

Practical observations on diseases of the lower bowel : including piles, hemorrhoidal fluxes, prolapsus, fistulae, cancer, polypi, fissure, spasmodic sphincter, and anal eruptions, with cases on the mode of cure without operation / by Andrew Paul.

Contributors

Paul, Andrew.

Publication/Creation

London ; New York : Hippolyte Baillière, 1853.

Persistent URL

<https://wellcomecollection.org/works/jggdje5m>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



PAUL
ON THE
LOWER BOWEL.

M18643

131 G



22102043588





Digitized by the Internet Archive
in 2014

<https://archive.org/details/b2039388x>

Presented to the Library

by *J. Thos Wakefield*

PRACTICAL OBSERVATIONS
ON DISEASES
OF
THE LOWER BOWEL,

INCLUDING

PILES, HEMORRHOIDAL FLUXES, PROLAPSUS, FISTULÆ,
CANCER, POLYPI, FISSURE, SPASMODIC SPHINCTER,
AND ANAL ERUPTIONS.

WITH

CASES ON THE MODE OF CURE
WITHOUT OPERATION.

BY

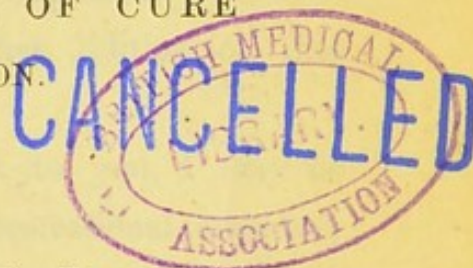
ANDREW PAUL, A.B., M.B., TRIN. COLL.

LICENTIATE OF THE ROYAL COLLEGE OF SURGEONS.

SIXTH EDITION, WITH COLOURED PLATES.

LONDON:
HIPPOLYTE BAILLIÈRE, 219, REGENT-STREET;
AND
290, BROADWAY, NEW YORK, U.S.

1853.



33431640

THE LOWER BOWEL
ON DISSECTIONS
PRACTICAL OBSERVATIONS
BY J. H. B. BOWEN
LONDON: J. H. B. BOWEN
1853

CANCELLED

M18643

| | |
|-------------------------------|----------|
| WELLCOME INSTITUTE LIBRARY | |
| Coll. | wel/Omec |
| Call. | |
| No. | WI400 |
| | 1853 |
| | P32p |
| | |



TO G. W. MADDISON, Esq.

OF PARTNEY, LINCOLNSHIRE.

DEAR SIR,

Allow me thus publicly, in behalf of suffering humanity, to thank you for the encouragement you have given me in the prosecution of another Edition of this Work.

Though aware that, in dedicating it to you, I may be stepping out of the strict bounds of professional etiquette, I am, nevertheless, not insensible how much the publicity of any new Theory or mode of treatment may be advanced, aided, as mine has been hitherto, by a spirit of philanthropic zeal, such as you yourself have evinced, in promulgating the benefits which, individually, it has been your good fortune to experience.

The principles and the practice which it contains being now matured, I take the liberty of dedicating it to you; not only as a token of the respect I entertain for your private worth, but as a medium through which to convey

to you the grateful acknowledgments of many an afflicted sufferer, to whom, as to yourself, relief has been afforded.

With the most sincere wish that you may long live to enjoy the blessing of renewed health thereby afforded you,

Believe me,

DEAR SIR,

Your obliged and faithful Friend,

ANDREW PAUL.

Upper North-place, Mecklenburgh-square,
LONDON, June, 1853.

PREFACE

TO

THE SECOND EDITION.

SCARCELY three years have elapsed since a former Edition of several hundred copies of this Work issued from the press.

The still prevailing frequency of these diseases must be looked upon as proving, not so much the increasing luxurious habits of that class of society most prone thereto (because mankind, I am convinced, live more regularly now than they did half a century back), as in establishing the fact, that two modes of treatment, opposite in their effects, still divide the Profession.

In addition to the remarks already made in a former Edition, it has been my object in the present one to lay before the afflicted an analysis of a vast number of cases, which, during the last three years, have come under treatment, and have been carefully noted; and, if *numbers* be any criterion as to the respective merits of operation, or

its opponent, the palliative plan of treatment, to leave the question at issue entirely to the discernment of the reader, who from such data will draw his own conclusions.

As the cure of these Maladies, when once established, becomes the exclusive province of the Surgeon, so the *prevention* of disease ought to be the consideration of mankind at large, as by *aiding*, not *interfering* with, Nature's functions, every individual, be he ever so uninformed, can with certainty anticipate and prevent disease.

With a view to this object, I have intended the present Edition more for popular than professional perusal. The additional hints given are not founded on any preconceived theory, but are solely dictated by experience; and however strong the tide may, professionally, *still* set in favour of operation, I am nevertheless convinced that, ere long, the *sword* will become the *ploughshare*,—operation will give way to milder means; and that, eventually, few or no cases will meet the professional eye, wherein the Patient—once, twice, or thrice the victim of operation, and worn out by pain, depletion, despondency, and suffering—flies from one medical man to another in pursuit of relief. “*Principiis obsta*” is a maxim in no one class of diseases so strictly in point. Unfortunately, however, from the delicacy of the subject, these diseases, at first merely local, make such inroads on the constitution, long ere advice is sought for, that it requires weeks, nay, months, of persevering patience to subdue them.

In the detail of cases selected from near a thousand examples of some one form of these diseases, I have availed

myself of those best calculated to show the inefficient aid afforded by operation, though subsequently yielding to milder means ; and have illustrated, by coloured drawings, two cases, one of Piles, the other of Prolapsus, both unsuccessfully operated on : a reference to which will at once exhibit to the reader the extent to which either may reach.

True, “ there are few diseases upon which so much has been written ;” but if we take a view of scientific subjects in general, we shall find that those only which admit of a *double* meaning have *most* said about them. Volumes containing the opinions of writers, varying according to the ideas each may entertain, are presented to the public. But the reader will mark the consequence,—a *true* explanation is eventually arrived at. So it is with every subject which for years divides the medical world. If a Dictionary of Medicine or Surgery is opened, each article, be it *doubtful* in theory or practice, will be found to occupy *pages*. Why ? Because the *true* nature of the Disease, and the proper treatment thereof, have yet to be ascertained. Doubt gives rise to reflection, and the latter to action. Is the scientific inquirer prompted by sordid motives of gain ? No,—man’s higher and nobler feelings predominate ; a spirit of philanthropy is aroused from witnessing the sufferings, mental as well as bodily, which perchance may be the lot of his nearest and dearest friend ; this it is which stimulates to inquiry, and which at length lead to improvements in our art, beneficial to society at large.

And if, in my endeavour to bring before the reader all the features of these most distressing diseases, I may be thought unnecessarily minute, the observation of a deceased author,

justly distinguished in his own country, France, as throughout the world, for his able Treatise on the subject, is, I conceive sufficient apology. “J’ose croire néanmoins,” says Montègre, “que ce sujet est seulement fatigué, mais non épuisé;” and again, “rien n’est encore plus obscure que l’étiologie générale, et plus difficile que le traitement des Hemorrhoides.”

PREFACE

TO

THE SIXTH EDITION.

THE rapid sale of past editions of this work calls upon me, at the expiration of now sixteen years, to republish it. In so doing I have endeavoured to bring together, and to condense the experience of the past, matured as it has been by five years of extensive general Practice in a University Town, averaging 27,000 inhabitants. During this period ample opportunity was given me of applying the Principles and the Practice of *special* diseases, viz., those of the Lower Bowel, to other and more distant ailments; and I found that many of the appliances of the former,—to instance one, the use of cold-water by injection,—saved me a vast deal of time and trouble in cutting short, if not in arresting, very many diseases, even where Piles, Hemorrhages, Prolapse, Fistulæ, Stricture, &c., did not exist. The febrile symptoms, for example, in infancy and youth, whether from Stomach-surfeit, from Skin-disease, Scarlatina, Measles, Small-pox, or from Teething, require a considerably less amount of medicine when aided by injections; and it is truly surprising to wit-

ness the *calm* ending in sleep, which the speedy relief of the bowel by cold-water Injections will afford, long ere medicine by the mouth has had time to produce a like effect. And if we go on into years beyond those of the infant and the young, many diseases of a chronic nature will give way under a steady perseverance in the use of this hitherto much neglected appliance. I could adduce, were this the fitting opportunity, numerous cases verified by the friends of patients, in support of the foregoing statement. However much *specialism* in practice may be cried down, as of late has been done by some members of my Profession, I am, nevertheless, convinced, both from general as well as special practice, wherein twenty-five years of my professional life have been spent, that the man who, like many before him,—nay, many more who will follow in his footsteps,—takes up a *department* of Surgery whereon to bestow his every energy ; that man, I say, will do more towards alleviating, if he does not cure, the sufferings of his fellow-man, than by dividing, amidst the *generalities* of his Profession, his talents, be they ever so brilliant.

I can, therefore, honestly assure the reader, that I now return to this, the *special* department of practice, in these diseases, with confidence, even from general practice, strengthened, renewed, and fortified, in the superiority of palliative over operative treatment. I do not, however, shut the door against Surgical interference in certain cases, whether by knife or ligature ; what I repudiate is the wholesale Surgery, whereby every excrescence, every fringe, fold, and loop, whether of skin or mucous membrane, must be removed,—an interference, in short, by which the Rectum and its anal outlet must be flayed. The removal of a single Tumour, seconded by the means elsewhere advised, has, in time, effected a cure, for the truth whereof countless cases could be adduced.

That Pressure, 'in whatever way or however applied, will lessen and ultimately disperse these Tumours, is as certain as that Catheterism in Throat-deafness does, and will remove the thickening of the lining, both in the Nose, and air-passages to the internal Ear, as daily proved in the Practice of Aural Surgery,—of Mr. Yearsley's, in particular, with whom, in this country, has originated this novel, yet successful practice.

Growths in these localities bear to each other a striking resemblance,—in these, the structures producing them are what Surgeons call fibro-mucous; from these, when diseased, does the same discharge, similar in all respects but in colour, proceed. In these, inflammation, whether acute or chronic, is followed by the same results. As in Catarrh, at its onset, there is a dryness of the mouth and nose; so in Piles, from their formation, there is an absence of Secretion; hence the costive and knotty stool. As Catarrh or Influenza advances, the secretion from the Eyes and Nose succeeds: so with Piles, Diarrhœa supervenes; the latter as conducive to after growths, as the previous costive habit was to their formation.

In theory, diseases of the Lower Bowel may appear plain and intelligible; yet how otherwise is it in practice. To the Surgeon, however extensive his special experience, or his practice ever so matured, idiosyncracies—novelties rather, in these diseases, will daily present themselves. His *ci-devant* theories (the key-stone to practice in prospectu) will, day after day, totter and tumble to pieces in the face of varieties, eccentricities I may call them, almost endless, whether in the origin, the progress, or, when consulted, in the present aspect of his patient's malady. I need only instance one form of these diseases,—the Spasmodic Sphincter; a novelty to which I was the first in England to direct attention, and the only Practitioner in Great Britain, were one to judge from Treatises

upon the subject, to cure this most distressing,—most agonizing of all rectal diseases, without the knife ; though down to the present hour this disease is treated by section of the Sphincter, and that by men, both as Authors and as Surgeons, of the highest repute. Whereas in my own sphere many, very many cases, though attended as they were by symptoms both *local and general*, the *most formidable*, are yet at this present time living examples of disease eradicated, and of cure confirmed.

Shall I be told, then, that the simple agent, the Water Douche, successful as it has been in this as in other diseases, is a mere fallacy ; or that the simpler means, the cold-water injection, or resistance by pressure upwards to the downward protrusion of Piles and Prolapse “is unprincipled or reckless Practice ;” or that the special advocates of means such as these are, with those of similar diseases in other outlets, as of the Eye and Ear, “unprincipled Empirics ?” To the candid and discerning Reader I answer, *Audi alteram partem*—It is better to understand a few things correctly, than many superficially.

ANDREW PAUL.

*Upper North-place, Mecklenburgh-square,
LONDON, June, 1853.*

PRACTICAL OBSERVATIONS,

&c., &c.

FEW diseases occasion so much mental and bodily suffering as Piles, Hemorrhoidal Fluxes, Prolapsus, and Fistulæ. As the delicacy of their situation presents, in the minds of many, an almost insurmountable obstacle to seek relief; so, when this is sought for, nothing but an endless variety of inefficient applications, or the painful and dangerous operations by excision, ligature, cautery, or caustic, perplex the afflicted sufferer. Reflection upon these facts must present to every intelligent mind the importance of an easy, safe, and efficient mode of cure, founded on practical observation and experience in the treatment of these distressing complaints.

In bringing forward a new Edition, my object is to express myself in language so plain and intelligible, that every one capable of reading may be capable of understanding. I have adopted this course, because many of the Treatises, hitherto written upon the subject, abound with technicalities, which, addressed to the Profession alone, are but ill calculated to inform the general reader, whose health and strength of mind are all but sacrificed to the ravages of these complaints.

It is difficult to fix upon any specific causes whence these diseases have their origin, as so many may concur to produce them. I have endeavoured to arrive at some conclusion on this point, from an analysis of several hundred cases; and the result has been, that but few are referred to an hereditary origin; while most, if not all, are traceable to accidental causes, the most frequent of which are, an indifference in early life to the proper regulation of the bowels; a heedless inattention to the calls of nature, which, however regularly they may occur, are yet postponed for some trifling occupation, or

childish amusement, returning daily with less and less vehemence, and ending at length in a confirmed state of costiveness ; to the injurious discipline of female seminaries, wherein to retire during school-hours, in obedience to Nature's dictates, is but to encounter the tacit censure of the instructress, or the still more galling jeer of the school companion ; to close application to business, coupled with great mental energy ; to indulgence in the pleasures of the table ; and to free and frequent libations in astringent and alcoholic wines ; to the sudden and severe vicissitudes of our climate ;* to inattention to the bowels at the critical change of life from girlhood to womanhood,—a crisis, on which depends the after comfort or misery of the female sex ; to the better classes of society taking much medicine and little exercise ;—we seldom meet with these diseases among the poorer classes of agriculturists, who take much exercise, and but little physic, who live much in the open air, and whose habits are like clockwork ; artisans in large towns suffer equally with the class of persons first described ; to the use, or to the abuse rather, of purgatives. The patient, from the beginning of his complaint, feels anxious to use those medicines least likely to be injurious ; but the simple or harmless purgatives being used daily, soon lose their effects, and he will tell his surgeon that he has been in the habit of taking aloes, colocynth, rhubarb, or some preparation of mercury, working the medicine off by salts, senna, or castor oil.

Irritation, whether occasioned by purgatives, or by full and heating diet, is by much the most frequent cause. The effect of an aloetic purge not only causes costiveness for eight-and-forty hours after its operation ceases, but likewise more or less soreness and spasm of the Sphincters, which continue until the bowels recover their tone. Repletion in diet will create the same effect. A French gentleman resident in my house became so partial to the English *cuisine*, as to eat and drink heartily of everything placed before him : the consequence was, a smart attack of Piles in less than a month after his arrival in England. He assured me he never had an attack of Piles, nor had his bowels been unusually costive previous to the attack. I am not prepared to say that these diseases owe their origin, so frequently as has been said, on high authority, to pressure of the enlarged liver on the portal and mesenteric

* I have been informed, on authority to be relied on, that three out of every five persons residing in St. Petersburg, English residents especially, suffer from Piles in some form or other.

veins ; or to impacted scybalæ in the cells of the colon ; to the pregnant womb ; or to tumours in the abdomen pressing on the great venous trunks ; because, how many persons suffer from enlarged liver, and yet have no Piles ; how many die from obstruction of the bowels, the colon after death is found the size of a man's thigh, and no mention is made of Piles ; nor yet the impregnated womb, for every female during pregnancy should suffer from Piles ; nor does the history of tumors in the abdomen lead us to conclude that Piles are a necessary consequence thereof.

The patient will describe his complaint as commencing at sixteen or eighteen, by a bearing down, accompanied at times with bleeding ; and a tumor, with or without prolapse, ensues. He is told, "he has got the Piles ;" a quantity of medicine is forthwith directed, and continued for years, but to no purpose ; he gradually gets worse, a great deal of pain is endured, and years are passed in this miserable state, the sufferer scarcely knowing how to walk or stand. Operation is performed once, twice, several times. A large bougie is then recommended, which gives great trouble ; but, on being told "it will accelerate the cure," is persevered in ; ultimately, it is given up, from bringing on spasm. After a while, he finds, to his great distress, a return of the falling down, which is taken for prolapse of the gut : a truss with an ivory egg, or some such contrivance, to support the part, is then had recourse to ; this answers very well, and the patient gets about for some time ; yet he will tell his surgeon, "I now feel great discomfort from the truss, from what cause I know not ; it becomes less efficient, causes great pain in back and loins ;" and the winding up of his story will be, "the complaint did not come upon me from confined bowels ; I was never troubled with that ; indeed, quite the contrary ; for, with the exception of this bodily infirmity, I have enjoyed uniform good health." Another patient will say, "I never was *habitually* costive, though my bowels have refused *natural* action for several years, for which a Rhubarb Pill has been taken daily ;" and again, "I never recollect going a day without one or more evacuations, and my bowels are relaxed rather than costive ;" while a fourth patient will say to his attendant, "I have enjoyed all my life a strong and good constitution, without tendency to any other complaint except bile, which I fancied I could guard against, by taking a great deal of opening medicine, of which I now, too late, see the evil ; *for the last twelve years* I have been obliged

“ to take some opening medicine *every* night, and to vary it, “ as one kind lost its effects :” then bleeding sets in ; this is stopped by some strong astringent, only to be succeeded by pain in the part, so excessive as to deprive the patient of sleep for nights ; and, ultimately the gut is described as protruding to the extent of a large nut or pigeon’s egg, so painful as not to bear pressure sufficient for its return, accompanied by great heat in the back and loins, and irritation in the bladder : there is a constant desire to make water, and yet the patient cannot pass but a few drops. Both sexes in common complain of this symptom : the male patient, in particular, describes the effort to expel the last drops of urine as giving rise to violent spasm and dragging of the Sphincters. The common point of attachment of the muscles in this region will account for his sensations. The tumour is tightly grasped by the Sphincters, disabling the patient from standing, sitting, or walking ; he feels great irritation in the neighbouring parts ; a stiffness, and sometimes pain, down the back bone, beginning at the nape of the neck, and going down to the shoulder-blades, and extending even to the ankles and soles of the feet ; “ the whole stomach “ and bowels are described as sore.” Females generally suffer most from inward Piles ; males from Spasmodic Sphincter.

Irritation and costiveness, then, are by much the most frequent causes, and the most important evils to be guarded against. No medicine in general use will accomplish this object, without increasing its strength or its activity, and thereby producing all the mischievous consequences which I have elsewhere described in my work on Costiveness. It is impossible here to enter upon any part of that treatment ; because, what applies to one individual, is totally inapplicable to another ; but the number of patients who have hitherto been completely relieved from this obstinate condition of the bowels, warrants the assertion that the simple means hereafter to be mentioned are sufficient in themselves to restore their natural action, where no morbid obstruction exists, without the aid of drastic medicines ; and further that the constant use of such medicines can never cure habitual costiveness ; on the contrary, will increase it to an alarming and even fatal extent.

EXTERNAL PILES.

The patient feels an excessive itching at the verge of the Anus, a sense of tightness of the Sphincters, sudden darting pains coming on in paroxysms, and, at intervals, a sense of

weight in the Anus and Perineum ; a throbbing, tingling sensation is felt within, evidently from the increased flow of blood to and in the vessels of the part ; the nerves are thereby pressed upon, and the Sphincters contract with spasm. If any flaps of loose skin surround the Anus, they now become tense, exceedingly tender to the touch, and so teasing to the patient as not to permit him to remain five minutes in one posture. If the patient has committed any excess, he will feel flying pains in his back and loins, a powerless sensation in his limbs ; his pulse is hard and contracted, his countenance sallow and dingy ; great flatulence ; frequent but ineffectual efforts to pass water, and to relieve his bowels. I cannot say I have ever seen outward Piles traversed "with varicose veins." I have seen them of all shapes and sizes, with broad and narrow foot-stalks, smooth or nodulated on the surface ; one, two, or three ;—a cluster of them will surround the Anus. I have seen them, in their most inflamed state, of a tallowy, dropsical appearance, resembling the scrotum of children afflicted with Hydrocele. I have never known them to bleed, unless when punctured ; if they suppurate, and the matter gets exit, the Pile is obliterated. The patient thus afflicted is desired to live low ; he takes some mild aperient, the bowels are gently moved, the circulation in the parts becomes tranquil, the symptomatic fever subsides, he remains quiet and avoids exercise, the spasm of the Sphincters ceases, the tumors lessen, and in a few days, from three to six, he recovers from the attack ; each succeeding one, however, becomes more severe. When these Piles become flaccid, the skin surrounding the Anus is thrown into fringes ; and in order to prevent a recurrence of the attack, the patient seeks advice ; he is recommended to have the skin removed ; the operation of circumcising the Anus is performed, and the result is a contracted Anus, a very formidable disease, which calls for operation, or subjects him to a tedious, harassing, and ineffectual treatment by dilatation.*

INTERNAL PILES

Are of two kinds, and assume totally different appearances. The first, by much the most frequent, have broad bases ; consist of a number of gorged, turgid, and varicose veins, covered

* Since writing the above, a case of this kind has come under treatment. The point of my little finger would barely pass the outlet ; such was the extent to which the wound in cicatrising had contracted.

with thickened, knotty, and rough mucus membrane, of a dark purple or ripe damson-colour: these diminish by pressure, and momentarily fill again, by desiring the patient to strain. Their situation, generally above, frequently corresponds with the sphincters: if above, they are larger and rounder; if within the grasp of these muscles, they assume a flattened form; small ulcers are often detected on their surface, and when examined through a glass, a quantity of gelatinous mucus, resembling frog-spawn, is noticed underneath the mucous membrane: this mucus is identical with what is passed by stool: if not inflamed and turgid, they are nearly painless when handled.

The second consist of pendulous folds of mucous membrane. Their situation is either above, or attached to, the sphincters. In the first, they present themselves as nipple-like bodies, attached to narrow foot-stalks; in the second situation, as flattened tongue-like excrescences, less livid, more florid than the former, and bleed on being touched; if examined through a glass, they have a network of minute vessels on their surface. They often occur simultaneously with the first or varicose kind; and when the patient strains, the former will be seen presenting in the centre, while the latter form the *cheeks* of the tumor. They do not decrease by pressure of the finger, and fill again, as do the first described; they are not of the same colour, unless when long under the influence of the sphincter's action; they are not very sensible to the touch; they receive their blood through minute capillary vessels; hence are not knobby, or rough, as the first described: both are accompanied with quantities of gelatinous mucus. If interspersed with fissures or warty excrescences, these are accompanied with a discharge of matter, which soils the linen; both are very liable to Prolapsus, with or without more or less of the mucous membrane. The ordinary exertion of walking, even standing long, of eating, of laughing, talking, sneezing, coughing, will bring them down. Their origin and increase are usually as follows. A patient will tell his surgeon, "that
 " for costiveness, during a residence abroad, perhaps in India,
 " he feels satisfied he has had too frequent recourse to laxa-
 " tives and warm injections, such as salts, cream of tartar,
 " Seidlitz powders, and acid decoctions, as lemon and tamarind
 " drinks; that he has had the fever of the climate,—ague,
 " perhaps,—and has taken *doses* of calomel from time to time
 " for the cure of bilious complaints, as well as to assist saliva-
 " tion; after a time, varying from three to ten years, he will

“ feel an inward Pile, which, when protruded, gives him considerable pain ; if he has a motion in the morning, this Pile is sure to come down ; if he has no motion in the early part of the day, the protrusion seldom occurs, and he is not inconvenienced ; for which reason he postpones his visit to the water-closet till towards evening, because the tumor rarely descends when in bed ; there may be a discharge of blood, it may be copious or scanty.” When the bowels are relaxed, there is always more or less of the gelatinous frog-spawn mucus evacuated after the motion, which is accompanied with straining ; and then it is he suffers most from inflammation of the protruding parts, the return of which is extremely painful to him, and his only relief is in remaining quietly stretched on a couch.

The first kind, the varicose, if removed by knife or ligature, will end in serious, if not fatal results ; as the following case will show. A gentleman, aged 68, consulted me under the following circumstances :—“ From embarking in a speculation so far back as forty years, which ended in the loss of thousands, and occupied thirteen years of the intervening time in putting an end to legal proceedings consequent thereon ; during which he was ‘screwed up’ to a high state of nervous excitement, and all this time was subject to be sent into the garden as many as from three to twelve times a day ; taking, however, luckily enough, little medicine for all this inconvenience. From eating vegetable marrow and stewed Kiswick codlings, in 1826, he had, in the succeeding twenty hours, nearly as many moves ; next day, from fifteen to seventeen, cramp, prostration, deafness, and loss of voice, unable to speak but in a whisper, and fed by lapping liquids from a feather ; he felt something protruding at the rectum, with excessive heat of the part ; by signs, he endeavoured, as well as he could, to direct his surgeon’s attention to the part ; who, on examining the rectum, exclaimed in his native patois, ‘A’e, mon, what an awfu’ Pile!’ This was forthwith returned ; operation by the knife some time after was performed, and the bowel stuffed with sponge-plugs. The fourth night, the bandage getting loose, and the sponges being expelled, a ‘terrific hemorrhage’ in his sleep occurred, which reduced him again from ten stone ten to between seven and eight, as the cholera had done before. Plugs were again inserted ; but on the third night he became hysterical from inflammation, and the sponges were withdrawn.” Suffice it to say, that at the expiration of

twelve months prolapsus followed, for which a truss, with spring pad, was used ; but the part fell below the pad, giving my unfortunate patient excruciating torture, and, almost at death's door, he at last applied to me for relief.

The case of the Rev. G. J. (page 45) is another, out of many instances, wherein operation by excision had well-nigh released the sufferer by dissolution.

The second form of Piles, though not so dangerous to meddle with, is frequently followed by Hemorrhage. In *both* a relapse is inevitable ; yet *both* are sure to yield, eventually, to the treatment by Pressure and Percussion, hereafter to be mentioned. The warmest advocate for Operation, the late Mr. George Bushe, of New York, speaks doubtfully of excision. His remarks are as follows :—"That excision is not likely to be attended with Hemorrhage, I deny ; for I have performed the operation several times, and after it have had to tie up arteries, plug the rectum, and, in one instance, to apply the *actual* cautery. Indeed, I so nearly lost two patients, that when left to my own choice, I no longer have recourse to this operation." Unless we touch the cut surfaces with the actual cautery, as recommended by Dupuytren, he adds, "We cannot free the patient from the danger of Hemorrhage, and this is a barbarous operation." Frequently it has been asserted that bleeding Piles are an indication of health : *it has been admitted by the Profession that they are, occasionally, an assistant in preserving health ;* but Mr. Howship remarks, in his "Treatment of the most common Diseases of the Lower Intestines," p. 209, "that when bleeding has once taken place, it may naturally be expected to return, and almost invariably does so, and this return of bleeding, either from its frequency or its extent, *uniformly impairs*, and sometimes destroys, the constitutional health." These repeated losses of blood eventually lessen the powers of the system, while they introduce habits that, unless attended to, frequently prove of the most serious consequence ; and the truth of Mr. Howship's observations is *now* well known.

The Surgical Operations performed for the cure of Hemorrhoidal Tumors and Prolapsus, are known to occasion extreme suffering, and, in many cases, to be quite inefficient. Mr. Thomas Copeland, in his "Observations on Diseases of the Rectum," published 1824, p. 143, gives the case of "a gentleman about thirty-five years of age, in good health, and subject to no other complaint, except now and then an eruption on the skin, had several Hemorrhoidal ex-

"crescences. He had been for a long time of a costive habit
 "of body, and usually suppressed his efforts to evacuate the
 "contents of his bowels until the evening; for the pain and
 "difficulty he experienced in returning the tumors again into
 "the Rectum interrupted his avocations. He suffered con-
 "siderable loss of blood at each time of going to stool. When
 "the excrescences were without the rectum, they discharged
 "a great quantity of thin sanious matter. On examination,
 "three of these tumors were discovered; and after he had
 "emptied the bowels, and the tumors were protruded, a
 "double ligature was passed through the centre one, and tied
 "on each side of it. As he did not feel any great degree of
 "pain in this part of the operation, the other two smaller
 "ones were also included each in a ligature. He took an
 "opiate immediately afterwards, and went to bed without
 "much uneasiness. The two first days he passed tolerably
 "well: his bowels were open; he repeated his opiate each
 "night, and lived very abstemiously. On the third day
 "he became feverish, the pulse weak and quick, and in the
 "evening, nausea and vomiting came on, with pain in the
 "abdomen, and retention of urine. The Catheter was intro-
 "duced, and about a pint of urine evacuated, which gave him
 "great ease; his bowels were emptied by a mild purgative. On
 "the fourth day, the nausea, hiccough, and affection of the
 "bladder, were very considerably increased, with great pain
 "in the abdomen, and a weak, quick, intermitting pulse.
 "The only ligature which had not separated was cut off; but,
 "the symptoms augmenting rapidly, he died on the morning
 "of the fifth day."

In the preface to the publication just referred to, page 10,
 Mr. Copeland says:—"On the subject of the removal
 "of the hemorrhoidal excrescence, the result of my ex-
 "perience has been somewhat different from what I had
 "been led to expect by the writers who have treated of this
 "affection. I have not always found it a secure and safe
 "operation. Other surgeons, also, have met with instances
 "of great danger, and even death, produced by the free extir-
 "pation of these tumors."

