

relieves the spasm of the muscle, prevents contraction, rest is obtained, and the wound is given a chance to heal; then local applications of 4% to 10% silver nitrate solution, every day or every other day, is preferred.

(2) Cutting of the sphincter muscle:

a. Under general anesthesia.

b. Under local anesthesia.

Division of the sphincter muscle under general anesthesia is the best method, but it can be done with excellent results under local anesthesia, as advocated by Dr. S. G. Gant, by the use of cocaine or B. eucaïne solution, never stronger than 1-8% or 1-10%, or even by the injection of sterile water, which produces local anesthesia due to the pressure on the local nerve endings, lasting from three to five minutes and for a sufficient length of time to cut the sphincter muscle, and to relieve the patient of this most agonizing pain and suffering.

In division of the sphincter muscle complete and not partial division gives the best results. The fear of incontinence following division of the sphincter muscle is exaggerated very much. I have never seen a case of incontinence following proper division of the sphincter muscle.

Always use a sharp bistoury and cut down through the fissure and through the sphincter muscle, always at right angles with the transverse muscular fibres of the sphincter muscle. Always remove the sentinel pile when present and make the incision extend about $\frac{1}{2}$ inch beyond the anal margin so as to get proper drainage when dressing the wound.

The wound must be allowed to heal from below by placing a strip of narrow gauze to the bottom of the wound, and the patient should receive daily topical applications of 4% silver nitrate solution or balsam of Peru or ichthyol in glycerin 10%.

The patient should have a daily semi-solid stool.

I shall attempt to give a more thorough review of the treatment of this most important rectal trouble in another paper.

The most salient points in diagnosing and treating fissura ani, are as follows: