

# JOURNAL

75784

OF

# ORIFICIAL SURGERY

EDITORS

E. H. PRATT, M.D., LL.D.

FRANCIS D. HOLBROOK, M.D.    C. A. WEIRICK, M.D.

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VOL. III, 1895

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CHICAGO

PRATT & HOLBROOK, PUBLISHERS

1895

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W. B. ARNOLD, M.D.—  
MY DEAR DOCTOR—I have used within the last two months two gallons of your Zymotoid, and as the medicine has done so wonderfully in my hands, I feel it my duty to send you a few clinical reports about it. (Here follow notes on 3 cases diphtheria, 4 cases pseudo-diphtheria, 2 cases ulcerated legs, 2 cases burns, 1 case acne of face—a most remarkable case, 1 case conjunctivitis, 7 cases nasal catarrh, several of gonorrhoea; all successfully treated.) I am compelled to say freely to the medical world at large, that your Zymotoid is not only the best Antiseptic and Germicide in existence, and fully covers your claims, in every instance, but gives better results than our Hydrogen Peroxide, Hydrozone or Glycozone,—is cheaper, easily applied, clean, inoffensive taste and smell, absolutely non-toxic, and can be used without danger, and consequently is a preparation which ought to be in every Doctor's office and every Drug Store in the United States, and I hope the time will come when the profession will all use the Zymotoid in Diphtheria instead of the dangerous and doubtful "Serum."

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**W. B. ARNOLD, M.D., Prop., Rockford, Illinois.**

absent with it for a few days; will let it alone until her return, directing her to keep it greased with mild zinc ointment.

The mother did not return with it, but I learned from her sister a few weeks after, that it had remained perfectly well. Nearly a year since, the sister reported to me that the child was walking and talking about as well as her sister a year older. The latter I have never seen. The sister's husband wrote me a short time ago, that there had never been any more complaint.

A condition of the parts that causes the presence of so much smegma does not always exist, in which case the work is not so easily accomplished.

#### RECTAL DILATORS AND THEIR USES.

E. HUBBELL, M.D.  
ST. PAUL, MINN.

The after-treatment of operative orificial work is eminently essential to complete and make a perfect cure in a large number of cases; and one of the most effective means, I believe, is the repeated use of the rectal and sigmoid dilators, thus flushing the capillaries until there is a normal equipoise in the circulation and sphincter tension. Not only the sphincter and muscles need the dilating, but the circular muscular fibres of the rectum, sigmoid and descending colon. These are best reached by the graduated bulbs of the sigmoid irrigator, by which irrigation, dilatation and local medication are secured. I wish to emphasize the importance of the sigmoid dilatation and medication in many cases:

One case only to show what rectal and sigmoid after-treatment will do: Mrs. E., age 32, contracted syphilis from her former husband; been treated two years; no marked symptoms remain except she is very weak—tired all the time; can sleep twenty hours out of twenty-four; poor appetite, but in good flesh; constipated, etc. Considerable orificial irritation was found and all-around work was done. After one week she was up, feeling perfectly well, and worked hard for a week at house-cleaning when she was seized with numbness, loss of sensation in right side, loss of speech, sees only one-half the object and cannot express her thoughts—they seem to slip away from her. She was placed under anesthetic; urethra, uterine canal, rectum and sigmoid thoroughly dilated, then followed with rectal dilatation by dilators, sigmoid irrigation and medication semi-weekly, without any anesthetic for two months. On first introducing the irrigator, as its bulb passed into the sigmoid, she began to tremble all over which lasted until irrigator was removed, when she became faint, cold,

Speechless, and for a moment pulseless, but soon revived. There was no considerable pain on introducing the instrument. There were two constricted, diseased portions of bowel, the first about six inches above anus and second about twice that distance. She gradually improved in every way until now all symptoms have disappeared. She talks in a fluent manner, and can ride twenty-five to thirty miles per day on street cars and is not fatigued.

Rectal dilators, as a rule, I believe, should not be used oftener than once in two to four days, never to cause soreness or irritation of anus, and should be retained five to fifteen minutes. I have witnessed very beneficial results from the use of dilators alone, in toning up the general system. Many cases too debilitated to operate upon at once, can be much improved by the use of the dilators prior to operation. Not only in chronic diseases, but in many acute diseases will the dilators give the patient prompt relief and hasten the cure. I also believe that it should be more frequently used in diseases of children as a promoter of better circulation, nutrition and development. If properly used, it can do no harm and will often be of vast benefit. In urethral dilatation there is nothing that will give the relief from the irritation and pain that follows, like inserting a rectal dilator filled with hot water and retaining it five to ten minutes.

