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PROLAPSUS, FISTULA IN ANO
AND
HÆMORRHOIDS

ASHTON.

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**PROLAPSUS, FISTULA IN ANO,
ETC.**

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A TREATISE
ON THE
DISEASES, INJURIES, AND MALFORMATIONS
OF THE
RECTUM;
WITH
REMARKS ON HABITUAL CONSTIPATION.

Fourth Edition.

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ORGANS OF THE MALE AND FEMALE.

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PROLAPSUS, FISTULA IN ANO,

AND

HÆMORRHOIDAL AFFECTIONS:

THEIR

PATHOLOGY AND TREATMENT.

BY

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PREFACE
TO THE
FIRST EDITION.

IN a Work on the "Diseases, Injuries, and Malformations of the Rectum," which has so far met with the approval of the profession as to have passed through four editions, and to have been republished in America, I have treated at length of all the affections to which the lower bowel is liable. It has been suggested to me, since the publication of the last edition—increased in size as it has been by the addition of new matter—that it would be in accordance with the wants of many Practitioners if I placed in their hands a practical description of those affections of the Rectum which by their frequency more constantly claim attention, apart from those of more rare occurrence. In compliance with this expressed wish, I have in the following pages treated of Prolapsus of the Rectum, Fistula in Ano, and Hæmorrhoidal Affections. Much of each Chapter has been

rewritten with the intention of more clearly pointing out the two distinct conditions under which Prolapsus of the Rectum occurs, the structural differences of the several kinds of hæmorrhoidal tumours, with special reference to their treatment, and the manner in which the internal opening in Fistula in Ano is formed; and finally I have directed attention to the frequent existence of these affections as an effect of Cancer of the Rectum and other internal organs.

PREFACE

TO THE

SECOND EDITION.

THE present edition has been carefully revised, and some slight additions made.

31 *Cavendish Square*.

1863.

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PROLAPSUS, FISTULA IN ANO,

AND

HÆMORRHOIDAL AFFECTIONS.

CHAPTER I.

PROLAPSUS OF THE RECTUM.

PROLAPSUS, and procidentia ani, are terms familiarly known as signifying a descent of a portion of the terminal part of the intestinal tube external to the sphincter ani; but the inaptness of the expressions is very evident from the fact that the anus is merely the aperture which terminates the alimentary canal, and therefore cannot itself be protruded. Prolapsus recti conveys a correct idea of the character of the lesion, and is now generally adopted.

This affection occurs under two very different conditions, and which require due discrimination, for if they are not fully recognized, the success of the plan of treatment adopted will, at the least, be very problematical. In the one case the disease depends on some morbid

alteration in the bowel itself, induced by various constitutional and local causes; in the other it arises from relaxation and loss of tone in the muscles intended to close and support the intestine, which may depend either on functional derangement or organic lesion.

In the adult, it is the descent of the mucous membrane and submucous areolar tissue alone, that constitutes the majority of the cases that come under our observation; and this is what we are necessarily led to expect by taking into consideration the firmer attachment of the muscular coat to the surrounding parts, and which, from its function, also is less liable to protrusion than the mucous membrane, this tissue being both more voluminous and but loosely connected. But instances of the descent of the muscular and other tunics are by no means so rare as is generally supposed; in children it constitutes the ordinary form, few cases occurring in early life in which the muscular coat does not descend. By many excellent surgeons it is maintained that the muscular coat of the intestine is seldom or never extruded. Mr. Copeland* upheld this doctrine. He says: "In almost every case of prolapsus ani, it is the internal membrane only of the intestine which descends through the sphincter muscle. The connection of the external surface of the rectum is so firm with the surrounding parts, that it is almost

* 'Observations on the Principal Diseases of the Rectum and Anus,' by Thomas Copeland, Third Edition, 1824, p. 73.

impossible the whole should be protruded together." However, attentive observation of the affection as it occurs in the living, as well as the evidence afforded by pathological preparations in King's College and other museums, incontestably demonstrate the erroneousness of this impression.

Children are more subject to protrusion of the bowel than adults, occasioned by anatomical difference: thus in the former the sacrum is less curved, the coccyx is not ossified, and remains moveable on the sacrum; the intestine itself is straighter, and its connections are less extensive from the imperfect development of the other pelvic organs. Children are also more liable to prolapsus from intestinal irritability, which in them is frequent, being readily induced by slight causes.

The causes of prolapsus are constitutional, and depend upon some peculiarity of the general health or of the habits or occupation of the individual; or they are local, either from disease or irritation existing in the rectum, or as an effect of functional disorder or organic disease in the contiguous pelvic viscera.

Of this affection, as well as of several others to which the rectum is liable, costiveness is one of the most general causes. When the bowels are not relieved every day, the fæces accumulate and become hard; the fluid portions being taken up by the absorbent vessels, the bowel becomes distended, local and general irritation is induced, and violent expulsatory efforts are necessary to dislodge the indurated mass;

which, pressing on the bowel in descending, may not only drag down the mucous membrane, but cause also the protrusion of the other tissues of the rectum; thus producing a condition, which if occurring higher up the alimentary canal would there constitute an intussusception.

Chronic diarrhoea and dysentery are likewise causes of this disease: they are accompanied by straining, irritation, and determination of blood to the lower part of the intestinal canal; and inflammatory action and various morbid alterations of structure are induced.

Disease of the liver is not unfrequently associated as a cause, with prolapsus of the rectum: those who have resided in hot and miasmatic countries, and have suffered from hepatic affections, are very liable to experience the miseries of prolapsus, and we thus find it prevailing greatly in individuals returned from India, and other tropical countries.

The annexed engraving, which well illustrates the distinctive characters of prolapsus recti, and the difference between it and internal hæmorrhoids, is from a drawing of a case I was requested to see by Mr. W. Bennett: the patient had malignant disease of the liver, consequently only palliative treatment could be adopted for the local disease.

Prolapsus may result from indigestion; the primary seat of the evil being in the stomach or duodenum, or some defects in the functions of the pancreas and liver, whereby the fæcal matter is rendered irritating and

diarrhoea induced. Deranged function of the organs just mentioned will at times induce a contrary effect to diarrhoea, the colon and rectum being insufficiently stimulated by the excretory matter, faecal accumulations are consequently promoted.

Sedentary occupations act rather as a predisposing than as a direct cause of prolapsus. By insufficiency



of exercise a torpid state of the alimentary canal is induced, the biliary secretion becomes diminished, and

the skin does not properly perform its excretory functions.

Prolapsus may be attendant upon the violent straining and forcible muscular efforts during difficult parturition, or from the relaxation occurring by frequent child-bearing. It may also be produced by violent and immoderate horse exercise.

Constitutional weakness, hereditary or induced, is another cause. The children of the poor are the subjects of prolapsus, from being badly nourished, and living in close and unhealthy habitations, or by being suckled too long. In a public infirmary, some time since, I had an infant under my care, which illustrated, in a marked degree, the effect of neglect and deficiency of proper nourishment: several inches of the bowel were prolapsed; it was with great difficulty it could be reduced, and it was still more difficult to prevent its descent; but no treatment could be of any avail, the debility being so great and the assimilative functions so impaired, that death very shortly put an end to the little patient's sufferings.

Prolapsus of the rectum in the adult has its origin in various local causes: the existence of some other rectal disease may produce it, such as hæmorrhoids or polypi, which in their descent also bring down a portion of the healthy bowel; it occurs in close stricture of the intestine consequent on the straining and violent expulsive efforts attending that disease. Enlargement of the prostate gland is another common local cause

in the male subject. I have several times observed it as an effect of stone in the bladder, and frequently as the result of violent straining accompanying bad cases of urethral stricture. Inflammation of the bladder in either sex, and various diseases of the womb and vagina, will likewise produce it. Prolapsus may depend on relaxation of the sphincter ani, arising simply from muscular debility, or as an effect of some perversion of nervous function or lesion of the spinal cord. Debility of the intestine itself from over-distension produced by excessive fæcal accumulations, or the habitual use of large enemata, also the extraction of large foreign bodies from the rectum. In children, the most frequent causes are urinary calculi, intestinal irritation produced by acrid secretions, or the presence of entozoa, and the irritation that often exists during the period of dentition.

The symptoms produced by prolapsus recti are various, according to the duration of the disease, and the extent to which the bowel is protruded. The tumour in children is red, pyramidal, and coiled in form; in adults it is either globular, cylindrical, or appears as lateral folds on each side of the anus. The amount of intestine protruded varies from a mere fold of the mucous membrane to several inches of the whole of the tissues. In the case of a child with stone in the bladder, which was successfully removed, the intestine was prolapsed to the extent of six inches. At the commencement of the affection, the intestine is re-

tracted spontaneously after the passage of the motion, but ultimately it becomes necessary to replace it with the hand. Sometimes the protrusion increases very rapidly, especially in children; but if the patient is an adult, and not advanced in life, or labouring under constitutional debility or weakness of the muscular apparatus of the anus, it takes place more gradually. A copious secretion of red glairy mucus is poured out from the lining membrane of the rectum, great weight in the bowel is experienced, and a constant sensation of a desire to defecate exists; pain is felt in the hips, down the thighs, and even extending to the legs and feet, and may be attributed to rheumatism or sciatica.

After prolapsus has existed some time, the mucous membrane becomes indurated, and loses its villous appearance. When the sphincter is relaxed, and the anus dilated from the repeated protrusion of the bowel, the latter descends on the slightest exertion: even assuming the upright position is sometimes sufficient to cause it to fall down; it is then very liable to become ulcerated from the friction to which it is exposed: in these cases the pain and distress are almost insupportable; defecation produces acute agony, and the patient is compelled to lie down for an hour or two afterwards.

In the treatment, we have to consider the removal of the cause, the replacement of the protruded intestine, and the retention of it in its natural position: if we fail in the latter, it will then be necessary to have recourse to operative surgery.

Our first efforts must be directed to the replacement of the protruded bowel: provided the prolapsed portion is free from engorgement, this may be effected at once, but if, on the contrary, inflammation and vascular turgescence exist, it may be necessary to apply leeches to the surrounding parts, and subsequently to use hot fomentations or decoction of poppyheads. Some have recommended scarifications and leeches to the bowel itself, but I have witnessed much evil and never any good from the proceeding. If the engorgement is not sufficient to require the abstraction of blood, the application of cold lotions will prove beneficial. In order to replace the intestine, the patient must be placed on his side in the recumbent position, or be directed to kneel on the bed and rest on his elbows: the buttocks being separated by an assistant, the surgeon grasps the tumour in a piece of oiled linen, makes firm compression, and, having reduced its volume, pushes it within the sphincter. During this proceeding the patient must be desired not to strain, otherwise our endeavours will be opposed. Should contraction of the sphincter prevent the return of bowel, the patient may be put under the influence of chloroform, when the obstacle to the replacement will probably be removed; but muscular relaxation is not the constant effect of this anæsthetic agent, the converse being sometimes the case, and spasmodic contraction induced. Should the constriction of the sphincter persist, the muscle must be divided by inserting under its margin the nail of the

forefinger on which the knife used in operating in fissure is to be carefully guided, and the necessary incision made. In children, especially if the prolapsus be large, great difficulty will be experienced in returning it: to facilitate the operation, some recommend the introduction of the finger into the bowel, which is to be carried up with it; while the finger is being withdrawn, the intestine is to be supported with the other hand. Sir Charles Bell recommends the finger being covered with oiled paper, which will allow its withdrawal without bringing down the bowel.

Having returned the prolapsus; a pad of lint must be applied, and retained with a T bandage. The attention must then be turned to the constitutional treatment, and to the removal of the cause. The digestive organs should be attended to, and any errors of diet corrected: the aliment allowed must be easy of digestion, nutritious, and such as will not cause bulky evacuations; highly-seasoned dishes and large quantities of vegetables and fruit are to be prohibited; the tone of the stomach, if impaired, is to be restored by bitter infusions and aromatics, with the addition of soda, potash, or ammonia: in some cases, the mineral acids may be substituted with advantage for the alkalies.

Too great attention cannot be paid to prevent costiveness, which so generally accompanies this disease either as a cause or effect; but we must avoid having recourse to drastic purgatives. Emollient enemata, castor oil, lenitive electuary, Rochelle salts, and other

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similar remedies, will be the most desirable. It is very essential not to overlook the state of the liver: congestion of this organ will often be indicated by the lividity of the prolapsed bowel: alterative doses of mercury with ipecacuanha, taraxacum, and nitric acid, will be serviceable in hepatic derangement. After every evacuation the anus should be washed with soap and cold water, and from two to four ounces of an astringent injection thrown up the rectum: the decoction of oak-bark with alum, or a solution of tannic acid, are better than solutions of the mineral salts.

In children, the treatment of prolapsus of the rectum is very troublesome and often tedious: the nurse must be directed not to allow the child to sit straining on its chair, as is too commonly the practice, and she should be instructed to replace the gut immediately after the motion is passed, previously washing it with a little alum and water, or a solution of tannic acid. The bowels must be kept easy; for which purpose various means must be had recourse to, according to the condition and constitution of the child. Small doses of castor oil will often have the desired effect: if much mucus exists in the intestines, one or two doses of calomel and jalap will be very advisable: should there be evidence of abdominal congestion, various combinations of rhubarb, calomel, or gray powder, and James's powder, must be had recourse to, the quantity and frequency of the dose being regulated by circumstances. Great care must be taken with regard to the child's diet; it

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must not be permitted to eat a great quantity of vegetable substance, which tends to load the bowel, while it affords but little nourishment. Sir Benjamin Brodie* advises injecting into the rectum every morning two or three ounces or more of a lotion containing a drachm of tinct. ferri-muratis to a pint of water. But children cannot retain astringents sufficiently long to be beneficial, therefore the plan I have just recommended is preferable.

When prolapsus is the result of the irritation and violent straining induced by stone in the bladder, the calculus must be removed; and the means by which this is to be accomplished, whether by lithotomy or by lithotripsy, must depend on the age and constitution of the patient, the size and character of the stone, and the condition of the bladder and kidneys. The bladder being freed from the presence of the foreign body, and consequently the irritation being no longer excited, its effect on the bowel will probably subside without any special treatment. Should the descent of the bowel arise from the presence of ascarides, these must be dislodged by injections of quassia or oil, and such constitutional treatment adopted as the condition and health of the patient necessitates.

Prolapsus recti, in the adult, if of long standing, will rarely admit of being remedied by medical treatment, and it becomes necessary that some operative procedure should be had recourse to for the relief of the patient.

* 'Medical Gazette,' vol. xv. pp. 845, 846.

The importance of recognizing the two distinct conditions under which the protrusion of the bowel takes place, and making a correct diagnosis in respect to the individual case, cannot be over-estimated, for an operation that is applicable in the one instance, and would entirely free the patient from the misery he endured, would in the other be followed by a serious aggravation. When the protrusion arises from a voluminous and lax condition of the bowel itself, the object to be effected is reducing its calibre as nearly as possible to its natural capacity, and producing such an amount of adhesion to the deeper structures as is found to exist in the healthy bowel. Of the various operations that have been suggested to fulfil this intention, none are so simple, attended with so little pain, and so effectual as that proposed by the late Mr. Copeland.* The patient, previously prepared by the bowels having been thoroughly unloaded by mild purgatives and enemata, is directed to lean over the back of a chair, or to rest on a bed with his legs drawn up: according to the extent of the disease, one, two, or more longitudinal folds of the mucous membrane are to be pinched up with the forceps, figured at page 135, or with a pair of common dressing forceps, and included in a firm, round, and smooth ligature: the knots must be drawn tight, that perfect strangulation may be effected. In order that the ligatures may not slip, and that they may come

* 'Observations on the Principal Diseases of the Rectum and Anus,' Third Edition, 1824, pp. 79 to 83.

away sooner, I prefer transfixing the base of each fold with a needle carrying a double ligature, and tying it in two portions: the pain is by no means increased, and the cure is expedited, as the threads have a smaller amount of tissue to cut through. After the operation, the prolapsus and the ligatures, the ends of the latter having been cut off, are to be returned within the sphincter. The patient must be confined to bed, and a dose of opium or morphia administered. On the second or third day the bowels should be moved by an enema of flaxseed tea, or thin gruel and oil, and this must be repeated every day, or every second day, as may be necessary. For some days the bowel may descend more or less; but as the ulcers caused by the ligatures cicatrize, this will diminish, and a perfect cure will be effected.

Since the publication of the first edition of my work on the Rectum, at the suggestion of Sir Benjamin Brodie, I have applied, in the less severe forms of prolapsus, the concentrated nitric acid to the mucous membrane with the happiest result, and think it is the better plan of treatment in such cases; but to those in which the mucous membrane is very lax and voluminous, it is not applicable, and serious evil would surely follow its use.

In similar cases to the preceding arising from the same cause, and also in those depending on muscular relaxation, I have succeeded in relieving them without having recourse to any operative procedure: this I have accomplished by the aid of the cold douche night

and morning, or whenever the bowel descends, while at the same time employing such medical and constitutional treatment as the general health of the patient indicated. In the 'Lancet,' (Dec. 13, 1862,) I have described an apparatus for the forcible ejection of a jet of water against the relaxed parts. I have since suggested the reservoir being made of strong Macintosh cloth, by which the apparatus is rendered very portable, and in this respect is a great improvement. This apparatus also forms a most efficient uterine douche; and I have employed it in several cases of uterine affections, with great benefit. A continuous stream of water or medicated fluid can be used without the slightest exertion on the part of the patient, and its force may be regulated to any degree.

If the protrusion is the result of relaxation of the sphincter ani and other tissues, not depending on nervous lesion, it is evident any operation performed on the bowel could not be beneficial, but, on the contrary, would be highly improper and prejudicial; here the end to be attained is the restoration to the tissues closing and supporting the terminal portion of the intestinal canal the function they have lost. This is to be accomplished by excising a fold of the lax integument, mucous membrane, and superficial muscular fibres from both sides of the anal margin; scissors are generally used for the purpose, but I prefer a small probe-pointed curved bistoury and a particular kind of forceps adapted for the purpose, whereby the operation

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is more efficiently performed, and, what also is of consequence, with little pain to the patient. Judgment is required with respect to the extent of the fold that is removed: enough must be taken away so as effectually to cure the malady; but the surgeon must be careful that whilst seeking to remove one source of annoyance he does not produce another which will give much more trouble than the primary affection, namely, contraction of the anus, which will certainly take place if the integument is cut away too freely. The position of the patient during the operation should be that previously described, or, if preferred, that for lithotomy.

If the loss of tone and power in the muscular apparatus of the anus depends on disease of the spinal cord or other nervous lesion, the propriety of any operation will require special consideration.

When prolapsus recti is caused by piles or polypi, their removal by proper means, and the subsequent use of astringents with attention to the prevention of constipation, will cure the protrusion of the bowel.

In some cases, on account of age, debility, or other circumstances, an operation cannot be performed: an endeavour must then be made to support the intestine by pads and a T bandage, or by a truss similar to that recommended by Gooch.* The best instruments of the kind that I have seen, are those made by Mr. Egg and Mr. Eagland.

* 'Cases and Practical Remarks on Surgery,' by Benjamin Gooch, Norwich, 1767, vol. ii., p. 158.

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The following cases illustrate this affection :—

Prolapsus, caused by disease of the liver and dysentery, induced by a long residence in India.

Mr. A—, æt. thirty-nine, had been nearly twenty years in India; the latter part of the time his health had failed, and his liver became affected; he had also had several dysenteric attacks. Shortly before leaving for England the rectum began to descend, and during the voyage occasioned him much suffering and inconvenience: mercury was administered freely by the surgeon of the ship, but with no benefit to his health. He consulted me after he had been in England two years: he was sallow and somewhat emaciated; his pulse was weak, quick, and irregular; he had frequent palpitation of the heart, and he was much troubled with flatulence; the bowels were irregular, and when they acted he suffered great pain, which continued some hours afterwards: he also complained of being annoyed by a discharge of mucus, and bleeding from the part. The several regions of the body were carefully examined: no organic disease of the heart could be discovered; the liver could be felt extending an inch below the margin of the ribs, and pressure over it produced a dull pain. A fold of the bowel on each side of the anus was protruded, and could not be kept up except when he was in the horizontal position; the surfaces were slightly ulcerated, and somewhat altered from their natural appearance. The urine was examined on several occasions, and was observed either loaded with crystals of uric acid, or with those of oxalate of lime. This patient was seen also by the late Mr. Morton, of University College Hospital, who concurred in the plan of treatment adopted, which was mild purgatives, gray powder with extract of taraxacum, and tonics with the nitro-hydrochloric acid,

and the use externally of ablutions and astringent lotions. When his health had improved, ligatures were applied to both sides of the prolapsed bowel, and portions of the mucous membrane completely strangulated; the prolapsus was then returned, and a dose of opium administered. The operation produced a slight amount of pain, but it subsided in an hour or two; he slept soundly during the night. On the morning of the third day he took a dose of castor oil, which moved the bowels several times, and caused a return of the prolapsus; the ligatures came away on the fifth day, after which the bowel protruded but very little, and before cicatrization was complete, it had ceased to come down at all. During the time he was under treatment, his diet consisted of broths, arrowroot, and light puddings. When the ulcers produced by the ligatures were nearly healed, he used enemata of cold water night and morning, and in less than a month he had quite recovered.

Prolapsus, preceded by morbid irritability of the stomach and bowels; cured by operation.

A gentleman, æt. fifty-three, stout, and of relaxed muscular fibre, had for many years suffered from morbid irritability of the stomach, being much troubled with flatulence and frequent vomiting of a watery fluid; his bowels were generally constipated, and defecation was attended with violent straining; at times he had attacks of diarrhoea. He had no appetite for plain food, but partook freely of highly-seasoned dishes. At length protrusion of the bowel at stool was superadded to his other ailments: for a time it was retracted after the evacuations had passed, but ultimately it became necessary to replace it with the hand. He experienced much pain and misery from the disease, and his linen was constantly soiled with

mucus and fæces. Being very nervous and timid, and thinking some operative proceeding would be necessary, he endured the disease without making it known to his medical attendants: he had tried a variety of remedies without any decided benefit. When he came under my care I prescribed laxatives, tonics, and astringent lotions, with the effect of improving his health: however, the bowel continuing to be prolapsed, he consented to the operation I proposed, and accordingly a fold of the protruded membrane on each side was included in ligatures, which were tied as tightly as possible; the parts were then returned within the anus, and an opiate administered. For the first two or three days he complained of pain; this was mitigated by the use of morphine and the application of hot poultices to the anus. The ligatures separated in less than a week: at this time the operation did not appear to have been successful, as the bowel still came down at stool; but as cicatrization progressed it protruded less, and shortly did not descend at all. The disordered condition of the stomach was relieved by tonics and the mineral acids, and the administration of the oxide of silver in combination with a mild aperient pill every night for some weeks.

Prolapsus relieved without operation.

W. C——, æt. sixty-seven, of feeble constitution, had been for many years subject to falling down of the bowel, which he attributed to straining violently at stool, being of a constipated habit; he had long been necessitated to replace the bowel with his hand after defecation. I first saw him, in conjunction with my friend, Mr. Bennett, in consequence of his not being able to return the prolapsus, and its becoming excessively painful and occasioning great constitutional disturbance. The prolapsed intestine formed a

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tumour the size of a large orange; its surface was inflamed and very painful: some difficulty was at first experienced in returning the extruded bowel, but by firm and constant pressure it was at length accomplished: he was confined to his bed, hot fomentations used, and medicines prescribed to allay the constitutional symptoms. On the following morning a dose of castor oil was prescribed; and when it acted, the bowel again descended, but was reduced with less difficulty than on the previous occasion. The state of his constitution rendered an operation unadvisable; but, by attending to keep the bowels open by gentle laxatives, and after their action using soap and water to the protruded part, by replacing it immediately, and retaining it by mechanical means, he was restored to a state of comparative comfort.

Prolapsus of the rectum, leucorrhœa, and irritability of the bladder.

Mrs. —, æt. forty-three, of very delicate constitution, the mother of one child, but has had many miscarriages; from the state of her health, she has taken very little exercise, and has always had great difficulty in keeping the bowels open. In the spring of 1849 she began to be troubled by a protrusion of the bowel when she strained at stool, which gradually increased: under medical advice she went to Brighton in the autumn, and tried sea-bathing, but with little benefit. The disease increased, and at last the bowel fell down even when she walked; profuse leucorrhœal discharge and irritability of the bladder were also induced. I first saw her in 1851: a circular fold of the bowel, between one and two inches in length, was prolapsed: after being returned it fell down again immediately on her walking about. Palliative means were tried for some time, but with no decided beneficial result further

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 than improving the general health. It being evident that nothing but an operation would keep the intestine in its proper place, and the bowels having been thoroughly acted on, ligatures were applied on each side of the protrusion, in the manner described in the text: she progressed very favourably, the ligatures separated in the usual time, and she was no longer troubled by the descent of the bowel: by the use of alum-baths the leucorrhœal discharge ceased, and by taking tonics and laxatives she was restored to a better state of health than she had had for many years.

Prolapsus recti from relaxation of the sphincter muscles.

Mrs. S—— consulted me three years since for a falling down of the bowel, the pain and discomfort from which had rendered her life truly miserable. Her constitution was naturally delicate, combined with a laxity of tone in the muscular fibre. She was the mother of several children; her pregnancies followed rapidly, and her confinements were always tedious and severe. Her youngest child was eighteen months old when she consulted me, and from the time of its birth she began to be troubled with a descent of the bowel: at first it took place only at stool, but very shortly it occurred on the slightest exertion, and ultimately it descended even on her assuming the upright position. I made an examination, and found the bowel protruding an inch below the anal orifice: there was no congestion or other deviation from a healthy condition. On replacing the prolapsus the sphincters remained relaxed, and the marginal integument and mucous membrane were in folds. Tonics and aperients were prescribed with the effect of greatly improving her general health; topical applications were also used, but without any result in restoring tone to the sphincters. It being manifest that an operation was the only means by which to maintain the

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bowel in its proper position, with the kind assistance of Mr. Knaggs, I removed a portion of the tissues from each side of the margins of the anus; the wounds healed favourably in a short time, and my patient was cured of the affection which had caused her so much suffering. By occasionally having recourse to an aperient, and by the use of enemata of cold water, this lady continues perfectly well.

CHAPTER II.

FISTULA IN ANO.

AN abscess formed in the ischio-rectal fossa, although opened early by free incision, and before the cavity becomes greatly distended with pus, frequently will not heal; it may fill up and contract to a certain extent, but it does not become entirely obliterated, a narrow tract remaining indisposed, from various causes, to yield further to reparative action without surgical interference. It is this sinus which constitutes the affection designated fistula in ano.

The disturbance to which the part is subject whenever the bowels are moved, and the action of the sphincter, are assigned by most surgeons as the reason why the healing process is arrested; but may it not be attributed, with more reason, to the nature of and the several disadvantageous circumstances attending on an abscess in this locality, such as the depending position, the numerous veins that exist there, and their liability to congestion, all of which tend to retard the process of granulation and cicatrization? More

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over, when these phenomena are slow in their progress, the surface of the internal cavity assumes a peculiar organization, which, save that it is destitute of villi, somewhat resembles mucous membrane in structure, function, and in the inaptitude of the opposed surfaces to unite. It is not alone in the neighbourhood of the rectum, but in other situations also, that we find sinuses form, when the healing process is tardy. In complete fistula in ano, the passage of particles of the less solid feculent matter, and the gases generated in the intestinal canal, also prevent the healing process. Those who maintain the opinion that the action of the sphincter is the chief cause in preventing reparation, argue, *à posteriori*, that division of the muscle, whereby it is set at rest for a time, effects a cure; whereas the successful result depends upon laying the sinus freely open, as witnessed when we have recourse to the same plan of proceeding in the treatment of sinuses occurring in other situations.

Fistulæ in ano are described by most writers as perfect, fistulæ ani completæ,—and imperfect, fistulæ ani incompletæ; the former are those which have both an opening into the intestine and one externally; the latter have but one opening, which may either be internally in the mucous membrane of the intestine, or externally in the integument. When a fistula has no communication with the cavity of the bowel, it is called a blind external fistula; and when the opening exists only within the anus, and there is no external

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communication, it is known as a blind internal fistula. Blind external fistula is very rare, an internal opening almost always existing if the abscess has degenerated into that state to which the term fistulous may properly be applied. The opening into the intestine may be very small, or, from the sinuosity of the fistula, we may be unable to detect it on a first examination; yet on a second or third exploration, conducted with care and a due consideration of the position it is most likely to occupy, and the employment of a suitable probe, it will probably be discovered.

