

## FÆCAL FISTULA.

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It is seldom that serious injury to the female genitals results from sexual intercourse. The possibility even of such an occurrence has been doubted by authors of wide experience; nevertheless, undoubted cases have been reported, including the following:—

1. Injury to the hymen, with dangerous hæmorrhage.
2. „ clitoris.
3. „ perinæum.
4. „ urethra.
5. Vesico-vaginal fistula.
6. Perforation of vagina.
7. Tearing of septum of double vagina.
8. Perforation through fossa navicularis.

The case which I have now to bring under your notice is of the latter variety:—

CASE.—The patient, who was the subject of this fistula, was admitted into the Rotunda Auxiliary Hospital in November, 1889. She was aged thirty, and had been married 8 months. Up to the time of marriage, with the exception of painful menstruation, she had enjoyed good health.

The first attempt at coitus was attended by intense pain, and was followed by profuse hæmorrhage, which continued more or less for a fortnight after, and was succeeded by a yellow purulent discharge, which recurred several times a week. It was not until a month afterwards that she noticed fæces escaping through the vulva. She had been obstinately constipated, and it was after a dose of purgative medicine that she noticed it for the first time.

She was a healthy, well-developed woman; her external genitals normal; vagina admitted two fingers easily, and the hymen had

been lacerated, but the posterior vaginal wall was separated from its connections, and a fistula was found behind it passing upwards and backwards from the navicular fossa and opening into the rectum. The walls of this fistula were soft, and there were no signs of disease in its neighbourhood.

Now from the physical characters and history of this fistula, I have no doubt whatever that it was traumatic in origin and resulted from coitus. I do not believe, however, that the male organ directly penetrated all the structures forming the recto-vaginal septum, for the history of the case, and especially the long interval between the first injury and the escape of fæces through the vulva, does not bear out such an hypothesis, but it is probable that the penis, being driven violently into the fossa navicularis in mistake for the vagina, caused a contusion with effusion of blood, and that the hæmatoma thus formed subsequently suppurated and opened into the vulva, leaving a cavity separated from the rectum by the thin wall of the latter only, and that this was probably penetrated at a later date.

The fistula was easily cured by first dividing the perinæum and then splitting the sides of the fissure thus formed after the method devised by Mr. Tait for the cure of lacerated perinæum, and the raw surfaces united by continuous catgut suture. Healing took place by first intention, and the patient was discharged on the 7th of December.

As far as I can discover, accidents of this kind are extremely rare, and I can only find six others reported:—

1. Plazzonus. *De partibus Generationis; Lugduni Batavor.* 1644. S. 164.

2. Price. *Obstetrical Gazette.* May, 1886.

3. Borakowsky. *Wratsch.* 1886. No. 46.

4. Barton Hirst. *Journal of the American Medical Association.* 1886. June 5. P. 638.

5. Springfield. *Vierteljahrschrift für Gerichtliche Medicin und Öffentliches Sanitätswesen.* 1889. Bd. 1. Heft 2.

6. Spæth. *Zur Casuistik der Coitus, verletzungen Zeitschrift für Geburtshülfe.* Bd. XIX. S. 277.

In Barton Hirst's case. A young woman, after first coition, had violent pain, and hæmorrhage from the vulva, followed later by involuntary escape of flatus and fæces. The hymen was found intact and of moderate rigidity at its posterior margin, a fistula  $1\frac{1}{2}$  inches long extending upwards and backwards into the rectum. The vagina was virginal.

Dr. Spæth's case was that of a healthy young woman, married in January, 1890. For two days coitus was normal, but on the third night she experienced intense pain, and felt as if the penis was boring a false passage. This was followed by violent hæmorrhage, and two days later flatus escaped per vaginam, and on the fourth day fæces.

On examination the somewhat thickened columna rugarum was found separated in its whole extent from its attachments to the perinæum. When raised by a hook a soft-walled fistula was found leading into the anus, the perinæum remaining uninjured. After one unsuccessful attempt by a rather complicated operation, he subsequently succeeded by an operation similar to that which I employed.

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DR. MASON said a patient had recently been in the Coombe Hospital who had been locked into a room by a man who had forcible connection with her. She lost an enormous quantity of blood, and when admitted to hospital the posterior fornix of the vagina was found to be torn transversely; the rectum was uninjured, and though she lost a very large quantity of blood she made a good recovery, the vagina being kept clean by frequent injections.