

Mettauer's Case of Laceration of the Perineum. 113

ART. X. *A Case of Ununited Parturient Laceration of the Recto-Vaginal Septum, successfully treated with Metallic Ligatures.* By
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THE lady whose case forms the subject of the following communication, was about thirty years of age when the accident occurred. Her health and constitution as far as I could learn, had been good down to the time of her confinement, which took place some time during the month of October, 1831. The pregnancy which resulted in the laceration was her first, and from its history must have been more fortunate than usually follows late conceptions. Her labour was protracted and very tedious, having continued more than three days, but was marked by no other important event, save the accident. Six months after the laceration took place I was consulted, and my opinion and advice requested. The history furnished at this time, induced me to regard it a case of ununited laceration, and I feared that the surfaces had healed, so far at least, as to require denudations by art, before a reünion was likely to take place between them. An opinion to this effect was expressed to the husband of the lady, (an intelligent and highly respectable gentleman, of a neighbouring county;) I also informed him, that it was more than probable ligatures would be required before a complete cure could be effected. Some five or six weeks after this interview, the lady was conveyed to my neighbourhood, and placed under my immediate management; having resolved to waive all considerations of delicacy, (a sacrifice indeed,) if she could only obtain partial relief from her most loathsome and health-destroying infirmity.

In assuming the weighty responsibility of such a case, I am free to own, that I felt much embarrassment, the more so, as I was called upon to act in a matter of great delicacy, to say nothing of its intrinsic difficulties, without having had time to avail myself of the advice of some of my experienced brethren, or to think much upon the subject. The anxiety and determined purpose of my patient, did not permit me long to doubt and fear, and without further delay I was summoned to examine into the nature of the infirmity.

The examination disclosed a complete disunion of the recto-vaginal wall, from the verge of the anus, three inches up the rectum, and as was feared, the divided surfaces had healed in every part of them. The cleft terminated superiorly in an angle somewhat obtuse, and the rectum had contracted upon itself, so as to render its several teguments a mere band of the width of $\frac{1}{4}$ ths of an inch. On each margin

of this band, a whitish line was to be perceived, commencing in the angle above, and continuing down to the verge. These were doubtless cicatrices, and pointed out the margin of the divided rectum. The retaining faculty of the sphincter was completely destroyed, and the unfortunate lady from that cause had been compelled to submit to constant confinement, in a recumbent posture, to prevent the loathsome accident of involuntary dejections. Long-continued irritation of the wound had induced in the gastro-intestinal organs a morbid susceptibility which subjected the lady to frequent attacks of colic and diarrhœa from the slightest errors in diet. To remedy so afflictive an infirmity, it was necessary, not only to repair the breach of the rectum, but also to restore the tubular form of the rectum, and contractile power of its sphincter muscle. These ends were accomplished in the following manner. The patient was placed very nearly as in the position for lithotomy, with the knees held apart, and exposed to the direct light of a window, the cleft was readily brought into view, by separating the vulvæ and anterior parietes of the vagina. Denudations three-fourths of an inch in width, extending from the angle down to the verge on each side, were now effected along the cicatricial lines, and a little exterior to them, by the aid of hooks, scissors curved on their flat sides, and scalpels, using them according to circumstances. As soon as the wounded surfaces ceased to bleed, they were approximated, and for this purpose leaden ligatures were employed. These were introduced from within, and in succession, from the angle down to the verge, at the distance of one-fourth of an inch apart, care was taken to give them good hold; they were made to include at the same time a belt of undenuded substance on each side. Needles very much curved were employed, with a noose of twisted and waxed silk in the eye of each, upon which to hang the loops of the metallic ligature, previously formed. Dr. PHYSICK's forceps were used for the introduction of the needles, which were found a very handy and convenient instrument. As the ligatures were applied they were tightened, so as to bring the abraded surfaces in contact, and then their ends were twisted together and cut off of convenient length. About twelve ligatures were required to close the breach. From time to time the ligatures were tightened by twisting them, and the vaginal margins of the laceration cauterized with nit. argent. to favour the formation of granulations, which it was judged would greatly strengthen the union in this part. The patient was confined to the recumbent posture in bed, with the knees tied together, to prevent as far as possible any disturbance of the wound. A diet of liquids was directed, as least likely

to distend the lower bowels, or to elicit alvine evacuations. For four days the bowels reposed, and as a proof that the ligatures held the surfaces securely and perfectly in contact, the evacuation which now took place did not derange the parts or inflict much pain; and it was now for the first time since the accident occurred, that the propensity to deject could be resisted. In six weeks the ligatures were cut away, the parts having united perfectly. Leaden ligatures were preferred in the management of the foregoing case, as experience had proven them, not only less irritating and liable to cut out when tightly drawn than any other material with which I am acquainted, but infinitely more convenient and effective in maintaining a uniform and perfect apposition by the ready facility of simply twisting them, and a proof that the leaden ligature may act forcibly for a long time without cutting out, when they were removed in the present instance, it could not be perceived that any material encroachment had been made upon the margins of the cleft. The lady is now perfectly restored, thirteen months since the operation was performed, as the following extract from the husband's letter to me will evince:— * * *

“and can now with pleasure and most grateful acknowledgments to your skill and management have it to say that she feels no inconvenience from the injury sustained at the time she had her child; and she further says that if her condition was similar to the one she was placed in before you operated, she would freely and willingly submit to it again, if she could only believe the same degree of benefit and relief were to be the result.”