

# **The surgical treatment of haemorrhoids / by Walter Whitehead.**

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THE SURGICAL TREATMENT  
OF  
HÆMORRHOIDS.

BY

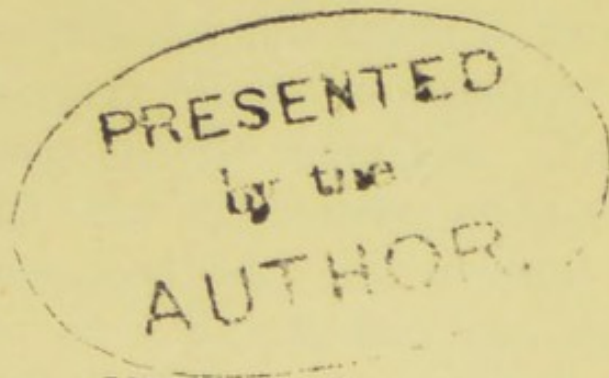
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## THE SURGICAL TREATMENT OF HÆMORRHOIDS.

THE surgeon's sphere in the treatment of hæmorrhoids is defined when the blood equilibrium in the hæmorrhoidal vessels is not merely disturbed but actually destroyed, and when structural changes have so far advanced in them that neither constitutional measures nor local applications offer any reasonable prospect of altering these conditions; when, in fact, the hæmorrhoids have become a substantive disease and can no longer be regarded as mere symptoms of either inherent local weakness or of indirect and remote functional derangement.

Previous to this state the treatment of hæmorrhoids naturally remains within the domain of the physician.

There is no disorder of the human economy more frequent than hæmorrhoids, and there is probably no operation in surgery where procrastination in their removal is more bitterly regretted. Years of relievable suffering are needlessly endured by patients, and temporised with by medical men, when an operation of a simple and radical character is capable of effecting a cure, which is generally complete and permanent.

The intention of the operation is to remove from



the lower segment of the rectum the diseased, dilated, and tortuous vessels, and the adjacent tissues, hypertrophied, and consolidated by plastic exudation. These diseased structures are situated beneath the mucous membrane of the rectum, and rest upon the circular fibres of the internal sphincter; and it is the object of the operation to clear them away from the anal orifice, where they act as obstructions to defæcation and excitants of periodic and distressing spasmodic muscular contractions.

Numerous operations have been designed to fulfil this intention, and several have been specially planned for this exceptional purpose, involving deviations in practice which we should hesitate to adopt in the removal of more formidable tumours from any other region of the body. The excuses advanced for these departures from the ordinary principles of surgery appear to be founded on the fears and blunders of a past generation rather than upon any real danger to be avoided or upon any obvious and substantial advantage to be gained.

During the last five years I have excised hæmorrhoidal tumours on a plan which I venture to believe to be more in harmony with the principles of modern surgery than the operations to which I have alluded; and I have abandoned those pyrotechnic aids and cumbersome appliances which at one time I regarded, I must confess, as indispensable.

The following cases, selected out of a large number, will perhaps explain the manner of conducting the operation, and the principles upon



which it is founded, better than a more formal description.

In June, 1880, I saw, at the request of Dr. Leech, a lady of robust figure who had suffered for nine years from internal hæmorrhoids. She had been advised seven years previously to have an operation for their removal, but feelings of delicacy had interfered with her consenting to follow the advice. Her life had become a burden in consequence of the absorbing demands imposed by the hæmorrhoids. Her nervous system was demoralised by the concentration of her thoughts on her trouble; and the habits of her life had to be regulated by the exigencies of her ailment, until finally she felt compelled to submit to any plan of treatment that could afford her a prospect of relief.

