

RICKETTS (B.M.)

FIFTY CASES
OF
RECTAL SURGERY.

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Reprinted from Mathews' Medical Quarterly, July, 1894.

LOUISVILLE:
JOHN P. MORTON & COMPANY.

1894

FIFTY CASES OF RECTAL SURGERY.

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[Written for MATHEWS' MEDICAL QUARTERLY.]

Although rectal disease offers one of the most fruitful and available branches of surgery, it seems to have been the most sadly neglected. In consequence thereof statistics avail but little, in that but few cases have been tabulated as compared with other kinds of surgery.

Although cancer, stricture, fistulæ, hemorrhoids, ulcers, fissures, etc., have been recognized from time immemorial as the more common conditions existing within and about the rectum, the treatment, until within a comparatively recent date, was of but little consequence. The progress in their management, however, has been as varied within recent years as in the management of any other class of surgical cases. Lives are not only saved, but prolonged, comfort given and pain relieved in these conditions so often found about the anus.

It is my personal experience in the treatment and good results obtained in these various conditions which prompts me to offer the following observations upon fifty subjects on whom I have operated for the various conditions herein mentioned :

SUMMARY.

NUMBER.....	AGE.....	SEX.....	COLOR.....	CHLOROFORM.....	COCAINE.....	DURATION.....	OPERATION.	CANCER.....	SYPHILIS.....	TUBERCULOSIS.....	STRICTURE.....	HEMORRHOIDS.....	FISTULE.....	FISSURES.....	ULCERS.....	EXTENSIVE.....	LOSS OF TIME.....	SPHINCTER.....	REMARKS.
1	25	M.	W.	1	.....	6 yrs...	Cautery, ligature and cut.	.....	Yes	.....	.....	2	1	1	Yes	Yes	2 wks.	Good	Good recovery. Cured.
2	28	M.	W.	1	.....	4 yrs...	Ligature.....	.....	Yes	.....	.....	3	.....	.....	.....	.....	4 dys...	Good	Cured.
3	37	M.	W.	1	.....	8 yrs...	Clamp & cautery, division	.....	.....	Yes	.....	4	.....	1	Yes	.....	3 dys...	Good	Cured.
4	31	M.	W.	1	.....	6 yrs...	Clamp and cautery.....	.....	Yes	.....	.....	6	.....	.....	Yes	Yes	2 dys...	Good	Cured.
5	26	M.	W.	1	.....	Life...	Clamp and cautery.....	.....	Yes	.....	.....	7	.....	5	Yes	Yes	3 wks...	Good	Very slight trouble remaining.
6	29	M.	W.	1	.....	1½ yrs	Clamp & cautery, division	.....	.....	Yes	.....	4	.....	Yes	Yes	Yes	1 wk...	Good	Cured.
7	31	F.	W.	1	.....	4 yrs...	Ligature.....	.....	Yes	.....	.....	1	.....	.....	.....	.....	None..	Good	Cured.
8	31	M.	W.	1	.....	2 yrs...	Ligature.....	.....	Yes	.....	.....	2	.....	.....	.....	.....	None..	Good	Cured.
9	35	M.	W.	1	.....	3 yrs...	Ligature.....	.....	.....	Yes	.....	1	.....	.....	.....	.....	None..	Good	Cured.
10	29	F.	W.	1	.....	2½ yrs	Division, knife.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1 dy...	Good	Cured.
11	35	M.	W.	1	.....	9 mos.	Curette and cautery.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	Bad..	Died eighteen weeks later.
12	45	F.	W.	1	.....	2 mos.	Curet't'd, extensive slough	.....	Yes	.....	.....	.....	.....	.....	.....	.....	.....	Poor.	Died three days later. Slough about sphincter.
13	34	M.	W.	1	.....	2 yrs...	Division, knife.....	.....	Yes	.....	.....	.....	.....	.....	.....	.....	2 dys...	Good	Cured.
14	48	M.	W.	1	.....	3 yrs...	Division, clamp & cautery	.....	Yes	.....	.....	1	.....	.....	Yes	.....	1 dy...	Good	Cured.
15	65	F.	W.	1	.....	18 mos.	Division with finger.....	.....	Yes	.....	.....	1	.....	.....	.....	.....	1 wk...	Good	Cured.
16	28	M.	W.	1	.....	3 yrs...	Division with finger	.....	Yes	.....	1	.....	.....	.....	.....	.....	2 dys...	Good	Improved.
17	26	M.	W.	1	.....	1 yr...	Division, knife.....	.....	Yes	.....	.....	.....	1	.....	.....	.....	.....	Good	Cured.
18	40	M.	W.	1	.....	14 yrs...	Knife.....	.....	Yes	.....	.....	.....	2	.....	.....	.....	3 wks...	Good	Cured.
19	38	M.	W.	1	2 mos.	Knife.....	1	2 dys...	Good	Cured.
20	34	M.	W.	1	1 yr.....	Clamp and cautery.....	3	1	Yes	Good	Cured.

