

THE STORY OF MY LIFE

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With a New Preface by
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CHAPTER XIV.

An interesting case of trismus nascentium—My discovery of the cause of the disease—Case of vesico-vaginal fistula—An accidental discovery—A series of experimental operations—Disappointments and final success.

IN April (1845) Mr. Henry Stickney, having a plantation near Montgomery and a residence in the suburbs of the town, called at my house about tea-time, as he frequently did, to make a social visit, and took occasion to say that his negro woman, Sally, had recently been confined with twins, and that one of them was very ill. He said that it had spasms, and could not suck, and he said that he would like to have me go out and see the babe. After asking him a few questions, as we talked the matter over, I made up my mind what was the matter, and I said: "Mr. Stickney, the baby has what we call trismus nascentium, or lock-jaw, and it is always fatal, no case as yet ever having been cured. I can do the child no good; but, as a study, I will come out to see it and investigate the case. But I can do nothing for it at all."

So I went to the house, as I agreed, and found the child lying in a cradle, on its back. It had been in

spasms for two days and nights, and looked as if it were dying. Its respiration was very rapid, and the pulse could hardly be counted. Touching it would throw it into convulsions; laying it on its face it would cause spasms; any noise would produce them. It could not swallow, could take no nourishment, and it was impossible for it to suck. It was covered with a cold, clammy perspiration; its hands were tightly clinched, so that the finger-nails were almost cutting into the flesh on the palms of its hands. The legs and arms were as stiff as a poker, and the whole body was rigid, because of tonic contraction, and every few minutes there would be spasms independent of the tonic contraction. Its face was drawn around so that it wore a sort of sardonic grin. Altogether, the picture was a disagreeable one to look upon. After examining the child for a while, I ran my hand under its head to raise it up from the deep cradle in which it lay. I raised the child, and found it as stiff as could be, and, instead of bending, it came up like raising a pair of tongs, in its rigid condition. While in the act of raising it, my hand detected a remarkable irregularity in the relations of the bones of the head. I sat the child against my knee, because it was so stiff that it could not sit on it, and began to examine its head. At the back of the head I found that the occipital bone was pushed under deeply on the brain, and the edges of it, along the lambdoidal suture, were completely overlapped by the projecting edges of the parietal bones. This was certainly the most unnatural thing that I had seen, and

I immediately suspected that the spasms, both tonic and clonic, were the result of mechanical pressure on the base of the brain, effected by the dislocation of this bone by the child lying on its back. It took some minutes for me to make this examination. After I became thoroughly familiar with the physical condition observed, I turned my attention again to the child, and was surprised to find that by the erect posture removing the pressure from the base of the brain the pulse could be counted, and that the respiration had fallen from one hundred and twenty to about seventy.

As a matter of course, the child died. The next day we held a post-mortem examination. The case was one of so much importance that I invited Drs. Ames, Baldwin, Bowling, and half a dozen other medical men to be present at the post-mortem. I was convinced that the mechanical pressure on the base of the brain had produced all the symptoms I had seen; but what I wanted to find was this: what was the *rationale* of that pressure? In making a post-mortem examination, we found that the spinal marrow was surrounded by a coagulum of blood—extravasation of blood between the spinal marrow and its membranes. I thought that this was the cause of all the symptoms, and I published an article on the subject, in which I elaborated a very ingenious theory going to show that the compression at the base of the brain had strangulated the spinal veins in such a way that the blood could not be returned from the spinal column, and had therefore burst through its thin ves-

sels. Subsequent experience, however, compelled me to modify this view of the case, and I wrote a second article on the subject, showing that this extravasation was not the cause of the disease, but was the result, and that the child might not have died of trismus nascentium had it been laid on its side, where the pressure could be removed from the base of the brain. As a matter of course, the treatment of a case of trismus nascentium is not by medicine, but when it is produced by mechanical causes of this sort it is simply by a lateral position that takes the pressure from the base of the brain. Such cases should be placed first upon one side and then upon the other, and should never be put in a cradle or crib at all. A new-born child especially should be placed upon a pillow, lengthwise of the pillow. If this were done always, there would be no cases of trismus nascentium. I have seen a great many desperate cases cured in a few minutes' time, simply by placing the patient on the side. But, as I have written this subject up, in part, in another treatise, it is not worth while to dilate upon it further here. My doctrines in respect to the pathology and treatment of trismus nascentium have not been adopted or accepted by the profession at large; but I am satisfied that they are true. They have been adopted by a few doctors, here and there, and many cases of trismus nascentium have been cured, which were reported in the medical journals of the country. Dr. ———, of Anderson, South Carolina, reported in the "American Journal of Medical Science" for April, 1875, a dozen cases that

