ON THE OPERATIVE TREATMENT OF INTERNAL PILES.

Mr. Thomas Annandale, surgeon to the Royal Infirmary, Edinburgh, holds (*Edinburgh Med. Journal*, June, 1876) the true principle of operative interference in cases of internal piles to be—to confine the operation in cases in which the disease is uncomplicated with other serious affections, has resisted ordinary treatment, and is causing disturbance to the general health or comfort, either by bleeding or by constant protrusion and irritation, or both.

The principle of the operation itself is to destroy or remove simply, effectually, and without hemorrhage, the vascular growths or masses forming the piles; and in so doing to leave a sore or sores which will heal and contract safely, quickly and thoroughly.

The advantages of the clamp and cautery (Smith's operation), as compared with the use of the ligature, the two operations at present in general use for the cure of internal piles, are, in Mr. Annandale's opinion, as follows :—

1. By means of the clamp and cautery the piles are at once removed, and do not remain in the rectum as dead and putrid masses.

2. The irritation and pain are not so severe or so prolonged as in the operation by ligature.

3. The patient's confinement to bed and to the house is much shorter.

4. The resulting sores heal more quickly, and are attended with less risk of suppuration and its attendant local and general dangers.

It so happens that I can offer some strong evidence in favour of the clamp and cautery in connection with the amount of pain and irritation following the operation, and the quickness of recovery after it —for, in three of my cases operated upon in this way the patients had previously undergone the operation by ligature. The testimony of all these patients who had experienced both methods was most strongly in favour of the clamp and cautery.

Mr. Annandale asks, Are there any risks connected with the use of the clamp and cautery? One of the principal objections which has been brought against this method is the risk of hemorrhage after the operation. If the cautery or heated knife be properly used at an almost black heat, and ordinary precautions taken after the operation, I consider that the risk is a very slight one indeed. There has been hemorrhage in only one of my cases—to which I have already referred—and there was good cause for its occurring. Is this operation entirely free from the risk of pyæmia? Cases have occurred, and have been reported, in which fatal pyæmia has followed the use of the clamp and cautery; and I myself have met with one case, which I will briefly relate.

A few years ago I operated on a gentleman æt. 50 and removed, with the clamp and cautery, three large internal piles. On the fifth day after the operation the patient was out of bed, and appeared to be progressing in every way favourably. On the sixth day he had a rigour. On the seventh day he complained of pain in his side, and symptoms of pneumonia were present. On the tenth day he died, and evidently from acute pyæmia.

Although, therefore, acute pyæmia may follow this operation, I am strongly of opinion that there is less risk of its resulting from the use of the clamp and cautery than from the employment of the ligature. In confirmation of this, I think I am justified in stating, that experience has shown that a wound made—especially in vascular textures—by a heated wire, knife, or other instrument, in operative surgery, is attended with less risk of pyæmia and septicæmia than one made by other means, provided antiseptics are not employed—and the rectum is a situation where they cannot be satisfactorily used.

If the clamp and cautery are used for the removal of internal piles, it is very important that the cautery or other heated instrument should be carefully applied, and at an almost black heat. I have recently employed the thermo-cautery knife in two cases to cut off the piles after they have been seized with the clamp, and I have found it most simple and efficient in its application.

As is well known, internal piles are often complicated with external piles, or with a looseness or redundancy of the skin round the anus—and it becomes a point of considerable practical importance to consider how far such complication should be dealt with when operating upon the internal tumours. When distinct external piles exist along with internal ones, there can be no doubt that the proper practice is to cut them off at the time of operating upon the internal tumours; but when the condition is simply a general looseness of the skin surrounding the anus, then I think that it should not be interfered with, unless it is very marked. I have seen very troublesome results from the too free removal of such skin, which, when the internal piles are protruded seem more redundant than it really is. The plan I myself follow is to carefully examine the external parts after the internal piles and any prolapsed mucous membrane have been thoroughly pushed up into the rectum. If then well marked external piles or any very redundant folds of skin are present, I consider it a proper case in which to cut them off; but, if the looseness or folds of skin are not aggravated, it is better not to interfere with them.

In conclusion, and as a result of my experience, supported by the facts detailed, I would offer the following opinion in regard to the ligature *versus* the clamp and cautery : That although internal piles may be successfully removed by the ligature, their removal by the clamp and cautery is much to be preferred.

THE DEEP INJECTION OF CHLOROFORM.

Drs. Hall, Curtis, and C. E. Stedman, of the Boston City Hospital, have recently reported in the *Journal*, a number of cases of sciatica, in which the treatment by the deep injection of chloroform, first introduced by Bartholow in a case of infra-orbital neuralgia, was used with marked success.—*The Boston Medical and Surgical Journal*, Aug. 30, 1877.