

# **Hemorrhoids and prolapsus of the rectum : their treatment by the application of nitric acid / by Henry Smith.**

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# HEMORRHOIDS

the manner described by means of graduated compresses, circular ad-  
hesive strips, and subsequent placing of the affected limb in a straight  
splint, I have succeeded in radically curing thirteen cases of hydrar-  
throsis of the knee-joint. In ten cases I punctured but once, in two  
twice, and in one three times. In the latter three cases I contented  
myself with the compression only, without conjoining the limb to the

AND

# PROLAPSUS OF THE RECTUM.

In every instance the mobility of the joint has been preserved, and  
the results have been thus complete, however unsatisfactory they  
may have been in the hands of other surgeons. Whether the cases  
under my care have been particularly advantageous, or the mode of  
compression I adopted has influenced the results, I am not prepared to  
say, but rather to be contented for a larger scope of ob-

## Their Treatment

At any rate, the treatment of hydrarthrosis by puncture  
and compression, compared with the treatment of hydrarthrosis by puncture  
and compression, is a more rational and successful mode of op-  
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and compression, compared with the treatment of hydrarthrosis by puncture  
and compression, is a more rational and successful mode of op-  
eration.

BY THE APPLICATION OF NITRIC ACID.

the last ten years another proceeding has been introduced for  
the treatment of hydrarthrosis. The analogy of hydrar-  
throsis has induced Bonnet and Velpeau to try the efficacy of stimu-  
lant injections in the latter, particularly with tincture of iodine, and the  
results thus accomplished seem to surpass the most sanguine expectation.

BY

HENRY SMITH, F.R.C.S.

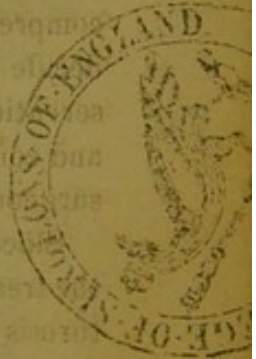
SURGEON TO THE WESTMINSTER GENERAL DISPENSARY.

They maintain that these injections be practised with impunity,  
without danger or inconvenience. The mobility of the joint was preserved,  
and the most sanguine expectations were fulfilled. Other surgeons equally  
enthusiastic have not met with the same com-  
plete results; Zeisler and others have related some instances of most  
violent reaction and suppuration after the injection with iodine, and in  
some amputation had to be resorted to. Having had no personal op-  
portunity to observe the therapeutic effects of injections with iodine  
into joints afflicted with hydrarthrosis, I justly hesitate to offer any  
opinion on its value, and its preference to other modes of treatment,  
and more especially to that of compression and free incision; yet I  
am inclined to look upon compression as both the mildest and least  
detrimental of the three, and it should therefore be preferred in recent  
and minor cases. Should it repeatedly fail, injections should be em-  
ployed, and in very obstinate cases I should not hesi-

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JOHN CHURCHILL, NEW BURLINGTON STREET.

MDCCCLIX.



of Dublin, in a paper published by him upwards of fifteen years ago in a first-class journal, and its employment has been most ably advocated by Mr. Henry Lee on various occasions, some practitioners both here and elsewhere have not even heard of it. I have been appealed to and written to as the supposed introducer of this plan of treatment. It is this fact which in a great measure has induced me to publish these observations in a separate form, in order that my professional brethren may obtain some additional information regarding a means of treating the diseases of the rectum alluded to, which has been so serviceable in my own hands. This must be my apology for adding to the literature of a subject about which some may think more than enough has already been written.

It is not my intention to enter into the anatomy of the parts concerned, nor minutely into the pathology of the diseases referred to, although of necessity this latter subject must, as I go on, receive some notice. It is my purpose to point out and describe those particular cases which can be effectually remedied or relieved by the local application of nitric acid. It has been usual in description to divide hemorrhoids into those which are external and those which are internal—a very proper definitive distinction—because the pathology of the two affections is entirely different. The ordinary external pile being simply a coagulation of blood in one of the dilated veins of the rectum enclosed

in or covered by thickened mucous membrane or integument. When there is not any irritating cause at work, this kind of tumour remains quiet and painless for some time; but under the circumstances of local injury, of derangement of the bowels, or of high living, the part becomes inflamed, and an extraordinary amount of suffering is produced, and this suffering is exaggerated for days or even weeks if the pathology of the affection is not understood, and the proper treatment not employed. A simple incision into the swelling with a lancet is sufficient to relieve the patient at once; for by this the coagulated blood is turned out. Due attention to the bowels and the use of cold water or some simple lotion will produce a cure. Should, however, there be much induration of the integument, in the form of small tumours, it will be desirable to snip them off with a pair of scissors. In those cases where there is considerable swelling and induration of an acute character, it will not be proper to adopt these proceedings. Perfect rest, the application of a few leeches, and of poultices subsequently, will be the appropriate treatment; and when the acute stage has been relieved, the employment of the *lotio plumbi* or the gall ointment, together with the use of gentle laxatives, and attention to diet, will frequently cure the patient.

Internal hemorrhoids are those most frequently met with, and most commonly productive of distress

and danger. They are met with in two conditions. In the one case, the mucous membrane of the lower part of the rectum has become morbidly developed, and at one or more points the tissues have become so diseased, that distinct swellings, either rounded or oblong, exist. There is no doubt that in these swellings are involved the mucous and submucous membranes, together with the vascular tissue. In the one case the swellings are of a livid bluish colour, as though the veins were principally affected, whilst in another the minute arterial branches seem to constitute the vascular portion. In the latter case, the tumours are of a bright red colour, easily bleed, either when the patient is at the closet or when they are touched by the surgeon. When, however, these swellings have existed for a number of years, they become very thickened and granular, and lose their vascularity. Indeed, in a case of severe and long-standing internal hemorrhoids, the tumours will present a varied appearance. One or two may be hard, thick, and granular; another presents the bluish appearance, as though the tumour were mainly composed of venous tissue, and another has the bright vascular appearance mentioned above. This may be observed in a single instance of a long-standing case of piles. These tumours are situated entirely within the sphincter when the body is at rest; but after the natural action of the bowel, or on any unusual exertion, the lower

part of the gut, together with the morbid excrescence, becomes protruded. In this manner additional irritation is produced, and the hemorrhoidal tumours become more developed, and attended with more severe symptoms.