A difference of opinion exists between several eminent surgeons as to the formation of the internal opening in complete fistula. Sir Benjamin Brodie says: "I believe that this is the way in which fistulæ in ano are always formed; namely, the disease is originally an ulcer of the mucous membrane of the bowel, extending through the muscular tunic into the cellular membrane external to the intestine; and I will state my reasons for entertaining that opinion. The matter is of great importance as a question of pathology; but it is one of great importance, also, as I shall show by-and-by, in connection with surgical practice. It is admitted by every one, that in the greater number of cases of fistulæ in ano, there is an inner opening to the gut as well as the outer opening; and I am satisfied the inner opening always exists, because I scarcely ever fail to find it, now that I look for it in the proper place, and seek it carefully. I have, in a dead body, ex-

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amined the parts where fistulæ had existed several times, and in every instance I have found an inner opening to it. This affords a very reasonable explanation of the formation of these abscesses: it is almost impossible to understand, on any other ground, why suppuration should take place in the vicinity of the rectum more than in any other part of the body, and why the cellular membrane there should suppurate more than cellular membrane elsewhere. Moreover, the pus contained, in an abscess near the rectum scarcely ever presents the appearance of laudable pus; it is always dirty coloured and offensive to the smell—sometimes highly offensive—and occasionally you find feculent matter in it quite distinct. There is no reason why an abscess, simply formed in the cellular membrane, should smell of sulphuretted hydrogen; but there is a good reason why it should do so if it be connected with the rectum.

“This being the case, it is easy to understand why these abscesses do not heal. The least quantity of mucus, even from the gut, or of feculent matter issuing into the cavity of the abscess, is sufficient to cause irritation, and to prevent it healing; and I have, more than once, in the living person, been able to trace the progress of the formation of one of these abscesses. For example I was sent for, to see a lady who complained of some irritation about the rectum, and on examining it, I found an ulcer on the posterior part. I ordered her to take Ward’s paste, confect. piperis

nigri, or cubeb pepper—I forget which. A month afterwards she again sent for me, and I found there was an abscess. I opened it, and from the outer opening a probe passed into the gut through the ulcer, which had been the original cause of the disease. The original opening of an abscess is generally very small indeed, but occasionally it is large, and when the ulceration has proceeded to some extent, large enough to admit the end of the little finger. The inner orifice is, I believe, always situated immediately above the sphincter muscle, just the part where the fæces are liable to be stopped, and where an ulcer is most likely to extend through both tunics.” Mr. Syme* remarks: “I do not hesitate to affirm, that when a fistula in ano is formed, the mucous membrane always remains entire in the first instance, and is never perforated until after suppuration has taken place.” M. Ribes† presumed that inflammation and ulceration of piles was the common origin of fistulæ in ano; he says: “In one hundred cases of fistula of this part, ninety-nine are formed by this procedure, and have their origin from this cause.” With all due deference and respect for the eminent authorities just quoted, I am yet compelled to differ from them as to the internal opening being always formed, either in the one way or the other. In my practice, having had the opportunity of closely observ-

* ‘Diseases of the Rectum,’ Third Edition, p. 25.

† ‘Quarterly Journal of Foreign Medicine and Surgery,’ vol. ii., 1819, p. 20.

ing the progress of many cases, I do not hesitate to affirm that the intestine is both primarily and secondarily implicated, perforation taking place as often from the external surface of the intestine, as commencing on the mucous surface and proceeding outwards. Abscess of the ischio-rectal fossa, terminating in fistulæ in ano, is not unfrequently the result of a bruise or other injury of the part from without; and in such cases it must be evident to all that suppuration takes place external to the intestine, the walls of which give way under the like process by which nature effects the discharge of matter on an external surface. In other cases we are able clearly to trace the formation of the abscess, from causes acting from within, as when a patient has had ulceration of the intestine, which at the identical spot has given rise to suppuration in the loose cellular tissue beneath it, and ultimately involved the integument; or, as we sometimes find, some foreign body, such as a fish-bone, that had been swallowed, and passed through the intestinal canal, has become entangled by the internal sphincter, causing suppuration and the formation of fistula. But, however interesting the question may be, pathologically considered, it does not affect the plan of treatment to be adopted. Practically, the more important subject is the situation of the internal opening, it being essentially necessary to the success of the operation that the whole of the parts intervening between the two openings should be divided; and unless the internal

opening is searched for in the right direction, it will most probably escape detection; and from this cause many complete fistulæ are considered to be incomplete, or blind external fistulæ. But the greater evil arising from the inaccurate knowledge of its usual locality is, that surgeons are led to divide the intestine much higher than necessary; and frequently, from the internal opening not being included in the incision, the disease returns, or the wound will not heal. To M. Ribes attaches the merit of investigating the question, and showing that the internal opening is never at a greater distance than an inch and a quarter from the anus. Sabatier first called his attention to the fact. Ribes examined the bodies of seventy-five people who had fistula at the period of their death: in the majority, the internal opening was just above the point of junction of the mucous membrane of the intestine and integument of the anus; and not in a single instance did he find it situated at a greater distance from the anal margin than five or six lines. Since the publication of the results of his observations, they have been verified by several eminent surgeons; yet the practical deductions therefrom are not always at the present day properly considered or acted upon by all practising the surgical art.

The symptoms of fistula in ano are not always very acute: occasionally there is great pain, but more frequently a feeling of uneasiness only about the anus is complained of, with more or less tenesmus at stool, and

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difficulty in the evacuation, particularly if the bowels are costive, or the function of the digestive organs deranged: in complete fistula in ano, and in the blind internal form of the complaint, the evacuations are smeared with pus and mucus, perhaps also slightly with blood. One, and sometimes the chief, source of annoyance to a patient with fistula is the discharge, in a greater or less quantity, of purulent or muco-purulent matter, soiling the linen, making it wet and uncomfortable, and producing excoriation of the nates. In complete fistula, the escape of flatus and mucus from the intestine is a further source of annoyance, and should the fistulous channel be very free, feculent matter will also be expelled. Besides these symptoms, the minds of many people are affected with an impression of physical imperfection and weakness in their organization, rendering them miserable and unhappy. As in other diseases affecting the rectum, various sympathetic pains are experienced: they are referred to the back, the loins, and the bottom of the abdomen; pain extends down the leg and to the foot, which is not unlikely to be attributed to sciatica, unless the history of the case is carefully inquired into. .

The external and internal openings differ in character according to the duration of the disease, and the cause that has given rise to it. In some cases, especially in phthisical patients, the opening will be prominent, and the edges hard and round. In others the aperture will be indicated by a crop of pale and flabby

granulations, prone to bleed from slight violence done to them. If the abscess which originated the fistula was of a gangrenous character, the opening will most likely be irregular, and the surrounding skin livid and undermined, and its vitality reduced by the destruction of the subjacent cellular tissue with the blood-vessels that ramified therein. In many instances both the internal and external openings will be very small, and liable to escape notice in a superficial examination: when such is the case, their position will most readily be detected by making pressure on the surrounding parts, and causing the matter to exude, or the fistulous track may be felt as a cord under the integument.

Generally there exists but one internal opening, and that is within five or six lines of the margin of the anus, as before stated; but now and then a second will be found: though some writers maintain such is never the case, yet others of undoubted ability and veracity have stated they have met with instances where a second, and in one instance a third, was present; and specimens in the Museum of the Royal College of Surgeons, and other pathological collections, establish the fact. In several instances I have operated when two internal openings have existed, and in a patient recently under my care the fistula opened into the bowel by three distinct orifices. We meet not infrequently with several external openings, which arise from the abscess having been allowed to pursue its own course and burst: if it

has been of the gangrenous form, it is more than probable there will be more than one external opening, or the several openings may depend on the formation of distinct abscesses at separate times, which may or may not communicate with each other.

The track of a fistula is not always direct, but in many cases is tortuous: sometimes it will be found coursing just beneath the integument to the margin of the anus, then passing upwards immediately under the mucous membrane, and opening into the rectum, or it may pass through the sphincter muscle; in which case the passage of the probe may be impeded by its fibres, should the exploration produce spasmodic action. Sir Astley Cooper* mentions having examined the body of a man who died of a discharge from a sinus in the groin, and who also had a fistula in ano: he traced the sinus to the groin, under Poupart's ligament; it then took the course of the vas deferens, and descended into the fistula in ano.

The cavity of an abscess may extend considerably above the internal opening of a complete fistula, even for three or four inches. After gangrenous abscess, the bowel is sometimes extensively detached from its connections with the adjacent tissues, and what is termed a horse-shoe fistula will be formed; that is, a communication will exist around the posterior part of the rectum. A pathological preparation in the Museum of St.

* Lectures of Sir Astley Cooper, Bart., on the 'Principles and Practice of Surgery, with Notes by Tyrrell,' vol. ii., p. 326.

Thomas's Hospital shows this condition of the parts, and there are others in several of our museums.

When a patient complains of symptoms of fistula, a careful examination must be made: if the patient be a male, he should be desired to lean over the back of a chair, or rest with his elbows on a table; but if he be nervous, or the patient a female, it is better to place him or her on a couch or bed, with the buttocks projecting, and the knees drawn up towards the chin. The nates being separated, the external opening of the fistula must be sought for; if it be not evident to the eye, pressure must be made with the finger by the side of the anus, especially where any hardness can be felt, when most likely matter will be made to ooze out, and thereby indicate its situation. According to the side on which the fistula exists, the forefinger of the one hand, being previously oiled, must be introduced into the rectum, a probe slightly curved is then to be inserted into the external opening, and carried gently on: in females it must be directed almost transversely, as the anal concavity is less than in males. Varying the position of the point of the probe, according to the resistance it meets with, we shall soon be able to discover the internal orifice, or feel the end of the probe through the intestine, where it is denuded, and where the internal opening would be, were the fistula complete. It is necessary to bear in mind the usual situation of the internal opening, or the point of the probe may be too much elevated, and carried above it, and

the surgeon commit the error of supposing he is unable to detect it in consequence of the height at which it is situated, or that the fistula is of the blind external form.

In making the exploration, no force should be applied to the probe, or it may be thrust through the walls of the sinus into the loose cellular tissue surrounding the gut, and a very erroneous impression of the course of the fistula obtained. It must be recollected, that a probe is an instrument not to be directed with an absolute control, but one from which we are to gather information: it is to guide and instruct us. The probes I am in the habit of using are fashioned like the annexed woodcut, with a flat handle, which, however, is not designed that the instrument may be grasped with greater firmness, but for the purpose of affording a clear idea of the relative direction of the point when hidden from view in the cavity of the sinus. The internal opening may often be detected by those whose sense of touch is acute, either as a slight tubercle, if the sinus be callous, or by feeling a slight depression at the point where it exists.

It is no wonder that our ancestors entertained the greatest dread of fistula in ano, and considered it one of the most formidable



of diseases, when we think of the barbarous proceeding which were had recourse to in its treatment. With the term fistulous was always connected an idea of callosity or diseased condensation and alteration of the structure of parts which could only be removed either by cutting instruments or caustic, and severe were the tortures the unhappy sufferers were subjected to. Some surgeons, fearing hæmorrhage by excising the fistula, made use of the most active escharotics, whereby they laid the cavities of the rectum and fistula into one, while at the same time they supposed the callosity to be wasted and consumed.

Dionis* tells of one Le Moyne, at Paris, who acquired great reputation for the cure of fistulæ: "His method consisted in the use of caustics, that is to say, with a corrosive unguent, with which he covered a small tent, which he thrust into the ulcer, by which he daily, little by little, consumed the circumference, taking care to enlarge the tent daily; so that by the widening of the fistula, he discovered its bottom. If he found there any callosity, he corroded it with his ointment, which also served to destroy the coney burrows; and at last with patience he cured many. This man died old and rich, by reason he made his patients pay very well for their cure, in which he was in the right; for the public value things no otherwise than in proportion to the sum which they cost. Those who were affrighted at the

* 'A Course of Chirurgical Operations and Demonstrations in the Royal Garden at Paris,' published A.D. 1733, p. 224.

thoughts of the scissors threw themselves into his hands, and though the number of rascally pretenders is very great, they never yet want practice."

Others who had less dread on the subject made use of various formidable instruments for cutting out the fistula. A Dr. Turner, who practised somewhat more than half a century since, used an iron scoop, which he describes as made, "like a cheesemonger's taster, to be thrust up the rectum, and assist in the division of it." Mr. Pott remarks: "What ideas this gentleman had of the disease, or of human sensation, I cannot imagine."

§ In all ages up to the present, there have not been wanting impudent pretenders, with some never-failing nostrum for the cure of fistulæ, or some mysterious manner peculiarly their own, with which to delude the unwary sufferer. Louis XIV. had fistulæ in ano, and being unwilling to submit to the operation, various methods were proposed to him for curing the disease without incision, but being unwilling to have them tried on his own person, he caused a number of his subjects, suffering from fistulæ, to be treated by the different plans which were suggested. Dionis* thus relates the history:—

"In the year 1686 there arose near the king's anus a small tumour, inclining towards the perineum; it was neither inflamed; it grew slowly, and, after ripening, broke of itself, by reason that the king would not suffer Mon-

* Op. cit., p. 228.

sieur Felix, his principal chirurgion, to open it as he proposed. This small abscess was attended with the ordinary consequences of those not sufficiently opened to admit the application of remedies to the bottom of the cavity; there was only a small orifice through which the matter run; it continued to suppurate, and at last became fistulous.

“The sole way left of curing it was by manual operation; but the great cannot always be brought to yield to it. A thousand persons proposed remedies which they pretended to be infallible, and some of them, which were concluded to be the best, were tried, but none of them succeeded.

“His majesty was told that the waters of Barège were excellent in these cases, and it was also reported that he would go to those waters; but before taking the journey, he thought fit to try them on several patients: four persons were found who were afflicted with the same distemper, and sent to Barège at the king's expense, under the direction of Monsieur Gervais, chirurgion in ordinary to his majesty: he made the necessary injections of this water into their fistulas for a considerable time, and used the proper means for their cure, and at last brought them all back, as far advanced towards that end as when they first went thither.

“A woman reported at Court, that, going to the waters of Bourbon, in order to be cured of a particular distemper, she was by the use of them cured of a fistula, which she had before she went thither. One of the king's chirurgions was sent to Bourbon with four other patients, who returned in the same condition they went.

“A Jacobine friar applying to Monsieur Louvoy, told him that he had a water with which he cured all fistulas; another boasted of a never-failing ointment; and yet others proposed different remedies, alleging the cures

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which they pretended to have done. The minister, determining to neglect no means in order to the procuring a restoration of a health so important as that of the king, caused several chambers to be furnished, in which he placed persons afflicted with fistulas, and caused them to be treated pursuant to the several methods of the boasting pretenders to cure them in the presence of Monsieur Felix.

“A year was spent in these various essays, and not one patient cured.

“Monsieur Bessiere, who examined the indisposition, being asked his thoughts by the king, freely answered his majesty, that all the remedies in the world would prove vain without manual operation.

“At last the king, to whom Monsieur Louvoy and Monsieur Felix gave an account of what had passed, seeing no hopes of being cured otherwise than by operation, on which Monsieur Felix continually insisted, determined for it; but would not acquaint any person with his resolution: he delayed it till his return from Fontainebleau, and one morning had it performed when nothing of the nature was suspected by the courtiers, who, going to attend the king's levee, were informed that he had undergone the operation, and resolutely suffered all the incisions which Monsieur Felix thought proper to be performed.

“This happened on the 21st of November, 1687. Monsieur Felix, to whom the king had left the liberty of appointing what surgeon he pleased to assist him, chose Monsieur Bessiere, who was accordingly present at this operation, where besides were only Monsieur de Louvoy, and the two physicians, Dr. Daquin and Dr. Fagon. The cicatrizing was very well managed, and the king perfectly cured. His majesty also royally recompensed all those who had rendered him service whilst

under this indisposition : he gave to Monsieur Felix fifty thousand crowns ; Monsieur Daquin one hundred thousand livres ; Monsieur Fagon twenty-four thousand livres ; Monsieur Bessiere forty thousand livres, and to each of his apothecaries, in number four, twelve thousand livres ; and to one Cage, Monsieur Felix's apprentice, four hundred pistoles."

The sum total of these fees equalled £14,700.

If the health of the individual is good, and all circumstances are favourable, a fistula may sometimes be made to heal without an operation. Sir Astley Cooper* mentions, in his lectures, two cases which were cured by injections. I have succeeded in several instances in healing them without operation, though the cure has been somewhat tedious. When a patient objects to the necessary operative proceedings, we may try other means ; constant pressure must be made upon the track of a sinus, which should be injected with a solution of sulphate of zinc, or copper, or nitrate of silver. When the cavity of the fistula has been hard and callous, I have cauterized it throughout its course with nitrate of silver. The following is the manner of doing it : having ascertained the precise direction and sinuosities of the fistula, a probe is to be bent into the form that will most readily pass ; it should then be coated by dipping it into the caustic melted in a watch-glass over a spirit-lamp : thus armed, it must be rapidly passed into the fistula, and allowed

* Op. cit., vol. ii., p. 334.

to remain a few seconds, and then withdrawn; a simple poultice or water-dressing should be applied for the first twenty-four hours, and after that, pressure must be made along its course. During the treatment the bowels must be kept open, and soap and water used to the anus night and morning. By these means we shall sometimes succeed in healing the fistula; but it is a plan not to be relied on. An isolated case will occur now and then, in which a fistula will close without any surgical interference. Twelve years ago a patient applied to me with complete fistula of the right side; the external opening was about an inch and a quarter from the anus, and the internal one between two and three lines from the anal orifice. At the time he was under the treatment of Dr. Quain, at the Hospital for Diseases of the Chest at Brompton, his lungs being seriously affected by tubercular deposit. On consulting with this gentleman, we agreed that it would not be advisable to do anything for the fistula, fearing to aggravate the pulmonary affection. He was directed to wash the anus with soap and water night and morning, and also after defecating, and not to allow the bowels to become constipated. The fistula healed about six months after I first saw him. He continued under the judicious medical treatment of Dr. Quain, and his health greatly improved; but in the early part of the autumn of 1855 he caught a severe cold, which increased the activity of the tubercular disease of the lungs, and terminated his life.

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We must not delude ourselves or our patients with the idea that fistulæ can often be cured without an operation: however, we now have the satisfaction of knowing that the formidable proceedings of former days are not requisite, and that an incision of limited extent is all that is necessary; the operation occupies only a few seconds, and causes comparatively little pain. But there are some persons whose nervous susceptibilities are so exalted, and the dread of cutting instruments so great, that no reasoning or persuasion will induce them to consent to the best and easiest plan of treatment. Under these circumstances recourse may be had to the ligature. In past time it was frequently employed; but the tediousness of the process, when the ligature had to ulcerate through any thickness of parts, and the irritation that frequently attended its use, led to its being discarded. Mr. Pott* thus expresses his opinion: "The terror which a cutting instrument necessarily carries with it, the fear of a flux of blood from some considerable vessels, together with a strange, nonsensical opinion that a gradual division of the parts was followed by a more sound cure than an immediate one by cutting, produced the coarse, unhandy method by ligature. . . . But as the whole operation is, on every principle of ease, expedition, safety, or certainty, unfit for practice, it would be an abuse of the reader's patience to dwell any longer upon it." Sir Astley Cooper says: "Timid

* Op. cit., vol. iii., pp. 125, 126.

persons prefer this mode of treatment to the knife, although in the one case the irritation is long continued, and in the other, the pain is only of a few minutes' continuance. . . . That it succeeds in some instances I have known, for some of my patients, having submitted to this remedy, returned to me well. . . . My objection to it is, that the irritation it produces is liable to occasion other abscesses whilst healing that for which it is employed."

Mr. Luke revived the use of the ligature, and invented several instruments for passing and tightening it: in the first volume of the 'Lancet' for 1845, are drawings and descriptions of these: he also recites nine cases treated by this method, but I believe he now regards incision preferable to it. I have on one occasion had recourse to the ligature, as the patient would not consent to any other operation, and a cure was effected. The ligature was kept tense by attaching an india-rubber ring, such as is now generally used to secure papers together, which being put on the stretch, was fastened to the buttock by a strip of plaster.

Since Mr. Pott propounded his principles of treatment of fistula by simple division, and proved the soundness of those principles in a very extended field of public and private practice, the objectionable operations formerly in vogue have in this country been almost entirely set aside. Yet some surgeons may still prefer the principles and practice of our fore-

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fathers. Mr. Syme* remarks: "As was to be expected, however, many practitioners clung to the methods in which they had been educated; and even in the present day there are some who, whether from imbibing the bad example thus transmitted to them, or from an unhappy peculiarity of judgment, still prefer the old and unjustifiable process of excision. I have seen an eminent professor of surgery in Paris cut out the fistula, and understand that he continues to pursue this practice. Some years ago, a middle-aged woman came under my care in the Surgical Hospital, on account of a recto-vaginal fistula, and stated that the complaint commenced with a fistula in ano, for which she had had an operation performed by the surgeon of a provincial hospital, who cut something out and laid it on the table, since which there had been a communication between the rectum and vagina. More lately, a gentleman from the north of England applied to me on account of some unpleasant consequences resulting from an operation, or rather, series of operations, to which he had been subjected on account of fistula in ano. His principal complaint was inability to retain the contents of his rectum, which, notwithstanding the resistance of a carefully-constructed bandage, were wont to be suddenly and involuntarily discharged, so as to cause great discomfort, and constant apprehension. Though prepared to find something far wrong, I was not less surprised than shocked,

* Op. cit., Third Edition, pp. 35, 36.

upon inspecting the seat of the disease, to see no appearance of an anus, but instead of it, a deep excavation, at the bottom of which the mucous coat of the bowel presented itself to view, completely divested of the sphincter. From these and other facts of the same kind that might be mentioned, I fear it must be concluded that the plan of excision is still not entirely abandoned; but, feeling assured that those who persist in adhering to it, notwithstanding all that has been said and written on the subject, would not have their views altered by any argument in my power to use, I shall leave them to follow the progress of improvement at their own leisure."

When it was the custom to divide the rectum throughout the entire extent of the fistula, a simple knife was not by many deemed sufficient, and "ingenious, mechanical, and whimsical people have busied themselves in inventing instruments for this purpose: the syringotomy, the cultellus fulcatus, the probe razor, &c., have at all times been in use; scissors also of various kinds, both straight and crooked, have been employed in this operation; the first three may be made to serve the purpose very well; but to the last (the scissors), there is in this, as well as in almost every operation in which they are frequently used, a palpable objection, viz., that by pinching at the same time they cut, they occasion a great deal of unnecessary pain. They are, I know, in great use with many, who, if they were deprived of their probe scissors, would think them-

selves incapacitated from doing business; but they are, upon all occasions where mere division is required, a very bad instrument; they may assist an awkward or an unsteady hand, but they are more fit for a farrier than for a surgeon. . . . In all chirurgic operations, the instruments made use of cannot be too simple, nor too keen."*

The importance and advantages of the observations of M. Ribes regarding the situation of the internal opening of a fistula, and the principles deduced therefrom, namely, that it is not necessary for effecting a cure of the disease to carry the incision to a greater height than where it exists, or where the mucous membrane is denuded and thinned, if there is no internal opening, is now fully established. Mr. Syme, the eminent professor of clinical surgery, of Edinburgh, has for years inculcated and acted upon these principles in his practice, and testifies to their perfect success: I have never carried my incisions higher, and have never been disappointed in the result. But some surgeons of great ability and eminence in the profession, and writers of high authority, have pursued the practice of Mr. Pott. Sir Astley Cooper† advises: "If any portion of the sinus remain above the opening into the rectum, it should be divided with the probe-pointed scissors." Mr. Copeland carried his incisions to the bottom of the sinus, and expresses surprise that Mr. Pott, in his treatise on fistula in ano, should have

* Pott, op. cit., pp. 111, 112.

† Op. cit., p. 330.

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passed unobserved the hæmorrhage that sometimes takes place from the incision, and the difficulty of arresting it; and he further says: "I will venture to say that it has occurred to almost every surgeon who is in the habit of performing this operation."*

The same author gives the following cases in illustration :—

"A carpenter, about thirty years of age, had the operation for fistula in ano performed on him in the year 1803. There were two extensive sinuses in the nates divided, but the principal one extended above three inches up the side of the gut, and then perforated it; this also was laid open. There was considerable hæmorrhage at the time of the operation; but the patient fainted, and the bleeding stopped; and when the wound was dressed, he went to bed. After he had been in bed about an hour, the hæmorrhage returned, and the bleeding artery was so high up the sinus, as to be entirely out of the reach of the needle and ligature; the gut, therefore, and the wound were filled up with compresses of lint, wet with spirit of turpentine; and for some time, it was thought that this mode of compression had succeeded in stopping the hæmorrhage; but, during our fancied security, his pulse became hardly perceptible, his lips pale, and the whole body was in a cold sweat. He was now supported by wine and other cordials; and in a short time the

* 'Observations on the Principal Diseases of the Rectum and Anus,' by Thomas Copeland, 1824, p. 86.

hæmorrhage burst out again, with as much violence as ever, and continued for more than an hour. All the compresses were now removed, the rectum cleared as much as possible of coagulated blood, and the wound left without dressings. The hæmorrhage stopped, and did not return again, but very large quantities of coagulated blood were evacuated with the fæces for three days afterwards. He was, as may be supposed, extremely debilitated by this loss, but finally recovered his strength, and his fistula was dressed and cured in the usual way."

"A gentleman, about, fifty-six years of age, who had been subject to complaints of the liver, and frequent hæmorrhage from the nose, had the operation for fistula in ano performed. A sinus leading into the rectum, about an inch from the anus, was first divided, and then another passing towards the os coccygis: the opening of this last discovered another sinus penetrating the gut about an inch or rather more above the former one which had been divided. This was also laid open, and the wound bled very freely; but the orifice of the bleeding vessel could not be discovered. In a short time the hæmorrhage diminished, and the wound was dressed in the usual way, by introducing a piece of lint from the gut into the divided sinus. There was some degree of hæmorrhage nearly the whole night, and in the morning a small artery was discovered, and a ligature passed round it: but the bleeding continued and increased very considerably,

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when he had an evacuation in the middle of the day. The wound was cleared of all the dressings, together with the coagulated blood, and the hæmorrhage ceased.

“During the succeeding night there was no bleeding, but in the morning it returned when he had a stool, and he lost about four ounces of florid fluid blood. The wound was now filled with lint, wet with Ruspini’s styptic, which happened to be at hand: there was a little hæmorrhage during the day, and in the following night, which, however, he passed tolerably well, and the wound began to suppurate plentifully. But when he had an evacuation of the fæces, the bleeding again returned, though in a less degree, and for many days he lost some ounces of fluid blood every time he passed his stool. At last it ceased altogether, the wound went on well, and in about six weeks was quite healed.”*

Mr. Liston† was in the habit of dividing the sinus to the bottom, and on several occasions, when I have assisted him, I have been obliged to make pressure for some time to arrest the hæmorrhage. Mr. Fergusson‡ does not appear to appreciate the advantages of a limited incision in fistula in ano, as, after speaking of the position the surgeon should place himself in, he says: “He should then introduce the end of a probe-

* Op. cit., pp. 159—163. :

† ‘Elements of Surgery,’ by Robert Liston, Second Edition, p. 564.
‘Practical Surgery,’ by Robert Liston, Fourth Edition, p. 438.

‡ ‘Practical Surgery,’ by William Fergusson, Third Edition, p. 747.

pointed bistoury through the external opening, and push it slowly along the sinus until it reaches the upper extremity." Again:* "I believe it is best to open a sinus throughout." Dr. Bushe, whose practice was very extensive, divided the textures as high only as the internal opening into the rectum, and always found it sufficient for the cure.

When a patient with fistula seeks surgical assistance, and an operation is deemed advisable, the general health must be first attended to, if at all impaired, due attention being paid to the functions of the liver, kidneys, and skin. It is also very important that a careful examination of the bowel be made, to ascertain the presence or not of any other rectal disease. From a neglect of this precaution, I have met with several cases of fistula that have been operated on, and the healing process prevented by the presence of a hæmorrhoidal tumour in the wound. I have likewise been called in to operate on patients with fistula who have also had cancer of the rectum; and had this been undetected, the patient's death would have been attributed to the operation, if performed, and not to the more serious and surely fatal disease. On the morning previously to the operation, the bowels should be acted upon by a mild cathartic, and an enema of warm water or thin gruel administered; the operation is then to be performed in the following manner. The patient, kneeling on a chair, and resting on the back of it, or

* 'Practical Surgery,' by William Fergusson, Third Edition, p. 748.

