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CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION
AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.

(Published with Permission of the Lecturer.)

MONDAY, MARCH 8, 1841.

LECT. XII.—On Piles, Fissure of the Rectum, and Prolapsus Ani.

GENTLEMEN,—At the particular request of several members of this class, I purpose this morning to lay before you the result of my experience and practice with regard to piles; and I do this the more willingly, as I know that there are at present several patients in the habit of coming to the surgery, who are suffering from this disease, and are under the care of the dressers, or the surgeon who attends to the out-patients. Some persons might treat this subject lightly, and pass over a case as "only piles;" but when you consider the extreme frequency of the disease, especially among the higher orders, the great inconvenience and suffering it induces, the facility of cure under careful management, and the numerous evils and danger which result from improper treatment, I think you will see that I might spend the hour less profitably on more popular topics.

One of the frequent symptoms of piles is a flow of blood after the passing of a motion, and from this the term hæmorrhoids is derived, from *αἷμα*, blood, and *ῥέω*, to flow; but this is observed before any excrescence can be detected, and is merely a transudation of blood through the coats of the congested hæmorrhoidal veins. Accompanying this, there is considerable heat about the fundament, a feeling of weight and constant uneasy sensations, either at the verge of the anus or in the situation of the rectum itself, tenesmus, mucous discharge, pain in the thigh, and often frequent desire to make water. In this stage, we have not a mere local disease, but a condition *always* connected with some derangement in the functions of the abdominal viscera, as congestion of the vena porta from some irregular action of the liver, by which the free return of the blood from the hæmorrhoidal veins is impeded, and congestion consequently ensues; and therefore, those surgeons who merely employ local or mechanical means fail to give relief, while those who attend to the due performance of the digestive functions almost always relieve, and, by removing the cause, effect a cure and prevent a return. It is not well to suddenly check the bleeding, because it is a kind of safety valve by which the congested veins are relieved,—a *signum salutis*; and the patients themselves are so sensible of the relief afforded to the urgent symptoms by the

bleeding, that they often, without consulting a surgeon, expose the nates to hot vapour, in order to encourage the flow. But if they go on in this way they are only mechanically relieving themselves;—the cause remains as before; the veins which were merely congested become varicose; the passage of the blood through them is more and more retarded; it coagulates and forms an excrescence, which projects into the rectum; the mucous membrane is irritated; and the disease becomes permanent, because it was not properly attended to at first.

Now, a most effectual means in the treatment of piles, is to direct your patients to get into the habit of passing their motions at night, just before going to bed. You know the more usual time is just after breakfast, but just consider for a moment the effect of this on an irritable rectum. The upright posture prevents the rectum from receding into the pelvis, and it is, therefore, left within the action of the levator ani and the sphincters. These compress the irritated mucous membrane, and being like all muscles which are partly voluntary and partly involuntary, excited to contract through the medium of the nerves of the mucous membrane,—as these nerves are morbidly sensitive, so the contractions of the muscles are immoderately violent. The man passes his motion in the morning; goes about his usual occupations; the rectum is thrust within the action of the irritated muscles; it cannot recede into the pelvis and pass from their scope, and the greatest suffering follows. You will see the patient first sitting on one buttock, then on the other, then rubbing his thigh; he will complain of pain in the soles of the feet, and get up and walk about. His face is pale, tongue white, pulse irritable, and he has every mark of irritative fever. But suppose the bowel is emptied at night; he lies down directly after; remains eight hours in the recumbent posture; the rectum recedes; it is no longer subject to the contractions of the levator and sphincter; these become less irritable, and the patient forgets that he has a rectum. I am quite sure that there is nothing more important in the treatment of piles, either curative or preventive, than an adherence to the habit of regularly passing the motions at night. You will require, however, a little assistance from laxative medicines; but do not *purge* the patient, but give such doses as will merely assist the alimentary organs in their functions, rather than exciting them to undue or violent action. Give small doses of the pilula hydrargyri, and a sufficient quantity of rhubarb to ensure a free action of the bowels once a day; and with this you may give the carbonate of ammonia with infusion of gentian, to act as a mild tonic. The use of enemata is also very important; but remember that, where there is bleeding, the result of hepatic congestion, astringent injections should be very

cautiously employed; indeed it is better in general to assist the flow by injections of warm water, as it is a natural effort at relief, and it must be improper to restrain or check it. The great use of enemata is to keep the rectum quite empty. You employ soap and water, which is one of the best forms of injection, immediately after the stool has passed, in order to clear out the rectum completely from every particle of feculent matter, for ever so small a portion keeps up an irritation on the morbidly sensitive mucous membrane, and from the irregularity of the surface you can imagine how certain it is to collect. With these means and the recumbent posture maintained for a few days, it is very rarely indeed that you will not cure piles of recent formation; and you prevent their return by attending to the general health of the patients, and directing them to pass their motions at night.