In the other condition, commonly understood as internal piles, the whole of the mucous membrane of the lower part of the rectum is in a more or less unhealthy and preternaturally vascular state; there are not any decidedly developed hemorrhoidal swellings, but here and there are thickened and highly congested patches of mucous membrane, of a more or less bright red colour, resembling in some cases an ordinary *nævus*, in others assimilating the condition observable on the inside of the *palpebræ* after severe and chronic inflammation of the conjunctiva. It is in this latter class of cases that hemorrhage is the most prominent symptom after an evacuation, or on any unusual exercise, such as riding or standing for a long period, whilst in the cases first described it is the protrusion of the gut, the pain attending it, and the consequent annoyance, that the patients most generally complain of. Even in these cases, however, where a very bright vascular tumour exists along with others, a considerable amount of bleeding may take place.

As it is my intention in this present work to consider entirely, or at least mainly, the surgical treatment of hemorrhoids and prolapsus, it is not necessary for me

to enter minutely into the general management of these affections. As, however, it may be supposed that I am overlooking altogether the constitutional and other measures which are so especially necessary in this class of affections, it is expedient that some consideration should be given to this important subject.

In a considerable number of cases of internal piles medical treatment will suffice, if not to cure, at least to remove the annoying symptoms which are produced by them. And it is easy to understand this when we take into consideration that the disease is produced by causes which are removable, or at least remediable. In a great number of instances it is brought about by neglecting the proper function of the bowels, especially in those who eat and drink much, and who take little walking exercise. Sedentary habits are a great cause of congestion of the rectum, and consequently, of hemorrhoidal tumours; those who hunt much are especially liable to piles and hemorrhage from the rectum. Pregnant women are particularly liable to them.

It is necessary, therefore, in the first place, to pay attention to the action of the bowels. If this can be effected without medicine so much the better, and in many instances it may be by the patient drinking a glass of cold water before breakfast. Should, however, costiveness be the rule, it will be necessary to take occasionally at night-time a pill containing five grains

of pil. rhei comp., and one grain of calomel or blue pill, or what is perhaps better, an electuary composed of senna and sulphur. I would deprecate the constant taking either of aperient dinner pills or of night draughts; those who are in the habit of continually taking opening medicine never have a natural evacuation; the muscular and mucous coats of the large intestines must of necessity be weakened and irritated by this practice, and hemorrhoids and prolapsus of the rectum be thereby produced. I attended one old gentleman with bad prolapsus, who told me he had taken fifteen grains of powdered rhubarb every night for thirty-five years. It is no wonder that the prolapsus should have been produced. As a general rule, those who suffer from hemorrhoids should eat sparingly, and only plain food; beer and wine, especially port, should be avoided, or at least used very moderately. As an internal remedy, the exhibition of the confect. piperis nigri is most useful. Above all is it necessary that those who suffer from piles should use a sponge and cold water well after each evacuation of the bowels; cold water should also be injected up the rectum daily, and if there be much hemorrhage, two ounces of decoction of oak bark, containing two or three grains of alum, may be thrown up with great advantage.

By these measures the symptoms may be remedied, or entirely removed when the disease is slight, and



not of long standing. In by far the majority of cases, however, which come under the surgeon's care, the disease has existed for a term of years, the mucous membrane of the rectum has become so much altered, and excrescences have become so developed, that surgical interference is absolutely necessary if more than palliation is desired. And it is to this part of the subject that I now address myself.

The surgical means hitherto adopted for the removal of internal hemorrhoids have been excision and ligature. The former, which was a common practice amongst the surgeons of the last generation, was found to be so dangerous, that, owing perhaps in a great measure to the candour of the late Sir Astley Cooper in detailing unsuccessful cases, it has been almost entirely exploded, by those at least who do not disregard the lives of their patients. It occasionally happens, however, that a form of hemorrhoidal tumour is met with, where this plan may be employed without danger. I refer to those cases where the tumour is more of the form and consistence of a polypus than a vascular pile. I have lately seen two such cases, one in the practice of Dr. Beaman; the other in an old lady, a patient of Mr. Marshall, of Bedford-square. In both cases this peculiar form of tumour required the introduction of the speculum before it could be discovered. In the last case I removed the growth with the knife without any troublesome bleeding taking

place. In the ordinary cases of internal hemorrhoid, whether very vascular or not, it is, however, not safe to perform excision, unless perhaps the method of Mr. Henry Lee, described in his *Pathological and Surgical Essays*, be adopted; of this, however, I have not had any experience, but that gentleman's character for trustworthiness is such that I deem it a duty to allude to the method adopted by him. With these few words, then, the practice of excision may be dismissed.

Next comes the question of the ligature, and it is necessary that I should devote more consideration to this means of curing internal piles, because it is that which is the most generally adopted by the very best surgeons of the day. If there were no other remedial means in our power for the cure of hemorrhoids, it would be useless to criticise the merits of this particular plan of treatment, adopted as it is by such good surgeons, and known to be in the generality of cases most efficient; but I maintain that there is another remedy, and that the ligature is not either necessary or even proper in many of the cases in which it has hitherto been recommended.

It is undeniable that the ligature is an admirable remedy, and is calculated to bring about a cure in the generality of cases of internal hemorrhoids; but it is often used most unnecessarily, and its employment is open to several weighty objections.

