

**How did the ancient surgeons deal
with pediatric urological problems
in 18th century?**

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✿ Aim of the Study

to present the treatment strategies in children with various surgical-urological problems in a Textbook of Surgery published in 1749 in Madrid by “Francisco Manuel de Mena”

✿ Materials & Method

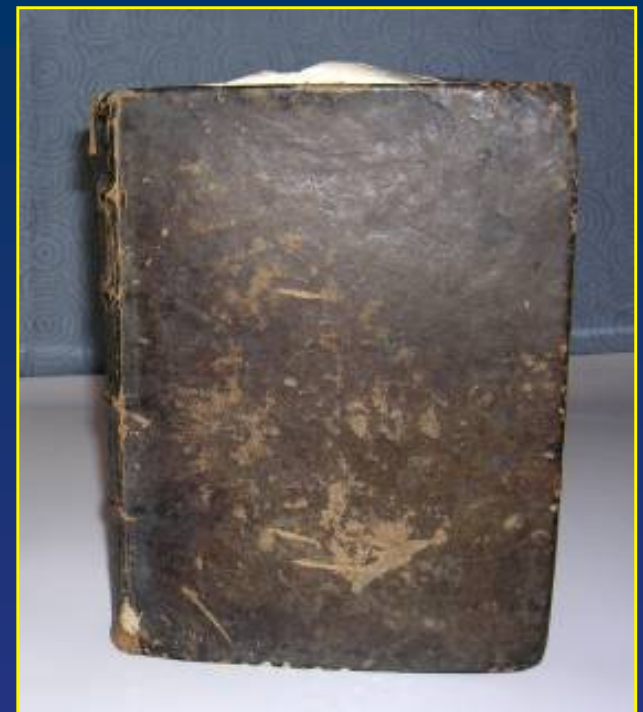
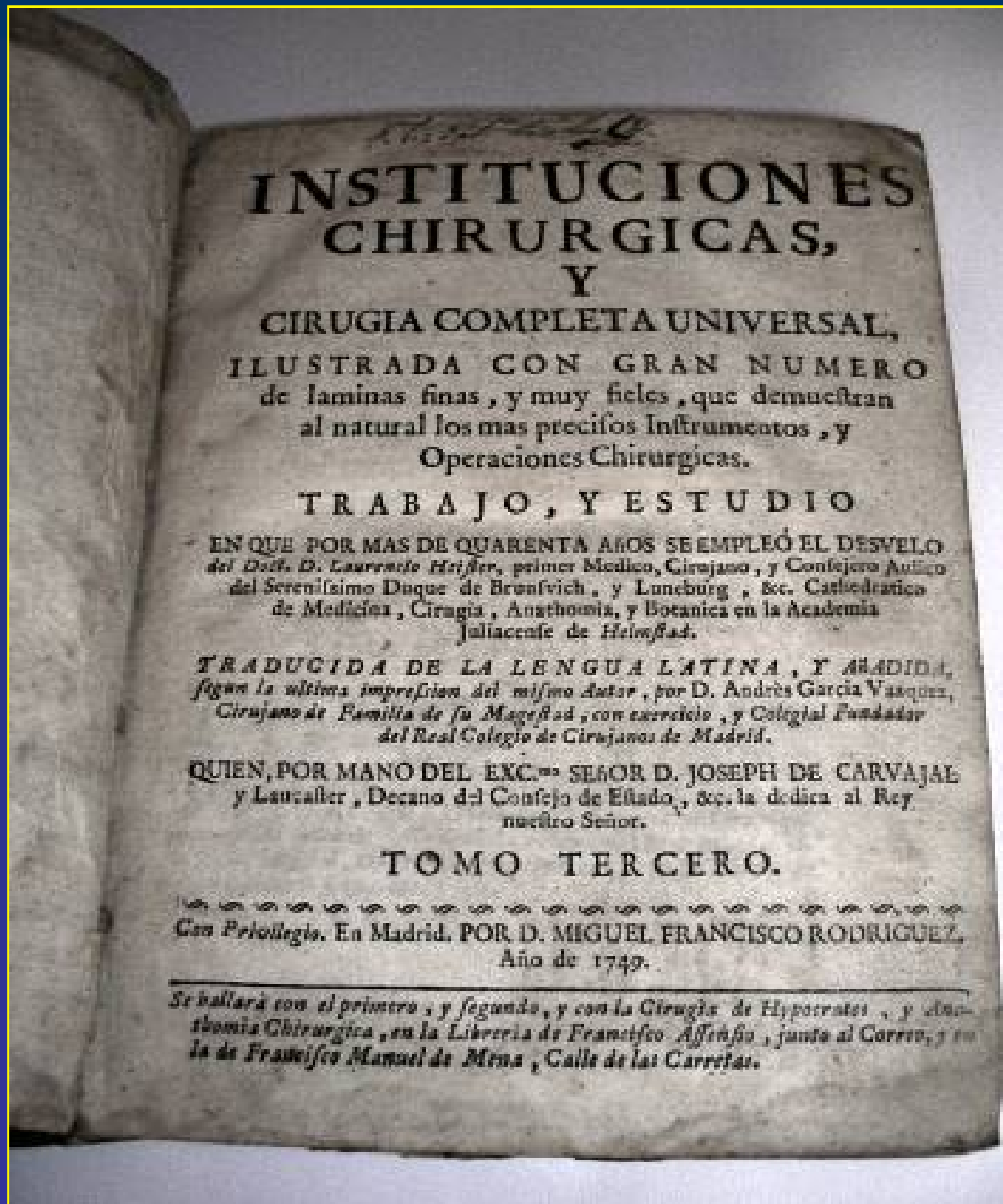
- .second-hand bookstore, Lisbon, Portugal(100 E)
- .started to learn Spanish
- .translation with a native Spanish teacher

