ARTIFICIAL ANUS FORMED WITH SUCCESS

IN

THE ASCENDING ARCH OF THE COLON, WITHOUT

WOUND OF THE PERITONEUM.

By M. AMUSSAT.

MADAME B., aged 50, after the cessation of the catamenia, had more than usual difficulty in going to stool; the constipation became more obstinate, and could only be overcome by repeated enemata. The appetite, however, remained good, and the symptoms did not give much uneasiness, till the 27th of May, when, four or five days having passed without an evacuation, Madame B. was obliged to apply to a medical man, in consequence of suffering from severe pain.

Twenty-eight leeches were applied to the epigastrium; enemata and mild laxatives were prescribed, but without any good effect. M. Chomel, and at a later period M. Deguise was called in, and enemata, drastic purgatives, and various other means, were employed without any benefit.

On the 27th of June, M. Deguise having exhausted all his resources, considered that relief could only be obtained by the formation of an artificial anus, and sent for M. Amussat. Thirty-four or thirty-five days had then elapsed since Madame B. had passed any evacuation per anum; the abdomen was much distended, and its parietes so thinned, that the coils of the intestine could be distinguished, distended with gas, giving, on percussion, a clear tympanitic sound.

The patient being placed on the face, the right lumbar region seemed somewhat more distended than was the left. A gum elastic catheter was passed up the rectum, but at the height of six or eight inches it bent, and could be passed no farther; on examining by the vagina, it was found that the catheter was in fact curved on itself, and that the uterus was not displaced, but was perhaps somewhat larger than natural. Enemata were expelled almost immediately on being thrown up, and without bringing away any faecal matter.

Although it was impossible to determine, after long consultation, what was the cause, the nature, or the seat of the strangulation, M. Amussat determined on performing his operation, by making an artificial anus without wounding the peritoneum.

On the 28th of June, MM. Amussat and Deguise again employed forced enemata, and repeated their examination, without obtaining a more satisfactory diagnosis as to the seat of the obstruction. No point of the abdomen sounded dull on percussion; neither lumbar region was more arched or more prominent than the other; under such embarrassing circumstances, we resolved to consult some of our brethren most capable of throwing light on the subject.

MM. Magendie, Breschet, Chomel, &c., assisted in a discussion on the case, and it was decided to again employ forced enemata, ascending douches, and galvanism, and, in the event of their failure, to perform the operation which M. Amussat had already successfully practised.

These means were unavailingly employed on the 28th and 29th. On the 30th all was prepared for the operation, to which, however, the patient refused to submit.

July 2.—The patient was very feeble; pulse small and frequent, breath foetid, and the surface exhaled a stercoraceous odour; bilious vomiting more abundant, abdomen very tense, and during the night severe epigastric pains. Another consultation was held in the evening with MM. Magendie, Breschet, and Chomel. The propriety of operating immediately was agreed upon, but those present differed as to the point at which the artificial anus should be formed. Some thought that the left lumbar colon should be the part selected, as that part would probably be distended, the obstruction, they thought, lying below it, since the patient could not retain even a single enema; others, on the contrary, considered that diagnostic sign was insufficient and deceptive, as the same occurred in some persons in perfect health, and they recommended that the right lumbar colon should be opened. The latter was M. Amussat's opinion; he was inclined to cut down on the ascending colon, open it if it was distended, and if not, was determined to cut down in front of the cæcum, discover the termination of the small intestine, and then search for the seat of stricture.

July 3rd, at 6 A.M., the operation was performed in the presence of MM. Breschet, Deguise, L. Boyer, and other medical men.

The patient was placed on a mattress, the abdomen on a pillar, so that the lumbar region was prominent, and each lumbar region presented the same volume, and yielded the same sound on percussion. An incision, nearly four inches long, was made transversely in the right lumbar region, midway in the space separating the crest of the ilium and the last false rib, and commencing at the common origin of the sacro-lumbar and longissimus dorsi. The edges of these muscles being divided, as also the adjacent tissues, the operator soon arrived on the quadratus lumborum, which was easily recognized by its very oblique direction downwards and outwards. He cut the edge of this muscle, and dividing the anterior layer of the posterior transverse aponeurosis, he perceived the cellular tissue intervening between the adipose mass covering the kidney and colon. He then divided vertically the fat which always lies above the kidney, and examining posteriorly he felt a distended intestine. This was the lumbar colon, uncovered by peritoneum: it was recognized by the resistance of its parietes, and by its muscular fibres, which are more developed than those of the small intestine. It was also recognized by others present.

This capital part of the operation being determined, M. Amussat passed, with a curved needle, a thread through the coats of the intestine, so as to fix it, and then punctured the intestine with a small trochar; a quantity of gas and a very little feculent matter issued from the canula, but, on withdrawing it, so much air was infiltrated into the surrounding cellular tissue, that he had to cut it away to leave the colon exposed. The colon being now stretched by means of the ligature previously introduced, the operator laid it freely open in a vertical direction, with a blunt-pointed bistoury; the edges of the opening were kept apart by three torsion forceps. He now broke up with the index

finger, introduced into the intestine, a quantity of indurated fœces, on which a considerable quantity of fœcal matter escaped. The semi-solid fœces were mixed with a considerable quantity of gooseberry seeds and cherry stones. The evacuation of fœces was facilitated by injecting lukewarm water into the upper and lower portion of the open colon. When the issue of fœcal matter was less abundant, the opening into the cœcum was fixed as near as possible to the inferior angle of the wound, by means of five points of interrupted suture, taking care to evert the mucous membrane, and the posterior angle of the wound also united by a point of twisted suture.

