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CASE OF RECTO-VAGINAL OPENING

FOLLOWING LACERATED PERINEUM, SUCCESSFULLY TREATED BY OPERATION.

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ALTHOUGH cases of lacerated perineum will sometimes occur under the most skilful management, the kindly disposition of the parts to heal, especially when aided by judicious after-treatment, most commonly precludes those calamitous consequences to the unhappy sufferer, of which the following case furnishes an example.

Mrs. B., ætat. 24, a little woman, was delivered of her first child in the latter end of 1827, after a tedious labour. The case was conducted by an ignorant country midwife, and the perineum was lacerated to a considerable extent. Ulceration and loss of substance followed; her recovery was tardy, and after a long confinement, the fæces continued to be voided principally *per vaginam*. A natural delicacy prevented her from applying for surgical assistance until very lately, when, upon examination, I found the parts had healed up, leaving an aperture capable of admitting the finger to pass into the rectum, and distant nearly two inches from the perineal margin of the *os externum*. Through this opening the relaxed folds of the rectum protruded forwards into the vagina, forming a tumour about the size of a walnut, and the feculent matter kept up a continued excoriation of the passage. By drawing the perineum towards me and reducing the gut, I found it could be retained or confined in its proper place, with the exception of a very small portion towards the lower edge, which, by adhesion to the vaginal surface, continued irreducible. The bowels were freely evacuated, and she was placed on a spare liquid diet. The vagina was kept distended by means of a lithotomy forceps, a clumsy expedient, but the only dilator then within my reach. The gut was reduced, and the perineum kept tense by drawing, as formerly, towards me. The aperture was sufficiently exposed, but it was

not until the scalpel, curved scissors, and several other instruments were tried in succession, that I discovered the difficulty of reaching the parts and paring the edges as I could have wished under such circumstances. A duplicature of the vagina fell down between the blades of the forceps and obscured my object. The rectum would frequently resume its place in the vagina, notwithstanding my attempt to keep it reduced by means of sponges, bougies, &c., introduced by the anus.

After several tedious and trying attempts, I succeeded at last in denuding the edge of the opening of its coverings, with the exception of the upper extremity, and this I succeeded in abrading by means of a round-pointed scalpel. A couching needle, with a long stem previously perforated near the point, curved to the extent of an inch, and bent at a right angle, was armed with a ligature, and used to bring the edges together, which was effected by means of four stitches with comparative ease. The aperture thus obliterated presented a puckered appearance, and it was evident that, notwithstanding every possible care to bring the cut edges together, they were not throughout in apposition, as might be expected, therefore this operation failed. Adhesion took place, however, to a small extent towards the lower part, and afforded sufficient hope of ultimate success. By this partial adhesion also the irreducible part of the rectum had now disappeared. Unwilling to risk a second failure by using instruments on which I could not satisfactorily rely, I procured a dilator, long curved scissors, lancet-pointed curved bistoury, and strong needle. The dilator answered my purpose completely. I could see the parts perfectly, and cut with comparative facility between the blades as far as free access went, while their breadth, and the curve of the instrument, upheld sufficiently the vaginal fold, so annoying in my former attempt.* At this time I resolved to cut more freely, and passed the bistoury through the lower edge, as if I

* Perhaps the excellent dilator with three blades, invented by Mr. Weiss, would have answered still better.

wished to transfix it to the back part of the rectum, including nearly as much of the vaginal surface contiguous as was considered necessary, and carried it upwards. The yielding nature of the parts permitted too much to be included in this section, profuse hæmorrhage followed, further progress was arrested, and it became necessary to use the sponge plug, and put the patient to bed. A few days thereafter, I proceeded in my third attempt, passing the bistoury after the manner already mentioned, removing the membranous covering to the extent of nearly half an inch along the left side of the opening, and leaving it attached at either extremity. I made a similar attempt on the right side, but the situation of the parts rendered it impossible, save by piecemeal. In this way, however, I detached part after part, snipping off with the curved scissors what the bistoury had partially separated, and succeeded in removing the cicatrices and mucous membrane surrounding the opening to the extent of fully half an inch, without any impeding hæmorrhage.

In the removal of the upper part, which was attended with greatest difficulty, I found the small hook used in eye operations highly advantageous in facilitating the access of the scissors, where the bistoury was inadmissible. Satisfied that this stage of the operation was perfect, I brought the parts together with four stitches, introduced by means of the stouter instrument, constructed after the manner of the couching needle used in my first operation. Although the shut aperture had the same puckered appearance as formerly mentioned, there could be no doubt but the denuded surfaces were now in contact. Perfect adhesion took place, and although alvine matter was observed to pass in very small quantity per vaginam some days thereafter, it was found to have made its way through the suppurated holes of the ligatures. These speedily healed up, and she is now rid of an affliction which must have otherwise rendered her life miserable.

Many of my readers may feel disposed to think that I have been more minute in my details than the merits of the case demanded, especially as at first sight the operation may be considered of easy accomplishment. The difficulty, however, of this and of another similar operation, viz. that for cleft palate, will be estimated on making the attempt. Cases such as the present, I apprehend, are frequently to be met with among the poor, in those districts where labour is conducted by ignorant homebred country midwives. In the earlier part of my practice, I recollect to have met with two cases, where the sides of the openings, which were large, and of long standing, were covered with long and ash-coloured

vegetations, and studded with hydatids. The constant irritation and consequent profuse sero-mucous discharge proved fatal. I have recently been informed that the Dublin Lying-in Institutions abound with similar cases.

Being of opinion that these openings are caused more by loss of substance from extensive ulceration than by imperfect union of the lacerated parts, and as their edges will consequently be much attenuated, I feel satisfied that paring them alone, and attempting to bring them in contact, will assuredly end in a similar disappointment with that experienced on my first operation. To insure success, a considerable portion of the surrounding surface must be removed, and the parts thus bared must, as it were, be folded together. The ligatures should be passed right through to the rectum, including enough of substance to prevent their working out too soon, and inserted so close to each other as to produce complete mechanical obliteration, otherwise, whenever the gut is distended with flatus, it will certainly make its escape between them, and lessen the chance of adhesion. Perhaps the introduction and retention of a small elastic gum catheter in the rectum might be useful in obviating the consequences of any such defects.

When the perineum has been once lacerated, subsequent laceration is much more likely to happen. Last winter I was called to a case of protracted labour, where the patient had married late in life, and, on two former occasions, the perineum was lacerated. I found the vagina so contracted by the cicatrices, as to be forced before the head of the child in a semilunar fold, stretching across and obstructing fully half the passage. It was peculiarly interesting to mark the difference in the structure obedient to the law of nature from that which resisted it. Perceiving delivery to be impossible without another laceration, I divided this intervening fold with a scalpel, and it was speedily accomplished without either hæmorrhage from the section, or any other unpleasant consequence.—*Edin. Med. and Surg. Journ.*

DESCRIPTION OF APPARATUS AND EXPERIMENTS FOR DETERMINING THE COMPOSITION OF THE BLOOD IN HEALTH AND DISEASE.

By W. REID CLANNY, M.D., *Sunderland.*

In my lecture upon typhus fever, which was published about sixteen months ago, I necessarily confined myself to the mere outlines, in order that I might not detain the audience more than an hour; and in printing this lecture, I neither added nor subtracted from what was delivered.