After it had been decided to excise the hæmorrhoids, a day in the following week was fixed for the operation, and in the meantime the patient was very carefully prepared by diet, aperients, and rest. The operation was conducted under chloroform, with the patient in the lithotomy position. As a preliminary measure, the functions of the sphincter were suspended by forcible dilatation. Two thumbs were introduced into the rectum, and the circumference steadily kneaded in every direction until all resistance was overcome, and the sphincter rendered absolutely passive. The patulous condition of the rectum thus obtained enabled the whole mass of piles to be protruded through the anus by introducing two fingers into the vagina and depressing the recto-vaginal wall. The hæmor-



rhoids in size and appearance resembled an average ripe tomato, and were mapped on the surface into four irregular and unequal lobes.

The lobes were next divided into four segments by longitudinal sections in the axis of the bowel and in the furrows marking the intervals between the several lobes. This was accomplished without the loss of any blood. Each portion was then secured in succession by Lund's ring forceps, and dissected with scissors; first, transversely from the anal margin, and then the dissection was continued upwards in the cellular plane to the highest limit of the hæmorrhoidal growths, in this case about an inch and a half. Each segment was thus converted into a quadrilateral wedge-shape mass, the base below consisting of the hæmorrhoids, and the apex above of the healthy mucous membrane of the bowel.

The mucous membrane at the highest point was next transversely divided, leaving the hæmorrhoids simply attached by loose cellular tissue, and the vessels proceeding from above and supplying the mass below.

The forceps containing the hæmorrhoids were then twisted until all connection was severed and the hæmorrhoids removed.

The divided surface of mucous membrane was next drawn down, and attached by several fine silk sutures to the denuded border at the verge of the anus.

The other portions having been treated in the same manner, the operation was completed. The sections throughout were made by scissors. (See



illustrations annexed.) The loss of blood during the operation did not exceed a couple of ounces. The patient made a complete recovery, and regained the full capacity to discharge her domestic duties and social engagements.

Another case was operated upon with Mr. Sutcliffe, of Stretford Road.

The patient was a young lady, twenty-five years of age, whose health and strength had been alarmingly reduced through nine years' pain, mental distress, and hæmorrhage occasioned by internal hæmorrhoids. Such, indeed, was her anæmic condition that had I felt less confidence in the small amount of blood likely to be lost, I certainly should have hesitated before undertaking the operation. The piles were unusually large and exceedingly vascular, jets of arterial blood projecting from minute orifices in the tumour upon the application of the slightest pressure. The operation was conducted on the same lines as the previous case, and with equally satisfactory results. The loss of blood during the operation was so slight, that only one sponge was used. Immediately after the patient was returned to her bed, a two-grain belladonna suppository was introduced into the rectum, and a quarter of a grain of morphia administered subcutaneously. The patient suffered no pain whatever after the operation, and her convalescence was complete in a couple of weeks, and remains permanent.

Another example affording considerable interest and associated with features of unusual character, occurred in the case of a married lady on whom I



operated in the summer of 1879. The hæmorrhoids would appear to have originated from the pressure exercised by a retroverted uterus. The position of the uterus not only interfered with the circulation in the rectal vessels, but also, by impinging on the sacrum, acted as a kind of valve and intercepted the descent of fæces. The use of aperients only increased her difficulties by causing increased straining and a firmer impaction of the uterus. She also suffered from excessive and occasionally alarming loss of blood. Ten years of suffering, with intervals of relief during the latter stages of three pregnancies, were endured by this patient before she would submit to any operation. In order to convey an idea of the ignominy to which humanity may be reduced by hæmorrhoids I may mention that this lady, who possessed feelings of the greatest refinement, admitted that during the last five years she had been forced by experience to adopt the revolting expedient of relieving her bowels by the use of her fingers. The retroversion was corrected by a suitable pressary, and the hæmorrhoids were operated upon in the same manner as the other cases. An attack of cystitis supervened and complicated what would have otherwise been an excellent recovery. The bladder symptoms, however, speedily responded to simple remedies, and the patient left town for her home in fourteen days after the operation. Since that time there has been a relapse of the uterine troubles, but so far as the hæmorrhoids are concerned, the cure has been entirely successful.

