

## **Two cases of vesico-vaginal fistula / [William Keith].**

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## TWO CASES OF VESICO-VAGINAL FISTULA.

CASE I.—February 4, 1840.—Janet Shirress, aged 30, a widow, mother of four children, was admitted into hospital, complaining of severe and constant pain in the region of the bladder, and constant distillation of urine from the vagina, along with troublesome micturition after each of her very frequent calls to make water.

She states that she was delivered of her first child in September, 1831, by the forceps, after having been in labour for forty-eight hours; that for fourteen days after, she made her water by the natural passage, when the urine began suddenly to flow through a new and artificial opening into the vagina; and that, after a tedious illness, she recovered her health, and subsequently gave birth to three children in successive pregnancies, but never was able to retain her water for an instant, until the beginning of 1839, when she contrived to plug the false opening with a pint-bottle-cork, after which, although a portion drained away, she enjoyed comparative comfort, and again expelled her urine by the urethra.

In the month of May, 1839, the cork slipped into the bladder. For some time this occasioned no uneasiness, except from the return of the urine wholly through the false passage, but at length she became afflicted with the usual symptoms of stone in the bladder.

As these became aggravated, she recovered the power of retaining her water, and this so entirely before the close of the year, that she then passed the whole of her urine by the urethra. For a fortnight past, the irritation from the stone has become intolerable, and owing to an unceasing desire to make water, the urine drains off so as to keep her constantly wet, although she still makes a portion by the natural canal.

On examination, a fistulous opening, capable of admitting a No. 16 catheter, was readily detected an inch and a half behind the orifice of the urethra, communicating directly with the bladder, and a stone of considerable size was felt within that organ on sounding.

February 5th.—Crushed the stone by the screw lithotrite.

February 10th.—A number of fragments have come off.

February 25th.—Crushed three large fragments, and broke up the cork.

February 27th.—Portions of the cork, and quantities of *débris* have passed off.

March 4th.—Crushed several portions of cork.

March 6th.—No calculous matter to be found. Seized what remained of the cork, and withdrew it in the claws of the instrument.

March 7th.—Free of every symptom of stone; but now the urine escapes wholly by the false passage.

KEITH, W.

[1844?]



To make some family arrangements, she left the hospital at this date, and was re-admitted on the 27th of May. At this time, she was cured of stone, but urine was coming by the false passage.

May 29th.—The vagina being opened by a speculum, a button-headed cautery, at a white heat, was with ease applied to the fistula, so as to form a slough including the edge of the false opening all round. She experienced no pain from the application.

May 31st.—No urine has escaped by the fistulous opening since it was cauterized.

June 4th.—An oozing having begun yesterday, the cautery was applied again this day.

June 10th.—No oozing since last report.

June 20th.—The linen is at times just moistened ; the cautery was again applied.

July 12th.—The same operation was repeated, for the same reason.

At this time, she went into the country as a field servant, worked out the harvest, and returned in December to say that for months she had been quite cured. She continues at this date, November, 1853, perfectly well.

Several points of interest attach to this case. *First*, It affords convincing evidence, from the effect produced on the fistula by the presence of her calculus, that were a foreign body of a smooth and unirritating character, of sufficient weight, introduced into the bladder in cases of vesico-vaginal fistula—the body would act as a bullet valve, and not only keep the patient dry, but actually *favour* the contraction of the false opening. After seven years in the above case, the opening admitted a pint cork, with so much ease that it slipped through ; but after a foreign body was lodged in the bladder, nine months sufficed to reduce the opening to less than one third of its previous size, and it could only have been during the latter six months of that period, that the cork could have acquired density and weight enough to operate as a valve plug. I would suggest a small thin bulb or bag of Indian-rubber filled with mercury. Should incrustation happen in the progress of the cure, a squeeze with a screw lithotrite, or percussor, or a long œsophagus forceps, would throw it off, and at last when the opening had contracted to such a size as to admit of its ready cure by the cautery, the thin bag could be easily burst or punctured, and then withdrawn by the urethra.

*2dly*, If asked, why I deprived myself of the bullet-valve, while cauterising in the above case ?—I reply, that the constant straining kept up by the rough stone, arising from the inflamed state of the mucous membrane of the bladder, kindled and kept up by its presence, obliged me to remove a source of irritation, sufficient to defeat, in more ways than one, any effort of nature at adhesion.

*3dly*, It is worthy of remark, that the application of the cautery inside the vagina occasions nothing deserving the name of pain ; and this observation I have had repeatedly corroborated. The heat of the reflected rays may be felt ; but I have never found patients say that they really felt pain.