he had cured ; whereas, before my discovery, medical literature had not reported a single case of trismus nascentium having been cured on any recognized principle applicable to any other case. Truth travels slowly, but I am sure that I am right—as sure as I can be of anything. This will yet be fully understood and appreciated by the profession.

I consider this my first great discovery in medicine. The next occurred only two months later. I had been a doctor now about ten years. I had established a good, solid reputation as a surgeon, and surgical cases were coming to me every day from all parts of the country. I was also considered a successful family practitioner. I was perfectly satisfied with my position and prospects. I had nothing whatever to do with midwifery, excepting when called in consultation with Dr. McWhorter or Dr. Henry, or some of the older doctors, who wished me to perform some delicate surgical operation. I never pretended to treat any of the diseases of women, and if any woman came to consult me on account of any functional derangement of the uterine system, I immediately replied, "This is out of my line ; I do not know anything about it practically, and I advise you to go to Dr. Henry or Dr. McWhorter."

Early in the month of June (1845) Dr. Henry asked me to go out to Mr. Wescott's, only a mile from the town, to a case of labor which had lasted three days and the child not yet born. He said, "I am thinking that you had better take your instruments along with you, for

you may want to use them." We found a young colored woman, about seventeen years of age, well developed, who had been in labor then seventy-two hours. The child's head was so impacted in the pelvis that the labor-pains had almost entirely ceased. It was evident that matters could not long remain in this condition without the system becoming exhausted, and without the pressure producing a sloughing of the soft parts of the mother. So I agreed with Dr. Henry that the sooner she was delivered the better, and without any great effort the child was brought away with forceps. She rallied from the confinement and seemed to be getting on pretty well, until about five days after her delivery, when Dr. Henry came to see me, and said that there was an extensive sloughing of the soft parts, the mother having lost control of both the bladder and the rectum. Of course, aside from death, this was about the worst accident that could have happened to the poor young girl. I went to see her, and found an enormous slough, spreading from the posterior wall of the vagina, and another thrown off from the anterior wall. The case was hopelessly incurable.

I went home and investigated the literature of the subject thoroughly and fully. Then, seeing the master of the servant the next day, I said: "Mr. Wescott, Anarcha has an affection that unfits her for the duties required of a servant. She will not die, but will never get well, and all you have to do is to take good care of her so long as she lives." Mr. Wescott was a kind-hearted

man, a good master, and, accepting the situation, made up his mind that Anarcha should have an easy time in this world as long as she lived.

I had practiced medicine ten years, and had never before seen a case of vesico-vaginal fistula. I looked upon it as a surgical curiosity, although a very unfortunate one. Strange to say, in one month from that time Dr. Harris, from Lowndes County, came to see me, and he said: "Well, doctor, one of my servant girls, Betsey, a young woman seventeen or eighteen years old, married last year, had a baby about a month ago. Since then she has not been able to hold a single drop of water."

I replied, "I am very sorry, doctor, but nothing can be done for her. There is a similar case here in town."

He said, "I thought myself it was incurable. But I am going to tell my overseer to send her up to you tomorrow and let you examine her case." So the next day Betsey came, and I examined her. The base of the bladder was destroyed, and her case was certainly a very miserable one. I kept her a day or two in Montgomery and then sent her home, writing a note to the doctor, giving him my opinion of the case and its incurability. I supposed that I should never see another case of vesico-vaginal fistula.

About another month after this, however, Mr. Tom Zimmerman, of Macon County, called on me. I was his family physician when I lived in Cubahatchee, but I had not seen him since I left there, four or five years before. He began immediately by saying that his negro

girl, Lucy, about eighteen years old, had given birth to a child two months ago, and that since that time she had been unable to hold any water.

