Original Communications.

CASE OF STERILITY, DEPENDING ON DISEASE OF THE RECTUM, SUCCESSFULLY TREATED: WITH REMARKS.

By THOMAS SKINNER, M.D., Liverpool.

[Read before the Medical Society of Liverpool, May 5th, 1859.]

CASE. Mrs. —, aged 20, six months married, of strumous diathesis, but well developed every way, consulted me for the two following reasons: first, that her husband was vexed because she was not likely to have a family; and secondly, she complained very much of obstinate constipation, of the discharge of a fistula, and of the passage of flatus through the same; particularly when in company, as the passage of flatus was wholly beyond the control of the sphincter ani.

On May 10th, 1858, I made a careful examination of the patient. I found her to be the subject of the following pathological conditions:—About one inch or more on the right side of the anus were two fistulous openings, communicating with each other; and at the base of the right labium was a third, also communicating with the other two openings; and all three led to a fistulous communication with the rectum, and apparently opened into an old standing ulcer on the coccygeal aspect of that viscus. The ulcer was larger than a shilling when stretched with the speculum ani, and was situated about one inch above the sphincter.

The patient complained of pain during defæcation, particularly when the bowels were in any way constipated, at which times bleeding would occur. Sometimes the irritation of the ulcer and the fistula would pass on to inflammation, aggravating her misery by the attendant pain and feverish debility; and particularly by the profuse flow of pus from the fistula, staining all her linen and causing a constant disagreeable odour about her person, and a still more disagreeable one by the unavoidable passage of flatus, which, on such occasions, was very much increased.

This patient was also the subject of herpetic and eczematous eruptions of various regions of the skin, and of occasional glandular swellings.

The organs of generation, externally, were perfectly normal, with the exception of the fistulous sinus at the base of the right vulva. Internally, the uterus was completely retroflexed, as ascertained by touch and the use of the uterine sound; the fundus, as usual in such cases, being somewhat enlarged, as also the lips of the os. Internal and external manipulation of the uterus was unattended with pain or inconvenience, and there were no unnatural discharges from the uterine or vaginal mucous surfaces.

While examining the cervix and os uteri, I was struck with the crescentic form of the os, and the enlarged condition of the cervix, which was much expanded laterally. Although she was only six months married, I suspected a previous pregnancy; the more so as the cavity of the uterus measured nearly three inches. Fearing to be caught in a mistake on so delicate a point, I passed my hand over the right iliac side of the abdomen, and discovered the distinct presence of the *lineae albicantes abdominales*, characterised by Montgomery as evidence of the previous existence of an abdominal tumour of considerable dimensions; and, to make more sure, I examined the right breast, the areola of which was distinctly not that of a virgin. Taking these signs into account, I had little doubt that my patient had been previously delivered of a child; and I asked if such was not true. In great consternation, she asked me how I knew? I told her I strongly suspected so from the symptoms I have just narrated. She then told me she had committed a *faux pas* in a large town in the United States of America some years ago, and when she was nearly six months pregnant her paramour took her to some one whom she believed to be a surgeon, and who induced premature labour for forty of the almighty dollars.

This was direct evidence that at one period of her life the reproductive organs had been in an active and healthy condition. We may safely presume that the retroflexed condition of the uterus was subsequent to the induction of premature labour; and it is more than probable that the fistula, sinuses, and ulcer, were also subsequent to this operation. The patient thought so herself.

I was doubtful whether the sterility at the present time depended upon the displaced uterus, or on the existence of the fistula and ulcer of the rectum, or on both. I judged it wise practice, however, to leave the retroflexion alone, and attend to the state of the rectum and anus.

On May 12th, 1858, she agreed to undergo any operation for the chance of permanent relief, particularly when I told her there was a chance of "killing two birds with one stone," as she might become a mother. I thought it prudent, as a preliminary step, to examine her chest. I found it in every way normal, and there was no reason to suspect disease of the abdominal viscera.

Operation. The bowels having been previously moved by castor oil and an enema of barley water, I exposed the ulcer on the coccygeal aspect of the rectum. I then injected, through the principal cutaneous opening of the fistula, some sweet milk, in order to ascertain the exact situation of the communication with the rectum. The milk was seen to pour into the speculum through the middle of the ulcer. I then injected a little tepid water to clear away the milk. With a tenotome I incised the ulcer in its entire length, without dividing, intentionally, a single fibre of the sphincter ani, as first recommended by Mr. Quain, of London. Immediately thereafter, I injected, through the cutaneous openings of the sinuses and fistula, half a drachm of the tincture of iodine of the Edinburgh *Pharmacopœia;* the strength of which is half a drachm of iodine to an ounce of spirit.

