

To fulfil these indications enemata or mild aperients should be employed, and the diet must be regulated, the use of bland and unirritating food being enjoined.

It is not possible to point out a diet that would be even generally applicable, as so much must depend upon the state of the constitution and the previous habits of the patient; but in general it should be moderate in quantity, yet sufficiently nutritious—what the stomach can digest with ease, and has no tendency to produce constipation.

The patient should be directed to take moderate exercise; and if the bowels are disposed to be constive, a daily evacuation should be secured by the administration of an enema of warm water, or one of rich flax-seed tea, say from half a pint to a pint, to be given every evening, preference being given to the night time as the patient can then assume the recumbent posture, which, combined with the rest, affords the greatest protection from subsequent pain.

Instead of the enema, or in conjunction with its use, the action of the bowels may be regulated by the employment of some mild aperient, such as the patient has found by experience to agree with him.

All drastic purges should be avoided, as they are more or less stimulating and irritating to the extremity of the rectum. The pain and spasm of the sphincter muscles attending the evacuation of the bowels is best relieved by the use of a suppository consisting of—

R—Ext. belladonnæ, . . . gr.  $\frac{1}{8}$  to  $\frac{1}{2}$ .  
Cocain. hydrochlor, . . . gr.  $\frac{1}{4}$  to  $\frac{1}{2}$ .  
Ol. theobromæ, . . . gr. x.

Misce et ft. suppositoria j.

One suppository to be employed about half an hour before the enema is given, or a movement of the bowels is expected.

Instead of the suppository, an ointment of extract of conium may be used, as recommended by Mr. Harrison Cripps.

R—Ext. conii, . . . . . ʒ ij.  
Olei ricini, . . . . . f ʒ ij.  
Ung. lanolini, . . . q. s. ad. ʒ ij.—M.

A small quantity of this ointment should be smeared over the parts five minutes before a passage, and again after it has occurred.

The various methods of treating anal fissure may be divided into the *palliative* and the *operative*.

*Palliative Measures.*—Palliative treatment will meet with success in cases in which the fissure is tolerably superficial and of somewhat recent origin, especially when there is no great hypertrophy of the sphincter muscles.

Allingham states that the curability of the lesion does not depend upon the length of time

that it has existed, but rather upon the pathological changes it has wrought. This same authority states that he has cured fissure of months' standing by means of local applications when the ulcers were uncomplicated with polypi or hæmorrhoides, and when there was not marked spasm or thickening of the sphincters.

It is essential to the success of the treatment of fissure, especially by local applications, that rigid cleanliness of the parts be maintained; for this purpose the anus and the adjacent portions of the body should be carefully sponged night and morning, and after each stool, with hot or cold water, the temperature being regulated to suit the patient's comfort.

In applying the various local remedies it is necessary first to expose the ulcer to view, and to anesthetize its surface with a four or eight per cent. solution of cocaine hydrochlorate, well brushed in with a camel's-hair pencil. The application may have to be repeated once or twice, at intervals of about five minutes, in order to obtain the desired anæsthetic effect.

If any ointment has been used about the fissure, the anus should be subjected to a hot water doche before using the cocaine, as cocaine will not exert its anæsthetic influence on a greasy surface.

Among the different remedies that have been used in the local treatment of fissure of the anus may be mentioned the following: Nitrate of silver, acid nitrate of mercury, fuming nitric acid, carbolic acid, sulphate of copper, the actual cautery, and chloral hydrate.

Of these topical applications the nitrate of silver is the best. Its effects are various; it lessens or entirely calms the nervous irritation, which is so important a factor in producing spasmodic contraction of the sphincters; it coats and shields the raw and exposed mucous surface by forming an insoluble albuminate of silver; it destroys the hard and callous edges of the ulcer, and tends to remove the diseased and morbid action of the parts.

The form in which the salt is usually employed is in solution (from ten to thirty grains to the ounce). The stick caustic may be also used. To accomplish the best results, the solution should be used once in twenty-four or forty-eight hours, according to circumstances. It may be applied by means of cotton attached to a silver probe or to a piece of wood.

The application is made by separating the margins of the anal orifice with the thumb and index finger of the left hand, and introducing into the anus the probe charged with the solution. The argentic nitrate is to be applied to the fissure only; a few drops are all that is required. If thorough local anæsthesia has been induced by the use of cocaine, the application of the silver salt produces