You will often, however, meet with cases more obstinate than the class I have been describing—the disease has not been properly attended to in its early stage, and all the symptoms increase. The sense of heat, pain, and weight about the rectum becomes more urgent and constant; the linen is stained with mucous discharge; and the effects of the local disease on the general health become more and more apparent. The true pile, or excrescence, is formed; and this is now a cause of constitutional derangement, whereas it was before merely an effect of disordered function. There is troublesome tenesmus, and great dread at performing the function of defæcation, from the pain which is produced. The bladder becomes exceedingly irritable, sympathising with the rectum through the hypogastric nerves, which you know supply both organs; and this is particularly observable in females, in whom frequent desire to make water, and pain accompanying or after the act of micturition, is a very common effect of piles. There is also, very often, more or less prolapsus ani. In this state of things, the congested veins have become more turgid and tortuous, the blood within them coagulated, and the sub-mucous cellular tissue inflamed and greatly thickened.

I have hitherto been speaking of the internal pile; but there is another species, called external, and here the verge of the anus is implicated. The symptoms of the internal piles do not precede the formation of the external ones; but you have uneasy sensations at the exterior of the verge of the anus, severe itching, and an ichorous discharge from the surface. The verge becomes irregular; and a number of small tumours become visible, which are the external piles. Thus, you see, the internal piles are covered by mucous membrane, the external by cuticle; but the internal may become external by being protruded; and if they remain permanently down, the mucous membrane is converted into a tissue, perfectly identical with the external integument, from the effects of its exposure to the influence of the atmosphere and friction.

In the advanced stages of internal piles which I have just now described, surgical operation is required for their cure. You oil your finger and introduce it; but you will, in all probability, find considerable difficulty in passing it, from the irritable state of the sphincter, which contracts firmly on the finger; and on overcoming this obstacle, you find great irregularity of the surface of the rectum from the tense state of the piles. Now, you would not think of performing an operation under such circumstances, but prepare the patient for it by measures calculated to lessen the irritability of the parts. Apply leeches, throw up a few enemata, maintain the recumbent posture, and give some mild laxative, as the confection of senna with sulphur. It is not considered orthodox to give aloes as an aperient whenever the rectum is diseased, because they have a definite action in determining to this organ; but I may just mention, that the homœopathic gentlemen administer aloes in very minute doses, and say they thus cure piles on the principle *similia similibus curantur*. However the general feeling is against them, and you would rather employ other means. After a few days, the patients are in a better state for operation, and you tell them to strain, and

