CLINICAL LECTURE

ON

OBSTINATE CONSTIPATION AND OBSTRUCTION
OF THE BOWELS.

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"OBSTINATE constipation" and "obstruction of the bowels" are events which may take place from a great variety of causes. Some of these I shall endeavour to place before you. One of by no means uncommon occurrence consists in an "accumulation of impacted feces" in the large bowel. This is a form of the complaint which is attended by very little or no danger, and is soon relieved by proper measures. Yet even this may occasion great temporary distress to the patient, and much anxiety to the friends. I will mention a case which occurred in my own practice a good many years ago.

I had been in long attendance on a lady, about thirty, for no definite organic disease. She at last got tired of me, and, at the instance of her nurse, a homœopathic physician, since dead, was called in. After he had been some time in attendance, I was recalled on an emergency of so-called "obstinate constipation" or "obstructed bowels." It seems that her homœopathic doctor had referred her complaint to an attack of piles; but as he failed to relieve it, the friends became excessively anxious, and a little ashamed, and I was again summoned. I found the lady in a state of considerable suffering, with, however, little or no febrile disturbance, but she had some nausea, and refused all food. She had a desire to go to stool, but the slightest straining effort caused such pain that it was impossible to persevere. Her bowels had been locked up for about ten days. My examination satisfied me that all her distress was caused by hard impacted feces which had been allowed to accumulate in the lower bowel, and that the easiest way of relieving her would be by repeated injections of warm water. Some objection was made to this simple and easy treatment, and the late Mr. Aston Key was called in consultation with me. He took the same view of the case, and said that, if this were not done, he should be obliged to scoop out the contents of the bowel with the handle of a spoon. The first alternative was then adopted, and complete relief was obtained, after which I was allowed to withdraw, to be again replaced by the homœopathic doctor. This case should perhaps be rather called a case of "constipation" than of "obstruction." Nevertheless, the bowels were locked up for a considerable time, and symptoms were coming on not unlike those which betoken a more serious affection.

I will mention another case in which the obstruction seemed to be seated higher up, though this case, also, may be regarded as simply one of "obstinate constipation." Some years ago I was asked to visit a lady resident at Islington. I knew her previously, and, judging from her appearance, had always thought her a very healthy person. I was now told, however, that she was subject to the constant inconvenience, or more than inconvenience, of obstinately constipated bowels, and that she frequently used very large injections of very hot water. The account given me of her attack was this. She had just returned from Warwickshire, whither she had gone to be present at a wedding, and had been absent three days. She had not felt well on leaving home, and would rather not have gone, but was unwilling to disappoint her friends. During the whole time of her absence she felt very unwell, and was seized with sickness on the railway in returning, which sickness had occasionally returned. I saw her in bed with a tranquil countenance; no pain in the abdomen, which bore pressure everywhere. The tongue was slightly furred; the pulse not affected. She had a cool skin, and had slept tranquilly during a considerable portion of the night. I took a very favourable view of the case; but, knowing that an invincible obstruction will sometimes come on with these mild symptoms, I was determined to use no measures which would have the effect of aggravating the sufferings should this unfortunately be the case. Accordingly, the plan of treatment which I adopted was to keep washing out the lower bowels by means of injections, until these came away unchanged, which would be a proof that they had done everything they were capable of effecting. A very large quantity of fecal matter was brought away in this manner, and the patient seemed in a more comfortable state. At last, the injection was returned without bringing any fecal matter along with it. She was now seen by Dr. Burrows in conjunction with myself, and, as some sickness continued, he advised the continuance of the injections, and a draught containing the effervescent citrate of magnesia at inter-

vals of a few hours. As the result of the injections was always examined, it was noticed that in one there were floating some currants; and upon this being mentioned to the patient herself, she said: "Now I am satisfied there is a free passage through the bowels, for the currants came from the wedding-cake, as I have eaten nothing else containing them." This account seemed so probable, and was so consistent with the mild features of the case, that I thought I need no longer hesitate to give a brisk purgative, which might probably clear off all her symptoms. I then ordered half a drachm of jalap with three drachms of bitartrate of potash, to be mixed with an ounce of syrup of ginger, half of which was to be taken immediately, and the remaining half six hours afterwards, unless the action of the bowels should be very free in the interval. The medicine had all the effect that could be desired, and the patient was soon perfectly well.

I will now mention one or two cases of a more serious nature, but which yet had a favourable termination, although both of them were attended by symptoms of the very worst omen. The cases which I shall mention have all been under my own care or observation.

