FISSURE OF THE ANUS.

WILLIAM ALLINGHAM, F. R. S., LONDON.

This surgeon states that he has performed many cures without other treatment than the following ointment:

415. ℞. Hydrargyri subchloridi, gr. iv.
Pulveris opii,
Extract belladonnæ, āā gr. ij.
Unguenti sambuci, ℥j. M.

To be applied frequently; the bowels to be kept soluble.

An occasional *light* touch with the nitrate of silver is useful.

PROF. VELPEAU, PARIS.

416. ℞. Unguenti hydrargyri, ℈ ijss.
Unguenti benzoini,
Ceræ albæ, āā ℈j.
Butyri cocoæ, ℈iv. M.

Divide into twelve *suppositories*. These are particularly useful in venereal fissures.

M. TARNIER, PARIS.

This surgeon takes small pledgets of cotton-wool, sprinkles them with powdered iodoform, and introduces them into immediate proximity to the fissure. They produce a rapid and gratifying effect.

DR. ROLLET, PARIS.

417. ℞. Glycerinæ, f.℥ ss.
Amyli, ℥ij.
Zinci oxidi, ℥j. M.

Mix the glycerine and starch, warm gently in a porcelain capsule, stirring until the mass jellifies, and then add the oxide of zinc.

This glycerite is particularly advised by Dr. ROLLET in the fissures of the anus which exist in persons who have had chancres. These fissures cicatrize very slowly, because of the constant contact of the fæcal matter. Hence they should be cauterized from time to time with nitrate of silver, and afterwards dressed with the glycerite of oxide of zinc.

418. ℞. Acidi tannici, gr. xv.
Glycerinæ, f.℥ ss. M.

A tent immersed in this solution is to be introduced, morning and evening, into the rectum.

As the glyceritum acidi tannici of the *United States Pharmacopœia* is four times the strength of this solution, it may be ordered in its place, diluted with three parts of glycerine.

419. ℞. Hydrargyri choloridi mitis, gr. iv.
Adipis, ℥j. M.

This is a useful pomade in fissures of the anus of but slight extent. The affected part is to be washed with warm water, and the ointment lightly applied without friction.

Dr. CARRERE, of Ghent, applies carron oil, several times daily, and claims to cure in eight or ten days. (*An. de la Soc. de Med. de Gand.* 1878.)

DR. HENRY HARTSHORNE, OF PHILADELPHIA.

This writer believes that most cases, even of long standing, may be cured without an operation. He has especial confidence in *collodion*, to which one-fiftieth of glycerine has been added to lessen its constricting effect. This may be painted upon the part with a camel's-hair pencil; it makes an excellent artificial cuticle. When the case is obstinate, the surface of the fissure should be touched lightly with nitrate of silver or sulphate of copper. Suppositories of opium or belladonna may be introduced after defecation, to relieve pain. Forced dilatation of the sphincter by the two thumbs of the operator, as recommended by Dr. VAN BUREN, may be resorted to if these means fail.

Various surgeons have highly recommended *rhatany*, *krameria*, in the form of tincture, or an ointment made of the extract with lard (℥j–ij to ℥j) as a very valuable application both in fissured and prolapsed anus.

Dr. CREQUY, of Paris, treats fissure of the anus by chloral. His procedure is as follows: Charpie, soaked in a two per cent. solution of chloral, is inserted just within the anus, daily attention being of course duly paid to the regularity of the bowels. In the two cases recorded as having been so treated, a cure was effected within a fortnight.

After the operation for anal fissure by dilatation, it is the custom with most surgeons to touch the sides of the fissure with a caustic, in order to bring about healthy granulations. To effect this, probably the most effective is strong *nitric acid.* As the application is necessarily very painful, the patient should be placed under ether. Chloroform should not be used, as it is said there is a peculiar intolerance of it in this complaint.

Dr. ERSKINE MASON, of New York, believes (*Medical Record*, Nov., 1877,) that in young subjects, and where the fissure is of recent origin, we can in many cases succeed in curing them without an operation. The treatment is to keep the bowels in a soluble condition, and make use of some astringent and sedative application. A very common prescription for this purpose contains zinc or stramonium ointment in combination with belladonna or opium. This plan of treatment is often followed by complete relief.

There are many persons who are remarkably timid when anything like operative interference is suggested, and we can relieve a goodly number of such cases by penciling the fissure to its bottom with a fine point of nitrate of silver, or with nitric acid. These applications relieve the pain, because they destroy the little filament of nerve which is exposed in the fissure.

In those cases in which the fissure has attained some size, we can always with the probe find one spot which is excessively tender, and when the nerve exposed at that point is destroyed by the use of any cautery, or by stretching the sphincter, the patient will be relieved.

Dr. HAMON states in *Le Practicien*, 1879, that instead of employing forcible dilatation, he applies to the fissure, with a camel's-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications, at intervals of two or three days, usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

FISTULA OF THE ANUS.

The most successful treatment of anal fistula without operation is by means of the *elastic ligature.* Its advantages are: 1. There is little or no pain in connection with the operation. 2. There is no hemorrhage. 3. Recovery is rapid. 4. The patient is not confined to bed, but may go out at once if he like. 5. The most delicate person may be operated upon. 6. Anæsthetics are not required. 7. There is very little suppuration. 8. And lastly, even when the operation has been begun with the bistoury, it may be bound up with the elastic ligature. Once the ligature is in place, the two ends, first passed through a little ring of lead, are put on the stretch. At the maximum of tension, the ring is crushed with a stout pair of pincers, in such wise that the fistula is included, strangulated in fact, within an elastic noose, and the tension maintained until the ligature cuts through the parts and is discharged.