Mr. V., a gentleman from Grimsby, was sent to

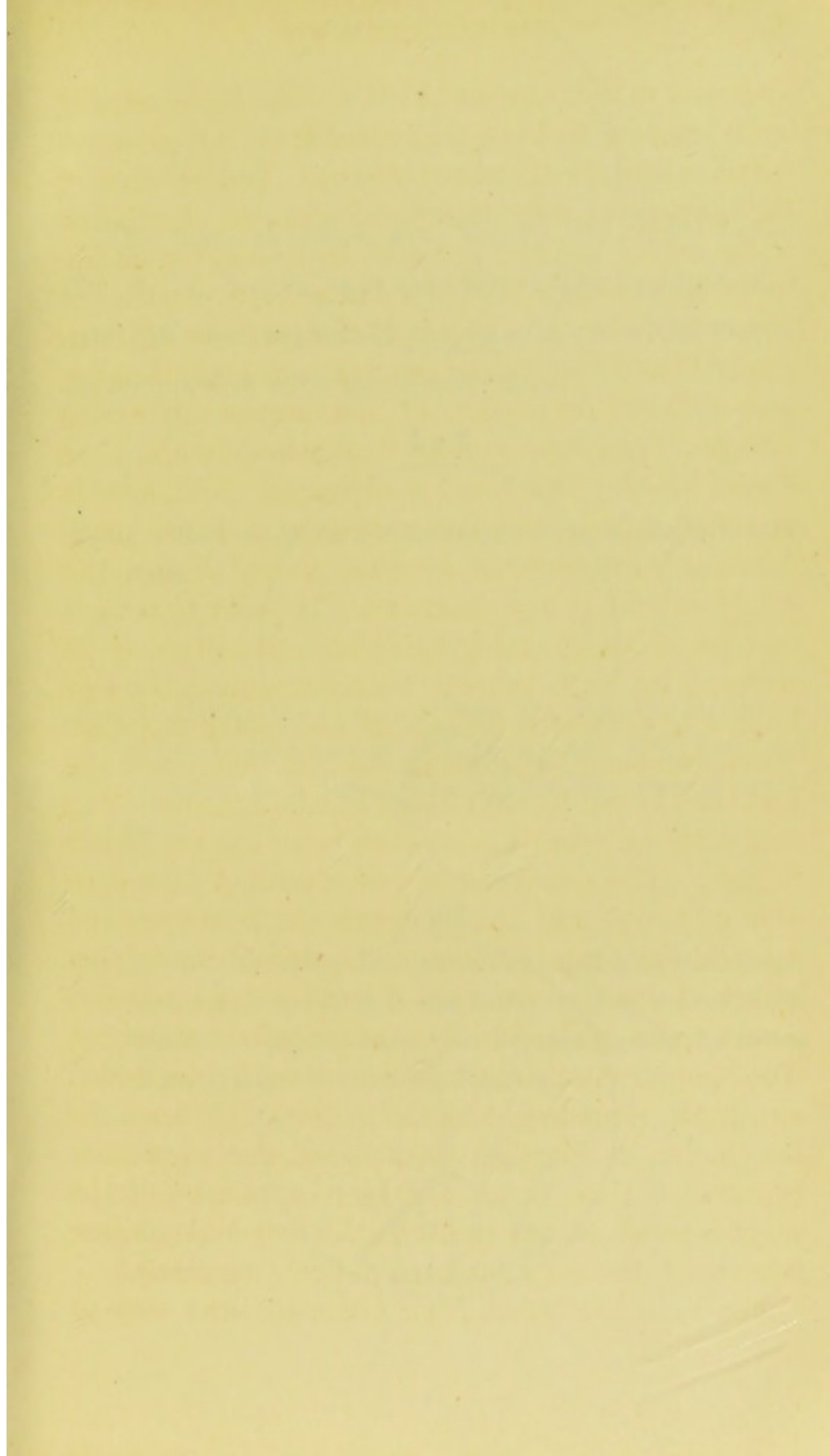




Fig. 1.

