Diseases of the Rectum

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The Rectum, from its structure peculiar to every economy, is subject to many various distressing complaints. As a class of diseases they are as common as any to which the human frame is liable; the suffering and inconvenience produced is not only often very great, but is also often accompanied by great depression of spirits and anxiety of mind. From the delicate nature of the disorder, the patient, especially if a female, is often deterred from applying for relief, till the disease is far advanced. The disease may arise from any cause fitted
decide to the health of the patient, exposure to cold, sedentary occupations, excessive indulgence in the luxuries of the table. They are thus more frequently found in the upper middle classes of society. These disorders, when seen early and properly treated, are very amenable to treatment; it is therefore very important that an early and careful examination be made. The patient's general health, particularly excited into.

Before proceeding to treat of each disease separately, let me give a short account of the.

**Anatomy of the Rectum** — The Rectum is the terminal portion of the intestinal canal, is from 7 to 8 inches in length. The term Rectum is a misconstruction, for it is not straight, but curved as it adapts itself to the curve of the sacrum. It extends from the sigmoid flexure of the colon to the anus, which is entirely situated within the pelvis. It is smaller at the upper part than the sigmoid flexure, but gradually enlarges as it descends, previous to terminating at the anus forms.
a considerable dilatation. It differs from
the rest of the intestines in being smooth &
cylindrical instead of sacculated & the com-
posite circular bands are wanting.
The Rectum is divided into three portions, the first
extends to about the middle of the Sacrum
and is in relation in front with the back
of the Bladder in the male. The posterior
wall of the uterus in the female. It is com-
pletely surrounded by Peritoneum which
connects it to the Sacrum by a fold called
the meso-rectum. It is in relation alone
with the branches of the internal iliac artery,
several plexuses of nerves & the left ureter.
The second portion which is about three inches
in length is closely attached to the surface of
the Sacrum - is covered by the Peritoneum
only in front & is in close relation to the tri-
angular portion at the base of the bladder, on
each side lies the vesiculæ seminalis, in
front is the prostate gland in the male &
the vagina in the female. The third por-
tion curves backwards, from opposite the
Prostate gland, tip of the esophagus terminates in the rectum and is from one to two inches in length. This portion has no peritoneal covering, but is covered by the fibers of the internal sphincter and supported by the levator ani. It is separated from the triangular space from the membranous part of the urethra.

Its structure: The rectum is composed of four coats - a mucous - submucous - muscular and an external covering derived from the peritoneum called the serous.

The mucous membrane of the rectum is thicker, redder and more vascular than that of the colon, is more easily upon the muscular, it has numerous folds running in various directions but they are almost all longitudinal near the anus. Higher up in the intestine they are transverse.

The submucous consists of a pretty thick layer of areolar tissue - it is sometimes called the areolar coat - it contains the blood vessels, nerves and likewise a number
Of plan as called- glandulae solitariae.
The muscular coat is composed of fibres of
the smooth more voluntary kind, except at
the anus where they are striated; it is formed
by two layers a longitudinal & circular, and
it is much thicker than in other parts
of the intestine canal; the longitudinal
fibres are paler than the circular.
The serous coat completely surrounds the up-
per part of the Rectum, it covers the mid-
dle portion only posteriorly, while the termi-
nal portion is destitute of any serous cov-
earing whatsoever.

Vessels & Nerves. The vessels are derived from three
sources - the inferior mesenteric supplies the
upper portion of the Rectum, the middle is
supplied by the haemorrhoidal branches derived
from internal iliac, while the terminal portion
is supplied by the inferior haemorrhoidal bran-
ches of the pudic nerve.
The sympathetic entering some places placed in
the sacrum, or join those of the lumbar
series.
The nerves are very numerous, and derived from both the Cerebro-Spinal and sympathetic systems. The former consists of branches derived from the sacral plexus, and the latter of nerves from the inferior mesenteric and hypogastric plexuses.