Another method is by *iodine injections.* This plan has been known for a number of years, but it is hardly mentioned by surgical authors. It has, however, been successful in a number of cases, when adopted with proper precautions. Dr. E. C. HUSE, of Illinois, who reports very satisfactory results (*Medical Record*, March, 1871,) recommends that the iodine should be employed in the form of a *saturated ethereal* tincture. Its advantages over the officinal or alcholic tincture are not only that it is *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily, and a pure coating of iodine is left along the fistulous track, which doubtless encourages absorption. The instrument used is an ordinary hypodermic syringe, with small silver canula, which may be readily bent to correspond with the direction of the sinus.

The mode of operation is as follows: After exploring the fistula with a *very small* probe (the ordinary probe of the pocket-case is far too large,) after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity or dread of the subsequent operation.

Next, by pressure, the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of carded cotton. This will absorb any of the iodine which might otherwise be injected *through* and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation.

The canula may now be re-inserted, and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife method. The patient need not be confined to his bed or room, even for an hour.

PROLAPSUS OF THE ANUS,

PROF. JOHN VON CLEVELAND, GALWAY.

420. ℞. Liquoris bismuthi et ammoniæ citratis (Br.), f.℥ss.
Amyli solutionis, f.℥ij. M.

Use as an enema in prolapsus ani. It should be given after the patient is in bed, and the bowel returned.

Another:

421. ℞. Tincturæ ferri chloridi, f.℥j.
Aquæ destillatæ, f.℥j. M.

To be divided into five injections. One to be thrown up the rectum three times daily.

PROF. LANGENBECK, OF BERLIN.

This eminent surgeon states that he has treated prolapsus ani "with astonishing success" by hypodermic injections of a solution of ergotin (five to fifteen parts to one hundred of distilled water.) He replaces the bowel, and inserting the point of the syringe about three centimetres in depth in the cellular tissue, throws in from one to two grains of ergotin. This should be repeated every three or four days

for three or four weeks, any hard fæcal masses in the bowels being first removed by a simple injection.

Much may be done in prolapsed anus by mechanical measures, as wearing a pad and T bandage; by using an air-dilated gum-elastic pessary; by avoiding low stools and straining during defecation, etc.

Prof. STROMEYER says many cases may be relieved by warm baths and moderate doses of magnesia.

ANUS, PRURITUS OF.

WILLIAM ALLINGHAM, F. R. S., LONDON.

The patient should renounce coffee, spirits, condiments and rich food. The parts should be washed at night with warm water and yellow soap. The bowels should be kept soluble with gentle salines. On retiring, the following ointment should be applied freely:

422. ℞. Hydrargyri chloridi mitis, gr. x.
Unguenti sambuci, ʒj. M.

Or this lotion:

423. ℞. Sodii boratis, ʒij.
Morphiæ muriatis, gr. xvj.
Acidi hydrocyanici diluti, f.ʒss.
Glycerinæ, f.ʒij.
Aquam, ad f.ʒviij. M.

Other surgeons employ:

424. ℞. Aluminæ nitratis, gr. vj.
Aquæ destillatæ, f.ʒj. M.
For a lotion.

425. ℞. Tincturæ digitalis, f.ʒiij.
Aquæ, f.ʒviij. M.
For a lotion.

The *unguentum opii*, or the *unguentum gallæ cum opio*, or a solution of carbolic acid in lime-water, are soothing local applications.

DR. JOHN H. PACKARD, OF PHILADELPHIA.

This surgeon (*Medical and Surgical Reporter*, March, 1880,) states that he had a case of this kind which baffled all his endeavors, until he used the following prescription:

426. ℞. Camphoræ, Chloral hyd., āā ʒss. Ung. petrolei, ʒvij. M.
For local use.

This gave immediate relief, and a few applications only were needed; the itching was permanently allayed.

Repeated experiences with it since that time have satisfied him of its efficiency in very many of these cases.

XI. LESIONS OF THE ORGANS OF URINATION.

Cystitis (Acute and Chronic)—Enuresis (Incontinence of Urine)—Irritable Bladder (Dysuria, Strangury)—Lithiasis (Stone, Calculous Diseases, Gravel)—Prostatic Diseases.

CYSTITIS.

PROFESSOR GEORGE JOHNSON, F. R. S., LONDON.

The value of an exclusive *milk diet* in cystitis has recently been spoken of by this writer. (*Lancet*, December, 1876.) In acute cases and in many chronic cases this brings prompt relief to the symptoms, and in a short time a cure. The urine is largely diluted and rendered mild and unirritating, and thus the coats of the bladder revert to their normal condition. The milk may be taken cold or tepid, and not more than a pint at a time, lest a large mass of curd, difficult of digestion, form and collect in the stomach. Some adults will take as much as a gallon in the twenty-four hours. With some persons the milk is found to agree better after it has been boiled, and then taken either cold or tepid. If the milk be rich in cream, and if the cream disagree, causing heartburn, headache, diarrhœa, or other symptoms of dyspepsia, the cream may be partially removed by skimming. One reason amongst others for giving the milk, as a rule, unskimmed—that is, with the cream—is that constipation, which is one of the most frequent and troublesome results of an exclusively milk diet, is to some extent obviated by the cream in the unskimmed milk. As a rule, it is unnecessary, and therefore undesirable, to add bread or any other form of farinaceous food to the milk, which in itself contains all the elements required for the nutrition of the body. When the vesical irritation and catarrh have passed away, and the urine has regained its natural character, solid food may be combined with the milk, and thus a gradual return may be made to the ordinary diet, while the effect upon the urine and the bladder is carefully watched.