Instituciones Chirurgicas, Cirugia Completa Universal

☀ Lorenz Heister

☀ Miguel Francisco Rodríguez





Gen Privilegi. En Madrid. POR D. MIGUEL FRANCISCO RODRIGUEZ,
Año de 1749.

F. 1



- ☀ 1749, Madrid
- ☀ third volume



CAPITULO CLXIII.

COMO DEBE ABRIRSE EL ANO quando está cerrado.

NO es rara vez suele acontecer, que en los infantes recién nacidos se halla el ano mas cerrado, y como de lo que naturalmente conviene, á cuyo efecto suelen ser los Medicos atentos. Quando los infantes padecen este vicio, por la mayor parte se conoce (si yá de antemano no se sabe) en que en aquellos dias inmediatos á su nacimiento, no expelen niugun humor excrementicio, y por esto muy advertidas las Obstetricas de mirar de lo que se halla en las partes naturales se hallan en buena conformacion, y exerciten sus acciones debidas, como doctamente lo enseñan Rosbuisse, y Petit en los Actos de la Academ. Chir. Paris. T. 1. pag. 377. y 387. Estos vicios suelen ser de varias especies, segun la diferencia de regumentos, que cierran el ano. Por la mayor parte se suele observar, que en aquella parte que debe estar perforada, se muestra alguna promineria, ó hoyo: bien que algunas veces nada de esto se conoce.

Capitulo CLXIII.

DE COMO DEBE ABRIRSE EL ANO cuando está cerrado

- ✿ the disease & its types
- ✿ thin membrane, how should it be perforated
- ✿ be prepared before the procedure
- ✿ how should the incision be done in the
presence of a thick tissue
- ✿ what should be done if there is not any
sign of intestine
- ✿ references to some rare observations

the disease & its types

- ✱ suffer severe abdominal pain, vomiting, jaundice, abdominal distention, epilepsy
- ✱ when thicker membrane is the case, the curation is not without danger
- ✱ **Case:** all rectum to the colon or superior of sacrum was totally closed or absent
- ✱ **Case:** all rectum was closed or terminated into the bladder / in girls into the vagina

thin membrane, how should it be perforated

- ☀ there is a hope for treatment
- ☀ whole work to do is to open the anus or the end of the rectum perfectly

