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ON THE

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TREATMENT

OF

HÆMORRHOIDS OR PILES.

BY

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ETC. ETC. ETC.

(The Substance of a Lecture delivered at the St. Marylebone Infirmary.)

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO.

1853.

LONDON:
WILSON and OGILVY,
Skinner Street.

INTRODUCTION.

MANY of my friends, both of the profession and others, having requested me to publish this Lecture, I have consented to do so, and should it be of any benefit to them, or to the public, I shall feel myself amply repaid.

R. A. STAFFORD.

28, Old Burlington Street :

May 12, 1853.

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R. A. STAMPORD.

At the University of
Cambridge, 1804.

ON

HÆMORRHOIDS.

THE Rectum (or straight gut, as it is termed) being the termination of the alimentary canal, and having the functional office of expelling the contents of the intestines after they have undergone the process necessary for the extraction of the nutritive matter to support the frame, is liable to many diseases; and these may be classed according to the structure in which they occur. The rectum is a continuation of the sigmoid flexure of the colon, and is composed of two coats,—the mucous or internal, and the muscular coat. At its superior part it is covered by a layer of peritoneum,

but in the inferior portion it is not surrounded by that membrane, like the colon and the small intestines. It begins at and turns over the upper ridge of the sacrum, and at first is a little inclined from left to right, and then it becomes straight and follows the hollow of the sacrum and os coccygis, being larger in volume at its termination. Its anterior portion is separated from the membranous portion of the urethra by a triangular space filled by cellular tissue, the superior portion of which corresponds with the prostate, and the inferior to the integuments of the perineum. The posterior surface of the rectum is covered by loose and fatty cellular tissue, which separates it from the levator ani and ischio-coccygeus muscles, and from the sacrum. The rectum is abundantly supplied by blood-vessels, there being large arteries going to it and large veins returning from it, both of which are termed hæmorrhoidal. It has two muscles more particularly belonging to it,—the levator ani and the sphincter muscle. The levator ani draws

back the rectum after the expulsion of the fæces, and its fibres irregularly surround and are attached to the gut, arising from the posterior part of the symphysis pubis, from the ilium, above the obturator muscle from the spine of the ischium, and from the fascia covering the obturator internus. The sphincter muscle surrounds the rectum at its termination at the anus, and arises from the fat and skin that surround the verge of the anus on both sides nearly as far as the tuberosity of the ischium, and by a narrow point it is inserted into the perineum, acceleratores urinæ and transversi perinei muscles, and behind into the extremity of the os coccygis. Its office is to close up the rectum after the expulsion of the fæces.

Having, by way of introduction to my subject, given this brief outline of the anatomy of the rectum and its appendages, I shall now speak of its diseases, and will first treat of hæmorrhoids, or piles,—the most common of them all.

Hæmorrhoids are an enlargement of the veins of the rectum, which become at first swollen and tense, the blood contained in them being coagulated ; and thus a livid tumour is formed. At length, from the thickening of their coats, and from the coagulated blood contained in them becoming organised, they form excrescences on the internal surface of the gut, or at the verge of the anus. At first their parietes are very thin ; consequently they are apt frequently to burst, when they bleed very profusely, and are then termed “bleeding piles.” When they do not bleed, they have vulgarly acquired the name of “blind piles.”

Hæmorrhoids are divided into internal and external, varying as to their state of disease,—each of which will require different treatment. They may be mere excrescences, when the only inconvenience they give will be their presence as foreign bodies ; they may be inflamed, when they become very painful and swollen, looking not unlike a cherry ; they may be in

a relaxed state, resembling a half-dried red grape ; and they may be ulcerated.

The causes assigned for hæmorrhoids are many. People of sedentary habits are the subjects of them : costiveness, by the pressure of the hardened fæces on the veins, will produce them ; and anything that may irritate the rectum—for instance, a drastic purge containing aloes, scammony, &c. I have known persons, hitherto unaffected with piles, who, from having taken aloes and scammony, have been in such a state that they could hardly walk for them. Piles, I have no doubt, are, in some, constitutional and hereditary, and descend from father to son from generation to generation. I have frequently questioned those who suffer from them, and they have informed me that either their father or mother had been affected with them, and that the disease had come down to them as a family complaint :—in such instances, no doubt, the rectum is naturally weak.