The other case is thus narrated by Mr. Salmon, in his
 "Practical Observations on Prolapsus of the Rectum," 1831,
 page 93, case 13:—"A merchant consulted me, in the be-
 "ginning of February last, respecting a prolapsus of the
 "rectum. He had undergone removal of the disease by
 "ligature twice. The first operation took place in the year

“ 1828, when three ligatures were used ; the second in 1830,
 “ when only one was applied. The first operation confined
 “ him to bed for five days, during the whole of which time he
 “ suffered a good deal of pain, and was kept under the
 “ influence of opiates. For many days after the ligatures
 “ separated, he endured great agony in the parts, more espe-
 “ cially when he went to the closet. The second ligature
 “ came away three days after it was applied, and did not give
 “ him anything like so much pain as the first. Although he
 “ certainly obtained relief from the operations, he had, never-
 “ theless, always felt as if there was a something wrong in
 “ the bowel, his motions not passing comfortably, and
 “ requiring much straining to get rid of them. He also had
 “ an obstruction in the urinary canal. Upon examining the
 “ rectum, I found an extremely powerful and broad sphincter,
 “ and the calibre of the intestine so much lessened, at six
 “ inches from the exterior, that I could not pass a Bougie of
 “ larger size than No. 8. Upon his making an effort to bring
 “ the prolapsus into view, I discovered that it was, in some
 “ degree, composed of the remnants of the columns of the
 “ rectum, to which the ligatures had been applied ; one of
 “ these portions, in particular, was indurated, and of a cartila-
 “ ginous texture. The mucous membrane, all round the
 “ inner verge of the orifice, was baggy, and of a purplish hue,
 “ and formed the greatest portion of the mass which impeded
 “ the passing of the evacuations ; there was likewise a single
 “ internal hemorrhoid at the lower and left side of the bowel.
 “ In this case, after a few introductions of the bougie, which
 “ certainly facilitated the passing of the evacuations, I re-
 “ moved the pile, and pared off various portions of the elon-
 “ gated membrane, just within the Sphincter ; but I was
 “ apprehensive of doing harm if I removed the indurated
 “ remnants from the operation by ligature, and therefore did
 “ not do anything to them. There being no prominent points
 “ in the swelling, I found some difficulty in fixing the pins, so
 “ as to keep the bowels everted, from which cause the opera-
 “ tion was longer about than usual. In the end it did very
 “ well, and removed most of the sufferings and the bleeding
 “ which the patient usually experienced when he first con-
 “ sulted me. I saw this gentleman lately. He says he
 “ readily admits that he has experienced relief from the opera-
 “ tion in all points but one, but that he thinks the difficulty
 “ of voiding his motions is almost as bad as ever. This cir-
 “ cumstance, which I told him was referrible to the power of

“ the Sphincter, would only be removed by a division of
 “ this part. He was, however, disinclined (which I do not
 “ wonder at) to undergo any more suffering. I took the
 “ occasion of this visit to ask him his opinion of the two
 “ operations by ligature and excision ; to which he replied,
 “ ‘ Why, as to the pain I suffered, I would rather undergo
 “ ten of your operations than one by ligature. But I think
 “ the latter appeared to do me most good ; for you see I was
 “ free from Prolapsus for nearly two years after the first
 “ ligature was applied, and for almost a twelvemonth after the
 “ second ; whereas, it is now three months, or better, since
 “ you operated upon me, and yet I have this difficulty of
 “ passing my motions.’

“ *Remarks.*—I have given this gentleman’s case almost in
 “ the words which took place between us when he narrated
 “ his feelings to me. I am desirous of doing so, with a view
 “ of drawing the attention of my readers to the important
 “ questions it involves. I consider the Prolapsus, as well as
 “ the contracted state of the bowel, to have originated in the
 “ condition of the Sphincter ; and I confess I think I should
 “ have acted more wisely if I had attempted to remedy this
 “ evil, instead of removing the Prolapsus ; which operation,
 “ although it has been of service, has been so only by re-
 “ moving the effect, instead of the cause in which this gentle-
 “ man’s sufferings originated. I was not, however, at the
 “ time I performed the operation, sufficiently clear, as I now
 “ am, upon the point, of where the Sphincter should be
 “ divided in those instances where, from its preternatural
 “ powers, we may consider it has produced the Prolapsus : I
 “ mean, whether the cause or the effect should be first admi-
 “ nistered to. I have no hesitation in now stating, that in all
 “ instances where the Prolapsus occurs, in consequence of a
 “ contracted or preternaturally powerful Sphincter, we had
 “ better remove this evil before we undertake any operation
 “ upon the diseased mass.”

These operations have been performed in France with more
 fatal results than in this country ; the usual practice now,
 where many tumors exist, is to tie one, two, or three at a time,
 and to allow the patient to recover before the rest are operated
 on. This method is of course less dangerous ; but the time
 occupied, and the suffering endured, by such lengthened treat-
 ment, is much better imagined than described. Having
 briefly explained what is understood by the different denomi-
 nations of Piles, it is only necessary to observe that Bleeding

Piles, last described, become finally so enlarged from chronic and long-continued irritation, produced by violent straining, and the imprudent use of Purgatives, that they are perpetually forcing their way through the Sphincters, and carrying with them the transverse folds of the lining membrane of the rectum, the whole having the appearance of large masses, or red or livid vascular tumors. This last state I wish to designate *Prolapsus Hemorrhoidis*, to distinguish it from the true Prolapse, which consists of mucous membrane alone. These cases differ much in their characters; where the Sphincters are relaxed from age or local debility, the part subject to Prolapse falls upon every effort to walk, seldom occasioning pain, but becoming distressingly uncomfortable from the constant discharge of mucus, not unfrequently mixed with blood.

The only mechanical invention hitherto used for the purpose of keeping up this mass, is a spring Truss, at the end of which is affixed a knob of ivory, which, pressing on the verge of the Anus *alone*, but partially sustains these tumors. This truss exerts but *single* pressure, namely, from *without*. The want of efficient means to keep the parts above the Sphincters, and to retain them there when replaced, renders the use of this truss but an imperfect alleviation, and is wholly inefficient in diminishing the disease itself: besides, it makes uncomfortable pressure in walking, compelling the patient to abandon its use from the chafing and heat it occasions, which is frequently complained of as a greater annoyance than the falling of the gut itself: moreover, however carefully replaced, the parts will protrude alongside of the egg, and in this situation get nipped, owing to the spasm of the Sphincters: this gives rise to incalculable suffering, and frequently ends in inflammation, abscess, or fistula. Now, my Metallic Bougie combines *double* pressure, namely, *within*, by its egg supporting the Prolapse *in situ*, thereby preventing an interruption to the circulation in the parts; and *without*, by means of its handle pressing on the verge of the anus, by which the parts are not only duly supported, but the tone of the Sphincters, whether too powerful, as in spasm, or too weak, as in old age and paralysis, is likewise restored. I have made an improvement in, or rather added an assistant to, the Bougie, in affording this double support,—namely, a suspensory spring bandage, which, in obviating the inconvenience occasioned by the truss above described, gives to the Bougie that degree of support necessary for keeping up the Prolapse. This contrivance,

however, is required in extreme cases alone. Where the Sphincters are powerful in their contraction, the Prolapse, if down for any time, becomes exceedingly painful. The cause of this is obvious, as these muscles, encircling the fallen parts, tightly pinch them, and no relief is obtained until they are returned. To accomplish this, no more effectual way can be taken by the patient than simply placing himself in a chair or upon a sofa, inclining his body backwards, at the same time raising his feet, and, in this position, applying warm fomentations with a large sponge; at the same time every endeavour should be made by the pressure of the sponge, with the fingers on the prolapsed parts, to return them gradually above the Sphincters. When this has been accomplished, cold water may be immediately applied externally, and by attention to the bowels, and an observance of the instructions to be more fully detailed, a relapse is not much to be apprehended. I have recommended an Ice-bladder, under certain circumstances, which frequently restores the parts to their proper place, and materially serves in getting down the tumefaction. It should not, however, be too long continued, as mortification might ensue. In the use of this, as of every other remedy, the opinion and guidance of the surgeon are indispensable.

Where the Prolapse of these tumors is easily returned with the finger, and falls only with an evacuation, a little care and attention, with the occasional use of the Bougie, will speedily prevent the disease increasing or being of the slightest inconvenience; but where skill and experience are wanting in the management of these diseases, they are sure to increase progressively, and in some cases the inflammatory symptoms terminate in an abscess, which forms in the middle of the tumor, and which may degenerate into a fistula.

PROLAPSUS.

Prolapsus of the Rectum afflicts all ages. It is alike a disease of the morning, of the noon-day, and of the evening of life.

It presents itself in two forms: first, either a fold simply of the mucous membrane protrudes (see Pl. 1, fig. 1); or secondly, a protrusion of larger bulk, as in Pl. 4, consisting of the muscular pillars of the Rectum, together with the Sphincters and mucous membrane everted, resembling in shape a cask flattened from before backwards, the surface of which represents a number of concentric rings (see Pl. 5), like those of the

windpipe, the highest of which, or those nearest the buttock, are livid and dry, and welted with distended varicose veins; or this portion of the tumor will appear knotted, if complicated with Piles, as is seen in Pl. 1, fig. 2. The rings towards the extremity of the tumor are less in size, and closer together, the surface is moistened with gelatinous mucus, and approaches more to a crimson or dull copperish colour. The mucous membrane is highly flocculent, resembling the everted eyelid in purulent Ophthalmia; minute points of ulceration will be observed, and at the extremity of the tumor will be seen a slit or fissure, extending either from before, backwards, or from side to side, with a flake of gelatinous mucus within its lips, as is seen in Pl. 4, letter E: the tumor may reach the length of two, three, four, and even five inches; frequently there is a *Prolapse within a Prolapse*. Of this, I lately met with an instance—a gentleman who came over from France to consult me. The internal loose pouch of the Rectum first protruded; and, by continued straining, next descended a doubled fold of that portion of the gut immediately above: the tumor altogether measured four and a half inches. This gentleman had been twice operated on by excision, and twice by caustic. Both will occur in infancy, the first most commonly so. The Prolapse is found highly vascular and sensible in early life; it generally commences after weaning in weakly scrofulous constitutions, is the result of unwholesome food, teething, or diarrhœa; or if the child has reached the age of five, seven, or ten years, may be occasioned by stone in the bladder, or by acid urine, or by worms. The child feels an irresistible desire to go to stool, strains violently, unconscious, and therefore regardless, of the consequences. Violent fits of passion, crying, the form of the Pelvis, the straight course of the gut, and the want of resistance from the Bladder, which at this early period is but partly placed in the Pelvis, the weakness of the membranes which connect and hold the organs of this cavity *in situ*, and the straight course of the extremity of the back-bone,—all these causes co-operate to render Prolapse at this period of life a frequent occurrence.

In old age, on the other hand, it is the result of general weakness of all the muscular apparatus, and of this part in particular; irritation at the neck of the Bladder; a frequent, yet ineffectual desire to pass water; great and long-continued efforts at stool; diarrhœa; a residence in a hot climate, during which calomel has been unsparingly taken; the long-continued use of warm injections. The patient will say he feels

no pain, unless the part remains down some considerable time : the uneasiness experienced differs from that of internal Piles, the part *aches*, and gives to the patient a sense of fainting,—a sinking feel. The Prolapse, if of long standing, is not very sensible ; it bears handling, and, when methodically pressed upon, returns with comparative ease ; when the finger is passed in, it feels as it were in a vast cavity, the walls of which are flabby ; they do not feel unusually hot ; the Rectum sound, when passed, meets with slight obstruction, as it gets entangled in the loose folds of the gut, and may lead the surgeon to think he has “hit off” a stricture. Sometimes the Prolapse is studded with small Polypi, which have narrow stems and smooth surfaces, in colour corresponding to the surrounding mucous membrane, insensible to the touch, not disposed to bleed, and differing totally from the inward Piles before described. These Polypi are the only tumors which ought to be, or can be, tied with safety ; their removal, however, will not cure the Prolapse, as asserted on high authority. Cramp invariably accompanies this form of Prolapse, with the aged especially, which is most distressing at night. A sensation is felt as of worms in the gut. One patient told me he fancied at times “a live frog crawling within him.” The itching and tingling, so often complained of, occur generally at bedtime. Involuntary discharges of Feces frequently happen during sleep, rendering the patient miserable ; he dreams of it ; he awakes in tears ; he fancies an accident has happened,—sometimes it has ; oftener, it has not. He feels a constant desire to visit the water-closet, though he has been already there, and has passed a copious evacuation ; yet he tells his surgeon he feels as if something were still to pass ; he has a frequent desire to make water ; he is sure his bladder is full ; yet he passes but a few drops of urine, which is generally extremely pale. Diarrhœa, more frequently than costiveness, accompanies the Prolapse, which requires constant and long continued doses of opium.

I may here observe that this form of the disease is invariably injured by local astringents, whether vegetable or mineral ; the latter, especially, occasion heat and burning in the part. The only remedy that will alleviate, and eventually cure the disease, is a long continued use of my Douche Bath, mentioned at page 24 ; the shock of the water giving tone to the languid muscles. The patient suffers from weak digestion and great flatulence. If Hemorrhage occurs he is blanched, his features become tallowy, his feet and ankles swell. If a

man of forty or fifty, he soon looks sixty or seventy; his hair turns gray: his spirits become wretchedly depressed; he dreads each succeeding visit to the water-closet, yet he knows he must go; his appetite fails him, he picks his food; nothing is relished; yet it has been stated, on the highest authority, that during repeated Hemorrhages the appetite becomes ravenous. This I have never known to be the case. The patient at times has spasm of the eyeballs, and shooting pains through the temples. He constantly thinks of his infirmity; he broods over his sufferings by day, they haunt him during his broken slumbers by night; he will all but entreat of his attendant to put an end to him, as life is insupportable. The depletions continue, the whole system becomes deranged, and the sufferer flies from one medical man to another. Nowhere can he find relief: as his pain and debility increase, so his want of confidence and hope of ultimate cure decreases; he becomes irritable and nervous, and his existence one of misery to himself and painfully afflicting to those around him. Such is an imperfect outline, though not an overdrawn picture, of his sufferings. He is recommended operation; this is performed once, twice,—nay, as many as six, ten, or even fourteen times. An Honourable Baronet, taking up his pen, wrote me the number of times he had been “cut and sewed,” and the dates of the operations, during an interval of twelve years, with as much accuracy as if they had been the events but of yesterday. The disease thus treated has returned in a more aggravated form. The late Mr. Mackenzie gives his own case, as follows:

“It is now thirteen years since I was first attacked with
 “excessive itching at the orifice of the Rectum, which was
 “followed by Piles, Hemorrhage, and, finally, by Prolapsus
 “Recti, or falling of the Rectum. In the different stages of
 “these diseases, I advised with many of the Faculty, both in
 “the country, on the continent, and in London; but although
 “endless experiments were made and quackery resorted to,
 “the relief I obtained proved only of a temporary nature;
 “and in defiance of all my endeavours, the Prolapsus, or internal
 “membrane of the Rectum, and the powerful vessels charged
 “with blood, protruded daily through the Sphincters at the
 “time of evacuation, and thus became almost strangulated by
 “the contraction of the muscle, until at last I found considerable
 “difficulty in returning it; thus was existence
 “rendered incessant in bodily pain and mental anxiety.
 “Copious depletions began to take place after evacuation, and

“ issued in a stream from a large rupture of the hemorrhoidal
 “ vein, the stoppage of which appeared to defy the ingenuity
 “ of every medical man with whom I advised. Finding my
 “ bodily health rapidly declining, I determined to take the
 “ opinion of Sir Astley Cooper, who immediately recommended
 “ an operation; to this, however, I at once objected. I
 “ afterwards saw Mr. Abernethy and Mr. Lawrence: the
 “ former told me he would not recommend an operation, as
 “ Hemorrhage might follow, and the consequences prove
 “ dangerous. With these and other conflicting opinions, it
 “ cannot be matter of wonder that I felt alarmed for my
 “ ultimate recovery.”

Stricture of the Rectum is considered by some practitioners as the primitive cause of Hemorrhoids and Prolapsus. It may be possible that such cases have occurred, but they are extremely rare. I am of opinion that Stricture of the Rectum is the EFFECT and not the cause of these diseases. Irritation occasioned by Hemorrhoids, any local excitement, or a disordered state of the digestive organs, is almost invariably attended by spasmodic Stricture of the Rectum; and the passage in this case will actually resist the introduction of a bougie. Hoffman states that an elderly man, who had imprudently suppressed the hemorrhoidal discharge, was seized with violent pain in the bowels, and such a contracted state of the Rectum, that it was not possible to force up anything in the shape of a clyster. Frequently it occurs from the thickening of the transverse folds or shelves of the Rectal Mucous Membrane, arising from inflammation. These Spasmodic Strictures will generally disappear when the cause is removed, or yield to very simple treatment without the use of Bougies. I disapprove of the frequency and apparent indifference with which bougies of considerable length and size are passed up the Rectum, and often by those who possess but an imperfect knowledge of the delicate structure of the parts, or the direction of the natural course of the canal; and this is done with the intention of removing that contraction which unskilfulness is frequently the cause of producing. To relieve these strictures is by no means difficult under the management of a careful and scientific surgeon; and it is important he should possess considerable experience, because it is no uncommon occurrence for portions of the gut to be forced up with the bougie; and thus an obstruction is created difficult to be distinguished, in its unyielding resistance, from that of Stricture. Hence an erroneous opinion is formed that Stricture exists.

I use myself a sound, with a long flexible metallic stem, mounted with a conical bulb at either extremity; I introduce this, curved to the course of the gut, and having once explored the bowel, I never after perform this operation; nor do I permit my patient to resort to such rough means. Bougies have been passed daily, to the great distress, and often lasting and serious injury of the patient. Accidents have also occurred where bougies, guided by unskilful hands, have ruptured the coats of the bowel, and in some instances, proved fatal. In cases of Spasmodic Stricture which occurs in different parts of the Rectum, the use of bougies, as before observed, should be entirely avoided. Attention to the bowels, with cold water injections, will generally afford the necessary relief, by allaying the local irritation. I am led to make these remarks from the mania that seems to exist for passing bougies; and from a positive conviction that Stricture, as well as other more permanent injuries, often arise from their frequent and imprudent use.

Mr. Howship, speaking of passing bougies for Stricture in the same treatise previously quoted, says, page 26, "The want of attention to this principle (alluding to passing bougies unnecessarily) is, I am convinced, frequently productive of great misery. A patient I lately had, complained, when he gave me the history of his disorder, that one of the surgeons who had previously attended him had put him to extreme torture in using the bougie,—a circumstance," says Mr. Howship, "that must have favoured the formation of a large abscess found after death."

Dr. James Johnstone, in his "Essay on Indigestion" (pp. 103, 104), observes, "Strictures of the Rectum will be so completely imitated in disordered states of the digestive organs, that the passage will resolutely resist the introduction of a bougie, thereby confirming the inexperienced practitioner in the belief of permanent organic Stricture. This treatment not unfrequently produces the very disease which it is pretended to remove, by the officious interference of bougies, without proper attention to the constitutional disorder on which it depends." The practice of passing bougies upon every trifling affection of the Urethra is equally censurable, and liable to the same objections; but this opinion is by no means rare: it was frequently the subject of severe animadversion in the lectures and practice of the late Mr. Abernethy. Attempts have been made to relieve Prolapsus and Hemorrhoids by passing a bougie, three inches in circum-

ference, through the Sphincter, two or three inches up the Rectum, and retaining it there as long as the patient can endure the pain; the calibre of the Sphincter, which is spasmodically contracted, and highly sensitive from a previous costive state of the bowel, will rarely bear an instrument of this size without giving the patient extreme pain, and must protract the cure. A lady, lately under treatment for inward Piles, declared to me that the agony and suffering endured from an attempt to pass a wax bougie, half an inch in diameter and twelve in length, confined her to her bed for a week, and that no advantage whatever had been attained thereby. The passing of bougies of such lengths and sizes has been resorted to from a belief that the Sphincter muscles are too powerful, and that they counteract the natural desire of the bowel to void its contents: straining consequently follows, and the gut is forced down; but this opinion is founded in error, for in the majority of cases, the Sphincters are not powerful enough. A spasmodic contraction of the Anus, (a totally different disease, as will be hereafter shown,) may exist; but this will subside under proper treatment, as exemplified in Case xxii. It has been said that Prolapsus of the Rectum in adults is an incurable disease, but my experience enables me to say that this opinion is erroneous; and to establish the fact more satisfactorily, I have given, in the last edition, a few out of many hundred aggravated cases of Prolapse which I have succeeded in effectually curing within the last three years. Where a Prolapsus is easily returned with the finger, and falls only with an evacuation, a little care and attention, with the occasional use of my Bougie and Ointment, will speedily prevent the disease increasing, or being of the slightest inconvenience; but where skill and experience are wanting in the management of these diseases, they are sure to increase progressively, and in some cases the inflammatory symptoms terminate in an abscess, which arises in the middle of the tumor, and frequently degenerates into a fistula. It is a remarkable fact, that out of the great number who have written on the subject, not one, either ancient or modern, appears to have been a sufferer. The prevalence of the complaint renders this the more extraordinary. Mr. Copeland, in his third edition of "Observations on the principal Diseases of the Rectum and Anus," says, page 173, "The appearances of the disease are so well known, that it is unnecessary to describe them; but the principle of cure is not, I believe, so well understood as it is capable of." The truth of this

confession does honour to Mr. Copeland, and it would be more creditable if other eminent members of the profession would state to their patients that operation is no cure, but, on the contrary, in nine cases out of ten an aggravation of the disease. I ought, however, to bear this in mind, that on a moderate calculation, fifteen or twenty years frequently elapse before any new science obtains notice and publicity, and double that time before it is recognised, particularly when it interferes with long established practice.

A patient is rarely met with whose previous treatment has not tended to aggravate the disease,—such as the frequent use of aperients, the unskilful use of warm injections, the injudicious application of suppositories employed for temporary relief, together with stimulating injections; all of which tend to an increased irritation of the Rectum, and must therefore produce a greater determination of blood to, and an enlargement of, the Hemorrhoidal vessels: to the operations, whether by ligature, excision, cautery, or caustic. To one or all of these baneful evils, may be attributed the rapid increase and lasting affliction of these painful diseases.

Mr. Calvert was the first surgeon to whom the idea of a cure by internal pressure occurred. In his "Treatise on Hemorrhoids, Prolapsus, &c.," after speaking of the great benefit which results from pressure on external tumors, he says, p. 87, "when the tumors are more internal, pressure cannot be employed in the same manner." Notwithstanding this remark, Mr. Calvert did not abandon the hope of success in attaining this important object, for at p. 184., after relating the case of a lady having Hemorrhoidal tumors so numerous and so large, as nearly to fill up the passage of the Rectum, he adds, "I made trial of tents of prepared sponge, which I formed into bodies of a pyramidal form, and rounded as much as possible; but I found that they did not swell out equally, and that they formed inconvenient knots. I also made use of tubes of calf and sheep gut, distended with air, and with tepid water; but these were difficult to introduce, though they did not give pain.* I got a turner to make me a wooden peg in the form of a cone, and blunt at the point, and of such a length that the whole of it could be introduced within the Rectum; it remained there for some time without inconvenience, and the patient took it out and

* The late Mr. George Bushe, of New York, took the hint from Mr. Calvert, and got made, shortly before his death, an instrument for suppressing hemorrhage after operation, on precisely the same principle.

“replaced it. In order to withdraw it easily, I attached a ribbon to it, by way of handle, smeared it with ointment, and then introduced it within the gut.” To shorten the extract, a complete cure was effected by this wooden peg; and had this gentleman’s life been spared, there is little doubt but that he would have carried this successful experiment to that state of practical utility now acquired by my Metallic Bougies. I may add, that to myself the hint has proved of practical utility, because I have had constructed upwards of fifty sorts of Bougies on a like principle, and with a similar view. I have had them constructed with a screw, by which contrivance the mucus can be washed out, and the instrument kept free from any offensive effluvia. I may here observe, that as no two cases resemble each other in every particular, so do I find that an instrument applicable in one form of these diseases is wholly inadmissible in another. The Gum Elastic Bougie I consider highly objectionable; it is with difficulty introduced, and, when so, proves a source of great discomfort; besides, the advantage which a Bougie, made of metal, possesses over one made of the former material, entitles my Bougie to the decided preference given it. Caoutchouc being a bad conductor of heat, the parts, pressed upon by an instrument of this material, feel hot; metal, on the contrary, being a good conductor, much of the heat occasioned by the increased flow of blood to the part is conveyed away by the stem and handle, thereby acting as does a cold lotion on an inflamed part, by evaporation. In severe cases of Prolapsus, I have invented a hollow bougie, through which the contents of the bowels, previously reduced to a proper consistence by medicine and appropriate diet, pass without Prolapse succeeding, as the circumference of the Bougie keeps the bowel from collapsing under the combined efforts of the muscular apparatus, diminishing thereby the amount of straining, and supporting in its proper position the superabundant, or elongated mucous membrane. The Douche Bath, likewise, used in a particular way, facilitates the efforts at stool, the evacuation frequently passing away without the patient being conscious of its so doing. Since the last edition of this work was published, I have added to my ointment some valuable ingredients, which tend to increase its absorbent powers, and to render its application altogether painless: these means, aided by aperient pills and powders, a vegetable tonic, and preparation of Sarsaparilla, I have never known to fail.*

* These medicines can be had of Hannay and Co., 63, Oxford-street.

From a perusal of the last edition of this work some have fallen into an error, which it is important should be corrected; the fault has no doubt arisen from the want of more detailed explanation. It has been supposed that the use of the bougie and ointment may be resorted to in cases of Hemorrhage and Prolapse, without attending to the origin, progress, and present state of the disease; and, what is still more important, without reference to diet, habits of life, or the regular action of the bowels; in short, it has been supposed that the Bougie of itself would act as a charm, and that nothing beyond its mere possession was essential to effect a cure. To guard in future against such serious mistakes, it is necessary to state that, inasmuch as all cases differ more or less in some essential points, so must the use of the bougie, and the mode of treatment be regulated—for instance, the oftener the attack and the more copious the depletion, the greater would be the risk in some constitutions of causing its immediate suppression: therefore, to diminish the predisposition gradually, and to moderate the violence of the attacks, much care and attention are required. In cases of Prolapse the exciting cause should be well investigated, or the Bougie never can be used with any hope of producing a favourable result; but where the disease only assumes the incipient symptoms, itching and irritation, no such caution in the use of the Bougie is required. It has been found that the most obstinate cases of Hemorrhage proceeding from ruptured veins, or from tumors, and prolapse, will yield to this mode of treatment in two or three weeks, and in a month or six weeks effect a complete cure.

In some stages of these complaints the Hemorrhoidal Tumors become so tender, irritable, and inflamed, that it is difficult to wear the Bougie the first two or three days for more than ten or twenty minutes at a time; but when the parts become less turgid with blood, and are rendered from its use less susceptible of pain, it can be worn two or three hours, or during the whole night, without the least inconvenience, and scarcely with a consciousness of its being retained.

Aperients most particularly to be denounced as being injurious are, aloes, colocynth, calomel, and castor oil; and, as a substitute (even where habitual costiveness and morbid obstruction exist), a simple pill composed of jalap, cream of tartar, extracts of yarrow, of tandy, of pilewort, houseleek, waterdock, and scurvy-grass, aided by the use of such wholesome food as may be found gently to move the bowels once a day, must be trusted to. One of the powders, an hour before

breakfast, with or without a pill the previous night, assisted by Lavement, as administered by my Douche Bath, will be found sufficiently powerful to solicit the quiet and tranquil passage of the feces from the bowels.

It is too manifest to admit of doubt, that where extreme constipation and hardened feces exist, the injection of a pint of warm water-gruel, with a dessert spoonful of castor oil, will dissolve the feces, or so far soften and loosen them, as to produce an easy evacuation ; and it is equally certain that a daily indulgence in this mode of relieving the bowels will inevitably bring on a Prolapsus, where the slightest disposition to the disease exists. The instances of this result are so common, that a reference to any particular case will not be so satisfactory to the mind of the reader as that of drawing his attention to the simple fact of the relaxing powers of warm fomentations when applied to any part of the human frame ; and yet authors of late years, eminent as surgeons, still continue to recommend them.—“*Syme on the Rectum*,” 1837. On the other hand, nothing can be more erroneous than the supposition, that there is any danger to be apprehended from the injection of cold water. Its beneficial effects have now undergone the test of experience in cases of Hemorrhage and Prolapsus ; and that it has improved the general health of the most delicate constitutions, both male and female, nobody can deny. In the depth of winter the intense cold of the water may be a little diminished, but not so unless the bowels are found too speedily to eject it from any griping pain it may occasion. Medicated injections, in a variety of forms, as applicable to other diseases, are productive of the most beneficial results ; and the time is fast approaching when they will supersede the prevalent and abominable use of quack and purgative medicines.

It is remarkable that out of the variety of injecting apparatus which have been invented, none could be found possessing all the necessary qualities,—namely, simplicity and portability, which are essential to the ease and comfort of those who use them ; and I was under the necessity of getting them constructed upon a plan of my own, by which the whole operation is performed when standing in front of a wash-hand stand, in about half a minute ; thus avoiding the troublesome, dangerous, and perplexing ceremony of sitting on one chair, and placing the basin on another. Where injections are daily used, the simplicity of the operation, and the expedition with which it is effected, are both considerations of the first import-

ance. For persons in health, in order still further to render this duty less troublesome, I have constructed a small apparatus, in which a sufficient quantity of water can be conveyed in the pocket or reticule to the water-closet, and injected with the greatest facility.

