is concerned, and so far as variety of cases is concerned, it does not matter whether the hospital contains 100 or 800 beds. Each group of 50 is practically identical with the other. When anything unusual in interest occurs in one ward, means are taken to bring it before the students of other wards; but, as a rule, the occupants of each group of 50 beds, medical or surgical, are suffering from nearly allied diseases. University College Hospital, London, has 200 beds; King's College, 220; Charing Cross, 180; Westminster, 215; St. Mary's, 281—all duly recognised as efficient clinical hospitals—while the Western Infirmary, Glasgow, has 400 beds.

"But it is asserted that the classes in the Western Infirmary are too large, and those in the Royal Infirmary too small—indeed, according to the statement of the managers, are dwindling down to nothing. Now, I have every sympathy with the Royal Infirmary, and regret that its students are falling off; but, if it can be shown that the clinical teaching in the Western Infirmary is as good as that at any other hospital in the kingdom, there is no valid reason why it should be interfered with. So long as the interests of the patients are not injured, the managers of these institutions are mainly concerned with finance. If any legislative enactment could induce students to go to the Royal Infirmary instead of the Western, the result would be to enrich the old-established charity, with its large accumulated capital, at the expense of the newer and poorer.

"But it is said the classes of the Western Infirmary are so large that clinical teaching cannot be efficiently conducted. This has been so often reiterated that I here protest against it; and I demand that if anyone chooses to discuss the subject, he will make himself personally conversant with facts and figures before he makes an assertion. Some two years ago this was first mooted, and since then some of the managers of the Western Infirmary have made it their business to visit the hospital at the teaching hours, and even to be present at some of the clinical classes, with the view of ascertaining on what grounds such insinuations were made; and I have the authority of the Chairman of the House Committee for stating that the interests of the patients were in no way unfavourably affected, and, so far as he could judge, the clinical teaching was just such as he should think useful. I go further, and assert that it will bear comparison with that in any university or school, and I challenge denial. Some time ago Mr. Caldwell, M.P. for the St. Rollox Division of Glasgow, asked me if there was any way he could become personally acquainted with the mode of clinical teaching, about which so much had appeared in the newspapers. I asked him to come to the Western Infirmary any day he chose at 9 A.M. Accordingly one day he came, and I asked him to follow me with the students and take his seat at a *clinique*. I can with confidence appeal to his experience on that occasion; but on leaving he said to me, 'If the students are not well acquainted with the subject of this morning's practical lesson, I don't think they are capable of being taught,' or words to that effect. I declare that before anyone ventures to make a statement on this subject in public, it is his duty to do what the Chairman of the Western Infirmary has done. No one is entitled to make any statement till he has for himself visited and compared the teaching in the Royal Infirmary, and in Edinburgh, in Aberdeen, and in some of the hospitals in London, with that in the Western Infirmary; and as for me and my colleagues, we would abide the result of a *bona-fide* investigation and report, with great equanimity. It is true that in some sessions, some of the eight classes in the Western Infirmary contain more students than even the teacher himself would choose if he had the selection, while others contain fewer than the teacher would desire. But it is difficult to see how this could be avoided so long as the students have the free choice of their teachers. This, however, is in the hands of the students themselves; and, as a matter of fact, if a student is a member of a very large class one session, he is sure to be a member of a smaller class in one or more of the six courses of clinical teaching he attends. I do not say that our clinical system is perfect, and I would hail, and would be one of the first to acquiesce in, any well-devised scheme for its improvement. And in this the senior students, or, better still, the young graduates, who are emancipated from the dread of the final examination, might give valuable hints. But, comparing the present system with that in other schools which I have visited, according to my experience it is as good as any and better than many. I maintain again that if anyone will dispassionately compare the clinical teaching in the Western Infirmary with that in the Royal Infirmary or any other clinical hospital in Scotland,

he will unhesitatingly declare that the charge of defective clinical study in the Western Infirmary is unjustifiable and wholly without foundation. In corroboration of the above, reference may be made to the official report in 1886 by Drs. Bristowe, Barnes, and Macnamara, on the visitation of Glasgow University, for the General Medical Council. In these remarks no reference is made to the teachers or their clinical assistants and tutors, but some consideration is due to them in estimating the value of clinical instruction.

"Gentlemen, I have attempted no eloquence in this address; but I may tell you in confidence that I have prepared a most eloquent peroration or epilogue, which I have purposely left at home. They say that 'good wine needs no bush;' and bad wine deserves no bush; so, whether the wine has been good or bad, you shall have no bush. I conclude by commending you to your studies and wishing you a prosperous session."

TOPICAL REMEDIES FOR DISORDERS OF THE ANUS AND RECTUM, AND IMPROVED INSTRUMENTS FOR THEIR APPLICATION.

