remedies which, in these days, are being constantly brought before the public; nor can I think well of this modern fashion of resorting on all occasions to novel methods of treatment. I see many practitioners who would always rather give a new medicine than an old one, but I advise you if you wish to succeed in your profession and to be useful to the public, to pursue a different course. Make yourselves masters of the old remedies. Learn how to handle them, and what good they will do, and, as a general rule, have recourse to them in the first instance. If the old remedies fail, and you are at a stand-still, then, and not till then, have recourse to the new ones. If you always begin with new remedies, you throw away all the valuable results, not only of your own experience, but of the experience of those who have gone before you. You have to begin, as it were, *de novo*, and the first consequence of this will be that you will not cure your patients; and the second, that you will have none to cure. Where old remedies fail, I say that it is not only not unreasonable, but proper, that you should ascertain what can be done by new ones; but it is very unwise to employ the latter where there are sufficient grounds to believe that those already in use will answer the intended purpose. I should be very sorry to see the march of science impeded by an unjust apprehension of experiments and innovations: but, surely, there is a broad enough line between a discreet and prudent use of new remedies, and that indiscreet and hasty use of them which we find to prevail in the practice of the medical profession at present.

LECTURE XXXIV.

ON HEMORRHOIDS.

In the present lecture I purpose to make some observations on the disease which we call piles, or hemorrhoids.

A patient consults you, complaining of swelling, pain and tenderness, in the neighbourhood of the anus: you examine the part, and find on its verge a number of tumours, about the size of the end of the thumb or finger, with broad bases, not very distinct from, but running one into the other, covered by the common integuments, and of a more or less purple appearance. If you cut into one of these tumours there is immediately a flow of venous blood, followed by a small quantity of arterial blood, such as might arise from a cut anywhere else. On making a section of the tumour, it presents to the eye the appearance of dilated and tortuous veins: in fact you cannot doubt that they are dilated veins; they are exactly like varicose veins of the leg. The tumours which I have described are situated below the sphincter muscle, and we call them *external piles*.

Another patient consults you, complaining also of a swelling at

the anus, accompanied by pain and tenderness. You examine the part, and find a number of tumours of a different kind. These, too, have broad bases, and run one into the other, forming a circle, which projects below the anus. They are covered, not by the common integument, but by the mucous membrane of the rectum protruded from above the sphincter muscle. On making a section of one of these tumours there immediately flows venous blood, and arterial blood may flow afterwards. On looking at the divided surface, it is evident that the tumour was composed of a large tortuous vein. It is the accidental enlargement of these tumours which causes them to protrude externally; but they are formed above the sphincter muscles, and we call them internal piles, or hemorrhoids.

I cannot doubt that piles are just what I have mentioned—dilated varicose veins. This is the common theory of their formation, and I certainly believe it to be correct. If you cut through piles, and dissect them, as it were, in the living person, you see that they are made of dilated veins; and if you dissect piles in the dead body, you find them just the same. If you insert the pipe of a syringe into the trunk of the inferior mesenteric vein of a person who had laboured under piles, the piles become all dilated largely with the injection. I know that some have held a different opinion concerning the formation of these tumours, and have supposed that they were not composed of dilated veins: but I apprehend that they have been misled by examining the parts in the advanced stage of the disease. If you wish to know what any disease really is, you must make your dissection of it in its origin; for in its progress, one morbid change is followed by another, and when a disease has lasted for a considerable time, you find various appearances in addition to those which existed in the first instance.

Those ultimate changes which take place in cases of piles, are exactly similar to those which occur in connection with varicose veins of the leg. You know that at first the veins of the leg are simply varicose, or dilated; that at last they become inflamed; that lymph is deposited in the cellular membrane surrounding them, and that at last there is a great mass of induration, in which the diseased blood-vessels are, as it were, imbedded. So it is with the veins of the anus and rectum. At first they become simply dilated; repeated attacks of inflammation cause an effusion of lymph into the adjacent cellular texture, and then the pile appears like a solid tumour; in the centre of which, however, you still find the dilated vein in which the disease originated.

I have divided piles into internal and external; but, in fact, it is the same veins which are affected in both cases. The veins run on the inside of the sphincter muscle, and where the muscle compresses them there can be no dilatation of them; it is a bandage constantly operating to prevent the dilation in this particular part; but above and below the muscle the veins become dilated.

Whatever tends to obstruct the return of the blood from the inferior mesenteric vein will lay the foundation of piles. It is said that persons with diseased liver are liable to piles; and no doubt they

are likely to be so more than others, because the hard and indurated mass of a diseased liver interferes somewhat with the return of the blood from the abdominal viscera through the *vena portæ*. However, a great many persons have piles who have not diseased liver. The most common cause of piles is obstinate costiveness. Where the colon becomes loaded, and especially the sigmoid flexure, with hardened feces, there is a pressure on the trunk of the inferior mesenteric vein, which interrupts, in some degree, the return of blood from its branches. Women, during pregnancy, are liable to piles, the pressure of the gravid uterus producing the same effect as an accumulation of feces; and women who have borne children many times are liable to piles ever afterwards, the veins which have been repeatedly kept in a state of dilatation not becoming again permanently contracted afterwards. Piles are more frequent in the upper classes of society than in the lower. You know that in hospital practice you see comparatively few cases of piles, but out of it, I must say that they form a very large proportion of the cases that come under my care. The reason of this difference is to be found in the different mode of life in the various classes of society. The better classes take but little exercise, and they are more liable to constipated bowels than the lower classes, who take much exercise and live a great deal in the open air. There is a notion that those who take aloetic purgatives are more liable to piles than others; but I must acknowledge that I am not quite satisfied of the fact. I have a respect for all popular notions, believing that there is in general some truth at the bottom; and I will not say, as everybody thinks so, that aloes will not make people liable to piles, but I am sure they do not produce that effect to the extent that is supposed; and I could not be certain, from my own observation, that they are productive of it at all. The fact is, that those who are habitually taking aloetic purgatives are persons with costive bowels, who, as I have already mentioned, are just the individuals most liable to this disease.

The symptoms which are produced by piles differ accordingly as they are internal or external; and also according to the stage of the disease. In the origin of the disease, when the piles exist only in a slight degree, the patient complains of a sense of heat and itching about the anus; and every now and then, when he is costive, the external piles become a little swollen and tender; the internal piles become swollen, also, so as to fill up the cavity of the gut, thus exciting a sensation as though a stick, or some other foreign body, were lodged in it. The external piles sometimes inflame, swell, and become tender, so that the patient can scarcely bear them to be touched, and cannot walk without difficulty. They may continue thus inflamed for some considerable time, and then the inflammation may subside; the piles generally returning to the condition in which they were before the attack of inflammation came on, but not always.

Sometimes an abscess forms in one of these inflamed external piles, and bursts externally. The abscess may be troublesome to heal, but when it is healed it is found that the cavity of the vein is obliterated, and that it is, in fact, cured. Such an abscess as I have

just mentioned must be distinguished from a *fistula in ano;* from which, indeed, it is essentially different, as I shall explain more fully hereafter. Sometimes, when an external pile is inflamed, the blood in it becomes coagulated, and it is then hard to the touch. If under these circumstances you slit open the pile with a lancet, there comes out a mass of hard coagulum, perhaps as large as a pea or a horse bean; the cavity inflames, suppurates, and granulates; the same thing happens as though suppuration had taken place in the first instance, and the pile is obliterated. But if you do not slit open the pile, and leave the disease to take its own course, the cavity being blocked up by the coagulum, the vein becomes obliterated, after which the coagulum is gradually absorbed, and the pile is cured; that which was a pile before being now converted into a flap of skin. Just the same circumstance happens with varicose veins of the leg, where sometimes there is a natural cure, in consequence of the coagulation of blood in the dilated vessels. Sometimes, when a pile is thus distended with coagulated blood, the skin becomes so much attenuated that it gives way in some one point, and the blood being gradually squeezed out, suppuration probably takes place; and the case proceeds just the same as if you had opened the pile with a lancet. It is very common for external piles to undergo a process of natural cure in one or other of the ways which I have now described; and by examining the parts, you may ascertain whether these changes have taken place, as every one of them, after the cure is effected, becomes at last converted into a fold or flap of skin. Thus, if you see a patient with three or four loose folds of skin at the margin of the anus, you may know that these were formerly piles. At first these folds of skin are large, loose, and pendulous, but gradually they become contracted, till at last they give no sort of inconvenience to the patient.

Internal piles, as I have already told you, in slight cases produce heat and itching; and when inflamed, they give rise to a sensation as if there were some foreign body lodged in the rectum. Sometimes they are so much distended, that the gut is incapable of containing them, and they are pushed out through the anus, forming a tumour, which, while it projects externally, is still covered by the mucous membrane of the bowel. When internal piles are large, they always protrude when the patient goes to the water-closet, and afterwards go up spontaneously. If they be larger still, after going to the water-closet they will not return spontaneously, but the patient is under the necessity of pushing them back with his hand. If they be larger still, they come down at other times, especially when the patient is walking, so that he cannot well take any exercise. Sometimes you see one small internal pile permanently protruded, forming a red vascular tumour of the size of the extremity of your little finger. This is painful, and otherwise very troublesome to the patient, by keeping up a great and constant discharge of mucus. Sometimes there is a large protrusion of internal piles for several days, then they gradually become reduced in size, and go back into their proper place above the sphincter muscle. In short, with respect to the protrusion of internal piles, there are all possi-

ble varieties of circumstances: they may protrude occasionally, for a short time, or for a long period; they may be constantly protruded; or there may be a large protrusion at one time, and a small constant protrusion besides. Whenever the protrusion, be it large or small, takes place, there is an abundant secretion of mucus from the rectum; the piles themselves are sore to the touch; the surface is red and vascular; and if you put your hand upon them, you find that you can diminish their size by pressure, but the moment you take off the pressure, they are as large as ever.

In the state which I have now described, internal piles are not unfrequently confounded with *prolapsus of the rectum*—nay, in general, patients, and even most medical men, describe the disease under this appellation; but the term is improperly employed. There is prolapsus of the rectum independently of piles: the disease may even originate in piles, and yet, when once established, it is entirely different from them. In a genuine case of prolapsus of the rectum, the gut itself comes down, sometimes several inches in length. When internal piles protrude, of course that portion of the mucous membrane of the bowels covering them is pushed down, because they could not come down without it; but you will easily understand that this is entirely a different matter from the whole length of the rectum, or even a large portion of it, coming down of itself. The distinction between these two diseases is very important, and you should be careful not to confound them together.

Internal piles, in the state which I have just described, give the patient a great deal of inconvenience; besides which, they are liable to irritate the neighbouring parts—sometimes producing the frequent desire to make water, at other times inducing spasm in the muscles which surround the membranous part of the urethra, so as to cause complete retention of urine. Internal piles in this state are liable to discharge a large quantity of blood; and hence it is that they have their name of *hemorrhoids*. You might suppose that the blood was venous, but it is arterial. Piles do not bleed in the early but in the advanced stage of the disease, when there is an increased determination of blood not only to the veins but to the mucous membrane and cellular texture by which they are surrounded.

The quantity of blood lost from internal piles varies in different cases: sometimes there is a little tinge of blood when the patient goes to the water-closet, and nothing more; at other times a large quantity is lost every time he goes there, so that as much as six or eight ounces are voided daily; and then there are the usual consequences of hemorrhage—the patient is weak, his countenance blanched, and his appetite voracious. I have known cases in which the patient was in danger of becoming dropsical, in consequence of the profuse loss of blood going on for a considerable time.