Superior to all the apparatus, however, hitherto contrived for the health and comfort of the afflicted, nay more, as a *luxurious* piece of furniture, when placed in the boudoir or dressing-room, even of those blessed with health, is my Douche Bath, or Fountain,—drawings of which are represented, plates 6, 7, figs. 1, 2, 3, and 4.

The advantages of shower-bathing in cases of Nervous Debility, Sciatica, Lumbago, Paralysis, the Neuralgic Affections of the Face and Head, Nerves of the Arm, and of the Lower Extremities, are well known. The application of water by means of a shock or jet, medicated or simple, natural or artificial, hot or cold, is so essential in restoring tone and vigour to the nervous system, allaying spasmodic pains, be they Rheumatic, Neuralgic, or arising from Dyspepsia, improving the circulation of the skin, strengthening the absorbents, exhalents, and internal organs, that few persons are to be found in the upper and middle classes of society in the British Islands, who, if suffering from one, or from a complication of these diseases, have not visited, and thereby derived benefit from, the respective watering-places, either inland or adjacent to the sea, which are celebrated, each in its way, in this country and on the Continent; whilst among the lower classes, in England especially, the want of means by this class of persons, in procuring for themselves the luxuries and restoratives of a watering-place, puts such remedies beyond their reach. Yet we find that even amongst individuals in this grade of society attention to cleanliness, by which the skin, and, through its agency, the internal organs, are kept in proper tone and vigour by daily ablution, is more scrupulously attended to than what *their* situation and avocations might lead the more opulent of their fellow-creatures to imagine. The importance of ablution to the lower classes has at length received its due attention, by the establishment of Public Baths and Wash-houses in metropolitan, commercial, manufacturing, and country towns throughout the kingdom, I may here state that, aided by these invaluable Institutions, I have myself effected cures in skin and other diseases, when in Provincial Practice, in one-half the time they would otherwise have taken—1853.

The baths of Harrogate, Buxton, Bath, and indeed every mineral water in our own country possessing sulphur, and on the Continent those of Baréges and Bagnères de Bigorre, are notorious for their efficacy in cases of diseased and stiffened joints, skin complaints, and stomach and liver derangements. Accordingly we find the mechanical contrivances at these deservedly celebrated places of fashionable resort equally various towards accomplishing the different indications of treatment, which disease, in its ever-varying and Protean characters, assumes, driving its victims to the fountain-heads of these celebrated springs to seek relief from suffering and woe: thus it is we see the varieties of contrivance endless, whether for the partial or complete immersion of the body, the *steaming* of the surface by vapour, either general, or directed against a particular joint, or along the course of a morbidly diseased nerve. Such accurately adapted means to ends are the Douches and bath-rooms (excavations, more properly, in the mountain rocks, as at Baréges), justly celebrated for the numberless instances of recovery—superhuman—because Nature's purest element aptly applied by the ingenuity of man is the *good Samaritan* in all these cases, towards which the All-wise Author of our being has ordained these Agents of His Natural World to contribute in restoring to health and ease poor helpless—because indiscreet—and fallen man. As a *substitute* for these agents of Nature and of Art, a variety of causes have given me opportunities such as few medical men, engaged in the turmoil of *general* practice, can command, and to which I am mainly indebted for the final accomplishment of my object in the contrivance such as I now submit to the notice of the afflicted. Douches, to their action of Simple Water, add *percussion* to a greater or less degree of the parts against which they are directed; hence the advantage I have derived from the Fountain in question, to which I attribute my great success in the treatment of Piles, Hemorrhages, and Prolapsus of the Womb and Rectum.

But a few years have elapsed since the profession and society at large were strongly prejudiced against the use of *cold* water in the treatment of these diseases; and since, my early attempts to introduce this hitherto dreaded, yet eventually, salutary application of Nature's simple element—have been looked upon as Quixotic—yet my experience, during the past sixteen years, has so fully established my *conviction* of its perfect safety, whether outwardly applied by percussion, or inwardly administered by Lavement, that further comment is

needless. Were additional proof wanting, I can assure the reader that for the past twelve years the cold water lavement has been used *daily* by myself. The *means*, however, of applying cold water have been so imperfect, or, at best, trifling and complicated, that few persons are induced to resort to this simple remedy, from the trouble and fatigue necessarily undergone by sponging; and the use of the ordinary Bidet, a machine, from the *posture* of the patient when seated, as he must be, *astride*, is eminently calculated to make matters worse, tending to bring down the Prolapse, independent of the *mess* that unavoidably attends its use. All these imperfections are removed, the party sitting on the Douche in the same posture as at the water-closet, while the complication of tubing, screwing, and piping, are done away with; at least this trouble may not occur once in a week: besides, at the one sitting the patient can not only direct the stream of water *against*, but if need be *into*, the Bowel. Privacy, as well, has been secured, as everything is inclosed in a lock-up case; the pan is as readily emptied as filled; and all that can be required in the invalid's boudoir or dressing-room is a water-can filled with water.

The apparatus is alike applicable as a foot-bath: in cases of Sprains, Contusions, or Rheumatic Affections of the Joints, it is equally efficacious, as water hot or cold, medicated or simple, can be applied.

In Ringworm, I have proved it a valuable auxiliary in cleansing the diseased portions of skin, and in applying medicated or other lotions.

In all Uterine Discharges, whether too profuse, weakening, or suppressed, it is an agent equally valuable. In Leucorrhœa especially, and in the Spasmodic Affections of the Sphincter Muscles of the Anus, Fistula, and the distressing smarting pain subsequent to alvine evacuations in the costive habit, the application of *cold* water in this way has acted like magic.

After the laborious daily toils of professional life, whether active or sedentary, bodily or mental; the fatiguing sports of the field, as well as the weariness and discomfort following the amusements of the ball-room, the Douche must prove a *luxury*, if used a short time previous to going to rest. The mucous discharge attendant on Piles and Hemorrhage is speedily and safely checked; and if the patient commands the advantage of a sea-side residence during a portion of, or for the entire year, sea-water used in this way proves a valuable auxiliary to other treatment.

I cannot close these brief remarks upon injections without observing that the knowledge and use of this salutary assistant in all cases of Constipation and Disease of the Lower Bowel is entirely in its infancy. It may seem strange, nevertheless true, that even by the profession at the present day, an injection is proposed as a *dernier ressort* in obstructions of the Bowels, whereas with the Author it is the Alpha, not the Omega of his treatment; and though thousands resort to it for relief, yet, from want of proper instructions, they are certain to err in some important point, and compelled to give it up in despair, or pursue it with difficulty and annoyance. In another Treatise, on the Prevailing Causes of Constipation, I have entered more fully into the use of injections; because I feel convinced, that the more they are resorted to upon the principle I have now adopted, the less frequent will be all those dreadful, distressing, and complicated diseases to which the Rectum and parts adjacent are so peculiarly liable. From the decided manner in which my objections to purgatives in almost every stage of these complaints have been stated, it may perhaps be unnecessary for me to caution my readers against the use of stimulating injections, an evil equally injurious with drastic medicines.

A daily evacuation of the Bowels is indispensably essential to the general health and comfort of every individual. By long retention the feces become altered in their chemical properties, becoming dry and knotty. In cases of Hemorrhoidal Tumours the necessity of a daily evacuation is still more important, because, in addition to the above evils, the hardened feces force down the inner coat of the Bowel, and create an irritation and swelling, the effects of which it is impossible for any surgical or mechanical skill to subdue, whilst Constipation is suffered to exist.*

As there have been frequent instances, from unskilful management, of laceration and rupture of the Bowel, attended with serious and even fatal consequences, I recommend that the tube introduced into the Rectum for daily use (if a syringe

* I have lately (1852) had constructed a very simple contrivance to prevent prolapse—whether of folds of the Bowel, or of Piles when at stool: two pieces of wood, in the form of a cross (thus X); in the centre is a perforated hole in a round ball, the size of one for cricketing; the cross sticks rest upon the commode-pan, the patient seated thereon, finds the edge of the ball, or saddle, press firmly upwards, all round the verge of the anus, so that the pressure thus applied upwards prevents the descent of the gut during the efforts at defecation; the feces pass through the hole in the crutch, or saddle.

be the instrument employed) should not exceed two inches in length. My Douche Bath, however, is so constructed, that any quantity of water can be thrown into the Bowel sufficient to procure an evacuation, *without the introduction of any tube whatever.*

Cold water may at any time be beneficially applied when the Prolapsus or Piles are completely returned, but not before this has been accomplished. A common objection exists in the minds of the public generally, which has been, I regret to add, rather countenanced by the Profession, to the use of *cold* water injections. Independent of my own experience to the contrary, I think myself borne out in advocating its safety, by the simple fact of both *cold* and hot fluids being taken into the stomach with impunity. If the organization of the vital structure of the stomach is an objection to common practice in this respect, how much less so is the injection of *cold water* into the Lower Bowel, whose functions are incomparable in importance with those of the stomach. I have found the foregoing means succeed in arresting Hemorrhages from the Bowel, and in threatening miscarriages. In the latter case I can unhesitatingly vouch for their efficacy from repeated instances of their success; one in particular, that of a lady, threatened with premature delivery, wherein the application of cold water, both by injection, ablution, and percussion, arrested the Hemorrhage.*

Cold water may at any time be applied by those who are in the full enjoyment of health by means of this apparatus; and I anticipate that the time is not far distant when this will form an essential piece of furniture in the dressing-room of every person solicitous of health and comfort. The healthy state of the Rectum is so important to the ease and comfort of our existence, that the efforts of every individual, who thinks he can improve the mode of alleviating the diseases which interrupt its functions, should be received with consideration and respect.

If we examine with care the volumes written in past and present times upon Diseases of the Rectum, analyse the ideas they contain, and weigh well their relative modes of treatment, we shall not only discover much obscurity and contradiction, but feel it impossible to arrive at any conclusion conformable

* This lady persevered in the daily use of cold hip-bathing during the subsequent stages of pregnancy, and gave birth, after a short labour, to a full-grown child. Such was her faith in this salutary agent, that she continued the daily use of my Douche Bath throughout the winter.

with that clear and distinct solution of facts which is so essential to direct our judgment. The frequent return of Prolapsus Recti after operation demands the patient and attentive investigation of those who are engaged in the performance of it. I can vouch for the truth of this observation from having myself met with several instances in which the operation had been performed once, twice, and in one most obstinate and protracted case even a third time, by surgeons of the first eminence and experience in the treatment of these complaints, without the patients gaining permanent relief. I have therefore uniformly recommended the plan of treatment herein laid down, the success attending which has been such as to set aside all necessity for operation. The following analysis of cases sufficiently warrants me in making this assertion :—

Of 445 cases within the last two years and a half, 221 had been operated on twice; in 197 of these cases a relapse had occurred during a period varying from nine months to six years; 78 had been thrice operated on; while in the remaining 146, operation had been performed, chiefly by ligature, once: of this number 126 were females, whose respective ages did not average 40: of the residue, 196 were under 50; 15 exceeded 65; 17 under 20; 65 from 30 to 45; while 7 were children under 10 years; 2 of this number were girls, and 5 boys.

To those afflicted with Hemorrhoids the constant practice of taking hot liquids must be prejudicial, their tendency being to debilitate.

Having already recommended in another Treatise* the use of such wholesome food as may be found gently to move the bowels once a day, it may perhaps improve this suggestion to caution the reader who has been accustomed to a generous and somewhat stimulating diet, from running into an entirely opposite mode of living, and thereby occasioning not only an injury to his health generally, but producing a torpid state of the bowels. The mention of this point is the more necessary, from its having been found that several patients, who have placed themselves under treatment, appear to have previously reduced their mode of living, in some instances, to a rigid system of abstinence almost incredible; and, likewise, from an erroneous opinion of lessening the depletion and irritation, or other sensations which are common to these complaints, such as Indigestion, pains in the pit of the stomach, legs, arms, loins, irritation in the womb, vagina, and bladder, a depression of spirits, and various other affections, all of which I have

* "Costiveness, Practical Remarks upon." London. Second Edition. Highley, Fleet-street.

found gradually diminish, and ultimately disappear, upon the removal of the cause. A gentleman, aged thirty-four, lately wrote me that he had abstained wholly from animal food for *twelve months*; he adds, however, as indeed might naturally enough be expected, "even a cup of tea *now* turns sour on my stomach."

FISSURES, ULCERATIONS, ABSCESSSES.

These complaints most frequently accompany the Varicose Internal Piles and the Spasmodic Sphincter; they are slow in forming, unlike Fistula. They are also slow in healing, contrary to what occurs in Fistula when properly treated. They can be easily recognised by the offensive discharge of matter with or without blood; the smell of this discharge is so characteristic of the mischief within, as at once to establish in the mind of the experienced surgeon the existence of one or other of the above diseases. The patient feels extreme smarting pain during and subsequent to an evacuation, with burning heat in and around the Anus. This pain, singular to say, does not begin immediately after a stool; some twenty, thirty, or forty minutes will elapse ere its approach is felt. When the finger is passed up, hard and rough ridges will be felt corresponding to the Sphincters. These Fissures, Ulcerations, and Abscesses may be seated on the mucous membrane lining the Sphincters, their most common situation; or they may be noticed at the bottom of the depressions, interspersed among a group of Varicose Piles. In this situation they may be overlooked by the inexperienced, unless narrowly searched for, which is best done by desiring the patient to strain, and when the cluster of Piles is protruded, gently separating the tumours: if a Fissure, it is readily detected by the ash-coloured lymph which coats it; if a spot of Ulceration, it most nearly resembles the Thrush of infants; and if an Abscess it will be found the size of an issue pea, with a minute point of ulceration penetrating therein, precisely resembling the opening of an Anthrax or Carbuncle. These diseases never accompany a pure case of Prolapse, as described at p. 13; they are frequently associated with eruptions around the Anus, with Leprosy, Eczema, Prurigo Senilis in this situation, as will hereafter be described, and add much to the torments of the latter complaints. There is always a weeping from the Anus either of a yellowish or brownish colour, sometimes tinged with blood, or it may be almost *colourless*, giving to the linen when dry the appearance of a stain from dirty starch.

They are best and easiest healed by some strong astringent, vegetable rather than mineral. Before all, however, in its effects, is ablution and percussion with cold water by means of my Douche, and the after dressing, by means of mercurial ointment and the Bougie. The water may be medicated or simple natural or artificial.

It has been recommended for the cure of this class of diseases to divide the Sphincters into the Fissure, Ulcer, or Abscess,—this operation I have never found it necessary to perform; indeed, have never had occasion to think of it. I look upon it as both barbarous and cruel; and I feel convinced, from what I have both seen and heard, that incontinence of feces, a never-failing consequence of free division of these muscles, is an evil which renders the remedy worse than the disease. In illustration of the truth of these remarks I refer the reader to Case xxii. in this Treatise; this gentleman has, within the last few days, favoured me with a call; and on inquiring of him whether he thought the proposed operation was ever likely to be necessary, his reply was, that he has now obtained so much control over the complaint by the means I recommended, which have already completely released him from pain, as to make him feel easy in his own mind should a relapse ever occur.

In short, cold water outwardly applied, as well as inwardly administered by percussion and lavement, the aperient medicines, a Quinine Tonic, and Sarsaparilla, together with the Bougie and Ointment, as elsewhere described, are quite sufficient to accomplish a cure. In order the more effectually to apply the Ointment, I arm my Bougie with sponge smeared therewith; which, when passed into the Bowel, is so tightly grasped by the Sphincters as to press the sponge to the very bottom of the cleft or fissure. If cathartics are administered, the agony thereby endured equals that which accompanies Constipation. We must, therefore, endeavour to avoid the two extremes, Constipation and Diarrhœa. In one case of acute suffering during defecation, I was compelled to get made a hollow Bougie attached to a handle, through which the feces, previously reduced to a proper consistence by medicine and lavement, and aided by the ordinary efforts at stool, passed away, thereby preventing any portion of the evacuation, however small, to come in contact with, or get lodged in, these irritable cracks and furrows. The instrument is passed up the gut, well oiled inside and out, and held there by its handle, until the effort has been completed. I have recommended

this Bougie with great success in Prolapsus of a large size. The instrument, being metal, is readily cleansed by being held under the stream in the trap, as it jets from the water-closet cistern, and may be conveyed to and from the cabinet in the pocket or reticule. It is likewise constructed so as to enable the patient, if he pleases, to inject through it any quantity of liquid he may think requisite, previous or subsequent to the motion.*

In all such cases it is of great moment that the patient inject both before and after an evacuation, as the smallest lodgment of feculent matter in the fissure, or in contact with the ulcer, or lodged in the cavity of the abscess, gives excruciating pain.

FISTULA.

This disease has been so well described, its pathology so well understood, its symptoms so well detailed, and the treatment hitherto practised so universally known, that to the afflicted it may seem matter of surprise when told, that the disease *can be cured without the knife, seton, or caustic*. True, I have performed the operation many times by cutting; and, strange to say, by the aid of my Douche, have not only controlled hemorrhage when a considerable vessel has been cut, but have succeeded in effecting a complete cure in the unparalleled short time of *eight days*—the day of operation included. However, I can affirm from experience, that, in six weeks at farthest, Fistula, and all its evils, can be cured *without operation*—namely, by pressure, by astringent ointments, lotions, and, above all, by percussion with cold water, medicated or simple. And I doubt not that, ere long, this mode of curing Fistula in Ano, when sufficiently known and appreciated, will supersede operation altogether. The practitioner in extensive business will undoubtedly meet with patients whose opinion is, that operation is the *sine quâ non*; in such cases he is left no other alternative but the knife. Yet operation, however adroitly executed, and the subsequent dressings of the wound (on which the cure depends), be they ever so carefully made, will not prevent such a gap remaining in the Sphincters as to save the patient from the after consequences—incontinence of feces when the bowels are at all loose; an evil from which persons endure not only bodily but mental suffering, and to such an extent as to make many

* This Bougie is now superseded by the more simple contrivance described page 27.

declare they would much rather have carried about with them their original complaint.

I have given, in another work, *Costiveness*, the case of a gentleman whom I advised, as a *dernier ressort*, to wear a Bougie constructed exclusively and adjusted to the wide gaping outlet of the Anus; the Sphincters, cellular membrane, and muscular fibres of the Rectum had been destroyed by a succession of abscesses in this situation. Little expecting, as I then did, ever to have had a second interview with my patient, the reader may guess my astonishment on hearing from his own lips, a year after, that my apparatus had not only prevented the accident (incontinence of feces) to which he referred all his distress, but that, when the Bougie was withdrawn, the few remaining relics of muscular fibre high up (the columns or pillars of the rectum) had actually assumed the office of a Sphincter, thereby enabling him to control the action of the gut, *provided* the bowels were not relaxed. Fistula will exist much longer than has been imagined, without making much ravage in the parts, provided the constitution is sound. In a case lately under my care, wherein I had to open several fistulous canals, the patient stated he had been troubled with discharge two years: his disease had begun by External Piles; these disappeared, and he had them internally: these likewise vanished, when Fistula formed. This man, being valet in a nobleman's family, naturally felt anxious to retain his situation—a lucrative one—which, through his master's indulgence, was kept open for him. As *time* was, therefore, to him an object, I performed the operation upon a Friday, and, by the aid of my Douche, which he daily used at my house previous to the dressing, *the succeeding Friday found him in his situation*, the wounds being completely healed. In bringing this cure to so speedy an issue, my patient told me he derived great benefit from the Aperient Pills, Powders, and Alimentary Tonic, elsewhere noticed.

In the summer of 1837 I had occasion to treat a case of Fistula, caused by an Abscess which had formed subsequent to the operations by excision and ligature for Prolapse, which my patient had undergone the previous November, on which occasion a considerable quantity of mucous membrane had been removed, and the edges brought together by ligature. This was a case treated by pressure and astringents, and eventually got well. See Case I., p. 100. Two similar cases came under notice in 1850 and 1851, both from inward piles which

had suppurated ; and a third case succeeded, by ligature, for the removal of inward Piles, six months after the operation. In a fourth case, Fistula in front of the Anus, extending to the back part of the purse, by three openings, in the case of a man, an inveterate beer-drinker, three miles from Oxford, came under treatment. In exploring the bowels, I hooked out a fish-bone, that had been the cause of the Fistula two years before, as he had been that time suffering from repeated abscesses ere I saw and cured him, which I did in three weeks.

SPASMODIC SPHINCTER.

Of all diseases, excepting Cancer, which can occur in this situation, I know none which excites our feelings of sympathy more than that now under consideration, nor one which more loudly calls for relief. Yet, strange it seems, that during the long and extensive experience of such men as Bailie and Colles, but two cases of this disease had been seen by them ; whereas, during the past two years, five cases have occurred to myself. A patient applies under the following circumstances : —“That ten years since he suffered from costiveness and pain “in passing his motions, alternating with Remittent Fever, “Influenza, or some such epidemic, returning at intervals “whenever the bowels become costive ; he feels a dread in “going to the water-closet ; yet he knows he must go ; for if “postponed one day, his sufferings will be tenfold the next. “If the evacuation is at all hard, he feels it, *in transitu*, “‘cutting the part asunder.’ At times the relief of the “bowels is accomplished with comparative ease, and he is in “hopes to escape for one day at least ; in a short time, however, varying from ten minutes to three-quarters of an “hour, pain of a burning, smarting kind comes on : he will “describe this pain as like that which he would suppose produced by the searing iron applied to the gut ; it comes and “goes in paroxysms, which makes him writhe on the floor ; “it is curious how patients take to the floor for relief, “stretched upon their backs, with legs and feet up in strong “muscular convulsion ; his face becomes livid, his lips strongly “contract, his hands are clenched, perspiration breaks from “every pore. In this state of suffering he will be kept from “six to fourteen hours, when he will describe the ‘winding “up’ of the paroxysmal pain as ‘pulsatile.’” In this state he seeks for advice, and derives partial benefit therefrom, so

as not to suffer to any great extent; his home ensures to him the most regular habits: after a time he is induced, from the degree of amendment he may have experienced, to undertake a journey to a friend's house; he sits up perhaps three or four hours later than was his wont; he may have forgotten his lavement case; he misses the conveniences and comforts of his home; he feels himself next morning hot and uncomfortable; is unusually costive, and has not the means at hand whereby to relieve his bowels; he strains violently at the water-closet; he succeeds; at the same time he feels something give way, or the sensation is that of the Sphincters being rent asunder; and he experiences a return of all his agony,—in which state his medical attendant finds him. Ulceration, Abscess, or Fissure of the Mucous Membrane, sometimes does, and sometimes does not, accompany the disease; if present, the surest way of detecting them is by examining the finger after it has been withdrawn—spots of matter, with or without blood, or a brownish discharge, is sure to be observed; which discharge, let it vary ever so much in appearance, possesses the unerring proof of the existence of a breach in the Mucous Membrane, *a most offensive smell*, different altogether from that of the feces; in short, this symptom present, there is no need whatever for the surgeon to torture his patient by introducing a Speculum; at best but a rude and clumsy instrument, be it ever so dexterously handled. The gelatinous mucus which accompanies the different kinds of Piles and Prolapsus, never partakes of this smell.

The Sphincters, under the influence of Spasm, are unusually powerful; they grasp the finger tightly; there is noticed an alternate elevation and depression—a rising and falling of the Anus, which to the finger feels burning hot. The inner surface of the Sphincters has a roughish, uneven, or granulated feel, very unlike that velvety smoothness which it possesses in its healthy state. They are reluctant to yield when their antagonists, the muscles employed in defecation, obedient to the will, are called into action: hence a source of agony to the patient. The violent and long-continued pain during and subsequent to an evacuation, compels the patient to stretch himself for hours on the sofa. This pain may be relieved by pressure, as was the case with a lieutenant-colonel in the artillery, lately under treatment, who told me he never got relief from pain until, mounting his horse, he had ridden six or eight miles at a smart trot. There is a great desire to go to stool, with violent bearing down, followed by a

slight exudation of mucus only. The Bladder becomes extremely irritable, the urine deposits a brick-dust sediment if symptomatic fever is present; at other times, it is as pale as that of an hysterical female. The pain, during the height of the Spasm, extends around the hips into the perineum, the small of the back, down the thighs, even to the soles of the feet. The countenance bespeaks the sufferings the patient endures; the features are drawn and pinched; the eyes assume a sallow tinge; the patient becomes dejected, thoughtful, fidgety, and irritable; he cannot bear to be spoken to, and feels disposed to find fault and quarrel with everything and with every one around him. In short, his entire mind seems wrapped up in reflecting on the paroxysm that is past, and in gloomy forebodings of the future one. A lady in Lincolnshire, whose husband I had cured six years before, of Piles and Hemorrhage, consulted me in 1846 for this complaint. I was successful by the means detailed, viz., percussion, sedative suppositories, cold pump water, enemata, and galvanism. In 1851, from wet feet, over exercise, and previous costive bowels, she had a return of this formidable disease, in a more agonising form than before. The torture this lady must have endured can only be imagined by a perusal of her letters, admirably descriptive of her sufferings—in short, of this disease, but too voluminous for insertion, even amongst “Cases.” During two months our correspondence was continued; for three weeks did this lady persevere most heroine-like in the use of pills and cold enemata, till at length the symptoms having reached their acme of intense suffering, in desperation she passed up the fore-finger of her right hand; and to her dismay, felt a hard rounded substance. The family doctor was promptly summoned, who likewise with the finger reached the substance. Then came the question how to extract. In the dilemma, I was consulted, and advised seizing it with a stone forceps, aided by which, and helped by the finger of the left hand, a mass of feculent matter was extracted, a fragment of which was, in colour and consistence, like hardened putty or dirty white lead; this was succeeded by several “deliveries” of masses of decomposed Feces, in colour varying, according to their age, and residence in the cells of the colon; and in size from a plover’s to a hen’s egg. As well as I can remember, the nucleus of one was a filbert, eaten weeks before. This lady has never since (1853) had an attack such as the foregoing. She had been treated for ulcers of the womb, by caustic and astringents, though I feel satis-

fied this organ was sound throughout ; irritation here was only sympathetic, and but an effect of the other disease ; and for this reason, the moment the rectum was unloaded the adjoining symptoms as quickly disappeared.

In the treatment of this most distressing of all rectal complaints, the simpler the means, and the least irritating these means are, the better. Our only object should be to soothe—to lull suffering ; stimulants are out of the question ; escharotics are maddening to the afflicted. I have long since denounced them, satisfied they do much harm, and never any good. In one case, hereafter detailed, they drove the patient, already in despair, almost to distraction. The remedies I have found always to succeed are mild aperient Pills and Powders, Anodyne Ointments, the preparation of Sarsaparilla, before mentioned, and the jet d'eau by means of my Douche, directing the water to be medicated, and the apparatus to be constantly at hand, so that the sufferer may promptly apply his remedy the moment he feels the slightest warning of a returning paroxysm : the water may be rendered still colder by the addition of a bladder of ice placed in the pan. These means, I can assure the afflicted, have never failed ; for the truth of which many an afflicted sufferer is this day ready to bear testimony. I am aware that nothing short of division of the Sphincters is considered a radical cure for this complaint ; yet even its warmest advocates have admitted that danger attends the operation. Sir B. C. Brodie lost a patient on whom he had operated. "A lady," he states, "of a peculiarly susceptible nervous system, immediately after the operation fell into a state of hysterical syncope ; from this she recovered after three or four hours, but she died at the end of a week from Inflammation of the Pleura and Peritoneum, the shock of the operation having excited inflammation in these parts." Sir B. C. Brodie goes on to say, that "no inconvenience follows division of the Sphincter." Yet I have lately met with three cases operated on, two of them so far back as 1827 ; one of them is detailed in my work on *Costiveness*, the other had been operated on by an honourable baronet : the brother of the latter patient having been under my care for Spasmodic Sphincter, and naturally dreading the unpleasant results of operation, as evidenced in his brother's case, felt reluctant to submit to so severe an ordeal with the prospect of incontinence of feces, though assured, in despite of all his reasoning to the contrary, that operation was the *sine quâ non*. Having resolved on coming to town, which he

did in the early part of the past summer, the true nature of his disease was then ascertained; and moreover, it was discovered that the Piles, for which he had previously consulted me by letter, were the *effect* not the *cause* of the Spasm. The appropriate treatment, as heretofore given, was recommended, and persevered in on his return home; and in the short space of six weeks from his leaving town he wrote to assure me that he had nearly got rid of his malady. This gentleman has favoured me with a call since the text has been written, to thank me for a recovery complete so far, and to assure me that, by perseverance with the means which I recommended, he feels satisfied he will never again be troubled with the same complaint.

The third case is that of my instrument-maker, on whom I operated for Fistula now two years back; yet he suffers from a similar annoyance at times, when his bowels are relaxed. Now, if these affections of the Sphincter Muscles (for the reader will observe that division of these muscles has been practised alike for Ulcers, Abscesses, Fissures, Spasm, and Fistula) can be cured by means short of the knife, I do not think we are justified in at once proposing operation. Let the practitioner rather make trial of the more simple remedies, such as I have detailed; if these fail, which in no case have they done in my practice, then operation, with all its risks and annoyances, is the *dernier ressort*.

ERUPTIONS AROUND THE ANUS.

