

ON
AN IMPROVED METHOD OF EXAMINING
AND SURGICALLY TREATING THE
FEMALE RECTUM.

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IN THE LANCET for 18th January, 1873, Mr. Christopher Heath devotes a considerable portion of a first lecture upon the diseases of the rectum to a description of the various methods of examination of that canal. It is not unreasonable to presume that a surgeon of this gentleman's reputation should have stated in the above paper all the methods with which he was personally familiar or that are ordinarily employed in Great Britain. Such being the case, the mention of what will be found to constitute a very decided practical advance in rectal diagnosis and the possibility of exact localised treatment may prove interesting to English medical men. The present communication is written, it should be stated, at the instance of Dr. Henry Bennet, under whose care the writer has been passing the winter at Mentone, and by whom, despite his experience in pelvic examination and familiarity with what has been published upon the subject, the procedure referred to had been hitherto unknown.

Mr. Heath, in his lecture, after speaking of the advantage of administering an enema previous to examination, and having the patient force out the lower gut by subsequent straining, mentions the ordinary digital method, employment of the common anal specula, and that of the endoscope. He says also that it is advisable in examinations of women to pass the finger into the vagina as well as the rectum, since "a rectal stricture, for instance, can often be much more thoroughly examined through the vagina than is possible if the examination is confined to the rectum itself." Here, however, he stops, just short, it will be perceived, of accomplishing the manœuvre now to be described.

For many years I have been in the habit of attaching importance to the condition of the rectum in uterine cases. My attention was first drawn to their correlation by Sir James Simpson during my residence in Edinburgh in 1854-56, and it was subsequently increased by Mr. Baker Brown's admirable chapters upon the effect of morbid conditions of the rectum upon uterine disease and of those of the uterus upon rectal affections. Finding the ordinary methods of exploration, such as Mr. Heath has described, tiresome, imperfect, and in every way unsatisfactory, it occurred to me that *eversion of the anus and lower rectum by digital pressure from within the vagina* might give better results, and such has proved to be the case.

As I have described the process at some length in a series of papers upon the relations of the rectum to uterine disease, published several years since in the *American Journal of Obstetrics and Diseases of Women and Children* (New York), and have also spoken of it in the *Journal of the Gynecological Society of Boston*, it will be unnecessary here to do more than state some of the results that it enables us to obtain. As to the manner of effecting the eversion, it is only requisite, the patient being upon her side, to introduce the finger into the vagina a sufficient distance, and then to press steadily backwards and downwards upon the sphincter ani; this muscle will relax in consequence, and allow the rectal wall for a large portion, and in some cases the whole of its circumference, to turn itself outwards through the anal orifice, very much like the everted finger of a glove. Should the sphincter ani be hypertrophied or irritable and resistant, as in some cases of fistula, &c., and digital pressure from within the vagina prove insufficient to produce eversion to the extent that is desired, it may at once be accomplished by previously rupturing the sphincter by rapid dilatation with the thumbs, as suggested by Récamier for the treatment of anal fissure. This is a very simple procedure, unattended by any subsequent ill-effects,

and I have now resorted to it for many other indications and in a very great number of cases.

1. *Artificial anal eversion for purposes of diagnosis.*—Every one familiar with rectal surgery knows how important it is to get at the precise character and extent of the existing disease, whatever that may be, and that it cannot be accurately effected by the touch alone. Were the rectal mucous membrane unbroken by folds this remark would still be true, but rugous as it is, the most skilled touch will often fail to detect quite extensive lesions. The laryngoscopist who should undertake the discovery, much more the differential diagnosis, of his special class of affections by the finger would be justly laughed at, and attempts to treat them through specula as awkward and unsatisfactory as are the best forms employed for the rectum would be considered even more blameworthy. It will probably not be long before the usual methods of rectal manipulation are considered just as unsatisfactory by surgeons.

By the method now described, one is able to ascertain the exact position of the internal orifice of fistulæ—upon the necessity of discovering which Mr. Heath lays much stress in a subsequent lecture (THE LANCET, Feb. 22nd, 1873), although he can only suggest “hooking” for it by a bent probe,—the site and extent of ulcers, whether specific or otherwise, the attachment and character of internal hæmorrhoids, the presence of minute foreign bodies that may have become imbedded in the mucous membrane during their passage from above, &c., to an almost indefinite extent.

2. *Artificial anal eversion for purposes of treatment.*—The extent of the new field here opened to the surgeon is even greater than that already stated. In addition to the fact that he is enabled to perform the usual operations with greater exactitude, such as cauterisation by acid nitrate of mercury or the hot iron, without injuring contiguous healthy membrane, as is else almost necessarily done; the excision of internal hæmorrhoids, which is so preferable in every respect to ligation, now that even the slightest risk of subsequent concealed hæmorrhage can be so surely prevented, &c.,—it becomes easy to accomplish others hitherto almost impossible, at least so far as the obtaining a perfectly successful result. Take, for instance, imperforate anus in the female. In these cases, the pouch of meconium at the extremity of the gut almost always projects against and beneath Douglas’s fossa. It will be found that the infant vagina admits a finger without difficulty, and that by a little discreet pressure thereby from within the pouch can be so flattened and carried downwards that anal incision into it can be made infinitely more accurately than has yet been possible; and also that the most important step of all in the operation, the stitching of the extremity of the mucous membrane to the external integument, can be effected without difficulty. In cases where a congenital vaginal cloaca exists, the operation for its effacement and the completion of the natural canal can almost as easily be performed.

It is hardly necessary to refer to the cases, not so very rare, especially in the insane, where foreign bodies of large size have been introduced into the rectum, or to the very common ones of its impaction by hardened fæces. In both these classes, outward pressure from within the vagina accomplishes removal in a fraction of the time otherwise required.

It may be well to add, in the present paper, that visual exploration of the upper rectum, even for some distance within the sigmoid flexure, is perfectly practicable without the endoscope, and to a much greater extent than can be accomplished by that instrument, where the sphincter ani has been relaxed by forcible dilatation in the manner above referred to. A full-sized vaginal bivalve speculum, not the little anal affair referred to by Mr. Heath, can then be introduced without difficulty, and the upper portion of the canal is rendered as accessible for all purposes of diagnosis and operative treatment as the vaginal cul-de-sac itself.

This last hint will not be lost upon those engaged in the treatment of the rectum, and even prostate and bladder, in the male, for I have found that by forced anal dilatation, and the use of a large-sized vaginal bivalve, that of Cusco, for instance, it has become possible also to revolutionise practice in this direction, as well as in the treatment of women.

With regard to the priority of the suggestion of anal

eversion by pressure from within the vagina, I may state that not only has it been new to the many physicians who have seen me perform it in hospital and private practice during the last ten years, but that no trace of it could be found among leading British and Continental gynaecologists by one of my pupils, Dr. Stone, now of St. Paul, Minnesota, whom I had requested to make special inquiries as to this point during a late trip to Europe.

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