I said, "Tom, I know all about this case, and there is no doctor in this town or country who can afford any relief. I have just been reading up the subject; I have consulted all the authorities I can find in every doctor's library in this city. She has fistula in the bladder—a hole in it. It may be no larger than a pipe-stem, or it may be as large as two or three inches in diameter; but, whether big or little, the urine runs all the time; it makes no odds what position she is in, whether asleep or awake, walking or standing, sitting or lying down. The case is absolutely incurable. I don't want to see her or the case. You need not send her to town. I have just seen two cases, one in this town, and another that was sent to me from Lowndes County, and I have sent the last one back because there is no hope for it."

"Is there no chance for your being mistaken about the case, without having seen it?"

I said, "No, there is no chance for me to be mistaken. It is absolutely incurable."

"Are you not disposed to investigate it," he said, "and see if there is not some chance?"

I said, "No, I don't want to see it."

"But you would have done so before you moved from the piney woods and came to the city. Moving to a city sets a man up wonderfully. You are putting on airs. When you were my family doctor, and used to

see my family or my niggers, you never objected to an investigation of their cases, and you didn't say what you would do and what not. I am going to send Lucy in. What day do you want her to come down?"

I said, "I don't want to see her. I can do her no good."

"Well," said he, "I am going to send her down to you at your office, by Monday's train, whether you want to see her or not." And so, sure enough, Monday came, and Lucy was at my office. I had a little hospital of eight beds, built in the corner of my yard, for taking care of my negro patients and for negro surgical cases; and so when Lucy came I gave her a bed. As soon as I could get to her I examined the case very minutely. I told her that I was unable to do anything for her, and I said, "To-morrow afternoon I shall have to send you home." She was very much disappointed, for her condition was loathsome, and she was in hopes that she could be cured. I told her that she must go home on the next afternoon.

It was my usual habit to start off at nine o'clock to visit my patients, and I seldom had less than from eighteen to twenty visits to make in a morning. Just as I was starting off, and was about to get into my buggy, a little nigger came running to the office and said, "Massa doctor, Mrs. Merrill done been throwed from her pony, and is mighty badly hurt, and you must go down there right off to see her, just as soon as you can get there." So, as this was a surgical case, and not knowing whether

it was a fractured limb or a broken skull, I looked upon it as a case of urgency, and instead of making my usual morning round, I started upon "the hill," three fourths of a mile, to see old Mrs. Merrill. She was not an old woman, but she was the wife of a dissipated old man, who was supposed to be of not much account, as he was gambling and leading an otherwise disreputable life. Mrs. Merrill, however, was a respectable woman who obtained a living by washing and taking in sewing, and was much appreciated and respected among her neighbors. She was about forty-six years of age, stout and fat, and weighed nearly two hundred pounds. She had been riding along on a pony, and when within about fifty yards of her own house a hog lying by the roadside, in the corner of the fence, jumped out and made a noise that frightened the pony, and it sprang from under the rider. She fell with all her weight on the pelvis. She had no broken bones. She was in bed, complaining of great pain in her back, and a sense of tenescmus in both the bladder and rectum, the bearing down making her condition miserable.

If there was anything I hated, it was investigating the organs of the female pelvis. But this poor woman was in such a condition that I was obliged to find out what was the matter with her. It was by a digital examination, and I had sense enough to discover that there was retroversion of the uterus. It was half turned upside down, and I took it for granted that this sudden dislocation, or disturbance of the pelvic organs, was the

result of the fall on the pelvis. The question was, what I should do to relieve her. I remembered, when a medical student in Charleston Medical College, that old Dr. Prioleau used to say: "Gentlemen, if any of you are ever called to a case of sudden version of the uterus backward, you must place the patient on the knees and elbows—in a genu-pectoral position—and then introduce one finger into the rectum and another into the vagina, and push up, and pull down; and, if you don't get the uterus in position by this means, you will hardly effect it by any other." This piece of information at the time it was given went into one ear and out at the other. I never expected to have any use for it. Strangely enough, all that Professor Prioleau said came back to me at once when the case was presented. So I placed the patient as directed, with a large sheet thrown over her. I could not make up my mind to introduce my finger into the rectum, because only a few days before that I had had occasion to examine the rectum of a nervous gentleman who had a fissure, and he made so much complaint of the examination that I thought that this poor woman was suffering enough without my doing so disagreeable a thing. So, as she raised herself and rested on her knees, just on the edge of the bed, and by putting one finger into the vagina I could easily touch the uterus by my pushing, but I could not place it in position, for my finger was too short; if it had been half an inch longer, I could have put the womb into place. So I introduced the middle