In the spring of 1860, a young man was admitted into Mark's Ward with "obstinate constipation" of upwards of a week's duration. He had had a great deal of treatment, but without any effect, except that of greatly augmenting his distress. When I first saw him, his countenance was pinched and anxious, his abdomen greatly distended by flatus, and he was further harassed by constant vomiting. The matter vomited at length acquired the fecal odour, and, as every symptom became worse at the same time, I abandoned all hope of his recovery. On my next visit to the hospital, I expected to find that he had died; and as I felt some curiosity about the nature of his disease, and my thoughts were running forward to the result of a *post mortem* examination, you may judge of my surprise when I saw my patient sitting up in bed, and taking some bread and milk with his own hand. He then told me that his bowels had been relieved, and that he had passed a great tapeworm. The chamber-pot was brought to me, which was literally half filled with the parasite, presenting a tangled mass, and in amount such as I had never seen before. His symptoms were entirely relieved, and he was only feeling the effect of exhaustion. From the account which I received from the Sister of the Ward, it was evident to me that some relief had been felt for some time before the final discharge of the worm had taken place, from which I inferred that the ease which had been felt by the patient was simultaneous with the passage of the knot of worm from some portion of the small intestine which it had almost fatally obstructed.

Some years ago, I had another case at the Seamen's Hospital, in which all the symptoms of tympanites, vomiting of almost fecal matter, collapse of features, and even hiccough were present, and yet the action of the bowels was at length restored, and the patient recovered. It is difficult to explain such cases; indeed, our explanation must be quite hypothetical, for in half a dozen cases the symptoms might be identical in all, and yet the causes of them entirely different, except in the common property of their causing an obstruction.

I have now before me the notes of a patient, William Wills, aged 46, admitted into Luke's Ward, October 1860. It is stated that he had great pain across the body, not increased by pressure, with sickness almost incessant. The tongue was furred, and he had great thirst. A note states that, three days after his admission, an injection of three pints came away without any discoloration, and that he continued to vomit large quantities of fluid, of fecal character. There was no treatment but the injections, which had no effect beyond that of washing out the large bowels. Five days after his admission, a note informs me: "The bowels were opened last night, and again this morning; the evacuations were copious, fluid, and containing lumps; the sickness has abated, and he has now very little pain across the belly." After this, his convalescence was soon established.

I will mention one case more, that of a lady who was well advanced in middle life, of feeble constitution, having spinal curvature, and suffering at the time from chronic disease of lungs, probably of tuberculous nature. In addition to her other ailments, the bowels were extremely sluggish, and I usually helped their inaction by a draught containing tartrate of soda, which seemed to agree very well. One day I was sent for unexpectedly; and, on arriving, I found my patient very uneasy in the abdomen, and was told that whilst straining at stool she had suffered some severe "internal cramp." She seemed apprehensive of pain on my handling the abdomen, but I found that I could make very firm pressure with the hand flatly applied without augmenting her distress. There was also some nausea, but without vomiting. I refrained from giving medicines by the mouth, and trusted to the action of enemata. The large bowels were frequently washed out, but no relief was afforded. The nausea was succeeded by vomiting, and the matter rejected had at last the fecal character, and she gradually sank.

No examination was allowed, though much pressed by the late Sir James Clark, who attended in consultation with me.

These cases may serve as examples, partly of "obstinate constipation", partly of "obstruction." You will have seen from them that even "feculent vomiting" is not always a fatal symptom; it is, however, one of extremely bad augury. When once it shows itself, nothing can be attempted in the way of giving medicines by the mouth, for the nausea is constant, and the stomach is excited to vomiting as often as it is refilled from the bowels. In many cases, the obstruction is irremediable from the first, and when this is the case, all purgative treatment must greatly aggravate the distress.

Some years ago, the late Mr. Lloyd performed the operation of section of the abdomen, with the hope of discovering some removable cause of obstruction, and thus giving relief to one, on whom all other measures had been vainly tried for about three weeks. Although the operation was performed with great care and skill, and seemed to be quite proper as a last resource, I should hardly feel justified in recommending it in another case. It was shown in this case that the disease was of a necessarily fatal character.

I have little to say on the subject of treatment. The remarks which I have made consist almost of objections to the use of *active* purgatives. The first thing to be done is to satisfy ourselves that there is no hernial protrusion—that there is nothing which in the first instance demands surgical relief. Having ascertained this, we should then administer injections, and repeat them as long as they bring away any fecal matter. It has been supposed that gentle pressure or a "kneading", as it were, of the bowels, has been productive of good effects. It is difficult to understand on physical principles how this can be the case; nevertheless we are told that on one occasion a somewhat heavy hand brought relief which had been denied to the exertions of a gentler manipulator.

Many absurd remedies have been recommended, in ignorance, one might suppose, of our anatomical formation. Among these, metallic mercury is one, the weight of which, it was thought, would carry everything before it. Neither should I have so much confidence in galvanic shocks passed through the abdomen, as I once heard expressed by a gentleman who was accompanying the late Dr. Hue, in one of his visits at the Hospital. They were considering a case of *obstinate constipation*, when Dr. Hue's friend suggested galvanism. Dr. Hue smiled, as if he doubted whether his friend was serious or not, and then asked if he had ever found that to be efficacious. "Efficacious!" said the other, "I tried it once, and could hardly get out of the way in time." "Then", said Dr. Hue, "let it be done."

OBSTETRIC MEMORANDA.