Of these I have witnessed a variety, from the simple exco-riation, the effect of acrid mucus and looseness of the bowels, of lotions, ointments, &c., to the inveterate Psoriasis or Tetter.

The first or simple form is usually a disease of infancy, arising from inattention to cleanliness, to a heated state of the blood, or to a surfeit either in eating or drinking. This species of eruption can be promptly put an end to; the skill of the nurse alone is sufficient to effect a cure; not so the more inveterate, and, of the entire catalogue of skin diseases, the most obstinate to heal, Psoriasis, or Tetter of the skin surrounding the Anus. A patient applies with the following symptoms: "A distressing itching in and around the Anus, "preceded by long-continued, and accompanied with obstinate "costiveness for months or years. He feels an itching, sting- "ing, smarting pain within the gut; he fancies a worm "crawling, or a bee buzzing within the pouch of the Rectum,

“accompanied at intervals with throbbing pain.” The itching (worse by far than pain) is frequently insufferable; it comes on at a particular period, generally about the time of going to, or getting warm in bed. So regular is this periodical visitation, that the patient will sit up for hours in hopes of averting the attack: in vain does he try to parley with the enemy, whose visits are ague-like, inevitable, and certain: he endeavours to lessen the violence of the attack by sponging with cold water, or seating himself on a marble flag-stone, or upon some other equally cold substance. The itching, after a time, varying from a quarter to an hour and a half, alters its character to that of burning, smarting pain, during which the patient’s fingers are unceasing in their efforts to relieve; blood is drawn, and the recently-formed skin is abraded. On inspection, the skin surrounding the Anus is found in spots of a silvery whiteness, or of a bright scarlet colour; if the former, it partakes of Leprosy; if the latter, Eczema or Tetter. Fissures in the skin, running in converging radii towards the verge of the Anus, intersect the eruption; these exude a colourless acrid discharge; the region of the Anus *smokes* on exposure; there will be noticed an alternate elevation and depression of the Anus; the fissures or cracks in the skin will be seen to penetrate into the Bowel along the Mucous Membrane. The contraction of the anal outlet is much more considerable externally than internally; this contraction will reach to such an extent as not to admit the point of one’s little finger. The lower margin of the Sphincters will, when the finger is passed up, be found doubly as contracted as the upper. In a case hereafter to be mentioned, this contraction with difficulty admitted my little finger (by no means a large one). If the bowels are costive, each succeeding effort at the water-closet dilates these fissures, giving rise to excessive pain: hence the patient postpones his visit to the closet for a day or two, only to submit, eventually, to a vast deal of suffering. Nor does the pain occasioned at stool subside with the completion of the act: it will, as in the case of Spasmodic Anus, continue for a longer or shorter time. The patient is unable to rest in one posture a single moment; he feels feverish and uncomfortable, and, in the act of washing, inserts the finger to scratch and press upon the part, the finger acting like the stem of my Bougie, in making pressure on the dilated vessels. He flies by instinct to cold water ablution: this, however, affords him but temporary ease: he remains the early part of the night sleepless; the return of morning finds him exhausted and

worn out ; nor till then does he obtain repose. If subject to bilious attacks, the eruption at such times is aggravated, becoming the index to the internal derangement : so it is with eruptions of the face, which are the outward signs of the inward mischief. The afflicted patient if excited, as is too often the case with the over-zealous clergyman in his pulpit, or the advocate in a court of justice, or the courtier in the heated reception-rooms of a palace levee, is sure to have a return of the paroxysm : hence life becomes a continued scene of *expectant* suffering. An eruption at the angles of the lips, around the nose, or on the chin, frequently accompanies exacerbations of the anal eruption. Observation confirms me in the opinion, that absorption of the excrementitious portion of our food, too long pent up in the cells of the colon, is the frequent cause of eruptions of the skin, more especially that portion surrounding the Anus. The importance, then, of keeping a strict watch over the regular functions of this portion of the alimentary canal is self evident. We should not direct an active purgative in the first instance, which will disturb the patient's bowels three, six, or nine times in the succeeding twenty-four hours. Our remedies should combine only just so much of the aperient properties as will aid Nature's efforts to move the bowels ; at the same time, will exert an influence on the secretions of the skin. Accordingly I have directed to be made a preparation of Sarsaparilla which neutralises acidity, acts powerfully on the pores of the skin, and gently moves the bowels. The Aperient Pills I likewise prescribe, composed of vegetable extracts prepared from the expressed juice of plants (as elsewhere described), indigenous to these islands, the properties of which were highly extolled 200 years ago : these extracts are the expressed juice taken just before the season of flowering, and evaporated *without the aid of heat*. I have added to the catalogue of medicines some Aperient Powders of Soda, Quinine, and Rochelle Salt, in effervescence or otherwise ; and in another work * have advised the use of a Medicated Soap for Scald Head of children, which soap is alike efficient in local eruptions around the Anus and Genitals : the common Black Wash is an excellent application. When the eruption partakes of the Prurigo Senilis, and extends to the female organs, coupled as it most frequently is with Inward Piles, the itching becomes insupportable ; in such a case the introduction of my Bougie, smeared with the ointment, *per Anum*, affords certain relief. Percussion by water likewise,

* An "Essay on Ringworm, Itch, and Tetter." 1838, and 2nd ed. 1850.

medicated or simple, hot or cold, materially expedites a cure. Various escharotics, as concentrated solution of Lunar Caustic, &c., &c., have been tried, but these drive the patient almost crazy. In short, the less we irritate, and the more we soothe the angry skin, the more certain will be the benefit and the comfort afforded. We must not limit ourselves within a certain time to effect a cure; *time*, in such a case, should be no object. These eruptions will come and go; therefore the patient must persevere: nor should he relinquish the means found effectual short of two months after every vestige of the eruption has disappeared; in less than this time we cannot pronounce a radical cure.

I cannot conceive how a cautious cure of these eruptions can possibly expose the patient to worse consequences, or in any way endanger life, provided the surgeon endeavour to regulate the bowels, and to keep them so. The late Dr. Lettsom supposed that these eruptions were the safeguards to the constitutions of persons otherwise predisposed to Apoplexy or to Gout. My experience has never led me to the same conclusion; and I question much, whether or not the sufferer would rather undergo the risk (were there any), than endure the torments of these distressing complaints. A gentleman declared to me that, had it been his lot to have undergone quarantine on his way from Italy to England, whither he came in the summer of 1837 to consult me, during the time Cholera raged in the Neapolitan dominions, he must have fallen a victim to the diseases (Eczema and Contracted Anus) under which he suffered. He had, however, luckily for himself, procured and read my work on Piles previous to his leaving Rome; and, during his sojourn at Leghorn—the then quarantine depôt between the two countries, bethought himself of trying the means therein advised, by which the subsequent privations and hardships undergone in the lazaretto—not the most comfortable abode under such afflictions—were rendered endurable. Subsequent to his arrival in London he continued but a fortnight under treatment, and, when taking leave, assured me that the benefit he experienced made him feel regardless of any privation he might have to encounter in returning to Rome, his then residence. Within the last three months he has been gazetted as Consul to a Foreign Court.

The opinion of the writer quoted above I have combatted on the same grounds that I have done the hitherto supposed, though now, I am happy to say, exploded notion of the injurious tendency of cold pump-water injections.

I have more than once witnessed an extensive aphthous state of the mouth, during infancy and youth, coupled with anal eruptions; in fact, a group of symptoms all pointing to the *one* cause,—Irritation of the Mucous Membrane.

It will be observed, that the principal object of this Treatise is to explain to the afflicted the means by which I am enabled to afford them not temporary, but permanent relief from their sufferings. The mind, instead of brooding over the consequences of a doubtful and dangerous operation, is at once relieved by a mode of cure, the efficacy and safety of which must be obvious to every one, more particularly so to those who are the victims of these painful and distressing complaints. Every class of society has felt, and will long live to feel, the happy influence of this treatment.

SPASMODIC STRICTURES OF THE URETHRA.

The treatment hitherto followed for strictures in this situation has not been sufficiently *preventive*; in other words, remedies have not been tried in the *intervals* between the attacks of Retention of Urine, be they partial or complete.

As in Ague, so in the diseases now under consideration, the *interval* is the time to renovate the constitution generally, and, more particularly, to allay *local* Spasm, whether muscular or organic.* With this view, local and general tonics should be resorted to. Of the former alone I wish now to speak, and can with confidence recommend to the afflicted, Aspersions, by means of my Douche Bath, not only to the Perineum but to the adjacent parts: this may be applied hot or cold, medicated or simple, according as the sensations of the patient may dictate. I am not aware that Percussion, as a means to allay local Spasm, has ever been suggested, much less thought of, by the Profession. Spasm of the canal of the Urethra, if muscular, is like cramp in a limb. It consists in *irregular* action; one muscle, or set of muscles, being more contracted than another. If organic, it depends on the contractility, or power to contract, of the parietes of the tube itself: its walls being repeatedly the seat of inflammation or irritation, lymph is deposited, so that the tube thus narrowed, when acted on by Spasm, is contracted to the diameter of the smallest crow-

* Sir B. Brodie advises a caustic Bougie (*Medical Gazette*, 1827)—rather a severe remedy for a cramp, or spasm, of a single muscle (Wilson's); "which," says Sir B. B., "is the occasion of retention of urine, where the latter is the consequence of a hard night's drinking."

quill, or finest knitting needle. In either case, whether the Spasm be muscular or organic, Aspersio proves efficient: if muscular, by allaying irritation; if organic, by quieting irritation and inflammation; and subsequently, in the latter case, promoting absorption of the effused lymph, just as the tumefaction of a fractured limb is got down by friction or by Galvanism.

Now the shock, or jet of water, to the Perineum by means of my Douche, eventually accomplishes both objects,—namely, quiets Spasm, and stimulates the absorbents to remove the lymph; thus at length enabling the sufferer to relieve the bladder.

By the application of water, hot or cold, medicated or simple, as his surgeon may deem fit, is the patient certain of releasing himself from an agony of suffering inconceivable to those who may not themselves have experienced it or witnessed it in others. This the sufferer is sure to accomplish in the way already mentioned, without having recourse to instruments of any kind, much less to medicines, which upset both head and stomach. Every experienced surgeon must know the sympathy that exists between the Head, Stomach, and Urinary organs. Moreover, such is the influence of the mind on the local complaint, that I have repeatedly known the patient compelled, from the mere apprehension of an accident, to retire to the nearest place of convenience; nay, even the dread of damp feet, as in perambulating the watered streets of London during the hottest summer weather, has compelled him to walk the length of a street to secure a dry crossing. In company, also, his fears get the better of his control over the bladder; and if he has been induced to partake of wine, particularly if he tastes a variety, though at most he may drink but two or three glasses, the desire to pass water becomes so urgent as to render him fidgety and nervous. Under such distressing circumstances the daily morning and evening use of my Douche Bath has never failed to afford ease and comfort. By adopting this simple course, at the same time applying cold, *per Anum*, as by lavement, not only will the impression of this salutary agent be conveyed through this channel, the Rectum, to the Bladder, but the bowels will be kept thereby in an easy comfortable state. I am in the habit of directing a variety of medicated Douche Baths, which tend materially to increase the impression on the nerves in this part.

[All interference with instruments, be they what they may,

whether Caustic, Gum Elastic, Wax, or Catgut Bougies, Trocars, Urethra Sounds, cutting down on and dilating the Stricture, is rendered unnecessary, and the risk of Abscess, or Fistula in the Perineum, consequently guarded against.

To persons thus afflicted, the apparatus is, I conceive, invaluable. The possession and use thereof render surgical interference unnecessary: should the latter, however, be decided on, and the fistulous canals laid open, no more effectual agent can be employed towards accomplishing a speedy cure of the wound than Percussion and Aspersions, by means of astringent liquids.

The attention of the profession has been engaged for some years past in testing the efficacy of cold water dressings in the cure of old Ulcers of the legs, and the result of such trials has hitherto proved most satisfactory. I am not aware that the application of Nature's simple element, by an apparatus such as I have described, has ever been suggested by any surgeon in the treatment of Fistula or of Ulcers; I deem it therefore well worthy the consideration of every hospital surgeon, as I conceive no obstacle whatever exists to the application of cold water by means similar to those described, and regulated in strength according as the Ulcer may be "indolent or irritable." I have elsewhere noticed the speedy cure of the wound in the short space of eight days, after operation for Fistula in Ano; and, with a similar view, should recommend to the managing committees and surgeons of extensive metropolitan hospitals, more especially of county infirmaries, wherein, during the brief period of an "in-turn" (eight weeks), there is but little time enough for healing a sheet of ulceration on the leg in a cachectic habit—an apparatus contrived, so as that the jet may strike either *directly* on its exit from the rose-tube, or *inversely*, that is, after rising to a certain height and falling in a shower, to strike the Ulcer merely with the force which the weight of each individual drop conveys. At the Barège Baths, I have been informed, the jet of water rises from the floor, and, after reaching a certain height, in its fall, strikes against the diseased part. The effect of water thus applied in cases of old Gunshot Wounds and Exfoliation of Dead Bone is to open the wound anew, cause a fresh growth of granulation from the surface of the sound bone, which eventually separates, and, as it were, expels the old and deadened shell: hence the celebrity of these far-famed mountain springs, medicated as they are by the greatest of all chemists, Nature. In my Essay on Ringworm I have detailed the success attendant on

Medicated Lotions, by means of percussion to the Superficial Ulcerations of the Head, and have so constructed my Douche Bath, by a contrivance so simple, as to admit of the application of medicated water by aspersion, to the Scalp even of the infant in the arms, without the slightest risk of convulsion, or injury to the sight.

I have thus far but briefly noticed the variety of diseases wherein the Douche has been rendered available ; and propose, at some future time, directing the attention of the Profession more particularly to Cold Water Aspersion, by a mass of practical evidence now in course of accumulating, which will, I trust, at no distant period, establish its importance as a therapeutical agent, as well as one of the greatest improvements in Modern Surgery.

CASE I.

PILES, HEMORRHAGE, PROLAPSUS, AND FISTULA.

REV. G. J., a clergyman of the Established Church, and chaplain to a large public institution in this metropolis, the arduous duties of which he has performed with persevering zeal and truly Christian piety while his health permitted, applied to me for advice, January 21st, 1837. The statement of his case I give in his own words :

“The first time I had an attack of Piles, which were external, I was but eighteen, thirty years ago, since which time they have gradually grown upon me.

“Twenty years since, I began to suffer severely from Inward Piles and Prolapsus. I have been confined to my bed from four to six weeks together, in the most excruciating torture from violent inflammation, and protrusion of the gut ; have undergone two operations by ligature, the first of which, three years ago, afforded me relief for about a twelvemonth, when I found myself again a sufferer.

“At Christmas 1835 my bodily anguish was greatly augmented by the most tremendous bleeding whenever I had a motion, creating excessive debility accompanied by indigestion, cramps, most violent pains in the left eye and temple ; excessive difficulty attended the act of returning the Prolapsus, which invariably came down with my motions at the closet.

“ I was forced to leave my duties in other hands, and retire
 “ to the country to recruit my strength. Four months
 “ elapsed, when I returned not much benefited, to resume my
 “ duties, and in a fortnight the most profuse bleeding, pains
 “ in the head, &c., returned, *with the Prolapsus*, which had
 “ never left me.

“ In October, I was operated on a second time by a most
 “ eminent and experienced surgeon, with ligature, when three
 “ large Piles, within the Rectum, were removed; but I am
 “ inclined to think my life was nearly sacrificed, so intensely
 “ did I suffer, and so extreme was my weakness, that even
 “ now, at the expiration of three months, I am unable to
 “ resume my duties. I have all the symptoms already of the
 “ disease returning, and slight Prolapsus with my motions,
 “ itching around the Anus, with much pain after evacuation;
 “ a sense of weight when standing or sitting; my lungs are
 “ also delicate with cough and expectoration, quick breathing,
 “ fluttering of the heart,” (the latter symptoms clearly the
 “ result of repeated Hemorrhages,) “ bowels and stomach much
 “ deranged.”

From a catalogue of such formidable symptoms the reader
 will conclude, as I did myself, that little prospect of relief
 could be held out to my patient, who, in truth, appeared
 nearly worn out with mental and bodily suffering; yet after
 a lapse of a fortnight, during which time a second, and in his
 then debilitated state, no less formidable enemy, Influenza,
 assailed him, he writes me as follows: “ Before I had the
 “ happiness of knowing you, digestion made life a burthen to
 “ me; *now* although anything but what I could wish it, still
 “ it is greatly amended; *then* I could take no food, *now* I can
 “ partake of a simple diet, and have no dread of the conse-
 “ quences; the Prolapse, after using your means a few days,
 “ *now* rarely appears, nor has there been a return of Hemorr-
 “ hage” (this he dreaded at our first interview).

“ Is not this wonderful, my dear Sir? and has not God, as
 “ I mercifully prayed he would, prospered your handy work,
 “ and added a blessing to your endeavours to afford me
 “ relief?

“ For thirty years of my life has this scourge of the human
 “ race been growing upon me, and incorporating itself as it
 “ were with my constitution, during twenty of which I may
 “ almost have quoted St. Paul, and said, ‘ I die daily.’

“ I do not think any statement, save that of the lady, of
 “ whose dreadful case you have given an engraving, equalled

“ my misery ; that of the lieutenant is almost slight, judging
 “ by description, to the intensity of suffering I have under-
 “ gone, and now in one fortnight to be comparatively well ;
 “ I could almost have fancied myself in a delightful dream ;
 “ but praised be Almighty God, it is reality.

“ To you, my dear Sir, who have been the talented, as well
 “ as generous, medium, through whom He has been mercifully
 “ pleased thus early to give me healthful ease, I know not
 “ what to say : as the benefit is of inestimable value, so lan-
 “ guage cannot do justice to my feelings.

“ May I never forget the boundless debt of gratitude which
 “ I owe to the Divine dispenser of the blessing, nor to the
 “ good Samaritan, who has so disinterestedly served and
 “ healed me.

“ Believe me to be,

“ My dear Sir,

“ Your grateful Friend and Servant,

“ G. J.

“ A. Paul, Esq.” *

CASE II.

ENLARGEMENT OF THE HEMORRHOIDAL VEINS.

A gentleman, residing in Greenock, writes as follows,
 April 2, 1838 :

“ I have for many years been troubled with an irritableness
 “ of my Rectum, attended with very great itching, especially
 “ in bed, when it becomes inflamed and tender with swelling ;
 “ and although I seldom see blood, there is a secretion.”

This gentleman was supplied with two Bougies and Oint-
 ment, and every necessary instruction for their use ; and on
 the 29th of the same month (April) an answer was received
 to the following effect :

“ I duly received your letter and the two Bougies, and have
 “ since been acting according to your explicit instructions,
 “ and now find myself little incommoded with the itching. I
 “ have found little inconvenience from using the Bougie. I

* 1839.—I have, within the last few days, seen this gentleman, who
 has continued in the enjoyment of uninterrupted health. There has
 been no return of Hemorrhage nor Prolapse. The Fistula, he thinks,
 rather served than injured him. (See pp. 33, 34.)

“ never continued it beyond two hours and a half in a day,
 “ although I could have worn it longer. I see but little
 “ inflammation now about the parts; my bowels are generally
 “ very regular. I am in great hopes that, through the
 “ assistance and advice received, I am to get rid of a com-
 “ plaint that has annoyed me for years.”

On the 7th of June, in a subsequent letter, he announced himself perfectly recovered, and quite satisfied with the treatment.

REMARKS.

It is evident from the itching and swelling which this gentleman complained of, that a considerable distension of the hemorrhoidal veins had taken place; and nothing but the prompt assistance which he received from the use of the Bougie and Ointment could have prevented the ultimate formation of tumors, or such a varicose state of the parts as to terminate in their protrusion through the Sphincter.

CASE III.

HEMORRHOIDS.

IN the month of January of this year I was consulted personally by a Major-General in the Army, aged 55, strong, muscular, yet spare habit, a sufferer from costiveness, hereditary and acquired, for years; had spent much of his military life in the East Indies, yet lived most temperately. After sitting in a cold damp pew, during morning service, not clad as the severity of the day required, he felt an unusual itching, tingling sensation, like that of a worm crawling within the Anus, then a tumor which protruded during an evacuation, and subsequently when walking, accompanied by mucous discharge, and, occasionally, bleeding. On examining the gut, a tumor, hard to the finger or cartilage, was detected on the left, and a little above the upper margin of the Sphincters, the size of a pigeon's egg. As a proof of the degree of costiveness which this gentleman experienced, nine of the Pills, a wine-glass of the Senna and Gentian Mixture, and two Powders, were taken ere he procured relief from the bowels. He used my Douche, and persevered in the use of the Bougie, Ointment, and cold water percussion, during two months, at

the end of which time I was pleased to find that for several weeks prior to his last visit, he had discontinued *all* medicine, relying on the Douche *alone*, which secured the daily relief of the bowels, and, with it, a return of bodily health and energy of mind, to which he had been a stranger for years.

CASE IV.

PILES—PROLAPSUS HEMORRHOIDIS.

January 4, 1839.—The Reverend Mr. ———, a clergyman of the Established Church, eight years a sufferer from Prolapse and Hemorrhage, much reduced in flesh, of a pale tallowy slightly jaundiced complexion, had been twice operated on by a surgeon of character in the treatment of these complaints, and, subsequently, by another surgeon of long standing in the profession, both assuring him of a cure: on examination, the protruding part is found to consist of irregular folds of turgid mucous membrane, studded with condylomatous-like tumors, more fleshy than venous in consistence. The Sphincters are powerful, so much so as to compel him to use long and moderate pressure on the tumors. States he has lost, at times, immense quantities of blood; the anal region is much sunken.

22nd.—Tumours lessened in size, though more tender; no protrusion during meals, and a very trifling one when walking. Applied astringent lotion of Pomegranate Bark, which gave more pain than did the first application.

25th.—Considerable irritation with slight Hemorrhage, since the last application, depicted in his countenance, which is haggard and drawn. He feels, however, a sense of adhesion, as if the calibre of the Sphincter were contracted; yet on passing the finger, this seems more relaxed. Less spasm, no Prolapse this day, though he has walked from his residence, a distance of two miles.

29th.—This morning has had an easy, comfortable motion, such as he has not had for years, the gut easily returnable afterwards. No bleeding; looks much improved, and appetite still on the increase.

March 18th.—Has returned from Brighton an altered man. No protrusion during meals or when walking; “never thinks now of such a thing.” Scarcely any protrusion at stool, the

Prolapse slipping up with the slightest effort. This gentleman used my Douche Bath, Bougies, and Ointment locally, while internally I desired him to take my Tonic Liqueur, Sarsaparilla, and Aperient Pills, and Powders—the first during the continuance of Hemorrhage, the latter to regulate the bowels,—with the most decided benefit.

REMARKS.

This, out of many other cases, is a most satisfactory illustration of the advantages of pressure, percussion, and astringents, over operations. He looked upon his application to me as a forlorn hope, little calculating on a cure. In conversation with me, during his first visit, I was forcibly struck with the practical truths of his conclusions: "If," said he, "the gut contains so many folds one above the other, you remove one by string or knife only for another to come down; whereas, instead of *drawing down*, you should push up and support *in situ* those *displaced* folds." He little expected, then, that his remarks on the very threshold of treatment, should be so soon verified. By accident, when at the sea-side, he injected sea-water into the bowels, which I had desired him to use only by percussion. This error he found of service, as the mass of feces became considerably augmented at every evacuation, without either heat, irritation, or pain ensuing.

CASE V.

PROLAPSUS HEMORRHOIDIS.

A gentleman, residing in a large provincial town in the south of Ireland, consulted me when in London, in September, 1848, for Inward Piles, which constantly protruded when walking, and likewise during meals. At night, during sleep, they protrude, giving him great uneasiness, and obliging him frequently to take his stick to bed with him, the knob of which, at the handle-end, he used in pressing against the tumors until returned. His bowels are extremely costive, and at times he is troubled with Diarrhoea, Hemorrhage, and discharges of gelatinous mucus. The disease has been upon him for five years. A variety of contrivances have been tried to no purpose: a truss is the only thing which gives him partial

relief; but his truss merely keeps the tumors within the verge, where they become grasped by the Sphincters, giving him excessive pain. My patient, at times, laboured under extreme depression and lowness of spirits, from which, on his return to his native country, he suffered more than he recollected to have done on previous occasions. This I attributed to his journey to and from London, the excitement, and irregular hours, both in meals and rest, consequent thereon, together with exposure to inclement weather. He kindly permitted my artist to sketch the tumors, which, by straining at the water-closet, he succeeded in bringing fully into view, as represented in Plate 3.

In the month of November of the same year, I received a letter from him, which I here insert in his own words :

“From the great interest you took in my unfortunate case
 “of Prolapsus Ani, the present communication will be alike
 “interesting to you, as it may be encouraging to others who
 “may be suffering under the same distressing complaint.
 “After my arrival at home, I was almost entirely confined to
 “the house for some weeks, experiencing great lassitude,
 “debility, and depression of spirits, and unable to use the
 “least exertion, together with a greater degree of Prolapsus
 “than I ever had. I steadily proceeded according to your
 “instructions, and am happy to say that for the last few
 “weeks I have wonderfully recovered my health and spirits,
 “and am able to walk with ease several miles daily. The
 “Prolapsus has considerably decreased. The feces which
 “for several years, at intervals, were loose, have now a natural
 “and healthy appearance, and are voided without any pain;
 “I have not voided any blood, and neither take or require any
 “medicine. I shall be much obliged if you will favour me
 “with an egg-shaped Bougie of one inch in diameter in the
 “fullest part when an opportunity offers. I read your excellent work on *Costiveness* with much pleasure and profit.
 “Should it find its way into every family, and be daily consulted, I expect the craft would be in danger.”

And most sincerely do I trust, for the benefit of mankind at large, that my patient's example may be followed by the afflicted, from a firm conviction in my own mind that the treatment therein laid down is as yet in its infancy; and when sufficiently known and practised, there will be but henceforth a tithe of the cases such as that detailed by my patient, in comparison with what hitherto must have met the eye of every surgeon of experience. I have not had any further communi-

cation with the gentleman above alluded to, and conclude, from his silence since his letter as above quoted, that he no longer needs advice.

CASE VI.

PROLAPSE AND PILES.

Last January I was waited upon by the Reverend Mr. G., a clergyman residing in Essex, under the following circumstances :—eight years a sufferer from Piles, Prolapse, and most profuse Hemorrhage; his frame reduced to a mere skeleton; countenance haggard, drawn, and pinched; complexion a dingy, tallowy hue; had been twice operated on by a surgeon of distinguished and long-established merit, and subsequently by a hospital surgeon of eminence. Since which time he had consulted an Honourable Baronet alike eminent for his writings on these diseases, however without effect, though assured by all that operation would be his cure. Two irregular folds of turgid mucous membrane protrude, which are studded with Piles warty on the surface, but not *callous*, more fleshy than venous. The Sphincters are powerful in their action, so that he experiences both difficulty and pain in returning them; bowels tolerably regular, has lost at times immense quantities of blood. On exploring the rectum with my finger and sound, I found several loose folds giving more or less resistance according to their situations in passing up the instrument; the removal of which, by knife or ligature, remarked my patient, “is but temporary relief; for,” added he, “as the gut is full of folds, you remove one by string or knife only for another to come down.” Two days after this conversation, I applied a strong astringent liquid to the excrescences, and desired the daily use of my Bougie and Douche. He said, speaking of my preparation of Sarsaparilla, “It makes me hungry; I am now always craving food, never before.” I continued the application of the astringent once a week, and ultimately sent him to Brighton. From accident, he unintentionally injected sea-water into, whereas I had desired it only to be used *against*, the Anus. The effect was to increase the mass of feculent matter, and to give to the parts a feeling of contraction. The following March he returned from the sea-side an altered man; had gained strength and flesh; bleeding had ceased. No Prolapse

either at stool or when walking, or during meals; even the exertion of eating, formerly, was sure to bring it down; "*now* it never troubles me." Formerly, he added, the Hemorrhage at other than the times of evacuating was frequently so profuse as to soak through drawers, trousers, nay, even from the necessity there was for pressure, stained his surplice when performing duty of a Sunday.

CASE VII.

PROLAPSUS HEMORRHOIDIS.

A gentleman, aged 62, consulted me, through his medical attendant, in August last, for the following symptoms, as detailed in his written statement:

"As far back as 1813 I felt symptoms of Piles, with continued bleeding at every stool; in 1816 they protruded and bled profusely, until, in 1824, I was forced to give up all active employment, being tormented with increasing pain and debility, accompanied with a dreadful degree of Tenesmus, that I could not attend further to my duties.

"I have tried all methods of relief, and find none, excepting for a day or two after the action of any purgative I may have taken. My bowels protrude with the slightest exertion, and I cannot walk for half a mile without being under the necessity of retiring somewhere to endeavour to force the tumor up. Some days they protrude more than others; yesterday they were down five times, attended with a cutting sensation, as though a ligature were tied round them; while other days they do not protrude, excepting at the closet. The size, as near as I can judge, is an inch diameter, and from one inch and a half to two inches in length. I have no pain *with* an evacuation, but an uneasy sensation *before*, and also *after*, until the parts are returned. The colour, a pale red, and, occasionally, an amber. I lay the origin of the disease to fatigue, exposure to weather of all sorts, occasional bad and short food. In fact, I comprehend everything when I say, I was with the army all through the Peninsular campaign, under Lord Wellington; and, latterly, exposed a good deal at night in Ireland, after the illicit distillers. I am at present reduced to the greatest degree of debility—induced, I believe, from the tone of my stomach being destroyed by the continual repetition of medicine."