In the first place, it is necessary that those who undergo the operation of the ligature should be confined to bed for several days; in the next place, the process of applying the ligature is often attended and followed by most severe pain and suffering; the pain during operation can of course be avoided by chloroform, but that which follows cannot be obviated by an anæsthetic. Retention of urine of an obstinate character is by no means an uncommon sequel to ligaturing piles.

In the next place a low inflammation of a severe type may be set up, producing most dangerous symptoms. I was once called upon to attend a gentleman aged seventy, who had had the ligature applied; symptoms of peritonitis came on, and for several days his life was in great danger, but by great care he recovered.

Death has unfortunately followed this operation in many recorded instances, and in how many others not recorded it is difficult to say; but it is not to be wondered at that death does sometimes occur, seeing that in the parts included in the ligature are of necessity veins which cannot be tied without more or less danger; thus it is that a low form of phlebitis has occurred, secondary abscesses formed, and the patients have died. Sir Benjamin Brodie has had three fatal cases after the ligature. Mr. Henry Lee mentions having examined after death three cases in which the

fatal result followed this operation :—“ In two of these instances secondary deposits had occurred in internal organs.” Sir Astley Cooper mentions a case where death followed the ligature, and this surgeon candidly stated in his published lectures, “ Both excision and the ligature will occasionally destroy life.”

The celebrated French surgeon, Petit, mentions a case where a patient died of symptoms like those of strangulated hernia, after having had some piles tied. He afterwards abandoned this operation.

A case occurred lately in London to a young cavalry officer, who died after this operation had been performed by a surgeon of distinction.

I was myself unfortunate enough to lose a patient after a combined operation of ligature and excision in the spring of 1856. The man was a patient at the Westminster General Dispensary, about fifty years of age, in weak health. I operated in this case by first applying the ligature, and subsequently finding that the parts were not very vascular, I removed the excrescence with the scissors, cutting away the ligature with the base of the tumour. Erysipelas set in after a few days, but curiously enough the disease did not immediately attack the part operated on, but chiefly affected the thighs, and soon destroyed the patient.

Tetanus has also destroyed patients after this operation. A London surgeon, with whom I am

well acquainted, informed me that he lost one of his patients from this cause, after tying some piles. \*

There can be no reasonable doubt that many cases of death after the ligature have occurred, and have not been published, but even with the evidence with which the profession is acquainted, it is somewhat strange to hear the ligature spoken of as a perfectly safe proceeding. And one late writer on the diseases of the rectum goes so far as to state his opinion that "it may be used without the slightest risk of any serious inconvenience."†

It is not necessary, however, for me to discuss further the question of danger connected with the application of the ligature. There are other reasons why this operation is objectionable unless absolutely necessary; but the one of great importance is that the patient must be confined to bed for several days after the ligature has been applied; the time requisite for its separation being from five to ten days. Now this element of time is a great consideration amongst many of those who suffer even very badly from hemorrhoids and bleeding from the rectum, and many to my knowledge neglect surgical advice because they

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\* In the *Medical Times*, June 19th, 1858, four deaths are mentioned as having recently occurred in St. Mark's Hospital after ligature of piles—the cause being tetanus.

† Syme *On Diseases of the Rectum*. Third Edition, page 8.

know that they will have to submit to an operation which will confine them to their beds.

I hope I shall not be viewed, from the foregoing remarks, as an opponent of the ligature in cases where this proceeding is absolutely necessary ; on the contrary, I believe that the ligature is indispensable in certain cases, and that it is a most admirable remedy, generally productive of a perfect cure. In instances where the hemorrhoidal tumours are large, or many in number, when they have existed for a period of many years, and have become very much indurated from continual irritation and deposition of lymph, where also there is a considerable amount of prolapsus attending upon the original affection, and where an alarming amount of bleeding is a most prominent symptom, the ligature should undoubtedly be applied if there is not any contraindication ; but in applying this remedy the surgeon cannot conscientiously promise an immunity from danger, nor indeed can he always be certain about a lasting cure. At the time I am writing I am attending a gentleman suffering with a diseased condition of the rectum, attended with prolapsus, who underwent the operation of the ligature some years since at the hands of a most excellent surgeon in this metropolis ; for some time the cure was apparently effectual, but his disorder has returned nearly as badly as before.

The ligature also is well adapted to those cases where patients are excessively sensitive and nervous, and will not allow more than one operation to be performed; the last case I applied the ligature—in a young married lady—was one of those to which the treatment by nitric acid was well adapted, but she was remarkably fidgety and sensitive, and I thought it prudent to get rid of her disease by a single operation.

It is now my intention to point out those cases which will be cured or relieved by the local application of the nitric acid, the remedy which I have great confidence in recommending, and which will be found to be of admirable service in many cases of internal hemorrhoids and vascular conditions of the rectum. I have already mentioned those particular cases in which the ligature is advisable or even necessary; they are by no means the cases which most commonly present themselves to our notice in private practice at least; for these I would not recommend the nitric acid, nor have those gentlemen who have brought this remedy before the profession—Dr. Houston and Mr. Henry Lee—advised it in such cases.

It is in those instances where the hemorrhoidal tumours are small or moderate in size, and not numerous, and where their structure is more evidently composed of morbid texture in which the small arteries, rather

than the veins, are interested, as shown by their bright red colour, and tendency to bleed whenever the patient is at the closet, or when the tumours are handled, that the local application of the nitric acid is so eminently useful. The relief which one single application of the acid gives in such instances is most remarkable. Its utility is, however, by no means confined to such; for although I cannot recommend it with the same confidence here, yet in some of those cases where the tumours are more of a venous character, of a dark blue colour, and only small in size, the acid, if applied sufficiently, will bring about a cure.