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leaning with his elbows on a table, or lying on a bed or couch, with his knees drawn up, and the nates projecting, an assistant separates the buttocks, and the surgeon, introducing the forefinger of the right or left hand into the rectum, according to the side on which the fistula exists, makes himself familiar with its track and position by using the probe as previously directed: having accomplished this, he passes the blade of a probe-pointed curved knife into the external orifice along the course of the fistula, making it emerge through the internal opening, the point being hitched by the finger in the rectum; both hands are then depressed, and with a slight sawing motion the intervening tissues are divided, and the knife and finger brought out together. If the surgeon be timid, or unaccustomed to operate, or the fistula so tortuous that the knife cannot readily pass along its track, a grooved silver director, or strong probe, may be used; it must be bent as required, and, having been introduced through the opening in the integument and that in the bowel, the end is pulled down, and made to protrude at the anus; the parts are then to be divided by passing a sharp-pointed curved bistoury along the grooved channel, and the operation is finished. This plan occupies a few more seconds in performing it, and occasions somewhat more pain than the other.

When more than one external opening exists, or sinuses extend towards the hip, the whole of them must be laid open at the same time, or a second

operation will be necessary, which the patient may not be willing to submit to, and the cure will be protracted. In the writings of a late very distinguished surgeon, it is recommended to lay open and heal the sinuses in the buttock before dividing the fistula; but no possible advantage can be derived therefrom.

When the incisions are completed, a strip of lint or fine carded cotton must be inserted between the divided surfaces to prevent their uniting again, as, in order to cure the fistula, the wound must heal by granulation. The wound must not be crammed, as is sometimes done, or irritation will be produced. It is generally desirable to administer an opiate after the operation, rather to prevent the action of the bowels for two or three days than with any other intention.

The first dressings are not to be removed by the surgeon, but allowed to remain till the bowels act, and they will then come away with the fæces; if they are not moved of their own accord by the third day, an aperient must be administered, and, after its operation, the wound must be cleansed, and another piece of lint inserted. Till cicatrization is complete, care must be taken to prevent the bowels becoming constipated, and recourse must be had to medicines and enemata of thin gruel for this purpose as occasion arises. Some consideration and attention in regard to the dressings is necessary, for if they are not properly applied one of two evils occurs, either the incised surfaces unite and the fistula is re-established, or the wound will not heal,

and the patient is doomed to more or less incontinence of faeces: the first is the result of not putting the dressings sufficiently into the wound to prevent contraction of its edges before granulation has taken place from the bottom; the second, the more frequent of the two, is caused by cramming the wound too much, whereby the healing process is prevented. In illustration of this, a surgeon lately expressed to me his surprise that a fistula on which he had operated would not heal, "notwithstanding he had crammed the wound daily for more than twelve months." After the first week or ten days, I find it add greatly to the patient's comfort to discontinue the insertion of lint into the wound, and to use instead an ointment with a syringe, as described in the chapter on hæmorrhoidal affections (page 133). As the cure proceeds, if there should be insufficient reparative action in the part, nitrate of silver, sulphate of zinc, sulphate of copper, or the like, in solution or substance, must be applied, in order to excite the required degree of stimulation for the purpose of cicatrization.

At first the patient must be confined to the recumbent position, and his diet must be spare, if he be plethoric; but if, on the contrary, his vital powers be low, we must be more liberal in the quantity of food allowed, and we may also find it necessary to order a certain amount of wine or beer, and to prescribe bark and other tonics.

Bleeding is of very rare occurrence when the operation is performed in the manner just described, though

it is by no means uncommon when the incision is carried unnecessarily high: should it occur, the finger is to be introduced into the rectum, and lint passed along it so as to fill the wound; gentle but firm pressure is then to be maintained for a time, and it will be very rarely that anything else is required; however, should the bleeding continue, the bowel must be dilated with a speculum, and any vessel that is seen secured with a ligature. Elevating the pelvis, and applying a bladder containing powdered ice to the sacrum and anus, will assist in suppressing the hæmorrhage.

When the fistula is of the blind internal form, our method of proceeding must be different. The internal opening is then to be found; it will be indicated by the escape of matter when pressure is made externally, or acute pain will be felt at one spot, and will inform us of its position: a probe, more or less curved, or bent at an angle if the opening is not close to the anus, must be passed into the sinus, and the end made to project against the integument: with the point of a knife an incision is then made down on it, and a complete fistula will thus be formed: the operation is then to be finished with a curved knife as just directed.

External blind fistula, extending to the coats of the intestine, must be made into a complete one by perforation of the bowel with a knife: the point at which this must be done is where the internal opening is usually found: when the forefinger is introduced into the

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rectum, and a probe directed along the course of the fistula, the point will be plainly felt at a particular spot where the mucous membrane is denuded and thinned. A knife similar to that used in operating on complete fistula is made to follow the same channel as the probe, and the point being felt by the finger placed within the anus, is pressed onward against the edge of the nail, and by a slight motion made to cut through the intestine; the point is then depressed, and the intervening tissues divided. As the surgeon's finger is very liable to be wounded in cutting through the gut, it has been proposed to pass a wooden gorget into the rectum, and to cut on that, but if the end of the nail be presented to the point of the knife instead of the pulp of the finger, the operator will escape injury.

Savigny invented a bistoury especially for this operation: it had two blades side by side, the one having a round point, the other a sharp one, the latter being made to project beyond the former when required. The blades were passed in the usual way, and the probe point being felt pressing against the intestine, the sharp-pointed blade was projected, and the bowel perforated; the pointed blade was immediately retracted, the conjoined blades being then carried through the puncture, the incision was finished as with a common bistoury. The instrument is ingenious, but not necessary to a surgeon capable of performing the operation; besides, the conjoined blades make the instrument thick and clumsy. The

ordinary curved probe-pointed bistoury, recommended by Percival Pott, and known as his knife, answers every purpose, but is larger than is required; one of the size and form of the annexed figure will be found most convenient. I have the blade made somewhat thicker in the back than the common bistoury, which renders the button at the end superfluous, and the edge at the point can be kept in better order. In using the ordinary bistoury, an accident is liable to occur by the instrument breaking: this may result from the unsteadiness of the patient, or from the density and cartilaginous induration that takes place in the tissues, when the disease has been allowed to continue for years, but chiefly depends upon the fashion the instrument-makers have of grinding the blade thinner and notching it at the termination of the cutting part. I have witnessed this accident happen to Mr. Liston: on the occasion he passed a second knife along the broken blade, which fell from the wound on the completion of the incision. To guard against any inconvenience arising from such an accident, he recommended the operator always to be provided with a second knife.



By far the larger proportion of fistulæ in ano admit of remedy by the slight incision which has been shown to be all that is requisite; but, before performing it, or giving the patient an opinion on the probability of its affording relief, we must ascertain if any constitutional or local cause exists that may be likely to render the operation unsuccessful, or disappoint the hopes of the patient.

It has already been observed that affections of the thoracic and abdominal organs predispose to this disease, which then stands only in relation of effect to the primary malady, and therefore success is not likely to attend our efforts whilst the cause remains in active force. The most common cause that will render a prognosis unfavourable regarding the result of an operation, is the patient being the subject of phthisis: in which case, if the operation be performed, the wound will not heal; or should it do so, the probable result will be, either the formation of a fresh abscess, or the aggravation of the pulmonary disease. However, it is not every case that must deter us: we have now ample proof that phthisis is not the hopeless disease that it was formerly considered, and that after symptoms of pulmonary tubercle have existed, patients recover, and live free from any complaint for many years; therefore, when applied to under these circumstances, if the issue of the thoracic disease be uncertain, or there is a prospect of recovery, we are not justified in withholding our attempts to cure the

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lesser affection, but which in the imagination of the patient is the greater evil, and occasions much discomfort and annoyance; besides, declining to operate, is apt to induce a state of hopeless mental depression and despondency. On the other hand, though the operation may be performed at the particular desire of the patient, it would not be prudent to propose or urge it in advanced phthisical cases, or the surgeon may bring great discredit on himself.

Among the causes of abscess in the anal region was mentioned perforation of the coats of the intestine by fish-bones, spiculæ of bones, and other substances which had been swallowed. An abscess thus formed, as a matter of course, will not heal so long as the foreign body is allowed to remain. The patient seldom recollects, or is even aware of having swallowed any hurtful substances; therefore it is only by examination with the finger or probe that the substance, whatever it may be, can be detected. The fistula is to be operated on in the ordinary manner, and if the foreign body cannot be removed without lacerating the parts, the incisions must be enlarged.

As a consequence of abscess in the perineum, fistulous communications may be established with the rectum and urethra: this complicated form of disease is usually the result of the abscess spontaneously discharging itself into those passages,—the fascia of the perineum retarding its outward course—instead of its

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contents having been evacuated by early incisions; external openings sooner or later take place, and are situated near the root of the scrotum or verge of the anus. The patient now is in a pitiable condition; a fetid discharge from the external orifices is a source of great misery; urine escapes from the rectum, and thin feculent matter and flatus from the urethra: not unfrequently stricture of the urethra exists with this form of disease; in which case it is necessary to dilate it before proceeding to remedy the fistulæ. The internal opening in these cases is generally higher in the bowel than in ordinary fistulæ. In operating, the same principles must be acted on as in the simple form of fistulæ; the intervening tissues between the internal opening and that nearest the anus are to be divided, then the sinus between that and the urethra is to be exposed; some dry lint is to be inserted into the wounds, and the after-treatment conducted on ordinary principles. Sometimes a small fistulous communication will remain between the rectum and urethra after the wounds have healed externally, permitting a few drops of urine to escape by the bowel occasionally, proving a source of annoyance to the patient, and causing a fear of a return of his former condition. The rectal orifice must be brought into view by the speculum ani, and the closure of the fistulous track will be effected by passing along it a probe coated with nitrate of silver, or a wire heated in a spirit-lamp or by the galvanic current.

Fistula in ano will sometimes coexist with stricture of the rectum, in which case the internal opening will be above the constricted portion of the intestine, if ulceration and abscess have ensued, as a result of the pressure and irritation induced by the resistance offered to the evacuation of the fæces; but, although associated with stricture, the internal opening may still occupy its usual situation, and the fistula may have been caused either by the irritation excited by the stricture, or independent of it.

When the opening is above the preternatural contraction of the intestine, the latter must be dilated before any incisions are practised for the cure of fistula; and when the fistula is below the stricture, we shall effect but little benefit till the rectum is restored to its natural calibre.

Fistula connected with diseases of the sacrum, ilium, or pubis, cannot be benefited by incisions so long as the osseous parts remain diseased; if any portion of the bone be necrosed, it must be extracted, or be thrown off by nature, before a recovery can be looked for. Mr. Syme* mentions two cases connected with disease of bone: the one a man who had been repeatedly operated on for fistula in ano, without obtaining relief: a careful examination discovered an exfoliation from the tuberosity of the ischium lying in a capsule formed by the origins of the flexor muscles of the leg. The second case—that of a young woman, who suffered from fistula

* 'On Diseases of the Rectum,' Third Edition, pp. 54, 55.

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in ano: a probe being felt to grate against a hard substance, it was extracted, and found to be a thin scale of bone, probably detached from the arch of the pubis.

In the 'Lancet'* there is an account of a man, aged forty-seven, who was in St. Thomas's Hospital, having fistula in ano, for the cure of which the usual operation was performed, but without benefit, and the patient continued to experience excruciating pain; subsequent examination discovered the rectum to be considerably ulcerated, and partaking somewhat of the characters of cancer: this condition was ultimately discovered to depend on caries of the sacrum. A few years since† there was a man at the Marylebone Infirmary with fistula in ano, connected with necrosis of the tuberosity of the ischium: the dead bone was removed by operation.

Abscess from disease of the hip-joint, in its advanced stage, usually opens posteriorly, and below the articulation, but sometimes matter will burrow and effect an opening near the anus: it is scarcely necessary to say, in such a case, the operation with the hope of curing the fistula would be entirely useless.

The subjoined cases are examples of some of the more ordinary forms of fistula in ano.

Fistula in ano, the effect of a kick.

A young gentleman, æt. seventeen, at one of the public schools, received a kick from a companion, which was fol-

* Vol. ii., 1855, p. 461.

† Oct., 1856.

lowed by the formation of an abscess; it was allowed to burst, and beyond keeping some lint to the part, to prevent his linen being stained, nothing had been done: during the vacation, he came under my care. I found an external opening between one and two inches from the anus; a probe passed into this could be felt by the finger in ano, in contact with the walls of the intestine, which were very much thinned; no internal communication could be discovered. Constitutional treatment was had recourse to for a few days, and after the bowels had been thoroughly unloaded, an incision was made through the sinus and bowel from the point at which it was denuded. It was deemed advisable to keep him in bed for a week; the bowels were kept easy by laxatives, and an enema of eight ounces of thin gruel injected every morning; the wound was lightly dressed, and in about three weeks had quite healed. In this case, had the operation been delayed, an internal opening would undoubtedly have been formed at the point where the probe was felt through the thinned mucous membrane.

Fistula in ano; two external openings; operation; cure.

Mrs. —, æt. twenty-seven: when I was consulted she had been married six years, and had had no family. Two years previously to her marriage she experienced heat, itching, and fulness in the rectum: these symptoms increased, and after a time she occasionally lost a small quantity of blood at stool. A few months after marriage an abscess formed near the anus, preceded by heat and severe throbbing pain: she used poultices and it broke, the skin giving way in two places. Previously to the abscess bursting, she had observed by her linen that there was a slight purulent discharge from the anus. After the matter had obtained vent, she had less pain, but continued to have

great uneasiness, and was annoyed by a constant discharge of pus.

On making an examination, two small fistulous openings presented, one being about an inch from the anus, and the other an inch and a quarter from the first, its direction being outward and backward; a fistulous track, extending between the two openings, could be felt like a cord beneath the finger: at an angle with this sinus, another could be felt extending towards the bowel; a probe readily passed from the one external opening to the other, but, from the acute angle formed by the two sinuses, it could not be made to enter the bowel. At a quarter of an inch above the anal orifice, a small hard tubercle could be felt; and pressure produced some pain at this point. She had always been of a costive habit, and had not been accustomed to take much exercise. Her pulse was not quick but rather sharp, her tongue was furred and notched, and she was much troubled with flatulence; the renal secretion was disordered, there being an excess of uric acid. Medicines were prescribed to unload the bowels and improve her general health. After persevering in these for ten days the operation was performed. She had taken a dose of castor oil early in the morning, and an enema had been administered an hour before I arrived at her house, by which means her bowels had been thoroughly relieved. I first divided the sinus between the two external openings, and was then able to pass a probe through the fistula into the bowel without the slightest difficulty, the end being brought in contact with the finger of the left hand, introduced into the rectum; a small curved bistoury was made to follow the probe, and the intervening tissues divided; only a few drops of blood were lost. A piece of lint was gently inserted between the lips of the wounds; and she took half a drachm of wine of opium in camphor mixture.

On the third day, the bowels not having been moved, she took a dose of castor oil: the dressings came away when it acted. After this the wound was lightly dressed each day, and in little more than a week she was quite well.

Fistula in ano, occurring from exposure to cold and wet.

I was requested by Dr. Ashwell to see General —, who had been for some time much annoyed by a purulent discharge soiling his linen; he also experienced uneasy sensations about the anus, especially at stool, and which at times amounted to pain. The account he gave of his ailment was, that some months previously his military duties necessitated his being in the saddle the whole of a wet and cold day; on retiring to bed at night he had a sense of fulness and heat in the rectum, followed by acute throbbing pain; ultimately a lump formed near the orifice of the bowel, which burst and discharged blood and matter. By the advice of his medical attendant he confined himself to the house a short time, and applied poultices and hot fomentations locally: when the acute symptoms had subsided various lotions and ointments were employed, but the wound occasioned by the bursting of the abscess never healed. On making an examination I found at half an inch from the anal margin a small ulcer surrounded by pale and exuberant granulations; pressure caused a thin pus to ooze from the centre. Introducing a probe, it passed through the fibres of the internal sphincter and entered the bowel a little more than an inch from the anal orifice, coming in contact with the index finger introduced into the bowel. By firm pressure, the fistulous tract could be traced and felt beneath the finger like a piece of whipcord. Dr. Ashwell fully concurring in my opinion that little was to be expected from medical treatment, General — readily

consented to the necessary operation, which I performed in the usual manner, in the presence of Drs. Ashwell and Snow. By care and attention in the subsequent treatment the cicatrization progressed very favourably and rapidly, and in a very short time our patient was able to resume the important military duties that then devolved on him. It is several years since I operated on this gentleman, and to the present time he has remained perfectly free from all local and constitutional disease.

Fistula in ano following an abscess caused by wet and cold.

F. M——, æt. thirty-five, a coachman in a nobleman's family, of moderate stature, and robust constitution. After driving the greater part of a cold wet day, he felt towards the evening a burning heat in the integument near the anus, and during the night severe throbbing pain commenced: this continued three days, when he had a slight shivering fit, after which the acuteness of the pain subsided, and resolved itself into a dull aching sensation; on the fifth day from the commencement of the attack, he applied to me. There was then very little constitutional disturbance; the tongue was somewhat furred, and his skin dry. On making an examination, the skin between the anus and the tuberosity of the ischium was observed to have a dusky-red appearance, and fluctuation was perceptible to the touch. I made a free opening with a bistoury, and evacuated about an ounce and a half of unhealthy pus; he was desired to keep a poultice to the part, and to see me in a few days.

In a week after the abscess was opened I made a careful examination with a probe, and could not detect any communication with the bowel, there appearing to be a thickness of tissues of at least half an inch between the walls of the abscess and the bowel. He appeared to be pro-

gressing favourably; and he was directed to keep the bowels regular, to live moderately, and to see me again in a short time.

He did not see me for several weeks, as he considered the abscess would heal in time; he had had pricking pain in the part occasionally, but not at all severe. I made an exploration with a probe, and now discovered the coats of the bowel denuded immediately above the margin of the anus. On the following day, with the assistance of Mr Thompson, I divided the structures between the external opening and the denuded bowel. The wound was lightly dressed, and he was ordered to remain in bed. When I called on the following day I was surprised to find he was out. I left word for him to call at my house the next morning, which he did; I dressed the wound, it was looking very healthy, and I desired him not to neglect seeing me till he was quite well. He came to me every morning for a few days, and he made a very rapid recovery.

Fistula in ano, and urinary fistula from abscess consecutive on gonorrhœa.

A young professional friend contracted a gonorrhœa, which he treated himself by the use of strong injections: during the time he rode much, and indulged too freely in wine. The result of these indiscreet proceedings was the formation of an abscess between the urethra and bowel; he allowed it to take its own course, and the abscess burst into the rectum and urethra, and ultimately an opening formed in the perineum, through which some of the urine passed whilst micturating. He now thought it time to give up the case, and trust himself to other hands. He was confined to bed, appropriate medicines prescribed, and a strict regimen enforced: after some weeks his general health was improved, the tissues intervening be-

tween the perineal opening and the one in the bowel were then divided, and the wound dressed in the ordinary way. When it had nearly filled up by granulation, a probe, coated with nitrate of silver, was passed along the fistula to the urethra, and allowed to remain a few seconds; on the following day, pressure by means of a pad of lint and a bandage was made. In about a month after the operation the parts had healed.

Fistula in ano from an abscess not being opened.

S. R—, æt. thirty-four, a groom, applied at the Blenheim Dispensary, suffering from a fistula in ano. He gave the following statement of its formation: Twelve months previously he had throbbing and heat near the fundament, and the skin became very tender if pressed: he concluded an abscess was forming, and had recourse to poultices, but several weeks elapsed before it burst: passing a stool gave him great pain; shortly after this he observed the fæces streaked with pus. He had continued the use of poultices, hoping the part would heal; he had also used various ointments and lotions that had been recommended to him, but without reaping any benefit from them.

On making an examination I perceived a small opening in the integument surrounded by fungous granulations, situated an inch and a half from the anus; a probe passed readily from it into the bowel, and was felt about three-quarters of an inch above the margin of the anus by the finger, which had previously been introduced. His general health was good, and the case appeared one that might be healed without incision; but as he was most pesirous to be cured as quickly as possible, I determined to divide the parts, which I did on the following day, having previously prescribed medicines to unload the bowels. In less than a fortnight the wound had quite healed.

Fistula in ano; several external openings and extensive sinuses.

H. E——, æt. forty-one, a butler, came under my care suffering from fistula. He attributed its origin to injury of the bowel by a bone that he had swallowed, which he said lacerated his inside on its passage outward, and gave rise to an abscess by the side of the fundament; he applied poultices, and it burst in six or eight days from the time he first felt pain. He continued to poultice the part, and he was in hopes it had healed, but matter again formed, and then discharged itself. This process recurred several times, and other openings formed towards the buttock. During this time he had taken various medicines, and used lotions and ointments: one gentleman whom he consulted, proposed an operation, but his occupation prevented him lying up. At length, his general health failing, he was compelled to submit himself to proper treatment. When I first saw him his countenance was sallow; the sclerotic conjunctivæ yellow; his tongue was much furred and deeply notched transversely; his pulse was soft and weak; and he had been of constipated habit for years. The integument on the left side of the anus was of a purplish-red colour, and the subcutaneous cellular tissue was infiltrated and indurated; four fistulous openings existed, one was within an inch of the anus, the furthest was five inches from it; a probe directed through the nearest opening to the anus passed a considerable distance up by the bowel; by a careful exploration an internal opening was found three-quarters of an inch above the external sphincter. He was confined to his bed, and mild mercurials, taraxacum, and purgatives were prescribed: when the bowels had been thoroughly cleared out, and his countenance had assumed a brighter aspect, he took the iodide of potassium and sarsaparilla. Under this treat-

ment the integument of the anal region became more healthy and the induration considerably diminished, but its vitality was too low to offer a hope of the healing process occurring without dividing the sinuses; I therefore laid them freely open, and also divided the tissues between the opening in the bowel and the external one. Two or three ounces of blood flowed, but no vessel required ligature. The wounds were dressed in the manner that has been directed; and, after the third day, the bowels were kept open by laxatives and enemata, and great attention to cleanliness observed. He continued the iodide of potassium and sarsaparilla for three or four weeks after the operation, when the iodide of iron was substituted for it.

In consequence of the condition of the tissues, and the length of time the disease had existed, it was nearly six weeks before the wounds had entirely healed.

Fistula in ano ; operation with perfect success ; previously operated on twelve times.

Mr. A. C. came from Natal in 1860, to consult me, having suffered for some years from fistula in ano; previously he had been operated on twelve times without any permanent benefit, the fistula always being re-established after each operation. I made a careful examination, and discovered an opening on the right side towards the perineum through which a probe passed into the rectum about three-quarters of an inch above the margin of the anus. Below the external opening, and extending downwards to the upper part of the thigh, was a large cicatrix, the result of the previous operations. His general health was good, but the mucous membrane of the rectum being somewhat congested, medicines were prescribed for the purpose of remedying that condition, as

well as thoroughly to unload the bowels. These intentions being accomplished on the 17th of October, Mr. Potter having administered chloroform, with the assistance of Mr. Taylor, I divided the parts intervening between the fistulous tract and the cavity of the bowel. The wound was dressed with carded cotton, and a drachm of tincture of opium was given to constipate the bowels. He experienced but little uneasiness after the operation, and slept well through the greater part of the night; the next morning he felt quite comfortable, his skin was cool and his tongue clean. On the morning of the third day the bowels were relieved by an aperient, and the dressings came away with the motion. The wound was dressed each succeeding day, and in three weeks he was quite well, and subsequently returned to Natal.

The failure of the previous operations in this case probably depended on the internal opening not being included in the incisions; and it offers a very instructive illustration of the necessity of care and judgment in these operations. The requisite incision was comparatively a slight one, and, being properly performed, was followed by a speedy and satisfactory healing of the part.

May, 1862.—This gentleman has just returned again to England. He came to see me, and stated he has not had the slightest symptom of any return of the disease, and his general health is quite restored. I made an examination, and satisfied myself of the perfectness of the cure.

Double fistula and acute abscess, probably caused by the improper application of nitric acid to supposed piles. Hæmaturia; calculus passed per urethram.

Mr. G——, of moderate stature, rather inclined to be stout; of active habits, being very fond of field sports; lives generously. Some weeks previous to coming to me,

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he had been troubled with a sense of fulness, aching, and discomfort in the rectum, for which he consulted a London surgeon, who pronounced the disease to be an attack of piles. Very slight constitutional treatment was adopted, but nitric acid was applied locally, with the effect of causing great pain and confining him to bed. Subsequently an abscess formed at the margin of the anus, which burst, followed by a second one, which likewise burst; he then went into the country, and after a short time he experienced throbbing pain, attended with swelling and hardness in the ischio rectal fossa; he consulted Mr. Kingsford, of Sunbury, who advised him to return to town and see me. When I first saw Mr. G. he did not appear to be suffering from much constitutional derangement; his tongue was slightly furred, his countenance and eyes were tolerably clear, and his pulse moderate. On making an examination, I found two fistulous openings, the one about an inch from the anal margin, through which a probe passed into the bowel half an inch from its orifice; the other opening was nearer the anus, and the sinus passed up between the mucous membrane and the internal sphincter for an inch and a half; anteriorly the mucous membrane was ulcerated to a considerable extent and had a peculiar appearance. He complained of having suffered for some weeks from great irritability of the bladder. I carefully examined the urine, which was loaded with uric acid and purpurates; no albumen or phosphates existed; and there being no pain at the neck of the bladder or at the end of the penis, I attributed the vesical irritation to the ulcer in the bowel.

As nothing but dividing the fistulæ could remedy Mr. G.'s condition, it was arranged he should return to the country for a few days and take some medicine to clear the bowels and get his system into a condition for the operation. In six days he returned to me with the intention of having what was necessary done the next day; he

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told me the irritability of the bladder had been greater that day, and for the first time he experienced pain at the glans penis after passing water. Having micturated a few minutes previous to coming to my house, I was unable to examine the urine, but I desired him to send some to me in the course of the day, which he did. I found it contained albumen, and under the microscope numerous blood corpuscles were seen. I immediately wrote to him to remain in bed the next morning, and to keep all the urine he passed for my inspection. The symptoms of stone being so strongly marked, I carefully explored the bladder the next morning by means of a lithotrite scoop, which I prefer to the ordinary sound, it being a far better instrument for the purpose when the stone is very small; for even failing to strike it, it readily falls into the jaws of the instrument, and being there can be crushed at once. I was surprised at not being able to detect a stone, but on examining the urine he had previously passed, I found an uric acid calculus the size of a pea; he then mentioned that while micturating late in the night he experienced a sensation of cutting or tearing in the course of the urethra, and fancied he heard something drop into the chamber pot. The urine he subsequently passed was perfectly free from blood and albumen. The urinary affections being now clearly removed, in the afternoon, with the assistance of Mr. Bailey of Mortimer Street, I divided both fistulæ into the bowel; I also made a free incision through the inflammatory induration, in the centre of which was a cavity that admitted the top of the finger; I likewise incised the ulcer before referred to. The wounds were dressed with carded cotton, a T bandage applied, and an opiate prescribed. The next next day my patient was very cheerful, and far better than I could possibly expect. On the third day the bowels were relieved by an aperient and the wounds dressed. Mr. G. now, for the first time, told me of the

application of the nitric acid to the supposed piles, causing the ulcer, the appearance of which had so much puzzled me. Mr. G. progressed rapidly, and was able to leave town in ten days; he subsequently called at my house a few times to report himself, and the case terminated very satisfactorily to him and myself.

From what I learned of the history of this case, I am fully convinced this gentleman suffered only, in the first instance, from great congestion of the rectum: nitric acid was then most improperly applied, producing ulceration and suppuration, with the subsequent consequences; and all this might have been prevented by a little judicious medical treatment. Mr. Kingsford fully concurred with me in these views.

Fistula in ano, perineal sinus, and large abscess between the rectum and sacrum.

