FORMATION OF AN ARTIFICIAL ANUS.

By M. Amussat.

In the Lancet of the 13th of July, 1839, p. 591, we reported a case in which M. Amussat had succeeded in establishing an artificial anus in the lumbar region of a lady affected with obstinate constipation. The same enterprising surgeon has more recently attempted a similar operation with nearly equal success.

M. T., 62 years of age, was affected with piles and constipation for several years. On examination of the rectum, it was discovered that a carcinomatous ulceration occupied the gut, about two and a half inches above the sphincter, nearly obliterating the cavity, and extending upwards for an inch and three quarters. This state of the intestine was recognised by several medical men in consultation, and the means of alleviation were discussed. Dilatation and the ligature were rejected, as any haemorrhage might prove fatal to the patient, who was already reduced to the lowest state. After much deliberation, it was proposed to break up (broyer) the tumour, and this operation was performed by M. Amussat, on the 30th of May last, with a long pair of forceps, by which the most prominent granulations were crushed and removed. But little blood was lost, and the patient experienced hardly any pain. A current of cold water was now thrown into the rectum, to prevent, if possible, the development of inflammation; and, after a lapse of eight days, it was decided to cauterise the parts. Accordingly, M. Amussat applied the caustic potass at seven different times, by means of the speculum, an interval of three or four days between each application. No signs of inflammation about the bladder or peritoneum were thus produced, and the cancerous tumour was reduced to nearly one-half of its original volume. The patient's state, however, became gradually worse. An evacuation of the bowels took place only once every ten or twelve days, and was attended, each time, with a prostration of strength, often terminating in fainting fits. The skin covering the sacrum was on the point of ulcerating.

Under these discouraging circumstances, another consultation was held on the 13th of July, when it was unanimously determined to give the patient the chance of an operation for artificial anus. M. Amussat made an incision of four inches and a half in length, along the middle of the space comprised between the last false rib and the crista ili, beginning at a distance of about four inches from the spinous processes of the vertebrae. The rest of the operation was completed in the manner which we have already described. At the anterior angle of the wound, a membranous projection, formed by the peritoneum, presented itself, and beneath this seemed to lie the small intestines.

The sigmoid flexure of the colon was firmly contracted, and nearly covered by the quadratus lumborum muscle, the fibres of which were divided transversely. The intestine was now seized, with the necessary precautions, and the posterior half of the circumference divided. Some gas and scybala escaped. The colon was then drawn to the anterior edge of the wound, and fixed there by four points of suture. Three other stitches were applied to the edges of the wound, care being taken to leave the portion which corresponded with the gut perfectly free. The operation was not productive of any general accidents, but the opening did not immediately give passage to the faecal matter, until the 18th of July, when an abundant evacuation took place through it. The opening was now gradually dilated by means of prepared sponge and bougies.

Since then the passage of feces through the artificial anus has been considerably facilitated. The patient's general health has also so much improved, that he was able to return to the country; the hectic fever had disappeared, and a regular evacuation took place every day. On the 18th of August he was examined by M. Amussat and several other surgeons, who found that the disease of the rectum had not made any progress since the operation; and on the 22nd of September, M. Amussat had a letter from the patient, announcing that he was able to walk about every day for an hour and a half, without any inconvenience.—French Medical Gazette and Lancet.

EXTIRPATION OF A PART OF A RIB FOR NEURALGIA.

By E. H. Dixon.

Oct. 16, 1838. Jane Bailey, aged thirty, two years ago was overturned in a carriage, and dragged something like a mile, receiving various contusions, and being taken out insensible. No lasting injury was the result, with the exception of a severe pain over the tenth rib of the left side, for which she received no treatment at the time, saving the customary bleeding practised on such occasions. A few weeks after the injury the affected spot became the seat of a small irregular projection, and of exquisite and constant pain. This pain I conceive to have been neuralgic, as it was occasionally of
equal violence for weeks together, and not accompanied with other signs of inflammation. It would subside partially for a few hours, and then recommence with such severity that the patient assured me death was anticipated as a relief to her misery. She had some little cough, with no expectoration; the cough I concluded to be the result of irritation and constant loss of sleep, as I could detect no signs of pulmonary disease. The pain extended forwards and upwards (from the projection which seemed to be near the sternum extremity of the rib) over the stomach; upon turning her head and shoulders to the opposite side, so as to throw out the ribs, the projection was evidently caused by the end of the rib, as though the cartilage had been broken off. I at first thought it a fracture, with a redundant growth of bone, but upon further examination concluded the rib to be natural, though I could not account for its projection, without supposing a fracture to have occurred between the prominence and the vertebral articulation, thus destroying the natural curvature of the rib, opposing the action of the intercostal muscles, and favouring the absence of the cartilage; all this would sufficiently account for the projection. During the two years preceding the operation, the patient had been repeatedly cupped over the affected region, with momentary relief; part of this time was spent in the New York Hospital. Her pain over the stomach being very acute, she had been treated whilst there for organic affection of that viscus. This, however, it seemed rational to explain upon the principle of pain being continued from the irritated nerve to its distribution; the anterior branch of the intercostal nerve going to the muscles and integument over the stomach. It was evident that counter-irritation, however severe, would produce no benefit in such a case, and as the extirpation of part of the nerve itself was impossible, without the certainty of opening the cavity of the pleura, I resolved to remove the projecting portion of the rib, hoping that when the tension was removed the pain would cease.

Accordingly I removed about two inches of the rib, by means of a very cautious dissection, leaving the cavity of the pleura unopened; the cartilage was not attached, being most probably absorbed. There was nothing either peculiar or difficult in the operation; not a bad symptom ensued; the wound healed by adhesion in a week; the pain was removed instantly, and has not returned. The patient was examined by Dr. John Watson on the 15th of May, to whom she stated that she had gained twenty-three pounds of flesh, a sufficient evidence that a severely irritating cause had been removed.


COMPARATIVE OSTEOLOGY.

In the next number of The Lancet we shall commence the publication of Professor DE BLAINVILLE'S Lectures on Comparative Osteology, edited from the French, and additionally illustrated by Dr. Knox, as announced in the first number of our present volume.

BOOKS RECEIVED.


A Lecture on Innocation, Vaccination, and Re-vaccination; delivered at St. Thomas's Hospital, by Dr. Cape, Phys. to the Inf. for Children. Pp. 7.


TO CORRESPONDENTS.

COMMUNICATIONS have been received from Dr. Robert Knox, Dr. Martin Lynch, Mr. Lane, Mr. Wansbrough, Mr. Rugg, Mr. Dermot, Speculum, Pater, and Z.

The communication from Mr. Coley shall receive attention.

A Subscriber. We never employ ourselves, nor do we give any opinion on patent medicines. The preparation to which our correspondent alludes, may be a good one, or it may not. The only one of the kind which we have tried is "the fluid extract" prepared by Mr. Bridge, of Regent-street, with the good effects of which we have had every reason to be satisfied. This is not a patent medicine.

A Medical Student should authenticate the curious case which he has forwarded.

The letter of A Junior Practitioner next week.

A General Practitioner does not seem to be aware that, in the British Medical Association, Exeter Hall, Strand, he may find precisely such an institution as he desires to join. He should become a useful working member, forthwith.