- 1 place the infant on assistant's knees in a position that will provide the surgeon to see, distinguish and treat the anus comfortably
- 2 take a scalpel with two cut edges, introduce it into the membrane as if you are draining an abscess
- 3 if you do it properly, meconium will flow out spontaneously
- 4 lubricate your finger with oil and introduce it to explore if it is sufficient for free flow of the excrements
- 5 if it is stretching, dilate it on both sides
- 6 or make another transverse incision, figure of a ring is much proper and comfortable for the anus
- 7 wait until the infant expel all the excrements inside
- 8 introduce a big gauze lubricated with oil, repeat this for several days until a round cicatrix forms

be prepared before the procedure

- ✱ do not think that prompt treatment is less necessary
- ✱ much danger in delay
- ✱ infant suffering for several days dies at the same time you open the anus

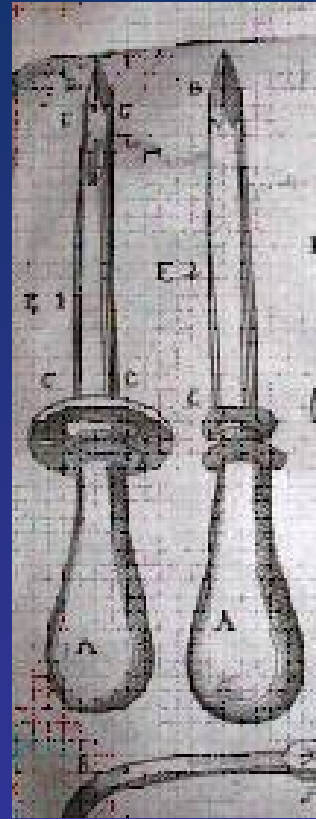
how should the incision be done in the presence of a thick tissue

- ☀ actually, it is difficult to save the infant
- ☀ although it should be improbable, it is better to attempt a treatment with hope instead of leaving the sad, miserable infant to a certain death...

- 1 investigate with finger, for a good luck, if there is any vestigial or hole that can be associated with the rectum
- 2 if yes, sign it with ink, and make a transverse incision
- 3 if no excrement flows, continue exploring with finger and incise again, go deeper slowly until the anus or intestine perforates. Prevent that the tip of the iron no directs into the pubis, bladder, vagina, or sacrum. If the anus perforates, continue with the method explained in num.2

what should be done if there is not any sign of intestine

- ☀ not desperate, but has a difficult treatment
- ☀ to attempt and expect a suspicious cure is better than to leave the infant to death without help
- ☀ triangular clave or narrow scalpel
- ☀ if profuse bleeding occurs, put a gauze inside
- ☀ if it is not opened with this maneuver also, as a truth there will be no motive and no medium to preserve the infant as violent vomiting and convulsions or epilepsy begin; the infant dies miserably...



references to some rare observations

☀ Case: 4/12, female, had an anus but was narrow

Mom dilated it with fingers, severe swelling & totally closed abdomen distended, severe pain, fever, anxiety, nearly dying incision, dilatation

☀ Some girls have an anus that almost look like natural but is closed. The rectum diverts the feces and pass it out from the vagina of the uterus. This disease rarely indicates treatment and these women suffer this in all of their lives

Prida
Lo mismo observé yo el año de 1722. en una niña recién
nacida, en la qual apenas se podía introducir una delgadísima
proba, y ampliandola como el Autor propone, se libertó muy fe-
lizmente: ay vive en la Calle, que llaman de Fuencarral, está ca-
sada, tiene hijos, y quando me ve no puede menos de ponerse son-
riada, (como dicen) ni yo el excusar de reirme.

I observed the same in a newly born girl in 1722.

I introduce a thin probe and amplified it as the author suggests, she survived happily: now lives in Fuencarral Street, is married and has children.

Whenever she sees me she becomes blushed, (as they say) I can not prevent myself from smiling.

Chapter CXXXIII

How should cut or resolve the frenulum of the penis

- **When treatment is indicated?**

- If frenulum stretches or retracts the glans

- If there is a bending in distal shaft during erection

- Also in men with gonorrhoea, phimosis and paraphimosis

Principal of treatment: Same as in short frenulum in tongue

How it is performed?

