back towards a window, while his body leans upon a bed, table, or chair. The finger of the ſurgeon is to be rubbed over with oil, and introduced into the rectum. The end of a crooked probe-pointed biſtoury (fig. 100.) is then to be paſſed into the fiſtula, and puſhed againſt the finger in the rectum, if the ſiſtula be complete. But in caſes of in­complete fistulae, the point of the inſtrument muſt be made to perforate the gut before it can reach the finger. Some make the perforation with a ſharp-pointed biſtoury, which can be made to flip along the side of a probe-pointed one, as at fig. 101. After the biſtoury has reached the cavity of the rectum, the point of it is then to be brought out at the anus, and a cut made downwards to lay the ſinue com­pletely open. In this operation the ſphincter ani muſcle is commonly cut, if the ſinus be high ; but no inconvenience is found to ariſe from this circumſtance. It ſometimes, though rarely, happens, that the ſinus goes beyond the reach of the finger, and even as high as the upper end of the sacrum. The only thing which can be done in this caſe is to cut as high as the finger can go, ſo as to give a free and eaſy vent to the matter.

Some practitioners, with a view to prevent troubleſome hemorrhagies, and others to free the patient from the dread of the knife, have propoſed to open the ſinuſes by means of ligature (fig. 102.). By introducing one end of a piece of silver or leaden wire into the ſinus, then bringing it out at the anus, and twiſting the ends together, the contained parts may be ſo compreſſed as to produce a complete diviſion of them. But this is both more painful and tedious than the ſcalpel, and appears to be by no means neceſſary.

When the preſence of an occult fiſtula is ſuspected, its exiſtence ought first to be fully aſcertained, by examining whether the matter which is paſſed by ſtool proceeds from an ulcer in the bowels or from an abſceſs at the side of the anus. It is diſcovered by matter from the bowels being mixed with the feces, and no pain about the anus. In oc­cult ſiſtula, a hardness, ſwelling, and diſcoloration, are obſerved upon ſome ſpot near the anus, and there is a ſenſation of conſiderable pain upon preſſure being made upon it. The operation in this is the same with that in the other two varieties of the diſorder ; only that an opening is previouſly to be made, by a lancet or ſcalpel, in that ſpot where the matter appears to be lodged. By this the lore will be reduced to a complete ſiſtula, and the reſt of the operation will be eaſily performed.

In this manner the different ſinuſes are to be operated upon, when in a ſimple ſtate ; but in thoſe of a compound nature, where the parts in the vicinity of the ſores have been ſeparated from each other by an effuſion of matter into the cellular ſubſtance, and where all the under end of the rectum has, in ſome rare caſes, been attached from the sur­rounding parts, two modes of operating have been re­commended ; either to remove a conſiderable portion of the external integuments, ſo as to give free vent to the matter ;or to extirpate all the lower end of the rectum which is found to be detached from the surrounding parts. But from the pain and ſubſequent diſtreſs which they occaſion, theſe methods are judiciouſly laid aſide. All that is neceſsary to be done here is to lay the detached portion of gut completely open, as in caſes of ſimple fistulae ; but if this be inſufficient for allowing the gut to apply properly to the contiguous parts, another inciſion ſhould be made on the oppoſite side. If the neighbouring bones be ſound found, and the conſtitution in other reſpects be unimpaired, a complete cure will probably be obtained.

The matter ſometimes inſinuates itſelf between the ſkin and muſcles of the perinæum, or of the hip. When this is obſerved, the ſac produced by it ſhould be laid open from one end to the other by one or more inciſions as circumſtances may require. Sometimes, from neglect or improper treatment, the matter collected does not find a proper out­let, and then the parts moſt contiguous to it inflame, be­come painful, and gradually acquire ſuch a morbid calloſity as to put on a ſcirrhous appearance. In ſuch caſes a cure may be effected by giving free vent to the matter, prevent­ing every future collection, and inducing and preſerving aſuppuration in the ſubſtance of the parts chiefly affected. To accompliſh this last circumſtance, however, it may ſome­times be neceſſary not only to lay the ſinuſes freely open, but to cut in upon the obdurated parts.

The different ſinuſes having been laid open, care muſt be taken to apply the neceſſary dressings. Upon this much of the ſucceſs attending the operation depends. Dry lint, till lately, was much uſed by practitioners ; but it has been found to produce ſo much irritation, eſpecially when too much crammed in, as to be one of the cauſes of that diarrhoea which is frequently ſo troubleſome after operations of this kind. Inſtead, therefore, of this sort of dressing, pledgets, lint, or ſoft old linen ſpread with any simple oint­ment, are to be preferred. After the sores have been clear­ed from clotted blood, the pledgets are to be gently inſinuated between their edges, but not to ſuch a depth, or with ſuch force, as to give any uneaſineſs. This being done, and a compreſs of ſoft linen with a T bandage being ap­plied over the whole, the patient is to be carried to bed ; and the dreſſings being renewed, either after every stool, or, when theſe are not frequent, once in the twenty four hours, the sores will generally fill up from the bottom, and will at laſt cicatrize in the same manner as wounds in any other part of the body. Sometimes, however, they acquire a soft, flabby, unhealthy aspect, and the matter diſcharged from them is thin, fetid, and occaſionally mixed with blood. Theſe appearances may ſometimes ariſe from some part of a ſinus having been overlooked. In this caſe advantage may follow from the part being laid completely open. But it more uſually proceeds from ſome affection of the general ſyſtem ; and till this is eradicated the sores cannot be expected to heal.

In the cure of sores in other parts oſ the body, practi­tioners have ſometimes found great advantage to ariſe from the uſe of issues. The ſame thing is now found to be ap­plicable here. Wherever therefore fistulæ are of long ſtanding, while any diſorder exiſting in the conſtitution is properly attended to, practitioners recommend, that an iſſue, in proportion to the quantity of the matter diſcharged by the sores, ſhould be immediately employed. In this way, if the bones in the neighbourhood are not diſeaſed, there will be reaſon to expect that a complete cure will be obtained.

Sect. IV. *Of Prolapſus Ani.*

This is a protruſion of part of the rectum beyond the anus. It is often occasioned by debility of the parts, but is moſt frequently owing to violent exertions made in the rectum in conſequence of irritation. The reduction ſhould be effected as ſoon as poſſible ; for although this part of the inteſtine can bear expoſure to air much longer than any of the reſt, yet allowing it to remain a long time out would be attended with great uneaſiness, and probably with danger. In the reduction, the tumor ought to be supported with the palm of one hand, while with the fingers of the other the part of the gut laſt protruded is to be returned. If the gut has been long expoſed previous to the reduction, vene­lection may become necessary, and gentle aſtringents may be applied to the part. The patient during the reduction is to be kept in a reclined posture. As ſoon as the bowels