Mr. D—— was sent to me by Mr. Elam, suffering from disease of the rectum. He stated that previous to the last eighteen months his general health had been tolerably good; at that time he became affected with dyspepsia and torpor of the bowels. Twelve months before I saw him an abscess formed near the right side of the anus: he consulted a surgeon in Wales, where he was then living; poultices and other local applications were used, and the abscess burst; it did not heal, and subsequently another formed anteriorly: the same treatment was adopted, neither abscess being opened. Shortly before I saw him he experienced acute throbbing at the posterior part of the rectum, followed by a dull aching pain and sense of weight in the part. When he came to me his health was considerably affected, his countenance being sallow, tongue furred, pulse feeble, and he complained of a great want of strength. On making an examination, I found several

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sinuses, one extending from an opening external to the anal margin on the right side and passing into the bowel near the upper margin of the internal sphincter; another commencing anteriorly also passed into the bowel, and from the same external opening a sinus extended along the perineum to the scrotum; the integument anterior to the coccyx was bulging from a large abscess that had formed around the posterior part of the rectum. As no time could be lost, I prescribed medicine to unload the bowels thoroughly; this having been accomplished, I divided the fistulæ freely, and opened the abscess, evacuating nearly half a pint of unhealthy pus. This gentleman did not take chloroform, and bore the operation, which was a severe one, remarkably well; after it was performed he took a dose of opium. He passed a good night, and was much more comfortable the following morning than he had been for some time previously. On the third morning the bowels were relieved by aperient medicine, and afterwards strips of lint were placed lightly between the edges of the wounds. He was now ordered a nutritious diet and a tonic mixture of bark and nitric acid. After the first week dressing the wounds with lint was discontinued, and my plan of applying ointment with a syringe adopted. Notwithstanding the case was a very severe one, and the patient's health much deranged, yet by care in dressing the wounds, by attention to diet, and with proper medical treatment, he made a rapid recovery, and his countenance assumed a healthy aspect. A few weeks after the operation he expressed himself as feeling better in every respect than he had done for some years, and was very pleased at having suffered so little from the operation, and being so speedily cured of such extensive disease.

There can be no doubt that had the first abscess which this gentleman had, been freely opened, and proper treatment adopted in respect to his general health, that all his subsequent suffering and anxiety would have been spared him.

CHAPTER III.

HÆMORRHOIDAL AFFECTIONS.

HÆMORRHOIDAL affections are a class of diseases which acquire importance, and demand the careful attention and consideration of the practitioner in consequence of their prevalence, the suffering and great discomfort they produce, and their effects on the constitution when they have existed for any length of time, as well as from the great benefit and perfect relief obtained by the adoption of a proper mode of treatment in relation to the true pathology of these affections, and a due appreciation of the causes by which they are induced.

Hæmorrhoids is a term applied generally to certain tumours, occurring at the verge of the anus, or within the rectum ; and, like many others in surgical nomenclature, is not the most appropriate that could be chosen, as it conveys no adequate idea of the nature of the disease ; yet by use it has become familiar both to the profession and the public, and its import generally understood : piles is the popular name under which these affections are known, and, indeed, by many, it is

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applied to almost every other disease implicating the rectum and its terminal orifice.

As the successful treatment of disease necessarily depends on our accurate knowledge of its pathology, it will be desirable, firstly, to consider the character and structure of the several kinds of tumours, called piles, or hæmorrhoids, and then to speak of the causes, symptoms, and treatment. The ancient physicians, from a defective knowledge of anatomy and pathology, were unacquainted with the true nature of these affections, and held very erroneous opinions of the structure of the tumours forming hæmorrhoids; they also entertained the notion that they performed the function of evacuating black bile and melancholic humours from the system. After the discovery of the circulation of the blood by the illustrious Harvey, a new but equally erroneous theory was generally received; it being conceived that bleeding from external piles depleted the system generally, and that hæmorrhage from internal piles depleted the portal system only. By later, and even by recent authors, hæmorrhoids are considered to be varices, and analogous to that condition of the spermatic veins constituting varicocele, and to the dilatation of the superficial veins of the legs, which causes so much distress, and so often gives rise to very troublesome ulceration. As a result of this erroneous opinion, a plan of treatment is adopted alike disappointing to the practitioner and the patient. The veins of the rectum are large, numerous, unprovided with valves, and anastomose freely with those of contiguous

organs, and are liable to congestion from various causes, in which state they are readily seen beneath the thin integument and mucous membrane of the anus; and although entering into the composition of some hæmorrhoidal tumours, they do not constitute the disease.

The following classification of hæmorrhoidal complaints is adopted by Montègre :—*

- | | | |
|--|---|---|
| 1. Blind or dry Hæmorrhoids (Cæcæ) | | |
| 2. Hæmorrhoids with discharge (Fluentes) | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> White discharge (Albæ), with catarrh of the intestines
 Sanguineous discharge (Sanguinolentæ) </div> </div> | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> By Exhalation
 By Rupture </div> </div> |
| 3. Hæmorrhoids with tumours (Tumentes) | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> Varicose (Varicæ)
 Mariscous (Mariscæ) </div> </div> | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> Dry
 Bleeding
 Dry
 Bleeding from dilated pores </div> </div> |
| 4. Painful Hæmorrhoids (Dolentes) | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> Inflammatory
 Nervous
 Fissured </div> </div> | |
| 5. Hæmorrhoids with constriction of the anus (Cum constrictione ani) | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> Indolent
 Painful </div> </div> | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> From induration of the tissues
 Spasmodic
 Schirrhous </div> </div> |
| 6. Hæmorrhoids with ulceration (Ulcerate) | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> Superficial
 Fistulous </div> </div> | |
| 7. Hæmorrhoids with prolapsus (Cum procidentia ani) | <div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 3em; vertical-align: middle; margin-right: 0.5em;">{</div> <div style="display: inline-block; vertical-align: middle;"> From elongation of the internal membrane
 From invagination of the intestines </div> </div> | |

* 'Des Hémorrhoides, ou Traité Analytique de toutes les Affections Hémorrhoidales,' par A. J. de Montègre, Deuxième Edition, Paris, 1830, p. 71.

8. Hæmorrhoids	{	With dysuria
with irritation of		
the bladder		Strangury
(Cum irritatione vesicæ urinariæ)		Hæmaturia

We here find a difference in the symptoms, or the presence of some concomitant of the disease used to indicate a variety, the inaccuracy of which is very apparent. No better classification can be adopted in respect to the pathological structure of the several tumours, as well as to the treatment to be pursued, than the division into internal and external hæmorrhoids; the former being those which occur within the margin of the anus, and involve the mucous membrane of the intestine, and the latter those which are situated external to the sphincter ani, and are covered by the thin integument of the anus.

External Hæmorrhoids.—These tumours occur at the verge of the anus, and are covered by the thin integument of that region; but occasionally they will be observed to extend a short distance within the anal orifice, and will then be partly covered by the integument, and partly by the mucous membrane of the intestine. In form they are mostly globate, and have a broad extended base; they are of a livid colour at first, but lose that as their active state subsides. They are tense and elastic to the touch, and exquisitely painful when inflamed, the anguish then being so great that the patient is unable to walk or take any exercise, and in most cases even sitting is impossible. The generally

received opinion respecting these tumours is, that they are formed by the distention of a loop of a hæmorrhoidal vein; but such is not the case: were it so, we should not observe, as we frequently do, that external hæmorrhoidal tumours subside, and that the tissues assume their normal condition; for it is not in the nature of veins to contract, even when they have been but slightly dilated; how then can they contract after such an amount of distention necessary to constitute one of these tumours? Further, when these tumours are incised, the blood is turned out as a clot; or if fluid, is not at all commensurate in quantity with that which would flow from a dilated and congested vein. I have carefully examined some of these tumours after they have been improperly cut off by others, and I have never succeeded in tracing anything like the tunics of a vein: my investigations and dissections justify me in stating that they consist of the thin integument and cellular tissue of the anal region into which blood has been extravasated, in consequence of active congestion of the hæmorrhoidal vessels, produced by causes to be hereafter mentioned: generally, the blood is encysted in a central cavity, having a smooth glistening surface; in some cases, several of these cavities filled with blood are formed in a single tumour.

After the acute stage attending the development of these tumours has subsided, the blood that has been effused into their interior becomes absorbed, and if they

have not been distended to any great extent, the skin contracts, and the parts resume their natural condition; but if the tumours have attained the size of a cherry, or larger, the elasticity of the integument will have been destroyed by over-distention; and upon absorption of their fluid contents, pendulous flaps remain, prone to take on increased action, and form excrescences which may attain a considerable size, and occasion as much or more suffering than the primary disease.

Mr. Howship* describes another swelling occurring at the margin of the anus, to which he applies the very inappropriate term of "serous hæmorrhoid," in contradistinction to that already described, and which he calls the sanguineous hæmorrhoid: he thinks the difference in structure depends on the constitution of the patient; the sanguineous hæmorrhoidal tumour occurring in the strong, and the serous in those of low vital powers. This serous hæmorrhoid is pale, elastic, shining, semi-transparent, and more frequently forming a ring round the verge of the anus than appearing as a distinct tumour. In practice, I constantly observed this form of swelling, and cannot consider it as a separate variety of hæmorrhoidal tumour, it being simply an oedematous distention of the loose cellular tissue and thin skin of the parts,

* 'Practical Observations on the Symptoms, Discriminations, and Treatment of some of the most important Diseases of the Lower Intestine and Anus,' by John Howship, 1824, p. 208.

depending on irritation in the immediate vicinity. This condition commonly occurs as an effect of inflamed internal hæmorrhoids, and is also induced by fissure, ulceration, fistulæ, &c., and even by acrid intestinal secretions.

Internal Hæmorrhoids present three varieties, differing in structure and in the prominence of some of the symptoms attending hæmorrhoidal affections generally. I shall describe them in the order of frequency in which they prevail. The first consist of loose folds of mucous membrane, with the sub-mucous cellular tissue hypertrophied, the arterial capillaries abnormally developed and actively congested, the venous radicals being in a like condition. When these tumours are prolapsed, they are seen to be of a bright-red colour, spongy in texture, the surface villous like the conjunctiva in chronic ophthalmia; they readily bleed, the blood being spirted out in fine jets, as if from dilated pores, or oozing from the general surface. Its character is arterial; and I may here mention a curious fact—that those authors who describe hæmorrhoidal tumours as varices, when referring to the hæmorrhage from them, always speak of the blood as being bright in colour, whereas if it issued from dilated and diseased veins, in which the circulation is necessarily much retarded, it would be even much darker than ordinary venous blood. These tumours are usually attached by a broad base near the upper margin of the internal sphincter; sometimes

the anal integument is implicated, either from the great size the hæmorrhoidal tumours have attained, or their originating near the external orifice. In the second variety the tumours are more solid, somewhat round or pyriform, with a smooth dull-colour surface. They are attached by a peduncle and, when not prolapsed, lie in the pouch of the rectum, above the internal sphincter. They are composed of mucous membrane, hypertrophied cellular tissue, and veins having their tissues much thickened. Sometimes a portion of these tumours is of the same anatomical structure as those previously described, in which case hæmorrhage from them may occur; otherwise loss of blood does not attend this form of tumour, except in a few cases, when at the period of defecation blood is mechanically squeezed from the adjacent mucous membrane, but does not issue from the tumour itself. The third variety differs essentially from the two preceding, and its character would be more clearly indicated by the term vascular excrescence, it being a florid, excessively vascular, granular condition of a portion of the mucous membrane, seldom exceeding a shilling in size, and generally much smaller. The loss of blood by those affected with it is very considerable, and in all cases that have come under my observation, a large arterial branch has been distinctly felt coursing to it.

Internal hæmorrhoids vary much in size and number, but the accessory phenomena attending them, such

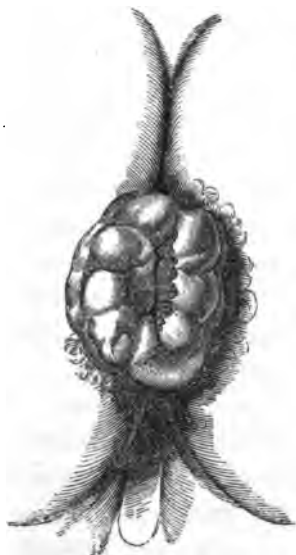
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as pain, hæmorrhage, &c., are not increased in proportion to either, and cases are met with in which a greater loss of blood occurs, or a greater amount of pain and suffering is induced, from one or two small piles than when there are several large ones.

When a hæmorrhoidal tumour is situated near the anus, though it may not have attained any great size, it is very liable to be prolapsed during defecation, particularly if the bowels are costive, giving rise to pain, spasm of the sphincter, and other distressing symptoms. Those that are situated higher in the bowel are not prolapsed so early in the disease; but, by repeated irritation and the dragging down they experience during the time the fæces are evacuated, they become elongated, and at length protrude externally: at first they return within the anus, by the action of the muscles of the part, but after a time the patient finds he is obliged to replace them with his fingers. In some cases this is done with facility, but in others greater difficulty is experienced, owing either to the size of the tumours, or to their being constricted by the sphincter muscle: under these circumstances the suffering is very great, and the individual is induced to postpone the calls of nature, or defer them till the night, finding it easier to return the tumours whilst he is in the horizontal position, in which he also experiences more speedy relief from pain. In many cases, when the tumours are large and numerous, and have been subject to prolapse for a

length of time, the sphincter and tissues of the anus lose their tone, are much relaxed, and the patient is subject to constant annoyance by their protrusion whenever he attempts to walk, and even by riding in a carriage: nor is the prolapsus in this stage confined to the tumour alone, for the bowel having lost its support, the pouch of the rectum is easily dragged down by the morbid growths, and by the expulsive efforts at stool.

The annexed wood-engraving is a typical illustration of the ordinary appearance of internal hæmorrhoids that have existed some time: the sphincter had lost its tone, and the tumours protruded even by the patient assuming the upright position. The case occurred



in one of the suite of the late Duke of — : he had suffered intense pain and lost much blood: he also experienced great irritability of the urinary organs. In December, 1856, with the assistance of Dr. Sanderson, I removed the tumours by ligature: chloroform was administered by Mr. Clover. In a fortnight he was quite well, and now enjoys perfect health.

As a consequence or complication, some of the following phenomena always attend hæmorrhoidal tumours; inflammation, pain, hæmorrhage, mucous discharge, ulceration, abscess, fistulæ, fissure, prolapsus, and irritation and spasm propagated to other organs, as the urethra, bladder, prostate gland, and testicles in the male, and to the vagina and womb in the female.

Inflammation, of greater or less severity, always attends the formation of piles; it may not be severe at first, nor occasion much inconvenience, being marked only by itching of the anus, and a sense of fulness and slight aching: in other cases the inflammatory symptoms will be much more prominent. When it has recurred several times, and the tumours have become permanent, the pain will be very great. Inflammation, if not checked by treatment, or terminated by resolution or by the supervention of the hæmorrhoidal flux, may induce various morbid actions in the tumours, as ulceration, suppuration, &c.; it is also liable to extend to the contiguous organs in either sex.

The pain attending hæmorrhoids will vary much in character and intensity in different cases, and will bear no proportion to the size or number of tumours which exist, being frequently most severe when only one small hæmorrhoid is present; the complications attending this affection will also have great influence with regard to it. In the quiescent state of the tumours, there will merely be a sense of weight and fulness in the rectum; if inflammation be present,

there will be throbbing, heat, and aching, aggravated by defecation; should the complication of fissure exist, there will be smarting at stool, followed by spasm of the sphincter, and aching of an agonizing character continuing from half an hour to several hours. In some cases the pain will extend to the urinary and genital organs in either sex, up the sacrum to the loins, to the hips and down the thighs; and I believe many cases of sciatica depend on irritation induced by disease existing in one or other of the pelvic organs. I have seen a case where the pain was chiefly located in the heel and under-part of the foot, and have observed the same in several patients who had stricture of the urethra: in them it was at first increased by passing the catheter, but subsided as the strictures yielded to treatment. Sir Benjamin Brodie mentions an instance where pain in the foot was the prominent feature of the hæmorrhoidal affection. He says, "A lady consulted me concerning a pain to which she had been for some time subject, beginning in the left ankle, and extending along the instep towards the little toe, and also in the sole of the foot. The pain was described as being very severe. It was unattended by swelling or redness of the skin, but the foot was tender. She laboured also under internal piles, which protruded at the water-closet, at the same time that she lost from them sometimes a larger and sometimes a smaller quantity of blood. On a more particular inquiry, I learned she was free from pain in the foot

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in the morning; that the pain attacked her as soon as the first evacuation of the bowels had occasioned a protrusion of the piles; that it was especially induced by an evacuation of hard fæces; and that if she passed a day without an evacuation at all, the pain in the foot never troubled her."

Hæmorrhage is one of the most frequent of the accessory phenomena of internal piles, and at times the most prominent symptom, and, when excessive, is also the most alarming, from the serious effects thereby occasioned: it usually takes place during the evacuation of the contents of the bowel, occurring after the passage of the fæces, but sometimes preceding them. It is mostly of an active character, but may become passive by the vessels being debilitated, and the blood attenuated, as a consequence of the profuseness of the hæmorrhagic discharge. The colour of the blood evacuated is bright vermilion; but if it has been retained in the cavity of the rectum, it then becomes dark, and is passed in clots.

The severity of the concomitant symptoms denoting a loaded state of the hæmorrhoidal vessels is not always an index of the amount of hæmorrhage that may occur, sometimes the discharge of blood being trifling though the preceding premonitory signs have been strongly marked; whilst, in other cases, the loss of blood will be very great, notwithstanding that little discomfort or inconvenience has previously been experienced.

In the commencement of the hæmorrhoidal affection, the bleeding will usually cease after a few days, and the several attendant symptoms then subside; yet not unfrequently the bleeding will continue for a much longer period. Some individuals experience but a single attack during life; while in others, the hæmorrhage may return at uncertain intervals of weeks, months, or years; or again, it may assume a periodic character, and return at longer or shorter, but regular intervals. As a general rule, the bleeding increases both in frequency and amount with the duration of the disease. In females it is not unusual to observe the hæmorrhoidal discharge interfering with or becoming vicarious with the catamenial functions; and in some instances these discharges will alternate.

There can be no doubt that the quantity of blood lost in many of the cases recorded must have been greatly exaggerated; and patients are always prone to imagine it larger than it really is, from the alarm created by the sight of blood, by the show it makes on their linen and clothes, as well as from the liability of its admixture with other fluids imposing on their inexperience.

Mr. Du Pasquier informed me a patient of his lost one night, while in bed, eight or nine pounds of blood. Mr. Calvert* adduces the two following cases, which came under his own observation. "A middle-aged

* 'A Practical Treatise on Diseases of the Rectum and Anus,' by G. Calvert, pp. 16, 17, London, 1824.

woman, a patient of the Manchester Infirmary, in whom the hæmorrhoidal discharge had been long suppressed, was seized with colic pains, with a sensation of weight about the loins and sacrum; an enema was exhibited, which brought away some liquid fæces, and soon after a discharge of bloody fluids, amounting to more than three chamber-pots full in less than two hours. She was dreadfully reduced in consequence, but the pains subsided, and after some time she regained her former strength." "A young woman, an out-district patient of the same hospital, was affected with pain in the head and loins, symptoms of general fever, with tenesmus and sympathetic irritation of the bladder. In this state she continued for some days, when the hæmorrhoidal discharge to which she had been subject returned, and more than a pint of blood was voided for near a fortnight. The pains in the head and loins, with the other symptoms, disappeared with the recurrence of the discharge, and were succeeded by a small feeble pulse, œdema of the face and extremities, oppression at the region of the stomach, and great prostration of strength. The discharge was eventually stopped by the vigorous use of spirituous and astringent injections, with such other means as are generally employed when affections of this nature are continued from debility."

The following are some of the cases quoted by Montègre,* to which, however, credence cannot be

* Op. cit., pp. 27—30.

given without hesitation. "Montanus,* according to the report of Schwevcher, saw a patient who had passed two pounds of blood for forty-five successive days, and finally recovered. Cornarius† mentions the case of a gentleman, who, after drinking freely of Hungarian wine, lost two pounds of blood from the nose, and six pounds on each of the four following days from the anus. Nevertheless, he got well without any remedy. Pommet‡ gives the case of a man, thirty-six years of age, of an atrabilious temperament, who for a long time had been subject to an excessive hæmorrhoidal flux, for which he tried many remedies without obtaining relief. At length, having adopted the idea that it had a venereal origin, he underwent an antisymphilitic course of treatment, in consequence of which the flux disappeared. However, he was soon attacked with distressing symptoms of cholera, when the hæmorrhage reappeared. During a month he lost nearly a pound of blood daily, which was followed by colic, pains of the face and extremities. By a generous diet, nutrient injections, and cold baths, the hæmorrhage was arrested, and exercise on horseback rendered him convalescent. Lanzoni§ cites the case of a priest who daily passed a pint of blood per anum. Ferdinand|| says that a girl, twenty years of age, of a sanguineous temperament,

* 'Append. Consilior Montani,' p. 59, Basil, 1588.

† 'Observ. Med.,' 26.

‡ 'Traité des Maladies Vaporeuses.'

§ 'Consult. Med.,' 97; 'Oper.,' t. ii. p. 203.

|| 'Hist. Med.,' 16, p. 40.

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sedentary habits, and endowed with much vivacity, in consequence of a violent chagrin, arising from jealousy, became affected with hæmorrhoids, and for many months daily evacuated about half a pint of blood while at stool. The menstrual discharge ceased, her face became pallid and cedematous : under proper treatment she perfectly recovered."

The amount of hæmorrhage in different cases varies much ; in some it is but trifling, perhaps not more than a few drops, or at most a teaspoonful, whilst in others it may be from one to several ounces, or even as much as a pint, depending on the general condition of the patient, and the presence or absence of irritation or vascular excitement in the pelvic viscera. At first, the discharge of blood may be salutary in effect, by relieving the congested condition of the vessels or liver giving rise to the local affection. Frequently the patient will experience a relief of the feeling of weight and fulness in the perineum and rectum, and the other unpleasant symptoms that existed, by the loss of a small quantity of blood. When organs important to the maintenance of life are seriously affected with disease, the occurrence of the hæmorrhagic flux may serve for a time to ward off fatal effects, by preventing vascular determination to them ; but when the bleeding is great, or becomes habitual, the constitution suffers, and a train of unpleasant symptoms arise : the patient becomes pale, the florid colour of the lips in health fades, the gums and tongue are blanched, the com-

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plexion is sallow and dingy, and has a peculiar waxy appearance; deficiency of physical and mental energy supervenes, he is listless, his sleep is disturbed, the temper becomes irritable and peevish, frequent headache occurs, which is increased by the upright position, and relieved by the horizontal posture; the heart's action is easily excited, and the organ will palpitate violently on slight bodily exertion or mental agitation; there is difficulty of breathing, particularly in going up stairs, or ascending an incline, and, finally, as a consequence of the anæmic condition of the patient thus induced, cedematous swelling of the feet and legs occur.

Mucous discharge from the anus is a very frequent and annoying accompaniment of hæmorrhoidal affections. It varies much both as to quantity and appearance: in a female patient I attended at the commencement of 1853, it was most profuse; it ran down her legs while walking, and constituted the chief source of annoyance to her. When active irritation of the mucous membrane exists, the discharge is watery, resembling a thin solution of gum, and frequently acrid, producing excoriation of the surrounding parts. When the secretion is the effect of chronic irritation, it is gelatinous in appearance, and resembles frogs' spawn, or the white of an unboiled egg. If the secretion is watery, it exudes from the anus, and soils the patient's linen, and renders him otherwise uncomfortable: when tenacious and moderate in quantity, it

is discharged at stool only; but if profuse, any exertion, such as running, walking, riding, either on horse-back or in a carriage, and even laughing and sneezing, will cause its ejection.

Ulceration of the surface of the mucous membrane of piles is the result of severe inflammatory action, or is produced by friction and irritation of the patient's clothes, when the tumours are subject to prolapsus: if arising from the former cause, it attacks the follicles, and penetrates deeply; whilst from the latter, the ulcerated surface will be more extensive, but superficial. External piles are more often affected by ulceration than internal ones, especially when they have become permanent and indurated, in consequence of repeated inflammatory attacks. Not unfrequently small abscesses and sinuses are formed in this last class of tumours. Occasionally abscess will occur in the cellular tissue of the rectum, by its implication in the inflammatory action, or by perforation of the mucous tissue by ulceration, and thus lead to the formation of fistula in ano. Should abscess form in the male anterior to the anus, and press upon the urethra or neck of the bladder, retention of urine may be superadded to the patient's other symptoms. In females, the abscess will extend to one of the labia, or open into the vagina, forming recto-vaginal fistula, or, by bursting externally by the side of the bowel, establish fistula in ano.

Fissures of the anus, as a complication, more fre-

quently take place when the piles are external, and have existed for some time, and the tissues, by chronic inflammation, are indurated and rendered less yielding to distention. They commence as slight cracks or tears, resulting from the passage of bulky and hardened fæces, and increase by the ulcerative process, from the constant irritation they are afterwards subject to by the action of the bowels and the lodgment of fæcal and acrid matters. The pain accruing from this complication is very distressing; it is induced each time the bowels act, and will continue for several hours afterwards, attended with spasmodic contraction of the sphincter ani.

The sufferings and inconvenience to a patient affected with internal piles are often greatly increased by their protruding external to the anus. When the tumours are situated immediately within the rectum, they are subject to prolapsus in an earlier stage of the disease, owing to the eversion of the lower part of the mucous membrane, which occurs at the time of emptying the bowels, and to the fæces thrusting the tumours before them: when situated higher up in the intestine, they do not descend at so early a period, but, by the pressure and elongation they are subject to from the passage of the fæces, they at length protrude externally. At first the piles are retracted within the anus by muscular action alone after the bowels have been relieved; but in process of time this no longer occurs, and it becomes necessary to return them. Another

source of distress from the prolapsus of piles, is their liability to strangulation, either by the spasmodic contraction of the sphincter, or by sanguineous engorgement: under these circumstances the assistance of a surgeon will be required to effect the replacement of the extruded parts. If the patient delays seeking the necessary aid, mortification takes place, endangering his life should the constitution be impaired by any cause, or the vital powers be naturally feeble: if the contrary condition exists, and the general health be good, the tumours will slough off, and a cure will thus be effected, but at the expense of much suffering.

The converse condition of the anus to the preceding will cause serious distress to some, as a consequence of the sphincter having lost its tone, and becoming greatly dilated by the frequent protrusion of the piles, by their size, and by the long persistence of the disease, the patient will not only be subject to the annoyance of prolapsus of the bowel with its attendant miseries, but will be unable to retain his fæces.

In addition to the complications and consecutive effects which have already been considered, others will arise: thus, in the female, by the contiguity of parts, the vagina and uterus are liable to be affected; whence arises leucorrhœal discharge more or less profuse in quantity, accompanied by pain and distressing bearing-down sensations. In the male, from the same cause, and the free anastomosis which exists between the prostatic plexus of vessels and those of the rectum, the

prostate gland may be affected, inflammatory action excited, inducing enlargement and other evils; the neck of the bladder will not unfrequently be sympathetically involved, and strangury or retention of urine result. By the long continuance of chronic inflammation from hæmorrhoidal disease, stricture of the rectum sometimes occurs.

Numerous causes tend to excite hæmorrhoidal disease. In some cases we shall be able to trace it to hereditary predisposition: age has its influence; sex, climate, and period of the year, also have effect. Plethora, particularly when combined with sedentary occupations and indulgence in the pleasures of the table, strongly predisposes to the disease; mechanical and pathological obstruction to the venous circulation of the intestine is another cause; irritation within the bowels, as from ascarides; diarrhoea, dysentery, irritating enemata, the injudicious use of mercury, certain stimulating purgatives, highly-seasoned dishes, and certain alimentary substances; diseases existing in contiguous parts, as of the prostate gland, stricture of the urethra, stone in the bladder, &c., will give rise to hæmorrhoids; and, lastly, may be mentioned, excessive venery and masturbation.

It will be desirable to trace how far, and in what manner, the several causes that have been mentioned operate in inducing the disease.

Hereditary predisposition sometimes promotes the establishment of the disease, not so much by any local

tendency to the formation of piles, as by a similarity of constitution and general organization. Thus we shall find both parents and children to be of a bilious temperament, of lax muscular fibre, the venous system of an augmented state of development, and the nervous sensibility exalted, whereby the depressing passions have a greater influence. This hereditary aptitude to hæmorrhoidal affections has been traced by many authors: Bushe* has observed it in several families in connection with similarity of organization, and also where that did not exist. A French author† mentions an instance of a family of nine people who were thus afflicted.