SPONTANEOUS INVERSION OF UTERUS.

In the JOURNAL of December 24th, 1870, is an interesting account of a case of "spontaneous inversion of the uterus" reported by Mr. Webster Adams of Norwich. The following is the only case of the kind which has come under my notice during a midwifery experience of many years. Mrs. P., a young married woman, had been attended by a neighbouring practitioner in her first confinement on October 30th, 1868. The labour was natural, except that it was followed by rather profuse atonic hæmorrhage. The following day—twenty-four hours after delivery—her medical attendant was sent for hurriedly; and, when he arrived, found that, after a sudden accession of powerful expulsive pains, complete inversion and extrusion of the uterus had taken place. There was no hæmorrhage, but the patient was anæmic from the previous loss, and seemed very prostrate, with rapid, feeble pulse. He immediately returned the uterus within the vagina; but, experiencing some difficulty in effecting its further reduction, procured my assistance. We put the patient under chloroform, and, without much difficulty, I succeeded in restoring the uterus to its natural position, after it had been inverted for five hours. The procedure which I adopted consisted in grasping the inverted uterus with the right hand, introduced within the vagina, exerting at the same time powerful upward pressure until the vagina was fully on the stretch, when I became sensible of the gradual recession of the tumour. Following this up carefully with my fingers, I soon found my hand occupying the cavity of the uterus, showing that its natural condition was restored. The reduction took place without any perceptible jerk. I retained my hand in the uterus for a time, and grasped it externally with my left hand until firm contraction was excited, when I cautiously withdrew the hand from the uterus, and no recurrence of the displacement took place. The patient made a good recovery without the supervention of any inflammatory symptoms. Sandon, Stone, Jan. 1871.

J. H. TYLCOTE, M.D.

AN ADDRESS

ON

THE IMPROVEMENT OF MEDICAL EDUCATION.

Delivered before the Medical Teachers' Association, January 20th, 1871.

By CAMPBELL DE MORGAN, F.R.S.,
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GENTLEMEN,—On taking the chair for the first time, the thought which is uppermost in my mind, as it assuredly is in yours, is the sad event which has deprived us of one of the most useful and zealous of our members—of a president whose high character and attainments rendered him in every way a fitting successor to Simon and to Jenner. In acknowledging the honour you have done me in electing me your president, I must at the same time confess that I accepted reluctantly a position hitherto filled by men so eminently qualified to establish and to advance the character and influence of the Association. I did not feel justified, however, in refusing, under the circumstances, an invitation so flatteringly made. But, while confessing to a want of those qualities which have distinguished your former presidents, I yield to no one in the earnest desire to promote our common object. Nor do I think that any one among us is more deeply impressed with the conviction of the usefulness of such an institution as this, if it confine itself strictly to its true and legitimate objects—the improvement of education, the efficiency of the schools, and the cultivation of a cordial co-operation and good feeling between them.

The two questions which it was intended should be brought forward this evening come within the scope of this definition. The one—that of the propriety of doing away, under certain conditions, with certificates of attendance on lectures—leads directly to the important subject, which has frequently cropped up in the course of our discussions, of the enforcement on the student of a fixed, special mode of acquiring knowledge. This question, as you may remember, was referred back to the Council, and, on reconsideration, it was found that fresh information would be necessary before it could be again presented to a general meeting; and this information a committee is engaged in collecting. The other question—that relating to the amalgamation of schools—has a bearing yet more weighty on education, and especially, perhaps, on the most important branch of it—*practical teaching*. But this, too, is postponed; and we can only now sympathise deeply with the gentleman who was to introduce it on the occasion of the severe domestic calamity which has befallen him, and which obliges him for the time to withdraw his motion.

Thus we might have been left to-night without occupation. But there was a subject which would of necessity have taken precedence of either of those which are for the time withdrawn. One of the objects of our meeting is to hear and to discuss one another's views as to the best and most practicable mode of carrying out the regulations imposed on us by the examining boards. The effect of this is to harmonise without trammelling the actions of the schools.

The College of Surgeons has issued regulations, some of them novel in character, which must come into immediate or early operation, and which compel an enlarged area of action in the schools. The regulations are somewhat vague, perhaps intentionally so, and they must therefore be interpreted by the teachers. I think we may congratulate ourselves on the action of the College of Surgeons, for to a great extent most of the schools were in advance of the then regulations, and had voluntarily adopted modes of teaching which the new regulations only now render compulsory. We may congratulate ourselves, because these regulations enforce that for which we have been striving—a higher recognition of practical education. The new rules will not find us unprepared, for the most part, to adopt them. But there are questions requiring consideration, and which can be best considered at a combined meeting of the schools. Such are—What is meant by practical physiology? to what extent should it embrace experimentation on animals? In what manner may students take part in physiological experiment? Or does practical physiology really mean only the practical study of subjects auxiliary to physiology, as histology, chemistry, and physics? The latter seems to be now the interpretation of the Council of the College, but doubtless many schools are prepared to take the wider view.