REMARKS.

That strong purgatives contributed to bring this gentleman into the state above described, I have little doubt. The case, though now under treatment, is given to illustrate the baneful consequences of purgatives repeatedly administered, as the tone of the stomach and bowels appears all but gone. Since the above had gone to press, I have learned that this gentleman, on a late occasion, travelled, with his son, a distance of fourteen miles, which he had not done for twelve years before.

CASE VIII.

PILES AND HEMORRHAGE.

In May, 1838, a gentleman from New York consulted me respecting Bleeding Piles, from which he suffered twenty years. His person spare, and extremely thin. Some years since had profuse bleeding, which was arrested by cold injections, and by *cold cream*, introduced *per Anum*; is rather of a costive habit; suffers from a slight Prolapse when walking; itching, and, at times, tingling in the gut. Had consulted Dr. Mott and many other surgeons and physicians at New York, without deriving any benefit. The slightest exertion, *that of writing especially*, brings down the Prolapse. I passed the sound, which caused him to faint, previous to which he felt something "go up" before the sound. I advised him the use of my Bougies, Tonic, and Douche Bath. In the following July he called upon me, having been to Ireland and Scotland, during which time the Prolapse never appeared, or gave him the slightest inconvenience, with the exception of a slight eversion of the lip of the bowel during an evacuation, which immediately "slips up" when the effort ceases. During his stay in London he had frequent calls made upon him in exercise, both of mind and body; the Prolapse, however, still continued to lessen. Even during scenes calculated to try the strongest nerves, the bowel never gave any symptom of protruding, though on one occasion, when witnessing a review in Hyde Park, in the presence of Royalty, he was compelled to stand three hours and a half on a barrel: the same number of minutes in a similar posture, ere he reached England, had invariably occasioned his malady.

REMARKS.

From the soft and flabby state of the gut as examined by the finger, I am disposed to attribute the Prolapse not only to relaxation of the mucous membrane of the Rectum generally, but in some particular portion of the gut, to an entanglement, if I may so speak, of the transverse and longitudinal folds, which the efforts at stool, and the hardened masses of feculent matter combined, never failed to force down,

The itching and tingling at times indicated a loaded state of the vessels, which, if not timely attended to, ultimately ends in Hemorrhage.

CASE IX.

A gentleman, aged 45, out of Worcestershire, consulted me for Piles, Prolapse, and Hemorrhage, in the month of May, 1838. Three years afflicted; Hemorrhage periodical, and at times to such an alarming extent as to cause fainting; the bleedings from time to time ceased, by the aid of styptics and acids. Knows no cause for the complaint; never bleeds so long as the bowel remains up; but the instant it protrudes the blood "squirts" from him in a florid stream, only at the water-closet. His complexion is fair; eyes blue; his hair, during the period above stated, has turned a silvery white; skin of hands and face tallowy, and œdematus; but for the Hemorrhages, he says, he should be perfectly well. I supplied him with everything needful for the treatment of his case. In the month of June following the bleeding had entirely ceased; in the ensuing autumn I was gratified on finding, in a letter I received, the agreeable information of progressive improvement. He writes as follows:

"MY DEAR SIR,

"It is now time for me to communicate with you, if solely for the purpose of offering you my grateful acknowledgements, which I now tender, for the benefits already derived from your valuable advice, and with a view of profiting by your further suggestions." And, speaking of one of my medicines, he further adds, "The Tonic was, doubtless, of infinite service. On the whole you may fully rely on my yielding implicit obedience to your advice, as I feel assured of obtaining incalculable advantage from its good effects."

CASE X.

HEMORRHOIDS.

A gentleman of fortune, residing in the country, fifty-two years of age, applied in April of this year, for an excruciating pain in the Rectum, which came on with an evacuation, and continued the greater part of the day. He appeared to imagine that it proceeded from a small red pimple-like excrescence upon the integument at the margin of the Anus; but, as most of these excrescences are merely local complaints, arising from cuticular secretions in the parts, the view taken of the symptoms did not coincide with his, as to the cause from whence his pain originated; a subsequent conversation confirmed this opinion, as he stated that, a short time previous to his seeking advice, a similar excrescence had been excised without in any way diminishing the pain in the Rectum. This gentleman had consulted several surgeons, but with so little success that he began to consider his case hopeless, and was, in consequence, extremely irritable and weakly.

He was recommended to try the use of the Bougie for a short time; this he consented to do, and remained in town about ten days for the purpose, during which time he became so much better as to return to his home perfectly satisfied of ultimate cure. He called in the month of July, to say the pain had returned again, and by the advice of another surgeon, he had applied a bread-and-water poultice for three weeks, which had relieved him considerably, but at the same time, he admitted the benefit he had received from the use of the Bougie. On the 5th of September following, a letter was received from him, wherein he states, "With regard to the Bougie, I tried it after the first week of the poulticing, and could not bear it more than half an hour; at the end of a fortnight I wore it about an hour, and in three weeks I could wear it longer—perhaps two or three hours, with ease."

REMARKS.

When this gentleman first applied for advice, there was nothing in the symptoms of his case which could lead to a doubt as to the nature of his complaint; but the excited state of his mind, produced from the variety of opinions he had

previously taken, rendered it extremely difficult to fix his attention to the adoption of any particular mode of treatment. Sometimes he would pass Rectum Bougies from the apprehension of Stricture, and at others he attempted to persuade himself that he had Fistula in Ano. He is now restored to perfect health, and has called more than once to express his conviction that this mode of treatment alone effected his cure.

CASE XI.

PROLAPSUS RECTI.

An officer in the Royal Navy, aged forty-eight, applied in September, 1830, with a Prolapsus of the Rectum. The detail of this gentleman's sufferings is of a nature so uncommon, that he was requested to furnish the particulars of his case as near as he could recollect: this he has kindly done in the following letter, given verbatim:

"DEAR SIR,

"It was in the early part of 1810 I first became afflicted
 "with external Piles, which were then relieved by very simple
 "remedies: in the latter part of the same year a copious
 "discharge of mucus came on, attended with an almost constant
 "burning sensation in the Rectum, which was followed
 "by a painful bearing down, the acuteness of which rendered
 "me incapable of following any employment. On a voyage
 "to the West Indies, in 1812, I had a most dreadful attack:
 "the Rectum came down an immense size, and remained so
 "for nearly three weeks, during which time I lay on my
 "back, supported by pillows under each side of my knees.
 "So painful were the protruded parts, that I could not bear
 "anything to touch them. Warm water fomentations were
 "recommended to be used by the surgeon of the ship; and,
 "at his request, I frequently, during the day, sat over a tub
 "of boiling water and tar, which, though it afforded a temporary
 "relief, yet, I am now convinced, increased the complaint,
 "because the discharge of mucus became much greater
 "after, and the Prolapsus constantly falling, attended with
 "acute pain. In this distressing state I continued for four
 "years, when, in 1816, I was a little relieved by daily copious
 "discharges of blood, which ran from me in an immense

“ quantity at the time of evacuation ; these bleedings, however, had no effect in keeping the Prolapsus in its place. In this dreadful state I continued for fourteen years, quite incapable of any employment, and an outcast from all society. The pain upon some occasions was so agonizing, that I used frequently to rise from my bed in the middle of the night, and walk for hours in the roads, not caring what became of me.

“ As you requested me to be as short as possible in my statement, I have not attempted to detail a hundredth part of what I have endured, or even to enter upon the endeavours of various medical men and others to relieve me. I believe it was about September, 1830, I first made my situation known to you, when you immediately assured me of your ability to effect a perfect cure. I was certainly little disposed then to give credit to such a possibility. I will now cut my narrative short. By pursuing your admirable mode of relieving the bowels, and wearing your Metallic Bougie for about three months, my bleeding ceased, my pains entirely left me, and my Prolapsus never comes down, not if I walk twenty miles in a day. My state of health has been excellent ever since ; and it only remains for me to express the grateful remembrance I shall ever retain for your skill in restoring me to the enjoyment of *perfect* health, after twenty years of, I think, unexampled suffering.”

REMARKS.

When I first attended this patient, the size of his Prolapsus is very accurately shown in Pl. 1, Fig. 2, and that of Fig. 1, in same Plate, represents its present state, which, however, it only assumes by making a considerable effort to force it down.

CASE XII.

HEMORRHAGE.

A gentleman residing in Wales, about thirty years of age, states his case in writing as follows, 15th August, 1837 :

“ Hemorrhage on every effort to pass the feces, but there is no protrusion. At intervals there is much vascular action

“ around the Anus, and consequent enlargement of the vessels,
 “ producing much pain. The disease is of three years’
 “ standing. The bloody discharge is generally accompanied
 “ by mucus, and the belief of the patient is, that the seat of
 “ the disease is within, or very near the grasp of the Sphinc-
 “ ters. The disease must have originated in costiveness,
 “ produced by sedentary habits. The pain is frequently
 “ mitigated by an injection of cold water, but the discharge
 “ continues without any intermission. Styptics have been
 “ used in vain.”

This gentleman was supplied with the Bougie and Ointment, together with ample instructions, through the medium of his brother, who called with the above letter, and stated that his brother’s health was extremely delicate, in consequence of his having lived for some time past almost entirely on oatmeal, fearing to partake of any other food, lest it should increase the depletions. In consequence of this information, he was recommended a more generous diet. On the 23rd Sept. a long letter was received relative to the great improvement in the state of his bowels from following the instructions, and they now, he says, “ act regularly once a day, and consequently
 “ have not occasion for any medicine whatever.” On the 23rd Nov. he was again heard from, and after relating the particulars of his past proceedings, he states, “ the discharge
 “ is considerably diminished, and sometimes it disappears for
 “ two or three days, then it will return again, but certainly
 “ in a small quantity ; and this is certain, that the parts are
 “ generally free from pain of any kind, and I am now (barring
 “ a slight cold) in very good general health.”

In a subsequent letter received from this patient, the Hemorrhage had again returned, and would not yield to the Bougie and former treatment. It soon became evident that a rupture of a vein had taken place much higher up ; and wax Bougies were resorted to, but without producing any permanent relief. Ivory Bougies, made to correspond in shape with the curve of the Rectum, were sent him. One was retained all night without the slightest difficulty, and by gradually increasing the size, a few weeks’ perseverance suppressed the Hemorrhage ; and in January, 1838, he came to London, quite stout, and in excellent health, when he stated that the means recommended had preserved his life.

CASE XIII.

PROLAPSUS RECTI.

A gentleman, aged about fifty, applied for advice, 25th Sept. 1838, for a Prolapsus Recti with which he had been afflicted for several years. It was constantly falling when he walked, and became so extremely painful, that he was obliged to stop and force it up. He was of a costive habit, and had been accustomed to have his stools at night with an injection of warm water : his general state of health was good.

He was advised to use the Bougie and Ointment, and some general instructions were given him as to the mode of relieving his Bowels. On the 15th Oct., twenty days after his first visit, he called to say he had followed the instructions, and felt so much improved, that the Prolapsus had only fallen once since he had used the Bougie, which he wore during the night without the slightest inconvenience. He further remarked, that the Prolapsus was considerably diminished in size, and that he had no doubt the cure would be complete ; but if not, he promised either to write or call and inform me. He was about to leave town ; and, from his silence since that time, it may be concluded the cure was complete.

REMARKS.

It was not thought prudent to advise this gentleman to alter his time of evacuation from night to morning, because it appeared he had habituated himself to the practice for a considerable time ; but the obvious reasons why an evacuation after breakfast is more natural and healthy than at night, were pointed out to him, and he was advised to effect a change, when he felt relieved from the Prolapsus. Cases of Prolapsus Recti, nearly similar to this gentleman's, greatly exceed in number all other forms of diseases of the Rectum which usually present themselves ; and in no instance has the treatment failed to afford complete relief in thirty-nine out of every forty cases.

CASE XIII.

PROLAPSUS HEMORRHOIDIS.

A nobleman, aged forty-five, became a patient, 18th September, 1837, for what he considered a Prolapsus of the Rectum, and which had annoyed him at intervals four or five years. He described it as falling with every evacuation, and at times bleeding profusely; but the greatest inconvenience he sustained was occasioned from its falling every time he took a longer walk than usual, when it invariably bled, and put him to considerable pain. The Prolapsus, he said, was then protruded and bleeding. The parts were examined, and a large Hemorrhoidal Tumor was found protruding about three-quarters of an inch below the margin of the Anus. This was immediately returned above the Sphincter, and the smallest size Bougie introduced, which afforded him such complete relief that he resolved to walk home with it. In ten days this gentleman returned to say he was so much better that he anticipated a perfect cure. At this interview, some general instructions were given him for the relief of his Bowels, and he was advised to persevere in the use of the Bougie. On the 7th November following, he was so far recovered as to be enabled to leave off the use of the Bougie by day, and wear it at night only. The Tumor had not fallen once from the time he first introduced it, and he felt no apprehension of its being again troublesome. The Hemorrhage had gradually subsided, and his general health greatly improved.

REMARKS.

In stating this case I have felt it necessary to call it Prolapsus Hemorrhoidis, or falling of the Hemorrhoidal Tumor—a designation which, I believe, the disease has not yet received; but, in my opinion, rendered necessary, in order to distinguish its true character from that of Prolapsus Recti, or falling of the Rectum.

CASE XIV.

PROLAPSUS RECTI.

A watch-case maker, of Clerkenwell, aged thirty-four, applied Dec. 1, 1838, in a dreadful state of suffering from what he called outward Piles. He had been afflicted about three years, and at times was so bad he could not sit at his work. His debility and exhaustion were great. Upon examination, instead of Piles, a portion of gut was discovered, about the size of a large walnut, which had been forced down by the administration of purgatives to relieve costiveness, and cool the parts, as he termed it. The gut was found so tender he could scarcely allow me to touch it, and from its having been occasionally in this state for nearly three years, the intention of attempting to return it at once was abandoned, and the gradual application of external pressure, by means of an instrument constructed for the purpose, was tried. In three weeks this poor fellow was completely restored to health, and expressed himself truly grateful for the relief he had experienced.

REMARKS.

It appears that this patient's disease was completely misunderstood. The gut had been taken for a Pile, and he was, in consequence, purged, leeches, and reduced to a mere skeleton; indeed, the whole system of treatment was calculated to increase the disease. Such cases have been met with, and have all yielded to the same mode of treatment.

CASE XV.

PROLAPSUS RECTI.

A lady of rank applied in April, 1834. She briefly stated her case by letter; but its representation was of such an extraordinary character as to be scarcely credited. The real cause, however, of her sufferings was at once ascertained to be Prolapsus of the gut, which came down with an evacuation, six inches in length, and eight inches in circumference at the base,

tapering off gradually to about six inches in circumference at the extremity. It appeared in a perfectly healthy condition, but became very tender on exposure to the air, *vide* Fig. 3. The domestic in attendance returned the Prolapsus with great skill and dexterity. The sympathy which this amiable and afflicted lady excited, at the narration of her sufferings, induced him to remain two days in attempting to afford her relief by preventing the gut from falling at the time of evacuation ; but all his mechanical contrivances proved unavailing.

At fourteen years of age her sufferings appear to have commenced, and from delicacy, she was prevented naming it. The disease at length produced such distressing consequences that longer concealment became impossible. Her station in life procured for her the first medical assistance, and an operation was performed by securing the gut in six or eight ligatures ; but in a few months it again protruded in an equally aggravated form, and six similar operations were performed in the short space of seven years, not less than two inches of gut was taken off at each operation, which, together with the present descent of six, make a total of eighteen inches.

To give anything like a narrative of this melancholy case would occupy every page of this publication. For nearly five years, this lady has never risen from a horizontal position, and upon the least attempt to place her foot upon the ground a tremor immediately pervades the whole muscular and nervous system, and renders the effort impracticable.

Since the publication of the foregoing, in 1836, a similar and equally severe, though not hopeless case, has occurred to me. The Patient, however, is in a fair way of recovery.

CASE XVI.

A respectable tradesman at the West End of the town, fifty years of age, applied, April 1, 1836, relative to a preternatural spasmodic contraction of the Sphincter muscle, which occasioned such excruciating pain after a motion in the morning, that he was compelled to lie for several hours on the sofa, and neglect his business. He had been under the care of a surgeon (eminent for the treatment of these diseases) for some time, and every effort had been used by him to mitigate the disease without success. A division of the Sphincter muscle was at length proposed, as the only means left of alleviating the

patient's sufferings. This proposition was at first resisted, but an augmentation of suffering at length induced him to consent. A short interval however elapsed, and the patient met with my *Treatise*, which induced him, the following morning, to detail the particulars of his case to me, and, after an attentive investigation of all the circumstances, I told him an operation such as he had described was not only a desperate remedy, but quite unnecessary. The patient immediately proposed to place himself under my care; in one week the most painful symptoms subsided, and in a month he was enabled to attend his business as usual; he is now in perfect health, and, as far as this disease is concerned, will continue so.

REMARKS.

This case has been selected, out of many of a similar character, first, because the patient courted publicity, and next, because it is of recent occurrence, and attended with unusual severity. Division of the Sphincter has already been alluded to; an operation, the necessity for which I feel still more inclined to question, from the uniform success that has attended my mode of treatment.

CASE XVII.

The following letter has been received from a clergyman of high reputation for piety and Christian feeling, and agreeably to his wish, published verbatim:

“MY DEAR SIR,

“Being aware of your intention of publishing a second
 “edition of your work, I am induced, from motives of benevo-
 “lence, to bear testimony from my own happy experience to
 “the safety, simplicity, and efficacy of the means you have
 “discovered for the removal of one of the most painful and
 “distressing diseases to which human nature is subject. At
 “the age of twelve or thirteen years (a period of life usually
 “exempt from such sufferings) I experienced the first symp-
 “toms of Piles; during the interval from this time up to my
 “forty-eighth year, I passed through many seasons of severe
 “and protracted suffering, when I providentially saw an adver-
 “tisement of your *Treatise*, which having read, I addressed to
 “you a letter, from which the following is an extract:

“ ‘About twelve months since I underwent the operation by
 “ligature for the fifth time, and I have nothing to look for-
 “ward to, but a constant repetition of this distressing opera-
 “tion during the remainder of my life, unless I can be benefited
 “by your mode of treatment, which appears to me rational,
 “and I am anxious to give it a fair trial.’

“By the regular use of the means you had the kindness to
 “prescribe, every degree of inconvenience (but a slight degree
 “of Prolapsus after an evacuation) is prevented; and as two
 “years, the usual interval between the operations, are past, I
 “have now reason to believe that, through the Divine blessing,
 “the painful and distressing disease which more or less has
 “accompanied me through life, is entirely removed. And if
 “the discovery of a remedy, which in its application is attended
 “with little pain and no danger, for a malady—common beyond
 “the conception of those who are unacquainted with medical
 “practice, and which embitters life, and either directly, or by
 “inducing other diseases, brings multitudes to a premature
 “grave—be a benefit, I cannot but regard you as an instru-
 “ment in the hand of a merciful God, for promoting the
 “welfare of mankind.

“If further particulars of my case, or additional information,
 “as to the safety and success of the remedy, would be satis-
 “factory to any suffering fellow-creature, I beg to assure you
 “that a letter, addressed (post paid) to the Rev. F. R., Post-
 “office, Reading, will receive due attention. With much
 “gratitude for your kindness,

“I remain, my dear Sir,

“Yours most faithfully,

“May 31, 1839.”

“F. R.

CASE XVIII.

PILES—PROLAPSUS.

A gentleman, residing in Exeter, aged fifty-six, consulted me by letter, December, 1836, for the following symptoms:—Piles for the last twenty years; protrusion of the fold of the bowel inside the Sphincter after evacuation; irritation and spasm of the Sphincter extreme; bowels never moved, except by medicine. He writes, “I have never had a
 “continued Prolapse, but for some days after evacuation the

"excessive soreness of the prolapsed part was so great" (this was during a severe attack in the autumn of 1833) "that I could not return it without using warm applications, but as you direct, as soon as I had done so, used cold." He was advised to try the different remedies which have been found effectual in similar cases; the good effects of which he states in a letter, dated January 14th, 1837. "I am happy to inform you I am so much better, that but for occasional irritation, which is near the verge of the Rectum, I should say I am as well as I can ever hope to be; I have taken no medicine since I wrote to you.

"The Bougie I have worn once or twice a day or night until the last three days, when I have left it off, but think I shall resume it occasionally, as I find still Prolapsus after stool, without inflammation, much smaller, and more easily returned."

This gentleman has been occasionally subject to gouty attacks for the last twenty years; to these he attributes, in a great measure, the constipated state of bowels and disordered stomach; on this point, he adds, in his last letter, "Since the use of my daily enemata, I have had no gouty pains or sickness, but much better health and spirits."

November, 1839.—This patient, I have learned, has succeeded in effectually curing himself by a steady perseverance in the treatment recommended.

CASE XIX.

PILES, IN WHICH OPERATION FAILED.

A lady, aged forty-five, who had recently perused my work, submitted the following statement of her case for opinion, in the month of March last.

"About eighteen years since, I first suffered from what I considered Piles, occasioned by a violent and long-continued bowel-complaint. A Tumor protruded, unattended by any bleeding, but exceedingly painful. This was described to a Medical Gentleman in a provincial town, who advised an ointment which enabled the Tumor to be returned, and afterwards an astringent lotion was made use of.

"In a few days I was relieved in a great measure from suffering, but have never since been wholly free from inconvenience.

“About five years after the period alluded to, a Tumor again appeared; and by the advice of another Medical Gentleman, of high reputation for skill, I was induced to have it removed by a ligature being first applied, and afterwards the lancet. This removal afforded me much relief for some time. My constitution is naturally delicate, but until the period alluded to at the commencement of this statement my health had been tolerably good; *since then* my debility has been extreme. I am now unable to attend to the ordinary engagements of my house; and in despair of ever getting relief, am induced to make a trial of your remedies.”

REMARKS.

The reader will observe that a long-continued bowel-complaint, unpreceded by costiveness, will occasion the disease; and that an interval, varying from three to twelve years, may elapse from the time of operation before the same, or some other more severe form of these complaints, returns, which they invariably do, in a tenfold aggravated form. It must be evident to those conversant with the nature of these complaints, that by timely arresting the increase of Hemorrhoidal Tumors, all the complicated diseases resulting from their formation are subdued. In the case above stated, the preternatural enlargement of the Hemorrhoids would have evidently proved destructive to the general health of the patient, essentially affecting the functions of the stomach, and the whole of the digestive organs.

CASE XX.

VARICOSE INTERNAL PILES—HEMORRHAGE.

Mr. G. W. M. consulted me in November, 1838, as follows:—Internal Piles, which always protrude during an evacuation, and occasionally when walking; the Tumors are varicose, rough, and knotty on the surface, as in Plate 1, Fig. 2; livid in colour; become turgid by straining, and diminish by pressure; not painful to the touch, unless when long down—they then throb and smart; Hemorrhage on one occasion to an alarming extent; feels constantly as if a lodgment of feces were in the rectum, which cannot, yet

ought to, come away; the relief of the Bowels never accomplished by ONE visit to the closet; generally regulates his Bowels by taking a great deal of walking exercise. He was supplied with my Douche Bath, Ointment, Bougies, and Medicines; and towards the latter end of the succeeding month I received a letter, in which, after expressing the pleasure he felt in reporting favourably, he adds, "I have strongly recommended several friends to submit to your admirable mode of treatment, which I am now perfectly satisfied you possess, in such cases as mine."

CASE XXI.

VARICOSE INTERNAL PILES, FISSURES AND ULCERATIONS.

Lieut.-Col. R. consulted me in July, 1838; the statement of his case I copy from his letter, as follows:—"I became afflicted with Bleeding Piles in 1826, which increased to such an extent that, in November, 1829, an operation with ligature was performed by Mr. C., a surgeon in London, and two Piles were removed, which stopped the Hemorrhage, but left me very weak for years. I have for the last twelve months been again a sufferer, with occasional bleeding, an occasional excruciating pain in the Rectum, on an evacuation, which continues the greater part of the day, and at times so violent, that I am obliged to lie for hours on the sofa. Bowels generally costive; often a desire to go to stool, which is attended with most violent straining, and a slight discharge of mucus, with a painful bearing down of the Gut." On examination with the finger, I found on the left side a ridge running the entire depth of the Sphincters, hard as whipcord, and giving to the finger the sensation of a rough wart; the matter which adhered to the finger was brownish, streaked with blood, and exceedingly offensive; the pain in this situation was excessive. On desiring Colonel R. to strain, a cauliflower group of Piles, hard and traversed with varicose veins, and with broad basis, presented; and in the interstices I discovered two fissures, an inch in length, coated with lymph; hence the source of the offensive discharge: his Bowels were so obstinately costive, that the ordinary aperient medicines never produced an evacuation. I was therefore compelled to direct a Senna and Gentian mixture, and the preparation of

Sarsaparilla and Achillæa Millefolium, and I applied a more astringent ointment than what I generally prescribe. The following February he states himself much better, the discharge considerably lessened, the bowels more obedient, less straining, and the Piles considerably diminished. In July his costiveness was so far removed as that *half* of one of the aperient powders moved his bowels freely, which he seldom took once a week; this improvement he attributed to the Sarsaparilla and Achillæa: as a slight stain appeared on his linen, I prescribed the Ointment so highly recommended by Dr. Copland, and, since then, by the late Mr. George Bushe, of New York. Two days after Colonel R. returned, and stated he had worn the Bougie armed with sponge smeared with this Ointment, half an hour, that the result was heat, irritation, and *increase* of the discharge, with most uncomfortable oppression at the chest and stomach, loss of appetite, confusion of ideas, and, to repeat his own words, made him "excessively uncomfortable:" absorption of one ingredient of the Ointment (extract of Belladonna) had evidently taken place.

Colonel R. has used my Douche Bath with great success.

REMARKS.

During the time my patient continued under treatment, he repeatedly gave up the system in despair, disheartened by the repeated failures to overcome the obstinately costive habit, while under the treatment of other Surgeons of the highest eminence in London; and had I not assured him that time with me was no object—that by mild means, persevered in for months, he would ultimately overcome the torpid state of bowels, I feel satisfied I should have been as unsuccessful as others had been before me. Moreover, this case exemplifies, most strongly, the injurious effects of prescribing cathartics in such a case, a practice recommended previous to consulting me; because, if we whip and spur, the crude mass of food is carried down the intestines half digested; hence unfitted to pass this portion without creating, as any foreign body would do, irritation in the lining of the Rectum.

CASE XXII.

SPASMODIC SPHINCTER.

Mr. B., aged fifty, applied by letter for advice under the following distressing circumstances: — Ten years afflicted with external Piles, which brought on a periodical intermittent attack (probably a kind of Ague, as he resided in Lincolnshire). With the exception of the complaint, has enjoyed an excellent state of health; is most temperate and regular in his habits. Has no warning of the complaint, except during and after an evacuation, when he feels an uneasiness—a tightness, rather,—and internal smarting, in the early stage of the attack: this subsides after an hour or so; but in the course of another hour, *throbbing* sensations commence, and a great fulness of the Bowel ensues. As the complaint advances, greater pain is felt on going to stool, which, as at first, subsides, but in a less degree, and the rest of the symptoms increase to such an extent that the pain is almost insupportable. Internally, the passage feels to be closed; externally, a few small Piles, the size of a pea, encircle the Anus. The attack varies in continuance from eight to fourteen hours after an evacuation, accompanied with great inclination to make water during the paroxysm, which, though voided in small quantities, affords but a trifling degree of ease; there never has been any Hemorrhage from the Bowel.

This gentleman adopted the use of the various remedies up to the end of September, with material benefit. “I then experienced an unusual symptom in the part, violent itching in and around the Anus.” In the Spring and Summer of the year 1839, however, he became materially worse; all his symptoms, pain especially, increased; when, at the earnest solicitation of his friends, he was induced to consult two surgeons of eminence in his neighbourhood. An ulcerated Pile was seen on examination, to which Caustic was forthwith applied; the torments my Patient endured for two succeeding days after this application, can be easier conceived than described. Though a man inured to suffering, he well nigh gave himself up as lost; division of the Sphincters was recommended, and persisted in, despite of all the arguments of my Patient (a reflecting and reasonable man); before, however, submitting to operation, he thought of coming to Town, in

order that a personal interview might throw perhaps some light upon his case. In the month of June I had the pleasure of a visit; when, the true nature of the disease being revealed, I at once recommended remedies calculated to soothe, not to irritate, the neuralgia of the Sphincter, with the use of my Douche Bath (which was not in existence when he first consulted me) during his stay in London. I introduced a cone of sponge, moistened and smeared with Anodyne Paste, and never shall I forget the scene that ensued. He lay writhing on the floor, his face livid, and streaming with perspiration; pupils dilated, hands clenched, hips as rigid as a board; pulse small, frequent, and intermittent. I advised him to omit the introduction of the sponge, to use the Douche medicated, and to screw in the tube No. 4, by which means the introduction of the lavement Pipe became unnecessary. Suffice it to say, that in August last I had the gratification to find, in a letter I received, that, considering the suffering he had endured, he stated himself wonderfully better, throwing up the water without the aid of a syringe, which now is such an easy and almost imperceptible operation, that when he feels more heat than usual, he uses it occasionally during the day. "All my friends congratulate me on the improvement of my looks; I walk with comparative ease; appetite good; sleep sound and refreshing. My medical friends," he adds, "are still of opinion that I must undergo the operation they recommended as absolutely necessary; but I am happy to say my present feelings do not at all bear them out in that opinion."

CASE XXIII.

FISSURE AND ULCERATION.

