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REPORT

OF

TWO CASES

OF

EXCISION OF THE RECTUM,

WITH REMARKS.

BY

A. VAN DERVEER, M.D.,

PROFESSOR PRINCIPLES AND PRACTICE OF SURGERY IN ALBANY MEDICAL COLLEGE; ATTENDING SURGEON AT ALBANY AND ST. PETER'S HOSPITALS, ETC.

(Abstract of paper read at the Semi-monthly Meeting, Albany County Medical Society.)

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REPORT OF TWO CASES OF EXCISION OF THE RECTUM, WITH REMARKS.

That excision of the rectum is not a very difficult operation has been shown by the success of several operators. Billroth is said to have performed it sixteen times, twelve of his cases making good recoveries.

Among the first to do the operation in this section was the late Dr. March, who operated upon a female patient in 1868. She made a good recovery, living for eighteen months, and then died from a rapid return of the cancerous disease.

Dr. John B. Roberts, of Philadelphia, has contributed a valuable paper on this subject.

Of ten cases reported as operated on in this country, four are known to have died. One died seven months after operation, of what was said to be consumption; one was living sixteen months after the excision; of one, the termination is not known, and three are cured.

In a report by Schmidt, of Leipsic, out of thirty-three cases, twenty are reported cured.

Case I.—*Removal of lower portion of rectum for villous form of carcinoma about the anus.*—Mrs. W——, aged forty, married, and the mother of four children. She has always been in fair health, and presents a good family record. In the spring of 1877, her

youngest child being three years old and her menstruation regular, she noticed an irritation about the anus, which gave her great annoyance, and at times pain. Her bowels became more constipated than usual, and she had some distress in passing urine. By June 1st she noticed a growth about the opening of the bowel, which she at the time believed to be piles, and accordingly consulted a specialist in this city for the treatment of that disease. She was now suffering much pain and itching, and was frequently compelled to take anodynes in order to get rest at night. The movement of her bowels she very much dreaded, as it gave her increased pain and distress. There was a constant moisture about the anus and perineum. The discharge was offensive, being ichorous in character, and producing an eruption about the skin of the gluteal regions.

The treatment she received gave her but little relief, and on Sept. 20, 1877, I was consulted. She now presented a pale, anxious expression of countenance, was in constant pain, her bowels being at times in a condition of diarrhœa; again they were costive, giving her greater pain. There was a loss of appetite and flesh. Her urine was in a healthy state—very little leucorrhœa. The uterus and organs of the pelvis were all in a healthy condition. No induration or inflammation of the deep or superficial inguinal glands. About the anus was a warty-like growth, looking as much like a small sun-flower as anything to which I can compare it. It extended for an inch about the anus on each side, and somewhat farther back towards the coccyx than forward on the perineum. In places the growth was ulcerated, bleeding somewhat easily upon touching. It extended posteriorly about two inches up the rectum, its boundary

being well defined. The examination, made without giving an anæsthetic, gave her much pain.

Her menstrual periods were normal, and, as she expected her monthly sickness in two or three days, an operation was advised to be done as soon as she was well over it. This was readily assented to by herself and husband, her words being: "I cannot live long in this condition." She was given quinine quite promptly, and her rectum washed out each day by an injection of tepid water. Two doses of castor oil were also given. Oct. 1st, her menstruation having ceased two days previously, assisted by Drs. Snow, Perry, and my medical student, Mr. Worden, I proceeded to do the operation of excision of the rectum. Ether was given by Dr. Perry, and the patient was placed in the position for lithotomy. With the scalpel I made an elliptical incision, beginning in front of the anus, and then around on each side backward to the coccyx. With serrated scissors I continued the dissection, keeping my finger well in the vagina to protect, as much as possible, the recto-vaginal septum. The bleeding vessels were controlled by the use of Wells's artery clamp, and the time occupied in completing the removal of the diseased mass was about fifteen minutes. Ligatures were applied to eight bleeding arteries.

On careful examination, it was found we had removed more than two inches of the rectum posteriorly and only about an inch in front—in fact, at the latter point, there was evidently a part of the external sphincter muscle left, but the disease was believed to be thoroughly removed. The rectum was now brought down, and by ten stitches attached to the cutaneous surface. After this the oozing of venous blood entirely ceased. Cloths dipped in a weak solution of

carbolic acid were applied, and the patient placed in bed. The shock was somewhat marked, the operation having lasted nearly an hour. She rallied from the effects of the ether quite rapidly. Her urine was drawn in the evening by catheter, and by the aid of ⅛ gr. morphine she passed a comfortable night. Temperature 6 P.M., 101; pulse, 108. The next day after the operation she expressed herself as feeling very comfortable, none of the old pain or irritation remaining. This patient made such an uninterrupted and successful recovery, that it is hardly necessary to give her daily record. Her temperature was never above 102, and that was for one day only. One point of interest in the case was, that all the stitches gave way between the third and fourth day. The ligatures were all away by the eighth day, the suppuration being quite free. The parts, however, were kept in good condition by frequent washing with carbolized water. No tendency to burrowing of pus. The quinine was continued for two weeks. On the tenth day, the bowels were moved by castor oil and injections, giving her considerable pain and causing some bleeding. The catheter was not used after the second day. At the end of the second week after the operation, the patient was put upon a mixture of liquor pernitrate of iron and Fowler's solution, and this was continued for eight months, when her color and general appearance were that of perfect health. Since the healing of the parts, she has had more or less trouble in getting her bowels to move. There has been very little tendency to diarrhœa, but the contraction about the anus is very decided, so that, in the three examinations I have since made, I could hardly introduce my little finger without giving pain to the patient.