- It is cut with a scalpel cautiously and it is cut, until the penis extends freely
- Penis should be placed on a strong cartoon, thin wood or a metal tube so that slowly it becomes straight
- If it is more than a short frenulum, a real chordee: **emollient creams** should be applied to the contracted area or **some incisions** had to be done in order to reduce the curvature

Chapter CXXXVI:How should treat the urinary incontinence

- **Etiology:**

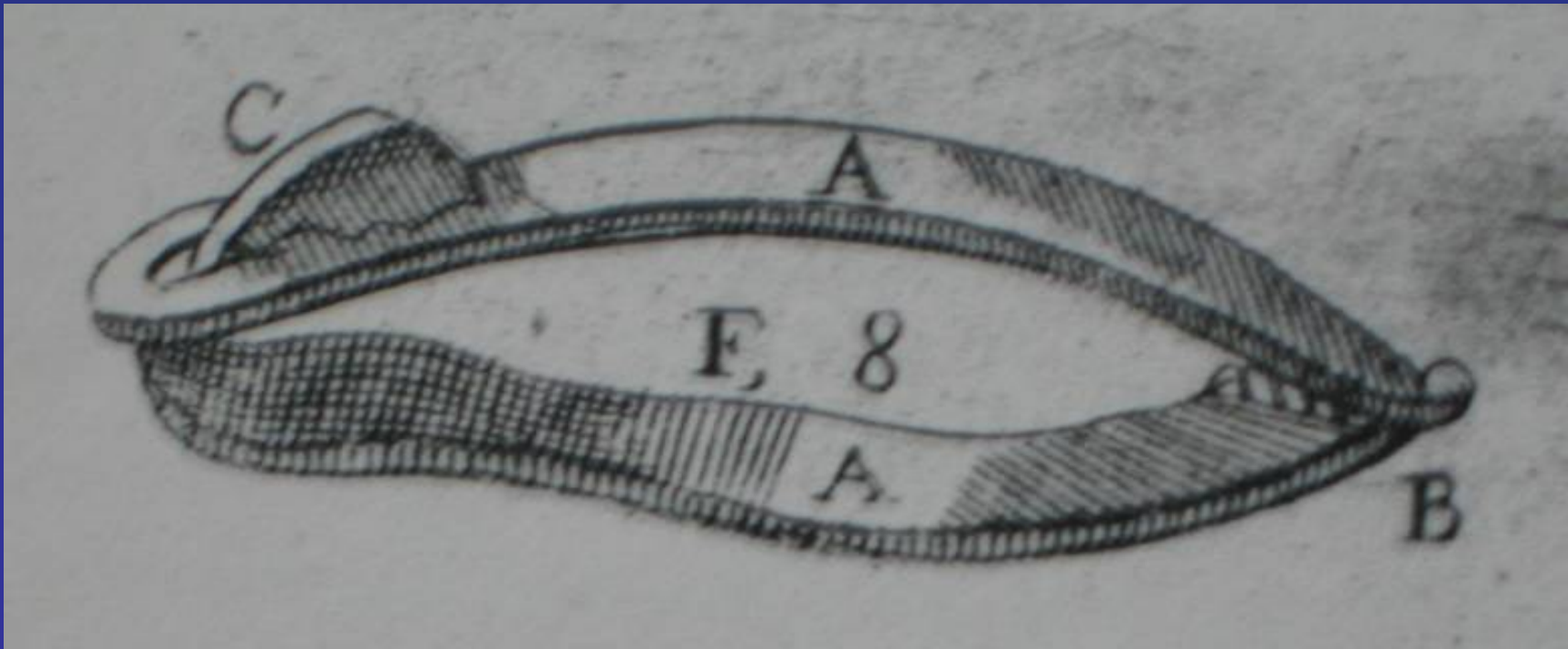
- Bladder stones may induce incontinence
- Debility
- Paralysis of the sphincter
- When body or the sphincter of the bladder is weak

