

COMPLETE PROLAPSE OF THE RECTUM; AMPUTATION.

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THE patient was a single woman, aged twenty-five years. She had suffered for many years from a prolapse of the rectum, for which no treatment had been of any avail.

It was decided to perform the operation of removing elliptical portions of the mucous membrane, and thus narrowing the orifice. After the operation, as long as the patient remained recumbent, the bowel retained its position, but on her getting about, the prolapse recurred and became as bad as before.

Three months after this operation a second attempt was made. It consisted in excising on each side a considerable portion of the distended external sphincter and bringing the free edges together. But, as before, when the patient began to get up again, the prolapse recurred.

Encouraged by the perusal of a successful case of excision of a prolapse of the rectum by Treves,¹ I decided to advise the patient to submit to a third operation, to which she consented.

Under an anæsthetic, the patient was placed in the lithotomy position, with the pelvis well raised, to avoid, if possible, any prolapse of small intestine into the peritoneal pouch, which it was expected to encounter.

The prolapsed rectum having been drawn well down, a transverse incision was made in front of the prolapse at the junction of skin and mucous membrane. On deepening this incision a pouch of the peritoneum was opened, and the extreme lateral boundary of this to the patient's left (and operator's right) was sought. Both the parietal and the visceral layer of the peritoneum (on the rectum) were divided in stages from left to right, the two layers sewn together, and in this way the abdominal cavity was shut off. Nothing was seen of the small intestine.

The amputation of the prolapsed rectum, flush with the surface, was then completed; bleeding-points were secured and the mucous membrane was sewn to the skin all around. The amputated portion contained the greatly dilated sphincter and eight square inches of peritoneum, a prolongation of Douglas's pouch.

The patient made a satisfactory recovery. She was last seen fourteen months after the operation. She was then quite well and could walk several miles. There was no prolapse, no incontinence of feces, and no contraction of the orifice. The line of junction of the skin and mucous membrane had retreated somewhat upward, and at that level a band could be felt, suggestive of an internal sphincter, but it probably consisted only of connective tissue.

Cases of prolapse of the rectum treated by amputation will be found recorded by Partridge in the *Indian Annals of Medical Science*, 1871, No. 27; by Raye (at Calcutta), in the *Lancet*, July, 1886, and by Treves, in the *Lancet*, February, 1890.

¹ *Lancet*, February, 1890.