Inflammation sometimes takes place in internal piles, and ends in suppuration. The patient complains of a little discharge of matter from the anus, and you find, in addition to the mucus, that there is a little yellow stain of pus on his linen; and at first you would suppose there was a common abscess about the rectum, such as pro-

duces a *fistula in ano.* But if you introduce your finger into the rectum, you feel a small orifice in one of the internal piles, and if you pass a probe with a light hand, it goes to the bottom of the abscess, which is perhaps a quarter of inch in depth, or thereabout. The parietes of the abscess, however, are very thin and weak, easily broken down, and if the probe be not lightly introduced, it will run through them into the loose cellular texture external to the mucous membrane. The cellular texture also is very loose and yielding, offering scarcely any resistance to the probe, so that it will run in every direction; and hence it is that I have sometimes known a small abscess or internal pile to have been mistaken for a very long sinus. You ought to be very careful not to fall into this error, which you might easily do—nay, in all probability would do—in the first case of the kind that occurred to you, if I did not give you this caution.

I have mentioned that there is sometimes a natural cure of external piles; and I will now state how a natural cure of internal piles may take place also. Where piles of a large size protrude, completely filling up the orifice of the anus, the sphincter muscle is contracted upon them like a ligature, and causes them to become more swollen than when they were first protruded; just as a ligature on the arm makes the veins of the forearm and hand turgid previously to venesection. But the piles may be larger still; the sphincter muscle may contract more powerfully upon them; and then the pressure not only interferes with the return of the venous blood from the pile, but prevents the entrance of arterial blood into it. It acts as a ligature acts in a surgical operation—on a polypus of the uterus, for example. There is not a sufficient circulation in the protruded piles for them to retain their vitality; mortification takes place, sloughing follows, and thus the piles are destroyed. I have known several cases cured in this manner, and there is little or no danger in the process. I have sometimes known medical men to be alarmed at a case of this kind, confounding it with those of mortification from other causes; but the alarm is without foundation. The late Dr. Pearson, who was for a very long period of time physician to this hospital, was the physician of the celebrated Mr. Horne Tooke. Many years ago I was dining with Dr. Pearson, and after dinner he gave an account of Horne Tooke's illness. He said that he had long laboured under piles; that at last mortification had taken place; that there was no chance of his recovery; and he added, that he had that morning seen him for the last time. I remember that in the middle of this history there came a knock at the door, on which Dr. Pearson said, "Here is a messenger with an account of my poor friend's death." However, it was some other message; but by and by a messenger did arrive, saying that Horne Tooke was much the same, or a little better. It turned out, as I have been informed, that the piles sloughed off, and that from this time he never had any bad symptom. In fact, he was, if I have been rightly informed, cured of a disease which had been the misery of his life for many years preceding, and he lived for some years afterwards.

Treatment.—In considering the treatment of piles, we will first suppose that you are consulted when the disease is in its earliest stage. The patient complains of a sense of heat and itching about the anus, and perhaps there is already a slight protrusion of the piles. You may cure him, in general by a very simple process. Keep the bowels gently open; take care that he is not costive on the one hand or violently purged on the other. The best aperient for this case is the following:—One ounce and a half of *confectio sennæ*, half an ounce of *sulphur precipitatum*, and then *mel rosæ*, as much as is necessary to make an electuary, and let the patient take about a tea-spoonful, or what he finds necessary, of this, every evening. This is all that is wanted in many cases; but at the same time he should avoid drinking much wine; and if he be of sedentary habits, he should, if possible, alter them, and take exercise. If this should not relieve him, in addition to what I have just mentioned let him inject half a pint of cold water, fresh from the pump, as a lavement, every morning after breakfast, and keep it up as long as he can. This will give him immediate comfort, but it requires to be persevered in for many months; and perseverance in this plan of treatment will sometimes make a cure even of very bad cases of piles. You may, if you please, add something to make the water more astringent, as alum, the *tinctura ferri muriatis*, or the patient may use cold lime-water. A friend of mine, a practitioner at this end of the town, informed me that for many years he had used cold lime-water in cases of piles, with the best result; and I have employed it in several instances lately, in which I think it has been serviceable.

