Fistula in ano : a double case, one treated by the knife, the other by the elastic ligature / by C.F. Maunder.

With the Author's Compl

(5)

FISTULA IN ANO

A DOUBLE CASE

ONE TREATED BY THE KNIFE, THE OTHER BY THE ELASTIC LIGATURE

By C. F. MAUNDER

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SUBCUTANEOUS OSTEOTOMY, with the *chisel* to remedy deformity of Joints and Bones, after disease and injury (eleven cases by the Author).—*British Medical Journal*, May, 1877.

ARTIFICIAL ANUS, in the Small Intestine of the Adult, to relieve Obstruction.—*Clinical Society Transactions*, 1876.

REMOVAL OF A SOLITAIRE from the Left Bronchus by a loop of Wire.—*Lancet*, May 20, 1876.

FISTULA IN ANO:

A DOUBLE CASE.

ONE TREATED BY THE KNIFE, THE OTHER BY THE ELASTIC LIGATURE.*

Of late years an elastic ligature has been employed for various surgical affections, and more recently its use has been revived for the treatment of fistula. When employed in the latter instance, at least, it is as a substitute for the knife; and the question naturally asked is—

Which is the more desirable method of treatment?

In March of the present year (1875) a

* "Clin. Soc. Trans.," vol. viii., 1875.

patient was referred to me by Dr. Cockerton, whose case would, I thought, assist in answering the above query.

History.—Mary Ann W., æt. 24, a comparatively healthy person, was the subject, two years ago, of a small abscess in the right buttock. This opened and closed several times. At length some kind of operation was performed, when it was erroneously supposed to have closed permanently.

Twelve months ago a similar abscess formed on the left side, and had followed much the same course as the former.

The existence of two fistulæ induced me to use the knife in one instance and the elastic ligature in the other, believing that under no other circumstances could the comparative test be so perfect. Precisely the same conditions of constitution, health, antecedents, and idiosyncrasies could thus alone be insured.

Operation. March 10th.—The patient was highly nervous, and refused all interference, unless under the influence of an anæsthetic. On careful examination two fistulæ were found to exist, one on each side of the anus, situated

somewhat nearer to the coccyx than to the perinæum, and running from below and behind upwards and slightly forwards. The external orifices were equidistant from the anus, while the internal apertures were similarly situated within the bowel; indeed, I may say that no two sinuses could be more alike.

I severed the one on the right side with the knife, and removed a small portion of over-hanging skin; and applied the elastic ligature to the other.

The knife wound was then dressed with a strip of oiled lint, and no application was made to the other side.

March 11th.—The patient was in great pain last evening, and could not sleep until a hypodermic injection of morphia had been administered.

The pain this morning is less severe.

12th.—Although the morphia injection was repeated last night, she was unable to sleep by reason of a rather severe starting pain.

13th.—Has not passed a good night, but the pain is less severe. Either from timidity or local tenderness, or both, the patient refused

to have the oiled lint removed until I saw her to-day. The bowels have acted. There is some pain on the ligatured side.

15th.—Still complains of pain at the seat of the ligature.

16th.—Condition the same as yesterday.

17th.—There is less pain, but this is still referred to her left side. Yesterday I examined the part, and found the ends of the ligature lying in a groove which they appeared to have cut in the tissues, but which, in reality, would be the floor of the lower end of the sinus; because, as the loop severed the roof of the channel, these would necessarily be drawn towards the middle of its long axis.

19th.—The elastic ligature came away to-day, on slight traction (nine days after its introduction).

23rd.—On examining the wounds with the finger, the conditions are very dissimilar. That made by the knife is almost on a level with the surrounding parts, while that which is the result of the ligature is a deep groove, having very prominent callous edges, like the margins of a chronic ulcer of the leg.

27th.—The knife wound is scarcely perceptible to the sense of touch, while the thickening and prominence of the edges of the ligature-wound are still marked.

30th.—Granulations on both wounds are alike healthy.

April 2nd.—The knife wound is cicatrized, but that made by the ligature is only partially healed, and still grooved.

16th. — The ligature wound, even yet, is not quite closed; its edges are thick, but the granulations are healthy.

28th. — The patient, having been poorly lately, has not been seen. To-day the deep groove of the 16th is now a sinus, the edges having united (thus re-establishing the fistula). Lest this should persist, the roof was cut away.

May 10th. — The ligature wound is now cicatrized, *five weeks* later than that made by the knife.

No special treatment, either constitutional or local, was adopted. Beyond the introduction into the knife wound of a strip of oiled lint, at the time of operation, and its unintentional maintenance there (as above noticed)

for forty-eight hours longer than I usually adopt, nothing was done.

It is my custom, in a case of simple fistula, to dress the wound only at the time of operation; and on subsequent visits, in order to feel sure that the case is progressing favourably, the introduction of the well-oiled finger along the floor of the sinus is substituted for dressings. I am sure this plan causes less irritation, favours more rapid repair, and certainly gives less pain to the patient.

As a general rule, it would be wrong to endeavour to establish a principle of practice, from the experience of a single case; but as I have already remarked, no test of the efficiency of a method of treatment could be so absolutely trustworthy as when two different operations are performed simultaneously upon the same patient, who is the subject of the same complaint in corresponding localities. Under these circumstances the history of the above case obliges me to declare in favour of the knife, as a means of insuring less pain and much quicker restoration to health.

The elastic ligature may be reserved for

those who will on no terms submit to a cutting operation, as well as for others of hæmorrhagic diathesis. Also, for certain instances in which the sinus being very long and its wall thick, severe and somewhat inaccessible bleeding might be expected if the knife were used.

The patient who elects to be submitted to the ligature must on no account be allowed to imagine that its action is always painless, and should be warned that the period of convalescence may be greatly protracted.

[All who took part in the discussion on this case, at the Clinical Society, were of opinion that the ligature should be used only under exceptional circumstances.—*Lancet*, June 5, 1875.]

PARDON AND SON, PRINTERS, PATERNOSTER ROW, LONDON.