

# The Journal of the Louisiana State Medical Society

New Orleans : Journal of the Louisiana State Medical Society, Inc., c1953-

<https://hdl.handle.net/2027/mdp.39015075799539>

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THE NEW ORLEANS  
MEDICAL AND SURGICAL JOURNAL

FOR MAY, 1855.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*A Glance at the "Reply" of SILAS AMES, M. D., to Experiments with Phosphorus, &c., by WM. M. BOLING, M. D., of Montgomery, Ala.*

(Continued from March number, page 616.)

In my former paper, a remark like this is found: "Here a child, seven years old, took at a single dose, one thousand eight hundred and twenty of Dr. Ames' doses for the adult." In regard to this, Dr. Ames says: "The phraseology here is somewhat peculiar; it is not said that the child took one-tenth of a grain at one dose, but 1820 of Dr. Ames' doses." Although from my experiments at the time of writing, as now, it was my impression that the quantity of the tincture given (it being Dr. Ames' diluted tincture,) contained about one-tenth of a grain, from the loss by vaporization, on mixing it with water for administration, I could not be certain as to the quantity that the subject actually got of it. I could and did know, of course, that he did not get *all* of the tenth of a grain, supposed at the time to be contained in the solution; but as to whether he got the half of it, the fourth of it, or any of it, indeed, I could not be positive. Moreover, as my recent experiments show, the

ART. IX.—OPERATION FOR RECTO-VAGINAL FISTULA. *Cure.*

*To the Editor of the New Orleans Medical and Surgical Journal.*

*Mr. Editor:*—The perusal of the case of Mrs. Watkins, in the March publication of your journal, suggested to me the idea of sending you the following, which, should you judge it of sufficient importance, you are at liberty to publish.

In the month of June last, Catharine, a mulatto girl, on Mr. Fay's plantation, was delivered of a large, healthy child. For some time previous, she had been in bad health, suffering from bronchitis, and was much emaciated. The bronchitis subsided, however, under the use of the ordinary remedies; but the woman did not recover her strength, and I was under the impression that her exhausted frame would sink under *marasmus* and slow consumption. On strict and minute inquiry, she confessed that wind and fecal matter frequently passed '*in front*;' and upon examination, I found in the posterior parietes of the vagina the opening of a fistula, which communicated with the rectum. This aperture was at three inches from the lower end of the vagina, but opened about half an inch higher in the intestine. A crow quill was passed freely through the sinus. The patient informed me that she felt it growing gradually larger. The irritation caused by the passage of gas and fecal matter through this unnatural channel, caused her so much pain, that she at last was forced to overcome her reluctance to discover the cause of her sufferings.

I first attempted to produce adhesion, by applying different caustics to the edges of the wound, and by introducing lint into the rectum, so as to exercise compression, and at the same time keep the parts undisturbed; but these means failed.

I thought of the suture; but the thickness of the parts, the difficulty of reaching them, the situation of the wound, and the great loss of substance effected by this time, caused me to abandon the idea. I resolved to operate in the following manner: I had a wood canula made with a deep groove on one side, which I introduced into the rectum.—A grooved catheter was then passed into the sinus, until the end rested on the canula in the intestine. The bistoury was directed on the catheter, until the point came in contact with the conductor in the rectum.—The whole vagino-rectal septum and perineum were divided at one sweep. The operation lasted hardly one minute. The hæmorrhage was slight. Chloroform was not given: the patient's lungs being affected, I would

not risk the rapid, though temporary congestion of blood, which this agent, in its action, calls forth in the brain and respiratory organs. My attention was afterwards directed to the dressing of the parts. A long and thick wick of *charpie*, well smeared with resinous cerate, was introduced into the rectum, at some distance above the womb. Half of the lint was left in the rectum, but the other half was turned over the V opening of the division, and inserted and kept in place by the natural contraction of the superior folds of the vagina. The cleansing and dressing were repeated twice a day. Granulation commenced at the bottom of the opening, and proceeded until the whole of the parts were properly re-formed, without any stricture or loss of power in the sphincter muscles. Eight weeks after the operation, the parts had healed, the patient could retain her fæces as in the natural condition, and had gained flesh. She is still on the plantation, and doing well.

This case has at least one interesting feature, if no other: it is its origin. The rupture of the rectum and vagina was certainly caused by the ignorance of the 'granny,' in neglecting the first duty you are called upon to fulfil in a case of labor, viz: of seeing that the rectum and bladder be carefully emptied, in order to give the head full scope in its evolutions.

I am, Mr. Editor, very respectfully,

Your obedient servant,

A. MAGUIRE.

PARISH OF ST. MARY, LA., April 9, 1855.

ART. X.—*Cancer in the Sacral, Rectal, Vaginal, Vesical, Uterine, Ovarian, Hepatic and Pulmonary Regions.—Death.—Post-mortem Examination; with Remarks: by B. DOWLER, M. D.*

Madame O——, born in Alabama, long a widow, aged 38, mother of two living children who were born from 15 to 17 years ago, resident in New Orleans as a teacher in a celebrated young ladies' institution of learning—of delicate frame, small, emaciated, of lively spirits, and of a well cultivated intellect—had been for some months in bad health, and at the close of the summer of 1854, when I saw her, she was no longer able to perform her professional duties. Dr. Egan had seen her first, and for nearly half a year aided me in the case with his sound and discriminating advice.