As to dilators, we have several patterns on the market, all of them possessing good points. A rectal dilator should possess the following features, viz.: smoothness of surface, ease of introduction and withdrawal, be self-retaining, capable of applying heat or cold for a considerable time, and not too expensive for the patient of moderate means to purchase. The indications for heat are congestion, inflammation and irritable sphincters; for cold, atony, inactivity and constipation. I wish to present for your inspection a little double-end dilator which will, I think, meet all the requirements of a dilator for the patient's self use, and is sold at the low price of \$1.50 to patient.

The President: In addition to the papers put in here on "After-Treatment," we have one paper that is passed not to be read, asking the question if a second operation can be made where the stitches have broken loose and the mucous membrane of the rectum receded and the parts filled with cicatricial tissue dissected out and the membrane drawn down, and an effort to get by secondary operation what we failed to get by the first. I understand such operations have been made.

The last paper is now open for discussion and also the bureau or section to which it belongs. Has any member anything to offer on this subject?

Dr. Bessey: I'd like to ask if the Doctor can get patients to use dilators themselves. It is sometimes impossible, and I can't get them to do it.

Dr. Hubbell: I find but little trouble in using the dilators, and I have them use them soon after the operation; in many cases you can get them to use the dilator when you can't persuade them to have an operation. The shape of the dilator should be such as to be easily introduced, and they should be taught how to use and introduce them so as to make it painless.

Dr. Hill: One thought in that last paper I would like to emphasize, the use of the dilator where operations are not practicable. It recalls to my mind a case I had to deal with last fall; a man who had been in our asylum for dipsomania, and he had been so disturbed from the action of the liquor when he was brought, all the faculty decided not to treat him for the present but to allow him to recuperate and get sober; but instead of coming to a conscious condition, he went into what was termed insanity, he lost his mind, didn't know enough to take care of himself, soiled his linen three or four times a day, never was dry only when the attendants put dry linen on him. In their dire extremity they asked me to go and see him; they thought he was going to die and they wanted to do something with him. I thought the man was near his end, pulse was 40, respiration about 10. I examined him, saw the demand for orificial work, but his broken-down, wasted condition made me fearful of doing the work lest it should bring disrepute upon the theory. So we simply dilated by the use of the bivalve speculum, and dilated the urethra with sounds; we did this for ten days before he began to show much reactive power; in five days more he was perfectly conscious, and a more pleasant, neat and tidy individual I never met after he was roused out of that condition. This for dilatation before operations.

Dr. Klein: I'd like to ask if that perfectly cured his dipsomania.

Dr. Hill: No, sir, simply restored his mental condition.

Dr. Klein: I'd like to ask if orificial surgery has wrought a cure in a case of dipsomania.

Dr. Young: I believe that the Doctor has reported that it prepared the case for the better treatment of the liquor habit. I think in many cases where the treatment for the habit has failed, it is owing to the fact that orificial work has been needed and not done. A great many drinking men have orificial irritation, a great many drinking men are sick and don't know it; a great many men get into the habit of taking a drink simply because they feel bad; if they go to the doctor and describe their symptoms, and they mention so



ment removed two or three small papillæ and opened up one or two pockets. Continued to improve and in two months bowels had become regular, moved naturally and no prostration following the movements. The dizziness had also nearly ceased. She was happy and I was not displeased.

CASE 3. Was called to see a case with Dr. Cowell, of Athens, Pa., which had the following history: Mrs. W., age 36. Mother of two children. Tall, spare and dark. Had been treated by several physicians, the last a travelling doctor who said she had cancer of the uterus and he had given her electricity to drive it away. He thought it was "most gone." She had paroxysms of pain in left hip and leg, very painful menstruation, bowels moved only when physic was taken. She had been kept under influence of morphia for the last three or four weeks. She was apparently a physical wreck. Under an anesthetic, we found upon examination, no evidence of any cancer, but a very contracted uterine canal which we dilated with graduated steel sounds. Stretched the sphincter ani and removed several papillæ, opened some pockets from which a quantity of pus was removed. She stood the operation well; began to improve at once; used no more morphine; bowels acted naturally and menstruation less painful. The last I heard from her she was around the house and in a fair way to recover her health. I advised a repetition of the operation to complete the cure, but do not know whether it was ever done.

---

### THE AMERICAN OPERATION IN HEMORRHOIDS.\*

EUG. HUBBELL, M. D.

ST. PAUL, MINN.

The American operation was devised by Dr. Pratt of Chicago, whose experience in rectal surgery has been greater, probably, than any other surgeon in America. It is designed for those aggravated cases of hemorrhoids where the clamp, ligature, or Whitehead operation was formerly employed. It is to my mind the most perfect method at present known for the radical removal of the pile-bearing inch. It is really the only surgical operation except the English or Whitehead, for these aggravated cases. It differs from the English in that the operator begins at the upper border of the hemorrhoids and dissects downward to the anal verge, instead of commencing at anal verge and working up. The advantages are:

---

\*Read Minn. State Homeopathic Institute, St. Paul, May, 1895.



