

AN

INAUGURAL DISSERTATION

ON

Fistula in Ano

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE

UNIVERSITY OF NASHVILLE,



FOR THE DEGREE OF

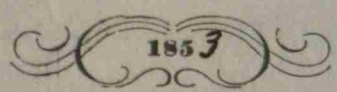
DOCTOR OF MEDICINE.

BY

S. N. Parks

OF

Tennessee



1853

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Above ordinary - good.

Fistula in Ano.

By the Term, in this instance I understand the existence of an Abscess in the Areolar structure contiguous to the Rectum pointing internally into the Rectum, or externally near the anus, or both internally into the Rectum and externally beside the Anus. It has received different names according to the part, or parts into which it may point. When it forms an opening into the Rectum only, without any external opening near the Anus, it is called Occult Fistula. When it opens beside the Anus, without any opening into the Rectum, it is then termed Imperfect Fistula. And when there is an opening internally into the Rectum and externally, beside the Anus, it then constitutes perfect Fistula. There is also another kind

encumbered. viz. the Compound Fistula, when there are several openings communicating internally with the common abscess, they constitute Compound

Causes of Fistulas. It is sometimes caused by a Soil suppurating, which, not healing, in consequence of the irritation that is effected from the repeated action of the Muscles of the part, continues to secrete matter that insinuates itself into the areolar structure of the Rectum and adjacent parts thereby forming the Disease. It is sometimes the result of pressure upon those parts in which it is generally developed, which by preventing a free circulation of blood in those parts, a morbid action is established favorable to the production of matter and this matter, in seeking an outlet from the

System dissects its way into the structure that offers the least resistance to its passage.

It may insinuate itself into the grains, perineum &c. and points, in either of those parts. It is sometimes caused by obstinate Costiveness and vigorous efforts to dislodge the feces inducing an unusual flow of blood to the Anus and adjacent parts, exciting an inflammatory action which is kept up and aggravated, by the action of the Sphincter and Levator Ani muscles, and which eventuates in the formation of pus. An opposite state of the system sometimes brings it on, viz. a profuse Diarrhea. It is produced in this instance also by a preternatural quantity of blood being determined to those parts which are involved in

The disease, thereby exciting inflammation and suppurations in them.

These are some of the causes of the disease, though it is more commonly connected ^{with} functional, or organic derangement of some of the more important Viscera, as, for example, the Liver and Lungs. When Fistula exists in connection with derangement of these organs we are authorized to believe that it is a consequence and not the true cause of those diseases, as has been supposed.

Symptoms. There is pain near the anus, with an induration and discoloration of the parts involved, attended with a difficulty in discharging the feces. Tenesmus on going to stool pain in the nates of the affected side

and when suppuration is established, fluctuation may be perceived.

The disease advances to this stage some-
times with little, or no pain, though
this is of rare occurrence. When suppu-
ration has been established, it has some-
times been mistaken for Psoas abscess,
and hence there is a necessity for the exer-
cise of much discrimination in form-
ing our diagnosis. If there be any doubt
in our mind, whether there be Psoas, or
Psoas abscess, and there be an external open-
ing, we should cause the patient to get
upon his hands and knees, with his
posteriors elevated higher than his head
and in this situation direct him to
take a full inspiration suddenly, and
if it be a Psoas abscess a gurgling noise

will be heard, arising to the egress of air from the cavity of the abscess, and when he as suddenly expires, there will be a similar noise heard, proceeding from the ingress of air into the abscess; if there be simply Fistula this gurgling noise will not be heard from the egress, or ingress of air into the cavity.

Treatment. When abscesses point in the vicinity of the anus, they are generally very difficult of cure, though there is nothing specific in their nature, and they are as susceptible of cure as diseases situated in any other part of the system, if we pursue the proper course. The reason why they are thus difficult to cure, is that the muscles of the part are a constant source of irritation and keep.

up excitement when it has been estab-
lished, but if this source of irritation be re-
moved we can effect a cure, other things be-
ing equal just as easily as if they were
situated in any other part of the system

It was formerly believed that the dis-
charge from Fistula was indispensa-
ble to the health of the patient, that
it was an effort on the part of nature
to throw off some offending matter,
that this was a drain, or outlet which
she established for the benefit of the
system, but the concurrent belief of
the profession is against such an opin-
ion at the present day. In this, as in
all other diseases, nature attempts a
cure, but she is unable and demands
of us our assistance. If an operation

for Fistula be performed on one who
labors under Consumption, and this
is one of its most frequent attendants, the
patient generally dies in a short time
after the operation, therefore the opera-
tion should never be performed on
one affected with this disease.

Whenever this operation is to be per-
formed, the general of the ^{patient} should be
particularly attended to. If there be
constitutional derangement and
the operation be performed while
it remains, we may rationally con-
clude that we shall be foiled in
our attempts. Healthy suppuration and
granulations will not take, because these
will be influenced by the condition
of the general system, hence the im-

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importance of restoring, as far as practicable, the general health of the patient before we attempt to perform the operation. Suppose, as an illustration, that there is organic derangement of the Liver, and Fistula is frequently connected with derangement of this organ, would it not be quackery in us to operate with a view to cure the disease, before we had restored as far as we could, the healthy action of that organ and established the proper dependence of functions between this and its associate organs? Should the operation be performed during this morbid condition of the Liver, might not excitement be produced by the operation, and would it not most

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probably, be transmitted to this organ
and thereby increase and prolong the
original derangement; and this derange-
ment again react upon the Fistula and
thus mutually aggravate each other.

