

## DOMESTIC SUMMARY.

*Vesico-Vaginal Fistula of Seven Years' Duration cured in Thirteen Days.*—Dr. J. MARION SIMS records (*New York Medical Times*, May, 1854), the following case of vesico-vaginal fistula cured by the method devised by him and described in the number of this Journal for January, 1854.

The subject of the case was the wife of a professional gentleman of South Carolina; the fistula resulted from a tedious labour, in which the child's head remained impacted in the inferior strait for twenty-four hours. "The incontinence of urine began about eight days after delivery, up to which time the catheter was occasionally called for. There was no water discharged during the twenty-four hours of impaction. Attempts were made to introduce the catheter, but without effect. The fistulous opening was, at first, large enough to admit easily a No. 9 catheter, but under repeated cauterizations, for upwards of seven years, it gradually diminished to about the size of a common probe. In April, 1845, four months after the reception of the injury, Mrs. H. was placed under the care of the distinguished Professor of Surgery in the Medical College of the State of South Carolina, who used the nitrate of silver, and then the actual cautery, till about the middle of August, but with no benefit. She then visited New York, and was placed under the care of Dr. Mott; the mention of whose name is sufficient guarantee that all was done for her that science and art could at that day suggest. After remaining in New York about three months, and submitting to the repeated application of the actual cautery, she returned home in the same hopeless condition. From May, 1845, to December, 1852, seven years and a half, the actual cautery was used, on an average, about every four or five weeks.

"Mrs. H. came under my care in February, 1853. The fistulous opening was just above the neck of the bladder, a little to the right of the mesial line, and altogether favourable for a successful operation. It ran diagonally through the walls of the bladder, thus forming a sort of sinuous canal of a valvular character. When lying on the side or sitting quietly, the urine escaped in very minute quantities, enough, however, to render life anything but pleasant or desirable. When lying on the back, it dripped very freely, indeed quite as rapidly as secreted; also while walking. But if, by perfect quietude on the side, the urine was retained till the bladder became unpleasantly distended, then she could walk without its involuntary discharge. The philosophy of this is plain enough. The accumulated urine, by its distension, acted mechanically on the narrow, diagonal, sinuous canal, compressing its sides, and thus closing it as a valve.

"The operation was performed on the 2d of February, 1853. The fistulous track was hooked up, and the vesical septum transfixed, when, by a gentle sweep of the bistoury, a transverse oval opening was made entirely through the coats of the bladder, large enough to admit the end of the index finger. Two silver sutures were passed, and secured by leaden clamps in the usual way, the patient put to bed, and the catheter applied—the whole operation not lasting over twenty minutes. The usual regimen to insure constipation was enjoined. The suture apparatus was removed on the thirteenth day; the cure being complete and permanent. In three days more, Mrs. H. was walking about the house; and in a week she made the journey home, some five hundred miles, without the least inconvenience."

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*Vesico-Vaginal Fistula successfully treated.*—Dr. N. BOZEMAN, of Montgomery, Ala., relates (*New Orleans Medical and Surgical Journal*, May, 1854), an interesting case of vesico-vaginal fistula treated by the method devised by Dr. J. Marion Sims, formerly of Montgomery, and now of New York.

The subject of the case was a coloured woman, 30 years of age, the mother of eight children. Her health had always been good until the birth of her last child, in August, 1852. Her last labour continued for sixty hours when delivery

was effected by craniotomy. A few days afterwards it was discovered that the urine passed through the vagina.

Upon examination, in December, 1853, when the patient was admitted into Dr. B.'s infirmary, he found the following condition of parts: "Uterus retroverted and slightly prolapsed; vagina quite capacious, but very much altered in appearance by the abnormal position of the womb; its anterior wall only two and a half inches, while its posterior seemed to be of the usual length. Running vertically through the anterior and a portion of the posterior lip of the os uteri, was to be seen a cleft an inch or more in length. At the anterior extremity of this cleft was the fistulous opening, partially filled by a herniated condition of the mucous coat of the bladder. It was triangular in shape; its base resting against the neck of the womb, and its apex presenting forward and sufficiently large to admit the index finger. The consequences of such a disease are too well known to require a notice in this short report."

On the 11th of March, Dr. B. operated as follows: "The patient was placed upon a suitable table on her knees and elbows. The parts were now brought into view by the lever speculum and a reflected sunlight. The edges of the fistula, formed partly by the anterior lip of the os uteri, were then freshened by means of a delicate tenaculum and small scalpel. This being done, the next, and what I considered the most difficult step was to be taken, namely: applying the sutures and clamps in such a way as to effect perfect apposition, and thereby obtain union by the first intention. Here I had the neck of the womb, an unyielding tissue, to deal with; and to remedy this, it was necessary that the compensating parts should be so adjusted that the mechanical contrivance employed would not defeat the object sought to be obtained, by creating an undue amount of inflammation. From the nature of the parts, therefore, I determined to place the clamps longitudinally binding their upper extremities so as to be applied one on each side of the anterior lip of the os uteri, thus enabling me to secure the upper suture in the most advantageous way. The clamps were one inch in length, and contained four openings for the sutures. These were of silver wire, and were lodged one after another in their respective places, by being attached to the end of a silk thread carried through at a proper distance from the edges of the fistula, by a short, straight, and spear-pointed needle. A clamp was now secured to the distal extremities of the wire and made to occupy its place. On the proximal ends, the other clamp was passed down to its place. Traction then being made upon these ends of the wire, perfect apposition of the denuded edges was effected. This was now maintained by compressing with a pair of strong forceps, a small perforated shot previously slid down upon each wire to the clamp. After this, the wire was cut off close to the shot, and the patient put to bed. The self-retaining catheter was next introduced into the bladder and there allowed to remain, excepting when its removal became necessary to clear the mucous and earthy deposit from it. This was required twice a day. During the whole treatment the patient was kept upon her back, and the bowels prevented from acting by the free use of opiates. On the fifteenth day I removed the suture apparatus, and was most happy to find union of the parts perfect. The patient now has entire control over her urine, and says she feels as well in this respect as she ever did."

Dr. B. very honourably remarks: "I take great pleasure in saying, that the success I have had in this case, I attribute entirely to the advantages derived from those principles of treatment laid down by Dr. Sims. Every surgeon who has or may make an application of them in the treatment of such cases as the above, must feel a sense of pride in awarding to him the praise he so justly deserves."

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*Varicocele successfully treated.*—Dr. JURIAH HARRISS, of Augusta, Ga., relates (*Southern Med. and Surg. Journ.* April, 1854) the following case of varicocele successfully treated by the method of Ricord.

The subject of the case was a free mulatto boy, whose left testicle was very pendant and large; the tumour was reducible by pressure, unresisting, and compressible, and feeling like so many "earth-worms in a sack." Dr. H. stated