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RECTO-VAGINAL FISTULA SUCCESSFULLY OPERATED UPON.

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[Reported to the Boston Society for Medical Improvement, March 14th, 1864, and communicated for the Boston Medical and Surgical Journal.]

Mrs. Y., a respectable Irish woman, aged 24, called upon me for the cure of a recto-vaginal fistula, July 21st, 1862. She was always healthy until seven months ago, at which time she was confined. The village physician in attendance, attempting to deliver by craniotomy, passed a pair of Smellie's scissors through the recto-vaginal septum, and opened them. The child was afterwards stillborn, with the head entire, excepting a laceration of the scalp. The woman was sick for a long time, but finally recovered sufficiently to return to her work in a cotton mill; being, however, obliged to wear a square ever after the accident, to protect her clothes from the alvine discharges, which passed involuntarily *per vaginam*—rendering her life perfectly miserable.

Upon making an examination with the speculum, I found a fistulous opening between the vagina and rectum, beginning at a point about half an inch to the right of the median line of the posterior *cul de sac* of the vagina and less than three lines from the cervix uteri; and extending obliquely downwards to a point one and three fourths inches from the former, and a little to the left of the median line of the posterior wall of the vagina. It had the appearance of an old incision, gaping open to the extent of four or five lines in the middle.

I made an appointment to operate upon her at her boarding house, eight miles from my office, at noon on the 25th of the month; and, preparatory to the operation, ordered her to take an ounce of castor oil on the morning of the 24th; an enema of soap-suds the following night; and another on the morning of the 25th. The diet to consist of beef-juice on the 24th, and no food to be taken on the 25th.

On the 25th, I performed the operation, assisted by Drs. Farnsworth and Kinney, of Norwich, and Mr. Ripley, my student. The patient having been etherized, and placed in the position for lithotomy, before a

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strong light, the fistula was exposed by means of Sims's speculum, held by an assistant standing on the left of the patient, and two bent copper spatulæ, with which the same assistant, and another on the right, made traction upon either side of the vagina, as occasion required. I then seized the fistulous edge of the opening on one side, with a long pair of bull-dog forceps, and with a spear-pointed knife denuded the edge from that point to the inferior angle of the fistula. I then did the same on the other side. Then substituting a pair of curved scissors for the knife, and retaining my hold with the forceps, I finished the paring of the edges by a single cut on either side; the two superior incisions meeting at the cervix uteri. The bleeding was stopped with ice-water, applied by means of sponge probangs prepared for the purpose. The next step in the operation consisted in bringing the denuded edges together, by means of silver sutures. For this purpose I made use of half-curved needles, three fourths of an inch long, loaded with double silk, the silver wire being looped into the loop of the silk. The index finger of the left hand being introduced into the rectum, the needle, by means of long forceps, was passed through both vaginal and rectal tissues, one third of an inch from the cut edge, from within out on one side, then from without in on the other. The wire was then drawn through both sides at the same time. To guard against its cutting the tissues, Bozeman's forked director was used. Eight sutures were introduced in this way, beginning at the top of the wound, the ends of each being slightly twisted as soon as introduced.

The edges of the wound were then brought close together, and the sutures twisted, by means of Sims's adjuster and long forceps. The twisted ends were turned down, towards the vulva, and left about half an inch long. The ether was now discontinued. Vomiting ensued, but did no harm. A sigmoid catheter, armed with a stopper, was introduced and left in the urethra, and the urine drawn off at stated intervals, to prevent the possibility of its coming in contact with the wound.

I ordered one third of a grain of morphine to be given every six hours. Diet of beef-juice in moderate amount. The vagina to be syringed out gently with lukewarm water twice daily.

July 26th.—Patient complains of some headache, and stiffness about vagina; no great soreness; no appetite; pulse 90. Diminished morphine to one fourth of a grain every six hours.

July 29th.—Had slight watery discharge from bowels; nothing passed by the vagina; is comfortable every way, but alarmed about the dejection. Increased morphine to one third of a grain every six hours.

Aug. 1st.—Had a second dejection.

Aug. 2d, eight days after the operation, upon examination with the speculum, I found the wound healed throughout its entire extent; removed the sutures. Continued morphine, one fourth of a grain

every six hours, for three days longer. From this time the woman did perfectly well; and in three weeks after the operation returned to her work, cured.

Aug. 28th, thirty-three days after the operation, I made a speculum examination. The parts were perfectly sound. There was not the slightest communication between the vagina and rectum; nor was there any serious degree of contraction.

A few days after this I went South, having been appointed Surgeon to a Connecticut regiment, and heard nothing more of my patient until November, 1863, when I was told by the woman who took care of her at the time of the operation, that she saw her the month before, and that there had been no return of the trouble for which I treated her; although she had had sexual intercourse with her husband as usual, excepting the first month after the operation, until his death, a period of eight months. She never became pregnant again.

AFTER-TREATMENT OF AMPUTATIONS AND RESECTIONS IN THE THIRD CORPS FIELD HOSPITAL AFTER GETTYSBURG.

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[Read before the Medical Society of Surgeons of the 2d Div., 3d Corps, Army of the Potomac, and communicated for the Boston Medical and Surgical Journal.]

At my request our worthy Vice President has given me a subject on which to write, and has selected "The After-treatment of Amputations and Resections in the Field Hospital, as witnessed in the 3d Corps Hospital after Gettysburg"; and it is in fulfilment of my promise to write on the subject assigned, that I propose now to give you a few hastily arranged thoughts.

Soon after returning from the field hospital of the 2d Division, 3d Corps, in Gettysburg, while in the possession of data furnished by the records of the hospital and with the interest excited by the recent occurrences and a fresh recollection of them, I made a careful report of what there came under my observation to the Surgeon-General of Massachusetts, which communication, although published, I have not at present by me. In this report were given the number of the various kinds of amputations, with the percentage of primary and secondary, and deaths resulting in each; the number of resections, of compound comminuted fractures of the femur, of the complications secondary hæmorrhage and tetanus, with the noticeable features, as well as the usual plan of treatment followed in each, and the hints gathered therefrom. However easy and pleasant may have been the writing of such a paper at the time, it is not accomplished with facility now in the absence of documents and with the interim of time which has since elapsed, occupied with other subjects; and with the present moment bringing all the interruptions cumulating on the first of the month in the shape of orders, letters, reports, &c.