

Mr. M. æt. of sedentary habits, complained of pain about the anus, increased by coughing, and as if something was in the anus, like the pricking of a straw. The left side, verging towards the perineum, was rather harder than natural the hardness deep-seated, and pressure directed upwards caused pain and made him shrink. He had only felt it for four or five days. The bowels were regular, and he had had no rigor; I, therefore, thought it worth while to try and put the threatened abscess back. Leeches, warm poultices, rest in the recumbent position, and gentle aperients were tried and failed. Three days afterwards the case had made such progress that the right side of the anus was red, soft, and fluctuating; but this last feel not extensive, it could be covered with the point of the finger: there was great tenderness.

I made a free opening with a sharp bistoury, and let out about an ounce of thickish matter, of a faint green colour and garlic odour. Three days after he was well.

A medical friend complained of some pain at the posterior side of the anus, chiefly on coughing; none on going to stool. I felt a slight induration, deep-seated and very tender, evidently the precursor of abscess. Two applications of leeches, cold lead lotion, and frequent poulticing did not put the abscess back.

On the sixth day, finding the swelling of the posterior and lateral sides of the anus very distinct, I made a deep incision with a straight sharp bistoury and enlarged it with a probe-pointed one. A large quantity of healthy-looking pus was let out. On the tenth day he was well.

I relate these two cases, because they afford good examples of the rapidity with which abscesses in this situation heal up after large openings, contrasted with their tedious progress where they have been left to open of themselves, or have been opened by small incisions; under which circumstances, the termination in fistula is the usual result.

Free openings are more necessary where the abscess is a gangrenous one, not only to let out the pus and dead cellular tissue, but to save the skin and arrest the spread of the disease. For, unless this is done, the skin over the gangrened cellular tissue mortifies extensively, adding greatly to the present danger, and to the future tediousness of the case, and discomfort of the patient. Great attention should be paid to draw out the dead portions of cellular tissue, as they become loose, or remove semi-detached portions with the scissors. The foul discharge should be carefully expressed with a sponge, and the part frequently fomented with chamomile decoction, and afterwards linseed meal poultices applied. I think poultices and fomentations are greatly to be preferred to what are called warm dressings, ointments of elemi mixed with turpentine, or yellow resin ointment, which were used by the old surgeons, as by some of the modern, on the mistaken principle, I believe, of stimulating the part to separation of the sloughs; while they fail in this object, they certainly add to the pain and irritation of the disease. Bark, quinine, and sulphuric acid are of use, and the patient will require to be supported by wine and good diet; for, though these gangrenous abscesses generally occur in people of full, gross habit of body, there yet attends them great vital prostration. A vigilant delirium is a frequent symptom, and requires full opiates, which are useful besides for a looseness of the bowels, which is another troublesome symptom often accompanying this form of anal abscess.