LECTURE ON ABSCESS IN THE NEIGHBORHOOD OF THE ANUS AND RECTUM.

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Abscess in the neighborhood of the rectum and anus is a very common affection, although it is often borne in silence, especially by women, through dislike of exposure and dread of the surgeon's knife. The practitioner who is familiar with the different phases of the disease has it in his power to prevent great inconvenience and suffering, and not unfrequently even to save life. Recognizing it by the description of characteristic symptoms, he can often say confidently to his patient, "Take a little ether and let me save you much trouble hereafter." There is no class of cases in which anæsthesia adds so largely to our power as in the surgery of the rectum; and here, in this country, where it was first discovered, the duty would seem to devolve upon us to demonstrate its practical utility in everyday surgery, for abroad, and especially on the Continent, the tendency is very strong to continue in the beaten track, and reserve it for the greater operations.

I shall assume that you know something of the general pathology of abscess. Here, as elsewhere, it takes its origin in the alteration or actual death of a portion of tissue, possibly very minute, which thus becomes a source of irritation sufficient to provoke an effort for its elimination or floating out from the organism by pus formation. This necrosis or change in quality of tissue—the ultimate cause of every abscess not due to the presence of an actual foreign body introduced into the tissues from without—may originate in *local traumatism*, or in *failure of local textural nutrition from general causes*. Thus, in answer to the question why abscesses should form in this region, we find amongst clearly substantiated antecedents the following: Perforation, immediate or ulcerative, by hard substances which have been swallowed and afterwards actually found in abscesses near the rectum, *e.g.*, pins, needles, fish-bones, sharp fragments of chicken and other bones—the pelvis of a snipe, an apple core, etc.; abrasions caused by impacted and hardened fæces, or by foreign bodies introduced through the anus, leading in some instances to perforating ulcer; violent stretching of the parts in forced efforts at defecation; contusions, as from kicks, or riding on horseback; mechanical or chemical irritation by contact of substances used for cleanliness, by scratching to relieve pruritus or eczema, or by the contact of strong perspiration after much walking, or of acrid secretions from the vagina; strangulated or irritated hæmorrhoids; the presence of stricture or cancer of the gut—of which the formation of abscess in the neighborhood is not an unfrequent complication; local chilling, as by sitting on a cold stone or a wet seat; finally, the tubercular diathesis, and also, in persons of good constitution, a temporarily vitiated condition of the blood and consequent depression of the vital powers.

We must not loose sight of the facts that chronic abscess of remote origin in necrosis of bone, and psoas abscess, sometimes gravitate to this region and point near the anus, and that the vicinity of an enlarged prostate, or a diseased bladder or seminal vesicles, may cause perineal abscess, and encroach upon the rectum. I have punctured an abscess seated between the prostatic urethra and rectum and projecting into the latter—to relieve retention of urine; and Gooch relates the case of an old gentleman long subject to gravel who, after a perineal abscess and much subsequent complaint of pain at the anus, was found, on examination (which had been unwisely deferred), with a urinary calculus of a slender, tapering shape, and over an inch long, projecting more than a third of its length into the rectum. Its removal was followed by cure. (*Chirurg. Works*, London, 1792, vol. iii., p. 216.

I am disposed to emphasize the subject of etiology, because the more thoroughly we grasp the causes of disease the greater the chances of success by hygienic and preventive measures, and the more direct and rational our treatment.

Before describing any of the various forms in which we encounter them in practice, it is important to observe that *all abscesses near the lower end of the rectum have certain characteristic features in common*, viz.:—

1. They can be rarely made to abort, going on almost inevitably to suppuration.

2. They do not heal readily, but as a rule tend to degenerate into chronic sinuses and fistulæ.

3. The pus which they discharge is offensive in odor, in consequence of the exosmosis of gases from the bowel.

From what I have said thus far you will already understand, I think, why it is a received rule of surgical practice that *these abscesses should always be opened, and opened early*, even without waiting for unequivocal evidences of fluctuation. It is another good rule, to be mentioned in this connection, that *all incisions for this purpose should radiate from the anus as a centre;* we thus avoid cutting across the general course of blood-vessels, and we escape, also, possible bad effects of subsequent contraction in healing.

Abscesses in this region vary in situation as well as in size, and they vary widely in gravity, as we shall see.

Often a little round lump will form just at the verge of the orifice of the anus, taking its origin from a hard stool, or an external pile, or the chafing of the napkin of a menstruating woman. It becomes hot, and exquisitely painful. This is, naturally, one of the most sensitive spots in the body; the sphincter is provoked to spasmodic contraction by the presence of the painful little tumor, which is therefore constantly pinched, and for four or five days, or until it bursts, life is a burden.

If abortion cannot be effected in twenty-four hours by a pig's bladder partially filled with ice and moulded accurately to the part, then the tumor should be