Mr. F., aged fifty-six, from Oxfordshire, consulted me personally in September, 1837. Body corpulent, short neck; profuse perspiration bedewing the face, neck, and chest; apoplectic diathesis; had a fit six months back, from which he recovered by bleeding and Purgatives. In the previous January he suffered much from the then epidemic, Influenza, since which time he has felt a burning sensation in the fundament, as if the Anus was rubbed with chaff (by profession a farmer); he feels a sort of gathering pain at the lower part of the bowel, with a

discharge of corrupt matter; bowels regular two or three times daily; eats heartily; drinks but little, that little table beer, gin, or brandy and water. On examination with the finger, the Sphincters are found strong, and contract powerfully; pain felt on the left side, as the finger is withdrawn, which is smeared with a sanious and most offensive brownish discharge. The nature of the complaint being obvious, I advised him medicated enemata, my Pills, Tonic, and Bougie, armed with sponge and smeared with ointment; far from cold lavements driving the blood to his head, as he had been warned they would be sure to do, he described his sensations, from their use, vastly improved; he no longer went about his business in that dogged, listless, abstracted, and sleepy manner, so characteristic of his previous state; his powers of mind improved with the bodily amendment. Having had occasion, the succeeding summer, 1838, to go into Oxfordshire, on a visit to a near neighbour of his, I took advantage of the opportunity to inquire after his health in person. I found him all life, energy, and bustle; foremost to lead his men in the "harvest home," the abundance of which afforded sufficient evidence of his being a shrewd and practical agriculturist.

REMARKS.

This case, with another which presented itself to my notice in the autumn of 1837, wherein the monthly ordeal of leeching, cupping, purging, blistering, and, in addition thereto, seton in the neck,—the means endured previous to our interview, but subsequently discontinued,—are sufficient evidence that an apoplectic fit may not only be anticipated; but should it have occurred prior to the patient submitting, as in the foregoing instance, to my mode of treatment, will be prevented ever after occurring; and likewise that a cautious and gradual checking of the discharge can never expose the Patient to succeeding attacks.

This man died lately (1853). From his having lived eight miles from Oxford, I have had repeated opportunities of seeing him. His expressions were those of confidence in the means, and of thankfulness for the cure.

CASE XXIV.

LEPROUS ERUPTION AROUND THE ANUS.

Mr. L., aged fifty, from Plymouth, consulted me in November, 1837; sallow complexion, spare habit. Present symptoms as follows: a distressing itching in and around the Anus, periodically returning to the minute on getting into bed, which led him to think he was troubled with worms; a quantity of loose flabby skin, the remains of External Piles, surrounds the Anus; the Sphincters are powerfully strong, the Mucous Membrane lining them feels hard and rugged; outside, and for the extent of an inch around the Anus, is seen a patch of eruption, as white as a shilling from the Mint; this patch is interspersed with cracks, exuding a colourless acrid discharge; the fissures or cracks in the skin meet, converging like radii towards the margin of the Anus; he feels ready to tear the parts to pieces, and for two or three hours remains in perfect misery from the distressing itching in and around the Anus. I directed him to use my Ointment and Bougies; to inject, and to use ablution twice or three times daily.

In a letter I received from this gentleman last year, he writes as follows: "Dear Sir,—I take advantage of a friend
"to send you an account of myself, which you will be pleased
"to find very favourable. The itching has almost ceased, and
"I have great hopes of (D.V.) altogether being set free from
"an annoyance that has troubled me these twenty years,
"thanks to your skill."

CASE XXV.

ECZEMATOUS ERUPTION AROUND THE ANUS.

The Rev. Dr. B. consulted me in May, 1838. Had suffered from Prolapse and Hemorrhage five years since, for which operation had been performed; around the Anus, an eczematous eruption exists, of a rose colour, interspersed with fissures, exuding an ichorous discharge, which stains his linen a yellow colour; the surface smokes on exposure; when heated from exercise during his pastoral avocations, or when animated in his pulpit, especially during hot weather, the itching becomes

intolerable; he can scarcely control his actions, from the incessant worry caused by the eruption; has consulted the most eminent medical men in Edinburgh and Glasgow, without experiencing the slightest benefit; thinks the disease commenced with intense study, and much confinement to the house. I advised him the use of my Bougie and Ointment, with cold applications, and the use of the Medicated Soap, as recommended in my work on Ringworm; from the combined effects of which he speedily recovered, the eruption gradually drying up.

CASE XXVI.

CONTRACTED ANUS AND ERUPTION.

Mr. H., from Yorkshire, consulted me for a contracted state of the Anus, so small as not to admit the point of my little finger (by no means a large one); excoriation externally, heat and scalding, itching, tingling and throbbing within, amounting to pain; weight and discomfort, so much so as to prevent him from walking any distance; the uneasiness comes on when warm in bed; has taken a deal of medicine, Cubebs especially; his surgeon advised division of the Sphincters; no Stricture of the Rectum. On attempting to pass my finger, a hard, rugged ridge, corresponding to the posterior commissure of the Sphincters, is felt; the external margin of the Sphincters is that most contracted: the cracks in the skin all converge, like radii, towards the centre. He used my Douche Bath during this visit; and on calling a few days after, his report was, that its operation had made him feel better than he had done for years; he had experienced great relief from the itching.

As I have not heard from this gentleman since my interview in July last, I presume the eruption has disappeared, and the contracted Anus gives him little if any inconvenience.

REMARKS.

The contraction above stated evidently arose from the eruption; all new skin contracts; each succeeding evacuation tearing open the newly formed skin, cicatrization one day, is followed by laceration the next; the accompanying inflammation caused deposition of lymph in the interstices of the muscular fibre,

and in the cellular and adipose structures, which occasioned such a thickening of the verge, especially at its external margin, as to give to the finger, when passed in, precisely the feel of the os uteri, in the fourth month of pregnancy.

In examining the nature and progress of many hundred cases which have come under my care within the last three years, I find so little variation in their characters from those already stated, that to augment the number would only obtrude a repetition of unnecessary detail upon my readers.

It will be observed, that it is not essentially necessary in all cases to examine the parts where the disease is seated; an accurate description from the patient, either personally or in writing, will generally enable me to form a pretty correct judgment.

When I deviated from the long-established mode of operating for the cure of these diseases, doubts (the offspring of an anxious mind) beset me on every side; but the uniform success of the practice has dissipated all my fears, and given me that confidence which alone can result from experience. Mr. Carmichael, one of the first surgeons practising in Dublin, to whom I have had the honour of dedicating a former edition of this Work, writes me as follows:—"I consider their use (speaking of my Bougies), "as one of the *most important improvements in modern Surgery.*" Hemorrhage and Pro-lapsus had occurred in the case of a lady, respecting whom he wrote me; as likewise in the case of a gentleman referred to me, both of which, had not the bleeding been arrested, by the timely use of my Bougie with other means, would, eventually, have ended in Marasmus, Dropsy, and Death. Mr. C.'s opinion, in corroboration of my own, I have the pleasure of again submitting to the Public and the Profession generally.

CASE XXVII.

SPASMODIC SPHINCTER.

The Rev. P. E. came under treatment in April, 1851, during my residence in Oxford. His symptoms were chiefly those of Mr. B.'s case, differing only thus, that the pain began at stool, continuing eight, sixteen, or twenty-four hours. At intervals he had uneasiness, pain, and lastly, swelling of the Testes, accompanied by a "twittering of the Water," most distressing whilst

it lasted, but from which he had not suffered during his stay in Oxford. These symptoms I considered to depend upon irritation at the neck of the Prostate, and I accordingly advised Catheterism and Pareira Brava, which relieved him. The stomach, however, I suspected was at fault. He wrote me in June as follows:—"I am glad to say I am considerably better of the lower Bowel. I have tried it thus—not more than a week since I had a very confined motion (such as once would have set me mad), but no harm came after it. I argue, therefore, I am decidedly improved." My patient subsequently went to Bath, with material benefit to his digestion. Had there been a relapse, this gentleman would have been sure to write. His silence, therefore, is an earnest of a cure confirmed.

CASE XXVIII.

CANCER OF THE LOWER BOWEL.

The gate-porter of Baliol College, Oxford, consulted me in 1852, as follows—burning hot pain in "fundament," discharge of a bloody mattery liquid mixed with softened feces, feels as if a coal of fire were in the gut. His torments begin towards night, and from nine P.M. to three or four A.M. his agony begins, continues, and ends in a climax of pulsatile pain; during the latter part of the night, and three or four first hours of the morning the bowels are most disturbed; laudanum alone assuages his torture.

On exploring the gut, I found a tumor the size of a walnut in the lower and back part of the rectal pouch, resting upon and firmly attached to the fibrous and ligamentary structures covering the second and last bones of the coccyx. I thoroughly and well explored the cavity of the gut, above, below, left, and right; all was soft and normal. Even the Prostate, which I feared was scirrhus, proved healthy. Without hesitation, I advised the tumour being noosed as close to the bone as could be, for the tumour stood *isolated*. This was not acceded to, and his only and best assuagers of pain were, milk, laudanum, poppywater, and before all, tansy, yarrow, and houseleek decoctions.

This man ultimately died. An examination of the body was not permitted. His death was the result of the long-continued pain, Diarrhœa, and Hectic Fever, rather than of the extent of the disease.

CASE XXIX.

CANCER OF THE RECTUM.

I was summoned by letter to see a Lincolnshire lady, who was on a visit to a relative at Windsor. With the one I had previously corresponded; by the other I was consulted for the first time. On examination, I found the interior of the Bowel, unlike itself, precisely to the finger what passing the hand over the upper and back part of an ox's tongue is; the sensation to the finger was such as I never can forget. The usual symptoms accompanied this as they do other cases. Whether the lady is yet alive I cannot say. I may here remark that the discharge in this, as in Fissure, Ulcer, or Abscess of the Gut, is the same in smell—most offensive. Opiate suppositories and milk enemata gave most relief.

CASE XXX.

CANCER OF VAGINA AND MOUTH OF THE UTERUS.

Of this I had two cases in 1852, whilst in Oxford. What characterised the disease here was the enormous amount of discharge from the vagina, twenty-four napkins a day, in smell unlike that from the same disease in the Rectum, worse by far than the unhealthy menstrual secretion, and yet not so overcoming as that from the Gut, devoid of colour, save that of starch on the napkin, when dry. Here, as in other cases, the hectic, pain, and the discharges are the immediate causes of death; the passage to the womb was contracted and horny, like that of the bowel in the last case, and the os uteri felt like cartilage.

CASE XXXI.

STRICTURE OF THE RECTUM WITH CARCINOMATOUS THICKENING OF ITS WALLS.

A tailor by trade, aged fifty-five, of lusty habit, tallowy complexion, countenance careworn, and expressive of great bodily

suffering, called upon me in 1851, during my residence in Oxford. He stated that he had been tormented, years ago, with frequent calls to relieve the bowels, the calls so urgent as to make him expect a free and copious evacuation, yet little would pass, with much tenesmus, and dull aching pain in and around the Anus, in the perineum, and down the thighs; he frequently suffered from what he called Lumbago, which made him fancy that his Kidneys were diseased, an infirmity of which he had heard much amongst his associates—being one so prevalent as to become, with gout and its coadjutor rheumatism, a fashionable Oxonian ailment. During occasional paroxysms of pain, a small fold of skin to the left of the Anal verge would become tender, tense, and swollen, *with excessive spasm* of the Sphincters. This gave him, second to the aforesaid frequent calls, as much, if not greater, annoyance than the other, and induced me, most reluctantly, to remove it, and what, reader, was the result? a contracted Anus, adding another to his many sufferings. I had previously assured him that this occasional swelling was but the sign, outwardly, of more serious mischief within. The contraction of the gut was within three inches from the outlet, and felt at this time precisely like the outward ear on the little finger being passed into it. In this case I strongly recommended dilatation; but his fears prevailing over his better sense, he declined entering upon this treatment. He subsequently (eight months after) passed into other hands, and having been seized with complete stoppage of the bowels, a physician was called in, who proposed treating his symptoms as those of stoppage higher up, until the circumstance of the “outward Pile,” the cold enema, and the proposed dilatation, previously recommended, transpiring, his surgeon and medical colleague had their attention drawn to the Rectum. From one I learned that the disease gained ground—that dilatation was used—indeed, the hollow Bougie had to be inserted towards getting the fæces to pass, with intense agony at each introduction—that Tympanitis, Chronic Peritonitis, and Dropsy succeeded, and that eighteen months after he died.

REMARKS.

At the time I first saw my patient I felt sure of the disease being in its infancy, and, from the feel of the Gut at the Stricture and all around, I felt satisfied dilatation could be accomplished by Bougies graduated in size, for here; as with Stricture elsewhere, the tendency in the calibre of the Gut to

contract is inwards, and how—by depositions of lymph between the lining and the outer walls of the intestine, the result of irritation, more or less constant, on the *inner surface alone*. We find the same happen with one form of Piles, which evidently are but mucous follicles, enlarged by lymph, and indurated by whatever keeps up continued irritation on the inner surface alone of the bowel. Aloes, for example, will leave a fulness of the mucous membrane, the result of congestion of the vessels, or diarrhœa, or dysentery, or, more than all, cholera where calomel has been given freely, and life saved; two such cases I had in the neighbourhood of Oxford. We see this in certain enlargements, openings out, or hypertrophy of the tonsils—we see it in purulent ophthalmia; we find it in thickening of the membrane of the nose, in the young, or of nasal polypus in the middle of life; and we find similar growths in the external ear, one of which, removed from the ear of a young man in Oxford, I have now by me, preserved in spirits. All that is required of the patient is to use cold enemata, the occasional introduction of a Bougie, only long enough to get above or through the Stricture, and to regulate the bowels by means, dietetic and medicinal, such as will procure an easy, but by no means a liquid stool.

CASE XXXII.

CARTILAGINOUS EXCRESCENCES ABOVE THE SPHINCTER.

A city wine merchant, aged twenty-seven, spare habit, waxy, tallowy complexion, consulted me in March, 1845, as follows: afflicted five years; the first of his complaints he traces back to diarrhœa. On examination (he had ridden to my house from Notting-hill) I found his shirt and drawers soaked in arterial blood; on passing up the finger I could detect a gristly substance, which, when brought down by water lavement, I found fissured and surrounded by a *frame* of vessels, both arteries and veins. The open mouth of one of the former I saw distinctly, and touched it with strong acetic acid with my probe, its bulb armed with cotton wadding and dipped in this acid. I encircled the excrescence, which resembled the everted tarsal cartilage, thereby to insulate it from its blood-supply, and I was happy to find that in a week's time the substance sloughed, and was discharged by stool.

Pressure, with a view to lessen the circulation in the gut, was then pursued, and continued for twelve months. Three months ago, when travelling to London, I had the pleasure to see this gentleman get into the railway carriage at Ealing. His habit, unlike what it was years ago, is now *enbonpoint*, and he is in appearance as young a man as he was then.

REMARKS.

This gentleman had been operated on for the ninth time ere coming to me. Tumours and duplicatures of the bowel had from time to time been removed, and yet no benefit had accrued, the reverse rather, for the depletion had lowered him to such a degree as to make his case in every respect like that of the Rev. G. J. reported at page 45. Tonics, generous living, a mixed diet, and horse exercise were of infinite service in re-establishing his health. The successful issue to the treatment pursued in another case, that of Lieut.-Col. R., given elsewhere, a relative of this gentleman, induced him to seek my advice.

CASE XXXIII.

UNMALIGNANT ULCERATION OF THE RECTUM, WITH CONTRACTION.

A female, aged 45, called upon me in 1851. She stated that her disease arose originally from obstinate costiveness; a week sometimes elapsing without passage from the bowels, and the agony endured on these occasions was beyond description. Laudanum was her only remedy.

On inquiry, I learned that she had been under an infirmary surgeon; that bougies twelve inches long and half an inch wide had been passed up their full length, with every prospect of a cure. That these bougies had been passed up every second day, that at length the torture was such as to compel her to decline any further instrumental treatment.

When I first saw this person, the state of matters was as follows: violent stomach, then bowel, lastly, uterine bearing-down pain, which ended in escape of flatulence; a liquid, scalding stool, followed by burning pain, which unfitted her for exertion the rest of the evening,—in short, after an evacuation, to bed,

as a matter of course. Were she to attempt to walk, involuntary discharges of matter, feces, and bloody serum ensued. On examination, I found the finger pass first into a cavity, next through an aperture the size of one's little finger,—where it encountered a state of gut, gristly, thickened,—yet not of the stony hardness characterising cancer elsewhere,—and contracted. There was not unusual pain, as there generally is with cancer both during and more especially after examination; still there was in the countenance that which bespoke a bygone amount of suffering, which invariably shows itself where the rectum is thus diseased. On throwing up a coloured injection—a precaution I always take in suspicious cases like the present—I found, as I have more than once observed, that the injection came streaming from the front passage, the vagina. Here, then, there must have been, first, thickening of the walls; next, contraction of the rectum; and lastly,—as there always is in confirmed strictures—ulceration of the anterior wall of the bowel, ending in recto-vaginal fistula.

From the extent to which disease had spread around, in front, and in rear, I honestly confessed that I could do nothing, save the washing-out of both passages twice daily, and as frequently a yarrow suppository. On my retiring from Oxford practice, I left this person tolerably able to get about, and to attend to domestic employment.

REMARKS.

Here bougies were certainly admissible, but they were not accompanied by daily cold water enemata, too much reliance being placed upon the dilatation system. She observed to me “that all her misery began from the first introduction of the bougies; and,” she added with regret, “I wish I had never submitted to it.”

The length of the bougie (twelve inches) I think was too great, for the contraction of the gut was within three inches of the verge. It was directed to be kept in as long as it could be endured. My practice is to pass it, as I would in urethra stricture, and at once withdraw it. I need scarcely observe that in cases of true cancer, instruments of all kinds (the lavement bottle alone excepted) should be set aside. In cases, however, like the foregoing, there is every chance of success, by the judicious use of the bougie.

CASE XXXIV.

POLYPUS OF THE RECTUM.

The Duke of B—— requested my advice in the spring of 1848, under the following circumstances. Ten years since, suffered from obstinate costiveness, brought on, His Highness considered, by residence in England, and a too free indulgence in alcoholic wines. When the tumor is up, little or no inconvenience is felt ; on the descent, however, of the polypus, and when protruded so as to be within grasp of the sphincters, a dragging, sickening pain is felt, which, while it lasts, quite unmans him. The tumor was the size of a cherry, and in colour like the morello kind, connected by a narrow stem to the back wall of the rectum, about two inches up.

I immediately grasped the polypus with a flat-bladed forceps, and crushed it with little, if any, inconvenience to my patient. In a week, the bowel felt sore during an evacuation, and I forthwith concluded the polypus was thrown off. On examination of the evacuation in the night-commode, the tumor was found shrivelled, and in a state of slough. Cold water enemata and percussion, by means of my Douche, speedily cured my patient.

CONCLUSION.

FISTULA IN ANO.

It may not be out of place to remark upon the discrepancy which writers record as regards the relative frequency of some of the foregoing diseases in both sexes, and also as to the precise seat of these complaints. A recent writer (Mr. Syme) of Edinburgh, in his remarks on Fistula, says, the “aperture is variously situated, generally at one side, and is seldom either before or behind the Anus.” In nine cases which came under my own treatment in the last two years, five were behind and four in front of the Anus—the inner opening into the gut was one inch and a half from the Anus. In all the cases (forty-eight), which I have had, but three were females. And further, in his remarks on operations, whether on external or internal Piles, or upon flaps of skin on the Anal verge, “It should,” he adds, “be a rule never to leave any hemorrhoidal growth, either external or internal, since the portion permitted to remain, will be always sure to inflame and to prove trouble-

some." On Spasmodic Sphincter, Mr. S. observes, "This disease is almost entirely confined to the male sex." Whereas in my practice, the proportion of women to men has been five to one thus afflicted. Mr. S. further observes, "In the treatment of this Spasmodic Sphincter, it has been found that the most effectual, *if, indeed, not the only means of affording relief*, consists in making an incision through the constricted parts, whether," he adds, "with or without Fissure." My own experience has never warranted operation, and in no one instance has the treatment recorded in the foregoing pages, failed in effecting an ultimate cure.

POSTSCRIPT.

Since writing the foregoing remarks on the certain consequences of removing pendulous flaps of skin from around the outlet of the Anus, the Work of the late Mr. G. Bushe, of New York, has fallen into my hands, wherein I find his views coincide with my own. In the explanation to Fig. II., Plate 2, the Author says, "Indeed, such a proceeding would be inevitably followed by contraction of the Anus;" and adds, "both Hay and Kirby committed this error."

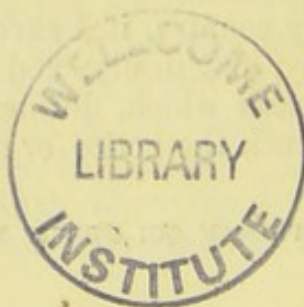
I am happy in having it in my power to bear testimony to the merits of this book; it is the work of a master pen, as such I recommend it. And however our views on the subject of operation may differ, yet I cannot but avail myself of the present opportunity to avow my high opinion of the author's practical knowledge, and research in, Diseases of the Rectum; at the same time that I take pleasure to myself, at this distant period (now sixteen years), in recognising an old acquaintance and quondam fellow pupil, then House Surgeon, if I mistake not, in the Richmond Hospital, Dublin; and for whose straightforward honesty, talents, and professional zeal, as the pupil of the late respected Surgeon Todd, I then entertained esteem, as I now feel regret, for the loss of one, who, had he been spared, would have proved an ornament to his Profession.

No author in any country, if I except Montègre in France, has treated so ably, practically, and in so few words, on a catalogue of diseases which, during the last half century, have attracted so much the notice of surgeons.

TO THE READER.

FROM the many disadvantages which patients coming great distances are subjected to whilst in London, and the many drawbacks to a speedy recovery which their residence in hotels or lodgings must necessarily occasion, Mr. Paul offers his own house, wherein will be combined the comforts of domestic life, along with the remedial agents, namely, the Douche, the Sitz, the Slipper, and the Shower Bath, cold, hot, or tepid, as cases may require ; and, above all, the immediate, easy, and quiet access to water-closets, in adjoining dressing-rooms,—means most essential to successful treatment.

29, *Upper North-place,*
Mecklenburgh-square,
June, 1853.



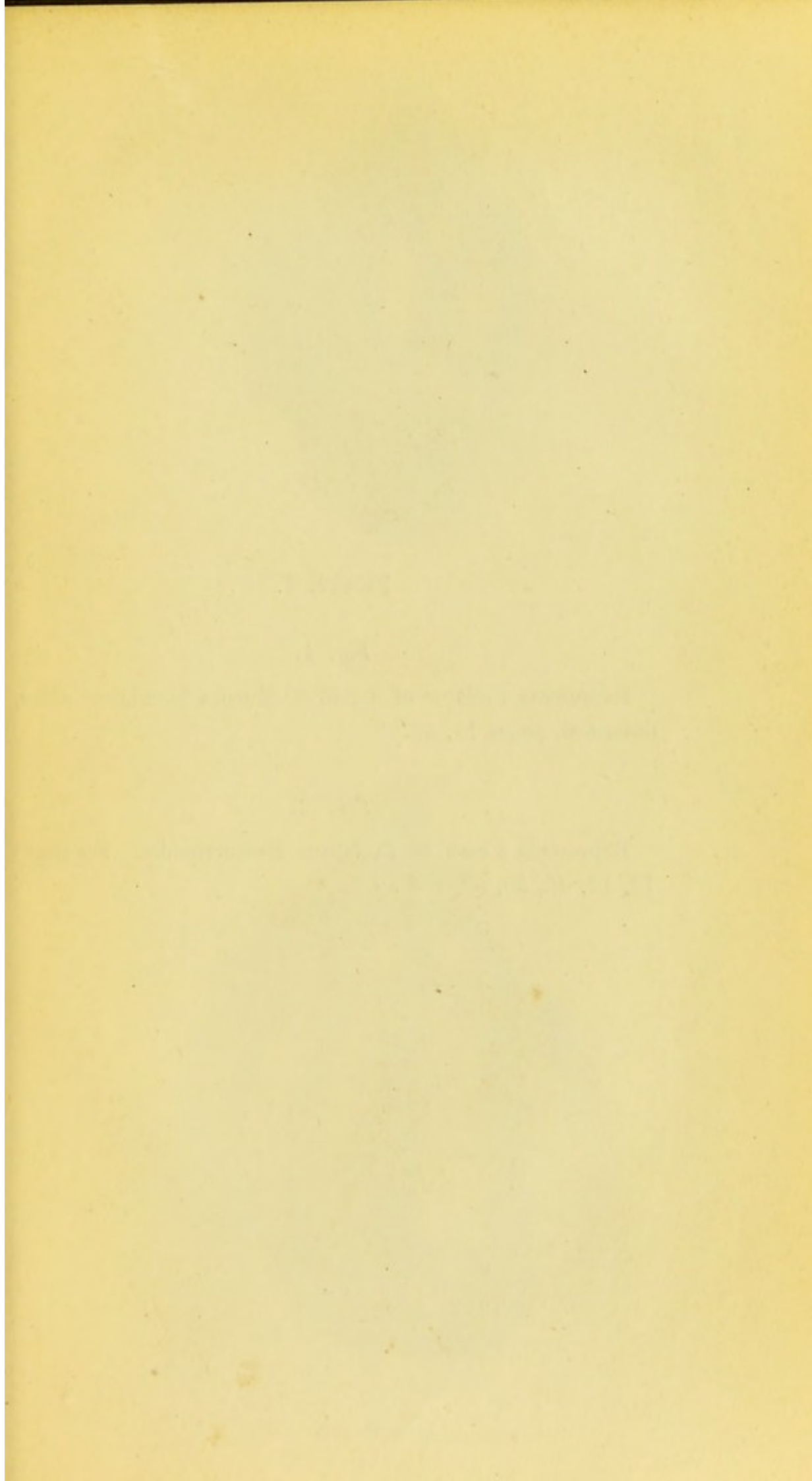


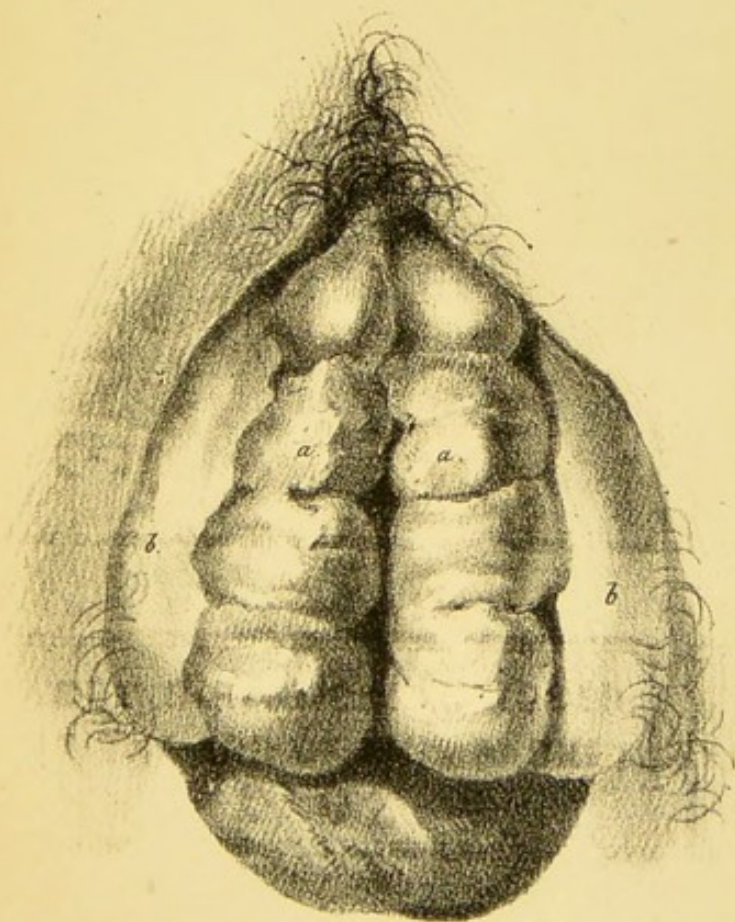
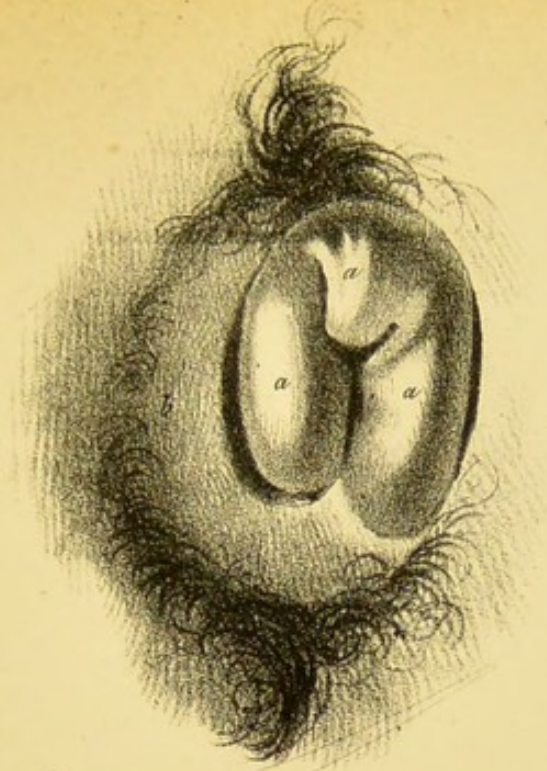
PLATE I.

