum.

With regard to the comparative merits of this operation and that of Amussat, the subject appears to have been so fully considered by my colleague, Mr. Luke, in the last number of the Society's Transactions, that I will not occupy the valuable time of the Society by reiterating the forcible arguments in favour of the anterior operation contained in that gentleman's communication.

I cannot, however, omit the opportunity of expressing my opinion that the danger arising from opening the peritonæum is in a great measure obviated by the blocking up of the opening by the protruded intestine, as, the peritoneal surfaces being thus brought into contact, adhesion takes place

so rapidly and so completely, that the peritoneal opening is speedily closed, and all communication with the exterior is effectually prevented.

It will be seen in this case that the continuity of the intestinal tube was not completely obstructed, as a small quantity of fluid mercury passed *per anum* soon after its administration: this might have led to the error of the belief that the natural function of the canal was about to be restored; but a little consideration soon convinced me that the hope of speedy relief was not to be encouraged, as, although a small quantity of fluid so subtle as crude mercury might readily pass, I could not expect that the gut could transmit its natural contents under its peculiar circumstances. The administration of so large a quantity of crude mercury is a practice, although advised by myself, I find some difficulty in justifying: the doubt and obscurity which overhangs most, if not all, cases of intestinal obstruction, must plead my justification for employing a means of such a questionable character. That no harm resulted from its use, is at once apparent; and there can be no doubt that, previous to the operation, the greater part of it had made its way to the seat of obstruction, beyond which only a very small quantity had proceeded, the bulk being retained to be passed some weeks after its administration, in an unaltered condition, producing no injury whatever to the patient.

There is but one other point to which I consider it necessary to refer, namely, to the great relief afforded to the local disease by diverting the flow of fecal matter into a new channel, thus removing one great source of severe irritation—and hence the suggestion arises as to the feasibility of a similar proceeding in cases of ulcerated cancer of the rectum.

POSTSCRIPT, *July 17, 1852.*—The patient, for two or three months after the operation, appeared to recover in health; her stomach and bowels performed their functions so satisfactorily, that Mr. Kennedy, her medical attendant, hoped

her disease had become latent: but these favorable symptoms declined gradually; she complained of pain in the tumour, her appetite failed, and her bowels ceased to act without medicine; her bladder also became very irritable. She died, gradually exhausted, on the 13th of July: the opening in the groin having given no pain whatever. Her fæces were discharged with facility through it; a small quantity occasionally passing per anum.

Post-mortem.—The upper part of the rectum was the seat of carcinomatous ulceration, adhesion having taken place between it and the parietes of the pelvis, so that no escape of fæces had occurred into the peritoneum. The left ovary was occupied by a mass of colloid cancer: and the right ovary (which had formed a fluctuating tumour in the groin during life) was occupied by a large cyst filled with fluid. The liver was studded with scirrhus tubercles. The adhesion between the sigmoid flexure of the colon at the seat of the operation was perfect; and the small intestines and omentum had become adherent in its vicinity.