then you will see the piles protrude, covered with mucous membrane, differing in colour according to the degree of its tenseness, but in general hardly so red as the mucous membrane, and looking like little polypi. Sometimes the patient will find it difficult to force down the rectum; you feel the pile scarcely an inch from the anus, and tell him to strain, but he cannot make it protrude. It is here, as with all muscles which are partly voluntary and partly involuntary, that their action cannot be excited by the will alone, without their natural stimulus also. Thus, with the function of deglutition, if you attempt to swallow you can do it once or twice, because there is some saliva in the mouth; but if you try again and again, you find it impossible to effect; so the pile which the patient cannot force beyond the anus by any mere voluntary effort, he cannot prevent from protruding when he is passing a motion. If you are not aware of this when he comes to be operated on, you tell him to force the gut down,—he says he can't,—then you say you can't operate to-day,—he replies, that you promised to do so,—and you part mutually dissatisfied; but when you know what you may expect, you guard against it by giving a dose of castor oil about an hour before you mean to operate, to ensure an action of the bowels, and then you find the pile protruded ready for you. The object, then, in these internal piles, covered with mucous membrane, is to surround them with a ligature tightly applied, to cut off the ends of the ligature, and return the pile and rectum into the pelvis. The ligature should be tied very tight, but still you must be cautious; for, if the base of the tumour be narrow and the ligature a small one, you would cut off the pile as certainly as with the knife, and I have known several patients killed by cutting off internal piles with the knife or scissors. As you see in this diagram, the piles hang by peduncles much smaller than the base of the excrescence; now the object is not to tie the neck or peduncle, but to surround the mucous membrane and submucous cellular tissue where it forms a flat surface on the gut, taking care not to include any muscular fibres; for if you do so the muscle is irritated, it contracts, and tenesmus is set up, which tells you what you have done, and then you had better at once remove the ligature and apply another more carefully. If you do not tie the muscle, but only the mucous membrane and submucous cellular tissue, there is little or no pain produced, and the cure is almost infallible and unattended by risk. I always tie the ligature once, and then lay open the tumour with the lancet, and turn out the blood or coagula it contains. By this the ligature is a little loosened; so I tighten it, and then make the second knot, cut off the ends, and return all together into the pelvis. The opening the pile is a great advantage; for if the tense tumour be returned, even if you have no difficulty in getting it back, it acts as an extraneous body and causes great irritation, whereas there is nothing of the sort if it be opened; it is easily returned and causes no irritation. You may tie two, three, or four piles in this manner at one sitting; maintain the recumbent posture, and if there is any uneasiness about the parts, use fomentations. The bowels having been freely opened before the operation, keep them costive for a day or two to obviate the mechanical injury caused by the passage of a motion; and to compensate for this, you may excite the other secretions a little. Induce a little perspiration and a freer flow of urine. With regard to the after treatment, the habit of passing the stools at night is the most effectual means of preventing any return.

You will occasionally meet with a disease of the rectum accompanied by every symptom of piles,—the pain, heat, weight, tenesmus, and mucous discharge, so that you would say at once to the patient, 'Oh, you have piles;' but on passing your finger to make an examination you find the rectum perfectly healthy, as far as any tumour or excrescence is concerned, and then you are obliged to say that you were mistaken. The patient wants to know what is the matter with him if it is not piles; and if you are not aware of the nature of such cases you may be considerably

puzzled. The fact is, there is a fissure of the rectum, and you may be led to suspect as much from the excruciating pain complained of, which is much greater than is commonly met with in mere cases of piles. You will also find considerable difficulty in passing the finger; it is tightly grasped by the sphincter, and the man complains of its causing intolerable pain, so that you will always do well to put him in a corner where he cannot recede from you, before attempting to examine him. The finger being passed, you discover that there are no piles, but on turning it backwards and upwards towards the os coccygis, which is the most usual seat of the fissure, you feel a deep sulcus, excessively tender to the touch; and on pressing which, all the symptoms are immediately aggravated. On withdrawing the finger you find that its tip is stained with blood. Now, you can not only at once relieve all the symptoms, but cure the disease to a moral certainty by a straight bistoury. You pass this instrument and cut straight through the fissure, merely dividing the membrane, submucous cellular tissue, and a few of the muscular fibres, when all the symptoms are gone; for even if a motion be passed soon after, there is merely a little smarting from the raw surface. Various other means have been recommended,—zinc, catechu, alum, and nitrate of silver. The three former are of very little use. The nitrate of silver destroys the sentient extremities of the nerves, and relieves for a time; but the slough is soon thrown off, the new granulations are as sensitive as the old fissure, and all the suffering recurs, while the disease is certainly and rapidly cured by simple incision. All you have afterwards to do is to attend to the state of the bowels and general health.

