

OPERATION FOR VESICO-VAGINAL FISTULA.

PERFORMED BY BENJ. F. McCLURE, OF DUBUQUE, ASST. SURG. IOWA VOLS.

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THE patient, a young married lady of 20, was confined with her first child in October last. The labor was protracted in consequence of the unyielding state of the parts and the size of the head. The practitioner in attendance called in counsel, and the forceps were applied while the head was still high in the pelvis, the patient being put under chloroform. The patient stated that, soon after coming to herself, she felt very sore, and the urine dribbled away; and on placing her finger within the vagina, she found the arch of the pubis entirely denuded of covering, and the bone laid bare.

On her recovery, she was unable to retain her urine at all. She finally applied to Dr. McClure for help. On examination, he found the urethra cut completely across, about three fourths of an inch from the meatus, and the parts separated about half an inch from each other. The pubic arch had the appearance of having been abraded, as she stated.

After securing a healthy condition of the parts, which were much excoriated by the constant flow of urine, and accustoming the urethra to the catheter, he determined to perform the operation, which he did in January, assisted by Drs. Finley, Watson and myself.

The patient was placed on a table, in the usual position, ethereal chloroform being given. The speculum was introduced, and the condition of the parts above described was at once evident. The catheter being introduced, the edges of the fistula were pared off. This was found rather difficult, from the necessity of cutting at right angles to the axis of the vagina, and also from having to cut so close to the pubic arch. Having done this, the needle, armed with a fine silver wire, was pushed through the two lips, and the wire left. Upon this wire a small plate of lead had been slipped, having a slit in the opposite edge to receive the distal end of the suture as it was drawn back and twisted over the lead. Three sutures were used. The centre one was inserted without difficulty, but the other two with great difficulty, from their nearness to the arch. This was accomplished, however, and the sutures drawn up, twisted, and the ends cut off. The catheter was left in the bladder, and the patient put to bed. The suffering was very slight, and except from the distension of the external parts, was not at all complained of. She described the effects of the cutting as giving a slight *burning* sensation. Slight fever followed, which was readily relieved, and there were no untoward symptoms.

About the tenth day, if my recollection serves me aright—my notes being lost—the sutures were removed, when it was found that the adhesion of the parts was perfect for two thirds the

circumference, but that the sutures at one side had cut through, and there was still a slight fistula. The catheter was removed, and she was able, after two weeks, to retain her water for a couple of hours, and to sit up and walk about the room without any dribbling, while she could not even lie down before without it.

A second attempt was made on the fistula a few weeks later, but without success, from the opening being so close to the pubic arch. The effect of the attempt was, however, beneficial, as it caused the parts to close up so much, that, by the opening of summer, she was able to walk about the streets for several hours without trouble. Some difficulty still seemed to arise from paralysis of the sphincter, as the flow, when it occurred, was through the meatus, and not from the fistula. In July the lips of the fistula seemed to be so much thickened as to practically close it, and she went east to visit friends, hardly more incommoded than other ladies.

The speculum used was devised by Dr. McClure for the occasion, and differed somewhat from others as figured in Braithwaite's Retrospect. It operated perfectly in throwing the light down upon the fistula. It was made of zinc, coated with mercury to form a reflecting surface. Its cost was thus but a trifle. It was suggested that in performing a similar operation it would be better to have the knife made with a straight shank, about two inches long, with the cutting part bent at right angles to this, about one half an inch long, with its cutting edge convex. It could then be made to cut with less trouble. The lead should be slipped on the hither end of the wire, before the insertion, to save time, with the slit so that the distal end can be easily drawn into it.

Dyersville, Iowa, Oct., 1861.

I. H. N.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

SEPT. 9th. *Two distinct portions of the Colon united by a Cancerous Growth, which involved both, and through which the two portions of Intestine communicated.*—Dr. ELLIS showed the specimen, which was sent by Dr. COTTING. It was taken from a man 67 years of age, who was attacked, about a year before his death, with pain in the abdomen. The symptom did not then attract much attention, and he merely took a dose of oil. In two or three days, however, he became feverish, and there was evidence of the existence of enteritis. When seen by Dr. Cotting, there was pain, tenderness, and tumefaction, which lasted a number of days, when it was thought that a firm mass could be detected in the left iliac region. The pain continued, with nausea, vomiting and emaciation, but he afterwards improved so much that he was able to attend the Legislature, of which he was a member. The mass afterwards did not appear so prominent, but there was tenderness at