I now pass to the consideration of—

Haemorrhoids

A number of veins termed haemorrhoidal surround the verge of the anus just within the sphincter, they form a plexus from a half to a quarter of an inch in length, they are arranged lengthwise in the folds of the Rectum. These veins are liable to become dilated and varicose giving rise to the disease termed haemorrhoids or piles. More frequently however they depend upon morbid growth of the skin mucous membrane and adjacent cellular tissue. They are of two kinds external or internal. Haemorrhoids are designated internal when situated within the external sphincter.
beneath the mucous membrane - external
when beneath the integuments & outside the
to rnal of hent. External piles are of one
structure and of a round or flattened
form except when inflamed presenting
the appearance of the point.
Internal piles are more vascular - they may
resemble the external but more frequently
they are of the nature of erectile tissue and
their surface presents a strawberry tine.
Haemorrhoids is a disease of advanced age
early occurring before puberty.
Causes - There are two-fold e.g. Pre-disposing
and Exciting.
The former class may refered anything
obstructing or retarding the return of blood from
the Rectum by the haemorrhoidal veins, as pres-
sure on them - which may be caused by the pra-
coid uters - constiveness - tumours of the
uterus or peritoneum - pressure of an en-
larged liver, sedentary occupations, ex-
citement of the digestive & generative system,
excessive living &c.
So the latter may be referred straining at stool, irritation of the rectum by retained faeces, by purging or by tenesmus, exposure to cold or wet is as frequent an exciting cause as any.

This disease, though by no means uncommon in pregnant females may be considered as occurring more frequently in the opposite sex.

**Symptoms:** There are not always equally severe but are subject to frequent exacerbations in consequence of various general or local irritations. One of the most common that indeed from which the disease derives its name is hemorrhoia. This may vary considerably in amount, generally comes on while the patient is a stool, sometimes the evacuations are merely tinged at other times oozes may be noticed. A case is mentioned of a person who lost three quarts of blood from faeces in a couple of days and both Arick and the celebrated Polyktes who Copernicus are said to have bled
to death by the haemorrhage from failure. The regularity in which the bleeding occurs very frequently, sometimes daily, at other times only when there is constipation or some derangement of the constitution.

In consequence of this bleeding especially if prolonged the system is certain sooner or later to succumb; the patient becomes anaemic, he loses flesh and strength, the complexion becomes blanched, he assumes a yellow tinge, the pulse is small and quick, the complainant of the dyspepsia, dysentery, difficulty of breathing on exertion, dyspnoea. The character of the bleeding varies, sometimes venous sometimes arterial.

There are many persons subject to bleeding from the rectum generally—some become crippled in their mode of living, who feel no inconvenience from a varicose state of the hemorrhoidal veins. Often indeed the bleeding arising from this state of these veins is productive of very beneficial effects, relieving
Concentration of the Linie & Kidneys, in this manner attacks of putrid apoplexy, has been known frequently to have proceeded off. In cases of this sort, unless debilitating the patient they should be let alone. The bleeding which occurs from internal failure is undoubtedly arterial, and an artery may be opened, quickly weakening the patient & giving rise to the symptoms just described. In all such cases the bleeding is injurious. Thus it becomes important that the practitioner should distinguish the bleeding taking place in this manner from that caused by constitutional splenitis or congestion of internal organs.

The symptoms may exist separately or together - many patients complain merely of a precocious of the bowel, which he replaces himself - others refer all their symptoms to the bladder. The symptoms especially when connected with inflammation very painful, preventing the patient from pursuing the ordinary duties of life with
any comfort, preventing him from walking, riding, or even sitting. When at rest the distress occasioned is often very excessive, with these there are always more or less febrile symptoms developed, sometimes even delirium. In general when excited far up the section they are not so painful, the passage of blood may be the only symptom manifested, but when excited near the anus, from being subjected to constriction from the sphincter muscle they are always greatly aggravated.