From several circumstances we do not often meet with hæmorrhoids till after the age of puberty; diseases from sanguineous engorgement more frequently in early life attacking the head and chest than the abdominal organs: however, at the Blenheim Dispensary, I had a child of two years of age under my care suffering from external piles. One author mentions two cases occurring in his practice, in which one patient was between six and seven years of age, and the other five; the latter also had stone in the bladder. Other practitioners have met with the disease at an early period, but this is very far from being commonly the case. In the middle period of life we find all diseases of the

* 'Treatise on the Rectum and Anus,' by George Bushe, New York, 1837, p. 170.

† M. J. B. de Larroque sur 'Les Hæmorrhoides,' Paris, 1819.

abdominal organs more frequent, owing to the peculiar susceptibility then existing to vascular repletion and engorgement of this region; the circulation is less rapid in the adult, and that portion of the vascular system returning the blood to the heart is more fully developed in mature life. It is after the age of puberty that the various affairs and occupations of life engage the attention; then the habits become sedentary: depressing passions and the influence of temperament appertain also to the middle period of existence. Females who have enjoyed immunity from hæmorrhoidal affections during that portion of their lives when the menstrual functions were regularly performed, not unfrequently become the subjects of them at the climacteric period, especially those who are plethoric; and, in such cases, the hæmorrhoidal flux may be regarded as salutary, by diverting those congestive affections from the several important organs, that so often succeed the cessation of the catamenia.

Great diversity of opinion prevails as to the relative frequency of hæmorrhoidal affections in males and females. Much will depend on the circumstances in which both are placed. Montègre thinks them more common in females in an occasional or accidental form; and to occur in males in a more regular and constitutional form. The experience of Mr. Syme and Dr. Bushe tends to confirm their greater frequency among men: the latter writer supposes the menstrual function should sufficiently relieve the system of sanguineous

repletion: certainly in the majority of cases of hæmorrhoids occurring in females that have come under my observation, the catamenia have either been suppressed, or the functions more or less deranged; but in some cases this will be rather an effect than a cause. Females who are plethoric are very liable to be the subjects of hæmorrhoids at the turn of life, when the menstrual flow ceases; and, in some instances, these discharges alternate with each other for some time before the uterine functions entirely subside.

Warm, moist, and miasmatic climates dispose to hæmorrhoidal affections, by inducing general relaxation, and of the venous system in particular; they also favour congestion of the abdominal viscera, and develop the bilious, sanguineo-bilious, and melancholic temperaments. Those who have resided for some time in the East or West Indies are very prone to suffer from hæmorrhoids. In the southern states of North America, in South America, in Egypt, and Turkey, these affections are very common. In the two latter countries the morals and manners of life of the people exert a great influence in producing these diseases. In dry climates, whether cold or temperate, these affections are less frequent, as is also the case with regard to many other diseases. In our climate, the variability of the temperature often produces congestion of the internal organs, giving rise to various inflammatory and morbid actions: these are more liable to occur if the functions of the skin have been excited from any cause,

and then checked by its being suddenly cooled down by a rapid fall in the atmospheric temperature.

The periods of the year in which the vicissitudes of temperature are greatest predispose more to the development of these affections than when the weather is either warm or cold, but equable. Some writers think these diseases occur more frequently in spring, from the phenomena of life being more active at that season, the blood being more readily formed, and in greater quantity; also that the increased temperature expands the volume of the circulating fluid. It is also asserted, that northerly and north-easterly winds bring on the hæmorrhoidal discharge; but I presume they have no specific influence further than by checking the cutaneous exhalation, and thus determining the blood internally.

Plethoric individuals are more liable than others to be affected with hæmorrhoids. In them the state of repletion of the vascular system is often induced by partaking of a larger amount of aliment than nature requires, combined with a deficiency of exercise, which also excites several of the other causes co-operating in producing disease of the rectum.

Any impediment offered to the return of the blood from the lower bowel will induce hæmorrhoids: it will arise from two causes, the one being mechanical in its immediate effect, the other pathological, and depending on disease and alteration of structure in some of the internal organs. Those causes which act mechanically are the pregnant uterus, ovarian and other tumours

developed in the pelvis or abdomen, which, by pressure on the large venous trunks, impede the ascent of the blood: tight lacing and cinctures also have the same effect. The pathological causes are congestion and structural diseases of the liver, pancreas, and spleen; diseases of the lungs, heart, and large blood-vessels, interfering with the free circulation of the blood.

Hæmorrhoids are frequently a concomitant of pregnancy, and in this state are of the accidental or occasional form, being induced by the gravid uterus pressing on the venous trunks, and by the general plethora which exists during this period.

Constipation is one of the most frequent and common causes of hæmorrhoids which we meet with: it tends to induce the disease in several ways: thus, when the fæces are retained, they become indurated and impacted, and produce irritation of the mucous membrane, and consequent afflux of blood to the rectum; by accumulation they distend the intestine, and, pressing on the veins, interfere more or less with the return of the blood. In this habit of body the hæmorrhoidal affections become greatly engorged during the act of defecation, from the violent efforts of the expulsatory muscles, and the congestion, arising during the temporary suspended respiration that always attends violent muscular action.

Those persons whose habits of life are sedentary are very generally the subjects of piles, more especially if they indulge freely at table. By inactivity of body,

the functions of the several emunctory organs are diminished, and not the least important, that of the skin, which, when properly performed, frees the system of the products of the effete tissues, which, if retained, have a most pernicious effect on the animal economy generally. From deficiency of exercise the function of the liver is lessened, and congestion is very liable to occur. Constipation, and its effects, as a result of this mode of life, is nearly always present. The sitting position maintained by persons of the habits under consideration determines the blood to the hæmorrhoidal vessels. From these circumstances it is very common to meet with hæmorrhoidal diseases among clergymen, barristers, lawyers, those confined to the counting-house, and among the working-classes, the nature of whose occupations compels them to sit many hours, as dressmakers, tailors, shoemakers, and others. It is very common for individuals thus circumstanced to have the hæmorrhoidal discharge occurring in a regular manner, and, when moderate in quantity, having rather a beneficial effect than otherwise, and possibly saving them from some more serious malady.

Sometimes the hæmorrhoidal flux will appear as a translation of hæmorrhagic discharge from some other organ; thus arresting and keeping in abeyance morbid action that has given rise to hæmoptysis, hæmatemesis, epistaxis, &c. Bushe mentions having observed several instances in which this occurred, and records two cases: the one of a gentleman from Ireland, who had hæmop-

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tysis, which ceased on his being attacked with hæmorrhoids, and he enjoyed good health: resorting to Paris, and being annoyed by the piles, he had them removed by Baron Dupuytren; after that he returned to America, and laboured under a determination of blood to the head, of this he was relieved by leeches to the anus, and by the administration of aloes and blue pill. The other case is that of a gentleman subject to epistaxis, and who suffered from a series of cerebral symptoms, consequent on its suppression. Dr. Bushe, being consulted, prescribed stimulating pediluvia and brisk purgatives. On the patient feeling a desire to defecate, he discharged about a pint of blood per anum, to the immediate relief of the head symptoms; a regular hæmorrhoidal flux continuing, he had no return of the epistaxis, or any of the unpleasant circumstances attending its suppression.

Mental emotions and passions, both exciting and depressing, are causes of hæmorrhoids: thus anger, fear, sorrow, ennui, &c., excite a remarkable and vital action of the ganglionic nerves of the abdomen, manifested by a sense of sinking, weight, constriction, and pain at the epigastrium. The result of this impression is extended to the surface of the body; the cutaneous vessels contract, inducing pallor, and the blood, driven from the surface, accumulates in the internal organs, producing various functional disorders of the stomach, derangement of the liver, jaundice, diarrhoea, or hæmorrhagic discharge from the rectum.

Internal irritation from a variety of sources will produce these affections. Ascarides, which infest the lower portion of the alimentary canal, are not an infrequent cause; irritation arising from diarrhoea and dysentery will excite the hæmorrhoidal discharge, and we shall observe it not unfrequently as a crisis in other diseases: thus it occurs in fevers, particularly bilious and gastric fevers; also when inflammation has attacked the brain or any of the organs lodged in the thoracic and abdominal cavities; and in other conditions of the system, as hypochondriasis, &c.

Diseases of contiguous organs, by inducing an afflux of blood to the pelvic viscera, and by extension of inflammation and irritation, are common causes of hæmorrhoids: we observe them accompanying disease of the prostate gland; occurring as a consequence of stone in the bladder; the effect of stricture of the urethra, consequent on the vascular turgescence and violent straining in micturition, attendant on the aggravated forms of the later affection.

Excessive venery and masturbation, by producing relaxation of the system, and by determining the blood to the organs in the pelvis, produce hæmorrhoidal disease.

Certain purgatives and drastic medicines, as aloes, scammony, gamboge, black hellebore, rhubarb, the neutral salts, &c., particularly if prescribed in too frequent and too large doses, induce hæmorrhoids:

they act directly by irritating the mucous membrane of the rectum, and by inordinately exciting that portion of the intestine, and the lower part of the colon. Of all medicines, calomel and the other preparations of mercury have been productive of most mischief in the affections we are now considering, as well as inducing other diseases of the digestive organs. It is not from the use of the mineral, but its general abuse, that the evil arises: the practice is justly reprobated by Drs. Copland, Elliotson, and other writers on the practice of medicine. It may, however, be questioned whether all the medicines first mentioned, when properly administered, exert much influence in inducing the disease, and whether it is not rather to the state of the constitution rendering these medicines necessary that we should ascribe the local affections. They will severally readily reproduce the hæmorrhoidal flux when once it has taken place; but it is not to be inferred from this that they will cause the disease, as morbid action having once occurred in a part is much more easily re-established even by slighter causes: therefore, before attributing the malady to medicines, it is essential to ascertain if there may not be other causes to which it may owe its origin.

As well as to living above par, conjoined with a deficiency of exercise, we shall be able to trace the disease in some people to eating various alimentary substances, particularly highly-seasoned dishes, spices,

onions, shalots, &c.; to partaking of very hot or cold beverages, or too great a quantity of stimulating drinks: certain wines, also cider and beer, will, in some individuals, readily induce the affection.

The local application of cold or heat, as sitting on stone seats, on the cold and damp ground, on damp cushions, the habit of standing with the back to the fire, riding rough horses, prolonged walks in hot weather, travelling a number of consecutive hours in a carriage, sitting on pierced seats whereby the blood gravitates to the anus, consequent upon its being unsupported, and on the obstruction to the circulation from the pressure on the surrounding parts; stimulating pediluvia, irritating and large enemata, are other causes of hæmorrhoidal affections.

The symptoms attending hæmorrhoidal diseases vary much, and are greatly influenced by the state of the general health of the patient, the exciting cause whether accidental or constitutional, and the complications with which they are associated, and also by the piles being internal or external.

In the first attack, the patient will probably experience but slight inconvenience. If the disease is only of the congestive form, there will be itching and a sense of weight and fulness in the rectum, with uneasiness in the perineum: in a few days bleeding may occur, but does not always take place in the early attacks, and when it does it is usually critical, all the symptoms and discomfort disappearing for the

time. If the disease does not thus subside, but is permitted to increase, or when several attacks have been experienced, the symptoms will be augmented in number and severity; and, in addition to the weight and fulness at first felt, there will be heat and throbbing, the pain at stool will be greater, and will continue for some time afterwards: pain will also be felt up the sacrum, in the loins, and down the thighs: after a short time a flow of bright blood will be observed either preceding or after defecation; usually increasing in quantity with the duration of the disease, and often becoming the most prominent symptom, and causing great derangement of the general health. As the disease progresses, a feeling of the presence of a foreign body in the rectum will be experienced, and at stool one or more tumours will be protruded; at first they are retracted spontaneously after the action of the bowels, but, in process of time, from increase in size and loss of tone in the parts, it becomes necessary for the patient to replace them with his hand. Should the piles become constricted by the sphincter, many of the symptoms of intussusception or strangulated hernia may be induced. In weak and debilitated persons the sphincter loses its tone, the anal orifice becomes dilated, and the hæmorrhoidal tumours will then descend upon the slightest exertion, or even on assuming the erect position, causing great annoyance and discomfort: in this condition they will be liable

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to ulceration from the friction to which they are exposed by contact of the clothes. A mucous discharge soiling the linen is a frequent symptom; it is sometimes so profuse as to run down the patient's legs whilst standing; it may also be very acrid, and produce excoriation of the external parts, adding greatly to his other sufferings.

By sympathy and contiguity, the irritability and sensibility of the bladder and urethra will be increased, micturition will be more frequent, and in the aggravated form we shall observe the opposite effect, strangury, or even retention of urine.

All patients who are the subjects of hæmorrhoids suffer more or less from constipation, with its concomitant symptoms, flatulence, pain, and constriction at the epigastrium, vomiting, &c. Where the disease is fully established, particularly if much blood has been lost, there will be pallor, and a peculiar dingy waxy appearance of the countenance; the respiration will be hurried and irregular, the heart's action readily increased by the slightest bodily exertion or mental emotion: this is often so distressing as to lead the patient to think he has disease of that organ, for which he may seek advice, and by dwelling too exclusively on this one effect, may mislead his medical attendant from the real disease.

Giddiness, drowsiness, weight and pain in the head, are very common symptoms in these affections, and occasionally, spasm and rigidity of the extremities

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will be complained of. The attacks are not unfrequently ushered in by rigours; the tongue will be furred, large, and deeply notched by the impressions of the teeth; the skin will be harsh and dry; the functions of the kidneys deranged; the pulse, increased in velocity, will be hard, and contracted, or rendered weak, irritable, and quick, from debility, suffering, and loss of blood.

Hæmorrhoidal affections are liable to be overlooked from two circumstances: the one being a delicacy on the part of the patients, leading them to conceal the origin of their sufferings; the other the severity of some of the symptoms, or derangement of other organs consequent upon them, diverting the attention away from the real seat of disease: however, a careful investigation into the origin and history of the case will not fail to elucidate its true nature.

The diagnosis of hæmorrhoids requires some attention: other growths and excrescences occur at the anal region which may be mistaken for them. The radiated folds of integument here situated are apt to take on an increase of growth, and become indurated, in those whose habits are sedentary and who sit much on stuffed seats; they occasion great itching and irritation, and interfere much with the patient's comfort and rest at night. These growths vary in size, sometimes equalling that of a bean; they are often bedewed with moisture, and the surrounding integument is irritated and inflamed. They are distinguished from

hæmorrhoids by their growth being gradual, and being unaccompanied by the acute local symptoms and constitutional disturbance attending piles; the tumours themselves are indurated, but their base of attachment, which is usually somewhat constricted, is unaffected. External hæmorrhoids, when their surfaces are ulcerated, may be mistaken for venereal excrescences; but by tracing the origin of the tumours, by the subsequent history of the case, and the absence of other symptoms of the latter affection, a correct diagnosis may be formed.

Hæmorrhoidal tumours may be mistaken for polypi of the rectum; but the converse is more usually the case, particularly by patients themselves. Polypi are more gradual in their growth; they are not preceded or accompanied by the constitutional or local inflammatory symptoms that attend piles: in the benign variety of polypi, hæmorrhage does not occur, except to a very slight extent, and that only on the passage of a bulky and costive stool; their surface is smooth and somewhat glistening, and not villous or granular, like hæmorrhoidal excrescences.

A very cursory examination will enable us to distinguish hæmorrhoidal tumours from prolapsus of the rectum: in fact, the only form with which they can be confounded is, when a fold of mucous membrane on either side descends, and, in the course of time, becomes thickened and rugous: in this state, however, there is an absence of the ordinary symptoms

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of piles; the prolapsed portion of the intestine is free from hæmorrhagic discharge, is not subject to alternations of turgescence and flaccidity; and, besides the extent of the base of attachment, we can roll the two surfaces of the membrane upon each other.

A most important distinction we have to consider, both in the prognosis, and with regard to treatment, is the source of hæmorrhage, which may be intestinal, and not the result of piles. But here a little consideration will prevent error: intestinal hæmorrhage is generally a result of acute and dangerous visceral disease, and the constitutional disturbance attending it will be severe, and of marked character; it more frequently accompanies the advanced stages of malignant fevers and general cachexia. The state of the blood discharged will enable us to form a tolerably correct opinion whether it be from piles or not: when it occurs from any portion of the intestinal canal above that which is the seat of hæmorrhoids it will be clotted, very dark, and mixed with the fæces and excretions, and will be passed at stool without any of the distress attending piles; nor shall we be able to detect by digital examination per anum any form of tumours or varicose state of vessels. But, on the contrary, if the hæmorrhage be from piles, the blood will either precede or follow defecation, will be florid in colour, and fluid, with all the characters of being recently extravasated. There will also be the local symptoms attending these affections, as weight and fulness in the

rectum, pain, and others which have been previously mentioned : these will be aggravated at stool ; besides, examination will reveal the presence of one or more tumours or other lesions.

Before commencing the treatment, it is most important that a careful and minute examination of the rectum and anus should be made when a patient complains of any of the symptoms of hæmorrhoidal disease : firstly, that we may arrive at a correct knowledge of the peculiar kind of tumour, and the condition of the parts, also as to the existence or not of any complication ; and, secondly, because the accounts given by patients themselves are frequently inaccurate, and they are too apt to dwell on any one or more of the symptoms that may be most distressing to them.

In making an examination in the male, the patient should be directed either to lean over the back of a chair, or to lie upon a sofa on his side, with the nates projecting over the edge, and the knees drawn up ; the latter position is preferable, and should always be adopted with female patients. The parts when inflamed being acutely painful, all possible gentleness must be observed, particularly if fissure of the anus exist as a complication, as slight irritation will often induce excruciating agony. Previous to making a digital examination of the interior of the bowel, the cavity of the nail should be filled with soap, which will prevent its scratching the intestine, and the finger must be dipped in oil to facilitate its introduc-

tion; lard and unguents do not answer so well, as they interfere slightly with the delicacy of the sense of touch.

Having become acquainted with the abnormal condition of the parts, the next consideration is, whether the hæmorrhoidal affections are of a constitutional or accidental origin: it is on arriving at a just conclusion on this point that the principles of treatment must be based, and on it our success must depend. When piles have existed for a long period, have continued from youth, or the commencement of puberty, when they supervene upon or replace some serious organic or habitual affection, if they are preceded by constitutional disturbance and succeeded by an improvement in the state of the health, if well-marked indications of plethora exist, which is relieved by the accession of the hæmorrhoidal flux, and if indications of congestion, or disease in any of the organs accompany or follow its suppression or interruption, or an hereditary predisposition exists, a constitutional nature may be inferred; and local treatment must be a secondary consideration, and not adopted till the constitutional cause has been removed or palliated: this is especially necessary if there is a predisposition, hereditary or otherwise, to apoplexy, gout, phthisis, hæmoptysis, epistaxis, or other kinds of hæmorrhage.

Various authors mention instances in which a neglect of the consideration of the constitutional origin, and the adoption of a local treatment of piles, have been

followed by serious or fatal consequences. Dr. Copland mentions three cases having come under his observation, in one of which fever was induced, in another apoplexy, and in a third melancholia, by the improper arrest of hæmorrhoidal discharge. Mr. Howship states the case of a gentleman subject to gout, who, in opposition to proper medical advice, was induced by a charlatan to have recourse to a strong vitriolic lotion, with the effect of arresting the hæmorrhagic discharge, but the patient soon after died of gout in the stomach.

The general treatment of hæmorrhoidal affections must consist in enforcing a strict observance of moderation in diet, due attention being paid both to the quality and nature of the aliment, as well as quantity; all stimulating food and beverages must be forbidden, and only that allowed which is unirritating and easy of digestion: this is a matter so important, not only in the diseases herein treated of, but in all others, that it would be well to give a patient written instructions on this point, in the same manner as when medicines are directed to be taken. The bowels must be regulated, and constipation combated, by deobstruent laxatives and stomachic aperients. If fæcal accumulations in the colon exist, these must be removed by emollient enemata: in many cases the use of O'Beirne's tube will be highly serviceable in dislodging the excrementitious matter. When the secretions and excretions of the chylopoietic viscera are depraved or deficient,

means must be adopted to restore them to a healthy state; for this purpose a few grains of the blue pill with one of powdered ipecacuanha should be directed to be taken at bed-time, or mercury with chalk and extract of taraxacum may be substituted; and in the morning a purgative draught should be taken.

If these are not sufficiently active, sulphate of magnesia, potassio-tartrate of soda, or sulphate of potash may be added: castor oil is a useful laxative in these diseases: a teaspoonful of electuary of confection of senna with powdered jalap, ginger, tartrate of potash, and syrup of tolu, taken either at bed-time or early in the morning, answers very well in moving the bowels once or twice.

The addition to the electuary of two or three drachms of copaiba will be very beneficial in many cases, but renders it so nauseous that some patients cannot take it; if, however, it is made into boluses and wrapped in wafer-paper, it may be swallowed without being tasted. The functions of the skin and kidneys must receive most earnest attention: various diuretic and diaphoretic medicines must be prescribed, as the citrate of potash and nitrate of potash in camphor mixture; a solution of the acetate or citrate of ammonia, camphor mixture, sweet spirits of nitre, and the inspissated juice of the elder; other formulæ will readily suggest themselves to the practitioner.

The importance of regular and moderate exercise must be enforced on the attention of the patient; by

it the whole of the vital functions are stimulated to a healthy action: thus the circulation is increased, particularly in the extremities, nutrition is more rapid, and the depurating and excretory organs are excited in eliminating matters that have served their purpose in the economy, which, if retained, are productive of much of the apparent derangement of the system.

The vicissitudes of temperature must be guarded against by proper clothing, and benefit will follow the occasional use of the warm bath, particularly when the action of the liver or skin is torpid. Both in external and internal hæmorrhoids ablution with soap and water night and morning will be attended with great benefit and comfort. It is not merely by washing away irritating secretions and excrementitious matter that this results, but by a direct and specific effect of the soap on the parts themselves. In internal hæmorrhoids, or in congestion of the vessels of the rectum, the injection of half a pint of cold water after each dejection will be of essential service: the advantage resulting therefrom arises from a twofold effect, the one by removing any feculent and irritating matter, the other by the immediate impression of the cold upon the nerves and vessels of the intestine.

The several complications and phenomena attending hæmorrhoids require special consideration with regard to treatment, bearing in mind, at the same time, the cause and origin of the disease. When symptoms denoting congestion and repletion of the hæmorrhoidal

vessels are present, the bowels must be moved by castor oil, or the electuary before mentioned, or some other gentle purgative. It may be necessary to have recourse to the local abstraction of blood; cupping over the sacrum or on the perineum is preferable to the application of leeches around the anus; it occupies less time, is less annoying to the patient, and does not produce the local determination of blood that leeches do. When the patient has previously suffered from hæmorrhage, leeches applied to the anal region will frequently reproduce it, or it may appear for the first time by the determination of blood induced by their application. After the bowels have been moved and blood abstracted, the warm hip-bath will afford ease, or flannels wrung out of hot water applied to the perineum and sacrum may be substituted.

When the tumours are inflamed, local depletion will generally be necessary; for the reason just urged, cupping will be more advisable than the application of leeches. If the piles are internal, and are prolapsed, they must be returned within the sphincter by gentle pressure, made by a fold of lint smeared with olive oil or spermaceti ointment: this must not be neglected, or, from vascular engorgement or constriction by the surrounding muscular fibres, mortification will probably result, occasioning severe constitutional disturbance and much suffering. I have seen the lives of several individuals nearly sacrificed by this occurrence, and in other cases I have saved the

patients much pain and misery by at once removing the strangulated mass when it was impossible to reduce it, and sloughing was impending. The celebrated Horne Tooke nearly lost his life thus. Sir Benjamin Brodie,* in his lectures, narrates the circumstance:—"Many years ago I was dining with Dr. Pearson, and after dinner he gave an account of Horne Tooke's illness. He said that he had long laboured under piles; that at last mortification had taken place; that there was no chance of his recovery; and he added, that he had that morning seen him for the last time. I remember that in the middle of this history there came a knock at the door, on which Dr. Pearson said, 'Here is a messenger with an account of my poor friend's death.' However, it was some other message; but by-and-by a messenger did arrive, saying that Horne Tooke was much the same, or a little better. It turned out, as I have been informed, that the piles sloughed off, and from this time he never had any bad symptom. In fact, he was, if I have been rightly informed, cured of a disease which had been the misery of his life for many years preceding, and he lived for some years afterwards."

After the tumours have been replaced, hot poppy-head fomentations should be applied, to be succeeded by hot linseed-meal poultices. Some surgeons have advised punctures and scarifications of the inflamed and protruded piles: it is a practice that should not

* 'Medical Gazette,' vol. xv., p. 746.

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be adopted, being founded on erroneous principles, and will only cause the patient much annoyance without affording the desired relief. Mr. Calvert says he saw a case of fatal hæmorrhage follow the practice. Montègre and Bushe alike condemn the proceeding. After the inflammation has somewhat abated, cooling and anodyne lotions will afford great relief; an aqueous solution of opium with acetate of lead and elder-flower water or rose water will answer the purpose. Enemata of cold water are beneficial in the latter stage of inflammation: the instrument used should be provided with a flexible jet, as one of ivory or metal will be likely to injure the tender parts. The bowels must be kept gently open by means of an aperient electuary, castor oil, or other laxative.

If the tumours have fallen into a state of mortification from excess of inflammatory action, or from constriction by the sphincter muscle, meal poultices must be applied till they have sloughed off and the parts have become clean, afterwards the injection of slightly astringent lotions will promote the healing of the ulcers left by the separation of the sloughs. If the system is much depressed, stimulants, and bark with the mineral acids will be necessary; but the general treatment must be regulated according to the character and severity of the constitutional disturbance.

As previously stated, the pain accompanying these affections varies much in character and intensity, and is often greatest when there is little apparent change

of structure in the part: it is generally aggravated by the several complications met with, being most severe when fissure of the anus and spasm of the sphincter are present. If pain is the result of the acute stage of the attack, the treatment advised in the congestive and inflammatory conditions will relieve it; but it is sometimes intense when only slight structural alteration of the tissues exists unattended with active inflammation: under these circumstances, the bowels being first regulated, and any depraved condition of the excretions corrected, anodyne and opiate enemata must be used, or a bougie introduced a short distance up the rectum, previously smeared with one of the following unguents:—

- R̄ Opii Pulveris, gr. x; Unguenti Cetacei, ʒj. Misce.
- R̄ Extracti Hyoscyami, vel Extracti Conii, ʒj; Unguenti Cetacei, ʒvij. Misce.
- R̄ Hydrargyri c. Cretâ, Extracti Hyoscyami, aa ʒj; Unguenti Cetacei, ʒj. Misce.

When there is fissure of the anus, the application of the last ointment will relieve the pain, and often induce the healing process; but if spasmodic contraction of the sphincter coexist, the extract of belladonna must be substituted for the hyoscyamus.

So long as hæmorrhage appears beneficial in relieving any organ threatened with disease, it must not be arrested, but any error in the constitution or habits of the patient that tends to maintain or increase it should be corrected. When the loss of blood is frequent

or large in quantity, and the patient thereby rendered weak and pale, and the irritability of the system increased, measures must be taken to moderate the flow, or to stop it entirely. In the first place, the bowels must be regulated so as to act gently every day; for this purpose the lenitive electuary with sulphur, or sulphate of magnesia, and dilute sulphuric acid in a bitter infusion, or in an infusion of roses, may be taken early in the morning, and a teaspoonful of the confection of black pepper, or Ward's paste, should be taken two or three times a day. The injection into the rectum, morning and evening, of four or six ounces of cold water will be highly beneficial, from its sedative and astringent effects. If the patient leads a sedentary life, he must take exercise daily in the open air, by which the secretions will be increased, and the circulation equalized. The food must be moderate in quantity, unstimulating in quality, and taken at regular and stated intervals.

Should feebleness and exhaustion be produced by the constant recurrence, or by the sudden profuseness of the hæmorrhage, active measures must be taken to arrest it, and afterwards means adopted to restore the powers of the patient. The recumbent position is directed to be observed, and, if necessary, the pelvis must be elevated; then, according to the urgency of the case, recourse may be had to the injection of iced water or of metallic and vegetable astringents, as a solution of iron, copper, lead, or alum, or a decoction of

logwood, oak-bark, pomegranate, bistort, or tormentil. I find a solution of tannic acid, in proportion of a scruple to a drachm in six ounces of water, better than any other local astringent. Ice, finely powdered, and put into a bladder, may be applied to the sacral and anal regions. The dilute sulphuric acid in infusion of roses, or acetate of lead with opium, and the balsams and terebinthines may be prescribed to be taken internally.