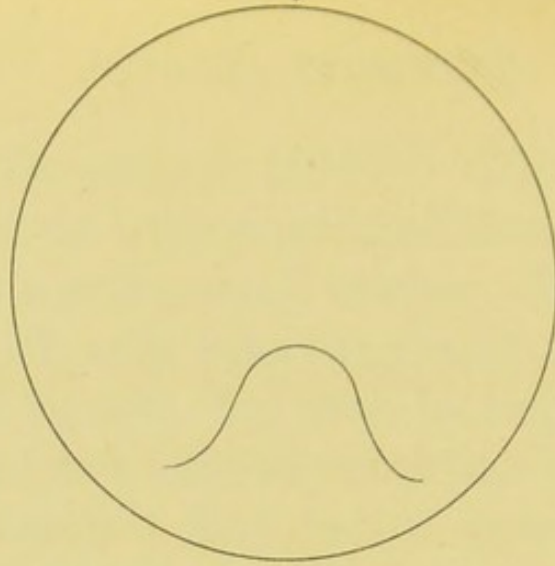


Fig 2.

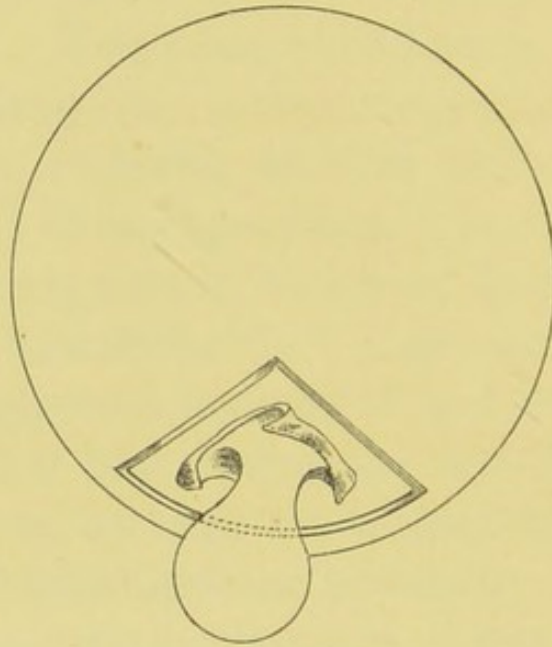
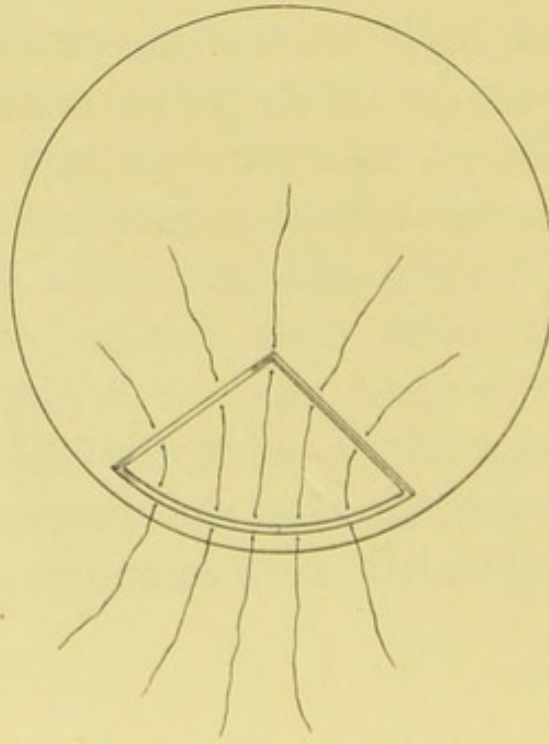


Fig 3.



The three sketches, very kindly drawn for me by Dr. A. H. YOUNG, may possibly assist in explaining the different stages of the operation when viewed in connection with the description.

FIG. 1.—Represents, in a diagrammatic form, a single hæmorrhoid.

FIG. 2.—Shows the incisions, with the mucous membrane reflected, the hæmorrhoid partly twisted at its base, and separated from the surrounding healthy mucous membrane.