and index fingers, and immediately touched the uterus. I commenced making strong efforts to push it back, and thus I turned my hand with the palm upward, and then downward, and pushing with all my might, when all at once, I could not feel the womb, or the walls of the vagina. I could touch nothing at all, and wondered what it all meant. It was as if I had put my two fingers into a hat, and worked them around, without touching the substance of it. While I was wondering what it all meant Mrs. Merrill said, "Why, doctor, I am relieved." My mission was ended, but what had brought the relief I could not understand. I removed my hand, and said to her, "You may lie down now." She was in a profuse perspiration from pain and the unnatural position, and in part from the effort. She rather fell on her side. Suddenly there was an explosion, just as though there had been an escape of air from the bowel. She was exceedingly mortified and began to apologize, and said, "I am so ashamed." I said: "That is not from the bowel, but from the vagina, and it has explained now what I did not understand before. I understand now what has relieved you, but I would not have understood it but for that escapement of air from the vagina. When I placed my fingers there, the mouth of the vagina was so dilated that the air rushed in and extended the vagina to its fullest capacity, by the natural pressure of fifty-five pounds to the square inch, and this, conjoined with the position, was the means of restoring the retroverted organ to its normal place."

Then, said I to myself, if I can place the patient in that position, and distend the vagina by the pressure of air, so as to produce such a wonderful result as this, why can I not take the incurable case of vesico-vaginal fistula, which seems now to be so incomprehensible, and put the girl in this position and see exactly what are the relations of the surrounding tissues? Fired with this idea, I forgot that I had twenty patients waiting to see me all over the hills of this beautiful city. I jumped into my buggy and drove hurriedly home. Passing by the store of Hall, Mores & Roberts, I stopped and bought a pewter spoon. I went to my office where I had two medical students, and said, "Come, boys, go to the hospital with me."

"You have got through your work early this morning," they said.

"I have done none of it," I replied; "come to the hospital with me." Arriving there, I said, "Betsey, I told you that I would send you home this afternoon, but before you go I want to make one more examination of your case." She willingly consented. I got a table about three feet long, and put a coverlet upon it, and mounted her on the table, on her knees, with her head resting on the palms of her hands. I placed the two students one on each side of the pelvis, and they laid hold of the nates, and pulled them open. Before I could get the bent spoon-handle into the vagina, the air rushed in with a puffing noise, dilating the vagina to its fullest extent. Introducing the bent handle of the spoon I saw everything, as no man had ever seen before. The

fistula was as plain as the nose on a man's face. The edges were clear and well-defined, and distinct, and the opening could be measured as accurately as if it had been cut out of a piece of plain paper. The walls of the vagina could be seen closing in every direction; the neck of the uterus was distinct and well-defined, and even the secretions from the neck could be seen as a tear glistening in the eye, clear even and distinct, and as plain as could be. I said at once, "Why can not these things be cured? It seems to me that there is nothing to do but to pare the edges of the fistula and bring it together nicely, introduce a catheter in the neck of the bladder and drain the urine off continually, and the case will be cured." Fired with enthusiasm by this wonderful discovery, it raised me into a plane of thought that unfitted me almost for the duties of the day. Still, with gladdened heart, and buoyant spirits, and rejoicing in my soul, I went off to make my daily rounds. I felt sure that I was on the eve of one of the greatest discoveries of the day. The more I thought of it, the more I was convinced of it.