Some authors have suggested the application of cupping-glasses to the upper parts of the body, and sinapisms and ligatures to the upper extremities; others have recommended bleeding from the arm: but I think few surgeons will be inclined to adopt the latter recommendation in a patient already reduced by the hæmorrhoidal flux. Plugging the rectum, and in extreme cases the actual cautery, have been advised; but neither of these means is often practicable, unless the point from whence the blood flows can be brought into view, and then, by ligature or other means, we may be able to succeed in stopping the bleeding. When the hæmorrhage is of a passive character, occurring continuously, and weakening the patient by slow degrees, the administration of the preparations of cinchona, in combination with the mineral acids, will be of service; sulphate of quinine and sulphuric acid, and the various chalybeate preparations, may also be administered.

The discharge of mucus from the bowel, which so generally accompanies internal hæmorrhoids, and is a cause of extreme annoyance to the patient, is to be

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arrested by the injection of cold water into the rectum morning and evening. But if the disease has existed long, and the secretion is profuse, a few grains of sulphate of zinc, acetate of lead, or tannic acid, may be added to the water.

Tumours occurring at the verge of the anus, forming external hæmorrhoids, require different treatment from those which are internal to the sphincter. In the acute stage of external piles, when they are small, hot fomentations, poultices, and the medical treatment already advised, will generally succeed in relieving the symptoms; but if they be large and tense, much time and pain will be saved to the patient by making a free incision through them, and evacuating the contained blood. The incision should be made with a small curved bistoury, in the direction from the circumference towards the centre of the anus; immediate relief will follow, and the very slight bleeding that takes place, which is rather beneficial than otherwise, is never sufficient to cause either the patient or surgeon any anxiety; the wound will heal by granulation, the skin contracts, and the parts are restored to their normal condition in a few days. But if this proceeding be neglected, permanent tumours will be formed in the manner previously described.

When these exist, they should be excised, and it is the only advisable plan of treatment: if the error be committed of applying ligatures to these as to internal piles, intense suffering will result, a striking example

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of which I witnessed in a case some time since. Care should be taken not to remove more of the integument than covers the tumour, or, upon cicatrization of the wounds, contraction of the anus will ensue. The usual mode of excision is by means of a pair of curved scissors: the pile, being seized with a vulsellum or pair of forceps, is to be cut off with the scissors, the incisions radiating from the circumference towards the centre of the anus. A less painful mode of removing these tumours is by a probe-pointed straight bistoury: when the tumours are large and much indurated, they slip before the edge of the scissors, rendering a second or third cut necessary; besides, a certain amount of bruising of the tissues occurs in this manner of operating, and occasions great pain unless the patient is under the influence of chloroform. In using the knife, the incisions can be made with a greater degree of exactness: each tumour is to be held with the forceps, and incised at its base, the lower half of the incision being made first, that the blood may not interfere with our view. If the hæmorrhoid be small, it can be cut off with one stroke of the knife, but if large the preceding plan is the better, as the removal of more of the integument than is necessary can be thus avoided. Should fissure of the anus coexist, it will generally heal after the excision of the tumours: slightly stimulating lotions and ointments will sometimes be advisable till the cure is complete.

In the majority of cases it will not be necessary to

interfere surgically with internal piles, if the treatment already described be steadily pursued, and the patient strictly attends to the injunctions of his medical adviser with respect to diet and exercise. Even when the tumours are large, and have existed for some time, the use of soap and water externally, night and morning, the injection of cold water or lime water after each dejection, and keeping the bowels easy, will enable the subjects of them to pass their lives in tolerable comfort. But when, notwithstanding the adoption of these means, the tumours continue affected with pain, wearing out the strength of the patient, or bleeding occurs to such an extent as to affect the constitution, producing the various symptoms that have been described, or that the tumours are constantly protruded, and a profuse mucous discharge kept up, it will be advisable to remove them by surgical operation. I may be permitted to repeat that it is only when the constitution suffers from the local disease we are to remove it; and we must be careful not to do so when that disease appears beneficial in warding off those of the more important organs of the chest, head, and abdomen, which, if aggravated, might terminate fatally.

If after a minute and careful inquiry as to the existence of any hereditary predisposition in the patient to other disease, and as to his previous state of health, also to his freedom from disease of the head, of the thoracic and abdominal viscera, and after a mature consideration of the whole circumstances of the case,

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the propriety of an operation shall be determined on, the next question that will engage the attention is the best mode of proceeding. It is premised, that before having recourse to any surgical interference, the general health of the patient has been attended to, and the bowels thoroughly unloaded, measures that are highly important to a successful issue of the case, the neglect of which has often seriously aggravated a patient's sufferings, and led to a tardy recovery. Formerly great difference of opinion existed regarding the plan to be adopted, many eminent surgeons advocating excision, while others used the ligature. One reason for this want of agreement among those who have written on the subject depends much upon their not having drawn a distinction between internal and external piles, but applied a general rule to the treatment of both kinds. It is now, however, generally admitted, that excision is applicable only to external tumours, while the ligature, and, in some cases, the use of nitric acid, are preferable in the removal of internal hæmorrhoids. That the operation of excision itself is more rapidly performed than the application of a ligature cannot be denied; but when we take into account the frequency of hæmorrhage, and the necessity of applying ligatures to the bleeding vessels, of making pressure, or of searing the wounded surfaces with red-hot irons, as practised by Dupuytren, there cannot be a question that the patient escapes on more easy terms, and even more quickly, when the ligature

is used. The opponents of the ligature have imagined various evil consequences as following its application, such as phlebitis, diffuse inflammation of the cellular tissue of the pelvis, peritonitis, and tetanus; and have added instances where the application of ligatures was followed by fatal results: but on investigating such cases these results will be found to have arisen from other causes, or that the previous condition of the patient did not justify surgical interference.

Several surgeons of eminence at one time had recourse to excision, but were led to abandon the plan by fatal effects following it. Sir Astley Cooper* says, "For excision, in the early part of my surgical career, I was a strong advocate; for I found it a less painful operation than ligature, and it appeared to me not dangerous; but as my experience increased, I was induced to change my opinion, and to consider excision as not divested of danger." Sir Astley then records three fatal cases: the first the wife of a surgeon, the second a gentleman from Guernsey, and the third the Earl of S——. Sir Benjamin Brodie† remarks, "With respect to internal piles; then, there is no objection to the ligature, while there is the greatest objection to their simple excision. This is the doctrine which I was taught by Sir Everard Home in this

* 'Lectures of Sir Astley Cooper, Bart., on the Principles and Practice of Surgery, with additional Notes and Cases,' by Frederick Tyrrel, 1825, p. 342.

† 'Lectures on Diseases of the Rectum,' by Sir B. C. Brodie, 'Medical Gazette,' vol. xv., p. 843.

hospital when I was a student. But I met with a copy of Mr. Cline's 'Lectures on Surgery,' in which he stated he removed internal piles by excision; and this observation was added, 'A timid surgeon removes them by ligature.' Knowing Mr. Cline to be a very cautious practitioner, I thought in what he recommended there could be no kind of danger, and for some time, therefore, I was led to follow his suggestion. In the first one or two cases I found no inconvenience to arise from my altered practice; but then a case occurred in which the patient lost a great deal of blood; in another case the hæmorrhage was so great that the patient nearly died; and then a third case occurred, in which also the patient lost an enormous quantity of blood, so much, that I now only wonder that he did not actually die. Since then I have never removed large internal piles except by ligature." Mr. Syme,* after referring to Sir Astley Cooper's cases, adds,—“If other practitioners had been equally candid, we should doubtless have had more testimony as to the danger of this operation; and every surgeon who has practised it must have experienced more or less alarm. Before my own views were settled as to the best means of treating the disease, I, on one occasion, cut away an internal hæmorrhoid, which was partially protruded, and I found it necessary to employ manual pressure for several hours to restrain the bleeding that followed.

* 'On Diseases of the Rectum,' by James Syme, F.R.S.E., Third Edition, 1854, pp. 77, 78.

In another case I succeeded in securing the vessels by ligature." Dr. Bushe* also enters his protest against the excision of internal piles, in the following words: "I have performed the operation several times, and after it have had to tie up arteries, plug the rectum, and in one instance to apply the actual cautery. Indeed, I so nearly lost two patients, that when left to my own choice I no longer have recourse to this operation." Latterly, an attempt was made to revive excision, and to substitute for the actual cautery the application of nitric acid to the bleeding surface. This would certainly be productive of as much pain, without the security from hæmorrhage obtained by the use of the hot iron. With the intention of obviating the danger arising from excessive bleeding, removal of internal piles by means of a platinum wire, heated to incandescence by the galvanic current, was suggested and tried, but in practice was not found to possess the advantages imagined. Besides, I presume the burning by this means would not be less painful than by Dupuytren's method, and certainly the operation would be less expeditious.

But if, for any reason, this plan of operation should be preferred, it is to be performed in the following manner: The bowels having been unloaded by the administration of mild purgatives, an enema of thin gruel should be administered some little time previous to the operation, in order to make the tumours protrude

* Op. cit., p. 183.

at the anus, or the patient may be desired to sit over hot water in a close stool, and strain till they are prolapsed. He should then lean across a table opposite a good light, or he may lie on a couch or bed, with the nates projecting over the edge, and his thighs flexed on the abdomen: the buttocks are to be separated by an assistant, and the surgeon, grasping the pile in the blades of a vulsellum or pair of forceps with the one hand, excises it with a pair of curved scissors held in the other; each tumour is thus to be cut off, taking care not to remove any of the mucous membrane that is uninvolved in the affection. Should profuse bleeding result, pressure by means of the finger must be made; if after a short time this does not succeed in arresting the hæmorrhage, it will be necessary to dilate the rectum with a speculum ani, and secure the bleeding vessels by ligatures; or if this cannot be accomplished, Dupuytren's method of applying the actual cautery to the part may be necessary. So frequently did this surgeon find it requisite to have recourse to such means of arresting bleeding, that he had irons of various shapes and sizes for the purpose. Elevating the pelvis, and applying bladders, containing pounded ice and salt, to the sacrum and anus, will assist the other means employed. Plugging the rectum in the ordinary manner is very objectionable, as bleeding may continue internally, unobserved by the attendants, till the patient is exhausted. If it be deemed advisable to have recourse to compression,

it is best made by an oval-shaped bladder of india-rubber, which can be inflated by means of an elastic tube connected therewith. Bushe invented an instrument for arresting bleeding from the wound made in lithotomy, and recommends it in cases of hæmorrhage from the rectum following the excision of piles: it consists of a tube closed at one end, the other being open and furnished with a stop-cock: the sides of the tube are perforated with holes, and a portion of intestine surrounds it, which is secured at each end by wax thread. The instrument being introduced into the bowel, the intestine is inflated through the tube, and the air retained by turning the stop-cock. After the operation a dose of opium should be administered, with the object of tranquillizing the system, and of preventing the action of the bowels for two or three days. At the expiration of that time a dose of castor oil must be given, and the bowels afterwards kept open by repeating it as often as occasion requires, or the lenitive electuary or other aperient may be substituted. Emollient enemata during the treatment are very essential, and will be productive of much benefit and comfort.

From what has been stated, it is quite evident that excision of internal hæmorrhoids is neither safe nor advisable, and that other means must be had recourse to. When the tumours are large, no plan for their removal is so effectual as the ligature, which, if properly applied, occasions but little pain, and the operation does not

occupy more than a few minutes. From extensive practical experience, I can amply testify that this method is entirely free from the evil consequences mentioned by some writers, provided the necessary precautions previously pointed out have been attended to. In this belief, I am supported by the evidence of gentlemen whose eminent position in the profession has afforded them a wide field for observation and practice, and whose opinions command the highest respect. In a recent consultation with Sir Benjamin Brodie, respecting a patient who was suffering from piles, complicated with prolapsus, he remarked, "The ligature is a perfectly safe proceeding." He added he had lost three patients after the operation; but two of them had albuminuria, and occurred before he had become acquainted with the pathology and important alterations in structure of the kidneys inducing that state of the urine, which the valuable researches of Dr. Bright and subsequent investigators have, since then, so ably and clearly demonstrated. In the third case, Sir Benjamin at first refused to interfere, on account of the patient's broken-down constitution; and it was only at his most urgent request, and after all the unfavourable circumstances had been pointed out to him, that he consented to perform the operation. That other fatal results have ensued upon the application of the ligature, is admitted; but in these cases it will also be found the general health of the patient, or the presence of serious disease of the kidneys or other im-

portant organs, rendered the operation inadvisable. It is such cases that are adduced as militating against the practice of applying the ligature, by those who put forth some peculiar but generally not very original plan of treatment.

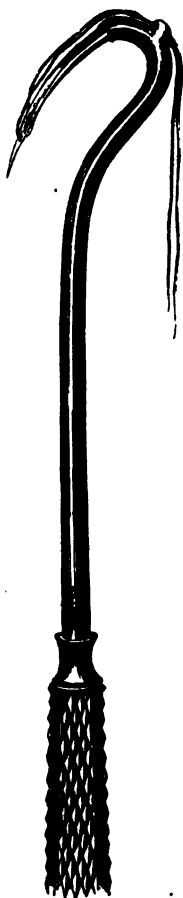
Some surgeons include the pile in a single noose; but the method is inadvisable, for, unless the hæmorrhoidal tumour is connected by a very narrow peduncle, the ligature cannot be drawn sufficiently tight to cut off effectually all vascular and nervous connection, whereby the parts are longer in separating, and a greater degree of inflammation is induced. Mr Mayo* mentions a case in which he operated, and included some large tumours in single ligatures which had not the effect of completely strangulating the parts, and he was obliged to apply others after a few days; a proceeding that must of necessity have been very painful from the inflamed condition of the piles at that time. But another important objection is the liability of the ligature to slip off: this occurred in several cases recorded by Mr. Howship;† and, although the disease was ultimately removed by the excessive inflammation set up, it was at the cost of much suffering to the patient. Another illustration of the evil arising from this mode of applying the ligature was mentioned to me by a professional friend, who had the opportunity of observing the case. A gentleman was recently operated on by a hospital surgeon, who in-

* Op. cit., p. 70.

† Op. cit.

cluded a large hæmorrhoid in a single noose, the result of which was that the ligature slipped off, rendering a second operation necessary; the same thing again occurred, and a third ligature was applied: by these repeated operations the patient suffered severely, and was confined to his bed for several weeks. To obviate these objections it is better always to pass a double ligature through the base of the tumour, and to tie it in two portions.

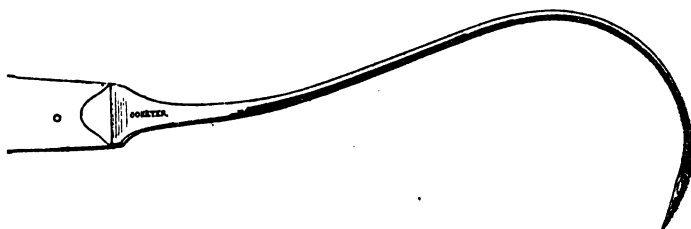
Dr. Bushe* invented an instrument which may be useful in some cases. The annexed woodcut accurately represents the form of the instrument: the needles fitting into the needle-receiver vary from half an inch to an inch in length. The following is the manner of using it:—The needle, being armed with a double ligature, is made to transfix the tumour through its centre, which is then to be grasped by a pair of forceps, and withdrawn from the socket of the holder. All this can be accomplished without entangling the needle in the surrounding parts; because, the convex portion of the



* Op. cit., pp. 188, 189.

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needle-carrier being alone opposed to the prolapsed parts, it pushes them out of the way without injury, and thus makes room for the ascent of the needle, so that it can be seen precisely where to enter its point. The needle I generally use is fashioned like a nævus needle, but having a greater curve, as represented in the subjoined woodcut, and with this

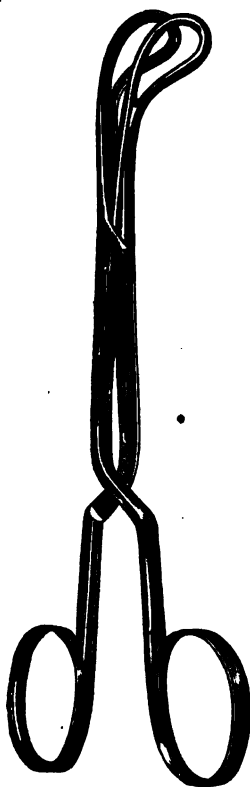


the tumour is transfixed from above downwards. In some cases the tumour is more conveniently transfixed from below, then a needle having a less curve is preferable.

The ligature should be of strong dentist's silk, or, what I prefer, an even and fine hempen cord: whichever is used must be well waxed, that it may not be acted on by moisture, and that the knot may not slip. The length should be about twenty inches: it is also a good plan to have one half stained, whereby, after the division of the ligatures, the respective ends are readily distinguished.

The patient is to be placed in the same position as that described for excision, and the tumours made to

protrude by the means previously directed.* The buttocks are then to be held apart, and the surgeon, grasping the tumour to be operated on with a vulsellum, or by that which is the preferable instrument, a pair of forceps of the form represented in the annexed woodcut, makes sufficient traction to bring the base of the hæmorrhoid into view: if its attachment is below the upper margin of the internal sphincter I have long had recourse to incision of the lower portion, a proceeding possessing great advantage, whereby irritation is much lessened, the patient saved pain, and the ligature separates earlier. It is most essential to adopt this plan of operating when the marginal integument is implicated in the disease, for if any portion of the skin is included the pain occasioned is intense. The incision being made, the armed needle is carried through the centre of the base of the tumour, which being accomplished, the



* Page 128.

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time, otherwise the irritation produced by the ligature of one of the hæmorrhoids will cause inflammation to attack the tissue of others, which, from being in a morbid condition, is rendered more liable to it than the healthy structures. After the knots have been made fast, the ends of the ligatures must be cut off half an inch from them; and the parts returned within the anus. Some have advised that the piles should be clipped off near the ligatures, but there is no necessity for it; they soon become flaccid and shrink; besides, to do so would endanger the ligatures retaining their hold.

The ligatures generally separate from the sixth to the tenth day; no advantage is to be gained by pulling at them or interfering with them in any way: they are sure to be thrown off in proper time. I have known instances of their being pulled off prematurely, to the manifest disadvantage of the patient: it must be recollected, they are placed under different circumstances to ligatures attached at the bottom of deep wounds, as in amputations of limbs, and in other great operations: in such cases gently twisting them occasionally is advisable, if they have not become loose at the usual time for their separation.

Nitric acid as an agent in the treatment of hæmorrhoids has recently been brought prominently before the profession with an air of apparent originality, and is unduly extolled: its use was first advocated by Dr. Mackintosh; and Dr. Houston,* at the commence-

* 'Dublin Journal,' vol. xxiii., p. 94.

ment of his elaborate paper on the subject, published twenty years since (1843), and referred to in the previous editions of this work, accords the originality to him in the following words:—

“The name of my distinguished friend, Mr. Cusack, I am particularly desirous of mentioning in connection with this subject, because the employment of nitric acid in such cases has not only the high sanction of his approval, but to him, in an especial manner, is due the first suggestion of its use as a remedy.”

I have used nitric acid, also the duto-nitrate of mercury for many years, and found them very effective in appropriate cases. When the part of the mucous membrane morbidly affected is of limited extent, does not rise much above the surrounding healthy surface, and presents the characters of the third variety of hæmorrhoidal tumour I have described, either may be applied with safety and advantage; but it must not be used to the other forms of hæmorrhoids, or weeks of suffering and other serious evils will be produced, as has occurred in several instances that have come under my observation. The case being an appropriate one for treatment by nitric acid, the diseased portion of the mucous membrane is brought into view either by the dilatation of the anus by a speculum, or by being made to protrude externally; the acid is then applied, and the effect judged of by the change in the appearance of the tissue, which will lose its natural colour, and become of a greyish-white. An alkali in solution is to

be used to neutralize the excess of acid, and prevent its action on adjoining structures; the parts then being smeared with oil, the operation is finished. A small piece of lint wound round the end of an eye-probe is a convenient mode of applying the acid. Dr. Houston * directs a piece of wood shaped like a spatula to be used; others recommend a glass brush, but a probe and lint are always at hand, and answer best. The pain occasioned by the operation is not great; but care must be taken that the acid is not permitted to come in contact with the skin at the margin of the anus, or the converse will occur. The eschar produced by the acid will separate between the third and sixth day, leaving a healthy ulcer; at this time the patient will experience some smarting when the bowels act. The after-treatment is to be the same as when the ligature has been applied.

But the acid does not always succeed even in those cases to which alone it is applicable. In 1858 I operated on a young lady, patient of Mr. Chappell, of George Street, Hanover Square. Previously she had lost considerable quantities of florid blood per anum, and had become perfectly anæmic and highly nervous. A vascular excrescence, about the size of a fourpenny-piece, existed at the posterior part of the rectum, with which a large arterial branch communicated, and could be felt strongly pulsating. I applied nitric acid freely, and to all appearances effectually. Her health greatly improved, and she remained free from all local disease for about three

* Op. cit., p. 104.

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months, when considerable hæmorrhage again occurred, and an examination revealed a recurrence of the vascular growth. Being satisfied no advantage would ensue from again applying the acid, I had recourse to the ligature, with complete success, there being no return of the disease. In the spring of 1862 I operated by ligature on the sister of this young lady, and in her also the rectal arterial branches were highly developed.

Other escharotics have at times been introduced, and for a time became a fashion in the treatment of hæmorrhoids, but failing to realize the advantages their advocates would induce others to believe, either from their deliquescence, the impossibility of limiting their action, or other reasons, they deservedly fell into disuse. I have seen cases in which the nitrate of silver and sulphate of copper have been applied; but these salts are not of the slightest service in removing the morbid tissues, though they may palliate the symptoms when not severe.

M. Amussat advocates what he terms the circular cauterization of the base of hæmorrhoidal tumours, which he effects by means of variously constructed forceps, the blades of which are charged with Fulcho's caustic. The advantages of the plan are not very apparent; and when we are told it is necessary to irrigate the parts with cold water for several consecutive hours, and that one patient, to relieve the pain, sat in a cold bath for a week, it is one not likely to be generally adopted.* Another plan for the removal of hæmor-

* 'New York Journal of Medicine,' vol. xv., pp. 111—282—411.

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rhoids, and other growths, emanated in Paris, and became a fashion for a time, but happily, in England at least, is now little practised. I allude to their ablation by that crushing, lacerating, and unscientific machine, the *écraseur*, which, in appearance and operation, suggests the idea of belonging rather to the torture-chamber of bygone ages than of being an instrument of modern surgery. M. Nélaton reports that many who have been operated on by it are now the victims of traumatic stricture of the rectum.

When external piles exist with internal ones, they must be excised at the same time that the others are operated on, or they will become inflamed by the irritation which necessarily follows, and occasion extreme pain and annoyance. But it is highly essential that a correct diagnosis be made between external piles and the cedematous swelling of the margin of the anus, induced by the condition of the internal piles: for if an error is made, and the cedematous integument removed, the serious evil of contraction of the anus will ensue on the cicatrization of the wounds.

Whether excision, ligature, or the application of nitric acid be had recourse to, a dose of opium should be administered after the operation, and in this there is a double intention to be answered, the one to tranquillize the system and allay pain; the other, and the chief one, is to lock up the bowels for a day or two, to prevent the irritation that would be produced by their action. On the third day, if the bowels are not

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moved of their own accord, an aperient must be administered and repeated every second day, if necessary.

For the first two days the patient must be confined to his bed; on the third day, according to circumstances, he may be allowed to leave his room, and lie on a sofa; about the fifth day he may begin to move about, and, if the weather permit, he may take a gentle walk, or a drive in a carriage.

The diet for three or four days must consist of sago, arrowroot, barley-water, beef-tea, mutton, veal, or chicken-broth: when the patient begins to walk about, some solid food may be allowed, but great moderation must be observed.

When the ligatures have come away, or the eschar produced by the action of the acid separates, leaving an ulcerated surface, the injection of four or six ounces of water, with two grains of sulphate of zinc to the ounce, will expedite its healing; but I generally prefer the use once or twice a day of some mildly stimulating ointment; I apply it by means of a glass syringe having a jet with a large aperture, which saves the patient the pain and annoyance caused by the usual way of dressing the ulcers with strips of lint smeared with the ointment, and passed into the bowel on a probe.

Occasionally it happens, on the second or third day following the operation, that the patient experiences some difficulty in micturating: a dose of hyoscyamus, with nitric ether, in camphor mixture, and a hot hip-

bath, will generally remove these symptoms. Should these means, however, not succeed, and retention of urine supervene, it will be necessary to introduce the catheter; but we shall seldom be called upon to do so: nevertheless, the bladder must not be allowed at any time to become over-distended.

In the treatment of ulceration of piles, it will generally be advisable to remove them: if they are external, they must be excised; if internal, the ligature or nitric acid must be employed.

When fissure of the anus exists as a complication, it will usually be found accompanying the external form of hæmorrhoids. The tumours must be excised, and a mild astringent ointment, with or without the extract of belladonna, applied, according as there is spasm of the sphincter muscle or not. If this be insufficient to heal it, it will be necessary to have recourse to an operation.

If abscess take place in connection with piles, an early and free incision must be made, otherwise fistula in ano may result.

The protrusion of large internal piles from the anus causes the patient great annoyance, and at times is alone sufficient to induce him to seek surgical aid. At first the protrusion only takes place at stool, but in the progress of the disease, the sphincter becomes relaxed and the anus dilated, so that they fall down when the patient makes the slightest exertion, or even on his assuming the erect posture. If no contra-

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indication exists, the removal of the tumour or tumours is the best treatment; but if this is not admissible, six or eight ounces of cold water must be thrown up the bowel twice or thrice a day: various astringents may be added to the fluid, such as sulphate of zinc, alum, acetate of lead, tannic acid, &c.

Surgical mechanicians have invented various instruments for the prevention or cure of piles, but they succeed in accomplishing neither; however, their contrivances are useful in assisting to prevent the protrusion, and the discomfort arising therefrom, when it is unadvisable to remove them by operation.

It has been recommended to make temporary pressure on internal piles, by the introduction of a bougie into the rectum, and retaining it there for an hour or longer every day; but whenever success has appeared to follow the proceeding, it has been due to the constitutional treatment that has been adopted at the same time, and not to the use of the instrument. Those who advocate this plan, entertain the idea that internal piles are dilated veins, and that as pressure is beneficial in dilatation of the veins of the leg, it must also be beneficial in these cases; forgetting that the rectum is surrounded by yielding parts, and the impossibility therefore of making firm and equable pressure: they also overlook the fact that in the varicose condition of the veins of the leg, pressure is only useful so long as it is continuously applied; that the bandages require great nicety of adjustment to afford the desired relief,

and, even after their use has been unremittingly persevered in for years, the veins remain in the same dilated condition, and all the miseries attending them return if the bandages are left off only for a few hours.

When the patient begins to regain health and strength, he must avoid all the causes that induce the disease from which he suffered. He must live sparingly, and be careful to keep the bowels regular: he must take as much exercise, short of fatigue, as he can, so that the skin, and other excretory organs may fully perform their functions and prevent plethora. If these means are insufficient, or, if by neglect of the advice given him, and returning to former habits of indulgence, he is threatened with congestion of any of the organs in the head, chest, or abdomen, the feet should be immersed every night in hot water and mustard, and the bowels should be freely acted on: a dose of calomel and jalap will be the best to commence with, afterwards a few grains of blue pill, or gray powder, with a grain of ipecacuanha, may be taken at bed-time, and a purgative draught in the morning—as the compound infusion of senna, with decoction of cinchona, or potassio-tartrate of soda in infusion of calumba. Blood may be taken by cupping from the region of the organ threatened, or from the sacrum and perineum.

Having detailed the plan of treatment of hæmorrhoids, in conclusion I will briefly recapitulate the principal points. That many cases will yield to judi-

cious medical treatment ; that when it fails, presuming the patient is free from serious organic disease, the hæmorrhoidal tumours may be removed with perfect safety, and a moral certainty of a successful result, provided that any defects of the constitution have been remedied, and the bowels freely unloaded previously to the operation being performed. That in cases of external hæmorrhoids and internal ones implicating the integument, excision and incision is the only proper operative treatment. That to internal hæmorrhoids the ligature should be used, except to the vascular excrescence of the mucous membrane I have described, and to which nitric acid may be applied. By acting on these principles, patients may be relieved from these affections effectually and with perfect safety, and that pyæmia, tetanus, and other serious consequences are not by any means likely to occur.

