

## NON-OPERATIVE TREATMENT OF HÆMORRHOIDS.

Gibbs, who writes on this subject in the *Post-Graduate*, makes no distinction between the two common varieties of piles—the internal and external—because the treatment of either answers for the other. There is a very painful little tumor frequently seen on the verge of the anus, very much the size and color of a huckleberry, consisting of a small thrombus in one of the marginal veins, covered partly with skin and partly with mucous membrane. If let alone, the clot is absorbed and the tumor disappears, or else becomes infected, suppurates, and cures itself spontaneously; but in either case only after, perhaps, a week of suffering. In these cases the proper plan—and few patients will object—is to use a few drops of cocaine, laying open the cavity and pressing out the entire clot, thus curing the trouble and stopping the pain in half an hour or less. If, on the other hand, this little operation is not permissible, there is nothing to do but undertake three or four days' treatment, based on general principles, consisting in cathartics, preferably podophyllin or cascara, rest in bed, and cold or hot applications. Cocaine he has not found always satisfactory, though it does sometimes work to a charm. Among the wet applications, either hot or cold, his preference is for some preparation of witch hazel or the common hospital lead and opium.

Last, and not least, is the time-honored suppository of opium and belladonna, so dear to the hearts of the medical profession. This is the recognized hospital treatment in New York, and covers all cases of pain from any cause whatsoever, when the lesion is low down, in reach of the anus, but in severe cases rest in bed with catharsis accomplishes far more in a given time.

More painful still, and more difficult to handle, is that complication of marginal hæmorrhoids known as fissure. It is most usually found posteriorly in the median line, overlapped by a fold of protruding hæmorrhoid. Here again, comes up the question of operation. For the most part when the writer finds a case of this sort that does not respond to the general treatment just laid down, he strongly advises giving ether, stretching the sphincter, cutting the fissure, and removing the hæmorrhoids, thus radically curing at once an old chronic disease. Next best is the treatment already mentioned, when enforced as vigorously as possible.

Not infrequently these fissures heal quickly under local applications of nitrate of silver not stronger than 20 grains to 1 ounce, repeated not oftener than once in twenty-four hours; while, on the other hand, the solid stick is very apt to

convert a small tear in the mucous membrane of the anus into a chronic, intractable ulcer. The temptation to use morphine in very severe, prolonged pain is great, yet the harm it does in these cases is not to be forgotten. Admitting the truth that constipation is the direct cause of acute symptoms in chronic rectal diseases, we have no doubt in saying that a three or four days' course of morphine will reconcile almost any patient, no matter how timid, to either death or operation, after the first passage over an "intolerable" fissure. Verily, "constipation is the thief of time." A less frequent cause of pain, as a symptom of piles, may be seen when a mass of tumors prolapses and remains outside of the body, swollen, red and perhaps gangrenous. Here the same procrastinating treatment will, in a week, more or less, help to diminish the acute symptoms. To summarize: In order of importance, rest in bed, unloading of the bowels, sensible diet, abstinence from alcohol, and an abiding faith on the part of the medical attendant that subsequent and severe attacks will induce a great sufferer to submit to an operation involving no pain or risk to life, with a guarantee of no more trouble.

The second symptom already spoken of is hæmorrhage, usually accompanying the act of defecation, and varying from a few drops to an ounce or more. Most people do not bother with "a little thing like this," simply because it entails no pain.

On the first occurrence of bleeding, many patients are more or less frightened, until they have assured themselves that they have "nothing but piles," and let it run on indefinitely, except in those rare cases when the loss of blood begins to reach the point of exsanguination; but the majority of cases are allowed to continue or stop spontaneously. Hæmorrhage, whether profuse or not, can be easily controlled, if the bleeding spots or area can be seen, by careful applications of nitric acid, or by touching with the Paquelin or galvano-cautery. There is no pain unless the skin margin is burned, and one application should be sufficient. Of course, any destruction of healthy mucous membrane does harm; and the cauterization should be superficial and limited to the bleeding points or areas. Such cases as require etherization and ligation the author has read of, but not seen.

Prolapse of internal hæmorrhoids occurs in advanced cases where the tumors are large and flabby. Whether they return to the cavity of the rectum with or without assistance after defecation, this symptom causes but trifling annoyance. It is not till the sphincter becomes somewhat relaxed and allows protrusion at any time, on standing or walking, that any real distress occurs, and this brings us back again to the subject of pain and what to do for it. In these severe cases