contract up the anus, no power will keep the bowel within. Then, of course, you lock up the bowels with opium, and keep the patient carefully in bed. As far as I have seen, we generally get a cure in such cases, though sometimes the cautery has to be applied more than once.

A patient comes to you, and says that he is very uncomfortable because he has a little swelling which is very painful. You will find a little bluish mass by the side of the anus, and as far as I have seen it is more common in men than in women. It is nothing more nor less than a thrombus in one of the inferior hæmorrhoidal veins. You find, perhaps, that the patient has been dining out once or twice of late, and his bowels have become a little constipated and the liver overloaded, and the venous circulation obstructed. Every now and then patients will go on suffering this inconvenience for a few days without taking advice, and the thing gets well; that is, it gets well by absorption of the blood clot, and by leaving a loose fold of skin at the verge of the anus. That is how those loose external piles we see so commonly are formed. But if you get the case in an early stage, by far the best thing to do is to make a little nick with a bistoury into the swelling, and to turn the clot out. It turns out very readily; you get rid of the thrombus, and you see the lining wall of the vein left behind; you put a little iodoform to it, and the thing heals up in a day or two, so that the patient has no further trouble.

One word with regard to ischio-rectal abscesses. The patient may have an abscess in the ischio-rectal fossa from various causes. It may be from internal causes such as ulceration, which is often tuberculous, or a fish bone, or a bone or a pin may have passed through the bowel and then become entangled in the sphincter, producing perforation; or it may arise from external causes, such as sitting on damp grass, on the wet seat of an omnibus, or things of that kind which have a tendency to produce local irritation and inflammation about the buttocks. From whatever cause it may happen the symptoms are much the same. The patient has a phlegmonous swelling, which is hot and tender, between the ischium and the anus, and the ischio-rectal fossa is filled up with inflammatory deposit, which rapidly becomes purulent. In a case of that kind the sooner you make an opening and let the matter out the better, for if it is allowed to remain it will burrow up into the rectum. The best way is to put the patient on his hands and knees, then to pass the finger into the rectum, left or right, according to circumstances; you then introduce a bistoury by the side of the rectum and cut outwards. You have the patient completely under your control by the finger in the rectum, so that you can hold him firmly, and you can put the knife down by the side of the rectum, and just cut sufficiently to let the matter out freely. Then comes the question, Shall you do more? Shall you lay the abscess open into the rectum? That will depend upon how thin the rectum is. If the abscess has already encroached upon the rectum so that it is thin, it is better to lay it open at once into the rectum, because if you leave it, it will degenerate into a fistula, and you will be doing one operation instead of two.

You will know at once by the smell whether or not the abscess communicates with the rectum. Nothing is more offensive than the smell of pus in an ischio-rectal abscess which communicates with the rectum. In these cases there is no doubt about laying the bowel open; but in other cases, where it is a superficial abscess due to external causes, there will probably be no smell, and then I advise you not to lay the rectum open unless you have reason to think that it has been encroached upon.

Lastly, one word about hæmorrhage from the bowel. A patient comes to you and says: "I lose a little blood from the bowel, but I do not think it does any harm." That is perfectly true; an occasional discharge from the bowel is in many cases a salutary thing. You remember how the rectum is supplied with blood from the inferior mesenteric as well as from the iliac and pudic arteries, and that all the arteries inosculate, while the veins communicate with the vena portæ as well as the pudic veins, so that a slight hæmorrhage may in that way relieve a congested liver. But it is different if the patient loses considerable quantities of blood from the rectum; and you should always be on your guard to inquire whether the blood is simply mixed with the motion or whether it is spurted over the pan of the closet, because in the latter case it is obvious that it must be arterial blood or venous blood in considerable quantities shot out by the muscular efforts of the rectum. In either case the patient may lose more blood than is good for him. It may depend upon internal piles, and in the majority of cases it is so; but of the treatment of these I am not going to speak to-day.

There is one thing that causes hæmorrhage, and that is a vascular patch of mucous membrane in the rectum. When you expose it with the speculum you see blood pouring out from it. Those cases can be treated very readily by the application of caustic. They are the only cases of piles or rectal disease which really do well with caustic. To apply nitric acid to great masses of internal piles is really to play with them. But if on passing the speculum you can distinctly see a vascular surface, which bleeds very readily, I advise you to touch it freely with a piece of stick dipped in the strongest fuming nitric acid, or, as I prefer, the acid nitrate of mercury, the effect of which will be that you will arrest the hæmorrhage immediately. You should then lock up the bowels with a little