I immediately went to work to invent instruments necessary for performing the operation on the principles that were self-evident on the first inspection of the first case. The speculum, or retractor, was perfectly clear from the very beginning. I did not send Lucy home, and I wrote to her master that I would retain her there, and he must come and see me again. I saw Mr. Wescott, and I told him that I was on the eve of a great discovery,

and that I would like to have him send Anarcha back to my hospital. I also wrote to Dr. Harris, saying that I had changed my mind in regard to Betsey, and for him to send her back again. I ransacked the country for cases, told the doctors what had happened and what I had done, and it ended in my finding six or seven cases of vesico-vaginal fistula that had been hidden away for years in the country because they had been pronounced incurable. I went to work to put another story on my hospital, and this gave me sixteen beds; four beds for servants, and twelve for the patients. Then I made this proposition to the owners of the negroes: If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on either of them to endanger their lives, and will not charge a cent for keeping them, but you must pay their taxes and clothe them. I will keep them at my own expense. Remember, I was very enthusiastic, and expected to cure them, every one, in six months. I never dreamed of failure, and could see how accurately and how nicely the operation could be performed.

It took me about three months to have my instruments made, to gather the patients in, and to have everything ready to commence the season of philosophical experiment. The first patient I operated on was Lucy. She was the last one I had, and the case was a very bad one. The whole base of the bladder was gone and destroyed, and a piece had fallen out, leaving an opening between the vagina and the bladder, at least two

inches in diameter or more. That was before the days of anaesthetics, and the poor girl, on her knees, bore the operation with great heroism and bravery. I had about a dozen doctors there to witness the series of experiments that I expected to perform. All the doctors had seen my notes often and examined them, and agreed that I was on the eve of a great discovery, and every one of them was interested in seeing me operate. The operations were tedious and difficult. The instruments were on the right principle, though they were not as perfect as they were subsequently, and improvements had to be made slowly. I succeeded in closing the fistula in about an hour's time, which was considered to be very good work. I placed my patient in bed, and it does seem to me now, since things were so simple and clear, that I was exceedingly stupid at the beginning.

But I must have something to turn the urine from the bladder, and I thought that if I could make a catheter stay in the bladder I could succeed. But I knew that the books said that the doctors had tried to do it for ages past and had never succeeded. The great Würtzer, of Germany, attempted to cure fistula, many years ago, and, failing to retain the catheter in the bladder, he adopted the plan of fastening the patient face downward, for a week at a time, to prevent the urine from dripping through into the vagina. I said, "I will put a little piece of sponge into the neck of the bladder, running a silk string through it. This will act as a capillary tube; the urine will be turned, and the fistula cured." It was a

very stupid thing for me to do, as the sequel will show. At the end of five days my patient was very ill. She had fever, frequent pulse, and real blood-poisoning, but we did not know what to call it at that day and time. However, I saw that everything must be removed; so I cut loose my sutures, which had been held by a peculiar mechanical contrivance which it is not necessary here to detail. Then I attempted to remove the little piece of sponge from the neck of the bladder. It was about two inches long. One inch occupied the urethra, half an inch projected into the bladder, and half an inch into the meatus. As soon as it was applied, the urine came dripping through, just as fast as it was secreted in the bladder, and so it continued during all the time it was worn. It performed its duties most wonderfully; but when I came to remove it I found what I ought to have known, that the sponge could not rest there simply as a sponge, but was perfectly infiltrated with sabulous matter, and was really stone. The whole urethra and the neck of the bladder were in a high state of inflammation, which came from the foreign substance. It had to come away, and there was nothing to do but to pull it away by main force. Lucy's agony was extreme. She was much prostrated, and I thought that she was going to die; but by irrigating the parts of the bladder she recovered with great rapidity, and in the course of a week or ten days was as well as ever.

After she had recovered entirely from the effects of this unfortunate experiment, I put her on a table, to ex-

amine and see what was the result of the operation. The appearance of the parts was changed entirely. The enormous fistula had disappeared, and two little openings in the line of union, across the vagina, were all that remained. One was the size of a knitting-needle, and the other was the size of a goose-quill. That encouraged me very much in the operation, for I said, "If one operation can produce results such as this, under such unfavorable circumstances, why may it not be perfectly successful when I have something to draw the urine that will not produce inflammation of the soft parts?"