It is, however, in that class of cases frequently met with, where there is not so much any decided hemorrhoidal tumour, but where there is a general congested and relaxed condition of the mucous membrane of the rectum, attended with daily hemorrhage to a greater or less extent, that the nitric acid acts so beneficially. Dr. Houston has compared this condition of the rectum not inaptly to that of the thickened state of the conjunctiva of the lids after chronic ophthalmia; on examining, however, the rectum in this state carefully with the speculum, or where the bowel has been protruded, the mucous membrane will not be found to be so uniformly congested as that of the eyelid; but with more or less congestion there will be seen small vascular prominences, either longitudinal or round, which con-



stitute the main feature of the disease, and from which point takes place the hemorrhage which so annoys and weakens the patients. The application of the acid to these diseased points will soon remedy all the bad symptoms. I shall have to speak of prolapsus by-and-bye, but I may as well mention here, that in each of these three forms of the affection there is, or may be, more or less prolapsus of the gut, but this constitutes no objection to the use of the acid.

Having described the cases to which the nitric acid is applicable, it is fitting that something should be said about its mode of action.

When the strong nitric acid is applied in a very limited degree, I believe that it acts beneficially on the vascular hemorrhoidal tumour, much in the same manner as does the nitrate of silver when applied to a spongy, irritable ulcer of the leg, by altering the condition of the minute vessels and contracting them. When, however, it is used more freely, superficial destruction of the tissue to which it is applied takes place; an eschar forms; this is in time removed; cicatrization necessarily ensues; vessels which formerly bled are closed up; the tissues generally are braced up as it were, and contracted, and the parts brought into a healthy condition. By repeated applications of the acid to the same part, the morbid texture is actually destroyed; and

this is the reason why the remedy requires great care in its use, as well as a careful selection of the cases in which it should be employed.

I will now describe the manner in which the acid should be applied.

It is desirable that the bowels should have been operated upon by medicine or an injection beforehand. If it can be readily effected, the diseased part should be protruded by the patient's unaided effort; if, however, there is much trouble in doing this, the patient should sit over hot water for a few minutes, the bowel will then easily protrude; the diseased part to which the application is to be made should be then carefully wiped with a sponge, a towel, or piece of lint, in order to get rid of the mucus which generally covers it, and which will prevent the due action of the remedy. A small, flat piece of wood should then be dipped into the acid, and should be applied to the diseased tissue; the part should be well covered over afterwards with oil, and every portion which is prolapsed should be returned within the sphincter.

The acid which is used should be the strongest and purest which can be obtained. I generally employ the colourless acid, but sometimes I have thought it desirable to use the brown *fuming* nitrous acid, which acts more powerfully. I have for the most part applied

it by means of a piece of wood, as originally recommended by Dr. Houston; but it may be carried on to the part by means of a glass brush, which cannot be at all affected by the acid. I am not aware, however, that this makes any material difference.

It is important to touch the part only lightly, especially in those cases of vascular piles where bleeding easily takes place, otherwise the blood will escape, and, mixing with the acid, prevent its proper action.

If the acid be carefully applied, and is not allowed to touch the skin, there will be only a smarting sensation, which will go off in a few minutes; should it, however, be allowed to come into contact with the sensitive integument at the verge of the anus, the pain will be excessive. Most persons connect pain in their imagination with the use of any *caustic*, but a large experience of the use of nitric acid to the rectum has told me that in most cases the pain is but trifling and brief in duration when the agent is properly used.

When the diseased tissue or hemorrhoidal tumour cannot be protruded, it is necessary to use a speculum. I prefer that with the opening at the extremity rather than at the side; the diseased part is more readily engaged in this, and the acid can be effectually applied. I even use the speculum in some cases where the parts can be protruded, for this reason—the pain of the

application in this way is so slight, that more than one of my patients have lately told me that they did not know whether I had applied the acid or not, until I had informed them that I had done so.

I may as well mention here, that it has only occurred to me to meet with two instances in which anything like severe symptoms were brought about by the application of the acid. In the first case, I was anxious to cure the patient by one operation, and consequently the acid was used more freely than it should have been; the result was very severe suffering for two or three days, but in the end it was a perfect cure. In the other instance, I heard, but was not a witness of the fact, that a great deal of bleeding took place after the use of the acid; but I believe that in this case the patient was cured of his malady.

How often will it be necessary to apply the acid? This will depend both upon the nature of the case and the disposition of the patient. Where there is only one vascular tumour, or a limited amount of disease, one application pretty freely made will suffice; but in the more severe cases, where there are several tumours, or many points of disease, as many operations will be needful; but as there is no more annoyance to the patient than after the application of nitrate of silver to the tonsils, and as the relief is generally speedy, there will be no objection made to this.

Should, however, the patient persist in undergoing one operation alone, this may be done so as to be effectual by previously giving an enema, getting the bowel well down, and applying the acid freely to all the diseased surface. In such a case, however, it will be necessary to confine the patient to bed for twenty-four hours, otherwise some very severe symptoms might arise; in by far the majority of cases where I have applied the acid the patients have not been confined to the house, but have gone about their ordinary occupations.

Having explained the action of this remedy, and the means of applying it, I shall transcribe a few illustrative cases, as detailed in my note-book.

CASE 1.—Miss B——, aged about forty, consulted me in April, 1854. She was suffering dreadfully with hemorrhoids, which had existed for more than twelve months. Her symptoms were great irritability of bladder and incontinence of urine; also excessive pain in the lumbar region, and altogether great distress.

On examination, I found a mass of what appeared to be external piles protruding from the anus, and internal to the sphincter were two large vascular tumours. It was one of those cases where a combined operation was necessary—viz., the application of nitric acid to the inner vascular tumours, and the removal of the external ones with the scissors. I ordered her a

purgative, and desired her to sit over hot water before my arrival next day, when, finding the parts well protruded, I applied the strong nitric acid to the two inner tumours, and at the same time cut away nearly the whole of the external mass; of course, as I used the scissors at the same time, the patient was compelled to lie in bed, therefore I applied the acid very freely. No evil results followed its use, and on examining her at the end of a week, the internal tumours had nearly disappeared, and that symptom which was so distressing to her—namely, the incontinence of urine—had entirely left her.