Fig. 1.

Represents Prolapse of a fold of Mucous Membrane *alone*, described, pages 13, 58.

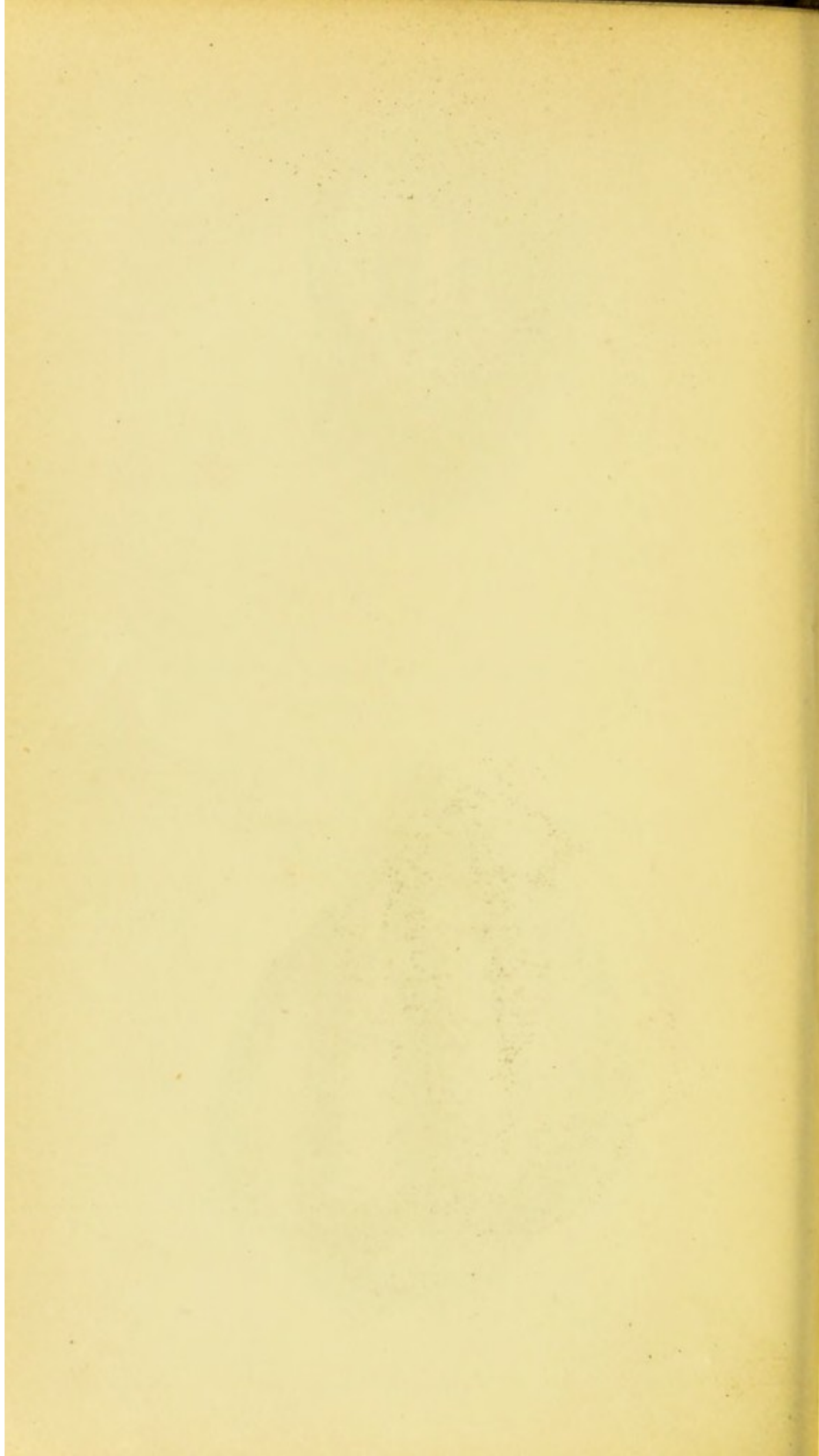
Fig. 2.

Represents a case of Prolapsus Hemorrhoidis. See pages 12, 14, 49, 50, 53, and 58.



a. the Bowel protruded

b the Sphincter Muscle everted.



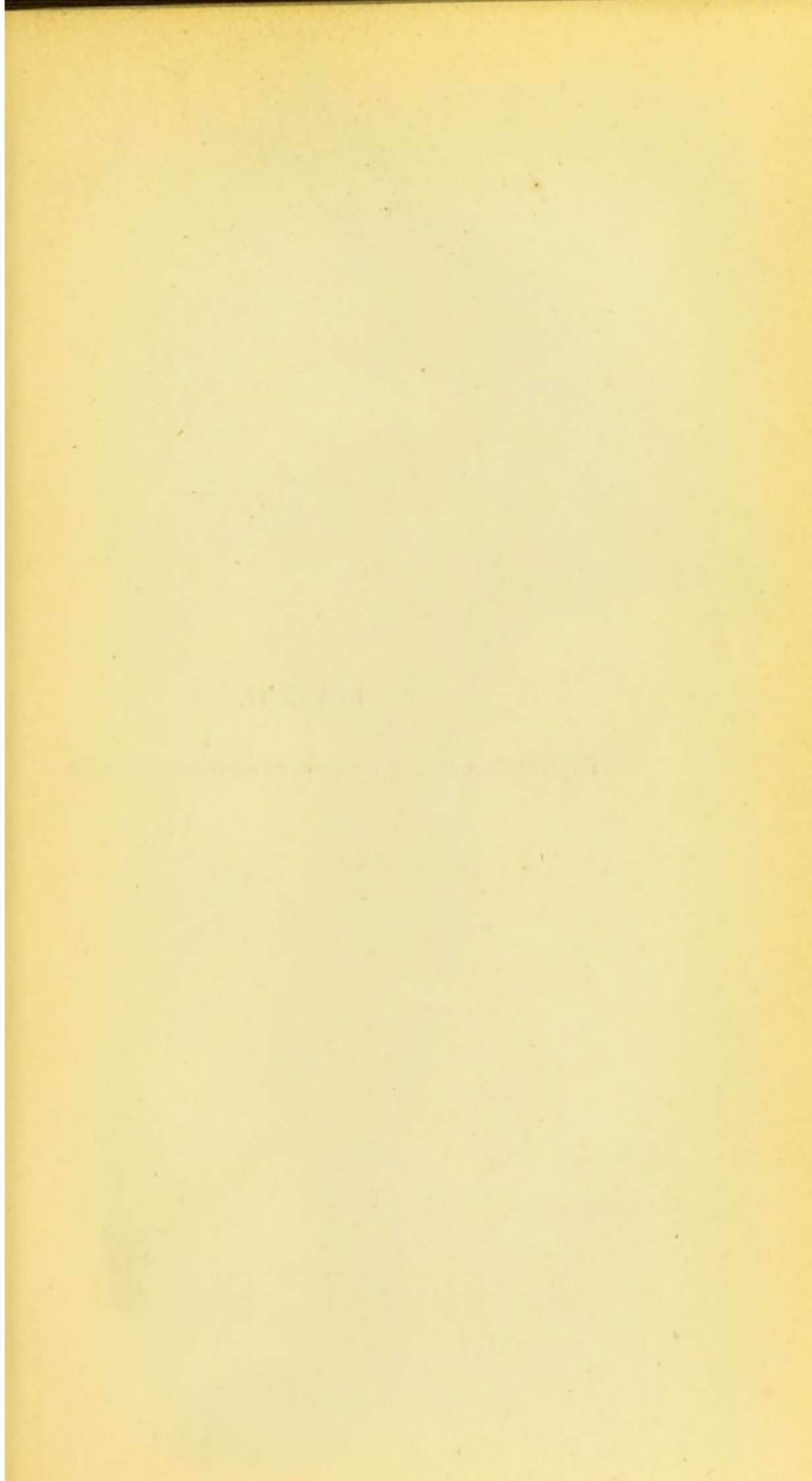
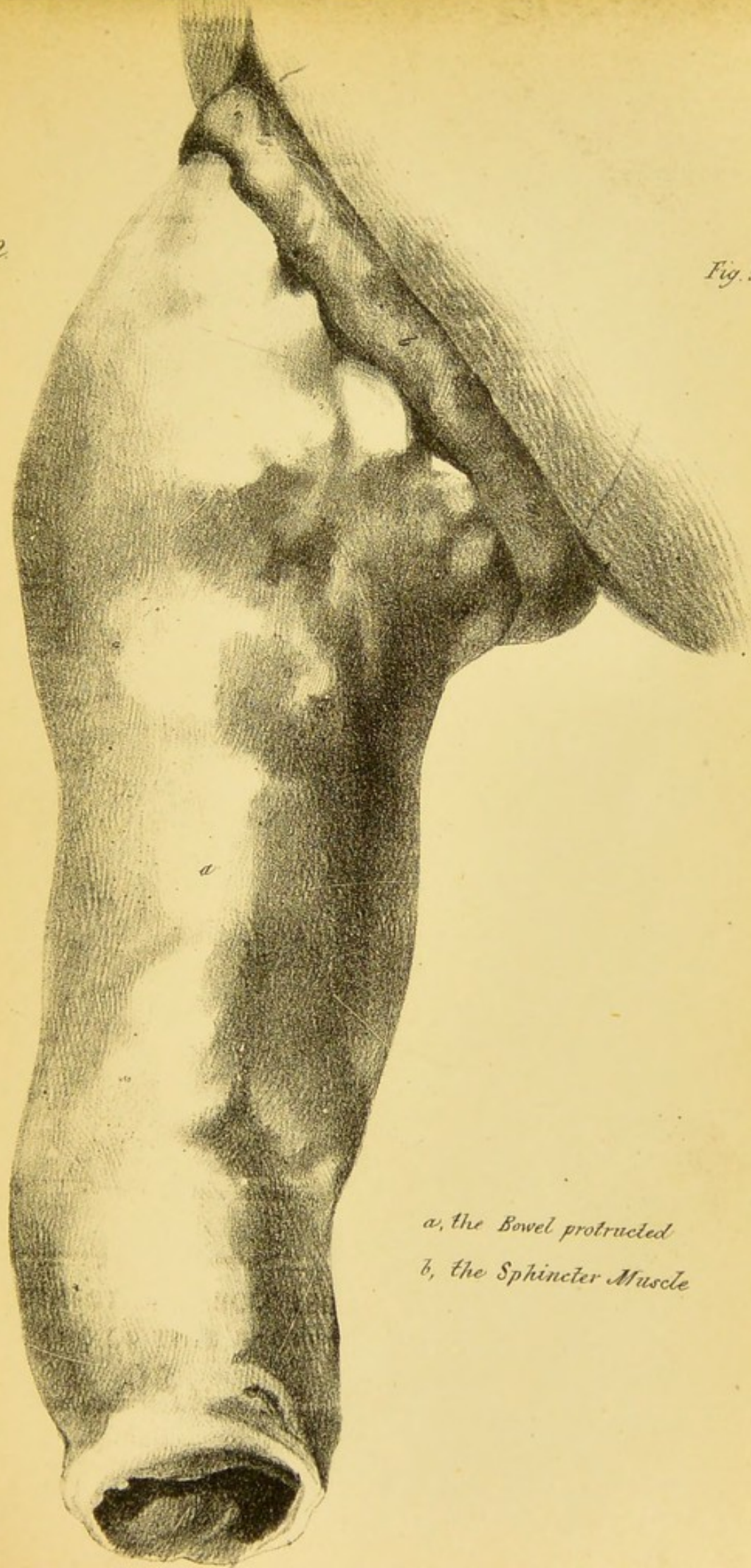


PLATE II.

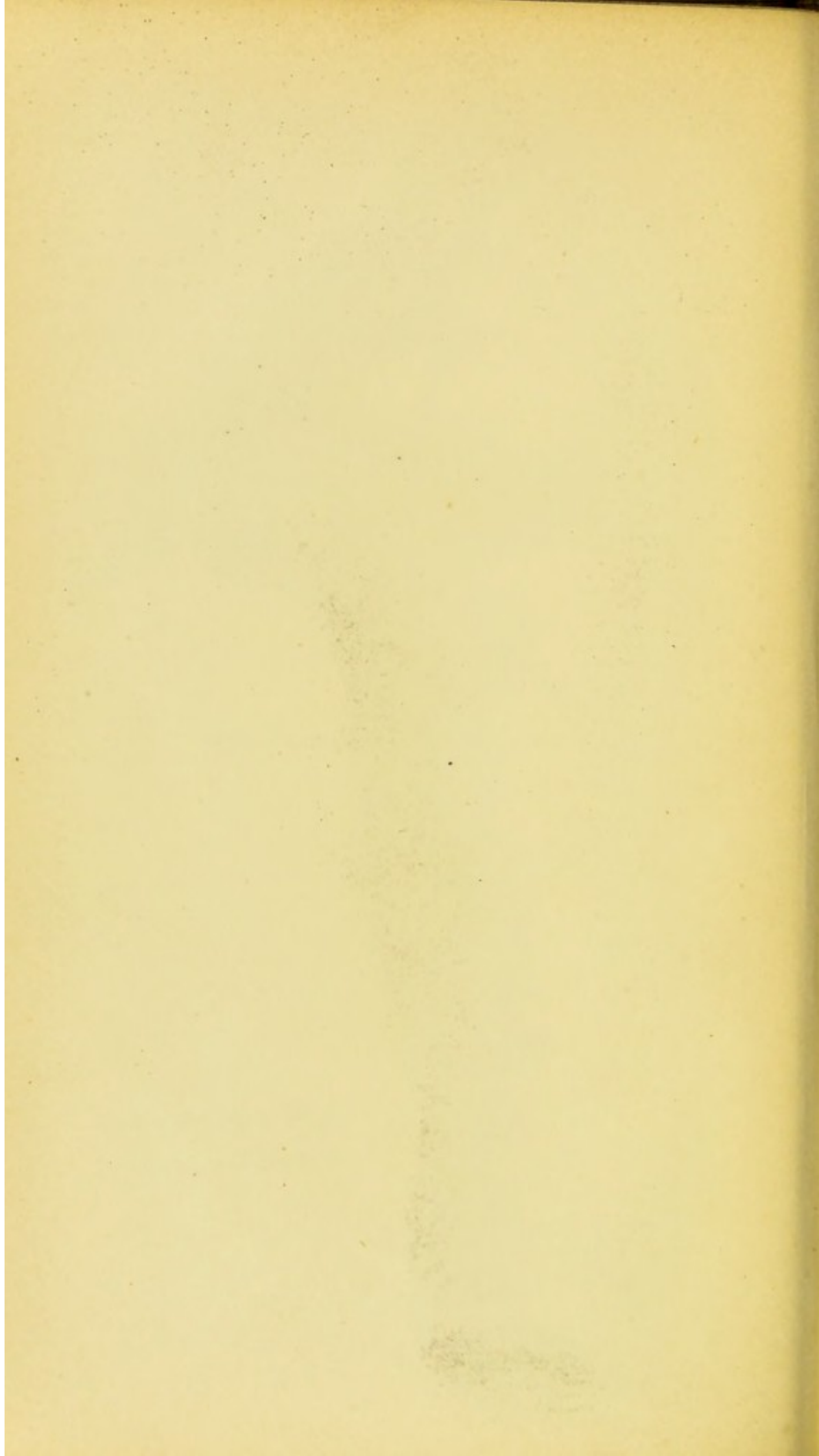
Represents a case of Prolapse as described, page 63.

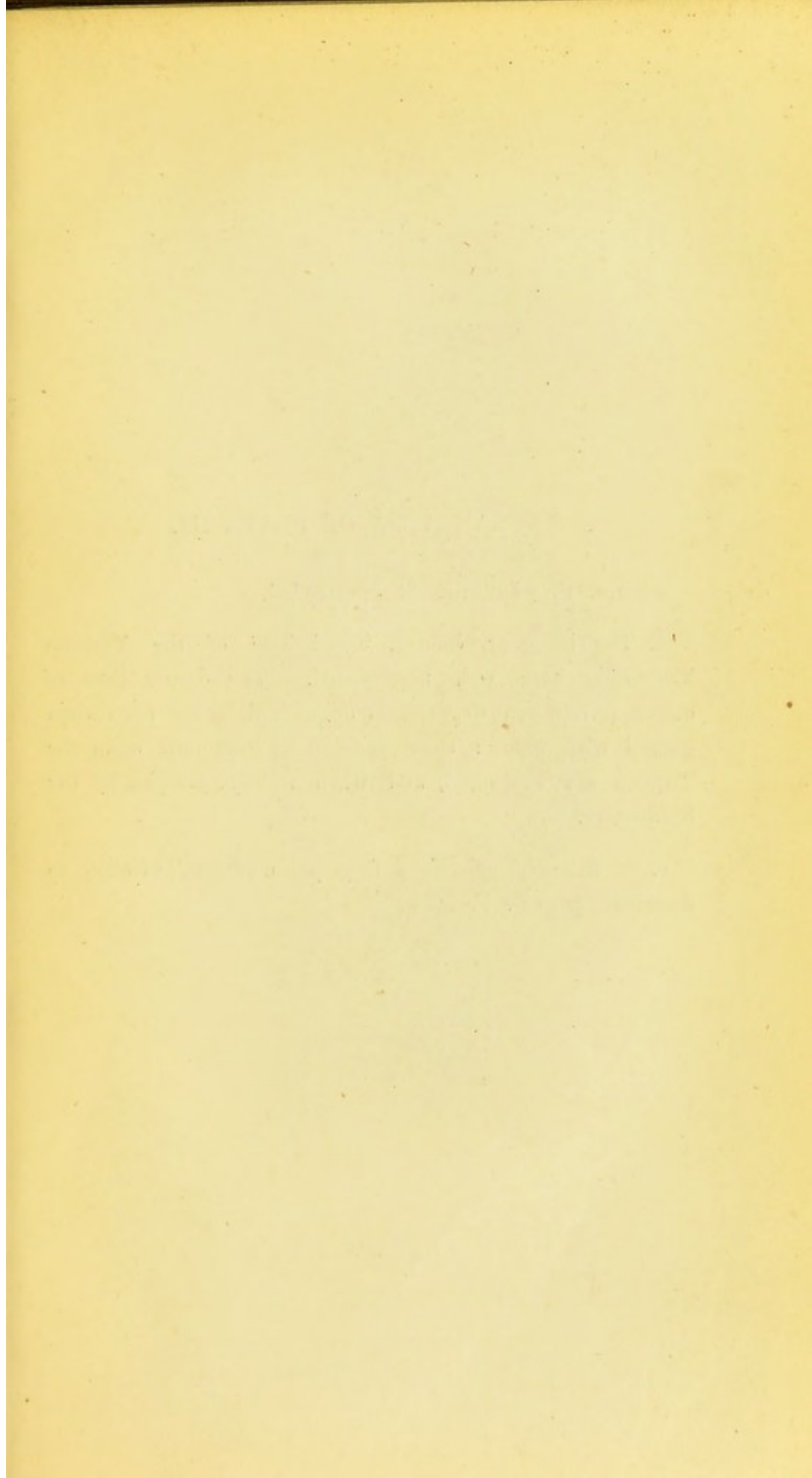
Pl. 2.

Fig. 3.



a, the Bowel protruded
b, the Sphincter Muscle





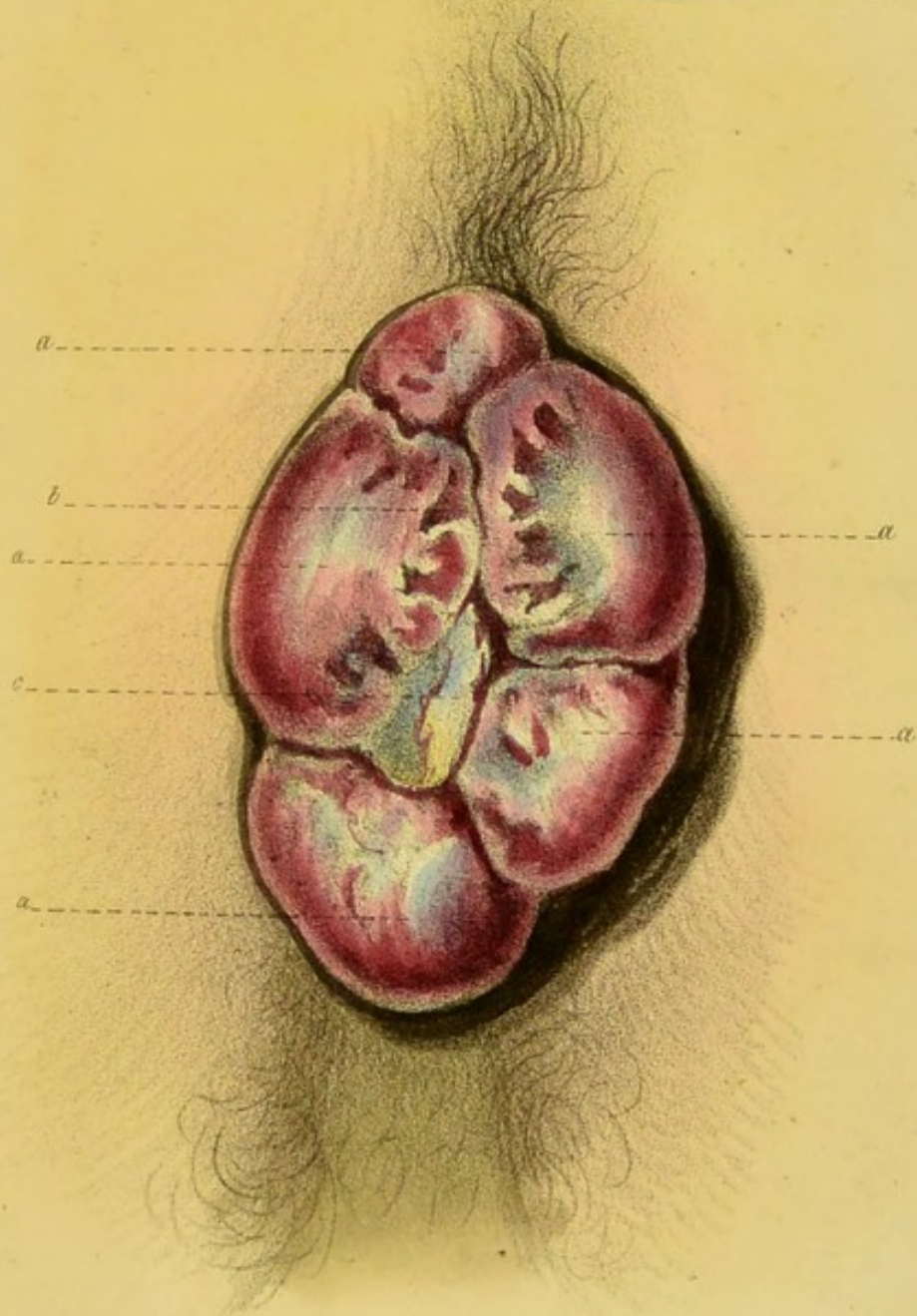
EXPLANATION OF PLATE III.

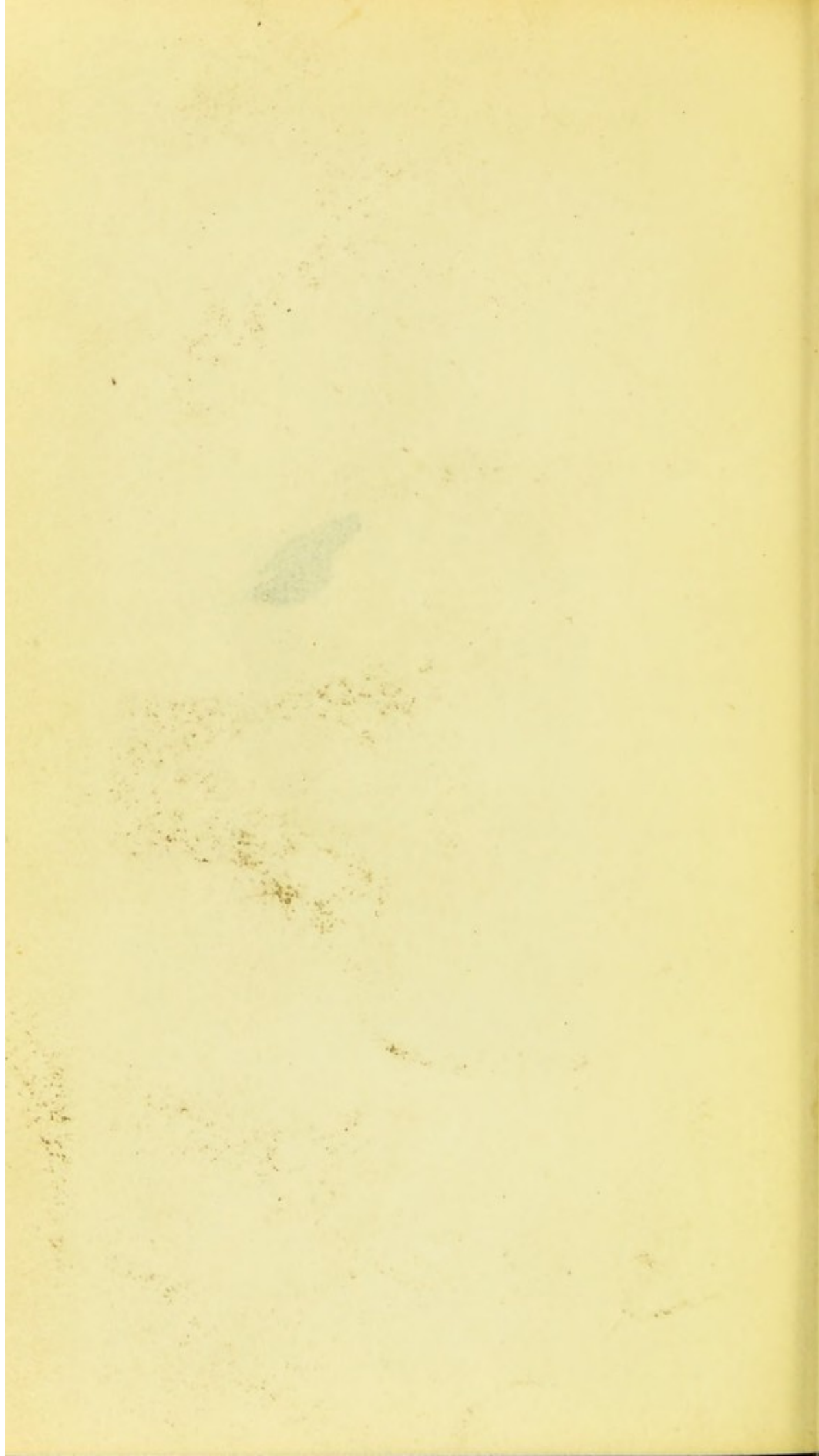
a.a.a.a. Five Internal Piles protruded.

b. The irregular, knotty, broad base of the Varicose Tumor is here well represented. The deeper tints of colouring represent depressions occasioned by the veins when gorged with blood : these depressions exist only when the Tumors are Prolapsed, and when tightly grasped by the Sphincters.

c. A flake of gelatinous frog-spawn Mucus, exuding as described, page 6.

Plate 3.





EXPLANATION OF PLATE IV.

This drawing represents a case of Prolapse of Mucous Membrane and of the Sphincters everted, $3\frac{1}{2}$ inches in length. Cured by Astringents and Percussion, by means of medicated liquids as used in my Douche Bath.

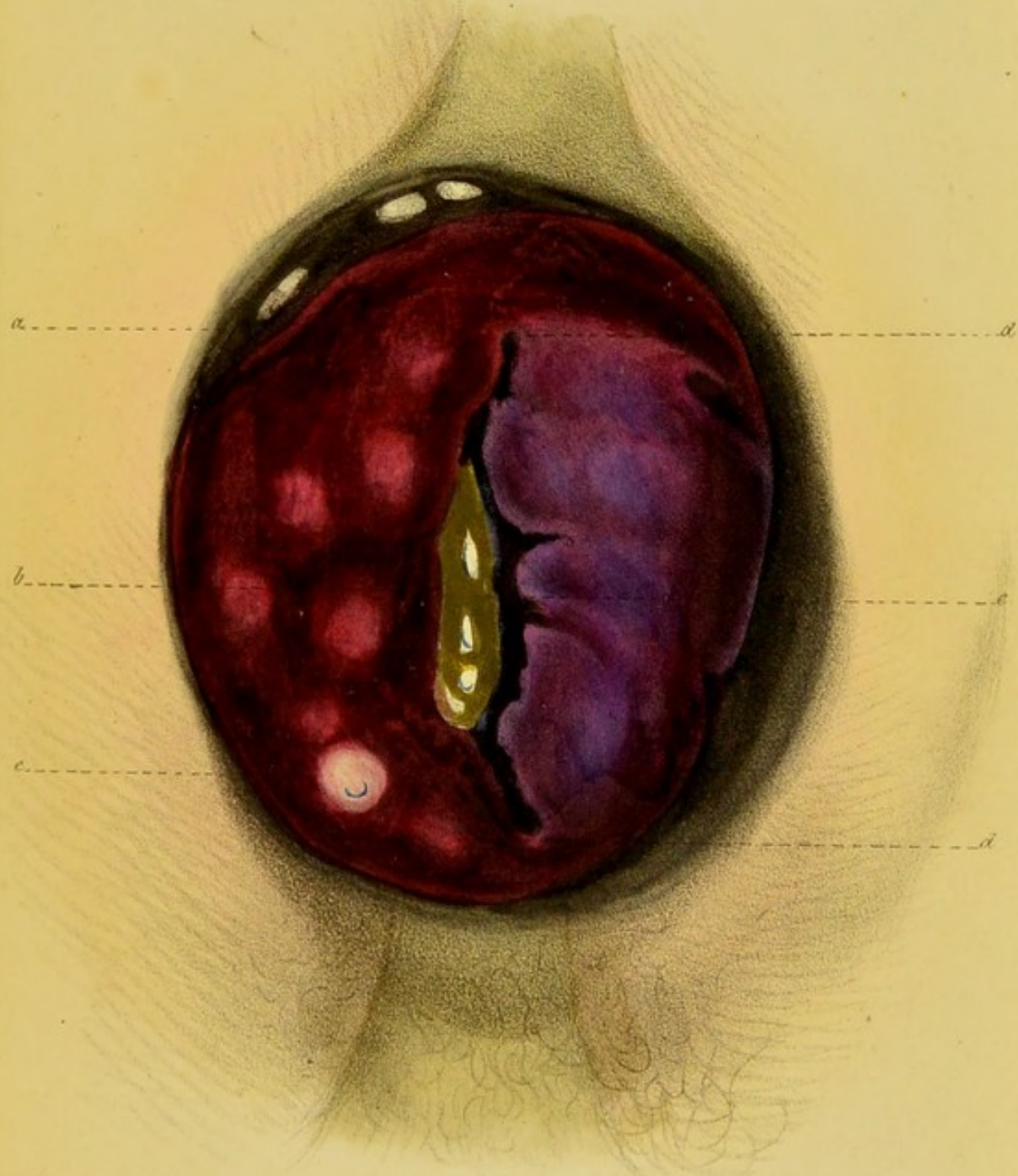
a. The first or highest ring of the Prolapse, livid, dry, and welted with turgid varicose veins. See page 13.