It has been observed that those who are

affected by a disease of the liver are frequently the subjects of piles. This may be accounted for by the connection which the hæmorrhoidal veins have with the vena porta. The liver being diseased, the circulation of blood through that vessel is obstructed, and then the hæmorrhoidal veins become congested. Any obstruction in the veins of the intestines will produce congestion of those of the rectum, and, consequently, hæmorrhoids ;—in short, whatever may impede the venous circulation of the viscera may give rise to the disease. Those who have diseases of the lungs, also, are frequently the subjects of hæmorrhoids and disease of the rectum.

On examining many cases of hæmorrhoids which are presented to our notice, it could hardly be imagined that the excrescences which we see could ever have been connected with the veins,—they are of so tough, hard, and even, in some instances, of almost a cartilaginous nature. I have seen piles so hard that their structure has resembled the gizzard

of a bird, when cut into,—or have been not unlike the texture of brawn. No doubt the constant irritation and the repeated attacks of chronic inflammation of the part bring them ultimately into this state.

When an individual is subject to hæmorrhoids, the first symptom he experiences is a sense of weight and fulness in the rectum. Heat and pain supervene, which are frequently followed by bleeding when he goes to stool. The piles now protrude at the anus, and are of a lesser or greater size, sometimes being inflamed, and sometimes not. When they are internal there is pain in the sacrum, together with a sense of weight and fulness high up in the gut: there is also considerable difficulty in voiding the fæces, as well as constant straining and tenesmus.

The treatment of piles varies according to the state in which we find them, and also whether they are internal or external. In simple piles, when they are external, and when there is no inflammation, laxatives internally,

and astringents externally, are the best remedies. At first, perhaps, give a dose of castor oil, or an aperient of senna, manna, and sulphate of magnesia combined,—or any other aperient, except aloes and scammony, which will answer the effect of relieving the bowels. After this, order laxatives, such as the confectio sennæ, alone or combined with potass. supertart. or sulph. sublim., and desire the patient to foment with the decoct. papaver. alb., or sit over a bidet of warm water, and apply a solution of liq. plumb. acet. dil. Use a cooling ointment, such as cerat. plumbi acet. ; or, if the hæmorrhoid requires being constricted, employ the ung. gallæ, the ung. oxyd. zinci, &c. : also, should the hæmorrhoids be in a relaxed state, desire the patient to use an injection of the decoction of the elm or oak-bark, with the addition of alum in proper proportions.

In some cases it has been recommended by Sir Astley Cooper to puncture the pile with the point of a lancet, and squeeze out the con-

tents : this should be done cautiously, for fear of hæmorrhage. In chronic piles the *confectio piperis*, continued for some time, has proved of great service. It appears to stimulate and give new action to the parts. If the piles be inflamed, then apply leeches upon them or to the verge of the anus, using an evaporating lotion, a poultice, an opium injection, or an opium ointment, as the case may require, and repeating all these remedies as often as they may be necessary. The diet is of great importance : it should be bland, and meat should be avoided. Gruel, arrow-root puddings, macaroni, &c. are the best food.

The case before us is one of aggravated piles,—so aggravated, that when protruded at the expulsion of the *fæces* they are retained by the sphincter of the rectum, and cannot return with the bowel by the action of the *levator ani* ; consequently they remain, with that part of the intestines to which they are attached, external, and appear like *prolapsus ani*. In such a case as this, none of the

common remedies are of use. Aperients, laxatives, astringents, soothing ointments, Ward's paste, &c. may give temporary relief, but the only chance of cure is by their removal.

There are two methods of removing piles,—by excision, and by ligature. When the pile is not attached to the intestines by a broad base, or is not internal, then excision is the quicker method of relief; but when it arises by a broad base, or is internal, then the removal by ligature is preferable. In Elizabeth Brown's case, Female Ward, No. 2, excision answered very well, as the piles were external, and attached by a pedicle; but in the present instance, where they are of immense size, there would be great danger of hæmorrhage,—hæmorrhage of so fearful a description that the death of the patient might be the termination. I have seen hæmorrhoids removed by excision where the bleeding was so great that the surgeon has been obliged to remain with the patient for hours, employing ice, pledgets of lint, and styptics of every description; and