In this case, which was a severe instance of internal piles, accompanied with external protrusion, I performed the two operations of applying nitric acid and removing the external tumours on the same day. I never adopt this proceeding now, believing it to be much better to destroy the internal disease first, and subsequently cut away any external growth.

CASE 2.—Mr. T——, aged sixty-five, consulted me in May, 1854. Has suffered from hemorrhoids upwards of twenty years, to such an extent that his comfort has been greatly interfered with; every time he went to the closet the piles came down, and sometimes to such an extent that he could fill the hollow of his hand with them when he passed them up. There was also a great deal of bleeding,

and sometimes so much that his drawers were quite saturated, so that he dared not walk out. Of late, however, this excessive hemorrhage has not troubled him.

On examination, I discovered several large loose folds of integument around the anus, and within their circumference were seen several bright vascular masses of internal piles. I applied the strong nitric acid to one of these tumours lightly, the pain was not severe, and only of short duration, and on his next visit he stated that there had been less protrusion; I therefore used the acid on four other occasions, without giving the patient any distress, and after the fifth operation, finding that the tumours were nearly destroyed, I removed the external growths with the scissors on a separate occasion. These wounds healed rapidly, and in about a week from this date the patient considered himself perfectly cured, not being annoyed by any bleeding, or by any protrusion at the anus whilst at the closet or during walking.

I met this gentleman, quite accidentally, nearly four years after this treatment had been pursued—he assured me that the cure remained a perfect one.

I have mentioned before that a patient may entirely get rid of his disease by one application, if he will insist upon undergoing the necessary pain and confinement; but it must be used very freely, and

a corresponding amount of suffering must be expected.

CASE 3.—Mr. F——, aged about forty, consulted me, in May, 1854. Had suffered for many years from very painful protrusion of the mucous membrane of the rectum. He was much distressed by his complaint, and I was requested by his ordinary medical attendant to examine this gentleman, and do what operation I considered necessary. On examination, I discovered a very large internal tumour, of a dark bluish colour, mainly consisting of venous texture, and therefore not a kind of case to which I would generally recommend the acid. The affection was, however, the source of vast annoyance, and as the patient, who was a very irritable subject, and anxious to get cured by one operation, I determined to make him lie in bed, and to use the acid freely.

Accordingly, on the 14th, we obtained some of the fuming nitrous acid, and applied it very freely over the whole diseased surface; the effect of this application was intense pain, which lasted the whole night, and to some degree for the next two or three days; but on the first occasion he had to evacuate the bowels, there was no protrusion, and none afterwards; the one application had completely destroyed the disease. I met this gentleman some time afterwards, and he told me he had continued quite well.

It is extraordinary to what an extent some patients



will suffer from this affection, from fear of undergoing the operation by cutting, or by the ligature, and from ignorance of any other means of cure. Sometimes we shall meet with patients who have worn bandages or pessaries for many years. Not long since I met with a gentleman who goes about with a protrusion as large as my fist, which he keeps up with a pessary. He consulted me for another complaint, spoke to me of his hemorrhoids, but would not submit to any operation. Many such cases may either be cured or materially relieved.

CASE 4.—Mr. G——, aged forty-five, consulted me, May, 1857. He has had great trouble from piles and protrusion for ten or twelve years, and of late they have become so much worse that he has worn a bandage for three or four years to keep the parts in position, otherwise they generally come down whilst he is walking. On examination I found that the cause of the protrusion was a large internal pile, not very vascular. I applied the nitrous acid to it.

On the 6th he called to say that he was already much relieved, as on evacuating the bowels he found there was less protrusion. I therefore applied the acid again, and advised him to leave off his bandage. A month afterwards, I had a letter from this gentleman, who was compelled to go into the country before the treatment was finished, and he stated that he had entirely left off the bandage, and had only “a slight

inconvenience two or three times during a little more constipation than otherwise."

In cases of this description it is generally found that the protrusion of the internal hemorrhoids is owing to, or rather kept up by, the loose folds of thickened integument, which are so often found to be associated with piles. In all such cases it is absolutely necessary to remove these preternatural growths with the scissors; for even where the nitric acid has done its duty well, there will be a tendency in the disease to return if these folds are not excised. I have reason to believe also that in some of those cases where there is a return of the disease after the application of the ligature, the surgeon has neglected this most essential portion of his work.

I have described a condition of the rectum where there is a general vascular state rather than any distinct tumour, and where the most prominent symptom is hemorrhage. This is sometimes so excessively severe as to produce an alarming effect upon the patient's health, rendering him or her pale and languid, and incapable of the ordinary duties of life; and even when the bleeding is not sufficient to produce any serious symptoms, it is a source of the utmost annoyance; for this hemorrhagic condition of the gut the nitric acid is an admirable remedy, and especially if there is any distinct vascular mass from whence the bleeding comes.

CASE 5.—Mr. C——, aged twenty-nine, sent to me by Dr. Beaman, October 6, 1857. He had been troubled with “piles” for two years, which had given him more or less trouble; but during the last six months there has been a considerable amount of bleeding every day; this has been increased in a great degree by violent horse exercise, this gentleman being very fond of hunting. The hemorrhage is the symptom for which he sought advice, although there has been some protrusion when at stool. On examination, I found the mucous membrane of the rectum in an unhealthy and congested state, and at one point a distinct vascular mass. He informed me that he had consulted a surgeon of eminence on the previous day, who had desired him to come again and sit over hot water at his house, in order that a proper examination might be made; but the patient had heard of the death of the cavalry officer before alluded to, and fearing that he would have to submit to the ligature he became alarmed. I advised him to take a full dose of castor-oil on the evening of the 7th, and to come to me on the following morning. On that day, finding the mucous membrane and the vascular mass well protruded, I touched it with strong nitric acid freely. Next day he sent for me; I found him in bed in considerable pain, the diseased surface having protruded, and the integuments being considerably swollen. I recommended him to lie in bed for a few hours, and

ordered hot fomentations. In the evening I found him up, free from pain.