The patient was placed in bed, supported on the right side to facilitate the issue of the fœces; the artificial anus was covered with a large poultice, and the wound was directed to be frequently washed with tepid water.

In the evening the patient was cooler and relieved; the abdomen was soft and free from pain on pressure; gas and fœtus frequently issued from the artificial anus; the pulse had become strong but not frequent. The next day she had passed a good night; no vomiting; pulse 70 to 80.

5. She asked for food, and her condition was improved; she was somewhat stupified from the effects of an opiate enema.

6. M. Amussat introduced his little finger into the artificial anus, and administered a small enema, which was not returned. The patient thought she had passed some flatus per anum.

8. All the sutures are detached; the artificial anus is solidly adherent to the wound, which looks very healthy. On passing the finger into the artificial anus after throwing in an injection, it touched the kidney through the coats of the colon, and distinguished fœcal matter in the inferior portion of the ascending colon. The evacuation of fœces is very abundant; abdomen soft, and bears pressure; no fever.

10. Condition unaltered; the abdomen is still somewhat voluminous, because the intestines were so long distended that a certain lapse of time is requisite for the mucous membrane to resume its natural condition.

14. The condition of the patient is perfectly satisfactory; the appetite and strength both augment. The artificial anus is perfectly established; it is situated at the inferior angle of the wound; and as it has some tendency to contract, may be dilated with a tent of lint. Enemata have been given daily, and favour the issue of a large quantity of fœces.

15. Madame B. thought that she had passed some fœces by the rectum. To ascertain if this was so, M. Amussat introduced the finger into the rectum, and found that it had shrunk from before backwards, but met with no fœcal matter; on withdrawing the finger, the hand was stained with blood, which seemed to come from the vulva, and not from the anus, as the patient supposed. On administering an enema per rectum, some fragments of caseous matter and some hard black fœcal scybæ passed away. By the finger in the vagina it was ascertained that the uterus lay towards the left side, the neck posteriorly, and was thick and hard, and its surface and cavity were covered with vegetations. The finger was stained with blood, and some clots came away. Madame B. said that her catamenia had returned, and that

the blood had accumulated in the womb during four months.

17. The patient has had some pain in the abdomen, occasioned by error in diet. The wound is contracting favourably. No blood has escaped from the vulva since yesterday.

22. After the administration of an enema by the rectum, a cylinder of black soft moist fœces passed by the natural anus. But the evacuations continued abundant from the artificial anus.

August 2. The patient is now, thirty days after the operation, in a most satisfactory state. The appetite and strength have returned; the artificial anus is completely established at the anterior part of the wound, and admits of the entry of the fore finger. The wound is not quite cicatrised, but is much contracted. Every thing promises that the success will be permanent, and that the patient will soon only suffer from an infirmity which is very supportable, and to which she owes her life.—*Gazette des Hôpitaux*, No. 93.

ANALYSIS OF FOREIGN JOURNALS.

LITHOTRITY PERFORMED IN THE FIFTEENTH CENTURY,

By A. BENEVIENI.

"A CERTAIN nun laboured under retention of urine for twelve days, from obstruction of the passage by a calculus. As the use of the catheter (*ænea fistula*) and other means failed, I fixed a hook on the stone, lest, when struck, it should be pushed back into the bladder; I then struck the stone frequently with an iron instrument, until it was broken up into small pieces, and having exercised due diligence to avoid injuring the internal parts, I withdrew the hook and rod; on doing which, the fragments of stone were discharged; the urine passed freely, and the woman was restored to health."—*A. Benvenuti de abditis nonnullis ac mirandis morborum causis liber. c. xxx. Exam. Med. No. 8.*

CURE OF IRREGULARLY-UNITED FRACTURE BY EXCISION OF THE CALLUS.

CASE I.—F. Mistretta, 32 years of age, was admitted into the hospital of Palermo, on the 20th of April, 1837, with compound fracture of both bones of the leg. After the use of antiphlogistic remedies, the limb was placed in Scultetus' apparatus, but numerous abscesses formed, and the frequent dressing rendered it impossible to keep the limb at rest. The consequence was, that the bones united at an angle; an attempt was made, but fruitlessly, to break the callus. M. Portal, therefore, resolved on excising the angular portion of bone, and on the 23rd of May removed about an inch with the chain-saw. The wound united by the first intention, and the limb was kept at rest for forty days. The patient was quite well on the forty-eighth day, and left the hospital with slight shortening of the foot, which was easily concealed by a shoe.

CASE II.—Grazia Sinelli was admitted into the civil hospital, on the 16th of November, 1840,