Treatment of Haemorrhoids: This may be either palliative or radical. In the first place can the disease be prevented? It may. By avoiding all intemperance at table, or excess in venery by attending to the state of the bowels, improving the digestion by regular diet & exercise, by the use of tonics & other suitable medicines.

1st Palliative. - When the fevers are small this treatment is simple. In all cases great attention should be paid to the manner of
living. The patient should avoid all sedentary occupations as much as possible, to allow him to take as much exercise in the open air as he can, wine and all stimulants should be taken in moderation— repeated fasting & constipation should be avoided. In incipient cases stimulants & astrinents may be used with benefit as pellitory, or a lotion of alum & sulphate of zinc. Preparatives which don't act upon the rectum may be given, as sulphur and linseed oil, or enemial injections may be administered as of quick & quick. Some practitioners recommend opening the swelling by a lancet, squeezing out the dark esculinum, then applying pressure or caustic. A common practice is to apply a few drops to the Thiers, then practice cement them, after inflammation has subsided, to excise them to prevent relapse.

2. Radical Treatment. This is the best and most effective method of getting rid of the diseased structure, & cures it in the removal
of the affected part by ligature or sevage, in regard to external piles, this is by far the best method of procedure.

The soles should be washed by a decoction drawn out a little. Then removed from the margin of the anus by means of a pair of scissors or a curved bistoury, after which a piece of dry lint should be applied.

In internal piles, half a pint of cold spring water thrown into the rectum gives great relief. To this a little alum may be added, or a few drops of tincture of the Bumiclude of scars, or a little gallic acid. A composition of pepper called Wands Paste has long been employed very beneficially, it may be combined with half three grains in the dose of 3j twice a day.

When internal piles come down at stool, if required to be replaced, the best method of doing it— is for the patient to apply cold water, which may be done by means of a piece of sponge or lint. Then push them back.

The Radical treatment consists in the removal
at of them by lipectomy, excision or cautery. The last two means are now seldom or never used, recourse to removal by litigation being preferred. It is accomplished in the following manner: In the first place we should endeavour to obtain contraction of the piles as much as possible. For this purpose ointment of menthol should be given 6 or 8 hours before the operation, and warm water should be thrown up the rectum half an hour before operating. When operating the patient should be placed on his left side, with the thighs raised, or he should lean over the back of a chair. He should strain as if at stool which will cause the mass of excretae to protrude. If they are pendulous it is as well to seize the perineum of them by means of a volcellum, and drawing them out apply a ligature of silk thread tightly round the base; in other cases a curved needle set in a handle should be run through the tumour, by being separately the halves of the ligature we effect strangulation.
Before tightening the second half of the thread it is advisable to incise the living fundus to permit the contents of the tumour to escape. The ends of the ligature should then be cut short and the ends tied. The tumour by careful manipulation replaced. Any oedema may be given to allay the irritation prevented motion of the bursae. Any swelling or heat that may arise may be relieved by poultices or warm fomentations. No ointment should be given for several days.

The ligature acts by cutting off the supply of blood to the tumour, which consequently loses its vitality falls off. They generally slough in 4 or 5 days after they fall off. They leave a clean surface on the lower part of the rectum, which bleeds slightly when the bowels are relieved.

The irritation produced often causes retention of the urine, so the bladder must be attended to. The catheter passed occasionally.

Chloroform may be given during the operation, but as the pain though great during
The operation is only momentary if the ligature be tightly tied at once, if it is not great suffering on the part of the patient will be the consequence.

Care should be taken not to operate hastily on patients who have diseased liver or heart disease.

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**Fistula in Ano**

Abscesses frequently form in the loose areolar tissue of the Rectum, which may diffuse their contents up the rect. or burst externally near the anus. Instead, instead of its walls being only contracted, becomes fistulous by constantly discharging matter causes great annoyance to the patient.

