

TREATMENT OF HEMORRHOIDS.

By S. S. TODD, M.D., Professor of Obstetrics and Diseases of Women, Kansas City Medical College.

Constipation of the bowels is the almost constant predisposing, as the use of drastic cathartics is commonly the exciting cause of hemorrhoids, and no treatment can be successful that does not embrace within its scope an assurance of one daily easy evacuation of the *lower bowel*.

The first step in the treatment of *recent* cases should be the administration of a saline cathartic, and the best is sulphate of magnesia. After this, the following pill may be used: Compound extract colocynth, grs. xxx; extract nux vomica, grs. xx; extract belladonna, grs. x. Divide into forty pills. One to be taken every evening on going to bed. The effect is a moistening of the mucous surface of the intestinal canal and increased peristaltic action. In this way we may solicit *one consistent and normal evacuation of the bowels every day at the same hour and one only*. To insure this, the patient should have a fixed hour at which to go to stool, and steadfastly restrain any desire for this at all other times. The habit of having one daily evacuation is in this way quickly established, and the sluggish condition of the bowels cured, if the means are not too early abandoned. Three or four months are sometimes required in which to break up the faulty habit, and prevent return.

Should the pill above mentioned cause a liquid stool, or should it cause more than one stool, your object will be defeated if you persist, and the quantity of compound extract of colocynth must be diminished. On the other hand, should it fail to secure one soft and consistent motion daily, the quantity of colocynth must be cautiously increased.

In addition to the above, the following will be found to give instant relief from pain, and accelerate the cure: Iodoform, 3 i; balsam peru, 3 ii; cocoa butter and white wax, of each, 3 iss; calcined magnesia, 3 i. Incorporate the mass *thoroughly* and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener, if needed. The iodoform is a local anaesthetic of great value, and does not constipate. The balsam serves the double purpose of soothing the irritable bowels, and masking in a great measure the disagreeable odor of the iodoform. The magnesia is added to give solidity to the mass and preserve the form of the suppository.

Hemorrhoids of *long standing*, though benefited by the foregoing treatment, will rarely be cured.

Most persons are familiar, doubtless, with the methods of treating this class of cases, by the use of the hypodermic syringe and carbolic acid. As shown by Dr. Andrews, however, this practice is not without its risks. I have never tried it, but acting on the hints afforded in this way, I began injecting a strong solution of *nitrate of silver* in the same manner about two years ago, and the results thus far in eight or ten cases, nearly all of

them females, have been all that could have been desired. In not one of these cases, so far as I know, has there been failure to effect a cure. In one only, that of a very impressible lady, was confinement to bed made necessary. In this case some tumefaction following, she was kept in bed for two or three days, opiates being given to procure rest.

Since the time mentioned I have not used a ligature or écraseur in a single case, my plan of treatment in confirmed hemorrhoids being very simple, and as follows: All tumors found at the verge of the anus, and covered in part or wholly with integument, are clipped off with the scissors. If situated within the external sphincter, the bowels having been moved with a dose of sulphate of magnesia given a few hours before, the patient is placed over a vessel, and directed to strain (a vessel filled with hot water is best). If the tumors do not come within reach in this way, the finger should be thrust into the bowel, provoking tenesmus, and the patient again be instructed to force the piles down. When within reach, the nates being separated by an assistant, the tumors are seized, one by one, with a forceps, and held while with the hypodermic syringe, from five to ten minims of a solution of nitrate of silver, one drachm to the ounce of distilled water, are injected into each, not stopping till all have been thus injected. No pain is felt except what is caused by handling parts rendered hyper-sensitive by protracted irritation.

One of the suppositories before mentioned may now be passed into the bowel, and thenceforth, if the treatment already given for removal of constipation be followed up assiduously and patiently, little further inconvenience will be felt and no further treatment required. Even though the suppository be omitted, little pain is felt, and the patient goes at once about his business. The tumors immediately become hard, atrophy, and in about ten days have wholly disappeared. They can only recur from the cause which first produced them. I have not had occasion to repeat this little operation in the same individual but once, which was in the case of an old gentleman, in whom tumors located higher in the bowel, subsequently came down, and were cured by the same means.

The advantages of this mode of treatment over the use of the ligature and écraseur, are its apparently greater success, and greater freedom from risk, so far as theory, and a few cases only may have weight, its feasibility on the part of the operator, and its readier acceptance on the part of the patient.

But it may be asked in what respect the nitrate of silver is preferable to carbolic acid. I do not know that it is to be preferred to that agent, but theoretically, at least, it is safer and more effectual. Its power to coagulate albumen is far greater, and in this fact will probably be found its greater efficacy and greater safety. I believe it will prove