The injection stained some dry cotton wool which was inside the blades of the speculum, so that it had passed through the entire extent of the fistula. This was immediately followed by considerable burning pain, although I had taken every care to protect the mucous surface of the rectum and anus. I immediately introduced a suppository of half a grain of morphia. I would here remark that I have often used this strength, and four times as strong, to inject callous fistulæ; but in this instance the number and the extent of the sinuses, and the supersensitiveness of the tissues, was much greater than I have generally experienced.

The after treatment consisted of a grain of opium night and morning, with good nourishing liquid food and rest on a sofa.

In three days the ulcer was completely cicatrized, and the sinuses and fistula were firmly obliterated with plastic lymph; the skin over the course of the sinuses being much puckered, and a distinct subcutaneous induration was easily discernible by the touch. From this moment my patient considered herself a new being; the discharges and irritation arising from the ulcer and fistula entirely ceased, as also the passage of flatus and the pain in defæcation. I might add, that on the second day my patient felt the same as she did on the third day; and on that day she said she was "as well as ever she had been in her life." This is certainly a very different state of matters from incision, more especially when we take into account the number and the extent of the sinuses.

I have before stated that I operated on May 12th, 1858. On May 20th thereafter, her period commenced; and on the 23rd it ceased. It is interesting to have to add that on February 27th, in the present year, exactly two hundred and eighty days from the day she last menstruated, and two hundred and ninety-one from the day I operated, I delivered her of a healthy and fully developed female child.

I shall now state a few facts in connection with the history of her period of utero-gestation:—

Reduction of the Gravid Uterus. At a period corresponding to the close of the eighth week, I reduced the retroflexed uterus with ease, by a method somewhat my own, the description of which I will reserve until our Annual Meeting, in Liverpool.

When she was four months pregnant, I was suddenly called to her, as she had fallen, face foremost, from the top of a wooden staircase of fourteen steps. I suspected that at least there would be a return of the displacement; but, on my arrival, I found her all right; and that she was more frightened on account of the danger to her four-month-old, than hurt herself.

About the eighth month, I was again called to her, on the occasion of a similar mishap, as she had fallen down another staircase of twelve stone steps, on her back. As on the previous occasion, both mother and fœtus escaped with impunity. Within twelve days of her confinement, she again fell, when rising from her chair at the fire, injuring her right eye and ankle; producing considerable ecchymosis of the eye, and a contused wound of three inches in length on the ankle. On

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this occasion, a large quantity of clear, limpid urine was discharged involuntarily; but not altogether unconsciously. In spite of all these accidents, the uterus retained its normal position, and completed its natural term of uterogestation with safety, both to mother and child; which was twelve days after the date of the last accident, two hundred and eighty from the cessation of the catamenia, and two hundred and ninety-one days from the date of my operations.

I may observe that these repeated accidents were the result of a hysterical form of epilepsy, answering very much to the "*petit mal*" of French authors, as they were attended with little more than a momentary loss of consciousness. They were limited to the latter half of the term of gestation. Zinc and arsenic, with good diet and open air exercise, seemed to have great control in lessening the frequency of the attacks.

To complete her history, I may briefly state that her labour was every way natural; not so her recovery. Her child died on the third day from syncope, during an attack of infantile colic. The patient herself then had a severe rigor, and was threatened with inflammation of the left breast, which was checked by the timely application of leeches and other antiphlogistic measures. On the ninth day, she was seized with scarlatina anginosa. She weathered this fearfully fatal complication; but one of its terminations, or sequelæ, was the formation of a phlegmonous abscess, pointing in the site of the old fistula; and, though an early opening was made, it was followed by a renewal of the fistula; which also communicated by ulceration with the rectum. I am happy to be able to state that I have since repeated the operation by injection, with similar success; and she called on me on April 16th, to state that she "had ceased to be poorly, and had been sick at the stomach for the last two days, particularly during the fore part of the day."

So far as the retroflexion is concerned, although every means and care were taken to prevent its return during and after confinement; yet, when I examined her the other day, it was as much, if not more, retroflexed than it was before her first conception. Notwithstanding this, there is every likelihood she has again conceived.