If on introducing a probe through the external opening it passes through an internal orifice into the bowel we call it a Complete Fistula: if the external opening alone be
present we term it a blind fistula; if on the other hand there is only the internal opening present it is a blind internal fistula. The complete form is by far the most frequent. The symptoms are those generally of tissue inflammation, pain, rigors, fever &c., accompanied by hardness & the diffuse swelling around the site & an exudate with a continual discharge of a thin fluid from it, which stains the patient's linens & causes excretion of great discomfort. Sometimes the pain is very severe at other times hardly perceptible. Healing is retarded by 1st the fistulous condition of the parts, 2nd the passage of matter along the tract every time the patient's bowels are moved, and 3rd the contractions caused by the various muscles in the neighborhood more especially the Obliques which tends to separate the sides of the tract and the effusion of lymph caused by the infection.

Treatment: the means of cure proposed and practiced by our ancestors were three. viz.
Cautic, ligature and incision, the intention of each of these is similar up to form one of the linens and intestine by tying the former into the latter. The two former are now exploded, the treatment by incision is the only means now had recourse to. The patient general health should in the first place be attended to. Antipathetic remedies should be employed, warm poultices or compresses should be applied. The feverish heat should be calmed by proper means. If he is languid low bark &c. may be given. Gentle laconic & clysters may be administered, and as the bowels will require the patient after operating a little purgative should be given the night before.

The operation is next to be performed upon the principles that the indication depends upon the irritation of the nerves, &c. That the external opening is always near the orifice of the rectum, &c. That unless the internal opening be included in the incision no permanent cure can be obtained.
In performing the operation Chloroform may
be given, but there is very little necessity for its
administration, & the patient placed on his back
with his mates close to the edge of the table
& his thighs supported & separated by two ass-
sistants, whilst another separates the male.
The operator should then prise the fore fin-
ger of his left hand into the gut while with
the right he insert to the probe & carefully, prefer-
for the external opening, or if none be pres-
ent, for the point where it should be, then
withdrawing it he should insert a curved
blunt pointed bistoury meeting the point against
his finger in the gut, withdraw the two tope-
ther quickly, bringing the point out at the area
cladding the epithelium. In difficult cases
the probe may be left, & the cut made upon
it. A piece of lint should then be placed
in the wound & removed for a few days,
where the wound will be found to have healed
& a cure established.

In the blind external form we must
introduce the bistoury at the place where
we would have expected the opening to have been had it been present, and by gentle motion perforation perforation is effected and the operation completed in the usual manner.

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Ulcer of the Rectum

The mucous membrane of the Rectum when at rest is thrown into folds by the contractions of the longitudinal fibers of the muscular coat—in these folds succulent foreign matter is apt to accumulate, which by remaining there are apt to cause ulceration and ulcerations.

The Ulcer when produced has generally an oval form & resembles a fissure of which indeed I consider it merely as a modification & shall speak of them as one of the same.

The most common site of ulceration is the Valve of the Rectum, as generally


situated superficially.

**Symptoms.**—There are very distressing. Great pain is produced whenever an attempt is made to evacuate the bowels, or when pressure is made on the parts when the patient sits, any spasm of the spasmeter likewise causes great pain. The pain is generally of a sharp lancinating often neuralgetic character may extend to the back or chest.

The stools are tinged with blood & accompanied by a frequent discharge of mucus; the perineum & urinary organs become symp.
pathetically more or less involved; there is a frequent desire to make water, & the least pressure or manipulation of the part greatly aggravates the pain.

The disease is more common in women than men. In adult life, than youth or old age. It can often associated with some discompo-
ment of the alimentary canal, from the great pain produced on defecation the
Patient generally allows them to remain constant.

