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 drain 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.

In the first place, the amount of pressure or drag exerted on the pad is a fixed quantity, not accommodating itself to changes of posture; it does not become tighter when the strain at the seat of rupture happens to become greater as in locomotion, and in bending forward, when the truss wants securest fixation, it naturally becomes quite lax. Considering the question mechanically it is decidedly disadvantageous. The direction in which the resultant pressure of the pad should be sought to be applied is backwards, upwards, and outwards, and the spring is constructed to press this way. Eliminating for the present the traction of the horizontal counterstrap, which is said by the instrument makers to be really unnecessary, the action of the perineal band must be to diminish the pressure of the pad in its proper direction, since its direction of traction is determined by the point at which it leaves the surface of the body to join the pad, and this point is below, in front, and to the inner side of the inguinal canal. Yet the trusses sold without this, or any substitute for it, hardly seem reliable, and are certainly not generally approved of or recommended.

In the case referred to, where, owing to great irritation of the skin, no perineal band (even of caoutchouc or elastic tubing) could be tolerated, and where, owing to obesity, it was extremely difficult by any regular truss to keep up pressure on the canal in the proper direction, the following device was adopted. A broad chamois-leather collar, wider in circumference above than below, was slipped over the thigh so that it fitted firmly round it as high up as was comfortable. To this a strap was sewn firmly by one end, the other end being fastened on to a stud placed on the middle of the lower margin of the pad of the ordinary spring truss, the ordinary opposite cross band being firmly fastened also to the pad. The direction of the strap passing up from the thigh-band was slightly inwards, as in the diagram, the whole being

t Thigh-band or collar of chamois leather. *ts* Thigh-strap fastened at other end on to pad. *p* Pad of truss to which cross-strap and thigh-strap are attached by studs.

adjusted accurately by rotating the thigh-band as much as needed.

With this arrangement the patient expressed herself very pleased, as it was perfectly easy and comfortable. It proved also absolutely efficient. Whereas the truss had formerly frequently slipped and the rupture unexpectedly descended, this one has never done (so during six months) since, and she feels while wearing it perfectly secure. Mechanically considered, the line of action of the strap connecting the thigh-band and pad helps the action of the latter instead of partially opposing it; and, during movements of extension of the thigh, as in walking, when the strain on the seat of rupture is greater, the restraining backward pressure on the pad is also increased. Thus it is doubly advantageous. The patient, no longer subject to the chafing of a perineal strap, is not induced to sacrifice security to comfort, and increased pressure is gained upon the ring during those active movements when it is most needed. Substituting an elastic band for the strap connecting the pad and thigh-collar, the additional advantage would be gained of preserving the accurate fixation of the pad even during flexion of the limbs, so that the apparatus is completely adaptable to all postures.

The truss made according to this pattern can be obtained from Messrs. Millikin and Down, St. Thomas's Street, S.E., and I am convinced that practitioners have only to try it to be persuaded of its complete efficiency.

THERAPEUTIC MEMORANDA.

IDIOSYNCRASY TO ATROPINE.

Miss M. was suffering from iritis, and on September 28th I placed in the eye some drops of liq. atropin. sulphat. (*B.P.*). I saw her again on the day but one following, and was surprised to hear the account she gave. In about an hour after the drops had been put in she became very giddy and uncomfortable, finding difficulty in walking to any object at the other side of room, etc. Afterwards she became intensely drowsy, and the tongue very dry and burnt up. These symptoms continued. She retired to bed earlier than usual, and fell into a kind of stupor, but awaking at intervals shrieking. Her sister, who slept near, roused her several times during the night, as the breathing was so heavy and laboured she feared her smothering. There were no bad results next day, and the eye felt better. The pupil remained large for a week. There was no eruption, nor was there any special effect produced upon the circulatory or other systems.

This lady's sister informed me she had some years previously experienced similar results caused by the application of an ointment containing belladonna.

I think the above is interesting as showing some of the possible effects which may be produced by placing atropine in the eyes of those who are specially sensitive to it. I should perhaps add that neither of these ladies is in the least imaginative.

Donaghadee, Co. Down.

W. S. ELLIOTT, M.B., B.Ch.T.C.D.

SURGICAL MEMORANDA.

DOUBLE TESTICULAR ABSCESS CONSEQUENT ON URETHRAL AND PROSTATIC IRRITATION.

As abscess of testicle, save in connection with tubercular or scrofulous disease, seems to be rare, the following abbreviated notes of abscess of both testicles may be of interest.

Not until a week previously to my having seen him had the patient, a hale old gentleman of 72, suffered from any disorder of the genito-urinary apparatus. During that week he had frequency of micturition, and when called in I found him with bladder distended above the umbilicus. Examination *per rectum* revealed an enlarged and tender prostate. A prostatic catheter was passed with difficulty, and the bladder emptied of over two quarts of smoky urine, mixed towards the end with bright blood and mucus. Catheterisation was continued for several days. When the prostatic region got less tender and swollen, and it became possible to pass the ordinary rubber catheter, this was regularly used night and morning by the patient himself. All vesical irritation ceased after washings out with antiseptics, and the patient soon regained health and strength, though he still continued the use of the rubber catheter.

About a month after my first attendance on the case I received an urgent call, and found him in great agony, with his left testicle very much swollen, hot, and tender in the region of the epididymis. At first the enlarged testicle could be distinctly felt at the bottom of the scrotum, but it gradually became indistinguishable from the surrounding infiltrated tissues. The exudation into the skin and tissues overlying the testicle rapidly increased, and in about twenty-four hours the testicle measured twenty inches in circumference.

The usual treatment soon alleviated his distress, and in a few days the measurement was reduced to sixteen and then to twelve inches. Signs of abscess having developed, a free incision was made, and about four drachms of pus and black blood were evacuated. The cavity was then irrigated with water containing a few drops of liniment of iodine, and healed in about ten days. Six weeks later I treated by the same means a similar affection of his right testicle, which, as in the former instance, got well. Both testicles returned to their normal size.

Hornsey, London.

J. NEWTON BURNS, M.B. Edin.

OBSTETRIC MEMORANDA.

LABOUR COMPLETED AT FULL TIME WITHOUT A RUPTURE OF THE HYMEN.

I THINK the following case worthy of being put on record. Some time ago I was sent for in a great hurry, to a woman in her confinement. She had been in labour for a considerable time,