THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

Vol. XX.]

TORONTO, JULY, 1888.

[No. 11.

Original Communications.

OPERATION FOR CLOSING URETHRO-RECTAL FISTULÆ*

BY DR. WYETH, NEW YORK.

I desire to lay before you the brief history of a case of urethro-rectal fistula.

Case I.—J. S., native of Texas, 27 years old, merchant, came under my care in August, 1887. He came of healthy stock, and had had no sickness of a serious character until 1883, when symptoms of vesical calculus supervened, and for which a left lateral lithotomy was done in August, 1886. The stone removed was reported to be the size of a hen's egg.

A urethro-perineal fistula remained after this operation, and from August, 1886, to August, 1887, four attempts were made to close this opening without success. In the last of these operations a drainage tube about one and one-half inches in length was inserted in the perineal opening and left with the deep end in the urethra. This tube, about three-sixteenths of an inch in diameter, was lost sight of and the doctor and patient supposed it had escaped externally and had been thrown away with the dressings. The last operation was followed by considerable pain which was persistent. In the course of three months an abscess opened into the rectum through the anterior wall, and the urine began to flow freely in this new channel. About this time the perineal opening was closed and an abscess formed in each tunica vaginalis. These were incised and when I first saw the patient were entirely healed. At this date (August, 1887) nearly all of the urine passed through the rectum. The patient suffered greatly, and had to be kept constantly under the influence of opium.

An examination per rectum revealed the presence of a stone, the end of which was on a level with the anterior surface of the rectum, about one inch beyond the anal aperture. The opening was slightly dilated and the stone was removed through the rectum, by means of a strong forceps.

It had formed in and upon the drainage tube, and is seen in natural size in Fig. 1. After consultation with Dr. Edward L. Keyes it was



 $\mathbf{F}_{\mathbf{IG}}$. 1. Calculus formed on a piece of drainage-tube as a nucleus. (Actual size.)

determined to prepare the patient for operation, which was done, and on Sept. 13, 1887, I operated as follows:

The patient, in ether narcosis, was placed in the Sim's position and a large Sim's vaginal speculum was introduced. The opening through the anterior wall of the rectum measured three-quarters of an inch in length, with an irregular width of from

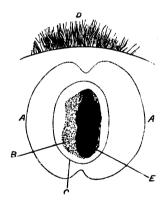


Fig. 2. Showing the anterior wall of the rectum, and opening into it at E, a sinus from the membranous and prostatic urethra. B Cul-de-sac, which undermined the right margin of the opening. A A Line of incisionalong which the flaps were dissected as far inward as C. For their nutrition the two lateral flaps depended upon the limit between the dotted line C and the margins of the opening E. D the perineum.

one-eighth to one-fourth of an inch. It led directly into the urethra near the junction of the membranous and prostatic portions. The floor of the urethra was entirely destroyed The right edge (patient's right) of the opening was seen to be undermined, as shown by the dotted surface B, in Fig. 2.

I determined to attempt the formation of a new

^{*} Read before the Ontario Medical Association at Toronto, June, 1888.