At first, to relieve the constipation, I gave the patient Lady Webster dinner pills, and advised the daily use of the rectal bougie. The former, however, seemed to give griping pain, or, as she expressed it, "too urgent a desire for an evacuation," while the latter was too troublesome to use for any length of time. For the past six months she has succeeded nicely in moving her bowels by the use of an enema.

At the present time, May 1, 1879, she seems in excellent health, and is free from all pain or irritation about the parts. Microscopic examination of the growth at the time of its removal showed it to be a papilliform form of carcinoma.

CASE II.—*Epithelioma of rectum—Three inches removed.*—In Feb., 1878, my friend Dr. Roscoe, of Carlisle, N. Y., brought to my office Mr. Wm. Becker, to be examined in reference to the condition of his rectum. Mr. B. gave the following history: He was a farmer, aged 58, married, and has three children, all grown and in good health. About nine years ago he first noticed his trouble, which he believed to be piles. He was treated by external applications, at times being worse, and then better, until three years since, when he had an abscess, which discharged quite freely. From that time the itching, irritation, and moisture of the parts have increased, being accompanied by sharp, lancinating pains; also at times by violent burning pains, which the patient very vividly describes. At times he would be troubled by diarrhœa; his pain, however seemed greater when the bowels were constipated. He frequently experienced also a sensation, caused apparently by the presence of something in the lower bowel, and which he felt he must force out.

On examining the parts, I found, just within the

muco-cutaneous border, an ulcerated mass extending up on the right side as far as my finger could reach. The glands in the inguinal region, however, as well as the bladder and prostate, seemed in a healthy condition. He presented a somewhat cachectic appearance, loss of appetite, emaciation, etc. I advised an operation for the removal of the lower portion of the bowel, to which he readily consented. Accordingly, at his home, March 8, 1878, assisted by Drs. Roscoe, Perry, and Lowell, I did about the same operation as in Case I.

Having the catheter in the bladder, I made a complete dissection and removal of the rectum, to the extent of three inches on the right side and about two on the left. I did not, however, as in the preceding case, attempt to stitch the bowel to the skin; but, after securing the vessels, which were quite numerous, I placed a drainage-tube in the wound, applied a pad of absorbent cotton, and held all in place by a T-bandage. The cotton was removed on the second day, after which the wound was kept clean by the use of carbolized water. He made a good recovery, the ligatures being allowed to come away of themselves. Since last May he has had very good control of his bowels, though when the desire comes to go to stool he must respond at once, or there will be a partially involuntary escape of fæces. He has improved very much in health, and is free from all pain and irritation.

March 3, 1879.—Dr. Roscoe visited my office, and stated that, during the previous month, Mr. B. had noticed an enlargement in his left groin, which was hard and somewhat painful, but free from adhesions. This looks like a return of the disease, though in every other respect he seems well.

This patient took, for a long time after the operation, the mixture of pernitrate of iron and Fowler's solution, with seemingly good effect.

May 1, 1879. Mr. B. seems in excellent health, and is worried only by the indurated superficial inguinal gland in the left groin. About the rectum the parts present a healthy appearance.

I have reported these two cases, the only ones in which I have operated, not so much on account of their success, as the desire I have to add to the statistics of the operation, believing that time will demonstrate that it lies in the power of surgery to do more for these unfortunate patients than has hitherto been thought possible by many good and wise surgeons.

At the present time, while there are many favorable cases reported, yet the operation is considered as a palliative one merely. The period of immunity after operation cannot be determined. The conditions which seem to justify the operation, and which are emphasized in many of our late works on surgery, were well exhibited in my two cases—namely, the disease being epithelial in its character, limited to the walls of the intestines, not implicating the peritoneum, and the health of the patient not too seriously impaired. The fact that the greatest amount of the disease was situated toward the coccyx, made these two cases exceptionally favorable for the operation. I desire to call attention to the excellent use that can be made of the curved serrated scissors in doing this operation. It seems to me the immediate bleeding is not near so great, and that a good deal of the usual sponging is avoided.

I think there is much yet to be considered regarding the use of sutures. The principal causes of death

in this operation have been pyæmia, pelvic cellulitis, and peritonitis. With this knowledge in our possession, is it not safe to do away entirely with sutures, give free exit to the wound by the aid of drainage-tube and frequent washing out, keeping the parts in an antiseptic condition, and avoid the possible danger there is in the sutures, closing the parts in such a manner as to cause the pus to be retained, and thus most certainly produce some of the results that are known to prove fatal? I should like a fair, candid expression from the surgeons who have done this operation, as to how much service the sutures have been in holding the rectum down to the cutaneous surface, and whether if, in the majority of cases, they have not torn out before primary union could possibly occur.