1. A more even division of the mucous membrane at the upper end, which is difficult to obtain in the English operation.
2. Greater rapidity in removing hemorrhoidal tissue.
3. Better control of hemorrhage, consequently less loss of blood.

The clamp or ligature operations are clumsy, bungling, nerve-pinching, tissue-crushing means that often produce unfavorable results. The American completely eradicates all tendency to hemorrhoids. It leaves but little, if any, stiff, unwieldy cicatricial tissue in the grasp of the sphincters, hence incontinence of feces seldom if ever occurs. A brief description of the operation may not be out of place here :

The bowels should be thoroughly emptied and cleansed prior to the operation ; antiseptic conditions secured ; the patient anesthetized ; on operating table dorsal position, thighs strongly flexed on abdomen and held by two assistants ; the sphincters thoroughly dilated by Pratt's bivalve speculum, also the sigmoid, which is then packed. The hemorrhoids are then seized by T forceps and completely everted, the forceps being held by assistants. Commencing at the upper border of hemorrhoidal tissue the mucous membrane is severed transversely around the gut, then dissected from the sphincters to the line of healthy tissue outside where it is severed. The severed end of mucous membrane should now be drawn down and freed from connective tissue attachments for an inch or so from its end, to let it more freely come down to be finally sutured to the skin, so as to nicely coapt the cut surfaces at the outer sphincter. A dry dressing is best applied ; this covered with antiseptic silk, and then a pledget of cotton, and all held in place by a T bandage. The patient should be confined to the bed for two weeks, bowels moved by enemata after third or fourth day ; sometimes a little smoothing of the cicatricial rim may be required. I wish to cite a few cases only :

CASE 1. Mrs. S. of Faribault, aet. 52, has suffered from protruding and bleeding piles for ten years, is very weak and anemic. The American operation was made in February, 1894, at her home. The amount of tissue removed was very great. She made an uneventful recovery, regained her health, and the anus is to-day as smooth and perfect as if there never had been a pile there.

[CASE 2. Mr. J. of Owatonna, aet. 33. Man of fine physique ; has suffered for several years with hemorrhoids. American operation made April 5th, 1894, entirely cured him. He was up and at his office the tenth day ; result remains perfect.

CASE 3. Miss R. of Redfield, S. D., aet. 16. Very slender,

weak, despondent, anemic and lifeless ; had pockets, papillæ, erosions of bowel with hemorrhoids. The American completely restored the rectal pathology and started her out on the pathway of health.

CASE 4. Mr. D. of this city ; occupation, typesetter. Had to give up his work last December on account of "piles." I made the American in his case also, but his recovery was not uneventful. On the fourth day after the operation he arose and emptied the bowels of large hardened feces without use of enema. Two or three stitches were torn out, leaving a little gap which did not granulate well. I again replaced him upon the table and repaired the gap, but it would not unite and it soon began to slough. I again anesthetized him, made a sub-mucous division of the sphincters, and then got union. He was impatient and discouraged at one time, but he is now happy, cheerful and well, and at his old place at work. Had my instructions been carried out, and he had an enema to soften the stool, it would have saved protracted and painful convalescence. This is the only case where I have employed the American operation in the removal of hemorrhoids in which I have had any unpleasant features. The American is used in many other rectal complications not within the province of this paper to discuss.

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## VACCINATION AND PREVENTIVE MEDICINE.

WM. MORE DECKER, M. D.

KINGSTON, N. Y.

How much we owe to accident, chance and suggestion. The falling apple that struck Newton on the head set him to thinking, and he gave to the world the law of gravitation. Watt saw the lid of the tea-kettle pop, and he invented the steam engine. Dr. Talcott reported a case, at one time an inmate of the Middletown Asylum, who lost his reason by a fall from an apple tree, and reason was restored by a fall from a gas fixture. Recently we have authentic reports that Dr. Wm. B. Colby, of New York City, after observing the favorable effect of erysipelas in a cancer patient, demonstrated that toxic products from the artificial culture of erysipelatous germs cure cancer.\* And so the immortal Jenner gave us the first brilliant and, for a long time, solitary example of preventive medicine in vaccination, taking his incentive from the immunity to small-pox observed in the dairy maids, who had been accidentally inoculated by cow-pox in the herd.

---

\*Latest reports indicate that it is not a reliable specific for cancer.

## ADVERTISEMENTS.



DR. HUBBELL'S HARD RUBBER SEPARABLE DOUBLE END RECTAL DILATOR. The most perfect and cheapest instrument for the purpose of dilatation or for the dry application of heat or cold.

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