There is a medicine that is very often useful in those cases where these simple expedients fail, namely, the *confectio piperis composita*, which is similar to what was once very celebrated as Ward's paste. It is composed of black pepper, fennel seeds, elecampane, and honey: and the dose is a piece of the size of a nutmeg three times a day. It is like eating coarse gingerbread; it may be a little disagreeable to be taken, but still it may be taken easily enough; and the patient must persevere in its use for a considerable time. Very severe cases of piles are sometimes cured by it. A lady came to me with one of the worst cases of this disease that I ever saw: the piles were so large, and protruded so constantly, that I did not think there was any chance of curing her, except by the operation to be hereafter described, and I advised her to submit to it. She said the piles made her miserable, and she should be very glad to be cured on any terms; but she was compelled to pay a visit in the country, which would render it necessary to delay it for a month. I thought the delay for a month could not hurt her, and under these circumstances I recommended her to give Ward's paste a trial, and see what it would do for her. I heard nothing more of her for six or eight weeks, when she came back, and said she was happy to inform me that she had taken the paste regularly, and was now quite well. It is of no use to take this remedy for a week, a fortnight or a month; it must be persevered in for two, three, or four months.

How does the Ward's paste operate? I know a case in which a patient, labouring under stricture of the rectum, had indiscreetly taken an immense quantity of Ward's paste, and in which the colon was found quite full of it after death. It is evident, that, except any small portion which may be digested, the Ward's paste passes into the colon, and that it must become blended with the feces; and I suspect that thus coming in contact with the piles, it acts upon them as a local application; much as *vinum opii* would act upon the vessels of the conjunctiva in chronic ophthalmia.

In confirmation of this view of the *modus operandi* of Ward's paste, I may mention an observation of the late Sir Everard Home. He had a patient labouring under piles, and he recommended him to take Ward's paste. The patient, little thinking that something put into the stomach was to cure disease in the rectum, crammed as much as he could bear of it up the rectum. I dare say it gave him a great deal of inconvenience, but, as Sir Everard Home reported, it cured him; and Sir Everard said that since then he had used it as a local application in some other cases, with manifest advantage.

I mentioned that a patient with stricture of the rectum had indiscreetly taken a large quantity of Ward's paste, and that the remains of it were found distending the colon after death. I recall your attention to this circumstance now, because it will serve to impress upon your minds the necessity of always giving the patient some gentle aperient occasionally at the time that the Ward's paste is being taken. This is not the only medicine of this description which may be used in cases of piles. Cubebs pepper, a scruple three times a day, may be given with advantage; it operates, I suppose, in the same manner as Ward's paste. In some cases of this disease, where there is a great deal of irritation, the patient will derive benefit from copaiva combined with caustic alkali; half a drachm of balsam of copaiva, with fifteen drops of *liquor potassæ*, may be rubbed down with two or three drachms of mucilage and cinnamon water, and taken three times a day. This answers a very good purpose, soothing the piles, and keeping the bowels gently open at the same time.

If you are called to a patient when the external piles are inflamed and swollen, your best way is to make him remain quiet in the horizontal posture, which takes the weight of the column of blood off the piles. You may, if you please, apply leeches in the neighbourhood, but not on the piles themselves, for the leech bites will cause them to become inflamed, and to fester; or, if the piles be much distended, you may puncture them with a needle. Acupuncture, on the whole, relieves the patient more than the application of leeches; and there are these advantages in it, that the puncture of the needle does not cause the piles to fester, and that the relief is immediate. By puncturing them in several places you let out a large quantity of venous blood, and the benefit arising from this is great. Besides this, you may keep a piece of rag constantly applied to the part, wetted with some cooling lotion; and the patient should take some gentle aperient, active purgatives being avoided.

When internal piles are inflamed, swollen, and protruded, you should try first of all to push them back into the gut. Take a cam-

bric handkerchief, or a soft old linen rag, squeeze out the blood from the piles, and if you can, return them into the bowel, it is so much the better; it will relieve the patient very considerably. But if you cannot push them up, or if, when pushed up, they immediately come down again, you should then keep the parts wet with a rag bathed with a cooling lotion, let the patient remain in the horizontal posture, and keep the bowels gently open, without purging. Here, also, as in the case of external piles, the patient will derive much benefit from acupuncture in several places. Punctures made with a needle, neither on this nor any other occasion, so far as I know, occasion inflammation or any other inconvenience; they evacuate the blood, relieve the tension and swelling, and do a great deal of good without any harm.

