DWIGHT (THOS)

A case of anus vulvalis

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A CASE OF ANUS VULVALIS, WITH REMARKS ON CONGENITAL COMMUNICATION OF THE VULVA AND RECTUM.

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The following observation was made at the Harvard Medical School in March, 1894, on the body of a well-formed white woman, aged thirty-two years, apparently a virgin:

There was no anus, but the rectum opened into the vulva just above the posterior commissure by an orifice which would admit a large finger. The vulva was otherwise quite normal except that the hymen was poorly developed. It consisted of merely a slight fold above and at the sides; in fact it was quite indefinite. There certainly were no carunculæ myrtiformes. No depression or suggestion of the place of the normal anus was detected before dissection, though carefully looked for, but after the parts had been removed from the body there was a distinct puckering of the skin about 2.5 cm. back of the vulva. There was no irritation of the skin about the vulva indicating incontinence of feces, nor was this observed during the three weeks the woman passed at the almshouse before her death.

It was, unfortunately, impossible to dissect the parts very thoroughly without destroying the specimen, but the following facts were observed. The rectum was smaller than usual. It ran from the tip of the coccyx along the floor of the pelvis, continuing tubular to the last, without a well-marked dilatation. The longitudinal muscular fibres seemed uncommonly developed. Although the woman was not fat, it might have required an incision three-quarters of an inch in depth to reach the gut from the puckered point. No sphincter could be detected at the termination of the rectum. The vagina was normal, and capacious above the entrance. The levator ani was very strong.

Cases of *anus vulvo-vaginalis*, as they are commonly called, are very rare, especially in the adult. Ahlfeld,[1] who uses this term, referring to Schröder's contention that the rectum never opens into the vagina proper, asserts that it does so, and that there may be a communication between the two, even when there is a normal anus. He goes on to say that the term *vaginalis* alone should be restricted to those cases in which the opening is evidently into the vagina and not in the region of the hymen and vulva. As the opening is usually nearly in the situation observed

[1] Die Missbildungen des Menschen.

Presented by the author

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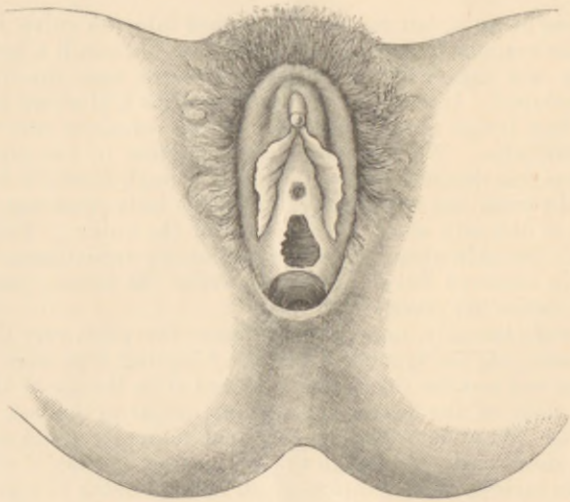
in this case, the term *vulvalis* seems the proper one. A tolerably thorough review of the literature allows the following statements: Almost all the cases reported are those of infants. Many of these were successfully operated upon. The relatively small number observed in the adult implies that most of the infants either die or are successfully operated upon. Deutsh[1] reported the case of a woman of twenty-nine, with the rectum opening into the vulva below the hymen. There was a small pea-like appendage at the normal place for the anus, which felt like cartilage covered with skin. Dr. Henry Tuck[2] recorded the very interesting case of an American woman of twenty-six whom he attended in her confinement. A depression was felt at the normal site of the anus where the skin was deeply pigmented. The rectum opened about half an inch above the posterior commissure. It was closed by a sphincter, though rather a lax one.



The patient had never had any difficulty in retaining the feces. In most of the children the normal position of the anus was to be recognized by a depression; but this was not constant. The size and shape of the opening into the vulva are various. It may be a mere pinhole and it may be valvular. Tuck is, I believe, almost the only one who speaks of a sphincter. The rectum seems usually to run along the floor of the pelvis, which is important in view of an operation for artificial anus. Provided the opening is sufficiently large for proper evacuations an operation is not imperative should the child's condition be unfavorable. This case as well as Tuck's shows that there need be no incontinence of

[1] Neue Zeitschrift für Geburtshülfe, Bd. xxx. I have not seen the original.
[2] Boston Medical and Surgical Journal, 1876.

