CASE OF UTERO-VESICAL FISTULA: NOVEL MEANS OF RELIEF.

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(Read before the Reading Pathological Society, February 1st, 1842.)

Mr. President and Gentlemen,—I hasten to bring before you the following case for two reasons—1st., because the remedy has been a novel, if not original, application of a very simple means; and, 2ndly, with the hope that the same means may prove applicable in similar cases, and thus go a great way towards the cure of an hitherto generally considered incurable and irremediable disease.

The subject was Mrs. H., aged 41, delivered of her last child, the seventh, five years before. The labour was severe, protracted to fifty-seven hours, and eventually completed by instrumental aid. Retention of urine followed, and the catheter was required for thirteen days afterwards. On the thirteenth day she felt something give way—heard something pop, and the urine immediately flowed away, and continued to flow away, till I saw her, more than five years afterwards.

During this period imagination might conceive, but words would fail to describe, the horrors of her condition. Day and night the urine pursued its errant course;—day and night did it continually dribble away, not a drop being passed through its natural outlet;—day and night was she continually wet by its escape, aggravated by periodic increase, which, from the irritation, had almost become habitual, so that at these times, nine dozen napkins a week scarcely sufficed to absorb the recalcant fluids. Three or four times a night was she compelled to strip her dripping garments; sleep was measured by minutes, not by hours; for five years it never reached one uninterrupted hour, and that not on the bed she was wont to occupy, but on a mattress in a corner, on the floor. Excluded from society—the very atmosphere surrounding her polluted by her presence, she was miserable both morally and physically; and had she not been possessed of a rare buoyant nervous system, which elevated her—of an extraordinary strength of mind, which supported her—and of an unflinching moral and religious rectitude, which sustained her, she must long before have yielded herself a prey to apathy and indifference, and have sunk under such a grievous complication of miseries, for enough has been said to show that wretchedness must have reached its limit, and tolerance its verge. There was no relief, not even temporary palliation in anything, and she looked forward only to permanent rest in the grave.

She was repeatedly examined by various surgeons, who failed in discovering any fistulous communication, and therefore concluded it must arise from weakness of the bladder—it must be incontinence. Under these impressions, she patiently underwent the infliction of a prolonged medication. For more than five years she swallowed, with undeviating scrupulosity, manifold medicines; used, with untiring diligence, multifarious applications; immersed herself in a cold bath daily, thrice repeated, till she was crippled with rheumatism; all to strengthen this weakness—to overcome this obstinate, obdurate, inveterate stillitidism; but all without avail. Notwithstanding all, it proceeded

unrestrained, unchecked, because its true cause, if not unsuspected, was undiscovered.

At this time she accidentally came under my observation, and suspicious of the nature of the disease, I submitted her to a most careful examination. After repeated trials with all the specula I could muster, the only exact information I could obtain was, that the urine issued from the os uteri; how it came there I was unable to determine, and had almost given it up in despair, when, exploring with a small catheter in the bladder, concavity downwards, and a finger in the os uteri, the catheter and the finger came in contact. The problem was now solved: there was a communication between the fundus of the bladder and the uterus; the opening was about three-quarters of an inch within the cervix, just at its internal orifice, and as large as to admit readily a No. 6 male catheter;—a disease mentioned in books, but not described as an *utero-vesical fistula*.

Now, here was a case calculated to excite in any one a strong desire to be of some service—a case that called aloud for some plan of relief—a case that demanded that the whole “*armamentarium chirurgicum*” should be rifled to discover some means of alleviation, if not of cure.

The first difficulty that presented itself was the means that were applicable in such a case. Caustics were out of the question; the actual cautery inapplicable; and any plastic operation impossible. Had the catamenia ceased, I should have had no hesitation in attempting, not the operation of Vidal, viz., obliteration of the vagina, but to close the os uteri, and cut off the communication in that way; and it was a question with me, notwithstanding, whether the attempt would not be justifiable to close it—to leave the catamenia to find their entrance by the fistulous communication into the bladder, and their exit *per urethram*.

Another mode of proceeding, however, suggested itself, which fortunately obviated the necessity of so delicate and perhaps dangerous an operation. It occurred to me to enquire what would be the effect of a skein of silk passed through the opening, allowed to remain there a certain time, temporarily to stop, and produce a degree of inflammation sufficient permanently to close its orifice. And also, whether this desirable termination would not be most materially facilitated, when that irritation had been produced, by withdrawing the threads one by one, with a few days interval, that the orifice might gradually contract around the threads. That they should be reduced in size also, as well as number; so that at last there might be nothing left to contract around, and the orifice be entirely obliterated.

The more solid tissue of the uterus, rather than the lax texture of the vesico-vaginal septum, perhaps favoured the attempt; while the facility of imbuing the threads with any triable sanative application increased the possibility of success. The objections to such a mode of proceeding appeared to be, that the threads might produce in the bladder, intolerable irritation; in the uterus, dangerous and intractable inflammation.