This operation was performed on the — day of December, 1845. It inaugurated a series of experiments that were continued for a long time. It took Lucy two or three months to recover entirely from the effects of the operation. As soon as I had arranged a substitute for the sponge, I operated on Betsey. The fistula was favorable, and would be considered a favorable one at the present day. Of course, I considered it very unfavorable. The fistula occupied the base of the bladder, and was very large, being quite two inches in diameter. I repeated the operation, in the same way and manner as performed on Lucy, with the exception of placing in the bladder a self-retaining catheter, instead of the sponge. I started out very hopefully, and, of course, I waited anxiously for the result of the operation. Seven days rolled around; she had none of the chills or fever, either violent or sudden, or the disturbance attending the previous operation. At the end of seven days the

sutures were removed. To my great astonishment and disappointment, the operation was a failure. Still, the opening had been changed entirely in character, and, instead of being two inches in diameter, it was united across entirely, with the exception of three little openings, one in the middle, and one at each end of the line of union. The line of union was transverse.

I thought I could make some improvements in the operation, and Anarcha was the next case. Anarcha was the first case that I had ever seen, having assisted Dr. Henry in her delivery. She had not only an enormous fistula in the base of the bladder, but there was an extensive destruction of the posterior wall of the vagina, opening into the rectum. This woman had the very worst form of vesico-vaginal fistula. The urine was running day and night, saturating the bedding and clothing, and producing an inflammation of the external parts wherever it came in contact with the person, almost similar to confluent small-pox, with constant pain and burning. The odor from this saturation permeated everything, and every corner of the room; and, of course, her life was one of suffering and disgust. Death would have been preferable. But patients of this kind never die; they must live and suffer. Anarcha had added to the fistula an opening which extended into the rectum, by which gas—intestinal gas—escaped involuntarily, and was passing off continually, so that her person was not only loathsome and disgusting to herself, but to every one who came near her.

I made some modifications in the suture apparatus, such as I thought important, and in the catheter, and then operated on the fistula of the bladder. But, like the others, she was only partially cured. The large fistula was contracted, leaving only two or three smaller ones in the line of union, as in the other two instances. The size of the fistula makes no difference in the involuntary loss of urine. It will escape as readily and as rapidly through an opening the size of a goose-quill as it will when the whole base of the bladder is destroyed. The patient is not cured so long as there is the involuntary loss of a single drop of urine. It would be tiresome for me to repeat in detail all the stages of improvement in the operation that were necessary before it was made perfect. These I have detailed in a surgical history of the facts, and to professional readers are still well known. Besides these three cases, I got three or four more to experiment on, and there was never a time that I could not, at any day, have had a subject for operation. But my operations all failed, so far as a positive cure was concerned. This went on, not for one year, but for two and three, and even four years. I kept all these negroes at my own expense all the time. As a matter of course this was an enormous tax for a young doctor in country practice. When I began the experiments, the other doctors in the city were all willing to help me, and all seemed anxious to witness the operations. But, at last, two or three years of constant failure and fruitless effort rather made my friends tired, and it was with difficulty

that I could get any doctor to help me. But, notwithstanding the repeated failures, I had succeeded in inspiring my patients with confidence that they would be cured eventually. They would not have felt that confidence if I had not felt confident too; and at last I performed operations only with the assistance of the patients themselves.

So I went on working without any progress, or at least permanent result, till my brother-in-law, Dr. Rush Jones, came to me one day, and he said:

"I have come to have a serious talk with you. When you began these experiments, we all thought that you were going to succeed at once, and that you were on the eve of a brilliant discovery that would be of great importance to suffering humanity. We have watched you, and sympathized with you; but your friends here have seen that of late you are doing too much work, and that you are breaking down. And, besides, I must tell you frankly that with your young and growing family it is unjust to them to continue in this way, and carry on this series of experiments. You have no idea what it costs you to support a half-dozen niggers, now more than three years, and my advice to you is to resign the whole subject and give it up. It is better for you, and better for your family."

