

Cook (as)

## CARBOLIC ACID INJECTIONS IN THE TREATMENT OF PILES.

The purpose of this article is briefly to direct the attention of the Profession to the value of carbolic acid as a remedial agent in the radical cure of hæmorrhoids. The frequency of the disease and the great dread of patients generally to submit to any form of treatment which will subject them to a painful operation and confinement to bed for two or three weeks, induces me to mention this simple method, which, in the great majority of cases, will supersede the knife, ligature, nitric acid, and clamp, heretofore the usual remedies where there is considerable dilatation of the hæmorrhoidal veins. Patients, rather than submit to an operation, content themselves with the use of various cathartics, laxatives, and astringent and anodyne unguents, which, without effecting a cure, frequently give little or no relief. A temporizing treatment, under which the disease is usually aggravated, and finally the victims, under the impression that the general practitioner of surgery does not understand the treatment of the disease, or that it is too insignificant to elicit his special study and attention, fall into the hands of advertising specialists, who promise a certain cure without the use of the knife, ligature or caustic. The inconvenience and suffering caused by enlarged or inflamed hæmorrhoids, and the ready relief given, may be inferred from the following cases:

Mrs. —, aged twenty-six; married six years; occupation seamstress, sewing on a machine; spanæmic; has for a long time been suffering from habitual constipation; she has had piles for ten years—her father and other members of the family having suffered in like manner—a hereditary disease; she had external and internal piles, which had

been inflamed, and caused much suffering for months. The external, several in number, situated at the junction of the skin and mucous membrane, were of long standing, small, hard, projecting like vegetations and exceedingly sensitive; these were removed with the scissors; warm anodyne fomentations were ordered locally to allay the tenderness, and the following laxative: R.—Magnesiæ carb.,  $\zeta$ ss; magnesiæ sulph.,  $\zeta$ ij; potassæ bitartrat, sulphur sublimed,  $\text{aa}$   $\zeta$ ss. M. Ft. Pulv. S. a teaspoonful in half glass of water once or twice daily if necessary. The external trouble was relieved in a few days, but at each evacuation, or in the act of coughing, an inflamed hæmorrhoid would protrude and cause acute pain, to return which I was called several times. For several days she declined to have anything done, assigning as a reason that a former physician who had treated her father advised her never to submit to an operation, as it would be dangerous. The laxatives, unguents, suppositories, etc., etc., having failed to give relief, and being assured that the operation was simple, without danger or much suffering, and that it would give speedy relief, she consented.

On the 27th of November, 1876, I directed her to sit over hot water and allow the pile to protrude through the external sphincter; I then penetrated the pile with the needle of the hypodermic syringe and injected ten drops of a mixture of equal parts of carbolic acid and glycerine; the pile was then returned; the pain was not severe, and soon subsided without any medication; next day she was much better; the pile did not protrude; the fifth day after the injection she was discharged cured. She then resumed her usual avocation.



I ordered her a teaspoonful, three times daily, of the elixir of the phosphates of iron, quinine and strychnia as a tonic, gentle out-door exercise and good nourishing food. After treatment she became pregnant—a primipara—and was confined without any return of the disease. Several years ago I treated her brother for the same disease, who informs me that he has had no return.

Lewis Everson, German, aged 45; laborer; was admitted into the Louisville City Hospital in July, 1877, with acute dysentery and intermittent fever. The latter part of August he was transferred to the surgical ward to be treated for frost-bite of the two great toes, which had been frosted two winters previous. The toes were removed by a member of the Surgical Staff 31st of August. When I took charge of the ward, September 1st, I found him weak, debilitated and feeble, still suffering from recurrent attacks of dysentery and intermittent fever, and hæmorrhoids which were much aggravated by the inflamed condition of the rectum and frequent straining at stool. By the 27th of September he had partially recovered from his complication of diseases, and was anxious to have something done for the piles, which came down when he walked or was at stool. There were four large internal hæmorrhoids, which, when protruded, formed a nodular circle around the mucous membrane of the rectum.

