

**VESICO-VAGINAL FISTULA
FROM PARTURITION AND
OTHER CAUSES; WITH CASES
OF RECTO-VAGINAL FISTULA**

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Vesico-vaginal fistula from parturition and other causes; with cases of recto-vaginal fistula by
Thomas Addis Emmet

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THOMAS ADDIS EMMET

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FROM

PARTURITION AND OTHER CAUSES:

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WITH

CASES OF RECTO-VAGINAL FISTULA.

BY

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&c., &c.

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TO
J. MARION SIMS, M. D.,
MY INSTRUCTOR,
AND TO THE
LADY MANAGERS
OF THE NEW YORK STATE WOMAN'S HOSPITAL,

AS A TOKEN OF APPRECIATION OF THE EARLY LABORS OF THOSE WHO WERE THE FOUNDERS OF THE FIRST
INSTITUTION DEVOTED EXCLUSIVELY TO THE TREATMENT OF THE DISEASES AND CASUALTIES
PERTAINING TO THE SEX; AND AS A TRIBUTE OF PERSONAL ESTEEM TO THOSE WHO
AFTERWARD MAINTAINED, BY THEIR EFFORTS DURING ITS GROWTH, A BENE-
FACTION, WHICH WILL STAND AS A LASTING MONUMENT OF THEIR
ZEAL FOR THE RELIEF OF SUFFERING HUMANITY, AND A
RECOGNIZED LANDMARK IN THE CAUSE OF SCIENCE,

THIS WORK IS RESPECTFULLY DEDICATED.

P R E F A C E .

The material presented to the profession in this form was collected with a view of furnishing, through the pages of the *American Journal of the Medical Sciences*, Philadelphia, a simple record of interesting cases, a portion of which, as an introduction, appeared in the number for October, 1867.

It was soon apparent, however, that this could not be sufficiently condensed, within the allotted space of a journal, to do justice to the subject. Had the change been contemplated in the beginning, a different arrangement might have been adopted, with a review at some length of the literature bearing on the subject.

I am fully satisfied that an analytical digest would have been an addition of great value, in tracing the labors of Jobert (*de Lamballe*), Follin, Verneuil, Herrgott, Desgranges, Bourguet d'Aix, Duboué, and Courty, of France; Deroubaix, of Belgium; Metzler, and G. Simon, of Germany; Gosset, Simpson, Spencer Welles, Baker Brown, Mathews Duncan, and Lane, of Great Britain; M. Collis, of Dublin; Heyward, J. B. S. Jackson, Mettauer, Sims, Bozeman, and Agnew, of the United States; together with many others.

Yet, with the fullest appreciation of the importance of their contributions to this branch of surgery, I found it impossible, amidst arduous professional duties, to undertake an additional task, without necessitating too great a delay in any attempt to do justice to their work.

I have, therefore, adhered to my original plan of offering simply my own experience as a contribution to the common stock.

I have endeavored to illustrate, in as concise a manner as possible, the various difficulties which I have met with in operating for these injuries. Having, however, no wish to inflict upon the reader a mere array of cases, I have excluded all but those useful in demonstrating some practical point. To the reader only of the index, it may seem that this rule has not been strictly adhered to, by the introduction of much which may be deemed irrelevant; yet the whole will be found intimately connected with the main

subject under consideration. As a sequel to the operation for vesico-vaginal fistula, we sometimes have cystitis, with the formation of calculi; these may cut through and reproduce the fistula; therefore the operation for removal of stone in the bladder is treated of, as well as for the relief of chronic cystitis, by establishing an artificial opening at a favorable point.

For the closure of a recto-vaginal fistula, situated near the sphincter, it becomes necessary sometimes to divide the perineum and muscle. In this connection, the operation, as practised for closing a lacerated perineum through the sphincter, is described at length.

Fistulae from other causes than parturition are referred to:—the effect of malignant disease; syphilitic ulcerations; pelvic abscesses; the ulceration of the vesico-vaginal septum from calculi, happening after paralysis from injuries, and from the neglect and pressure of pessaries; with an interesting case of fistula caused by a pistol-shot.

Cases are given of congenital absence of the anus, with the rectum opening into the vagina; operation for forming an artificial anus; and the opposite condition, with a deficiency sometimes of the urethral canal, where the vagina and uterus are wanting; the operation for forming an artificial vagina before the urethral condition can be relieved; together with other subjects of minor importance.

It will be found that the needed preparatory treatment, the necessary instruments, the various modes of operation under modified conditions of the vaginal canal, with the after-treatment, have been reviewed at full length, with the object of presenting each point in as practical a form as possible.

The classification of cases has been entirely an arbitrary one, the order followed being merely for convenience in clinically illustrating some special subject, by beginning with the simpler examples, and gradually introducing the more complicated ones.

As it is impossible for exactly the same condition to exist ever in any two cases, I have endeavored to present only a sufficient amount of material to be suggestive to any one who will think for himself and study the peculiarities of the special case. With this view, therefore, I have felt that to attempt more would be merely unnecessary on my part.

So far as originality can be claimed, in resorting to various expedients which would be naturally suggested by the peculiarities of any individual case, the chapter on the formation of the urethral canal, with the operations within the bladder, will present many points of interest to the operator, while I hope my experience may encourage others to persevere in their efforts to relieve similar cases, which might be deemed incurable.

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