I was very much surprised at what he said. But I said: "My dear brother, if I live I am bound to succeed; and I am as sure that I shall carry this thing through to success as I am that I now live, or as sure as

I can be of anything. I have done too much already, and I am too near the accomplishment of the work to give it up now. My patients are all perfectly satisfied with what I am doing for them. I can not depend on the doctors, and so I have trained them to assist me in the operations. I am going on with this series of experiments to the end. It matters not what it costs, if it costs me my life. For, if I should fail, I believe somebody would be raised up to take the work where I lay it down and carry it on to successful issue."

The experiments were continued at least a year after this conversation with Dr. Jones. I went on improving the methods of operating, eliminating first one thing and then another, till I had got it down to a very simple practice. Then I said: "I am not going to perform another operation until I discover some method of tying the suture higher up in the body where I can not reach." This puzzled me sorely. I had been three weeks without performing a single operation on either of the half-dozen patients that I had there. They were clamorous, and at last the idea occurred to me about three o'clock one morning. I had been lying awake for an hour, wondering how to tie the suture, when all at once an idea occurred to me to run a shot, a perforated shot, on the suture, and, when it was drawn tight, to compress it with a pair of forceps, which would make the knot perfectly secure. I was so elated with the idea, and so enthusiastic as I lay in bed, that I could not help waking up my kind and sympathetic wife and telling her of the

simple and beautiful method I had discovered of tying the suture. I lay there till morning, tying the suture and performing all sorts of beautiful operations, in imagination, on the poor people in my little hospital; and I determined, as soon as I had made my round of morning calls, to operate with this perfected suture. Just as I had got ready to perform my operation I was summoned to go twenty miles into the country, and I did not get back until late in the night. I looked upon it as a very unfortunate thing, and one of the keenest disappointments of my life, because it kept me from seeing all the beautiful results of my method. However, the next day, in due time, the operation was performed on Lucy. When it was done, I said, "Could anything be more beautiful? Now I know that she will be cured very soon, and then all the rest must be cured." It was with great impatience that I waited a whole week to see what the result of the operation would be. When I came to examine it, it was a complete failure.

I then said to myself, "There must be a cause for this. I have improved the operations till the mechanism seems to be as perfect as possible, and yet they fail. I wonder if it is in the kind of suture that is used? Can I get some substitute for the silk thread? Meltor, of Virginia, had used lead, and I had used a leaden suture and failed. What can I do?" Just in this time of tribulation about the subject, I was walking from my house to the office, and picked up a little bit of brass wire in the yard. It was very fine, and such as was

formerly used as springs in suspenders before the days of India-rubber. I took it around to Mr. Swan, who was then my jeweler, and asked him if he could make me a little silver wire about the size of the piece of brass wire. He said Yes, and he made it. He made it of all pure silver. Anarcha was the subject of this experiment. The operation was performed on the fistula in the base of the bladder, that would admit of the end of my little finger; she had been cured of one fistula in the base of the bladder. The edges of the wound were nicely denuded, and neatly brought together with four of these fine silver wires. They were passed through little strips of lead, one on one side of the fistula, and the other on the other. The suture was tightened, and then secured or fastened by the perforated shot run on the wire, and pressed with forceps. This was the thirtieth operation performed on Anarcha. She was put to bed, a catheter was introduced, and the next day the urine came from the bladder as clear and as limpid as spring water, and so it continued during all the time she wore the catheter. In all the preceding operations, where the silk was used for a suture at the base of the bladder, cystitis always resulted. The urethra was swollen continually, and the urine loaded with a thick, ropy mucus. With the use of the silver suture there was a complete change in these conditions.

I was always anxious to see the result of all experiments; but this was attended with such marked symptoms of improvement, in every way, that I was more

anxious now than ever. When the week rolled around—it seemed to me that the time would never come for the removal of the sutures—Anarcha was removed from the bed and carried to the operation-table. With a palpitating heart and an anxious mind I turned her on her side, introduced the speculum, and there lay the suture apparatus just exactly as I had placed it. There was no inflammation, there was no tumefaction, nothing unnatural, and a very perfect union of the little fistula.

This was in the month of May, I think, though possibly it was June (1849). In the course of two weeks more, Lucy and Betsey were both cured by the same means, without any sort of disturbance or discomfort. Then I realized the fact that, at last, my efforts had been blessed with success, and that I had made, perhaps, one of the most important discoveries of the age for the relief of suffering humanity.