FIG. 3.—Illustrates the condition of the bowel after the hæmorrhoid has been removed, and before the free borders of the mucous membrane have been brought together by means of the sutures shown in the diagram.



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me by Dr. Hunter. He had always been a hard-working, abstemious man, very anxious to succeed in life; but he had, as a rule, neglected taking care of his health, eating his meals quickly, and only giving his bowels an opportunity of acting once or twice each week, endeavouring to make compensation for the irregularity by prolonged visits and unnatural efforts.

For fifteen months previous to my seeing him he noticed that, after almost every motion, a jet of blood spurted backwards, in a continuous stream, against the pan of the closet. He observed that the blood always issued from the same spot—an opinion confirmed by his wife, who had frequent opportunities of examining the bowel after defæcation. The hæmorrhage evidently occurred on other occasions than when the bowels acted, as quantities of coagulated blood occasionally preceded fæcal matter at the closet. He was treated by different medical men in Hull and Grimsby, and by all advised to undergo an operation. Before he could be convinced that no other treatment would succeed in curing him, he tried sixteen weeks' absence from business and active constitutional treatment, without deriving any benefit so far as his rectal troubles were concerned.

Feb. 23, 1880. Chloroform was administered and the rectum explored. A large mass of piles encircled the bowel, and free hæmorrhage proceeded from one point. The whole of the growths were removed in the same manner as in the former cases.

The patient, who was of a highly nervous tem-



perament, complained of considerable pain after the operation, and only obtained relief after the extraction, with ovum forceps, of an immense mass of abilius, clay-like motion, which had descended into the lower bowel, and evidently escaped the solvent influence of the numerous enemata which had been administered before the operation. He was convalescent in a few weeks, and eventually resumed his usual business habits.

The case had special interest in illustrating the discomfort that may arise from the retention of faecal accumulation in the bowel, and how easy it is to fall into the error of attributing such discomfort to the operation rather than the true cause.

These four cases may be taken as representing a large number on which I have operated, in hospital and in private practice, during the last five years, and all have been followed by uninterrupted recoveries and admirable results; no cases have been complicated by secondary hæmorrhage or any constitutional ill effects.

The amount of pain following the operations has not been uniform. In some cases there has been an absolute freedom, whereas in others pain has been complained of during the first few hours after the operation. The number of instances and the amount of pain have, however, gradually diminished as experience has been gained in the manner of conducting the operation and in the treatment subsequently adopted.

There are points in connection with the operation which will perhaps admit of further explanation.



The operation is based in the first place upon the anatomical foundation, long since demonstrated by Quain, that the arteries in the lower part of the rectum descend from above, running vertically in parallel lines towards the end of the gut in the cellular tissue between the mucous membrane and the muscles. It is from this arrangement of the vessels that the surgeon is enabled to leave the torsion of the arteries to such a late stage of the operation.

The dominant influence of the sphincter as a factor in the causation of hæmorrhoids is found equally potent as an agent during the after-treatment; and unless its influence be totally compromised by forcible distension, secondary hæmorrhage may be concealed within the rectum, and much subsequent suffering endured from spasmodic contractions. With the sphincter dilated, however, secondary hæmorrhage ceases to be a consideration of importance; and if during the operation collateral arteries be divided and bleed freely, they are treated on ordinary principles and twisted without difficulty.

In the healthy rectum, the mucous membrane is loosely connected with the adjacent muscle and readily detached, but in this operation it is one of the objects, and a main feature in the cure, to obtain adhesion between the mucous membrane and the muscular coat of the bowel, in order to counteract for the future the tendency to hæmorrhoidal stasis by giving a substantial support to the vessels; and this is gained by uniting the



healthy mucous membrane from above to the verge of the anus—an advantage which cannot be overestimated. It closes what would otherwise be an open wound in one of the most undesirable localities of the body, and by protecting the raw surface from the irritating influences of passing fæces, prevents a considerable amount of after-suffering, and admits of the only possible chance of immediate repair.