then it has only been with extreme difficulty that the bleeding has been made to cease. I remember, some years ago, assisting a surgeon of great eminence, who is now dead, in the removal of some internal piles from the person of a naval officer of distinction. The operation was effected with great skill, but hæmorrhage supervened, and, without exaggeration, I may say that at least a moderate-sized chamber-potful of blood was lost before it could be stopped. The surgeon expressed to me that he was never more alarmed in his life,—so little control, for hours, had he over the bleeding. At length, by means of ice, pledgets of lint, the exhaustion of the patient, &c., the vessels became plugged up by coagulation. I acknowledge that the fearful hæmorrhage in this case determined me never to remove piles by excision unless I were certain no bleeding of consequence could occur; for although in six cases it might succeed, yet in the seventh loss of life might result from this cause. Sir Astley Cooper, in his Lec-

tures, mentions two or three cases where hæmorrhoids were removed by excision, and death from hæmorrhage was the result. One was in the person of a nobleman, on whom two operations by excision were performed. The first succeeded, but in the second hæmorrhage followed, from which he died. Sir Astley thus relates this case :—

“ Five years ago a nobleman applied to me with internal piles. I was upon my guard in this case, and said I did not like to remove the piles without a consultation. A consultation was held, and the removal by excision was agreed to : I accordingly removed them, and he was well in a very few days. Two years after, he sent for me again, and said that he had some more of these piles, with prolapsus ani, and that he wished me to cut them off again : I did so ; and, as I advised the recumbent posture, he went immediately to bed. As I was anxious about this patient, I did not immediately quit the room, but stood chatting with him for a short time, when he said, ‘ I

believe you must quit the room, for I must have a motion.' I went out of the room, and upon returning shortly after, I found him trying to get into bed, and, upon looking into the vessel, I perceived a considerable quantity of blood in it. In a few minutes after he said he must have another motion, got out of bed, and again discharged a considerable quantity of blood. This he did four different times. One of the hæmorrhoidal arteries in the centre of one of the piles which had been removed was divided; and, as I was determined he should not die of hæmorrhage, I said I must secure the vessel which bled, and with a speculum I opened the rectum sufficiently to see the blood-vessel, took it up with a tenaculum, and put a ligature round it. On the following day I found the patient, who was much advanced in years, extremely weak: he had had a severe rigor: he gradually grew worse, and in four days after he died. On examination of the body there appeared to be some slight disease of the intestines, but not sufficient to

account for death. He was seventy-five years of age."

In another instance, also, Sir Astley was asked to see a gentleman who had been operated on by another surgeon. The piles had been excised by the scissors, and the patient evacuated such a quantity of blood from time to time, that he died a few days after the operation. Sir Astley, therefore,—however successful, in some cases, the operation may be,—was strongly opposed to the removal of piles by excision. From the experience I have had, I am of the same opinion. I have observed that when internal vessels are wounded we have but little control over them: and this most probably arises from the warmth of the part, and from the little power of contractility which internal vessels possess in comparison with those which are external.

In confirmation of these cases related by Sir Astley Cooper, I myself have met with one, within this last few days, very similar to them. A gentleman came from the north of Scotland

to consult me, having hæmorrhoids, which bled profusely,—so much so, that he might have expected at any time to bleed to death. He felt tottering and weak, and light in the head: sometimes he could hardly walk, and felt that, from weakness, he must fall down; being obliged to hold by the railings or any other support he could meet with. I found he had an immense crop of hæmorrhoids, both internally and externally. The internal piles bled, when protruded, in the most fearful manner. I immediately advised him to have them tied as soon as possible, to which he consented. With the assistance of my friend and colleague, Mr. Sedgwick, the operation was performed. The moment the internal pile was protruded, a stream of arterial blood, about as large as a crow-quill, issued from its centre, and spirted in our faces, in the same manner as we often see in amputation of a limb. The needle was immediately passed through the centre of the pile, and the artery secured; but, to make sure that no more

hæmorrhage should occur, we passed it through the opposite centre and tied it again. The hæmorrhage ceased. The other piles were tied, excepting a few external ones, which were afterwards partly tied and partly excised. The case went on favourably, and the gentleman got quite well. It is only surprising that, with the frequent hæmorrhage he had, this patient did not bleed to death.