REMARKS. It may be disputed whether this is a case of genuine sterility; but it must be remembered that sterility does not depend upon endometritis alone, or any of its results, as was observed in most of the cases recorded by Dr. Whitehead, of Manchester, and others who have specially directed their attention to this subject. Sterility, I conceive, is a general term, synonymous with barrenness, and ought not to be restricted to those cases only, the etiology of which depends solely upon a pathological condition of the internal or external organs of generation. Mr. Baker Brown has very properly observed, "That any irregularity, or interference with the functional action of any one part of the body, affects more or less the whole body. If this law pertained to the body generally, how much more must it pertain to the female organs of generation, where the slightest deviation from normal functional action must materially interfere with the delicate physiological process of impregnation, and the contiguous organs. It must be borne in mind that both the *rectum and uterus* are supplied with blood from the internal iliac artery, and with nervous influence from the sacral plexus; and that, therefore, disease, or functional derangement, in the one part, or organ, must interfere with the other." (*Lancet*, February 28th, 1857.) In other words, the sympathy between the uterus and rectum is very great, both physiologically and pathologically. We know the value of stimulating enemata in *inertia uteri* during labour; we know that drastic purgatives and medical substances having a specific action on the lower bowel tend to bring on abortion, and I have no doubt they are a frequent source of sterility in those females who are in the constant habit of using them; we know how very often spurious pains depend upon the accumulating of fæcal matter, or vitiated secretions in the lower bowel, with their accompanying flatulence. In the same number of the *Lancet*, Mr. Brown alludes to fissure of the anus by reflex actions, giving rise to all the phenomena of uterine inflammation, and leading, or rather misleading the medical attendant to the needless employment of leeches and caustics to the cervix uteri for months and years. I feel sure that most of us can indorse Mr. Brown's statement by our own experience, thereby proving the intimate physiological and pathological relation existing between the uterus and rectum.

I am perfectly willing to own that females with fistula *in ano*, with ulcers and hæmorrhoids of the rectum, yea, even with far advanced cancer of the uterus and rectum, may conceive and bring forth, but they are far from being the rule.

Although the case I have narrated was only six months sterile, the query may reasonably be advanced, how much longer might she not have remained so, if I had not interfered? Besides, as conception has followed so close on the cure of the ulcer and fistula on two separate occasions, *notwithstanding the existence of retroflexio uteri*, I am inclined to believe with Mr. Baker Brown and other observers, that fistula *in ano*, and other morbid conditions of the rectum and anus, may be in themselves efficient causes of sterility.

I am aware that this interesting case embraces several important practical points in obstetric surgery; but as space forbids any further remarks, I will prepare them as an original article for a future number.

NOTE.—On revising the proof for the press, June 21st, 1859. There is no longer any doubt about the second conception, as the lady has miscarried.

SIMPLE COLIC.

By JOHN WATSON, M.D., Southampton.

THE art of medicine has in many respects failed to keep pace with the science which it should represent. The growing distrust among us of medication founded on mere habit, and having no well understood or definite object to accomplish, is one of the proofs of this position. Rest, exercise, the application of heat or cold, climate, aëration, appropriate diet and regimen—the bringing to bear of physiological laws upon pathological conditions—such means of combating disease have become increasingly available, and their efficiency a great and important truth. One consequence of this is, that all medical treatment is growing simpler and more rational.

These thoughts have been suggested by the recent treatment of a severe case of simple colic, on the recollection of the roundabout method of managing such cases which in my own practice has insensibly of late years become superseded by one very plain and inartificial. I am only expressing general experience, in saying that by temporising management many of these cases are converted into serious forms of abdominal disease, or tedious and protracted states of indisposition. When it is borne in mind that the spasm which constitutes the disorder under notice is caused, in the vast majority of instances, by the presence of some *irritant*, either indigestible food or acrid secretion, etc., retained in contact with the mucous surface of the gut, what can be clearer than that its expulsion is indicated? And yet the indication to relieve pain by the exhibition of repeated large doses of opium, which add greatly to the difficulty of fulfilling this ruling indication, is very commonly allowed the precedence. In a matter of common-place it is not necessary to enter into much detail. It will be sufficient to say that, both in adults and infants, I have found the administration of an enema of castor oil and gruel, or of warm water only, answer admirably, by almost immediately exciting the peristaltic action of the bowels, and so in a very few minutes removing the pain and tension which characterise the attack. Should one enema prove ineffectual, it may be repeated, and have its strength increased by adding a proportionate quantity of oil of turpentine. The abdomen may be fomented, and the patient restricted to demulcents. If not thus relieved, the case has probably passed from the category of simple colic, when the ordinary antiphlogistic measures are imperatively called for.

I apprehend that the action of an enema in the removal of distant spasm, under ordinary circumstances (that is to say, all vital and mechanical causes of obstruction being absent), is easily explained. The normal movement of the upper portions of the alimentary canal is very closely dependent upon the portion immediately below them; and thus, step by step, the lower part by being emptied becomes in a state to receive the contents of that above it, and this latter is rendered by a sort of consent sensitive to the presence of its contents, which induces a reflex action in its muscular coat; and thus an expulsory movement in the rectum propagates itself sympathetically along the colon to the whole of the intestines. These considerations render it very intelligible why in the cases before us the enema cannot be displaced by a purgative given by the mouth.

I confidently recommend this simple mode of treating simple colic to such of my readers as have not yet fallen into the use of it.

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