*4thly*, It is advised by high authority, to allow of long intervals between each application of the cautery, that time may be afforded for the consequent contraction of parts : the advice is judicious ; but it applies chiefly to cases where the orifice is large, and where there is much to accomplish in the way of closing in. My bullet-valve will, in future, aid the process much in such cases ; but I beg to remark, that where we have a fistulous opening of the size of a female catheter, for instance—and where, as in the preceding and succeeding cases, we are able at once to make the edges approximate, then I would urgently advise the frequent use of the hot iron, so as to keep up a raw edge, as well as a complete closure, thereby to insure adhesion, and complete obliteration at once.

CASE II.—July 24, 1841.—Mrs. Paterson, aged 36 She complains that while in bed, or when in a reclining posture, her urine distils away from her without her being able to restrain it, and states that while sitting up, or walking about, she can retain it with some difficulty for two hours.

She traces her disease to a severe labour, which she had in May, 1839, when, after being very ill for twenty-four hours, she was, with great difficulty, delivered by the forceps, of a dead child. For a week after this occurrence, she was able to make her water as formerly, when she became sensible of the urine flowing from her in bed as fast as it was secreted. She has been under treatment for the complaint almost ever since ; but never for a moment was sensible of deriving the slightest benefit. It has always been represented to her as a weakness—paralysis of the sphincter vesicæ.

On introducing the speculum vaginæ, the pressure was sufficient to squeeze out a quantity of thickened mucus from the orifice of the urethra, making it quite apparent that no urine had passed by that canal for some time ; the narrow calibre of that channel, evidenced by the small size of the roll of butyraceous stuff as it escaped from the orifice, indeed proved that the passage had contracted greatly from long want of use.

To the right side of the central line, and fully two inches deeper than the orifice of the urethra, a vesico-vaginal fistula was very apparent ; a male catheter was at once introduced by it unto the bladder, giving passage to what urine it at that moment contained. The size of the opening was such as to admit the little finger readily.

July 25.—The speculum was introduced, and the edge of the false passage freely touched with a button-headed cautery, at a white heat. The operation did not occupy three seconds ; a smoke and singed smell were created, but not the slightest pain was felt.

July 26.—Slept well through the night. Has not felt the slightest uneasiness. Not a drop of urine has escaped since the operation. Arose at her usual hour ; and, for the first time for two years, from a dry bed. Is now sensible that her urine flows through the natural canal.

July 27.—Well ; easy ; dry and comfortable ; went to bed at 11 P.M., and arose at 8 A.M., having retained the urine the whole night, without one drop having escaped. Out, and going about.



July 28.—Same as yesterday.

July 29.—Examined by the speculum. A suppurating sore, of the size of a shilling, covers and surrounds the false opening. A few drops of urine exuded, on the parts being put on the stretch by the speculum. Applied the cautery, for an instant, to the spot, to deepen the ulceration a little. She assured me that she did not feel the touch of the cautery.

July 30.—No uneasy sensation ; not one drop of urine has escaped ; makes or retains it at pleasure ; bowels regular ; out, and going about.

Aug. 3.—Continues well and dry.

Aug. 4.—States that last night a few drops of water must have come by the false passage, as her linen was damp ; and that to-day, although the great bulk of urine comes by the urethra, yet during the expulsive effort, she is sensible of an ooze going the wrong way.

Aug. 5.—Inspected by the speculum, and found a small opening like the open end of a female catheter, with very red edges, in the centre of a grey-coloured suppurating sore, fully larger than a sixpence ; a small stream of urine squirted from the false opening, on the instant that the blades of the speculum were fully expanded. Laid the button of the cautery at a white heat on the very opening, for two seconds ; the spot was sensitive ; and for a few seconds she complained of smarting pain.

Aug. 6.—Had a good night ; not a drop of urine has escaped ; feels no uneasiness.

From this time there never was any return ; and she soon afterwards went into the country, where she resides. I have since heard repeatedly that she continues perfectly well.

In addition to the remarks made at the close of the first case, I would only allude to the circumstance of both having had the disease produced in the same way—not, in my opinion, from the use of the forceps, as had been alleged, but from their not having been called into aid sooner. The steady pressure of an impacted head, against the symphysis pubis, or any opposing part of the pelvis, for twenty-four, not to speak of forty-eight hours, is enough to rob any soft viscus, subjected to such violence, of its vitality,—at least that spot of it, on which the point of pressure or resistance rests ; and thus, in those cases had it happened. In the first,—the patient being much reduced,—the process of separation and casting off the slough took fourteen days ; while in the latter, the patient being more vigorous, the process was accomplished in a week. Laceration it was not, and could not have been, else the escape of urine would have been instant, and continuous from the hour of delivery. It may seem superfluous to some, to state this ; but to such as are acquainted with the erroneous impressions existing on this point, out of the profession,—among a class entitled to our warmest sympathies,—it will be felt as not only appropriate, but likely to be useful, as calculated to induce a more ready acquiescence in any proposal to call in medical aid earlier ; or when called, to yield a ready consent when operative assistance is thought necessary.