I remember another case, which occurred some years ago, similar to those related by Sir Astley Cooper. It happened in the person of a nobleman. A surgeon of great eminence, well known in the navy, excised some piles; and after the operation a feeling of desire to go to the water-closet was induced. The same result occurred as in Sir A. Cooper's case,—the evacuation was pure blood. A pledget of lint was applied, and afterwards ice. The operator sat up all night with the patient: the hæmorrhage was stopped, and the patient recovered, but he was extremely reduced for some time afterwards.

There are two modes of applying a ligature to hæmorrhoids,—one by surrounding them at their base; the other by passing a double ligature through their centre, at their base, by a needle, and then tying each half separately. When the pile is not large, the former of these methods is to be preferred; but when the pile is of large size, the latter is preferable.

Should there be any doubt whether the vessels supplying the pile can be strangulated by tying the whole base of the tumour, it is better at once to use the double ligature. By doing so you will be certain of cutting off the supply of blood, and the hæmorrhoid must slough off, for, by piercing the base at the middle with a double ligature, you immediately destroy the circulation through the vessels at the centre, and thus the death of the part is certain.

Before the operation is commenced, the patient should be desired to protrude the bowel, when the pile will be exposed. To effect this object he will probably find it most

convenient to lean forward on the edge of the bed, or to lie on his side.

Having ascertained the number of the tumours, and completely defined their base, you thread a curved needle, or a pile-needle made for the purpose, with a double ligature: you then pass the point of the needle through the base of the pile: having done so, you cut the ligature and take the needle away, whereby you have two distinct threads. Through it you now tie each thread tightly on each side of the base of the pile, and thus you completely strangulate the vessels supplying it. You treat each hæmorrhoid in the same manner, when, in a few days, they slough off, and the bowel heals.

It sometimes happens that another crop of piles makes its appearance when the first you have tied disappears:—this is owing to there being more left behind internally. Under such circumstances you must tie them in the same manner as you did the others.

I shall now relate some cases.

W. Simmonds, ætat. 45, was admitted into this Infirmary during the last summer, having a festoon of piles around the verge of the anus, and internal piles of so large a kind that when he evacuated his rectum the gut remained like prolapsus ani, and he was obliged to return it with his fingers, or it would have continued down. He had been in this state for some years. None of the ordinary remedies could have been of the slightest service ; consequently, as you saw, I tied these piles (six in number) in the manner I have described, and in a week they had all sloughed off. In a few days after the man went away quite well.

The second case, which occurred in the person of Captain C——, was even worse than the last. He had actually, from this disease, been obliged to sell out and leave his regiment. One of you assisted me in removing the hæmorrhoids ; and so numerous were they, that when the first crop which I had tied sloughed off, a second made its appearance,

and was removed in the same manner. This case did remarkably well. I have frequently heard from the gentleman, who keeps in excellent health, and has since married.

The third case occurred in a Mr. W——, who was in one of the Government offices. Being constantly obliged to sit, he suffered the greatest agony : at length he began to feel that he must give up his employment. He was a friend of mine, and consulted me upon his case. I told him he might get rid of his annoyance with but little trouble and little pain. He consented that I should operate upon him, which I did. In a week or ten days, all the piles, which had been a source of vexation to him for years, dropped off, and he has never since had any return of them.

The subject of the fourth case was a gentleman who had also an affection of the lungs. Independently of a cough and short breath, he was tormented with ulcerated piles,—so much so, that there were very few chairs upon which he could sit down. He was perfectly

miserable, and had but little idea that anything could be done to relieve him,—so long had he suffered from this affection. At length he consulted me, and was surprised when I told him that with but little trouble he might be cured of his disease. He allowed me to tie ligatures round his hæmorrhoids, and in a fortnight he was well.

I have known cases of hæmorrhoids of so aggravated a character that they have been the means of preventing the individual from walking or riding. In one instance a gentleman, after a day's shooting, was attacked with piles to such a degree that he was obliged to abandon the sport and lie upon the sofa. This was a source of great vexation to him, for shooting was his favourite amusement. He had employed all the palliative measures over and over again, but they gave him no permanent relief. Each time he went out, the next day he was attacked; and at length was forced to relinquish his favourite pursuit. Such was the state of things for a year or two; when he told me of his distressing condition.

