

hard. I first trim them down with scissors curved on the flat. Now, as to the incision. If it is a case of long standing, and the sides and the floor of the fissure are of a grayish color, and the muscle beneath irritated and hypertrophied, nothing short of complete division of the external sphincter, and then dilatation with the thumbs, obliterate the fissure. I failed to relieve my first cases years ago, because I was too timid, and dilated only, or merely scratched through the fissure with the knife. If only a portion of the fibres of the sphincter are divided, there is danger of too rapid union before the fissure heals, and you may have your work to do over—that is, if the patient will allow you. If you fail to relieve at the first operation, they are apt to run away from you to a specialist.

Six of these cases were entirely cured and remained so. Not one had any incontinence of feces. Of course the incision should be made with a steady hand, and at right angles to the muscular fibers. Such an incision will always heal (except in a tubercular patient), with a nice, narrow scar.

The next most important point is to *compel* the patient to keep the bed until the wound completely heals; for if he gets out too early, the wound may not close, or far worse unhealthy ulceration follow, which will be much harder to cure than the fissure. I place a small piece of fine lamb's wool (not cotton), in the cut for twenty-four hours only. I confine the bowels for three or four days after the operation, when I introduce a suppository of a grain of aqueous extract of opium well up in the rectum, to relieve the throbbing.

My only excuse for reading this little imperfect paper before you, gentlemen, is the hope that it may cause us to examine the rectum oftener and more carefully in the future, and not be content with the diagnosis of this patient, who comes with the statement that he has blind piles and wishes a prescription, as several of these eight told me, and had been telling other doctors for years.

If I learned nothing else from Bantock, of London, and Martin, of Berlin, they showed me the importance of examining the rectum more frequently and systematically than I ever done before.—*Lankford, Va. Med. Monthly.*

THE TREATMENT OF SCIATIC NEURITIS BY THE LOCAL ABSTRACTION OF BLOOD.

No physician can appreciate the excruciating pain of a severe attack of sciatica unless he has suffered himself, nor can he feel how grateful the poor sufferer feels for prompt relief unless he has had such relief himself. Therefore, those remedies which give prompt relief in well-selected cases should be known and used by the practitioner. I do not

desire to go into the pathology of the disease, except to say that I believe the great majority of cases of sciatica are due to inflammation of the nerve-sheath, or the nerve itself, and that rheumatism, gout, syphilis, anæmia, etc., have very little to do as factors in the causation of the disease.

The great majority of cases that have come under my observation were healthy males, above the age of twenty-five years, and inclined to corpulency. In nearly every case I have traced the attack either to a direct injury or taking cold, most frequently the former, the most frequent injury being strain or over-stretching of the nerve, by lifting heavy weights from the ground, or remaining in a stooping position, where the nerve is kept continually on the stretch, besides being inordinately pressed on by the overlying muscles. The inflammation may involve a considerable extent of the nerve, as shown by the extreme tenderness on pressure over its course down the thigh. At times it is entirely confined within the pelvis, and I have good reasons for believing that the inflammation may affect any one of the individual nerves composing the great sciatic. Believing that the reduction of the inflammation in the nerve is the quickest way to overcome the disease, I have acted on this principle for nearly twenty years, by using one of the retired methods of treatment,—viz., wet-cupping,—the first subject being myself. I will give a couple of cases from the many I have treated by cupping, which will illustrate its beneficial effects.

CASE I.—This case was myself. In 1872, when I was 26 years of age and in robust health, I rode nearly night and day. My vehicle was a light two-wheeled sulky, which had the seat so much tilted back that I had to lean forward very much, thus keeping the sciatic nerves on the stretch all the time. Besides, there was a wire-railing around the seat just high enough to strike the sciatic nerve a little below where it passes out of the pelvis. This soon had the undesired effect of producing the severest sciatic neuritis imaginable. The pain was principally in the lower lumbar region and the upper third of the thigh. The nerve was extremely tender even to light pressure from where it issues through the great sciatic notch to the junction of the upper and middle third of the thigh. For four weeks nearly every known method of treatment was tried, with but temporary or no benefit. I suffered horribly unless well under the influence of morphine or brandy. Believing in the inflammatory nature of the disease, I had my brother apply fourteen wet cups over the lower lumbar region, on the hip and down the thigh over the course of the nerve. As the blood began to flow I began to feel easier, and, to make a long story short, I suffered no more pain, and took no more morphine or brandy. I