Though there be no direct nervous com-
munication between the Liver and
the parts involved in this disease
and no remarkable sympathy be-
tween them when in a healthy
condition yet there is a sympa-
thy and connection between them
which is more plainly manifested
when the Liver is the original seat
of the disease, than when Fistula ex-
ists as a local affection; its influence
in the latter case is not sufficient to
manifest any sympathetic affec-

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tion of the Liver. But in an affection
of the Liver, from the powerful influ-
ence, that this organ exerts over the
whole system the local disease must
be aggravated or benefited according to
the condition of the organ. When an
injury is received upon the head though
apparently unimportant and by no
means dangerous, why is the doctrine
so strongly and repeatedly inculcated
of paying such strict attention to
the digestive organs, but particularly
to the liver. Simply because the liver
would be sympathetically affected and
react upon the Brain, and thereby in-
crease the primary affections and per-
haps eventuate in the death of the pa-
tient. Then since we know, that

The Liver exerts so commanding an influence over the general system, is it not a fair and correct conclusion that Fistula is treated successfully or otherwise according to the condition of this organ. But if Fistula exists in connection with a diseased Liver arising from derangement of that organ, it may be asked, why the necessity for performing an operation for Fistula, if the natural and healthy condition of the Liver be restored, why since the original cause of the disease is removed does not the symptomatic affection disappear likewise?

Because it is acted upon and irritated by the muscles of the part in which it is seated and unless we incapacitate,

These muscles from action we must
 expect a continuation of the disease
 and the only mode that we are acquaint-
 ed with of remedying the cause of irri-
 tation is to divide transversely the
 Sphincter ani muscle and with prop-
 er treatment afterwards we shall cure
 the disease. If the Liver be sym-
 pathetically deranged from a prima-
 ry Tubercular affection of the Lungs,
 constituting Consumption and con-
 sequently affecting in a very great de-
 gree the condition of the general system
 we are as yet unacquainted with any
 mode of treatment calculated to re-
 store its healthy and proper action,
 because the exciting cause of the morbid
 action is situated in the Lungs

and it is so unmanageable in its nature that the healing art can effect no relief. When if Fistula exists as a secondary, or symptomatic affection of Consumption we are authorized according to the best principles of Surgery not to perform an operation with an expectation of curing the disease. If we operate we aggravate the disease and consequently accelerate a fatal issue.

It has been thought that Fistula when connected with Consumption was the cause and not a consequence of the disease and therefore an operation was deemed necessary for the restoration of the health of the patient, but the consequences always manifested the impropriety of such a proceeding. From the preceding

observations it perhaps may be inferred
 that I consider Fistula when connected
 with derangement of the Liver, or Lungs
 exclusively as difficult of cure, but I do
 not entertain such a belief. If Fistula
 be connected with derangement of any
^{organ}
 that affects the general system, we should
 have due reference to it before operating.

Under whatever general disease a fistulous
 patient may labor in justice to him
 and to ourselves we should restore as far
 as we can the healthy condition of the
 general system, before an operation be
 performed. But if it be unconnected
 with any general affection and is a mere
 local disease, we are authorized to believe
 that we can effect a radical cure by the
 proper mode of treatment.

The opinions of authors respecting the mode of treating this disease has been materially different. One would recommend the advantage of using the caustic, another as strongly urge the use of the Ligature and a third would assert the advantages and superiority of the knife over every other remedy, saying that the caustic and Ligature to say the least of them were very painful and tedious in effecting a cure. But all have, and still concede in one important point viz. that the hollow of the sinus must be laid open from one extremity to the other, and that if we are unable to do this, we are justified in declining an operation, because the patient would undergo the additional

pain of the operation without any
 good consequences resulting. Even Sir
 Astley Cooper seems to sanction and
 inculcate the doctrine of laying open
 the whole of the sac. He says, when speak-
 ing of the operation, "By any portion of
 the sinus remain above the opening into
 the Rectum it should be divided with
 the probe pointed scissars" This is the
 doctrine, if I mistake not. The same is
 advocated by others. But is it correct?
 From high authority in our own coun-
 try, I am free to doubt even to disbelieve
 such a doctrine and to reject it as being
 incorrect and mischievous in its ten-
 dency and that if a fistulous opening
 should extend beyond our reach, we
 may operate with as good a prospect

of success as though we opened the sac from one end to the other. After performing the operation in the usual way, we are instructed to introduce a plug of lint the whole way between the divided surface of the wounds, in order to prevent a reunion of the divided parts and in addition to load the lint with some stimulating medicinal substance and then apply poultices to the external parts in order to produce suppuration, but this mode of operating and the manner of treating the disease after the operation are unnecessary and improper. I do not pretend to condemn this practice as being unnecessary and improper from my experimental knowledge

but from the experience and reasoning of others I am satisfied of its utility. When an operation for Fistula is performed I am fully satisfied that it is not necessary to introduce the probe pointed bistoury, an instrument with which we should operate, farther into the sinus than is necessary to divide the Sphincter muscle by bringing down the instrument with its point in contact with the index finger, introduced into the Rectum, thus dividing the muscle transversely. Conducting the operation as stated above, it only remains necessary to keep the divided edges of the wound asunder so as to favor its healing.

from the hollows of the sinews.

This is readily done by the introduction of a pledget of lint placed between the denuded edges of the wound and adjusting properly from time to time as circumstances require.