A contingency that will at once suggest itself to the minds of those who read this description is the risk of stricture likely to follow the cicatrix resulting from this plan of operation. I may mention that wherever it is feasible with strict regard to removing every evidence of any hæmorrhoidal growth, I invariably leave longitudinal strips of mucous membrane continuous with the skin; but in severe cases, requiring the removal of the entire circumference, I have no fear of the bowel being inconveniently contracted when mucous membrane alone is sacrificed; and believe that undue contractions only take place when annular cicatrix is formed at the expense of integument. I have taken great pains to ascertain that this fear is groundless, and I have watched most of my cases for a sufficient length of time to relieve my mind from any further anxiety on this point; at the same time I fully realise that the progress of such contractions is slow.

The preparation of the patient, previous to operation, requires a considerable amount of forethought and personal supervision.

The patient must be induced to remain recum-



bent for at least three days previously to operation. An immense gain is secured by this—the hæmorrhoids are reduced to their least possible dimensions; whereas, if the patient be allowed to go about as usual, he frequently exerts himself in making unusual arrangements in anticipation of the operation, and by such means increases the vascularity of the hæmorrhoids, and consequently adds unnecessarily to the difficulty and the extent of the operation. It would be obviously unscientific to operate upon piles during an “acute attack,” and it is equally evident that, the more the circulation can be reduced to a quiescent condition, the less will be the bulk of tissue requiring removal.

The diet must also be regulated by strict rules. In ordinary cases fluid farinaceous food should alone be taken, and, unless specially indicated, all stimulants should be interdicted.

Suitable aperients must be prescribed, and the character of the evacuations should be inspected, in order to ascertain that no solid fæces remain, and to secure an empty rectum on the day of operation. An enema of water containing a little glycerine may with advantage be administered each morning. A digital examination of the rectum the day preceding the operation may prevent the unpleasant discovery at the last moment of an obstinate accumulation in the rectum, notwithstanding these precautions.

The lithotomy position for the patient during the operation, though perhaps the least delicate, is for the same reason the most convenient, as it permits



what is most desirable—an unincumbered view of the parts to be dealt with; and further, it secures, when the hips are elevated and the thighs well flexed on the abdomen, a relaxation of the muscles likely to interfere with free manipulation. I have always found an ordinary dressing-table convenient for the patient to lie upon during the operation, and I prefer sitting on a low chair in front of the patient.

When the patient is in position, I generally commence by compressing a soft sponge about the size of an orange and passing it six inches or more up the rectum; this precaution prevents the escape of liquid fæces during the operation; and it is hardly necessary to state that the sponge must not be forgotten at the completion of the operation. During the operation, sponges wrung out of spirit and water, one in six, will be found superior to water alone for purposes of clearing blood from the surface of the wound.

In operating on men, the hæmorrhoids must be hooked down with a finger or secured by ring-forceps and withdrawn. Attempts to obtain a prolapse of the hæmorrhoid by the efforts of the patient, or the use of an enema previously to the administration of an anæsthetic are undesirable and opposed to sound principles.

The advantages of the operation may be briefly summarised by stating that the immediate and ultimate results are in every respect satisfactory; and my opinion with regard to the operation may be considered of more moment, when I state that I have



had perhaps unusual opportunities of forming an unprejudiced opinion as to the comparative merits of the numerous operations that have been advocated for the removal of hæmorrhoids, and I have, I believe, given them each in turn an adequate and impartial trial.

Dupuytreu, Sir Astley Cooper, and Sir Benjamin Brodie excised hæmorrhoids at the early part of this century; and although Cooper and Brodie eventually abandoned excision in favour of the ligature, Dupuytreu continued the practice to the end of his career. When we compare the dangers and difficulties attending excision before the advent of chloroform, the practice of dilating the sphincter and the torsion of arteries, it is not difficult to understand a preference having been given to the more rapid ligature; but with all the modern aids to sound surgical practice at command, and time a secondary consideration, more precision and greater accuracy are demanded, in order to secure all the advantages which surgery is now capable of affording in this burdensome affliction.



