

**KOLPOKLEISIS AND CLOSURE OF THE
VULVA FOR VESICO-VAGINAL FIS-
TULA.**

REPLY TO DR. WM. GOODELL.

TO THE EDITOR OF THE MEDICAL RECORD.

DEAR SIR :—In your issue of Nov. 29th, under "Reports of Hospitals," are set forth the views of Dr. William Goodell upon the treatment of twenty or more of the diseases of women as they have occurred in his service at the Preston Retreat, Philadelphia. Prominent among them are kolpokleisis and "closure of the vulva for vesico-vaginal fistula."

Dr. Goodell's deservedly eminent position, both as a teacher and a writer upon gynæcological subjects, gives his views and opinions great weight with the

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profession, whether endorsed or not by the individual reader.

I am induced to call special attention to Dr. Goodell's method of treating certain forms of vesico-vaginal fistule, by asking two questions: First, is the method he recommends the best that can be employed? and, second, does it have the sanction of American gynecologists?

1. *Is the method recommended the best that can be employed?*

Upon this point, Dr. Goodell is reported in these words: "In curable cases of vesico-vaginal fistula, in which the urethra has been destroyed, he has twice succeeded in wholly relieving the patient. In one instance this was done by making an artificial recto-vaginal fistula; and, in the other, by leaving an already existing one intact, and closing up the vulva. Whenever practicable, he prefers, in this unfortunate condition, when the urethra is unimpaired, to close the vagina as high up as possible, so that the marital relations shall not be interfered with."

Now, with regard to the destruction of the urethra, from whatever cause, when associated with an incurable vesico-vaginal fistule, the teaching of Dr. G., if the writer understands it properly, is to establish a permanent fistulous opening between the rectum and vagina, should one not already exist, and then proceed to close up or obturate the vulva by refreshing and uniting with sutures both pair of the labia pudendi, thus throwing the bladder, vagina, cavity of the uterus, and rectum into direct communication with the anus, which shall serve as a common outlet for all. The effect of this is to force all the urine to pass from the bladder into the vagina, and from the latter into the rectum, alone or commingled with the menstrual blood when present, and *vice versa*, the gas and dissolved feces to pass from the rectum into the vagina, thence into the bladder and the cavity of the uterus, when, as is usually present in this condition, a patulous condition of the mouth of the latter favors it. To this state of things the gradually developing sequences must also be added—such as alkaline urine, cystitis, nephritis, calculous formations in the kidneys, ureters, and bladder, vaginitis, with calculous formations and ulcerations, granular erosions of the os uteri, endometritis, metritis, cellulitis, peritonitis, nervous complications, irritation, inflammation and ulceration of the mucous coat of the rectum, chronic diarrhoea, gradual loss of power over the sphincter ani muscle, with more or less incontinence of the urino-menstrual secretions with the feces; death sooner or later, and the picture of the ordeal through which the sufferer may be expected to pass is complete.

Scarcely need it be said that this is kolpopleisis in its worst form. Even when the urethra is uninjured, and the object is to refresh and unite the opposing walls of the vagina high up, for the relief of incurable vesico-vaginal fistules, and as a means of preserving the sexual functions, as stated in the quoted remarks, the accompanying sequences differ only in number, and the sufferer will have to pass through the same ordeal indicated above, less that portion relating specially to the rectum and its functions. Dr. Goodell's large clinical experience may enable him to draw more hopeful conclusions in the classes of cases pointed out than is here shown by the writer; but the laws of chemistry, and those affecting the spread of disease, whether in the solid textures of organs or in their hidden cavities, are invariable; and from what has already been abundantly attested in these particulars by equally close observers, there

is reason to believe he, too, will have occasion, sooner or later, to change his views regarding results, should he chance to watch these cases long enough, and interpret aright the concatenation of sequences just enumerated. To convert a part of the vagina into a urinal, as by kolpopleisis, to relieve incontinence of urine, and to save the other part, "so that the marital relations shall not be interfered with," while the urethra serves as an escapement for the urine and menstrual blood, is acknowledgment enough of the defectiveness of the resources of gynecology; but to feel obliged to make not only an urinal, but a gasometer of the vagina and bladder, as by vulvopleisis with the rectum serving both as supply and escapement tube for gas, feces, menstrual blood, and alkaline urine, is still more humiliating in the face of so many advanced improvements in other special branches of practice. This writer is of the opinion that in all cases calling for such methods of treatment, a plug-valve and an overflow escapement are far preferable, and that the place for the former is in the recto-vaginal passage, and, for the latter, in the mouth of the vagina. He furthermore believes, these two points of practice being recognized and insisted upon, that if the resources of gynecology are not equal to the requirements of overcoming the obstacles to the legitimate cure, with preservation of all the normal functions intact, it is better to trust to mechanical expedients by which the free outlets of the bladder, vagina, and uterus can be maintained, and the sufferer made in no small degree comfortable and contented.

