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CASES IN PRACTICE.

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RECTOCELE—COMBINED PARING AND FLAP SPLIT-
TING OPERATION—SECONDARY HÆMORR-
HAGE ON THE ELEVENTH DAY.

Mrs. G., æt 47; married, several children. Last labor bore twins. Perineum torn—laceration not complete. Labor was very rapid. Ceased menstruating 12 months ago. Suffers from protrusion of posterior vaginal and anterior rectal wall. No prolapse of uterus, also has large hemorrhoids. Is kept in a very uncomfortable condition by this protrusion. Advised operation. I determined to combine Hegars paring operation for the posterior vaginal wall and Tait's flap splitting for the perineum. Patient anæsthetized and drawn to the edge of the bed, in the dorsal position, with knees elevated with a Clover's crutch. A continuous douche was used to keep the parts free from blood. I then began my incision well up to the cervix and ended at the side of the perineum. The same was repeated on the other side. The flap with a broad base below at the perineum and the apex above was dissected off, beginning above and working downwards. To prevent hemorrhage, the edges of the cuts were stitched up from time to time, with a continuous catgut suture, and after stitching them then more

flap was dissected off until at last the perineum was reached. The flap was severed straight across at its base with one cut of the scissors. The perineum was then split, the splitting running well up into the labia. These sutures were passed with a perineum needle, beginning inside the skin, and going outside the mucous membrane on each side. They were of silk worm gut. The parts were thus drawn nicely together. In dissecting up the posterior vaginal flap, the recto-vaginal septum was found to be unusually thin, and it was only by great care that the rectum was not opened. Hemorrhage was rather troublesome, but was checked by hot water. The piles were then ligated and removed. The patient subsequently suffered some pain from the hemorrhoids, but an opiate and the local use of 4% oleate of cocaine checked this. Everything went well until the eleventh day, when during a fit of uncontrollable laughter, she felt something give way. Hemorrhage began at once, and was very profuse. As soon as I arrived, a small speculum was passed beneath the pubic arch, so that the parts should be but slightly disturbed, and the vagina was tamponed. This did not altogether suffice, and some oozing continued, until at last the bleeding spot, as seen by reflected light from a laryngoscopic mirror, was touched with tincture of iron. This had the desired effect. Tampons were changed every 24 hours, and on one or two days were changed twice a day. Some oozing continued to wet them, but as it was not enough to endanger the patient's life, I