By JOHN WARD COUSINS, M.D. Lond., F.R.C.S.,

Senior Surgeon to the Royal Portsmouth Hospital and to the Portsmouth and South Hants Eye and Ear Infirmary,

THE common disorders of the anus and rectum exhibit very varying degrees of severity. Sometimes local distress, pain, and frequent bleeding necessitate surgical interference without delay; at other times any operation appears undesirable in consequence of age or extensive visceral disease. The judicious surgeon will always select those cases which are favourable for radical cure, and in this way avoid the complications and disastrous results of bygone practice.

Now every day we meet with mild forms of these diseases, for which our patients refuse altogether to undergo surgical treatment, but they are very anxious to adopt palliative measures. Fortunately, in a large number of cases, the assiduous application of topical remedies is followed by great temporary relief, and sometimes even by permanent cure.

Of course anal and rectal affections are not always mere local disorders. In many cases they are excited by general diseases and visceral obstructions, and the removal of the primary cause always demands the first attention. Respecting general treatment, great relief can often be obtained by regulating the secretions, by attention to the diet, and especially by avoiding all excesses in eating, drinking, and tobacco. Aperient and laxative remedies are frequently serviceable, but they must always be mild and unirritating in their action.

With these few remarks I shall pass to my special topic—the local treatment—and I shall briefly narrate my experience as to the best applications and the right method of applying them.

During the act of defæcation in the healthy condition of the bowel the blood-vessels around the orifice are distended, and slight protrusion of the mucous membrane takes place; and whenever the muscular tension and vascular turgescence of the part are habitually prolonged and severe, the very conditions are present which promote the development of hæmorrhoidal troubles. In cases of ordinary constipation, and prior to the expulsion of hardened accumulations, some softening or lubricating agent may with great advantage be introduced into the rectum, and for this purpose I strongly recommend a smooth and creamy mixture of boracic ointment, glycerine, and lanolin.

In relaxed conditions of the anus and rectum with a tendency to prolapse, prolonged efforts during evacuation distend the dilated vessels, aggravate the varicose state of the anus, and increase the local distress. Straining at stool must at all times be carefully avoided. It is a good plan to get a regular action of the bowels just before going to bed, instead of early in the morning, for then, during the repose of the night, the intumescence of the organs has time to subside. Immediately after an evacuation the anus should always be washed, and the well-soaped hand is the best instrument for the purpose. Habitual cleanliness is one of the most effectual ways of preventing hæmorrhoidal disorders. The irritating secretions and mucus from the orifice of the gut are removed, and the friction tends to brace up the part and empty the distended vessels. There is no region of the body which really requires so much sanitary attention, but, even in these days of hygienic enthusiasm, it is too often the last part to be cleansed.

The affection commonly styled "piles" is, in many cases, nothing more than soreness and irritation of the anus produced by daily neglect and local impurity. When the surrounding skin is healthy, any ordinary soap may be selected for washing purposes. Sometimes the folds of skin around the orifice are swollen and irritable, and often external hæmorrhoids cause a great deal of irritation. In persons of a full habit, a local erythema is very common, extending over the nates. The skin is red and moist, and by friction, it becomes tender and excoriated. The disorder is generally easily cured by careful attention to the part after every evacuation. I have used with great success well-washed soft soap, made into a smooth compound with the alcoholic solution of coal tar, or the oil of eucalyptus globulus. After the lavement, the part must be carefully dried with a soft towel, and dusted with a fine powder composed of carbonate of bismuth, oxide of zinc, and starch.

In cases of chronic gout, and in other constitutional derangements, an obstinate form of eczema attacks the anus and genital organs, and the tormenting itching which attends the disease causes persistent scratching and excoriation. Sometimes the skin becomes infiltrated and fissured in the direction of the normal radiating folds. This disorder cannot, of course, be treated apart from the constitutional condition with which it is associated; but the daily use of the soap I have mentioned is often followed by remarkable benefit. The drying powder may then be applied over the part, or a little of the boracic ointment gently rubbed in.

The local treatment of prolapsus ani and hæmorrhoidal disorders is a matter of daily importance. In acute inflammatory affections of the anus, rest in bed should be maintained, and the patient will be much relieved by sitting two or three times a day in a hot carbolised bath.

In all cases requiring washing and irrigation, I recommend the use of a very convenient contrivance. It consists of a metal pan with a deep well in the bottom, and it is supported on short legs. The patient sits on the side of this well, so that the anus and genital organs can be completely bathed. It is especially serviceable in inflammatory disorders of the bowel, and after operations for hæmorrhoids and fistula. It is fitted with inlet and outlet pipes for continuous irrigation—a mode of treatment I adopt after all rectal and perineal operations at the Royal Portsmouth Hospital, and I hope to describe its utility in these cases on a future occasion. Whenever internal piles come down during defæcation, they must always be carefully washed and returned.

