

## RESECTION OF THE RECTUM FOR MALIGNANT DISEASE AND UNION OF THE DIVIDED GUT WITH MURPHY'S BUTTON.

From the Secretary's Report of a Meeting of the Cambridge Society for Medical Improvement.

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At a recent meeting of the Cambridge Society for Medical Improvement, Dr. Marcy presented the following case:

W. S., aged 46, merchant. During the early part of the summer Mr. S. first noticed slight pain at stool followed by the discharge of a little bloody mucus. First seen late in July. Upon the anterior wall of the rectum fully two inches above the anus, there was situated a well defined growth of an irregular ovate shape, about an inch and a half in its longer diameter. The diagnosis of the disease appeared all too evident, but its location rendered surgical interference seemingly unwarranted. When again seen in September, the growth had completely surrounded the bowel and much suffering was experienced because of partial obstruction. Blood in considerable quantity was daily lost, and colotomy was at once advised. He entered the hospital September 12th, the operation being performed the same day and was discharged the 26th, much improved, free from pain, but still losing daily a considerable quantity of blood. Notwithstanding the various measures that were tried to control the hemorrhage, it gradually increased to such an extent, that danger to life from this cause alone seemed immediate and imminent.

He was re-admitted to hospital on the 17th of October, and assisted by Dr. A. P. Clarke, a modified Kraske operation was performed for the purpose of removing the diseased portion of the rectum. To this end an incision was made posteriorly, about one inch from the anus and was carried upward in the median line upon the sacrum. The coccyx and about two-fifths of the sacrum were removed, which gave room to dissect the rectum from its attachment, dividing the meso-rectum and entering directly into the peritoneal cavity from below. Sufficient length of the bowel was brought down for easy manipulation. The rectum was now divided two inches above the anus, and the constricting diseased portion was split open upon its posterior border, for the double purpose of ascertaining the limitation of the disease, and to aid thereby in the careful separation of the bowel from its anterior attachments, which at the base of the bladder were everywhere closely adherent. The rectum was then divided above the growth, the diseased portion removed, measuring about four inches. Quite a number of vessels were divided in the dissection, but they were easily secured.

During the summer Dr. Marcy had profited by the experiences and instruction of Dr. J. B. Murphy of Chicago, in the use of his anastomosis button, which had been supplemented by experimental studies upon animals. Dr. H. O. Walker of Detroit, only a few days previous to the operation, had suggested to him that this method might be advantageously used in the restoration of the continuity of the rectum, although it had never been applied for this purpose.

The ends of a large sized button were adjusted in the divided extremities of the bowel and compressed.

Owing to the thickness of the rectal wall, (the muscular coat of the upper portion being greatly hypertrophied) he reinforced the parts with a continuous suture. He sutured the opening in the pelvic floor in order to prevent the prolapse of the small intestines, which had appeared in the wound, as also to cut off the peritoneal cavity from possible subsequent infection. The posterior wall of the bladder was re-attached to the divided tissues, and a large part of the wound was closed by several lines of buried tendon sutures. An iodoform gauze drain was inserted and dressing applied. Convalescence thus far is rapid and uneventful, the temperature scarcely reaching 100 per cent.

Dr. Marcy also exhibited an interesting specimen of cancer of the uterus removed by vaginal hysterectomy. Mrs. W., age 36, had suffered for years from a badly lacerated cervix, and had been operated on for the removal of a growth which had supervened. Patient is extremely emaciated, and the disease had extended widely upon the vaginal margin. The uterus measures quite four inches in depth and is several times larger than normal. After division of the left broad ligament, the uterus was brought down and with it the right tube which was so distended with a dark colored fluid as to resemble a loop of the small intestine.

Considerable sloughing followed, quite beyond the site of the application of the forceps, and a vesical fistula is the result. This may require subsequent operation, otherwise the convalescence is excellent.

November 10th.—The button was removed the twelfth day, and the patient sent home the twentieth day after the operation. A spring pad has been applied to the colotomy opening, and he has had the liberty of the house. At present there is no evidence of the return of the disease. If he remains well it is proposed to close the opening in the side and restore the continuity of the bowel.

## SELECTIONS.

### On the Treatment of Malaria and Diphtheria by Methylene Blue.—

In thirty cases of malaria with intolerance for quinin, the author has obtained good results by the internal employment of methylene blue. The conditions of the cases are that there were no counter indications against its use, such as nausea, vomiting or polyuria.

It need not be given in very large doses; for example .30 grams two or three times per day. It should be associated with *pv. myristica* to prevent the appearance of hematuria. The dose of .50 grams per day for adults and .25 to .40 grams for children of four to eight years of age, suffices to obtain an action against the attack of malaria. Methylene blue does not prevent new attacks, but renders them less intense, the same as other anti-malarial remedies.

In fourteen cases of diphtheria, the author has obtained notable amelioration, from painting with methylene blue of 10 per cent. solution in water. This substance, he states, is preferred to chromic acid, carbolic acid water, chlorid of zinc or sublimate, because it is not irritating to healthy tissues.

In saturating the false membranes, it probably prevents the secretion of toxic substances, and opposes itself to the propagation of the bacilli.

Ferreira, in *Bulletin General de Therapeutique*, gives twenty-one observations of infantile malaria treated with methylene blue. He concludes that methylene blue merits large employment in infantile malaria.—A. N. Kazem-Bek in *Revue des Sciences Médicales*.—From *Vratch*.