The observations which I have now made relate to the treatment of piles under ordinary circumstances. In more aggravated forms of the disease the patient must be relieved by other methods; but I must defer the consideration of the operation for piles till the next lecture.

LECTURE XXXV.

ON HEMORRHOIDS, (*continued.*) ON PROLAPSUS OF THE RECTUM. ON EXCRESCENCES OF THE RECTUM.

Different methods have been proposed for destroying hemorrhoids by operation: some surgeons have practised and recommended that by excision, while others have preferred the removal of them by ligature; others speak of the ill consequences attendant on each of these modes of operating.

It appears to me that the question respecting the operation and the proper rule of treatment has been very distinctly and correctly laid down by Sir Everard Home, in a paper on that subject, at the end of his work on Ulcers of the Legs. He states the matter thus:—That external piles which are covered by the skin ought not to be removed by ligature; if they are removed at all, it ought to be by excision. On the other hand, internal piles which are covered by the mucous membranes, ought, *for the most part*, to be removed by ligature. In short, the ligature is applicable generally in cases of internal piles, and excision to those which are external. The grounds of this distinction are as follow:—The application of a ligature to external piles gives the patient extraordinary pain at the time, and afterwards excites much inflammation, swelling, and disturbance of the general system; whereas, if they be removed by excision, these ill consequences are avoided. After the excision of *external* piles, there can be no danger of hemorrhage, because the parts are entirely within your reach, so that the bleeding vessels can be easily secured; and

though some little inflammation may supervene on the operation, yet it is not sufficient to be of any real consequence. If, however, you remove large *internal* piles by excision, there may be copious and even dangerous hemorrhage, since the parts which bleed are out of reach, above the sphincter muscle, where you cannot expose the cut surface, so as to be enabled to take up the bleeding vessel. On the other hand, the application of a ligature to internal piles in general causes but little pain, and only a slight degree of inflammation follows, for the mucous membrane has nothing like the sensibility of the skin, and does not resent an injury in the same manner. With respect to internal piles, then, there is no objection to the use of the ligature, while there is the greatest objection to their simple excision. This is the doctrine which I was taught by Sir Everard Home in this hospital when I was a student. But I met with a copy of Mr. Cline's Lectures on Surgery, in which he stated that he removed internal piles by excision; and this observation was added—"a timid surgeon removes them by ligature." Knowing Mr. Cline to be a very cautious practitioner, I thought that in what he recommended there could be no kind of danger, and for some time, therefore, I was led to follow his suggestion. In the first one or two cases I found no inconvenience to arise from my altered practice; but then a case occurred in which the patient lost a great deal of blood; in another case, the hemorrhage was so great that the patient nearly died; and then a third case occurred, in which also the patient lost an enormous quantity of blood —so much, that I now only wonder that he did not actually die. Since then I have never removed large internal piles except by ligature.

The removal of external piles is very seldom necessary: they are generally complicated with internal piles; and if you cure the former, the latter, which are a continuation of the same veins, will be cured also. However, there are cases in which it is right to remove external piles by excision. For example, where they are enlarged and inflamed, so that it will take a great deal of time to subdue the inflammation, and the patient is all the while suffering pain, he may be relieved at once by two or three snips of the curved knife-edged scissors. Or if an abscess has formed in an external pile, which bursts, discharges, and closes at the orifice, then bursts and discharges again, it may be worth while to cut off the pile and the abscess with it.

The excision of external piles is easily accomplished by means of the scissors which I have just mentioned. You take hold of the pile with a double tenaculum, elevate it a little from the base, and then snip it off. If there be a little artery bleeding considerably, you take up the vessel as you would on any other cut surface.

I have said that internal piles are to be removed principally by ligature. You will observe I do not say they are *never* to be removed otherwise. The fact is, that when internal piles are small, it is not worth while to tie them; and they may under these circumstances be excised with perfect safety. Such a case as this will frequently occur: —a patient complains of symptoms of internal piles; he has always pain about the anus, and a discharge of mucus. You examine the