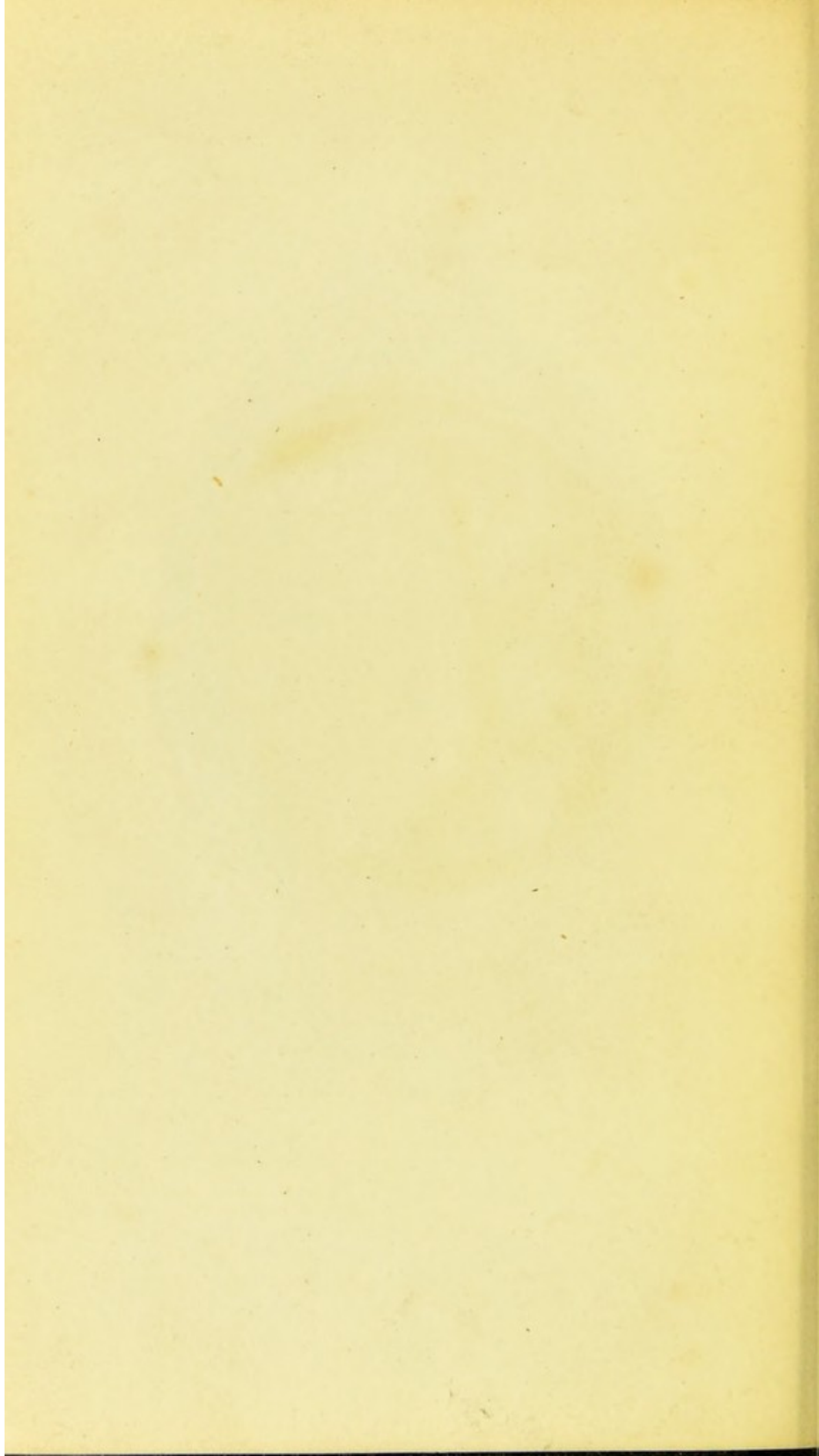
b. Florid thickened Mucous Membrane, resembling the everted eyelid in Purulent Ophthalmia. See page 13.

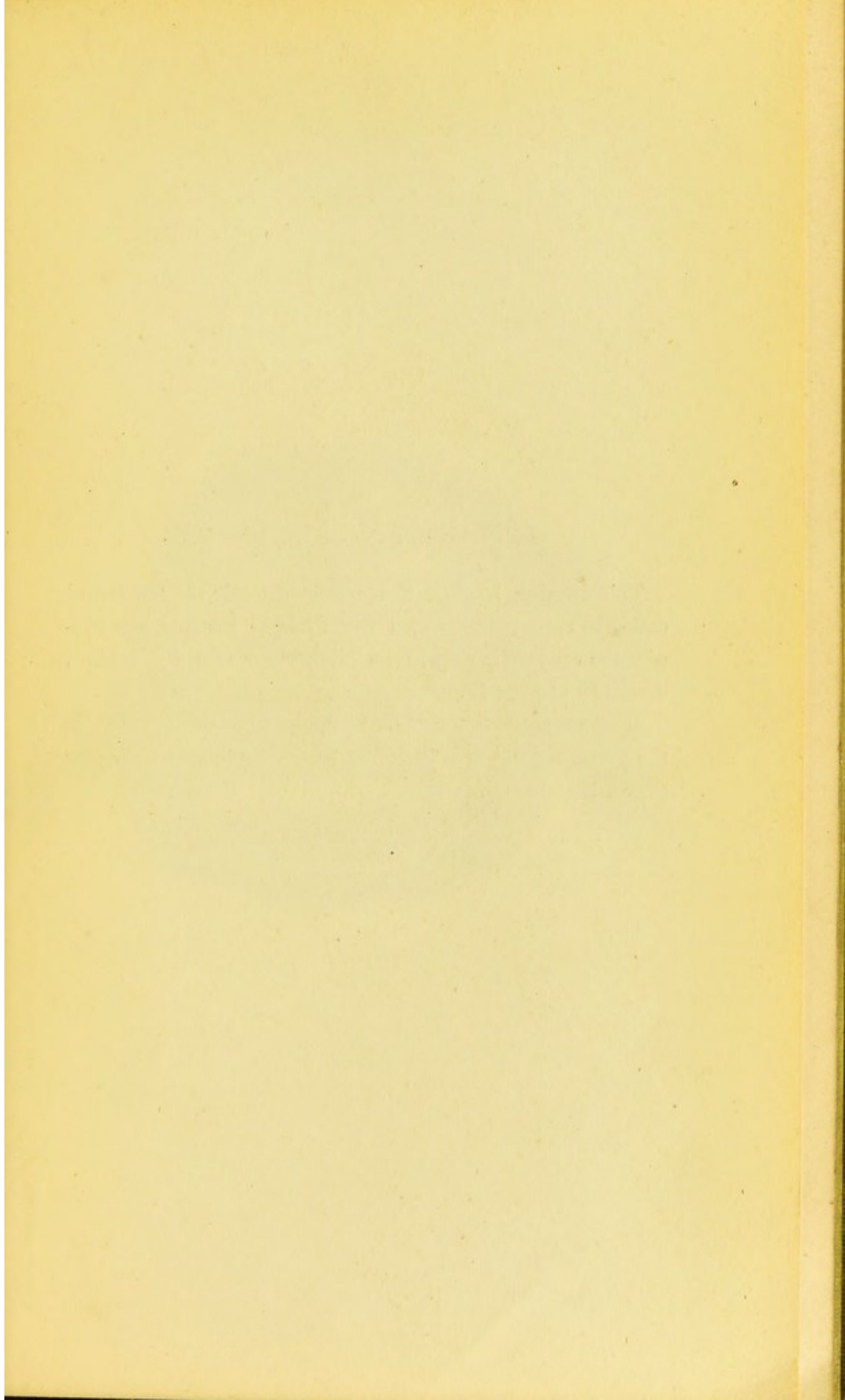
c. A spot whereon grew a small Polypus. See page 15.

d.d. Extent of the fissure through which the feces had to pass, and which extends from "before backwards on the face of the Tumor." See page 14.

e. A flake of gelatinous Mucus within the lips of the Fissure. See page 14.





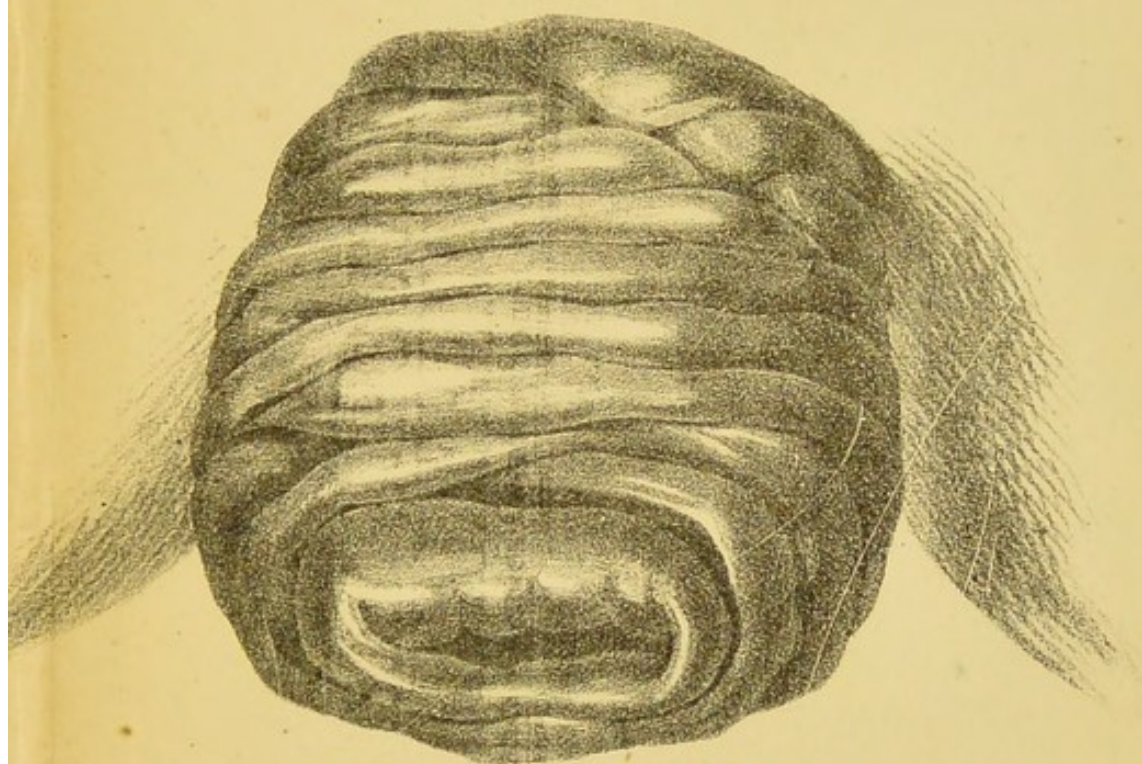


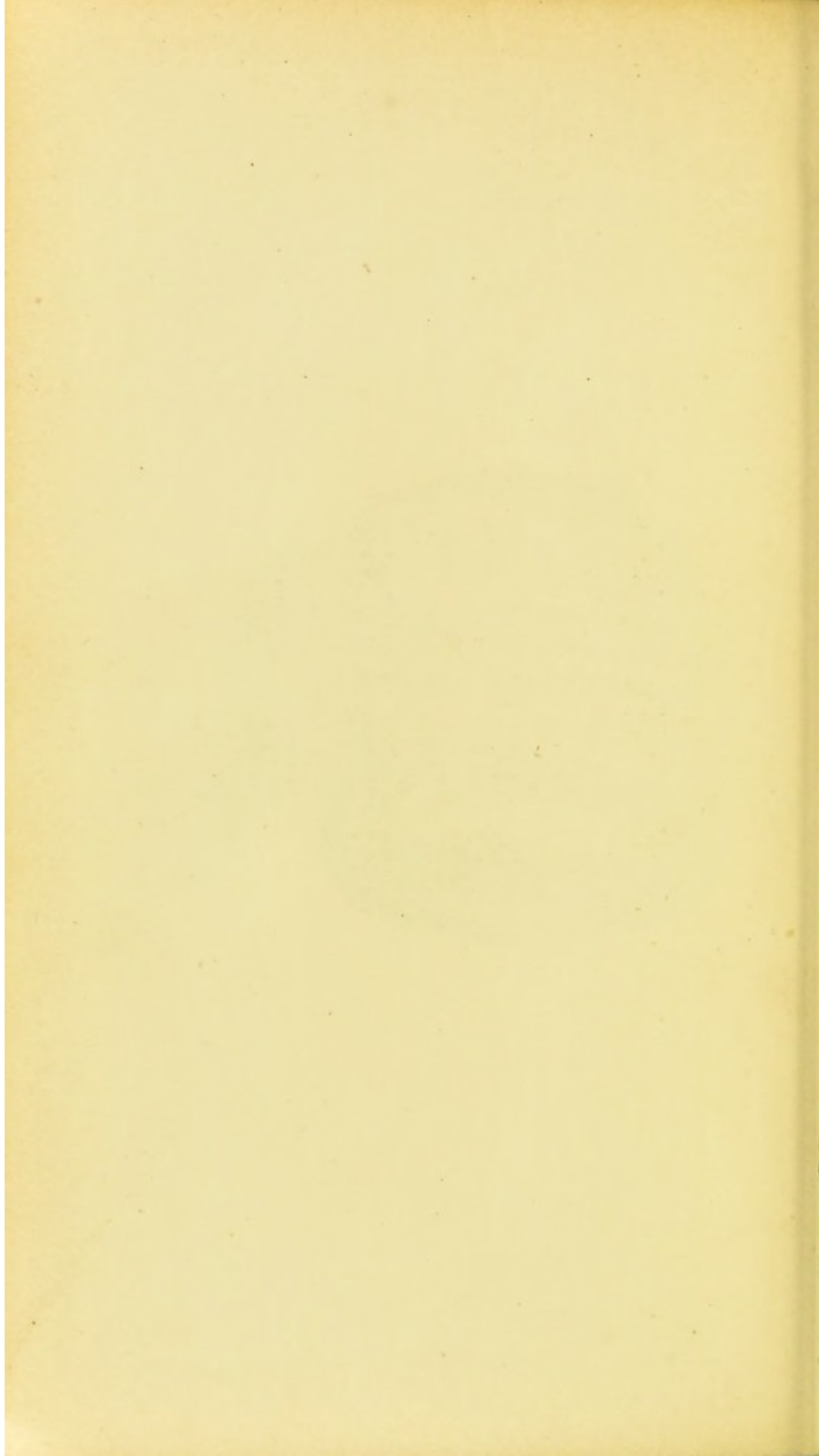
EXPLANATION OF PLATE V.

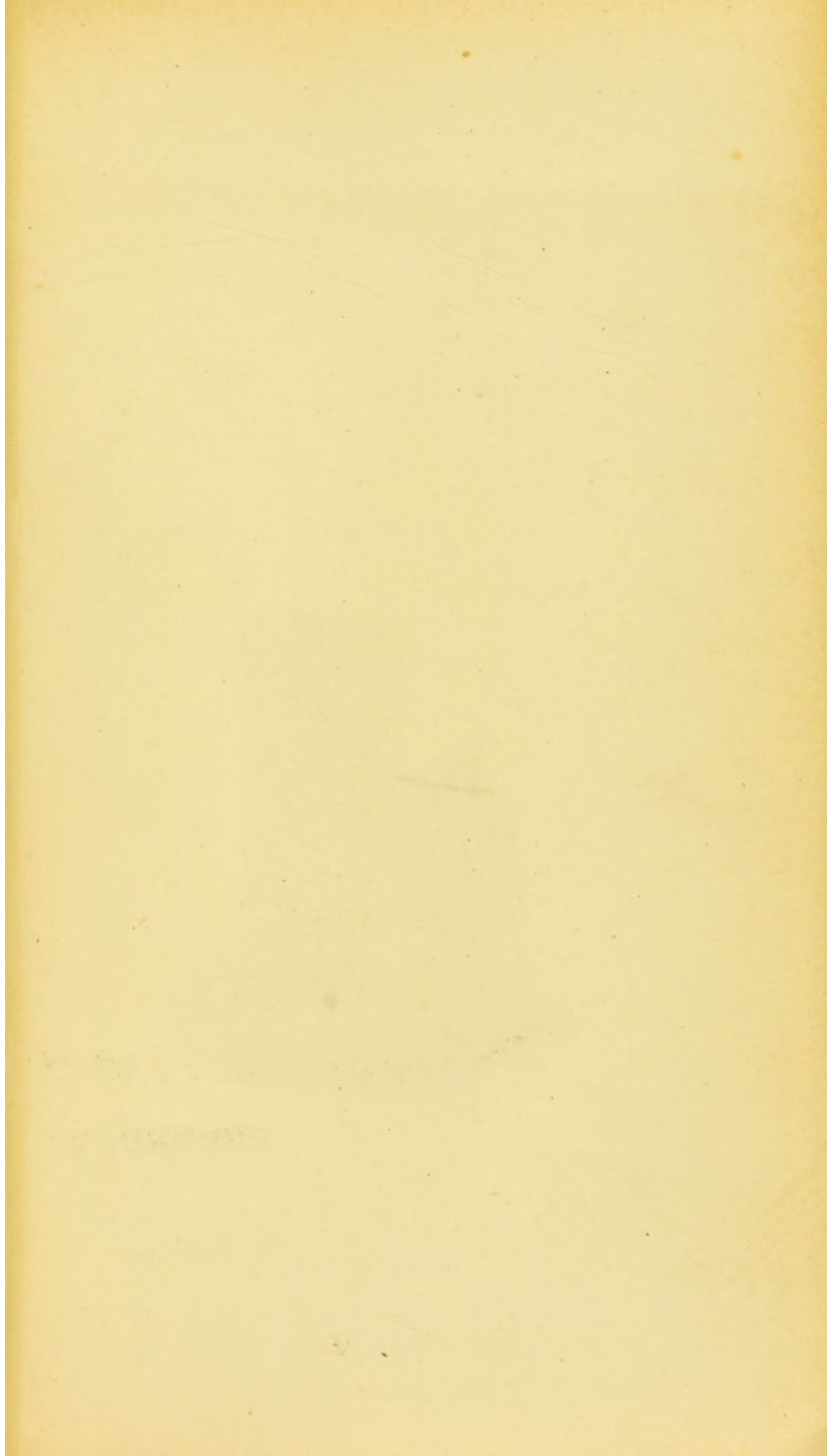
This drawing is given to represent not only the "flattened cask-like appearance" which the Prolapse assumes, but likewise the concentric rings, resembling those of the Windpipe, described at page 13.

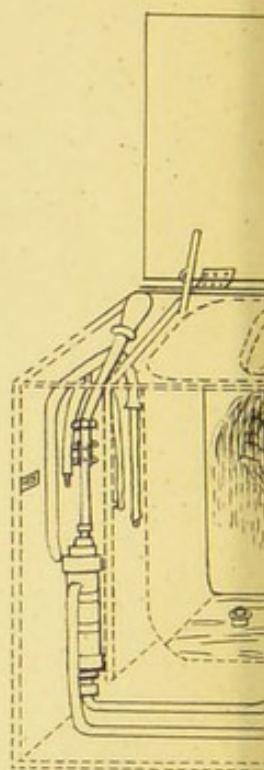
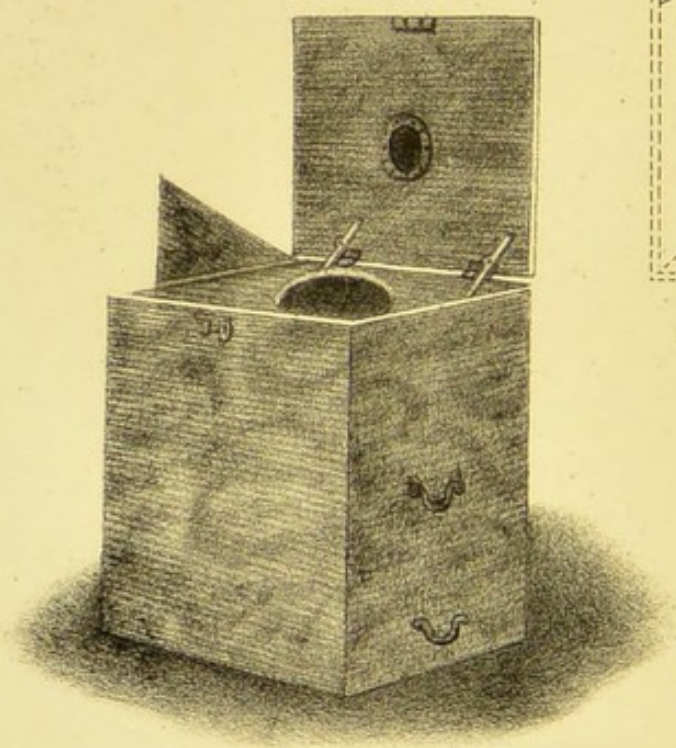
It also represents the "slit or fissure from side to side," as the previous plate does the same, from before backwards. See page 14.

Plate 5.





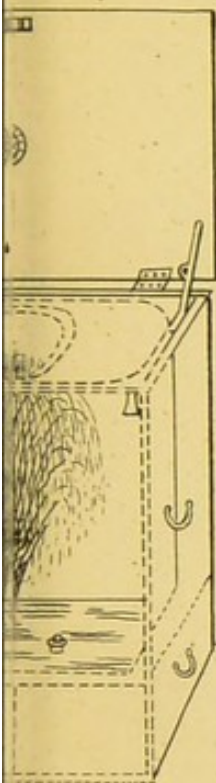




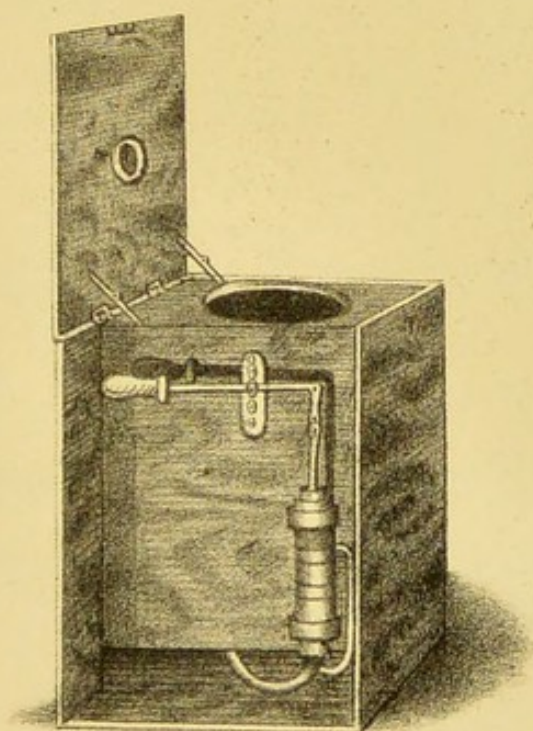
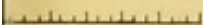
SCALE

THE PATENT

DOUCHE BATH

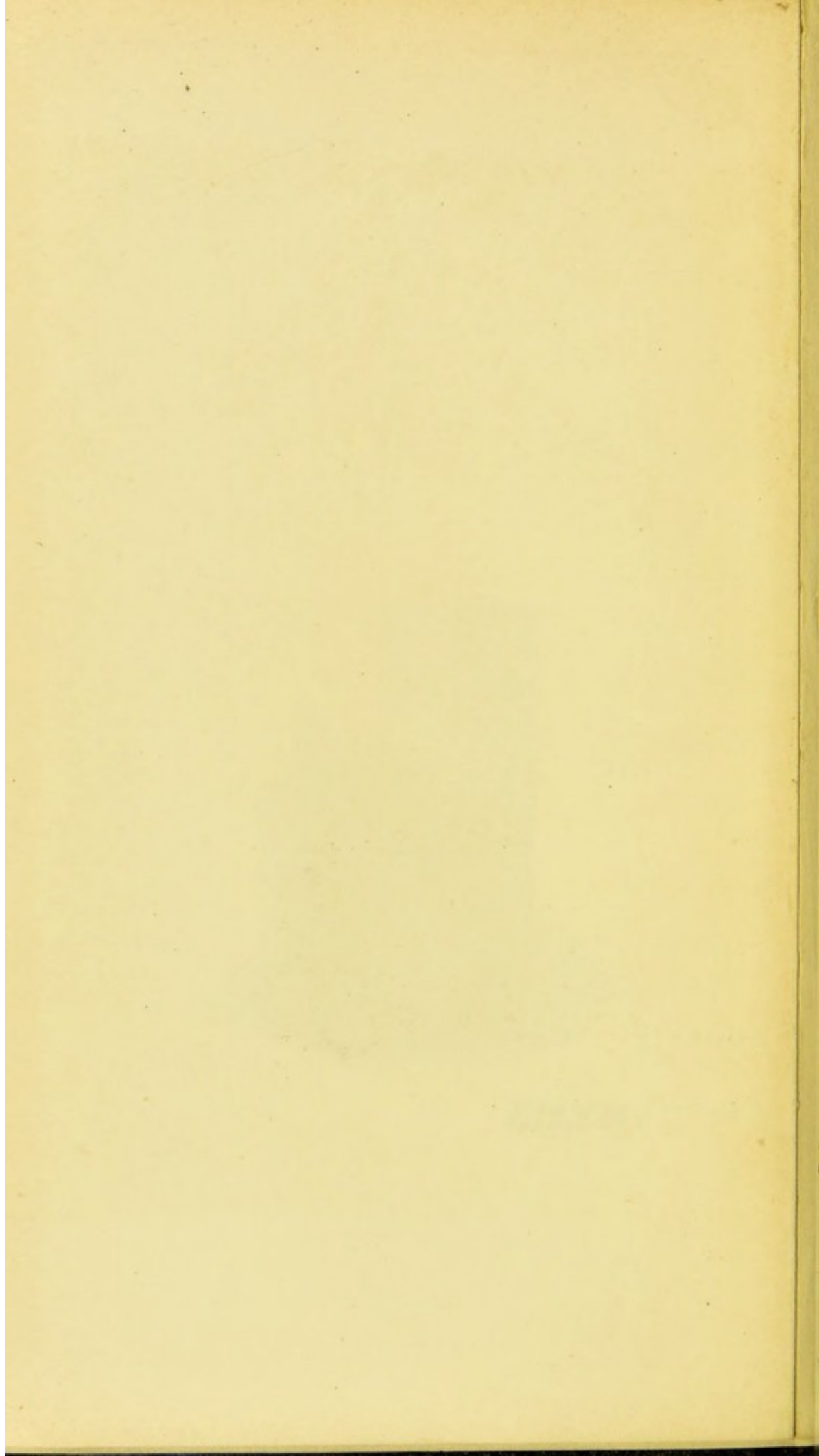


INCHES



PORTABLE

OR FOUNTAIN.



Just published, Second Edition, price 2s. 6d.

PRACTICAL REMARKS
ON
C O S T I V E N E S S :

Illustrated with a variety of interesting Cases, showing the importance of strict attention to the regulation of the Bowels during early life, thereby avoiding Piles, Hemorrhages, and Prolapsus.

By ANDREW PAUL, A.B., M.B.

TRINITY COLLEGE, SURGEON.

29, Upper North-place, Mecklenburgh-square.

Also, by the same Author, Second Edition, price 2s. 6d.

A N E S S A Y
ON
RINGWORM, ITCH, AND TETTER :

With Coloured Drawings illustrative of these Diseases; together with some Important Hints to Parents, and to the Managing Committees of Public Charitable Institutions.

The above Diseases are cured, in the most simple way, by means of a medicated soap; and the cure effected, on an average, in a week or fortnight.

L O N D O N :
SAMUEL HIGHLEY, FLEET STREET.

