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URETHRAL FISTULA,  
TREATED BY MEANS OF THE ELASTIC LIGATURE.

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MR. PRESIDENT:

I BEG to occupy the time of the Society for a few moments with an account of a case in which a very difficult condition of things was remedied by the employment of a method which, although not old, has been already somewhat extensively used, but which, in this application, I believe to be new.

The lesion was a perineal fistula at the peno-scrotal angle; the remedy was the elastic ligature.

The patient, Edward B., was a boy 14 years of age, stunted, small, and delicate looking, who had had urinary trouble for seven years. Neither he nor his friends could give any accurate history of his case; but on his admission to the Episcopal Hospital, Oct. 7, 1876, he had some narrowing of the urethral canal, and three fistulous openings communicating with it. One, at the peno-scrotal angle, had existed ever since an attack of sickness when he was about seven years of age. The other two were situated, one on either side, about half way between the anus and the tuber ischii, and were said to have been first noticed in the autumn of 1875.

There was no history of injury so far as known.

Until within the last year he had been unable to control the evacuations from his bladder, day or night; and his clothes had been constantly saturated with urine. He now, by passing water

frequently, could avoid this. The stream was of fair size. The urine was loaded with a heavy yellow deposit, consisting of pus, mucus, and vesical epithelium, with some black granular amorphous matter, probably broken-down blood.

Latterly there had been some dribbling of urine from the left perineal opening.

*Oct. 10, 1876.* He was etherized, and perineal section performed on a small staff. In introducing the staff a slight roughness was felt, as of a calcareous deposit. A free incision was made in the median line. Probes introduced at the fistulous orifices were brought out through the wound of operation, and by means of them a seton of ligature-silk was passed through each sinus.

*24th.* An oakum seton was substituted for the silk in the anterior fistula, the sinus showing no tendency to heal.

*Nov. 16.* An elastic ligature was tied to the oakum seton, drawn through, tightened so as to produce slight constriction, and its ends tied together with a thread. By this means, the constriction being renewed every two or three days as the tissues yielded, the division was being very satisfactorily accomplished, when

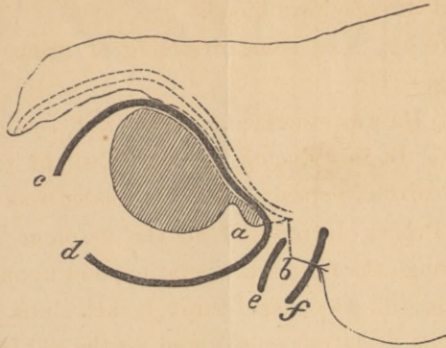
*Dec. 10.* The rash of scarlatina developed itself, and the local treatment was for the time suspended.

*21st.* Elastic ligatures were passed through the other sinuses, brought out at the wound of operation, and tightened.

*Jan. 26, 1877.* The fistulous tracts had become so superficial, the tissues having closed in behind the advancing ligatures, that they were laid open by the knife, and healing took place very readily, though I think not quite so soon as would have been the case had the elastic ligature been allowed to do the whole work.

The difficulty of dealing with cases of this kind is probably known to every practical surgeon; cases, I mean, where a fistulous track extends forward to the peno-scrotal angle from some point far back in the urethra. By a very careful and painstaking dissection the tissues may be divided so as to lay the sinus open; but this involves so much trouble and risk that most surgeons would hesitate long before undertaking it. The plan adopted in the case now reported is easy, painless or nearly so (after the perineal section has been

performed), and devoid of danger. The diagram will show, perhaps more clearly than would be possible by any description, the work accomplished by the elastic ligature.



It is noticeable that the tissues closed up behind the ligature very kindly, as it made its way through. This has been the usual experience of the reporter in cases of fistula in ano, etc., although some surgeons have found the healing process less prompt.