The analogue of the perversion of the functions of the rectum as above indicated, is found to exist in the male subject from the establishment of a communication between the rectum and the bladder—recto-vesical fistule—from whatever cause; but in this relationship of the two organs, the bladder maintains its urethral escapement, by which it is siphoned both of gas and urino-faecal discharges. It differs in this last important particular from the female bladder after the employment of the method described, since the urethra is here supposed to be destroyed and its vacant place shut in, thus rendering it impossible through this natural channel to siphon either the bladder or vagina of gas and urino-menstrual and fecal fluids.

Now the evil consequences of a recto-vesical fistule are almost nothing as compared with those following a recto-vagino-vesical fistule, yet where is the surgeon to-day, with the bright lights of science dazzling before his eyes, who would dare imitate the example of Sanson (1816), and cut for stone through the rectum, with nearly all the chances against him that the lesion in question, with all its dreaded sequences, would follow? Great, however, as the responsibility would here seem to be, it is but little, if any, less great than the employment of the method under consideration, without a compensating urethral escapement, with stop-cocks by which the bladder and vagina might, at least, be siphoned occasionally of their constantly accumulating gas from the rectum, and be flushed in their deep pouches and recesses with disinfectants.

2. *Has the method recommended received the sanction of American gynecologists?* In 1833, when Vidal (de Casis) first proposed to obturate the vulva for the relief of incontinence of urine from vesico-vaginal fistules situated in the *bas fond* of the bladder, and attended with loss of tissue, then believed to be incurable, as shown by various discussions upon the subject before the Academy of Medicine of Paris, it did not

occur to him that closure of a mutilated urethra or its vacant place might ever be included in the same novel procedure. To whom the credit is due of having been the first to execute this modification of the procedure of M. Vidal, the writer is not informed. Per contra, from the great improvements made in the treatment of vesico-vaginal fistule within the last few years, the writer had supposed that this French theory had sunk into desuetude. Having himself only one time, many years ago (1853), attempted the expedient, which failed, in a case thought to require it by an eminent gynecologist, and having afterward legitimately cured the case with preservation of the functions of all the organs involved, he can now hardly be expected to set any higher value upon the modification of it here discussed, than upon the original procedure at the date mentioned. As to the appreciation of American gynecologists generally of such expedients, he has again to acknowledge his want of information. Dr. T. A. Emmet, in his recent work (*Principles and Practice of Gynecology*), may, however, be referred to as having lately ranged himself on the side of opposition to kolpopleisis, the twin sister of the procedure under consideration. After speaking in a general way of the controversy between the author of this method and the writer, he says: "There exists no greater malpractice in surgery than the procedure which we are told was practised by that great master, the late Prof. Simon, of Heidelberg." In the interest of suffering women, no more important precept in practice than the above could be laid down for the guidance of inexperienced operators, and of itself is enough to recommend the author, although at the eleventh hour, to the highest consideration, even had his book no other claim to merit. Now, notwithstanding the fact that the writer has for so many years stood alone, and opposed, upon scientific grounds, these French and German expedients, both with his pen and upon the operating-table, at home and abroad, under the eyes, so to speak, of their authors, he has never yet characterized them as malpractices; he has, however, often said, and here reiterates it, that they have a most important medico-legal bearing, both as regards the marital rights of husbands and the recourses left to mutilated and helpless wives, that will, sooner or later, in extreme cases, demand, he believes, judicial investigation as to the legitimacy and necessity of their employment. While kolpopleisis, especially, is known to be notoriously common throughout Europe, except, perhaps, in Austria, arising, mainly, from a want of appreciation of kolpoecpetasis, its opposing companion here in the United States, where the first highest success in the treatment of vesico-vaginal fistule was attained, the latter principle, in some form, has generally been accepted and acted upon, though oftentimes, no doubt, very inefficiently. The consequence is, that the objectionable expedient herein has been kept in the background which only occasionally comes to the front under some other designation than Kolpopleisis, as may properly be said of the words quoted in the sentences forming the basis of these remarks.

A rose is said to be just as sweet called by any other name. The closure of the vagina in its continuity, by agglutination of its walls, for an incurable vesico-vaginal fistule so-called, is high-sounding, it is true, to the uninformed and uninitiated; and the proposal really does at first glance betoken some science and philosophy, especially to have coupled with it the assurance "that the marital relations shall not be interfered with." But, however that may be, the

vindication of science or of philosophy, it is believed by the writer at least, accepts the old cognomen kolpopleisis, which openly contemplates the establishment of a urinal in one end of the vagina, and a blind *cul-de-sac* of variable dimensions in the other end, as far preferable, since it is historic; and he or she who reads it aright may understand its worth, the ignorant as well as the learned.

Yours truly,

NATHAN BOZEMAN, M.D.

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