The following cases will illustrate the different phases of hæmorrhoidal affections, and the treatment :—

External hæmorrhoid treated without operation.

Mr.——, tall and stout, generally takes moderate exercise, and lives temperately. Some years since suffered from fistula in ano, and was operated on by Mr. Copeland : an external pile was removed at the same time. He consulted me on the 5th of May, 1853, fearing his former malady was returning : for several weeks he had not taken his usual exercise, and had lived rather more highly. The last few days of April he had experienced itching and fulness of the rectum, and ultimately a lump formed : he

then sought my advice. On making an examination I perceived an external pile on the left side; it was tense, of purple colour, and but very slightly painful: no internal hæmorrhoids existed. His tongue was slightly furred and large, face somewhat flushed, conjunctivæ congested, pulse full.

Ordered some alterative pills at bed-time, and an active aperient to be taken in the morning. The anus to be washed with water and yellow soap night and morning.

All inconvenience subsided on the second day after I first saw him, the tumour was flaccid, and was contracting. The pills and draught were continued for a few days longer; he uses ablutions twice a day, and has had not the slightest symptom of any affection of the rectum since.

External hæmorrhoid; incision of the tumour; rapid recovery.

W. C—, æt. thirty-seven, a saddler; an out-patient at University College Hospital, in the summer, 1845; of ordinary stature and conformation, bilious temperament; works hard at his business, sitting ten hours a day; lives well, and is in the habit of drinking freely of beer and spirits, but is seldom tipsy. Several days before applying at the hospital, he experienced slight itching and fulness of the anus: on the evening previously the symptoms increased; he then had throbbing and acute pain, became thirsty and feverish, and had not been able to sleep during the night. In the morning he was sensible of a tumour having formed at the margin of the anus. When he applied for advice his tongue was furred, skin hot, and his countenance indicated pain and want of rest. His bowels had been irregular, sometimes not acting for two or three days. On examination, an external pile presented; it was purple, tense, and very painful. Ordered to take four grains of

blue pill, and one grain of ipecacuanha immediately, and an aperient draught two hours afterwards.

To foment the parts with hot water, and to go to bed.

The medicine having acted freely, on the following morning I divided the pile with a bistoury, and evacuated the contained blood: the fomentations to be continued. On the second day he resumed his business: the incision healed, and the skin contracted to its normal condition. He afterwards took for two or three weeks a tonic and aperient mixture, and by my advice abstained from spirits, and drank but a moderate quantity of beer daily.

The brother of this patient had previously been under my care for fissure of the anus.

External hæmorrhoid; tumour incised.

Mr.—, æt. thirty; tall; of great muscular development, plethoric habit, not accustomed to take much exercise, except occasionally during the sporting season, and is capable of great exertion and endurance without fatigue. He lives freely, his general health is good; occasionally feels a fulness of the head and drowsiness; he then has recourse to a brisk purgative, which relieves him.

He sent for me in May, 1852: he was in bed, complaining of great pain at the anus; his countenance was flushed, skin hot, tongue furred, pulse accelerated, and he had headache. He informed me he had been to a succession of dinner parties, and had eaten and drunk freely, and had not felt quite well for several days: the morning before my seeing him he experienced an itching at the anus and a fulness about that region; towards evening his discomfort increased, and he began to experience throbbing and acute pain; he went to bed somewhat earlier, hoping a night's rest would relieve him. On making an examination I perceived an external pile, half an inch in diameter,

spheroidal, tense, of a deep purple colour, and very painful when touched. To use hot fomentations and to continue in bed; five grains of calomel and five grains of Dover's powder to be taken immediately, and a draught two hours afterwards of compound infusion of senna, powdered jalap, potassio-tartrate of soda, and spirit of nutmeg.

The medicines acted on the bowels freely several times. On visiting him in the evening, finding the pile still tense, I divided it by transfixing the base with a small curved bistoury, and cutting outward. The next day he was able to be about; the wound healed without any trouble in a day or two after. I advised him to observe moderation in living, and prescribed a tonic and aperient draught to be taken every morning for two or three weeks.

External hæmorrhoid and fissure of the anus.

Mr. —, æt. twenty-eight, residing in Westbourne Terrace, Hyde Park, was advised to consult me by my friend, Dr. Quain. He is of ordinary stature and conformation, living moderately, not taking much exercise; has always been dyspeptic and of costive habits: the last few years he has suffered more or less from smarting during defecation, attended with slight hæmorrhage, followed by aching pain.

The attack for which I was consulted commenced the day previously, with severe throbbing pain, and great tenderness at the anus; on making an examination, an external pile, the size of a filbert, on the margin of the anus of the left side, presented: it was tense, exquisitely painful to the touch, and of a deep purple colour. At the posterior part, and immediately within the margin of the anus, was a fissure about half an inch in length, appearing of recent origin, the margins being sharp and florid; the sphincter ani was slightly affected with spasm; general

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constitutional disturbance was indicated by thirst, loss of appetite, furred tongue, acceleration of the pulse, and by the preternatural heat and dryness of the skin. He was directed to observe the recumbent position, to foment the anus with a hot decoction of poppy-heads, to apply a piece of lint smeared with extract of conium and spermaceti ointment to the fissure, and to take at bed-time a teaspoonful of an electuary consisting of confection of senna, sulphur, jalap, bitartrate of potash, copaiba, and syrup of tolu.

On the following morning the bowels were freely moved, attended with smarting at the time. The tumour was still tense and painful, I therefore divided it, and turned out a clot of blood; bleeding to the amount of one or two drachms followed. Directed to use a sponge and water when visiting the closet instead of paper.

The electuary and ointment were continued for a short time, and in ten days all disease had subsided; the loose skin resulting from the distended hæmorrhoid contracted entirely, the part resumed its natural condition, and the fissure of the anus had quite healed.

Dr. Quain informs me he has seen this patient (Dec., 1853), and that he has continued free from all symptoms of fissure or piles.

External piles after bilious fever; prolonged suffering from not permitting incision of the tumour.

Mr. C. C.—, æt. twenty-three, convalescent after several weeks' severe illness from bilious fever. On one of my visits he complained of great pain and throbbing at the anus, and fulness of the perineum. An examination revealed a large external pile of the size of a cherry, on the left margin of the anus; it was of a deep purple hue, tense, and very painful. Under the idea of regaining his

strength more rapidly, he had for several days eaten very heartily, and taken several glasses of wine, notwithstanding he had been admonished to observe moderation in living. Ordered to confine himself to the recumbent position; to have no solid food; to use hot fomentations of decoction of poppy-heads to the anal region, and to take at bed-time a teaspoonful of an electuary of confection of senna, sulphur, taraxacum, and bitartrate of potash.

The next day he was no better; he had not been able to take the electuary, as his stomach turned against it: he was desired to form it into boluses of convenient size with wafer paper. I proposed dividing the pile with a bistoury, but he would not listen to anything like an operation.

By the means suggested he managed to take the electuary, and it acted freely on the following morning. The pile was still tense, but not so painful: three others, of small size, had formed on the opposite side. He was directed to continue the electuary and fomentations, and to live sparingly. Under the treatment he continued to improve, but a fortnight elapsed before he was free from pain; the pile had then collapsed, leaving a large fold of loose skin. At this time he became very nervous about himself, was restless at night, and perspired profusely. Ordered to take twice a day nitric acid with decoction of bark and syrup of orange.

In another week he was much better, and gaining strength; he left town for Brighton, where he remained for some time.

I have seen this gentleman lately; he is now stout and in good health: the loose fold of skin around the anus still exists, and may probably become the seat of disease on the occurrence of a slight exciting cause. Had he consented to the small incision requisite, I have no hesitation in say-

ing his sufferings would have been materially less, and of shorter duration.

External piles, with ulceration of their surfaces and fissure of the anus : operation : cure.

T. R——, æt. twenty-eight, by occupation a copying-clerk in a law stationer's office, of ordinary stature and conformation, bilious temperament. Previous to fourteen years of age he suffered from hæmaturia : since then he has enjoyed good health till the early part of 1852, when he experienced itching and fulness at the anus, and after a few weeks, smarting at stool was superadded. His bowels have been habitually constipated, and from the nature of his occupation he maintains the sitting position many hours during the day, and takes very little exercise. In June he became a patient in a metropolitan hospital : he described his symptoms, and was told he had piles. No examination was made during the two months he was there : medicines were prescribed, and he left somewhat better.

On the 11th of November, 1852, he applied at the Blenheim Dispensary, complaining of smarting at stool, followed by severe aching, which continued for some time : his sufferings were so great that he was rendered incapable of following his employment. His countenance was anxious, his pulse quick and irritable, and he was exceedingly nervous and apprehensive ; his tongue was furred and large, with the impressions of the teeth deeply notched in the margin ; he had tenderness at the epigastrium, and flatulence. On making an examination several external piles were seen, varying in size from a large pea to that of a bean : their surfaces were ulcerated, they were hard and tense, and fissures existed between them. On attempting to ascertain the extent of the latter internally,

the introduction of the finger into the rectum brought on violent spasm of the sphincter, and induced intense pain. It was proposed he should have the tumours around the anus removed, to which he assented, but postponed the operation for a short time on account of some private affairs demanding his attention. He was directed to wash the anus with soap and water morning and evening, and to use a sponge and water at the closet after evacuating the contents of the bowels. A teaspoonful of an aperient electuary was ordered to be taken at bed-time, two tablespoonfuls of compound infusion of gentian with ammonia and bicarbonate of potash twice a day.

Nov. 28.—Had seen my patient several times since he first applied to me: his general health was now much improved, and he has experienced relief by following the treatment suggested. This day I removed six external piles, making the incisions converge from the circumference towards the centre of the anus. Mr. H. Thompson kindly rendered me assistance, and administered chloroform to the patient. About two ounces of blood were lost during the operation: no vessels required ligature, and the slight oozing that followed was easily restrained by a pad of lint and a T bandage. Before leaving he had recovered from the effects of the chloroform, and became aware of the operation having been performed by feeling slight smarting. To remain in bed.

Nov. 29.—Visited him in the afternoon. Half an hour after I had left him he had lost all pain, and he has been quite comfortable since: his bowels not having been moved, he was ordered to take a dose of the confection which had been previously prescribed, and to apply a piece of lint spread with zinc ointment to the wounded parts.

In ten days the wounds had quite healed, also the fissures that existed between the piles: for a short time

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he took an aperient and tonic mixture. He regained his health, his bowels act regularly, and he has continued perfectly well since.

The severe sufferings this patient endured might have been spared him had an examination been made when he applied at the hospital, as a less routine plan of practice would probably have been adopted, and the disease cured in the first instance.

Internal hæmorrhoidal tumours in an early stage : medical treatment.

J. S—, æt. nineteen ; a shoemaker ; came under my care at the Blenheim Dispensary, 1853, affected with syphilitic lepra, for which a solution of bichloride of mercury and arsenic was ordered, and he progressed favourably.

On the 8th of March, 1853, he complained of having experienced, for three or four days, pain, weight, and throbbing in the rectum, increased at stool, attended with the discharge of a small quantity of blood. For several weeks his bowels have been constipated, and he has sat at work from an early hour in the morning till late at night. His eyes are dull, the sclerotic conjunctivæ slightly tinged yellow, tongue furred, and the teeth indented into the edges ; pulse quicker than natural ; skin hot and dry. Examining the rectum, the mucous membrane was observed to be congested, and several small purple lumps were seen immediately within the margin of the anus. I prescribed five grains of gray powder and a drop of croton oil, to be made into a pill, to be taken at bed-time. To use ablutions of soap and water after each stool.

March 10.—The pill acted freely. Has less uneasiness this morning. To take three grains of blue pill and two of extract of conium every second night and the following

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draught every morning :—Compound infusion of gentian, half an ounce; compound infusion of senna, one ounce; potassio-tartrate of soda, a drachm and a half. To continue the enemata and ablutions.

March 22.—He has continued the remedies; all the symptoms have subsided, and his general health has greatly improved. To omit the pill; to take a draught twice a week, and to continue the use of soap and water.

April 5.—Has had no return of the hæmorrhoidal affection; the mucous membrane of the bowel perfectly healthy in appearance.

Congestion of the mucous membrane of the rectum attended with great pain.

A. S—, æt. thirty-two; a carver, of ordinary stature and conformation, bilious temperature. Some years since he suffered from irregularity of the bowels, and latterly has been very costive. In the early part of Nov. 1852, he experienced great pain at stool, also aching and extreme discomfort at the fundament while at work: this was sometimes so severe as to compel him to go home. Slight bleeding from time to time has taken place. He applied at the Blenheim Dispensary, Dec. 7, 1852, complaining of great pain at the fundament. On examination and separating the margin of the anus, the mucous membrane was observed to be congested and the hæmorrhoidal veins turgid. Digital examination revealed no distinct tumours. The speculum ani showed the whole mucous membrane within the limits of the internal sphincter in the same condition as at the margin of the anus. His tongue was coated and notched, the countenance heavy and anxious, pulse more frequent than natural: his bowels had not been moved the last two days. Five grains of gray powder and one drop of croton oil to be taken every night.

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To wash the anus night and morning with yellow soap and water, and to use half a pint of cold water as an enema after each dejection.

He took the pill prescribed on the three following nights: the bowels were freely acted on, and he felt much less fulness and aching in the rectum. Ordered to omit the pill, and to take a teaspoonful of a laxative confection every night; to continue the ablutions; and to use the enemata of cold water.

In three weeks he was free from all disease; and by having recourse to the electuary occasionally, if the bowels are at all confined, he has since continued perfectly well.

Internal hæmorrhoids; constitutional treatment.

The Rev. —, æt. sixty-five, residing in Surrey, of moderate stature and healthy appearance, for some years has had at times hæmorrhage from the rectum when the bowels were evacuated, preceded by a sense of fulness and discomfort in the part. The symptoms have always been aggravated on his visits to town, when he is induced to enter into society, and live rather more freely than he is generally accustomed to. By examination, I detected a small internal hæmorrhoidal tumour, the mucous membrane was congested, and two loose folds of integument existed on the right margin of the anus, the remains of external piles. He was ordered to take a teaspoonful of electuary at bed-time, and eight ounces of cold water to be injected into the rectum after each dejection.

By taking the electuary occasionally, continuing the enemata of cold water, and avoiding living too highly, he has been free from hæmorrhage and pain.

*External and internal piles ; considerable bleeding,
palpitation of the heart, &c.*

A. A——, æt. fifty-six ; married, of moderate stature, very stout. Applied at the Blenheim Dispensary, Oct. 2, 1852, in consequence of considerable losses of blood per anum when at stool. She appears exsanguinated ; her lips, gums, and tongue are colourless ; the countenance is anxious and sallow ; pulse quick, weak, and irritable ; and she complains of violent palpitation of the heart, induced by slight exertion. She has long been of constipated habit of body, and has not taken much exercise for several years.

The present attack commenced by itching of the anus, followed by a feeling of fulness, throbbing, and acute pain, the latter extending up the sacrum and down the inside of the thighs. Hæmorrhage took place, and after it had occurred a few times the feeling of fulness and pain became much less. On making an examination, the margin of the anus was observed surrounded by external piles in a state of semi-distension : digital examination of the bowel demonstrated an internal pile on the right side, the size of a cherry, and having a broad base. I directed her to return home, and to confine herself to the recumbent position. To have an enema of a pint of thin gruel thrown up the bowel at once, and to take at bed-time a teaspoonful of an electuary containing copaiba.

Oct. 3.—The enema brought away a quantity of indurated fæces. The bowels had acted twice this morning, attended with hæmorrhage. To continue the electuary at bed-time, and to use half a pint of cold water, containing a scruple of tannic acid, as an enema after each stool.

Oct. 6.—She loses much less blood at stool : the confection moves the bowels twice a day. To inject cold

water only after defecating, and to use soap and water externally night and morning.

Oct. 16.—But slight bleeding now occurs. She is much troubled with flatulence. To continue the enemata of cold water and ablutions. To take every night seven grains of compound rhubarb pill, two grains of blue pill, and two grains of extract of henbane; and twice a day one ounce of compound infusion of gentian, five grains of carbonate of ammonia, and a drachm of compound tincture of cardamoms.

Oct. 20.—Since I last saw her no bleeding has occurred: her countenance is brighter, her tongue clean, and the bowels act regularly. The external piles are collapsed, leaving an irregular fold of integument half an inch in length around the anal margin.

April 7, 1853.—This patient continues free from all pain and inconvenience, she takes the pills occasionally, and has not omitted to observe ablutions with soap and water night and morning.

Strangulated internal piles, preceded by excessive hæmorrhage.

D. B—, æt. thirty-four, a jeweller, applied at the Blenheim Dispensary, Sept 27, 1852: he is above the average height, of ordinary conformation, bilious temperament, complexion unhealthy, habitual state of mind melancholy, habits of life irregular. He has suffered for fourteen years from external piles; during the last four years has lost a considerable quantity of blood from the rectum, and has experienced great pain within the gut.

The present attack commenced on Sept. 25th, with excruciating pain in the rectum, aggravated at stool, and attended with copious hæmorrhage. His countenance and lips are pallid, pulse feeble and quick, skin dry and hot, tongue furred. On making an examination, I per-

ceived four large internal piles prolapsed and tightly embraced by the sphincter; the thin integument around the anus raised in folds. Ordered him to go home and to bed. I visited him at his house, and returned the prolapsed piles: in doing this it was necessary to make very firm and continued pressure. To be cupped over the sacrum and on the perineum. An ounce of castor oil to be taken immediately, and hot fomentations to be applied to the anus.

Sept. 30.—He is in less pain; the bowels have acted twice; the piles are prolapsed: they were returned with greater facility than yesterday, and were less congested. Three grains of gray powder and four of Dover's powder to be taken at bed-time, and a teaspoonful of a purgative electuary in the morning. To continue the fomentations, and to return the piles should they be prolapsed at stool.

By observing the treatment directed, the acute symptoms soon subsided. I proposed removing the tumours by ligature; but being free from pain, he preferred waiting the chance of another attack. Ordered him to use soap and water externally night and morning, and to inject half a pint of cold water after each dejection.

Dec.—By following the injunctions given him he has been free from pain, but the tumours are occasionally protruded, and he has lost from time to time a small quantity of blood.

Nov. 1853.—At the present time I have a patient under my care with a very close stricture of the urethra, who was acquainted with D. B——: he informs me that he died a few months since of some acute disease of the chest, following a drunken bout and exposure for several nights. He was very clever at his business, but seldom worked more than three days in the week; the remainder he spent in debauchery.

Internal hæmorrhoids ; much loss of blood, attended with giddiness and drowsiness ; oxaluria ; relief by medical treatment.

R. R—, æt. thirty-eight, was advised to consult me by my friend, Mr. William Bennet, surgeon to the Bloomsbury Infirmary. About fourteen years since he first suffered from external piles, which have continued to trouble him more or less up to the present time : eight years ago he experienced pain within the anus, and a sensation of the presence of a foreign body ; defecation was difficult, attended with increase of pain and hæmorrhage, and from that period he has continued to lose a considerable quantity of blood at intervals : he has also been annoyed by a constant discharge of mucus from the bowel. He has always been subject to constipation, and suffered from flatulence, pain in the abdomen, giddiness of the head, and depression of spirits. His habits of life are temperate.

He came to me on the 10th of Nov., 1852 : his countenance was sallow, eyes dull, lips and gums pale, tongue furred, pulse frequent and irritable, bowels acting scantily and irregularly ; has little power of retaining his fæces during any violent exertion : the bladder is irritable ; and he has some difficulty in micturating. The anal orifice is surrounded by a margin of loose skin, evidently collapsed external piles : the sphincter ani is relaxed. Introducing the finger within the intestine, two large internal hæmorrhoids were felt : these were extruded by a very slight effort at straining, and the mucous membrane was then seen in a granular state. He informed me that the hæmorrhoidal tumours descended by walking or riding in any vehicle that shook him much. To take six grains of extract of taraxacum and three grains of blue pill every night, and in the morning a teaspoonful of an electuary compounded of confection of senna, sulphur, bitartrate of

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potash, jalap, copaiba, ginger, and a sufficient quantity of syrup. To use ablutions of soap and water night and morning.

Nov. 14.—He has taken the medicines ordered, and the bowels have acted every day, but not freely: he passed some clots of blood yesterday, and this morning a table-spoonful of bright blood. To continue the remedies.

Nov. 17.—He has had very little pain, and passed but a small quantity of blood: still complains of drowsiness and giddiness. Examination of the urine demonstrated an excess of urea, and under the microscope numerous crystals of oxalate of lime were seen.

Ordered a mixture of a bitter infusion with sulphate of magnesia and sulphuric acid, and to inject half a pint of water, containing sixteen grains of sulphate of zinc, after each evacuation of the bowels.

Dec. 1.—He has taken the medicines regularly, and used the enemata as directed: feeling so much better, he did not think it necessary to see me at an early period. He has had no sanguineous discharge the last twelve days: a slight mucous discharge continues. He can now retain his fæces during exertion: he was drowsy on one occasion since his previous visit to me, but is not so now. His eyes are bright, countenance clear, pulse 76: the irritability of the urinary organs has ceased.

Dec. 15.—Has continued the medicines, and expresses himself as feeling better than he has for many years: his countenance is clear and healthy, pulse regular, appetite good. He does not suffer from flatulence: has gained strength, and does not feel fatigue after an ordinary amount of exercise. To inject cold water only after each stool.

This patient visited me in May, 1853: he had continued to take the medicines occasionally, and had not omitted the injection of the cold water: the only annoy-

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ance he experiences is a mucous discharge from the anus. I examined the bowel: the internal piles are still large, but not turgid; the mucous membrane is in a much healthier condition. Removal of the piles was advised in the first instance, but his occupations prevented him laying up for a few days; and as he now suffers but little comparative inconvenience, he is content to remain as he is.

Internal hæmorrhoids; loss of blood; cessation of the catamenia; health restored without operation.

Miss —, æt. twenty-two, of ordinary stature and conformation: her health had declined three years previously to her coming under my care. The menses appeared when she was sixteen, and continued regularly till she was nineteen; they then became scanty, and twelve months afterwards ceased altogether. She became pale, lost flesh, suffered from dyspepsia, had frequent headaches, and was extremely nervous. Change of air had been tried, and she had been under medical treatment at various places.

On questioning her as to her symptoms and the state of the bowels, I learned she had always been costive, and at the commencement of her indisposition she had pain and a feeling of fulness in the lower bowel, which increased in severity: after a time she lost blood per anum when the bowels were moved, the quantity increasing with the persistence of the disease, and the last two years she never visited the closet without losing more or less. She had not mentioned the circumstance to her mother, or to any of the medical men under whose care she had been: the reason she assigned for not having done so was that she had never been questioned on the subject. She was perfectly anæmic; her pulse was feeble and irritable; she had frequent headache, which was increased by walking;

or even by sitting upright; her extremities were cold, the eyes dull, tongue furred, the countenance had a waxy, unhealthy appearance; the abdomen was hard, and the bowel slightly descended at stool. I made an examination, and found two hæmorrhoidal tumours. Medicines and enemata were prescribed to unload the bowels, afterwards an astringent injection was used after each evacuation, for which cold water was substituted in about a fortnight. Chalybeates and laxatives were then ordered; and under this plan of treatment she perfectly regained her health and strength, and was able to resume the equestrian exercise she had previously been accustomed to.

Internal and external hæmorrhoids induced by stricture of the urethra; excision of external piles; subsidence of internal piles by cure of stricture.

G. B.—, æt. forty-three, married, of robust constitution; for a long period had observed the stream of urine decrease in size, and for some months before applying to me it had not been larger than a small crowquill, and if the weather was wet or cold he passed it in drops only; he had frequent desire to urinate, and was obliged to get out of bed several times each night: during micturition he strained violently. For nine months he had suffered from internal and external piles, attended with frequent paroxysms of pain and bleeding. Although suffering much, he had neglected the stricture of the urethra: he sought my advice for the affection of the rectum. Tracing the progress of his maladies, I conceived the hæmorrhoids to have been induced by irritation and determination of blood, excited by the disease of the urethra, and the straining that attended micturition; therefore it was necessary to relieve that affection before benefit could accrue from treatment of the piles. With some

difficulty a No. 2 catheter was passed through the stricture: by the introduction of others, gradually increasing the size, the canal was ultimately restored to its proper calibre: during this treatment the bowels were kept open by laxatives: ablutions of soap and water, were used night and morning. When the urethra was sufficiently dilated to permit the urine to pass without any straining, and the irritability of the bladder had subsided, half a pint of cold water was injected into the rectum night and morning, after defecation, with the effect of arresting the hæmorrhage. The two external piles that existed were hard, and occasionally painful, and if he walked much were liable to get slightly excoriated: they were therefore excised; the wounds healed readily: by attending to keep the bowels easy, and continuing the injection of the cold water, the symptoms of the internal hæmorrhoids subsided. There being a disposition in the stricture of the urethra to contract, a bougie is passed once or twice, at intervals of a few weeks.

Internal hæmorrhoid; loss of blood inducing suppression of the menses; leucorrhœa; nitric acid applied to the pile; health restored.

M. J—, æt. twenty-seven, married four years, has no family. Tall, and of ordinary conformation. Her habits are sedentary: previous to her marriage she followed the occupation of a dressmaker: she had suffered much from dyspepsia and constipation. About the end of 1849, she began to experience discomfort in the rectum, having a sense of fullness and aching in the part: these disagreeable sensations increased, and in a few months resolved themselves into acute pain, which was aggravated after a motion; the bowels acted very irregularly, sometimes not for several days, at other times diarrhœa supervened.

In a short period after the accession of acute pain, she began to lose blood per anum: the quantity increased, and varied from a tablespoonful to half a pint: at times it was florid, at others dark and clotted. The menses became irregular, and at length ceased, and she was troubled with leucorrhœa. She had had advice, and taken various medicines, such as confection of senna, blue pill, saline purgatives, but without benefit.

When I saw her—autumn, 1850—she was pale, weak, and nervous, suffering from frequent headache, which was increased in intensity in the upright position: her feet were always cold, and she complained of flatulent distension of the stomach and abdomen, and great pain in the rectum, attended with mucous discharge and hæmorrhage at stool. Ordered a dose of castor oil to be taken in the morning, and a pint of thin gruel, as an enema two hours afterwards. The bowels acted several times; and when I visited her, the intestine was slightly prolapsed rendering visible the margin of a florid, granular excrescence of the mucous membrane: by pressing the intestine down, the whole diseased surface was brought into view: it was about five-eighths of an inch in diameter, and of an oval form: the rest of the intestine was healthy. Laxatives and tonics were prescribed to regulate the bowels, and restore her general health: and to restrain the bleeding, cold water, containing lead, zinc, and other astringents, was injected twice a day: she was also confined to the sofa. The treatment was persevered in for a month, with the effect of improving her health, but not relieving the pain in the bowel, or diminishing, in any sensible degree, the hæmorrhage. It was, therefore, determined to apply nitric acid to the morbid tissue. The bowels having been thoroughly freed, and the mucous membrane made to descend by the administration of an enema, concentrated nitric acid was applied to the diseased part,

which was afterwards smeared with oil and the intestine replaced. An opiate was administered; the patient experienced but slight pain after the operation, and slept well at night. On the third day she had some castor oil; when the bowels acted she felt some smarting, but no hæmorrhage occurred. She was directed to inject four ounces of cold water, containing eight grains of sulphate of zinc, night and morning. In rather more than a fortnight all local disease had disappeared: by the use of tonics, attention to the bowels, and taking exercise, she regained her health, the leucorrhœa ceased, and the catamenia reappeared at proper intervals.

Internal hæmorrhoids; the patient upwards of eighty years of age; successful treatment by nitric acid; irritability of the bladder; phosphatic urine.

