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COURSE OF CLINICAL LECTURES

ON

SURGICAL DISEASES,

DELIVERED AT THE HOSPITAL OF LA CHARITE.

By Professor VELPEAU.

Lecture X.

PROLAPSUS ANI.

GENTLEMEN,—The subject of our lecture to day will be a disease which is known by the name of procidentia, or prolapsus ani.

The patient affected with this disease is a man, aged 52; he is by profession a tinman, of good constitution, and has suffered from the complaint for the last five years. The origin of the disease he attributes to piles, for which he had been treated in most of our hospitals, and especially at the Hotel-Dieu and St. Louis. Baths, emollient fomentations, a few leeches, were the means generally employed, and after a few days he was discharged from one hospital to enter another, after some time. The gut comes down only when he goes to stool; the tumour formed by the prolapsed intestine is nearly as large as the fist; is painful, and not easily reduced: the patient, however, can return it himself, without the assistance of a medical man. About fifteen months back the patient was admitted into the hospital of St. Louis, for the purpose of undergoing an operation, which was performed, but of what kind he is unable to inform us; perhaps the surgeon merely removed some hæmorrhoidal tumours. He was discharged apparently cured, and remained free from prolapsus during nine months. At the expiration of this period the disease returned, and the patient, wearied out with pain, &c., came here to have a second operation performed. I shall operate presently on him, but would previously direct your attention to a few important points connected with this disease, and the methods employed by surgeons for its treatment.

Prolapsus ani, Gentlemen, is rather an infirmity than a disease; but it may give rise to various diseases, such as inflammation, ulceration, &c.; the surgeon is therefore compelled to undertake the treatment of this affection, more on account of the consequences which it may produce, than the actual inconveniences to which it gives rise. The first point I would have you notice is the circumstance that there are several species of prolapsus ani; in one case the mucous membrane of the rectum is merely everted; in another a certain portion of the gut descends beyond the anus, and presents externally. Dupuytren and his followers insisted that prolapsus ani always consisted in mere eversion of the mucous lining of the rectum: this is generally the case; but it is certain that the whole gut is sometimes everted. Several writers have recorded examples of this latter species. M.

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Paillard described a case in the "Revue Medicale" for 1829, and M. Nelaton has related several others; I have seen many such cases myself. M. Berard dissected a tumour, formed by descent of the rectum through the anus; the eversion of the gut was complete in this instance, for even the peritoneal coat was comprised in the tumour. The distinction between these two species, Gentlemen, is a matter of much importance, for any operation which is applicable to the former species of prolapsus would be attended with great danger, and might even prove mortal, if had recourse to for the second species.

On the present occasion I confine my remarks to the first species, or that depending on simple eversion of the mucous lining of the intestine; as this membrane is united to the other tissues by very loose cellular tissue, it readily descends, but, generally speaking, it brings with it a certain portion of the muscular coat of the intestine.

Prolapsus ani is a disease of frequent occurrence in children; it is easily reduced by pressure, and often gets well of itself as the child advances in age; when more obstinate, topical astringents commonly effect a cure. In adults, however, the disease is not so simple a one, but often resists every kind of local application. When the intestine comes down during the evacuation of feces only, the patient suffers some inconvenience, but incurs no danger whatever; but medical assistance becomes necessary in all cases where the gut comes down without straining, is reduced with difficulty, and gives rise to ulceration, inflammation, &c. In some cases we are unable to reduce the tumour; the sphincter ani embraces it so tightly that gangrene ensues, the tumour is removed by mortification, and the patient may exhibit very alarming symptoms. MM. Sauveur and Ansiaux mention a case in which the tumour was completely removed by gangrene; the patient recovered.

The first step, in the treatment of prolapsus ani, when the disease is recent, is to reduce the tumour. Having cleansed the prolapsed gut with some emollient lotion, and then smeared it with oil, or spermaceti ointment, the surgeon envelopes it with fine linen, and applies gentle pressure with the fingers, or palm of the hand, from the circumference towards the centre, and from below upwards. In some cases it will be found more useful to press against the centre of the tumour, with the fingers united to a cone, whilst the other hand supports the swelling, and prevents it from escaping.

When the prolapsed intestine has been returned beyond the anus, it is sometimes unnecessary to apply any bandage for the purpose of keeping it up; but in many other cases we must employ mechanical means to prevent the gut from descending immediately again. A great variety of apparatus has been invented for this object; bladders filled with air or cold

water (Morgagni, Levret, Dieffenbach); rings (Bassins); astringent suppositories (Turner); bougies; plugs; the T bandage; in women pessaries. These different methods are doubtless good, but, unfortunately, they seldom effect a radical cure of the disease.

Whenever the tumour, formed by the prolapsed intestine, is strangulated, and the consequent inflammation seems about to terminate in gangrene, we must divide the sphincter ani either on one or both sides, as the case may require. The surgeon pushes the tumour on one side, and divides with a bistoury, from within outwards, the integuments and muscular tissue. Delpech performed this operation with complete success in a case of the kind just alluded to.

