

laxatives, and the fashionable laxative of the present day is some form of mineral water. You find large quantities of mineral waters advertised, which are more or less artificial in their manufacture, and which can be drunk in quantities, say, of a wineglass in a tumblerful of warm water before breakfast, producing an alvine evacuation soon after breakfast. That is an example of the kind of thing people are now in the habit of taking. But there are very much older remedies; for example, there is sulphur, a teaspoonful or two of which may be conveniently taken in milk. The old-fashioned confection of senna has been superseded now pretty much by the nicer preparation of compound liquorice powder, a teaspoonful or two in a little water early in the morning or over-night producing an easy evacuation in the morning.

Then there are methods of attacking the bowel itself. By far the simplest and the best method—very little used in this country, comparatively speaking—is the ordinary enema. You will find that enemata are very seldom prescribed nowadays, but if you have cold water thrown up into the bowel with a simple Higginson's syringe, such as I hold in my hand, you will help many patients to produce an evacuation comfortably, without any distressing strain. There is no need for any complication of reservoirs or anything of that kind for the water which you throw up into the bowel. In the present days of water-closets, all that the patient has to do is to empty out the pan of the water-closet, fill it up with cold water, and, having previously filled the syringe, then introduce the pipe into the bowel, and inject a pint or a pint and a half of water. After waiting a few minutes, the strain upon the sphincter becomes a little strong; the evacuation takes place, and the fæces are brought away with the enema. It is curious how little these enemata are used in this country as compared with France. In England there is a sort of modesty about these things, and you will find that people object to an enema when its use is very advisable. Many women in particular, who have a somewhat feeble lower bowel, derive great advantage from throwing up cold water into the bowel at the time of the action.

Then there is another thing that has come into fashion of late—the injection of small quantities of glycerine, which no doubt in many cases is extremely useful. The chemists sell a small syringe for the purpose, holding from one to two drachms, and patients have got into the habit of throwing up a small quantity of glycerine just within the sphincter, and in a few minutes the action is produced. In many cases—I will not say in all—it is really a very efficient remedy.

Another thing that I may mention I have known for a great many years, but I find very few people comparatively know of it. The diffi-

culty which many persons experience in getting rid of a mass of fæces which has been lodged in the upper part of the rectum and become a little inspissated and hard, can be got over entirely by pressure with the finger just beyond the tip of the coccyx. There is plenty of room between the tip of the coccyx and the anal orifice for the finger to be pressed against the rectum, and you will find that the hard motion which has lodged in the rectum is pushed out through the sphincter, and being once through it is promptly passed, and the softer matter follows easily enough.

You must be prepared sometimes to find that a woman who is having apparently a healthy evacuation daily yet retains in the upper part of the rectum large masses of fæces in the shape of balls. It is very remarkable how fæces get retained in this way. I cannot tell you why it should happen with one patient more than another, but I have seen it over and over again; the fæces rub against one another, and become formed into distinct balls, which remain there, and which the patient cannot get rid of by any voluntary effort. I am quite sure this is much more common than is generally supposed. I have met with it many times, and always in women, not necessarily elderly women; they complain that they are never comfortable, that they never get that feeling of relief they should have, but are always straining and bearing down almost as if in labor, and at last matters come almost to a stoppage. It then becomes a question of clearing out these hard balls of fæces with a lithotomy scoop or the handle of a table spoon, which will do on an emergency. In that manner you can evacuate the bowel in a way that the patient cannot do for herself. It is quite worth while, then, when a woman complains of uneasiness about the rectum, to put the finger up so as to make yourself thoroughly sure that the upper part is not blocked with these balls.

Suppose, now, that the patient complains that every time he has an evacuation he feels pain, and that the pain lasts for an hour or two afterwards, and is really so bad that he dreads every evacuation. You may at once say in such a case that the patient is suffering from fissure, though the patient very likely thinks he has piles. Now a fissure, in the great majority of cases, is, I believe, a tear; the patient has happened to have a very hard motion, which has been forced through the sphincter, and has distended the part, and torn the mucous membrane. That is, no doubt, the explanation of the formation of a fissure in most cases. In addition to that, there may be, if it is a long-standing case, a little ulcer above the sphincter which communicates with the fissure. But, presuming that it is a comparatively recent case, and simply a fissure, if you look at the anus you will see a little crack running up through the