13th. This patient has been in the country, has scarcely any bleeding; he had taken some castor-oil the previous night, which had brought the bowel down, so I applied the acid again.

15th. Applied the acid again.

20th. This patient scarcely complains of anything except a slight bleeding. On examination with the speculum I found a portion of the mucous membrane in a vascular condition, and I touched it freely with nitric acid.

24th. There is no protrusion, and only slight bleeding. I examined him again with the speculum, and applied the acid to the vascular spot. He did not even know when I was touching the part with the nitric acid, so painless was the application when used through the speculum. I saw this patient again in a few days, and wrote for him an injection containing sulphate of iron, to be used if needful.

This patient consulted me several months afterwards for another complaint, told me that he had hunted much through the season, and had not any bleeding since he left me, nor had he been compelled at any time to use the astringent lotion.

I have already stated that I would not recommend the nitric acid in those cases of hemorrhoids of long standing where there are several distinct tumours of

considerable size, and where, from continual irritation, they have become indurated, are not in a great degree vascular, and do not bleed. In such instances I believe it is better that the ligature should be applied, as disappointment would probably ensue, and discredit be brought upon a remedy which is so useful in proper cases. It will, however, happen that patients suffering from this aggravated form of the disorder will consult the surgeon, and will not undergo the operation of the ligature, but will readily submit to any treatment which may give a fair chance of lessening their sufferings, without producing any risk, or confining them to their bed.

CASE 6.—Mr. G——, aged fifty-six, in weak health, consulted me May 12th. He has had piles for fifteen years, and some time since he consulted a surgeon, who recommended him to wear a pessary, which gave him some relief. During the last three years he has become much worse, the diseased parts protruding not only when at the closet, but even when he walks about. There never has been much bleeding.

I caused him to sit over hot water for some minutes, and then examining him, found a considerable tumour protruded. There were four distinct hemorrhoidal tumours, two of them being as large as the top of the finger, very much indurated, not vascular, and not painful on pressure; the other two were smaller,

more vascular, and evidently of a more recent formation than the others. Outside the sphincter was a quantity of loose and thickened integument. On the inner aspect of the larger piles the mucous membrane was thinner, somewhat abraded, and more vascular.

This case was evidently not a promising one for treatment by nitric acid, but the patient had heard of this remedy, and asked me if I could hold out any chance of relief by its means. I strongly recommended the ligature, but on his asking the question was obliged to tell him that this operation was not without danger. He preferred the chance of relief by the acid. The parts being well protruded, I applied the acid to the inner portion of the two large hemorrhoidal tumours. This application was done at my own house; it gave the patient hardly any pain, and he rode home afterwards in his carriage.

14th. He has not had any pain since the application of the acid, and there has been much less protrusion. On causing him to sit over hot water it was difficult to get more than half what was prolapsed before. One of the large piles, however, came into view, and I touched that with the nitric acid, also one of the smaller tumours.

17th. This gentleman has not suffered any protrusion when at the closet, and has informed me

that he stood for upwards of two hours together to-day witnessing an exhibition, and that afterwards there was not any protrusion, which would most assuredly have been the case before he consulted me. As there would be some difficulty in his protruding the parts, I introduced the speculum, and applied the acid through it to one of the tumours. This application caused more smarting than any of the others.

20th. Has suffered considerable inconvenience, but no pain since the last application; this has now gone off. He states he is so much improved, that when he goes to the closet the piles no longer protrude. I, however, made another examination with the speculum, and applied the acid to a portion of the disease which came into view. This application the patient literally did not feel. He is going into the country well pleased with the benefit he has obtained, and has promised to come again and see me if there be any further protrusion. I have strongly advised him to allow me to remove the loose skin from around the anus; having explained to him that in all probability if this be left it will increase, and tend to produce some further prolapsus.

This case is of necessity somewhat incomplete, but it is an instructive one, because it shows that even in those cases where the ligature is imperatively called for, apparently great relief, if not an actual cure, may

be brought about by a judicious application of the nitric acid. It also illustrated another point which I have already alluded to, viz., the advantage in possessing some means which will supplant the ligature in cases where patients, either from dread or from an unwillingness to lie up, will not undergo that process, and will prefer to suffer from the pain and inconvenience of their disorder, rather than submit to the ordeal proposed; whereas on a candid explanation of the little suffering produced by the nitric acid, and its mode of action, they will gladly take advantage of such a remedy.

I will conclude the illustrations, by detailing a case of a complicated and severe nature, where the nitric acid had the most beneficial effect.

Mr. W——, aged thirty, consulted me March 17, 1858. He has been a delicate man always, and has suffered for the last four years from disease of the rectum, first showing itself by pain and bleeding. For the last two years he has never had a motion without losing much blood. He has been accustomed to hunt a great deal, and on his return, after a day's sport, he has found his small-clothes saturated with blood. His countenance indicated loss of blood, his face being very pallid and pasty.

On examination I discovered that the anus was surrounded by several large excrescences of a pendulous nature; and, internally, the mucous membrane



of the rectum was in a very diseased condition, there being on either side hemorrhoidal tumours of considerable size, very vascular, and covered with a very thick and diseased membrane. Bleeding was produced by this examination. It is only latterly that this gentleman has been much annoyed by protrusion, but so great has this become, that sometimes the gut has kept down for thirty hours at a time after an evacuation.

I explained to this gentleman that his case was one well adapted for a combined operation, that it would be necessary to cut off the external growths, and then attack the internal mischief by some other means, and as the hemorrhagic character was chiefly marked, I advised the application of the strong nitric acid to the mucous membrane.