When we are unable to reduce the gut, or support it within the anus after reduction, some surgeons have recourse to extirpation of the tumour. Percy recommended this operation, which has succeeded in the hands of Cowper and Pasquier. The proceeding is the same as that for the removal of piles, a polypus, or any other tumour near the verge of the anus; it is however, unnecessary to remove the whole of the tumour; if we cut away the two inferior thirds, the remaining portion may be reduced easily. But this is a very painful operation, and often fails; hence it has been abandoned in modern practice, and given place to another method, which I shall presently describe to you.

The actual cautery has been sometimes employed for the cure of prolapsus ani; Ansiaux, Phillips, Burgaave, &c., relate cases of success; this is a very old method; Moreau endeavoured to contract the orifice by drawing the hot iron in the direction of the folds of the anus; perhaps this method suggested the idea which Dupuytren afterwards reduced to practice. However this may be, the only operations at present practised for the cure of prolapsus ani are those of Dupuytren and Hey.

The chief cause of this disease depends on too great dilatation of the sphincter, or on relaxation of the mucous membrane and integument which is continuous with it; hence the obvious indication to combat these causes by excising a certain number of the radiating folds of the anus.

In prolapsus ani, as I have already mentioned to you, the cellular tissue which unites the skin and mucous membrane to the muscular coat of the intestine, is greatly relaxed; now by removing a certain quantity of this cellular tissue, we change its tendency to relaxation completely; we not only contract the orifice of the anus, but excite in the submucous cellular tissue a degree of inflammation by which the parts become firmly united and incapable of extension. This is a very rational method, and I shall employ it on the present occasion. The first who practised it was Hey: in the year 1788 he had a patient affected with piles and prolapsus ani; the latter disease he thought depended on relaxation of the mucous membrane and its subjacent cellular tissue; he therefore suggested that, by cutting out a flap of integument together with the hæmorrhoidal tumours attached to it, he might favour the action of the sphincter and diminish the relaxation of the tissues; Hey, therefore, excised the whole circular flap of skin with the piles, and cured his patient. In 1790, Hey operated on another patient, but removed only one half of the circular band; in 1791, he modified his former operation by excising, together with the skin, about a quarter of an inch of the mucous lining of the anus. The successful operations of Hey had, however, been almost forgotten in England, when Dupuytren, who took the same views of the nature and seat of the disease, proposed his method of operating.

This method consists in excising several of the radiating folds of skin round the margin of the anus with a strong pair of scissors; the excision should commence about an inch from the sphincter, and terminate a few lines above it. Dupuytren thought that

the excision of four folds was sufficient, but you may remove six or eight of them without inconvenience. The nature of the case must determine the number of excisions and the extent to which they are carried. The hæmorrhage is seldom considerable; Dupuytren never observed any, but Hey mentions a case in which a good deal of blood was lost; the dressing is very simple. Dupuytren covered the wounds with lint smeared with cerate, and occasionally passed a small plug of lint into the rectum. In some cases I have followed a different plan, and introduced several plugs of charpie into the rectum, bringing out the ends and passing them along the different wounds; a large mass of lint is then applied and the whole supported by a bandage. The object of this mode of dressing is to prevent the wounds from uniting by the first intention, and thus obtain a more firm cicatrix. Generally speaking, the prolapsus ceases immediately after the operation; in some cases, however, it may return on the patient's going to stool, but the tumour is small, easily returned, and finally ceases to descend. It is almost unnecessary to mention that you should keep the bowels open by lavements or laxative medicines, to prevent any straining efforts.

When we reflect on the obstinate nature of prolapsus ani, we cannot sufficiently admire this simple and efficacious operation. You must not, however, Gentlemen, always reckon on success. Dupuytren pretended that *all* his patients were cured, but M. Pailard mentions *one* case of failure since 1815. The method of Dupuytren has been followed by a great number of surgeons; some, on the other hand, practise the circular excision. I have operated on many patients myself; in one case the disease returned after the lapse of a year; and I have seen three or four patients operated on, after Dupuytren's method, by other surgeons, in whom the prolapsus has recurred. You must not, then, expect to cure all your patients radically: still excision of the radiating folds of the anus is the best method that can be adopted, and is applicable to all cases which do not depend on some organic disease of the parts contained in the pelvis or hypogastrium.

I have already mentioned to you, Gentlemen, that some portion of the muscular coat of the gut often descends with the mucous membrane. Should this occur, you may excise some of the muscular tissue without any danger; indeed, this will render the operation more certain, and I am inclined to think that the failures to which I have alluded may depend on our neglecting this precaution.

I shall now proceed to operate after the method of Dupuytren. [The patient was now placed on a bed, and M. Velpeau excised four folds of skin; one above, one below, and one on each side of the margin of the anus; the excisions extended a few lines beyond the sphincter, internally. But little blood was lost, and the parts were simply dressed with lint and cerate. During the night the patient was seized with violent diarrhœa; he went to stool more than forty times, but the intestine did not come down.

On the following day he complained of severe pain about the anus; the diarrhœa was less; this gradually disappeared; the wounds, which suppurated for some days, healed up; and the patient left the hospital on the 28th day after the operation, apparently cured; the intestine not having descended once.]

MEDICAL RESIGNATIONS.

Dr. Latham has resigned his office of physician to St. Bartholomew's Hospital. Dr. Davis has, also, resigned the professorship of midwifery at University College.—Dr. John Reid has been appointed to fulfil the duties of professor *ad interim*.