

healthy enteric tissue, a large loss of blood and a tendency, on union, of a subsequent annular rectal stricture. When primary union fails, after the operation, an enormous hiatus in the rectum remains, which only heals after a long lapse of time, by a tedious process of granulation.

If it were not for the dangers of secondary hemorrhage, and impossibility of preventing infection of the wound, the complete and radical excision of the masses would be a most satisfactory operation.

Ligation is not as useful as one might suppose. It is quite impracticable in hemorrhoids high up as well as in those with broad, sessile bases. When the rectum is the seat of active inflammation, or when degenerative interstitial changes in the walls of the hemorrhoid have occurred, we can do nothing with the ligature. The range of the employment of ligatures in hemorrhoids is definitely limited, and when employed in selected cases, many cases have been permanently cured.

It is well to note the phenomena by which the evolution to health is effected. The necrotic gangrenous changes in the hemorrhoid often produce a tendency to consecutive fistula at the root of the sloughing tumor.

Injection directly into the hemorrhoid of coagulating or caustic substances is another expedient. It is unnecessary to name all the substances which have been employed for this purpose. Suffice it to say that their name is legion. Their *modus operandi* is on the theory of an irritant, mechanical inflammation, with an aseptic shrivelling or resorption and atrophy, which effaces the hemorrhoids. Crystal carbolic acid reduced by heat has met with the most favor; a drop or two injected into each mass. The operation is simple, but we can readily see that except in distinctly pedunculated piles, this phenating of the inner walls with an escharotic will not avail. In those masses composed of mixed vascular, angiomatous elements, it has no place, and is almost certain to cause future trouble if resorted to. There are many other operative procedures which are, however, with few exceptions, all derivatives of the three above named.

HEMORRHAGIC HEMORRHOIDS, OR BLEEDING INTERNAL PILES.—A contribution on hemorrhoids, it is feared, might be regarded as inexcusably defective, if it did not make some reference to *bleeding piles*. Hence, before concluding with the subject of treatment of the non-hemorrhagic variety, this phase of the disorder should be glanced over.

Without entering into the subject of the pathology of this phase of the malady under consideration, at the outset, we may ask, assuming that a correct diagnosis has been made, is it always judicious to interfere in those cases in which the loss of blood is not of such frequency or quantity as to make its impress on the general health? My impression is that for those who

live on rich food, take insufficient exercise, or manifest a propensity for internal inflammation, an occasional spontaneous rectal phlebotomy is often most salutary in its consequences.

¹Montague reports a singularly interesting case, cited to him by Larrogue.

A mademoiselle, a lady of rank, he says, on approaching the age of puberty was pronounced by skilled physicians hopelessly ill with pulmonary disease. But her menses coming on, all her lung symptoms vanished. At the age of 44, her menopause arriving, pulmonary symptoms again set in in an aggravated form. Now, she had a copious hemorrhoidal flux, and perfect health was again restored. These bloody fluxes continued from the rectum, from time to time, till she was 66 years old, when they ceased, and the lung symptoms now set in with mortal effect.

Bodson of London, in 1832, reported another remarkable case in the *Lancet* for January of that year, which seemed to strongly confirm Montague's view.

He was consulted by a young gentleman of 24 years of age, who had been married two years. He was emaciated, stooped and feeble. Examination of the chest revealed clear evidence of incipient pulmonary disease. Thinking that perhaps the young man had indulged excessively in the conjugal relations, he was ordered to sleep in another bed from his spouse. This, however, had no effect. Now, Bodson remembering that he came from a hemorrhoidal family, determined to try the effect of bleeding at the anus.

With this end in view he applied eight leeches at the verge of the young man's rectum, with the most desirable effect. The cough ceased. He commenced to gain in flesh, and was soon wholly restored to health.

But we will meet cases in which the loss of blood is excessive, our patient's health is shattered, and even life threatened. Such a case was sent to me this past summer by Dr. Acker, of Croton on-the-Hudson. She was bleached as white as marble, and bled terribly. Such cases must be promptly dealt with.

If the hemorrhage is small, simple astringents may suffice. If it be excessive, ice must be passed into the rectum, or even digital pressure employed, until the immediate bleeding ceases. Radical and permanent treatment embraces *complete* anal dilatation, the rolling out of the rectum, and thorough destruction of the fungous mossy masses or papillæ, which occasion all the trouble. The actual-cautery, Paquelin's or the galvanic, is a sovereign remedy for this condition.

COCAINIZATION, DILATATION AND PRESSURE-MASSAGE AS A RADICAL REMEDY.—Except for bleeding hemorrhoids and those complications

¹Traité des Hémorrhoides, Fluxes, Hémorrhédaire; etc.