On the 18th I removed the pendulous growths with the scissors, and on the 21st I applied the strong nitric acid to the diseased mucous membrane. This application was not attended or followed by much pain; and on the 25th, finding the diseased surface much reduced, I applied it again. On the 29th, as there still remained a small portion of diseased mucous membrane, I made a third and last application. After this the bleeding and protrusion ceased, and the patient returned home.

This patient was confined to his bed for some days,

because the use of the scissors was followed by considerable bleeding, and retention of urine.

I had the gratification of seeing this gentleman walk into my consulting-room on the 13th of November last, just eight months after he had left my care. He was looking remarkably stout and well, and told me that although he had hunted much, he had not had the slightest return of the bleeding or protrusion.

I do not think it necessary to give any further illustrations of the use of nitric acid in internal hemorrhoids, but there are one or two points on which information may be sought, and the first is as regards the want of success which has attended its use. It would be absurd of course to maintain that the nitric acid will cure or relieve all cases of internal piles. So uncertain is the practice of medicine, and even of surgery, that success cannot always be depended on even when we bring to bear the greatest skill and utmost care in the use of remedies, and it is only quacks, cancer curers, et id genus omne, who will assume infallibility for their remedies. The nitric acid will sometimes fail in doing good, and I am willing to admit that it has disappointed me; but this has been the case in only a few instances—and even in those I believe that this disappointment arose either from a want of judgment on my part, or from an improper application of the remedy. As I become more and

more careful as to the selection of the cases, it is my belief that the disappointments as to results will be very rare.

Another point relates to danger or other bad results. I may at once say I have never seen a death follow its use; neither has erysipelas or abscess resulted in any single case. Prolonged suffering only has occurred in one instance, in Case 3; here the acid was applied much more freely than I should feel warranted in employing it again. Considerable bleeding followed in one instance not related; at least I heard so; I was not a witness of the fact. As regards any contraction of the gut which has resulted from its use, I have not witnessed anything of the kind, nor can I understand how it can occur, unless the acid is used with unwarrantable severity.

One word or two as to the permanency of the cure. In one of the cases mentioned in this work, I have had the opportunity of seeing the patient just four years after treatment, and he assures me that he remains quite well. I occasionally see an old naval officer, in whom I applied the acid for very bad internal hemorrhoids in 1851. This gentleman told me a few weeks since that he has remained in great comfort, but he has sometimes a slight protrusion when at the closet. I believe that in many instances where the nitric acid has been effectually used, the cure will be permanent; but, doubtless, there will be

in the course of years in severe cases a slight return of the symptoms, especially if the patient is careless about the matter. Should this happen, however, the remedy can be applied again, and those who have once been benefited by it will be glad to avail themselves of its use. This objection, however, of the possibility of the cure not being permanent in some cases, is only that which holds good against the ligature as well; for only very recently two patients have consulted me who have had this operation performed for internal piles, by first-class surgeons in this metropolis, but in each case symptoms had recurred so severely as to drive the patient to get further advice, and another operation was necessary in both instances.

#### PROLAPSUS OF THE RECTUM.

It has already been seen that in the majority of cases of severe internal piles there is more or less protrusion of the mucous membrane of the rectum, when any cause produces an increase in size, or a descent of the hemorrhoidal tumour. The prolapsus in fact, is the result of the co-existing disorder, and in most such cases it will be found that the means which remedy the hemorrhoids have the effect of removing the protrusion of the gut. It is not necessary, therefore, that I should say anything further regarding this particular

condition. Another form of prolapsus, which is of a troublesome nature, depends upon some sympathetic irritation ; such as stone in the bladder, or worms. These cases are for the most part observed in infants and children, and, as the morbid condition is a secondary effect, the means of cure consist in the removal of the exciting cause.

There is, however, another form of prolapsus which is not unfrequently met with in the old and debilitated, and in those who have been in the habit of taking large quantities of purgative medicines. The affection consists either of a partial or entire descent of the lower part of the rectum, independent of any particular hemorrhoidal complication. In some cases the prolapsus consists only of the mucous membrane, and it may only give trouble at the time the patient is at the closet, or is taking violent exercise. In the more severe form, the entire circumference, not only of the lining membrane, but even of the other structures of the gut become prolapsed, and as time wears on, and the patient neglects proper remedies, the protrusion becomes increased in size, gives excessive trouble and annoyance, and at last the patient is compelled to wear a support, in the form of a bandage or a pessary, in order to make life tolerable ; or if he neglects to do this, he loses entire control of his sphincter, and suffers from that most unpleasant of all affections, an

inability to control the escape of the contents of the bowels.

It is quite extraordinary to see what cases of this description are every now and then presented to the surgeon, where patients have carried about with them for years a prolapsus as big as the fist, under the impression that it is incurable, or that the means of cure are attended with danger.

There are, however, fewer cases of a grave character in which proper surgical means can be resorted to with a better chance of success than in those just alluded to. As palliatives, the injection of cold water and the solution of sulphate of iron daily, after the protruded part has been returned within the sphincter, will be found useful in the milder cases, and in the severer forms the same means, together with rest in the horizontal posture after the bowels have been evacuated, together with the assistance of well-applied pressure, will give great relief. It is also very important to attend to the general state of the health, as patients suffering from prolapsus are generally in a debilitated state, and require change of air and tonics; above all, it is necessary to avoid the use of those purgative medicines which these patients are so continually indulging in.

When it comes to a matter of cure, the patient who suffers from the more severe form of prolapsus must

undergo an operation consisting either of the removal by the scissors of several folds of the loose integument around the anus, or when this relaxed condition of the skin is not so well marked, of the application of the ligature to one or more portions of the mucous membrane. An admirable cure is generally the result of these operations, but of course the employment of the ligature here, as in the case of hemorrhoids, is not without danger; it is therefore necessary to look for some other means which have not this objection, and of which those may have the benefit who will object to a cutting operation.