A circumstance however occurred, which encouraged me to proceed. By my last examination considerable irritation was produced, and for the first time for—

five years, she remained dry for two hours; no dribbling took place, and she then passed water in a stream. This arose I imagine, from the tumefaction of the edges of the fistula, producing temporary closure of its orifice.

With this end in view, therefore, on the 14th of July, 1841, I proceeded to operate in the following manner:—A Brodie's catheter, armed with a long piece of twine, was introduced into the bladder, concavity downwards, and being guided by a finger within the os uteri, I readily found the rupture, passed the instrument through into the vagina, seized the thread, and then withdrew the catheter; thus leaving one end of the twine hanging from the urethra, and the other from the vagina. To the urethral extremity, I tied a skein of six threads of glover's silk, oiled them, and drawing at the vaginal extremity, dragged the silk through the fistula, and then tied the urethral and vaginal ends together.

The result was most gratifying. From the time of their introduction to the withdrawal of the last thread no dribbling took place, except when using some extraordinary bodily exertion, and under these circumstances it did sometimes occur; therefore, when I say *no dribbling*, I beg it to be understood with this qualification.

On the 4th day from the operation, irritation beginning to be produced, I withdrew the first thread; on the 5th, the second; on the 6th, the third; on the 10th, the fourth; and on the 17th, the fifth; leaving only one remaining. So that in seventeen days the operation may be said to have been completed.

During this time considerable irritability of the bladder existed, with great impatience of its contents; so much so, that they were obliged to be evacuated every hour. This may readily be accounted for by the presence of the threads, the existing irritation, and the contracted state of the organ from long disuse. It gradually subsided, however, simply with fomentations, and without the aid of any medicines.

I should mention one circumstance, however, of which I cannot give quite a satisfactory explanation. At each recurring menstrual period, the urine was, and now is, voided highly charged with the catamenial fluid. How can this happen, that fluid should pass one way and not the other? It cannot depend on the situation of the opening, for she is able now to retain the contents of the bladder for eight or ten hours; and of course the fluid will be equally diffused,—will press equally in all directions. It must depend, therefore, either on the form of the opening, or on some evolution of the lining membrane of the uterus into the bladder, from which it is secreted. As far as the patient is concerned it is of little consequence, not being productive of the slightest inconvenience.

During the three subsequent months, I changed the size of the thread three times, so that at last it was reduced to as small a one as I could procure compatibly with any strength and durability.

And now, having reached the zero of my means, and the boiling point of my expectations, the question necessarily intrudes itself, what was next to be done? Was I to be content with the ground I had gained, or was I to dispute its entire possession? I resolved to contend for the whole, and accordingly on the 22nd of October withdrew the last thread. For this purpose I seized a favourable opportunity, just after the irrita-

tion of the catamenial period had ceased, when I imagined the edges of the orifice, if ever, would be in a condition to close, and ultimately cohere. No other means were used, as rest, catheter, prone position, &c. Unfortunately I was disappointed. In twenty-five days the dribbling was as bad as ever, and all its attendant miseries worse; she was doubly tortured with a vivid recollection of her former ills and a lively impression, together with a grateful remembrance of her recent ease.

I was glad enough, therefore, to retreat to my former position, by introducing now four large threads. In twenty-eight days they were reduced to one, and she was herself again. And here I am determined to stand, perfectly content with the advantage I have gained. The thread produces no inconvenience, and she has now been able for some time to resume and perform her varied household duties as well as ever.

The means are abundantly simple, and as a palliative only, exceedingly valuable; and though the operation is imperfect, from one thread remaining, and though slight dribbling does occasionally occur under unusual exertion, which could scarcely happen otherwise from any, and must happen sometimes from every contrivance, short of absolute cure, yet it is infinitely preferable to any expensive, unmanageable, uncomfortable, uncleanly apparatus, with which I am acquainted; without, at the same time, precluding the possibility, but even favouring the probability of a permanent closure.

Whether the remedy is a new one, or merely the novel application of an old one, matters little to me: as far as I am concerned it is perfectly original. The benefit has been more than I could have expected, and all I could wish; for by it I have had the gratification of restoring a most deserving woman to comfort and her family.

I have purposely delayed the publication of the paper, as requested by the Society, in order more rigidly to test the sufficiency of the means employed. I am pleased now to add, (May, 1845,) that she remains in the same comfortable state. She changes the thread herself once in three or four weeks, goes about, performs her domestic duties, &c., with no inconvenience. Not a drop of urine has escaped the last three years. The only precaution necessary is that the thread be drawn down once a day to cleanse it from the sabulous matter which is deposited and collects upon it.

CASE OF MESMERIC SLEEP.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me to relate a case which has recently fallen under my notice, bearing, I think, upon the disputed question of mesmeric sleep.

T. G., aged 28 years, had been declining in health for two or three years past, which he traced to getting wet snipe-shooting in very inclement weather, and neglecting to change his clothes. Symptoms of phthisis too surely made their appearance, and he consulted his usual medical attendant with advantage for a time, but the onward fatal termination was only delayed, not arrested. Diarrhoea of the most obstinate character,