In prolapsus ani the protrusion should also be carefully pushed back directly the stool has escaped. Many of my patients, labouring under aggravated troubles of this sort, have experienced much relief by using for a few weeks a bed-pan in the horizontal position. At all times the inconveniences attending the act of defæcation may be alleviated by introducing into the bowel a lubricating agent to prevent undue straining and to facilitate the escape of the motion, and for this purpose the antiseptic compound I have mentioned is admirably adapted. The anus should then be carefully washed, and a little stimulating ointment put into the bowel, to check excessive secretion, and to rouse the mucous follicles to more healthy activity. I often employ a remedy containing a little oxide or subchloride of mercury and a few grains of iodoform. If pruritus ani is troublesome, cocaine may also be added to it with much advantage.

It is necessary here to refer to a matter which generally receives too little attention. Patients should always be instructed as to the right way of applying local applications. It is of great importance that these are distributed upon the mucous surface of the bowel well within the sphincter, and the only way of obtaining this result is by the use of an ointment-introducer. The simple instrument I have designed for this purpose is represented in the engraving (Fig. 1). It consists of a very smooth anal tube, a

Fig. 1.

cylindrical receptacle for the ointment, and a vulcanite piston. The ointment is projected through the perforations in the anal tube by simply compressing the piston with the finger. The injector is very readily charged, and is especially adapted for self-

application. The rectal injector (Fig. 2) is intended for the use of

Fig. 2.

fluid remedies, and is capable of holding three drachms. For the introduction of larger doses, the anal tube can be used with a second hand-ball.

Hæmorrhage is often a very prominent symptom in many of the common disorders of the rectum. The quantity of the discharge varies a great deal in different cases. At all times the amount of blood lost at each evacuation must be carefully ascertained. Sometimes the feces are only smeared with spots and streaks of blood, while at other times the loss is very considerable and alarming. Whenever free bleeding has suddenly occurred, or the drain has continued for a long period unchecked, the case is not one for mere palliative treatment, but ought to pass without delay into the hands of the surgeon.

In many cases, however, of moderate severity, the daily use of local remedies will be followed by great benefit. The same diligent attention to cleanliness after an evacuation must be practised, and then an ointment containing the persulphate of iron should be applied to the diseased surface. The fluid extract of witch hazel is also a very efficacious remedy. When a very powerful hæmostatic is required, the persulphate may be added to the hazeline with great advantage. I generally order two drachms of this solution, diluted with a little water, to be used regularly for two or three weeks. For all cases of hæmorrhage, rest in the horizontal position after defæcation is extremely desirable, as it tends to relieve the local congestion, and to promote the astringent action of the remedy.

One word respecting the value of anodyne applications. The distressing pain which attends the evacuation of the bowels in some diseases, and continues for hours after, often demands local palliative treatment. Many cases of pain and spasm of the orifice are greatly relieved by the topical use of cocaine; but, after many trials, I found a combination of morphine and cocaine more generally useful. The application of this compound sedative often acts like a charm, and quickly gives relief. The suffering caused by fissure of the anus and ulceration within the sphincter is rendered bearable by this remedy, and, in recent cases, I have sometimes found its use, combined with digital dilatation, rapidly followed by permanent cure, without any other surgical interference. It is invaluable in the treatment of stricture of the rectum, and it should be introduced into the bowel ten minutes before the use of the dilator. In chronic ulceration and malignant disease, it can be freely employed as a palliative remedy, and, in fact, in all cases in which pain and hyperæsthesia are prominent symptoms.

In conclusion, I desire to mention that the remedies and instruments referred to in this communication have been manufactured for me by Messrs. Burroughs and Wellcome, and I am much indebted to that firm for the care and skill with which they have carried out my suggestions.

ON A BETTER METHOD OF APPLYING INGUINAL TRUSSES IN FEMALES.

By W. LEONARD BRADDON, B.S.LOND., F.R.C.S.

TRUSSES that are not comfortable are apt either to be dispensed with by women at times when their use is most necessary, or, what is worse, to be worn so loosely applied as to be really no safeguard against the descent of rupture, while they are yet relied upon as a security. Trusses so used are worse than useless, as often, as in a case of inguinal hernia, strangulated under the pad of a loosely worn truss, which I lately attended, the cause of this negligence is the irritation of the perineal bend, which, to be efficient, must at least be tight, being tight must chafe, chafing is slackened or removed.

At first sight the passage across the perineum seems the best and most obvious position in which to place a band designed to prevent a pad from travelling upwards; but the advantages of this site, setting aside its discomfort, are excessively dubious.