On protruding the piles, (four or five in number), I found them of immense size ; and the bases of two of them were as large as the circumference of a shilling. He told me that every morning, after he had gone to the water-closet, he was obliged to sit for half an hour, or more, to return them with his fingers, and that he really was most miserable. I gave him my opinion, that, however severe the case might be, yet, if he would consent to have them tied in the manner I proposed, he might get rid of this annoyance. He readily agreed to my proposal. Having prepared him for the operation by giving him aperients, &c., and ordering him moderate diet, I accordingly tied the piles. Not so much pain was experienced as might have been expected. In five or six days they sloughed off ; but the surfaces of the bases of them were so large that it took some little time to heal them. In six weeks he returned home quite well. This was two or three years ago. I have both seen and heard from him frequently since, and he re-

mains quite well, and pursues his favourite sport—shooting.

In another case, a gentleman of considerable consequence was excessively fond of hunting. He was, however, very much afflicted with hæmorrhoids. Although he went out with the hounds every day that he was able, he never returned home without having lost so much blood as to make it evident to the whole field. This state of things went on for a long time, when he consulted me: I found that the piles could be easily removed by ligature. The operation was performed with complete success, and in a few days he was freed from a source of annoyance which had troubled him for many years.

The following case I consider to be one of great interest:—

Mr. —, a surgeon, in extensive practice in Staffordshire, had been afflicted with piles for many years, and was ultimately incapacitated from pursuing his professional avocations. The disease became so bad that he could neither ride nor sit, and was obliged to

relinquish his business. Fortunately he had a son, who carried on the practice. The sufferer came to London, and among others he consulted me. I examined him very carefully, when I found a ridge of piles all round the verge of the anus, which protruded full half an inch, and were so matted together that they formed a solid mass, and bore a malignant character. The part was so excessively painful, that the patient was almost worn out with suffering, was emaciated, and had that anxious expression of countenance which always indicates severe disease; in short, I was afraid he would not have sufficient strength to sustain an operation. As a *dernier ressort*, I advised him to have the mass removed by ligature, to which he readily acceded, and I prepared him for the operation.

The piles being formed in a mass like a ring round the anus, I found some difficulty in tying them. By employing, however, a double ligature, in loops, the operation was completed. It caused some pain; but on the patient going to bed, and taking an opiate, it soon subsided.

In six or seven days, the portions of pile that had been secured sloughed off: the parts then began to heal, and in three weeks or a month he returned home quite free from the disease. In about two months afterwards he wrote to inform me that, to his great joy, his health was very much improved; that he could walk about as well as he ever did; and that he had resumed his professional occupation. It was fortunate in this case that ligatures were used, for the diseased part was supplied by several large-sized arteries; and, if it had been cut off, it might have caused hæmorrhage, and the patient, from his weak state, have sunk under it.

To show the debilitating effect of piles, and more particularly when they are hæmorrhagic, I will relate another case:—

A young lady, a governess in a family of distinction, fell into a delicate state of health. The family, who respected her very highly, felt great interest for her, and, seeing her gradually falling away, consulted their medical attendant on her case. He very properly,

finding her extremely weak, pale, and emaciated, considered her complaint to be chlorosis, and ordered her tonics,—steel, quinine, and similar remedies. But she did not improve in health; she still drooped. In fact, she had, from delicacy, not disclosed to him the real nature of her complaint: she had hæmorrhoids, which bled profusely. This was the cause of her exhaustion and debility, and which she privately communicated to a friend. It happened that the latter had been under my care for much the same thing. The patient was advised to consult me, and did so. It was too true that her extreme exhaustion was the consequence of frequent hæmorrhage: I found immense piles, with bleeding surfaces. Of course I immediately recommended their removal, which was at once consented to. The operation was performed by ligature in the usual manner. In due course of time the hæmorrhoids dropped off, and she was restored to perfect health, when she was enabled to resume her usual avocations. It is evident that, had not this young lady been relieved of

her disease, she ultimately would have become exhausted, and probably sunk under it.

