quently torn open at every passage, and is exposed to infection from the small particles of feces coming down from above, especially if there are loose movements, because patients with fissure take many cathartics to soften the stool or make it fluid so as to relieve the pain which, as a rule, follows defecation. These particles of feces become lodged in the wound and the great supply of nerves in this region causes tonic paroxysmal sphincteric contractions which are very painful, but typical of fissure. The edges of the fissure swell, become edematous and the edges either widely separate, making a distinct cleft, or overlap, and there is a discharge of pus or mucus, causing excoriation, discharge, and pruritis.

When the wound is due to tearing or separating of the edges of a semi-lunar valve and the tear extends under the skin, the skin becomes inflamed and a sentinel pile is formed. When this remains untreated, the inflammation may subside and the parts become less sensitive and all the acute symptoms seem to have disappeared, but the edges of the wound become thickened, hardened and indurated, the mucous membrane becomes chafed, the sphincter muscle hypertrophied, and the anus small, due to the constant contraction of the sphincter muscle; the skin about the anus becomes excoriated, the anal folds more prominent and thickened, due to scratching, and the patient gets pruritis due to the discharge; the sentinel pile becomes smaller and less inflamed and looks like an external hemorrhoid.

Foreign bodies may enter a fissure, or, due to some infection, an abscess may form resulting in a blind internal fistula, complete internal fistula, or complete fistula.

Fissura ani causes more pain and suffering than any other rectal trouble and therefore the profound gratitude of the patient when relieved.

Treatment.—Very rarely the non-operative treatment is efficient. Some fissures when not very deep heal spontaneously if kept clean and are not irritated. In that small percentage of cases that are healed without operative interference, the following treatment has given the best results:

Keep the ulcer or fissure clean. Apply a 2% or 4% solu-