A gentleman, upwards of eighty years of age, applied to me in 1854, complaining of a sense of fulness in the rectum, and a constant desire to defecate: he stated that whenever he visited the closet he lost a small quantity of blood, and that a protrusion of the bowel took place; he experienced no difficulty in returning it, but it often descended when he walked. He had tried several forms of mechanical appliances to retain the bowel in its position, but they failed in the intention, and only occasioned him uneasiness and annoyance. Making an examination, I found two hæmorrhoidal tumours prolapsed: their surfaces were florid and granular, and one tumour was slightly ulcerated; the lower part of the intestinal canal was loaded with scybala; the pouch of the rectum was much dilated, and appeared to have little power of contracting. The prostate gland was indurated and slightly enlarged; his urine was alkaline and thick. I first directed attention to unloading the bowel, which was effected by aperients and

enemata; and afterwards restoring tone to it, by the administration of small doses of strychnia, and the use of astringent injections. These objects were accomplished, but the bowel continuing to descend, and my patient being much troubled by the sense of fulness in the rectum, I applied the concentrated nitric acid to the hæmorrhoidal excrescences: the pain it occasioned was so slight that no confinement was necessary. On the third day after the operation, the bowels were moved by medicines, and their action was attended with considerable smarting: each succeeding day this was less, and in ten days all inconvenience from the hæmorrhoidal disease was removed, and he has had no return of it since. On several occasions the irritability of the bladder has tormented him much, the urine at these times depositing a large quantity of phosphate of ammonia, forming a tenacious mass adhering to the bottom of the chamber utensil. This condition was relieved by the administration of small doses of morphia and nitric acid, and washing out the bladder with water slightly acidulated with the same acid. This gentleman continued under my care till his death, in Nov. 1857. By washing-out the bladder more or less frequently as the condition of the urine necessitated, by the use of aperients and tonics as occasion required, he was able to pass the time very comfortably, and to take exercise when the weather permitted.

Internal hæmorrhoids; excessive pain; treated with nitric acid.

Mrs.—, æt. thirty-three, married; the mother of four children, the youngest three years old, of delicate constitution, has always suffered during her pregnancies from enlargement of the veins, and œdema of the legs; the bowels at those periods were particularly obstinate. She has always been of costive habit, and has had constant

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recourse to purgatives, chiefly salines: during the period of gestation she has also suffered from external piles. In 1848 she began to experience aching, weight, and fulness in the rectum; hæmorrhage occurred at intervals, increasing in quantity as time rolled on. Pain in the bowel became very distressing.

When I was consulted (1850), she had not been able to leave the house for some weeks, and had been confined to the couch, feeling easier in the prone position. She was pale, nervous, and debilitated; the menstrual secretion had been scanty, and occurred at lengthened intervals: she complained of acute pain in the rectum, increased to a violent degree at stool, followed by hæmorrhage of an arterial character. Her skin was dry, tongue flabby and furred, pulse small, urine scanty and high coloured; appetite bad; it had previously been capricious, sometimes voracious; she had pain at the epigastrium, and flatulence: the abdomen was hard, and dulness on percussion in the course of the colon existed. Examining the rectum, it was found loaded with indurated fæces: on the right side, about three-quarters of an inch from the margin of the anus, were two excrescences, each about the size of a fourpenny-piece; their surfaces were florid and granular in appearance, and bled freely on the slightest touch. I proposed applying the concentrated nitric acid to the morbid tissues; but, it being necessary to unload the bowels and get the constitution into a better state, suitable remedies were prescribed, and the patient ordered to remain in bed.

By the medicines prescribed, the abdomen became soft, and the general health somewhat better; but the pain in the bowel continued, and hæmorrhage occurred at each action of the bowels, which the injection of cold water failed to check.

On the seventh day after I first saw her I introduced a

speculum ani, and touched the raised and granulated mucous membrane with the strong nitric acid, using a piece of lint on the end of a probe; smarting was experienced at the time, but this soon subsided; an enema of four ounces of starch and thirty minims of liquor opii sedativus having been injected into the bowel. Ten grains of Dover's powder were administered at bed-time. She passed a tranquil night: on the third day the bowels were moved by a dose of castor oil, smarting was experienced at the time: she was directed to inject twice a day four ounces of water and eight grains of sulphate of zinc. In ten days the sloughs had separated, and the ulcerated surfaces nearly healed. The bowels were kept open by castor oil. In a few days more she was quite free from the local malady, but was still pale and weak.

A mild aperient chalybeate was prescribed and continued for several weeks. She went out every day for a walk, or in her carriage if the weather was unfavourable; and her health became better than it had ever been; the menstrual function was performed regularly, and was natural in quantity.

Internal hæmorrhoids preceded by dysentery; great loss of blood; stricture of urethra. Hæmorrhoids treated with nitric acid.

Major J—, a tall, fine man, of a naturally good constitution, but impaired by a long residence in India and active military service; had suffered several times from dysentery; for seven years had had piles, frequently lost considerable quantities of blood, the bleeding at times continuing for half an hour: defecation was always attended with pain and much straining, the pain being aggravated when the fæces were bulky and indurated; the bowel slightly descended at stool, but returned by muscular contraction. He had had various remedies prescribed, as

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lenitive electuary and sulphur, copaiba, Ward's paste, &c., but without benefit. No examination of the bowel had been made by the several surgeons he had consulted. His countenance and conjunctivæ were slightly yellow; tongue covered with a creamy fur; skin dry; appetite moderate; had flatulence, and frequently felt fulness and pain at the epigastrium after eating: urine high coloured and voided in a small stream, with some straining; slight tenderness over the liver on pressure; no enlargement of it indicated by percussion; pulse feeble and irritable. By examination after the action of the bowels, the mucous membrane being prolapsed, a florid granular surface, from which blood freely oozed, was observed; it was about the size of a shilling, and slightly raised from the surrounding tissue; it was very painful when touched: the finger introduced into the rectum did not detect any tumour. The treatment adopted was at first small doses of mercury with chalk, and extract of taraxacum; aperients every second morning; subsequently tonics, with nitric acid, and various preparations of iron: enemata of cold water were used; afterwards astringent fluids. Examination of the urethra detected a stricture, through which a No. 3 catheter was passed with some difficulty; the introduction of instruments twice a week was had recourse to, the size being gradually increased, till the natural calibre of the urethra was restored. By perseverance in the remedies, his general health was much improved, the countenance became clear, the pain in the region of the liver subsided; but though feeling much better, the bleeding from the rectum continued. Having given medical treatment a fair trial without much benefit to the local disease, I deemed the application of nitric acid advisable. The bowels having been freely moved by extract of colocynth and blue pill taken at night, and an enema administered the following morning, the florid granular surface of the

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pile was exposed by a speculum, and freely touched with strong nitric acid, chalk and water being subsequently used to neutralize the excess of acid, and prevent injury to the surrounding tissue. After the operation, a dose of laudanum was administered. On the third day, the bowels were moved by castor oil: for some days subsequently he experienced smarting when at stool, but the pain gradually lessened. He was directed always to use enemata of cold water after defecating. It is now seven years since I attended this patient, and he has not had the slightest return of any of the symptoms from which he previously suffered.

Internal hæmorrhoids ; medical treatment not arresting the symptoms ; the tumours removed by ligature.

The Rev. —, æt. forty-seven, of ordinary stature, of studious and sedentary habits ; lived more freely than was compatible with the little exercise he was accustomed to take ; had long suffered from constipation, flatulence, and giddiness. For several years previous to my seeing him he had been subject to hæmorrhoids, attended with great loss of blood at times. When he consulted me in the spring of 1846, bleeding had occurred daily for three weeks, which had greatly reduced him. On examining the intestine, three internal piles were discovered, two being much larger than the other. His pulse was quick and weak, his tongue furred, and skin dry. Ordered five grains of gray powder, and six grains of Dover's powder, to be taken at bed-time, and one ounce of castor oil in the morning : an hour after taking the oil a pint of thin gruel was thrown up the bowel. The medicine and enema acted freely, bringing away a large quantity of indurated fæces, attended with pain and a considerable loss of blood. The bowels were kept easy by an aperient electuary, and eight

ounces of cold water, containing a scruple of acetate of lead and twenty minims of tincture of opium, injected twice a day: the hæmorrhage continuing, turpentine and other remedies were tried, but without any beneficial result. I proposed ligature of the tumours, to which he was unwilling to submit. Mr. Liston then saw him in consultation, and agreed upon the necessity of the operation. On the following day, double ligatures were applied to the tumours, in the manner directed in the text, and firmly tied; a dose of castor oil and an enema had been administered, and had acted freely before the operation was performed: thirty minims of the liquor opii sedativus, in camphor mixture, were given immediately afterwards. Pain was experienced during the afternoon of the first day. On the third day after the operation, the bowels were moved by castor oil: the ligatures separated on the fifth and sixth days. The bowels were kept easy by emollient enemata; and half a pint of cold water, containing sixteen grains of sulphate of zinc, was injected twice a day. He was quite well in less than four weeks.

He was enjoined to take exercise every day, and to attend to the condition of the digestive functions. I have not heard of this gentleman since the summer of 1852, but up to that time he had been quite free from any hæmorrhoidal affection.

Internal hæmorrhoids; great loss of blood; removal of the tumours by ligature.

K. M —, æt. thirty-seven, single, a cook in the service of my former colleague, Mr. Hulme, who requested me to see her. She stated she was first attacked with piles ten years ago, and has never been well since: for the last five years she has lost a considerable quantity of blood at intervals. Hæmorrhage had been going on for three weeks previously to my seeing her (Feb. 1853): she had not

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informed Mr. Hulme of her indisposition till she was no longer able to keep about: he ordered her to bed, and directed cold and astringent applications. When I saw her she was perfectly blanched, and hardly able to turn in bed; her pulse was feeble and quick: on making an examination, the anus was observed surrounded by a fold of integument greatly distended, and having a pale, semi-transparent appearance. Three internal hæmorrhoidal tumours existed; they were pendulous, and about an inch in length and three-eighths of an inch in diameter: the mucous membrane was granular, and bled freely on being slightly touched.

Taking into consideration the duration of the disease, the state of the patient, and the condition of the tumours, I deemed removal of them by ligature the most appropriate plan of treatment. Early in the morning she had taken a dose of castor-oil, which had acted freely, it was therefore determined to perform the operation at once: an enema of warm water was administered, and on being ejected, the tumours were prolapsed; double ligatures were then passed through each of them, and tied tightly, so as entirely to interrupt all vascular and nervous connection. The ends of the ligatures being cut off, the piles were returned within the sphincter: thirty minims of tincture of opium were given for the purpose of producing temporary constipation and of tranquillizing the system.

On the second day after the operation she had pain in the bowel, and slight difficulty in micturating. Directed to have a hip-bath, to take a dose of castor oil the following morning, and to have an emollient enema injected twice in the twenty-four hours.

The whole of the ligatures had separated by the eighth day, no bleeding had occurred since their application. Slight inflammation of the rectum supervened, which was due to the patient not attending strictly to the directions

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given her with regard to diet and medicines; it speedily yielded to simple treatment, and she made a favourable recovery. The external fold of oedematous integument collapsed, and the anal orifice resumed its natural size. She has had no pain, hæmorrhage, or other symptoms of the disease, and continues perfectly well.

Internal piles; catamenial and hæmorrhoidal flux alternating; tumours removed by ligature.

Mrs. C——, æt. thirty-nine, married twelve years; has had five children; for several years has suffered from internal piles, which first appeared while she was pregnant with her second child; prior to that time she enjoyed good health. She placed herself under my care in 1845; she was then pale, nervous and weak. During the preceding twelve months the hæmorrhoidal affection had troubled her greatly: her bowels were torpid, never acting without being excited by medicines; she experienced great pain in the bowel, up the sacrum, in the loins, and down the thighs. Sometimes at the catamenial period profuse hæmorrhage occurred from the rectum, and superseded the uterine function: on other occasions the menstrual flow appeared in due course, and then there was little or no bleeding from the piles. In the intermediate time she lost blood whenever the bowels acted, and was much troubled with mucous discharge. Her pulse was quick and weak, her skin pale, dingy, and clammy; she complained of violent palpitation of the heart from the slightest exertion; her feet were always cold, and swelled much during the after-part of the day. I examined the bowel; the anus was somewhat relaxed, and two large internal hæmorrhoids were partly prolapsed: they were highly congested and very painful. The first object was to improve her health generally: for this purpose she took

small doses of gray powder and Dover's powder at bedtime, and castor oil in the morning; also, for a few days, a mixture of citrate of potash and nitrate of potash in camphor julep; afterwards the ammonio-citrate of iron in infusion of calumba: several enemata were exhibited. In ten days her health was improved; the bleeding from the piles, though not so profuse, still continued; she had considerable pain at times, and experienced great annoyance from the mucous discharge and prolapsus of the tumours.

It being determined, after due consideration, to apply a ligature to the hæmorrhoids, a large enema was thrown up the bowel by an elastic tube, and after it had come away a double ligature was passed through the base of each tumour and tied; the ends were then cut off, and the parts returned within the anus. My late and lamented friend, Mr. Morton, attended the case with me, and kindly lent me his assistance on the occasion. Some pain was experienced during the night, and in the morning she felt slight difficulty in passing her water: these symptoms were relieved by a hip-bath, and warm poultices to the anus; a draught of hyoscyamus and nitric æther in camphor mixture was prescribed. On the third day after the operation the bowels were moved by a dose of castor oil, which was repeated every second day for a fortnight. The first ligature separated on the sixth, and the last on the ninth day: six ounces of water, containing twelve grains of sulphate of zinc, were then injected up the bowel night and morning. In three weeks the local affection was quite cured; but as the bowels did not act freely, and she had not thoroughly regained her strength, some aperient and tonic medicines were prescribed.

She continued the remedies for a few weeks, in which time her health was restored, and the catamenia became regular.

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Internal hæmorrhoids ; existence for several years ; operation by ligature.

Mr. S——, æt. forty-three, tall, muscular system of ordinary development; is of very regular habits, and moderate in regard both to eating and drinking. Being engaged in business, he is not able to take much exercise. He has always been of costive habit, the bowels not generally acting oftener than once in two or three days. For many years he has suffered from the several annoying and distressing symptoms usually attending internal hæmorrhoids. About eight years previous to applying to me, the piles descended at stool; for a time they were retracted after defecation, but for several years he has been obliged to replace them; for two years they have protruded from the anus on his assuming the upright position. The discomfort and annoyance caused by their constant protrusion became so great as seriously to interfere with all the pleasures and enjoyments of life. He had not had advice for several years, but had treated himself, and possessed most of the books that had been published on the subject for a long time past. His countenance was clear; tongue but slightly furred, and notched by the impressions of the teeth; his skin was cool, and the urine free from deposit. The sphincter ani was relaxed; and two hæmorrhoidal tumours, the size of hazel-nuts, dense, and but slightly compressible, were prolapsed. By passing the finger into the rectum they were found to be connected to the upper margin of the internal sphincter. It being evident that removal of the tumours was the only treatment that could relieve him, and the state of the constitution admitting the immediate performance of the operation, it was decided that ligatures should be applied.

The bowels having been previously very freely relieved by medicines, in the afternoon I passed a double ligature

through the base of each tumour. They were seized separately by a pair of forceps, and drawn down by Mr. Henry Thompson, who kindly assisted me, while I transfixed them with a needle. The ligatures having been drawn thoroughly tight, the ends were cut off within half an inch of the piles, which were then returned within the rectum. Half a drachm of tincture of opium in camphor mixture was administered immediately. On the second day after the operation, my patient, feeling no pain, had left his bedroom. His skin was cool, tongue moist, and pulse quiet. A laxative was prescribed to be taken if the bowels did not act the next day. In ten days this gentleman called on me: the ligatures had come away, and the parts had quite healed. I advised him to take an aperient and tonic mixture to get the bowels into a regular state, and to inject half a pint of cold water after defecating. This plan of treatment had the desired effect, and he has not since experienced the slightest inconvenience.

Aggravated cases of internal hæmorrhoids; disease existed twenty years; ten ligatures required; successful operation.

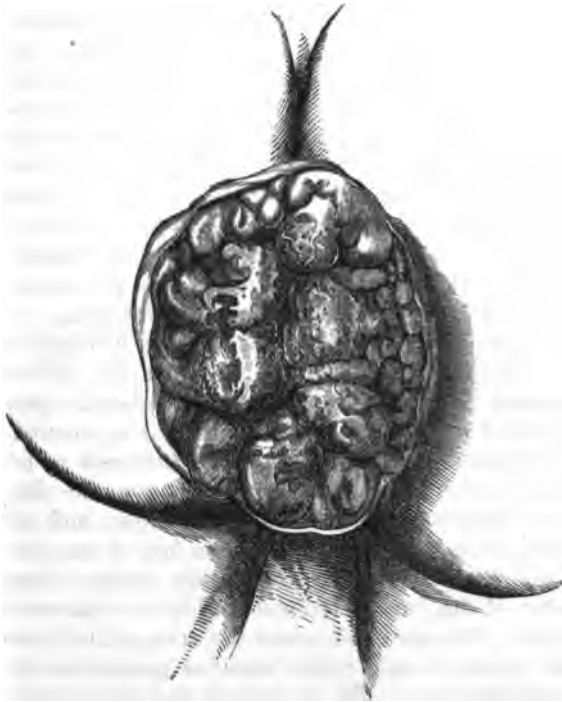
Mr. H——, æt. forty-seven, in business at the west end of London, requested my aid, as he was suffering severely from hæmorrhoids. When I saw him he was in bed, and so weak that he was scarcely able to speak; his countenance, the whole surface of the body, his lips and gums, were perfectly blanched, and he looked more like a corpse than a living being. I learned he had suffered from hæmorrhoidal disease for twenty years, and for many months had lost considerable quantities of blood, not only at stool, but even while in bed: for several years he had been subject to frequent attacks of gout. Examining the local disease, the worst case presented I have ever seen; the sphincter ani had entirely lost all power, and a mass of internal hæmorrhoidal tumours extruded, exceeding in

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bulk the size of two fists. The tumours were ulcerated, and from their surface there was a copious exudation of discoloured serum, for it could not be called blood. Suffering intense pain when the bowels were moved, he had almost abstained from food, with the exception of tea, for several weeks, in order to render defecation less frequent. I returned the tumours, and retained them by a pad of lint and a bandage, and ordered him light, nutritious food, and stimulants at short intervals. The case gave me the greatest anxiety: his vital powers were so low that he could not exist as he was more than one or two weeks, and the shock of an operation on a constitution so reduced might be attended with fatal consequences; but it being certain that if the local disease were not removed he could not survive, I determined to act. Having ascertained that the lungs, liver, kidneys, and other organs were free from disease, and the bowels having on several occasions been relieved by enemata, on the 16th July, 1857, I applied ten ligatures, completely strangulating the whole of the tumours. Dr. Snow administered chloroform, from the effects of which he recovered soon after the operation, and then took a draught containing ammonia and opium, with the effect of tranquillizing the system and procuring a refreshing night's rest. The following morning he was easy, and decidedly better than previous to the operation. I directed that small quantities of arrowroot with brandy, beef-tea, &c., should be administered at short intervals: for several days I watched him very closely and anxiously, and had the satisfaction of witnessing a gradual improvement; his pulse, which from the time I first saw him was tremulous, now became distinct, and much slower; his countenance assumed some degree of animation, and he expressed a confident belief in his recovery. Fearing the effects of purgative medicines, the bowels were moved by enemata for the first week. By the twelfth day the whole of the

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ligatures had separated, and the parts were rapidly healing : on the fourteenth day he was able to be removed into the country, previous to which he had commenced to take the ammonio-citrate of iron, and aromatic spirit of ammonia in infusion of calumba : he continued to take this for some time, and had recourse to cold enemata daily, and the occasional use of mild aperients, and I had the gratification to see him completely restored to health, gain flesh, and entirely free from the local disease which had so nearly produced fatal consequences.



The above engraving is from a drawing taken by Mr.

Tuson at the time of the operation, and conveys a good idea of the large size of the tumours and their ulcerated condition: the smaller convolutions of mucous membrane were of a livid purple colour, and the larger tumours of pale vermillion.

Internal hæmorrhoid ; constant descent of tumour ; removal by ligature.

Mr. —, æt. thirty-seven, residing in Porchester Terrace, of ordinary stature and conformation; nervous, anxious disposition, has always experienced difficulty in regulating his bowels, which have been habitually constipated; not accustomed to active exercise. For several years he had lost blood at stool, and at times had severe pain in the rectum, which rendered him incapable of bodily or mental exertion. Two years previously to his coming under my observation, a tumour descended from the bowel when at the closet, and since its first descent, it has always been necessary to replace it by the finger. He mentioned these facts to Dr. Quain, his physician, who desired him to consult me. His pulse was weak; countenance pale; eyes dull; tongue furred; abdomen hard; skin dry; urine cloudy, which, under the microscope, presented numerous octahedral and dumb-bell crystals of oxalate of lime. The sphincter ani was contracted; the mucous membrane of the rectum was observed to be congested. By digital examination, a tumour, the size of a cherry, was detected, attached to the upper and interior margin of the internal sphincter by a fold of mucous membrane; it was firm, and but slightly elastic. From the nature of the tumour it was decided to remove it by ligature. He remained under the care of Dr. Quain for three weeks, during which time his general health was greatly improved. The bowels having been thoroughly freed by the administration of four grains of blue pill, and

six grains of compound colocynth pill at bed-time the previous night, and castor oil and an enema in the morning, with the assistance of Mr. H. Thompson I applied a doubled ligature to the tumour, transfixing its base with a needle fixed in a handle. He remained in bed three days, and experienced but little pain. On the fourth morning he took a dose of castor oil: the bowels acted freely, attended with some uneasiness in the part. He was directed to get up, but desired not to stand or sit too much. The following draught was prescribed, to be taken every morning:—Compound infusion of gentian, one ounce and a half; sulphate of magnesia, one drachm; carbonate of magnesia, ten grains. One ligature came away on the fifth day, and the other on the ninth: for some days afterwards he had smarting at stool, but it gradually subsided. He took the medicine for three weeks, after which the bowels acted freely each day without it: he had greatly improved in appearance, was quite cheerful, and expressed himself as being better than he had been for many years.

Internal hæmorrhoid, attended with great pain, bleeding, and constant descent of the tumour; ligature applied.

The following case was also sent to me by Dr. Quain:—Mr. —, a publican, tall and stout, his eyes dull, and sclerotic conjunctivæ yellow, his tongue large and flabby, covered with a thick fur, and the edges deeply notched by the impressions of the teeth. He informed me that he took little or no exercise, sometimes not leaving the house for upwards of a week: he lives freely, but is not often intoxicated; has always suffered from constipation, and had long been annoyed by dyspeptic symptoms, as well as various uncomfortable sensations in the rectum. Four years previous to applying to me, he discovered that “a lump” descended at stool, attended with bleeding and

severe pain; it had always been necessary to replace it with his fingers. Digital examination detected on the right side an indurated pile, attached to the bowel, about two inches above the anus. An enema being administered, a pile the size of a large cherry was extruded. Considering the density of the tumour, its constant descent, and the strong desire of the patient to be relieved of his sufferings, it was decided an operation should be performed. Under the judicious treatment of the physician who referred him to me, in ten days the constitutional defects were remedied. At the expiration of this time, with the assistance of Mr. Hulme, I carried a needle, armed with a double ligature, through the base of the tumour, and tied it firmly in two portions. The bowels had been freely relieved previous to the operation: after it had been performed, a dose of opium was administered. For four days, there was slight feverish excitement and cedema around the anus. These yielded to salines, low diet, and linseed-meal poultices. On the third morning, he took some castor oil, and repeated it every second morning for a few times. Enemata of flaxseed-tea were daily used. By the eleventh day, the ligatures had come away, and the ulcers resulting had quite healed. The necessity of taking exercise was strongly impressed on him; and he was directed to inject half a pint of cold water after defecating, to use soap and water externally morning and evening, to live moderately, and to keep the bowels regular.

Internal hæmorrhoids; great loss of blood inducing debility and palpitation of the heart; an ulcer at the posterior part of the rectum, with considerable induration of the surrounding tissues.

The Rev. C. C——, æt. fifty-three, residing in the North of Ireland. In 1856 came to London to consult me for an affection of the rectum which commenced ten years pre-

viously. At that period he experienced itching and a fulness about the fundament, and occasionally lost a small quantity of blood: the accession of these symptoms was soon attended with protrusion of tumours from the bowel each time he visited the closet, and he was seldom free from pain in the rectum and sacral region. He gradually grew worse, and for the last four years he daily lost a considerable quantity of blood, and any slight exertion was attended with violent palpitation of the heart, and a feeling of faintness; he also suffered from cramps in the legs, and great irritability of the bladder, inducing a frequent desire to micturate. He had tried various medicines that had been prescribed, and had been for twelve months in Germany, drinking mineral waters, but experienced no benefit.

When I first saw him, his countenance was pale, his lips and gums colourless, and the tongue much furred; the eyes were dull: his pulse was weak and irritable. By straining slightly, an indurated hæmorrhoidal tumour the size of a chestnut was made to protrude: the finger being introduced into the bowel, it was found to be connected with the upper margin of the internal sphincter. At the posterior part of the rectum, an ulcer three-eighths of an inch in diameter was felt: the tissues around were so dense as to raise a suspicion of cancer in the mind of a medical friend who examined him also, but in this opinion I did not coincide. Blue pill and ipecacuanha were directed to be taken at bed-time, and a tonic and aperient draught every morning. After using these remedies for six days, his general health being much improved, with the assistance of Mr. H. Thompson I passed a double ligature through the base of the hæmorrhoidal tumour, and tied it in two portions. I afterwards, with a probe-pointed knife, carried up on the index finger of the left hand, incised the ulcer on each side of the median line.

On the third day, the bowels were moved by castor oil; on the sixth day, the ligatures came away: he suffered so little after the operation, that he was now able to leave the house. He was directed to take a draught containing iodide of iron twice a day for three or four weeks, and he very shortly returned to Ireland. Three months afterwards, passing through London on his way to Brussels, he called on me; his countenance was florid, and he informed me he had been perfectly free from all symptoms of his former complaint; that he could walk many miles without fatigue, had been free from palpitation, and had gained a stone and a half in weight. I examined the rectum, all induration had disappeared, and no evidence of former disease remained. I saw this gentleman again in 1860, and he remained quite well.

Hæmorrhoids existing thirty years; failure of two operations, and other treatment: perfectly cured.

Mr. Rogers Harrison requested me to see Mrs. C——, who had long suffered intensely from hæmorrhoidal disease. She married young, and spent the greater part of her life in India. After the birth of her first child, she became afflicted with piles: the earliest symptoms she experienced were loss of blood at the closet, and a sense of aching and fulness in the rectum, followed, in the course of time, by a descent of hæmorrhoidal tumours, which increased rapidly in size, and gave rise to great suffering. During her residence in India, on two occasions she underwent operations, and each time experienced great agony, without deriving any benefit, as only portions of the tumours were removed. For some years her bowels were constipated, but latterly she had kept them free by medicine and injections. On my visit she was in bed, and on making an examination I found

several large hæmorrhoidal tumours protruded, being in the aggregate equal in size to a man's fist. The apices of the tumours, from the long existence of the disease, had become much altered in structure, being dense and semi-cartilaginous. Mrs. C—— stated that on the tumours being prolapsed it took her the greater part of the day to replace them, and till then she was obliged to remain in bed. I informed her that nothing but an operation could relieve her, that properly performed she could be entirely freed from the disease with which she was so sorely afflicted, with perfect safety, and without experiencing any considerable amount of pain. She was very incredulous as to my statement, in consequence of her previous experience and disappointment in the results. But she gave her consent that I should do whatever I thought proper, as in her present state her life was a burthen to her.

A few days subsequent to my first interview with Mrs. C——, the bowels having been thoroughly relieved previously, with the assistance of Mr. Harrison and Mr. Clover, I performed the necessary operation, first freely dividing the mucous membrane from the anal integument, and then passing six ligatures well beneath the base of the larger tumours, which were tied in the manner I advise. Three smaller tumours, that occupied the anterior portion of the bowel, and which were also indurated, and but slightly vascular, I excised, there being no fear of hæmorrhage. A large artery coursed down the bowel on the left side, entering one of the more important tumours. I carefully avoided wounding this vessel with the needle carrying the ligatures. After the operation an opiate was administered, and she passed a very tolerable night. The third day the bowels were relieved by an aperient, and she experienced some smarting at the time; subsequently a mild stimulating ointment was applied daily, and aperient

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medicine administered when required, and in a short time she was perfectly cured of a disease that commenced thirty years previously, and had rendered her perfectly miserable during the greater part of that time. In a letter I received from this lady about two years after the operation, she says, "I cannot allow this opportunity to pass by without expressing the deep and heartfelt debt of gratitude I owe you for the incalculable benefit derived from your superior skill and judgment, combined with your unremitting kindness and attention in effecting a thorough and radical cure of a disease which rendered my existence miserable and undesirable, extending over a period of five-and-twenty years, baffling the repeated efforts of several eminent practitioners of various climates, unavailingly employed during the long and painful period of my life just mentioned, but now made happy and useful both to my family and self."

THE END.

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