

been adhered to; the patients both died from apoplexy. Be careful to examine with the finger to find that no more serious disease exists. The cases for operative interference are those in which the patient has become quite emaciated from loss of blood; also, those cases where they cause great discomfort by the constant irritating discharge from them, and nearly always in the third stage, when they remain down, and prevent a patient moving about.

There are three ways of destroying internal piles; by the ligature, by the clamp and actual cautery, and by nitric acid. I have seen the ligature used by my colleagues, and have used it myself now for eleven years, without a bad case, nor have we had a case of pyæmia (in over four thousand cases at St. Mark's Hospital) occurring after the operation. The operation we do at St. Mark's Hospital, and which was handed down to us by Mr. Salmon, is to pull down with a fork, or vulsellum, the tumor, and with a pair of scissors divide it from the skin, cutting in the groove you will always find between the skin and mucous membrane, and in a straight line with the bowel. Then your assistant lifts up the pile, and you place your ligature in the cut you have made; your assistant then pulls the pile down over the ligature, and you tie it at its base and return it, or cut it off as you like and remove any external redundant skin you may think necessary, being careful not to remove too much. The ligatures generally come away in four or five days, and the patient is about again in seven or ten days. The old method of transfixing the pile with double ligatures and tying each half, is still practised, I believe, by some of our hospital surgeons; but it is not, I think, so good an operation. The clamp I seldom use, as I have not found any of the advantages claimed for it over the ligature. Nitric acid I have left off using, except in slight cases (when it astringes them up very successfully), as I have had two cases of severe hemorrhage following its use when the sloughs came away; and my colleagues have also had severe hemorrhage occurring after the application of nitric acid.

Gentlemen, if this paper will cause any of my professional brethren to be a little more careful in their examination of the rectum, which still seems to be a "terra incognita" in the domain of surgery, it will more than repay the trouble I have taken in putting these few words together.

#### ON THE TREATMENT OF DIARRHŒA IN YOUNG CHILDREN.\*

Diarrhœa in young children, particularly in those under two years of age, and in the summer season, usually begins very assiduously, and not unfrequently results from a slight chill, or a meal of improper food which excites a little irritation of the stomach and bowels; a protracted and high temperature in a large city (though something more than temperature is concerned in the production of the disease),

particularly in overcrowded districts, enters largely into the etiology of the affection.

The irritation when once set up is easily maintained by causes the same in kind (although less in degree) as those which originally provoked it, and a chronic affection is brought about which may become less and less amenable to treatment the longer it continues.

A child from six months to two years old, living in a large city during the summer season and perhaps in an overcrowded neighborhood, gets some indigestible substance into its stomach or perhaps takes cold, and soon afterwards the bowels become slightly relaxed; perhaps among the poorer classes an inferior quality of milk (skim-milk, slightly sour or adulterated milk) has been given to a child recently weaned; in such instances the purging is neither severe nor of long continuance; it speedily ceases and the child appears to have recovered. The bowels, however, do not return to a healthy condition, and the complaint then is that the bowels are constipated; perhaps two or three days later the child will have two or three large, sour, pasty-looking dejections, more or less slimy from the mucus with which they are mingled, and passed with considerable straining efforts and much apparent discomfort; the dejections may then become more frequent, and occasionally they will be streaked with blood; febrile movements may occur, and there may be more or less abdominal tenderness. \* \* \*

The presence of undigested food in the dejections of a young child, especially if that child exhibits evident marks of deficient nutrition, is an indication that the diet is not suitable and that it should be changed. Whether the digestive weakness be a simple functional derangement or be due to the existence of organic disease, in either case our object is the same, namely, to adapt the child's diet to his powers of digestion, so that the food he swallows may afford him the nourishment of which he stands in need, and may leave as little undigested surplus as possible, to excite further irritation of his alimentary canal. The accurate adaptation of diet is by no means an easy task in such cases; children at the breast and under good hygienic influences are not usually affected with this disease; articles of food from which a healthy child derives his principal support will here often fail altogether; even milk, our greatest resource in all cases of digestive derangement in children, must sometimes be dispensed with; up to a certain time farinaceous food should be given with the utmost acution. It is not very uncommon to find cases where milk, whether diluted with water or thickened with isinglass, or with farinaceous food, cannot be digested so long as it is taken. The pale, putty-like matter of which the dejections consist, and which is passed in such large quantities, is evidently dependent upon the milk-diet, and resists all treatment so long as that is continued. In such cases, which occur most commonly in children between one and two years of age, the milk must be replaced, either wholly or partially, by other food. The isinglass and milk alluded to above was, I believe, first introduced by

\* Read before the Boston Society for Medical Observation.