With regard to external piles, Sir Everard Home is of opinion that they do not take their origin in congested and dilated veins, as the internal ones do, but they arise from inflammation of the subcutaneous cellular tissue, and its thickening with deposit of adventitious matter. This is true with respect to one species, but there is another kind which has been internal, but has become cuticular from constant protrusion. Sometimes you will have both internal and external piles in the same patient, and sometimes what you may call the interno-external, from their having originated internally. In the external you have more pain in the course of the sciatic nerve, and greater tenderness of the perinæum, with very often some prolapsus ani; and while the ligature is the remedy for the internal, so is excision for the external. You must shave them clean off, so as to leave the verge of the anus perfectly smooth, and then all you have to do to complete the cure is to occasionally pass a bougie in the anus, to prevent contraction of the opening, resulting from cicatrization of the wounds. Where there are both internal and external piles, you must cure the latter first, otherwise they will act as an irritating cause preventing the cure of the former. About six weeks ago I was consulted by a patient in the Edgeware Road, who was in this situation, and his surgeon had tied several of the internal piles without securing permanent good; so I told him to remove the external ones, and this was followed by the most rapid amendment. I was consulted by a lady, a governess in the family of a nobleman,* part of whose duty it was to walk out with the young ladies; but this caused her such intolerable suffering, that she made a confidante of the eldest daughter, and as she concealed her infirmity from the rest of the family from a motive of delicacy, whenever they went out to walk, she used to go and lie down at a friend's house close by; the young ladies walked alone and called for her as they returned. At last this could go on no longer, and she told me a most pitiable tale of her sufferings. The piles were external: I excised them, and she was perfectly cured. I often meet her now, and she always gives me a look of the liveliest gratitude. I remember another case of a gentleman who was exceedingly fond of hunting, but he suffered extremely from piles, so much so that his saddle has often been covered with blood, and he has had to stop in some field to return the protruded tumors. At last they

got so bad that he was obliged to give up his favourite amusement. I removed the external piles, and treated him with enemata and laxatives, but principally insisted on his having his motions at night. This is now eight years ago, and he has never had a return of the piles; but it is also eight years since he had a morning motion, or at least if the bowels from irregular action have acted more than once a day or in the morning on that day, he never mounted his horse, as he said it gave him some faint idea, or suggested the recollection of what he had formerly suffered. It is to this habit that he attributes his cure, and the case was a most obstinate one.

I have said that prolapsus ani frequently accompanies piles, and therefore it may be as well to say a few words as to its treatment. Under ordinary circumstances, you will cure the prolapsus by palliative means and by curing the piles which have caused it, but if the mucous membrane and the muscles have been so much relaxed as to render a large prolapsus permanent, you must take up two or three folds of the mucous membrane which covers it and surround each fold with a ligature, then return the prolapsed gut into the pelvis. The patient will be disappointed at first as he is not relieved; it is the case that there will be no great relief till the ligatures come away, but after that the cure is permanent, at least so it has proved in either three or four cases in which I have employed this method. You may meet with a prolapsus you are unable to return, and I remember an extraordinary case of this kind which occurred to me, which I believe is almost unique, at least I do not remember having read a parallel one. I was called into the country, just beyond Riegate, some years ago, to see a person who was the proprietor of a notorious hell, and who was since shot in a duel at Boulogne. His case had puzzled his attendants and they called me in, or he wished it, I forget which, and on going into his room I was struck by his cadaverous appearance, which was heightened as he was naturally a very dark man. I was just about to ask him some question when he vomited some matter having a peculiar odour, and I instantly put my hand to his groins to discover if he had a hernia, as there was every symptom of strangulated intestine present. However I could find none, and was hesitating what to do, when my attention was called to the state of the rectum, and I found a prolapsus ani larger than my fist. It was turgid and purple, and the man was in fact dying of strangulated hernia, for here was the protrusion of a viscus from its natural cavity, and this was not only prevented from returning, not only irreducible, but strangulated. I tried to return it, but found it impossible, so I made free incisions over the surface of the tumour, let off thereby a large quantity of dark coloured blood, and then by a little manipulation returned the gut, and the patient recovered without a bad symptom. Had this been ineffectual I should have divided the sphincter, as I have no doubt this was the seat of stricture.

ON EVERSION OF THE EYE, AFTER THE OPERATION FOR STRABISMUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—I beg to return you my very sincere thanks for the readiness and liberality with which you have devoted so large a portion of your valuable Journal to my last communication, and to forward to you, according to promise, a paper relative to an important practical point in the treatment of certain cases of strabismus.

In my last communication I stated, that in order completely to remove the obliquity in some particular cases of strabismus, it was occasionally necessary to submit the patient to *two* operations,—one on the distorted eye, the other on the undistorted, and apparently unaffected, eye. I have now to observe, that two operations are not *always* sufficient to maintain an eye which has been affected with strabismus in its central and natural position, but that it is