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FISTULA IN ANO OF TEN YEARS' STANDING RAPIDLY HEALED.

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JOHN HATTER, of Stamford, Conn., American, age 39; admitted at Sound View Hospital, September 6, 1897.

Examination revealed a complete fistula in ano, two and a half inches in length, of large calibre, and of ten years' standing. Around the anus, a complete ring of hæmorrhoids. Beyond this, two inches up within the rectum, were four ulcers, from the size of a split pea to that of a dime. Patient had been a large man, weighing 195 pounds, with great strength and vitality; but notwithstanding this, and the efforts of many physicians with many and various treatments during the last ten years, the course of the case had been steadily downward. Complicating this pathological picture, there was chronic constipation, with hepatic torpor. The patient being in an extremely nervous condition, it was decided to put him on a few days' preparatory treatment before operating. After regulating the secretions, he was put on two drachms phosphate of soda in hot water, night and morning, and a diet of bovine and milk, with rice; the bovine a teaspoonful in half a glass of milk, every two hours; the rice three times a day.

September 14th, after preparing the patient by thoroughly washing out and sterilizing the parts, and anæsthetizing him, a double operation was performed, which consisted in a division of the sphincter muscle through the fistula and scraping out the sinus; after which a modified Whitehead operation, one inch of gut being removed. The two larger ulcers, an inch and a quarter from the anus, remained. These were touched up with a 25 per cent. solution of pyrozone. The wound made by removal of the fistulous sinus was then thoroughly irrigated with hot Thiersch solution, and packed, as well as the rectum, with sterilized gauze saturated with iodoform-bovine. This packing was changed every twenty-four hours, up to September 20th, after which pure bovine was employed in the same way, changing the dressing three times a day. Before each dressing, the wounds and ulcers were washed out with Thiersch, and then thoroughly cleansed by the bovine-peroxide process. On the 22nd, the stitches were removed, the line of union being perfect around the anus, and the fistulous wound rapidly filling under the topical blood nourishment. On the 28th the ulcers in the rectum were entirely healed, leaving now only a small surface over the site of fistula unhealed. On the 30th, this wound was also nearly healed; patient having regular daily defecations normal in quantity, and feeling altogether like a new man. October 3rd, discharged absolutely well.