feces. They give additional evidence that the feces accumulate in the sigmoid flexure. In a few cases there was more or less duplication of the internal organs.[1]

Most of the cases in which the rectum communicates with the vagina proper are those in which there is a double vagina and also a normal anus. The case to which Ahlfeld refers in his above-mentioned controversy with Schröder is that of Joseph,[2] who found in the body of a girl, three years old, in which both vulva and anus were normal, a double vagina, of which the smaller communicated with the rectum. The following remarkable case was observed by Caradec[3] on a living woman, aged thirty-two years. The anus and vulva were normal, except that the latter was rather shorter than usual, and the vagina was small. Between them was a third, slightly oval opening, 1.5 cm. before the anus, its longest diameter being antero-posterior. This led into a cul-de-sac lined with mucous membrane, which at its entrance offered a certain resistance, as of a sphincter. The anterior wall between it and the vagina was thicker above than below; the posterior wall, on the contrary, was thinner higher up and presented a fistulous opening large enough to admit a finger, which entered the rectum at least 5 cm. from the anus. The woman had suffered no inconvenience till after her marriage, when feces and flatus began to pass by the middle opening. Presumably this passage is to be called, as Caradec believes, a second vagina.

Finally there are excessively rare cases presenting a normal anus and an opening of the rectum into the vulva which is unsuspected during virginity. They are very important from a medico-legal point of view. There is no doubt in my mind that the remarkable case which follows is of this nature. It was seen by E. Springfeld.[4] Shortly after marriage a woman of about thirty began to have feces pass by the vagina. Coitus was at first intensely painful and followed by moderate bleeding. The bridegroom had been drinking rather freely, but was not drunk. When the woman submitted to examination, which was a long time afterward, the place of the *fossa navicularis* was taken by an opening, a little more on the right than on the left, slightly patulous, admitting easily two fingers into the rectum. The borders were smooth, but an epithelial covering was not to be made out.

[1] Since this paper was sent to THE JOURNAL an article by Dr. A. H. Buckmaster has appeared in the Transactions of the American Gynecological Society, vol. xix., 1894. In it he enumerates fifty-one cases besides that of his patient. Of these, fourteen were adults, including one aged sixteen. I was not acquainted with several of these cases; but, curiously enough, the list does not contain any of those I have mentioned. Though I do not speak by the book, I incline to think that the list could be considerably increased, perhaps nearly doubled. Of the fourteen adults it seems reasonably certain that six had control of the feces. The contrary is definitely stated only once. Probably the more happy condition is the rule.

[2] Beiträge zur Geburtshülfe und Gynäkologie, Bd. iii.

[3] Gazette des Hôpitaux, 1863.

[4] Vierteljahresschrift für Gerichtliche Medicin, etc., Bd. l., 1889.

Before discussing the case it will be best to mention another, which, in this connection, is very instructive. Paul Reichel[1] operated on a multipara, aged twenty-five years, who since her marriage, three years before, had suffered from the escape of feces *per vaginam*.[2] The anus was normal, but the perineum was short, and the posterior part of the vulva abnormally deep. An opening large enough to admit a finger into the rectum was found just below the place for the hymen. The edges, except for some granulating fissures and scars, were covered with mucous membrane. There was no history of any injury or undue violence. Beyond question this opening was congenital. It was in the usual place for *anus vulvalis*, differing only from a typical case by the presence of a normal anus. The nature of the mucous membrane at the opening is conclusive. The preceding case, that reported by Springfeld, is of the same class. The position of the opening is the same, only its edges, which presumably suffered more violence, show somewhat less conclusively a continuous mucous membrane passing from the vulva into the rectum. It is not credible that this injury was done by the male organ to a normally built woman. Those who have learned the anatomy of the female perineum either on the living or by the study of frozen sections, know that the perineal body interposed between the rectum and the vulva makes such a perforation impossible. The only difficulty is to explain why no feces escaped the wrong way before marriage. It is possible that the opening was valvular, or guarded by a slight sphincter. It is also possible that there was no opening at all, but merely a thin septum, the imperfect correction of an early malformation which easily gave way. Springfeld seems to consider this explanation not unlikely. Be that as it may for his case, it does not apply to Reichel's. The true explanation in my opinion is the close apposition of the parts in a virgin, maintained partly by muscular tonicity, partly by the support of vascular structures.

[1] Zeitschrift für Geburtshülfe und Gynäkologie, Bd. xiv., 1888.

[2] As elsewhere, the word "vagina" is here used inaccurately.