Treatment: This is both simple and safe. Local applications seldom effect a cure, the best method is by simple division of the mucous membrane including the whole extent of the ulcer. Some recommend division of the sphincter, but this is unnecessary. A piece of lint should then be placed in the wound where the edges kept apart. In the great place the bowels should be attended to a mild purgative being given a day or two after the operation, and the effects of the operation watched for a day week or more. In cases where the patient won't submit to the operation, the mineral acids or the nitrate of mercury or silver or tannine may be applied, local. Amid agents being given internally. If there is great sensibility of the bloodvessels or spleen may be employed.
Prolapsus Ani

This disease is of two kinds - 1st that associated with Piles & consisting merely of a protrusion above and decent of the mucous membrane only, and 2nd that consisting in a protrusion of all the coats in their natural condition, through the anal orifice.

Prolapsus Ani most frequently occurs in children & persons of feeble constitution & the aged.

Causes — The chief of these are excessive straining at stool, irritation of the bowel, antony of the muscular system, and relaxed habit of body. The tendency to prolapsus is likewise greatly increased by haemorrhoids, diarrhoea, constipation, or any affection of the urinary organs as alone in the bladder straining &c.
Symptoms: Prolapseus occasions great annoyance and inconvenience which varies considerably under different circumstances. The fist may be constantly protruded, and may not admit of replacement, on the other hand it may only come down occasionally, or admit of replacement by natural efforts.

The bowel when protruded has a protrusion and stumpy appearance, and causes great uneasiness whenever the patient moves or stands. Inflammatory appearances greatly increase the annoyance, there is generally accompanying languor and debility.

The distinction between Prolapseus and in which the whole fist is invaginated and that dependent upon piles is that in the latter we have the mucous membrane continuous with theinvesting of the rectum.

Treatment: In the first place we will consider the treatment of Prolapseus and depending upon hemorrhoids.

In the first place the treads must be
attended to — constipation must be prevented by the employment of gentle laxatives. Astringent injections may be freely employed — as solutions of alum sulphate of zinc — acetate of lead or any of the vegetable astringents.

In the next place we may have recourse to excision of portion of the redundant parts, which may be performed in the following manner — the patient being placed in the position for lithotomy, the protruded membrane is to be seized by means of a volkellum. Then excised by a curved bistoury or a pair of scissors — two oral portions from each side of the rectum being removed and the edges then brought together by means of sutures, a piece of lint may then be placed in the fist and the wound allowed to heal.

When Prolapssus occurs in children the protrude parts should be replaced every time they descend — and any local cause of irritation removed — the bladders must
be attended to, and straining at stool particularly avoided. Mild laxatives may be given & astringent injections & lotions applied, accompanied by the internal use of tonics as iron &c. The child must be kept in bed and in the recumbent posture, a piece of lint should be inserted into the anus and retained there by strips of adhesive plaster or a bandage, which should be readjusted after every stool.

In cases where the bowel has been long protruded and inflammation has been set up - all causes of irritation should be sought for and removed and antiphlogistic treatment had recourse to low diet - milk & farinaceous food, with Hyd. elater & Borsens powder, accompanied with rest. A few leeches applied to the part will be found productive of great benefit.

In Prolapse of any the exits of the Pecten in the adult a similar line
of treatment must be pursued.
The protruded parts should be carefully
replaced & retained in their position by
means of a bandage or pad. Astringents
as Tannin, Phenol acetate & Bichloride of
Mercury may be injected & retained for several
hours. The general health of the patient
must be attended to, and the stools which
should be passed as much as possible
in the recumbent posture, should be
kept moderately loose.
In performing taxis the protruded por-
tion should be well placed & gradually
returned by steadily compressing it with
the fingers, keeping on the anal exstrosi-
y and reducing it gradually bit by bit
till it is within the sphincter.
**Stricture of the Rectum.**

By this we mean a narrowing of the tube by contraction of its walls.