- **Medical treatment:**

- Comforting medicines
- Medicines nervinos

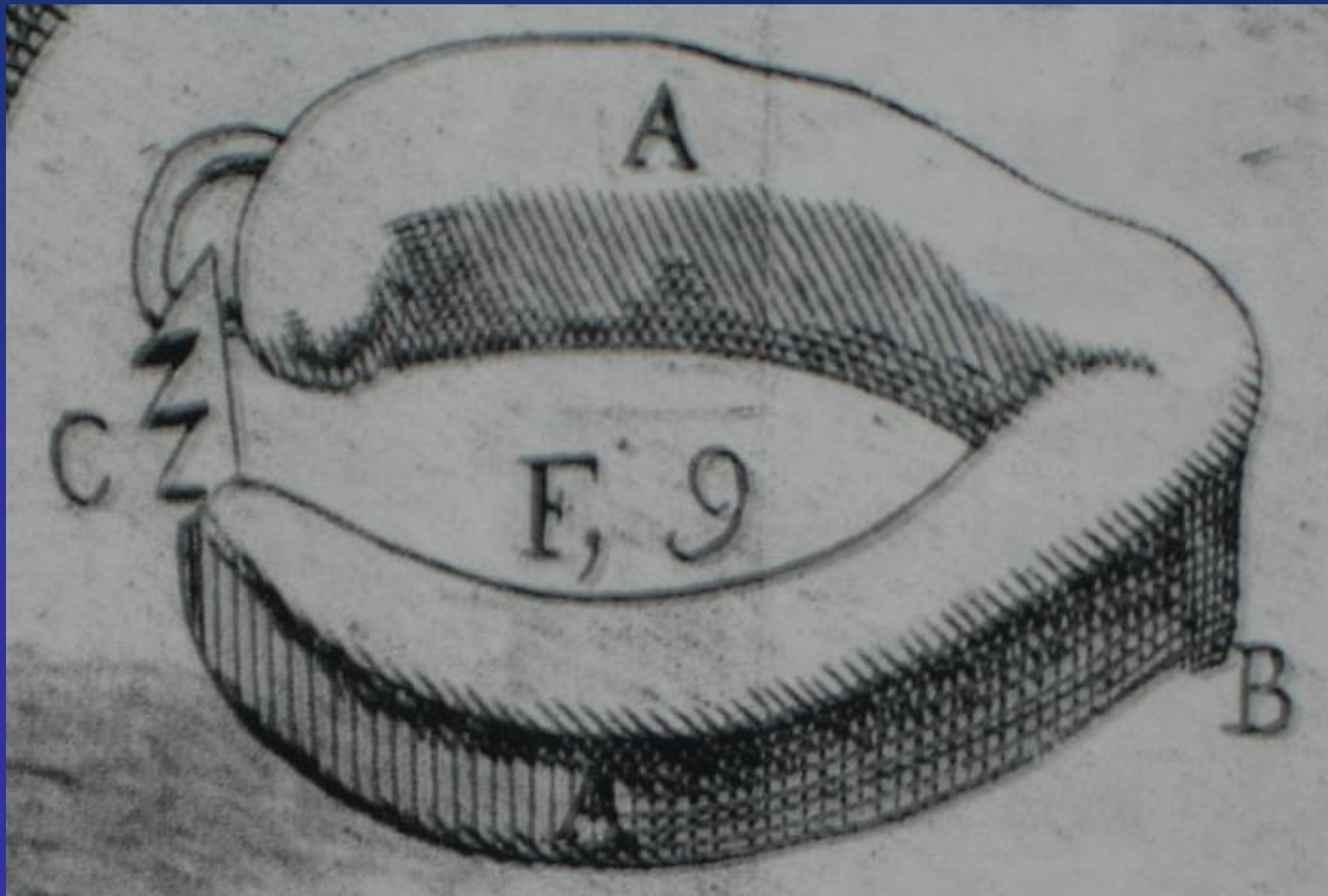
Other treatment

- A leather instrument which covers the penis(washable,re-usable)
- An instrument designed by Surgeon Nuckio(easily tightened or loosened)



Other treatment_(cont.)

- A modified, similar instrument



Other treatment_(cont.)

- Instrument advised by Nuckio and Voinflorio(Corpus and posterior urethra is encircled with shield F;it is tightened by trochlea D)



Conclusions

- Author of this book “Miguel Francisco Rodríguez” has not only translated the Textbook of Lorenz Heister but put some interesting innovations and experience in it
- His observations and experience on:
 - a) anorectal malformations
 - b) Devices for the treatment of urinary incontinenceis remarkable.