

" If the fissure exists at the verge of the anus, and is of recent origin, the patient must be directed to have recourse to ablution with soap and water, night and morning : after evacuating the contents of the bowels, half a pint of cold or tepid water should be thrown up ; and when this has been ejected, a small piece of lint, saturated with a lotion of a solution of lead with opium, or one of similar properties, must be kept applied to the part. When there is much spasm of the sphincter, the extract of belladonna, in the proportion of a drachm of the extract to an ounce of spermaceti ointment, or ointment of acetate of lead, is commonly successful in relieving this distressing symptom. Belladonna has been employed in combating pain and spasm in diseases of the rectum by many eminent surgeons for a number of years.

" If, after a fair trial of the simple means that have been recommended, the fissure does not heal, but on the contrary, the edges become indurated, and the surface pulpy and indolent, the free application of the nitrate of silver, at intervals of a few days, for two or three times, will generally induce a healthy reparative action in the part, though often at the cost of much pain to the patient. The use of belladonna ointment and enemata after stool must be continued.

" But cases will occur in which both these plans fail, and it will be necessary to have recourse to a modification of the operation recommended by M. Boyer, namely, incision, through the ulcer ; but it needs not be carried through the sphincter, as he advised, though since his time, and even at present, the greater number of surgeons divide the parts to the extent he recommended.

" The operation may be performed in two ways, either by cutting from within outwards, or without inwards. In either mode the patient must rest on his side, with his knees drawn up and the buttocks projecting over the edges of a sofa or bed, or he may lean over a table or back of a chair. For the purpose of cutting from within outwards—the plan hitherto generally adopted—a straight probe-pointed knife will be most useful ; it is made thicker at the back than an ordinary bistoury, by which a ridge or button on the end is rendered unnecessary. The forefinger, previously oiled, being introduced into the rectum, the knife must be pressed flat upon it till the point reaches the upper margin of the fissure or ulcer, when its edge must be turned, and an incision made through the mucous membrane, without extending it through the other structures. The other mode of making the incision is that advocated by Mr. Syme, and is performed by transfixing the ulcer beneath its base with a small, sharp-pointed curved bistoury, and cutting inwards through its centre ; the opposite side of the bowel must be protected by the introduction of the finger, as previously directed."