There are three varieties of this complaint recognized—1st Stricture of the Rectum dependent upon malignant disease, sometimes called tumors contracted Rectum; this form of the disease is by no means uncommon in advanced life, as said to be more frequent in females than in males. It is in some cases circumscripted, and in other cases it extends over a considerable length of the part. On making an examination the coats of the bowel will be found thicker or more indurated than normally; the inner membrane is not unfrequently found ulcerated, and as the disease advances adhesions may form between the rectum and adjacent parts.
and if the ulceration be allowed to proceed for any length of time, communications between other organs may be formed.

Another form of structure is the Spasmodic. This form is to be considered rather as symptomatic of some other complaint than as a separate form. The contraction is generally situated low down near the anurus and is chiefly caused by the contractions of the sphincter muscle. The real existence of this variety has been denied by some.

The third form is the Simple, this often follows an attack of Pectitis and is caused by simple contraction of the coats, or by deposits in the mucous coats.

Progress and Termination of Structure—This variety extraordinarily, it may go on increasing till complete obstruction of the bowels is the result; consequently there is retention of the feces, accompanied by all the symptoms of obstructed bowels. The patient
tissues in this condition for weeks, but more generally death closes the scene in a few days, if relief be not obtained. In some cases peritonitis may ensue from the ideas or arrest which may be formed, communicating with the perineal cavity, or the arrest may burst into the bladder. Jutce a or present on the neck this state of things generally produces evisceration hectic, disordered nutrition and great discomfort.

Treatment—This consists in dilating the canal at its constricted point. Of within reach this may easily be accomplished by the introduction of a firm elastic bongue every day—the bongue should be well oiled and gradually increased in size every day or every two days. Should the structure be tight or indurated it may be moistened posteriorly by means of a curved pointed instrument. A tent of compressive gauze should then be introduced first for several hours then its withdrawal a bongue may
be readily passed. It ought to be passed fairly beyond the structure of pustule从前 I retained there as long as the patient's feeling will permit. After the full sized bougie has been passed it ought to be introduced every second day for a week or two longer to prevent the recurrence of a relapse.

The general treatment will consist in paying attention to the patient's general health—the state of the primary vein must be looked to, a saline purgative should be given, and a few soothing applications by means of a glass speculum to the mucous membrane of the fist, along with antiseptics, emollient ointments and the warm bath, will be found very beneficial.

When the structure is beyond the reach of the finger, the patient should be placed on his left side and a small bougie carefully introduced care being taken it does not impinge upon the fields of the
Mucous membrane of the bowel, and it be
mistaken for the structure.
When this disease has passed into the ul-
cerated condition it is to be looked upon
as incurable. Palliative treatment only can
therefore be resorted to—such as mide kera-
tines—aromous, the warm bath, and
enmellent & emolynm clyster. This is an
occasion for the exhibition of Mercury, though
for a long period many practitioners, among
whom we find Importune used it to a
very great extent from the idea that the
disease had a seminal origin, which was
utterly erroneous.
The symptoms and signs of this disease which
we have just treated off are very marked.
Habitual Constipation is one of the most-
common—there is difficulty in defecation
increased as the disease advances the bowel
becomes more & more contracted, the feces
become flattened. Passed in stealth, and
sneak is a discharge from the anus accom-
pained by mucous, especially if the disease
be of the secretory form, it will then likewise be accompanied by restless motions going up the back and down the sides.

Appetite and health soon begin to fail though in some cases they may remain wonderfully good for a considerable period. The patient gradually gets pale and hollow, while the neighbouring organs become sympathetically involved. Fares may accumulate in the bowels giving rise to flatulence — the colon especially may become unusually distended.

On introducing the finger into the rectum it will be found either distinct, by small tubercles, or intersected by membranes or tubercles, on the the introduction of the finger will be opposed by a band ring of a cartilaginous felt composed of the diminished inner membrane of the pelvis. But in examining attention must be paid to state of the neighbouring organs for a distended bladder, or a frequent uterus, or any uterine or vaginal tumour
We may compare the rectum and anal orifice structure.

John L. Comrie
March 31st, 1843.