In the summer of 1854 I was requested by Mr. Bennett, of Oxford-street, to meet him in the case of a gentleman, between twenty and thirty, who had had for some time such a severe prolapsus that he was compelled to wear a pessary. Sometimes he could not return the immense protrusion of his rectum, and on an occasion of this kind, Mr. Bennett requested my assistance. On examination, we found an enormous protrusion of the whole of the circumference of the rectum several inches in length. It was a question not only whether we should simply restore the prolapsus, but whether something could not be done to prevent its coming down in the same way. With the latter view, I smeared the whole surface of the prolapsed part well over with nitrate of silver,

and then gradually and without doing any mischief, successfully reduced the whole. He was desired to remain quiet in the horizontal position for some time.

No ill effects followed; shortly afterwards the patient left London, and I ascertained since that he had been able after this operation to dispense with his pessary.

Emboldened by the result of this case, and by the use of the nitric acid in instances of hemorrhoids, I determined to try the same agent in the more severe forms of prolapsus.

A. B., aged seventy, was sent to me at the Westminster General Dispensary by a surgeon near London, August 25th, 1854. This patient presented the aspect of severe suffering, and he looked much older than he really was. He stated that he had been a sufferer from prolapsus of the gut for twenty years, that latterly the protrusion had increased so much that he was unable to return it; consequently there was constant relapse, and he was always in pain. But what caused him most misery, and drove him to obtain further surgical advice, was the circumstance of his not having any control whatever over his rectum. The *faeces* escaped quite involuntarily. On examination, I found that there was a swelling outside the anus, consisting externally of loose and thickened inte-



gument, and within of the prolapsed mucous membrane of the rectum, highly vascular, thickened, and relaxed, the whole forming a large and prominent tumour.

The symptoms were here of a severe nature, and the affection was of very long standing, but I determined to try the local effect of the nitric acid, although I was doubtful of its doing any good, never having applied it before in such a case.

I took great pains to cleanse the protruded part well, then to dry its surface with lint. I then applied the strong nitric acid freely to the whole of the prolapsed membrane, smeared the parts abundantly, and returned them within the sphincter. The patient suffered considerably, but it was mainly from the mechanical efforts made to return the protrusion. He was ordered to keep very quiet.

30th.—The bowels have been moved once since the operation, and the patient states he had more control over the rectum. On examination, I found that the protrusion was already much lessened in magnitude; that the mucous membrane which had been touched by the acid was corrugated and hardened; and that the parts were altogether in a more healthy state; I therefore did not hesitate to apply the acid again.

At the patient's next visit to the Dispensary I was absent, but he saw the house-surgeon, and informed

him that "he was better than he had been for twenty years." This gentleman applied the acid a third time.

October 9th.—This man came to-day. His countenance indicated a mind at ease, and renovated health. He informed me that he was well, and on examining him I could not discover a trace of the protrusion.

The result of this case was quite beyond my expectations, for, although I considered that some benefit would be produced, I could not look for a perfect removal of the disorder, together with its very distressing symptoms. The next case is an ordinary instance of prolapsus, where a speedy remedy was effected by one application.

Mr. C——, aged sixty-six, consulted me, May, 1856. He has suffered very much from prolapsus of the gut for fifteen years. He is by trade a carpenter, and his great annoyance is that when he begins any work the gut falls down; moreover, the same effect is produced by his walking any distance. On examination, I found that the gut was not protruded to any great extent, but on the patient straining, a portion of mucous membrane, which was about the size of a florin, much thickened and highly vascular, presented itself. I carefully cleansed and dried the part, and applied the nitric acid over the whole of it.

The application did not cause much pain, and after the lapse of a few minutes, he informed me that he felt easier than before the acid was applied.

This patient called upon me in a few days, and stated that the bowel did not any longer come down.

In some instances of prolapsus of the rectum of long standing, the distress is not so much referred to the rectum as to the bladder; great irritability, and oftentimes retention of urine, being produced, and these are the symptoms which in reality drive the patients to the surgeon. They fancy that their disorder consists in stricture, or disease of the bladder, whereas in fact it is the prolapsed gut which irritates these parts. Those who see much of disorders of the urethra and bladder are well acquainted with this fact.

Mr. S——, aged fifty-nine, called on me March 1st, 1857, with retention of urine. I introduced a good sized catheter with ease, and on inquiring further, found that the patient had got a considerable protrusion of the circumference of the mucous membrane of the rectum; it was greatly congested. He stated that he had suffered in this way for many years, and that the prolapse took place always when he was at the closet, and generally when he walked out. He was not aware that it could be cured. I recommended him to use an injection of oak bark.

March 6th.—The prolapsus being the same, I applied the nitric acid to the part pretty freely.

9th.—He came to my house, having retention of urine again; I relieved him with the catheter; the gut was much prolapsed.

10th.—I applied the nitric acid very freely, and returned it within the sphincter.

11th.—This gentleman again called, having retention, not having passed anything since the acid was applied; the gut was only slightly prolapsed. I passed the catheter, replaced the gut, ordered him to keep quiet, and take ℞xxv. of liquor opii sedativi.

12th.—No more retention; he says the gut only comes down very slightly now, and on examination it is very difficult to see more than a very small prolapsed portion. To this I applied the acid again. I repeated this once on the 16th, and he called in a few days to say that he was quite well.

It is not necessary for me to relate more cases, as those detailed show that prolapsus of the rectum may, as well as internal hemorrhoids, be cured without any other operation than the judicious employment of nitric acid. It is quite surprising to see the extraordinary comfort which one or two applications of this agent will give to patients who have been suffering years of misery. It will supersede the use of those atrocious pessaries and supports which patients every now and then bring out of their pockets to show us,

and which, independently of being very injurious from the dilatation of the gut caused by them, are excessively nasty things, and chiefly calculated to amuse old women and hypochondriacal men, who have nothing else to do but to attend to the state of their bowels.

THE END.

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