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ABSTRACT OF A CLINICAL LECTURE

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The first case I bring before you to-day, gentlemen, is one of recto-vaginal fistula :

R. II., aged 32, married six years ; two pregnancies at full term ; youngest child two years of age. Complains of pain in back and iliac regions, a burning sensation in vagina, and escape of gas by that passage.

The opening is situated in the lower third of the vagina, or just anterior to the sphincter ani muscle. As I pass my index finger into the rectum and turn the point of it upwards, you see it passes through an opening in the septum, into the vaginal tube. By this manœuvre we obtain a fair estimation both of the size of the opening and the strength of the sphincter ; also what has been left of that muscle after so grave an injury. The recto-vaginal septum may be perforated by a fistula in any part, but the site corresponds in quite a typical manner to the mode of its occurrence.

In the lowermost part of the septum are found those fistulæ which are left over after incomplete cure of total perineal ruptures, or after perforation of foreign bodies which have stuck fast in the rectum. Somewhat higher, from, say, 2 to 5 cm. above the anus, are found those fistulæ produced by pressure-necrosis during difficult labor, and they generally correspond