

Butler (F. W. P.)



VESICO-VAGINAL FISTULA.

*Compliments*  
*of*

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While practicing in civil life in my native town, I find, in referring to my notes, a very interesting case. On 28th March, 1888, I was called in the country to see G. D., who was in labor. She was 29 years old, and had had five children, two born dead and one miscarriage. I reached my patient about dark and found labor progressing favorably, os well dilated and soft. I rode horseback, and failed to bring my forceps. Everything went well with the woman till about 2 A. M., when the uterus seemed to fall into a state of inertia. I waited on it for at least four hours, when I determined to return home, get my forceps and deliver the child. I mounted my horse, but before leaving gave the patient a full dose of Fld. Extr. Ergot and returned for my instruments, but left the suffering woman with a midwife. Before I got back the ergot had revived the contractions of the uterus, and the child was born dead. The woman appeared to be doing well on my first visit after delivery. I gave the usual directions under the circumstances, and left her. About three days after my last visit I was sent for and found the woman unable to hold her water, saying she did not make water through the natural way. As soon as I entered the room I recognized the characteristic odor arising from decomposed urine, which is familiar to most people. I concluded almost before an examination that I had a Vesico-Vaginal Fistula case to deal with. Notwithstanding this, I proceeded to make a thorough examination. I noticed considerable irritation about the labia, due to constant uncontrollable flow of urine. My forefinger told me of a decided rent in the vaginal walls, adjoining the vesical walls. I judged the opening to be about the size of a five cent piece, and the uterine sound was passed into the bladder and easily appeared into the vagina; this was conclusive proof of the Vesico-Vaginal Fistula. It was evidently caused from long pressure of head

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on the vaginal walls, and I would like to know from some of the older men if the administration of ergot previous to the total expulsion of the child had any thing to do with producing this fistula? After having consultation with Dr. J. W. Hill, who concurred with me in my diagnosis, I concluded to operate after preparing my patient for this difficult ordeal. I administered a tonic with supportive treatment with a liberal and easily digestible diet, with copious hot water injections into the vagina. The water I ordered to be strongly impregnated with red oak bark and carbolic acid,  $\text{ʒss.}$  to the gallon of water, to be injected twice a day. This treatment was continued for a month and a half. Previous to the day we had fixed for the operation I rode out and told the woman to come into town the next day in a wagon, with a mattress to recline on. The appointed day came, and at the elected hour the poor woman whom we expected to see on a wagon, arrived on us, having walked four miles in the hot sun, with little or no trouble. Every thing was prepared for the operation, for my preceptor, Dr. Hill, had every modern facility for so large an operation. We determined to adopt Simons' position, with patient upon her back, with raised hips and thighs flexed as far as possible upon the abdomen.

The woman was thoroughly put under the influence of chloroform. I proceeded to pass the sound into the urethra to locate the fistula, but I searched in vain, for the red oak bark and carbolic acid had not left enough opening even for the passage of a small size uterine sound. I gave it up and asked Dr. Hill to try his hand, and to our surprise he, too, failed; so we were denied the interest and pleasure of the operation which we had looked forward to with so much anxiety and pleasure. Since I have delivered this woman of a child full grown, but dead. I used the forceps, after waiting a reasonably long time. She has no trouble with her urine, it having again assumed its natural exit. I would like very much to hear an expression of opinion in regard to the administration of *Fld. Ext.* of Ergot previous to a complete expulsion of the contents of the uterus. My experience has led me to adopt the plan of giving it before the third stage of labor. This, I know, is contrary to the latest mode of treatment.



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