A DESCRIPTION
OF A
NEW INSTRUMENT
FOR CLOSING
VESICO-VAGINAL AND RECTO-VAGINAL
FISTULÆ,
AND
FISSURES OF THE SOFT PALATE
INVENTED BY
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THIS instrument* is in the form of forceps, one blade of which is a needle curved towards its point, and close to the point is the eye of the needle. The other blade is broader on its opposing surface, less curved, and at its extremity has a hole, through which the needle point and just the loop of the ligature are carried when the blades are closed. On the back of the broad blade is a spring, which, when pushed forwards, the blades being previously closed, catches the ligature on its point, and holds it at the extremity of the blade.

* See Plate 1.

In using this instrument the operator has only to seize in its points, as he would with a pair of forceps, the border of the fistulous opening; the blades should then be closed, and the ligature will be carried through one lip of the aperture. The opposite border is then in like manner to be seized, and the blades to be again closed and firmly held so. The spring on the back of the broad blade is now to be pushed forwards, by which the ligature will be caught and held at its point. The blades after this are to be opened and gently withdrawn, leaving a double ligature passed through opposite points of the fistulous aperture. A second or more stitches may in the same manner be made, leaving in each a double ligature, so that the quilled or other suture may afterwards be formed.

This instrument has been employed three times in operating for vesico-vaginal fistula. In the first case the aperture was situated at the neck and adjoining part of the bladder; its long diameter was transverse to the mesial plane, and the opening more than large enough to admit two fingers easily into the bladder. A single stitch was made about equidistant from the angles of the aperture, and a piece of bougie was placed within the loop of the ligature on one side of the opening, and another piece of bougie between the ends of the ligature on the other side, so that the silk, when drawn tight and tied, cut only on the pieces of bougie, and the latter pressed together the edges of the aperture. The formation of this suture occupied but a few minutes, and was

accomplished without the least difficulty. There followed no inflammation or other ill effects, and after three or four days the ligature was removed, (it had not cut its way through either lip of the opening,) when firm union was found to have taken place in the whole extent of the aperture save at one angle, where there remained an opening which would barely admit a crowquill.

In the second case, the fistulous opening was situated close to the os uteri, within a quarter of an inch, which rendered the paring of its edges extremely difficult, but the closing of them with the quilled suture was easily effected. Before the operation the patient's urine was at all times dribbling from her, but afterwards, although the whole of the opening was not closed, the bladder was capable of holding two or three ounces of urine, and the patient, by voiding it frequently, was rendered comparatively comfortable.

In the third case, the aperture was situated at the neck of the bladder. The edges were pared and closed by the quilled suture, which, for nearly two days, completely prevented any urine from dribbling away. The patient, however, suffered the catheter to get out of her bladder, which became distended, and she by the ordinary voluntary effort voided a large quantity of urine through the urethra. Soon afterwards the urine again began to dribble from her, and three days after the operation the ligature was found to have cut its way through one lip of the fistulous aperture. The total want of

success in this case was, no doubt, owing to the catheter being allowed to remain out of the bladder, which alone, however favourable all other circumstances might be, would probably in any case prevent union taking place.

Fig 1

Fig 2