the sore till it reach the staff; and cutting upon it, the ſinns is to be laid open through its whole length till it terminate either in the urethra, or, if necesſary, in the bladder itſelf. When more openings than one are preſent, they are to be treated in the ſame manner ; and if the ſinuſes are found to be remarkably hard, the removal of a ſmall portion of the diſeaſed part will expedite the cure, though the conſequent inflammation and ſuppuration will render this ſeldom neceſsary. After the operation, the wound is to be dressed with pledgets of emollient ointment, ſo as to allow it to fill up completely from its bottom. The whole is to be covered with a pledget of emollient ointment; and proper compreſſes being applied over it, the dreſſings are to be ſupported by a T bandage.

If ſymptoms of inflammation be violent, an emollient poultice is to be applied in the courſe of twenty-four hours after the operation ; and as ſoon as free ſuppuration is form­ed, light eaſy dreſſings are to be uſed till the ſore is com­pletely healed.

Chap. XXX. *Diſeaſes about the Anus.*

Sect. I. *Of Hemorrhoids or Piles.*

The treatment of piles has been already conſidered under the article Medicine ; but it ſometimes happens, that al­though the means mentioned there have been employed, the diſeaſe becomes ſo violent as to require the aſſiſtance of the surgeon. Where the diſcharge of blood is ſo great as to endanger the life of the patient, we ought to attempt to ſtop it either by compreſſion, or by ſecuring the bleeding veſſels by a ligature ; and here the tenaculum is preferable to the needle, becauſe, when the latter is uſed, a portion of the rectum is apt to be included in the ligature. When piles arrive at ſuch a ſize as to obſtruct the paſſage of the faeces, or to produce great irritation, the removal of them by the knife or by ligature becomes necessary. The firſt of theſe may be uſed when their ſize is of ſuch a nature as not to threaten a dangerous hemorrhagy ; but when this is the caſe, they ought to be removed by ligature, the manner of applying which has been conſidered under the treatment of *Polypi.* The dreſſings are to be of a ſimple nature.

Sect. IL *Of Condylomatous Excreſcences, &c. of the Anus.*

Excrescences are ſometimes produced about the anus, which from their figure get the name of fici, *aristae,* &c ; but they are all of the ſame nature, and to be cured by the ſame means. They ſometimes grow within the gut itſelf, but more frequently are ſituated at the verge of the anus. They vary conſiderably in their colour, figure, and conſiſtence. Sometimes they are only one or two in number, but commonly all the ſkin about the anus becomes covered with them. They vary in ſize from that of ordinary warts to that of ſplit garden beans. They ſeem originally to be productions of the ſkin, though at laſt they ſometimes pro­ceed as deep as the muſcles. They frequently remain long without producing much uneaſineſs. When this is the caſe, they ought not to be touched ; but ſometimes they become ſo troubleſome as to render their removal neceſſary.

The ſofter kinds can frequcntly be removed by rubbing them often with gentle eſcharotics, as crude ſal ammoniac, or pulvis labinæ ; but the harder kinds are to be removed chiefly by lunar cauſtic, or by the knife ; the latter of which is greatly preferable, and may be done with the utmoſt ſafety.

The sores are afterwards to be treated like wounds pro­duced by any other cauſe. If cauſtic is to be uſed, ore ought to be taken that it do not injure the rectum.

Sect. III. *Of Fiſula in Ano.*

The fiſtula in ano is a sinuous ulcer in the neighbourhood of the rectum. " When it opens externally, and has likewiſe a communication with the gut, it is termed a *complete fistula ;* but if it has no communication with the rectum it is called *incomplete.* When the ulcer communicates with the gut, but has no external opening, it is named an *internal* or *occult fistula.* It is likewise diſtinguiſhed into ſimple and compound. The firſt is where one or more ſinuſes commu­nicate with the internal ulcer, but where the parts in the neighbourhood are sound. The compound fiſtula is where the parts through which the ſinus runs are hard and ſwelled, or where the ulcer communicates with the bladder, vagina, os ſacrum, and other contiguous parts.

The cauſes producing the diſeaſe may be, whatever tends to form matter about the anus, piles, condylomatous tumors, hardened feces, or any cauſe which produces irritation and inflammation, ſo as to end in ſuppuration. As ſoon as a ſwelling about the anus appears to terminate in ſuppura­tion, every thing ought to be done which can accelerate the formation of matter. A proper degree of heat, warm poultices, fomentations, and the steams of warm water, are the means beſt suited for this purpoſe ; and as ſoon as mat­ter is formed, it ought to be diſcharged by a free incision in the loweſt part of the tumor. Much depends upon the proper treatment here ; for if the opening be made too small, or if long delayed, the matter gets into the looſe cellular ſubstance, and inſtead of producing one, produces many ſinuſes, and theſe ſometimes running to a great depth. The parts ought then to be covered with ſoft lint ſpread with mild ointment, and an emollient poultice kept conſtantly over the whole. By this any remaining hardneſs. will be removed, the cavity will fill up like impoſthumous tumors in other parts, and a complete cure will in general ſoon be made.

It more frequently happens, however, that the practition­er is not called in till the abſcefs has burſt of itſelf, and till matter has insinuated into the ſurrounding cellular ſubstance, and formed one or more real fistulæ.

The firſt thing to be done now is to diſcover the real courſe of the different ſinuſes, and the probe is the beſt inſtrument for this purpoſe. If there be openings in the ex­ternal ſurface, there is commonly little difficulty in this. If they run along the perinæum or the muſcles, the probe will generally detect them. If they follow the direction of the gut, the beſt method is to introduce the fore finger oiled into the rectum, while the probe is entered at the ex­ternal orifice. If there be a communication between the gut and the ſinus, the probe may be made to paſs till its point is felt by the finger in the rectum. We diſcover with cer­tainty if a ſinus communicate with the gut, when air or feces are diſcharged, or when any mild fluid injected returns by the anus.

After the courſe of the ſinus has been diſcovered, the me­thod of cure is next to be conſidered. Astringent or eſcharotic injections, preſſure, and ſetons, are inſupportable, on account of the violent pain which they produce. The only method therefore of bringing on a proper degree of in­flammation is a free inciſion along the whole courſe of the ſinus. The courſe of the different ſinuſes having been previouſly diſcovered, a laxative ought to be given on the day preceding this operation, and a clyſter an hour or two be­fore performing it. The patient is to be placed with his