Sometimes it happens (if I may use the expression) that there is a double crop of hæmorrhoids,—one external, another internal. When such is the case, you cannot tie them all at one operation: those situated externally must be secured first, and, when removed, the internal ones can then be protruded and tied. The following case is offered in corroboration of this statement:—A clergyman, for many years, had been the subject of hæmorrhoids. At length the piles became so numerous and large, that they nearly blocked up the rectum, and he experienced the greatest difficulty in voiding his fæces. His sufferings became so great that he determined to come to London, and place himself under my care. He did so, and, when I examined him, I found that he had a crop of hæmorrhoids of large size round the margin of the anus; and, on further examination, I discovered more internally. They were too numerous to attempt to remove at one time; besides, I could not get at the

internal ones until those situated externally were disposed of. I accordingly tied the outer piles, leaving the others free. When the former came away, the inner ones began to project. I desired my patient to protrude the rectum in the same manner as when he went to the water-closet; the hæmorrhoids could then be easily perceived. I passed double ligatures through each of them, and tied them. In a week, these also came away; and in a month from the time that he first visited me, he returned home quite restored to health.

I have known hæmorrhoids to be brought on from an injury. A case of this description occurred in my practice about two years ago. General B., between 70 and 80 years of age, had been all his life very fond of riding, and one day, being on a rough trotting horse, he was (owing to a sudden start of the animal) thrown with great force upon the pommel of the saddle. He struck his perineum and the parts round about the anus, which caused him to suffer agonizing pain. He returned home;

and on making water, he voided blood. This alarmed him very much. He therefore ordered his carriage, and came up to town to consult me. I found, on examining him, that he had bruised all round the verge of the anus, and that the prostate gland was injured, which, no doubt from the rupture of some internal vessel, was the cause of the hæmorrhage from the bladder. This latter symptom soon subsided, so that I did not pass a catheter, fearing that the bleeding might return if I did. He took opiates and mild aperients, and applied leeches, used poultices, fomentations, &c. Although the violent pains ceased, still he had always an uneasiness in the rectum, a sense of weight, and a burning, stinging pain. This continued for some time without abatement. At length he experienced an impediment in the act of defecation. This continued to increase, and his sufferings became very great. Being an old man, his disease was gradually wearing him out. He sent for me to see him at his country-seat. On examining him I found he had two large internal piles,

about the size of plums, and very much resembling them in colour. I passed a double ligature through each, and tied them at their base. In five or six days the ligatures came away, and the piles disappeared. This gentleman is now eighty years of age, and enjoys excellent health, except that he occasionally feels pain in the prostate gland, owing to the accident.

I could relate several more cases, but it is unnecessary for me to do so. I have endeavoured to select some of the most prominent which have occurred in my private practice, and also some that have been admitted into this Infirmary.

Before concluding this subject, I feel it necessary to make a few remarks on the treatment of hæmorrhoids before the operation, and likewise afterwards. It is necessary that the patient should live very carefully for a few days antecedent to the removal of the piles. He should be very careful in his diet; eating little meat, and drinking fermented liquors sparingly. The bowels should be kept gently

lax by mild aperients, and, the day before the operation, a more active aperient should be administered, such as a good dose of castor oil, or a senna draught, combined with other mild and safe aperients,—or any other purgative which best suits the patient. The reason for this is, that the bowels will thus be unloaded, and it will not be necessary for the patient to attempt to have an evacuation for three or four days after the operation, whereby he will be saved great pain, and the ligatures will not be disturbed. During the time of the treatment bland and farinaceous diet should be enjoined,—such as gruel, light puddings, macaroni, or any other innoceyt and nutritious food which it may be his wish to take; and to the part itself a poultice may be applied. On the fourth day after the operation an aperient may be taken: by this time the hæmorrhoids, most probably, will have nearly sloughed off; and should the ligatures come away, the remaining portion of pile has, no doubt, been so strangulated, that it will shortly disappear. After the removal of the hæmorrhoids the patient

will at first feel tenderness about the part. Should this be the case, he may apply to the affected part the cerat. plumbi, or the unguentum cetacei, or an opiate ointment. In a few days any unpleasant symptom will be removed, and he will be sensible of the relief he has obtained.

These cases, together with others that have come under my observation, have led me to the conclusion, that the safest and best treatment for hæmorrhoids in an aggravated state is by ligature.

THE END.

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