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021	M. W.	1	3 wks.	Knife				1		1 wk...	Good	Cause: Gonorrhoeal(?). Cured.
022	F. W.	1	10 dys.	Knife	Yes			1		1 wk...	Good	Cause: Rectal connection.(?)Cured.
023	M. W.		2 wks.	Knife				1		10 dys...	Good	Trauma. Cured.
024	M. W.		10 dys.	Knife				1		2 wks.	Good	Cause: Gonorrhoeal(?). Cured.
025	M. W.		3 wks.	Knife	Yes			1		2 wks.	Good	Cause: Gonorrhoeal(?). Cured.
026	F. W.	1	2 wks.	Knife				1		3 wks.	Good	Cause: Gonorrhoeal(?). Cured.
027	M. W.		1	1 wk.	Knife			1		2 wks.	Good	Cause: Gonorrhoeal(?). Cured.
028	F. W.	1	10 dys.	Knife				1		4 dys.	Good	Cause: Trauma(?). Cured.
029	M. W.		15 mos.	Knife	Yes			1		2 dys.	Good	Cured.
030	M. W.	1	3 mos.	Clamp and cautery				2	Yes	2 dys.	Good	Cured.
031	M. W.	1	7 mos.	Ligatures				6	Yes	3 wks.	Good	Cured.
032	M. W.	1	8 yrs.	Finger			1		Yes	1 wk...	Good	Improved, operation repeated three times.
033	M. W.	1	2 yrs.	Clamp and cautery				3	Yes	5 dys.	Good	Cured.
034	M. W.	1	6 mos.	Knife	Yes			1		4 dys.	Good	Cured.
035	M. W.	1	(?)	Knife		Yes		1		2 wks.	Good	Cured.
036	M. W.	1	3 yrs.	Used finger				1	Yes	3	Good	Improved.
037	F. C.	1	4 yrs.	Finger				1	Yes	3 dys.	Good	Improved.
038	F. W.	1	3½ yrs	Finger				1	Yes	2 wks.	Good	Improved and operation repeated.
039	M. W.	1	5 yrs.	Finger				1	Yes	5 dys.	Good	Improved and operation repeated.
040	M. C.	1	2 yrs.	Finger				1	Yes	2 dys.	Good	Improved and operation repeated.
041	M. C.	1	3 yrs.	Finger				1	Yes	4 dys.	Good	Improved.
042	F. W.	1	8 yrs.	Finger				1	Yes	10 dys.	Good	Improved.
043	F. W.	1	3½ yrs	Finger	Yes			1	Yes	6 dys.	Good	Improved.
044	M. W.		10 mos.		1				Yes		Bad..	Nothing done. Carcinoma.
045	F. C.	1	7 mos.		1				Yes		Bad..	Nothing done. Carcinoma.
046	M. W.	1	1 yr.		1						Bad..	Nothing done. Carcinoma.
047	M. W.	1	3 yrs.	Finger and knife	Yes			1		2 dys.	Good	Improved.
048	M. W.	1	2 yrs.						Yes	1 mo.	Good	Whitehead's operation. Cured.
049	M. W.	1	7 yrs.						Yes	5 wks.	Good	Whitehead's operation. Cured.
050	M. W.	1	5 mos.		†					None.	Good	Removed foreign body.

° Ischio-rectal abscess.

† Carcinoma.

‡ Injury.

§ Few days.

The following deductions are made from the foregoing table :

1. White	46
2. Colored	4
3. Males	38
4. Females	12
5. Syphilitic	22
6. Tubercular	8
7. Hemorrhoids (seventeen patients)	48
8. Fistulæ	23
9. Strictures	10
10. Fissures	7
11. Ulcers	7
12. Cancers	4
13. Extensive	23
14. Chloroform	42
15. Cocaine	3
16. Average age	36+ years
17. Loss of time (average)	1+ week
18. Operations	47
19. Cured	33
20. Improved	12
21. Not operated upon	3
22. No deaths	0

In conclusion I will say that to do rectal surgery it is necessary to have the patient completely anesthetized, and that the use of chloroform is the quickest and best means of securing it. Cocaine has been used in this kind of work very unsatisfactorily. I do, however, give this drug the preference in minor surgery.

As to the clamp and cautery, I rely wholly upon them in removing hemorrhoids of any size or number, it being the safest and quickest method, and enables the patient to be up and about sooner than after any other procedure.

The application of the actual cautery to the entire number of ulcers and fissures at one sitting under the complete anesthesia has been the most efficacious means of destroying them that I have found.

Division of fistulæ with the bistoury has not failed in any

attempt to obliterate them, without in a single case destroying the function of the sphincter.

Of the eight cases of ischio-rectal abscess we find five occurring at the time or immediately following an acute gonorrhœa. Fistulæ resulted, and were operated upon in each of the eight cases. I believe that acute gonorrhœa is the most frequent cause of ischio-rectal abscess in the male; however, an acute inflammatory process, due to any cause, is as likely to produce an abscess, the contents of which may escape into the rectum.

It is interesting to note that thirty of the cases were either tubercular or syphilitic. In the four cases of carcinoma the disease had progressed to such a degree as to render it unwise to attempt a radical operation, except toward the last when colotomy should have been resorted to but was refused.

Case No. 50 was unique in that in falling from a table a piece of ducking, one and a quarter inches square, was driven along the side of the rectum by a chair leg. The foreign body remained concealed for five months without detection, until I was consulted. A portion of the sphincter was torn away, but its office remains good at the present time.

The average loss of time is but little for surgical cases of this nature.