On the 29th of September, in presence of the medical classes, I injected two of the hæmorrhoids with the following: Carbolic acid,  $\mathfrak{z}\text{i}$ ; aquæ distillat,  $\mathfrak{z}\text{i}$ ; glycerin,  $\mathfrak{z}\text{i}$ . M. Of which ten or twelve drops were injected into each of two piles. On the 1st of October I examined him, and found that the two injected piles had contracted and almost disappeared; I then injected the two remaining ones with the same injection, and equal quantity as before; by the

6th of October, Clinic day, he was again presented to the united classes and discharged. He suffered very little from the injection, and I was agreeably surprised at the rapid cure. He had two relapses of dysentery and malarial fever at intervals of about two and three weeks after the last injection, but no return of the piles. He was retained in the hospital until the latter part of November as assistant nurse in the ward, to give him time to recuperate his health, and to observe the result of his case. He had no further rectal trouble. His fever was controlled by sulphate of cinchonidia; after the paroxysms were interrupted he was ordered ferrum dialysatum twenty drops three times a day at meal time, sulphate cinchonidia five grains three times a day after eating, and special diet. While in the surgical ward the attacks of dysentery were treated as follows: R.—Bismuth subcarb.,  $\mathfrak{z}\text{ij}$ ; saccharated pepsin,  $\mathfrak{z}\text{iss}$ ; morpb. sulph., grs.  $\text{ij}$ . M. Ft. Pulv. No. viij. S. one powder every two or four hours pro re nata; anodyne injections to control the straining; diet chiefly boiled sweet milk, with one tablespoonful of wheat flour added to each pint. This case I consider an excellent test of the value and efficacy of the carbolic-acid treatment in hæmorrhoids. Here was a man who had been prostrated with a complication of diseases, enfeebled, anæmic, his system poisoned with malaria, who, for more than two years, had been suffering with ulcerated frosted toes, and laboring under all the inconveniences of an impecunious man.

The advantages of this treatment over the ligature are made manifest by comparison. August 31, the day before I took charge of the surgical ward, a patient about the same age had been ligatured for piles; the ligatures came away from the sixth to the tenth day, but he suffered much pain; the ulcers left after the separation of the ligatures healed

slowly, and he did not recover for at least two or three weeks after the patient I operated on a month later was well and doing duty in the ward. For the injection of hæmorrhoids, carbolic acid has been combined with sweet oil or glycerine. At first I used carbolic acid and glycerine, equal parts, but I found this combination too thick to flow freely through the needle of the ordinary pocket hypodermic syringe. By having a needle made longer and larger in calibre it would answer the purpose very well. When I used equal parts of water and glycerine with the carbolic acid the solution flowed easily through the common hypodermic needle. Where the hæmorrhoids are recent and the walls of the veins not thickened, I use equal parts of the carbolic acid, glycerine and distilled water, shake well for one or two minutes and you have a clear, uniform solution. Where the hæmorrhoids are of longer standing, the walls of the veins thickened and the connective tissue infiltrated with plastic material, the result of adhesive inflammation, I use two parts of the acid and one each of the glycerine and distilled water. Before operating, the patient's bowels should be evacuated by a mild laxative—magnesia or castor oil answers the purpose very well, aided, if necessary, by a warm water enema—then direct the patient to sit over a tub of warm water to relax the sphincters and protrude the piles; draw from ten to twenty drops of the acid solution, according to the size of the tumors, into the hypodermic syringe, pass the point of the needle through the most prominent part of the hæmorrhoid well into the cavity, then slowly inject the fluid, and hold it for a minute or two before withdrawing. A few drops of blood will flow from the puncture, which is readily arrested by pressing over it a dossil of cotton wool; after the injection is completed return the pile within the sphincter and the

operation is completed. The acid acts as an astringent, antiseptic and antiphlogistic. No inflammation occurred in either of the cases referred to; but should it occur, use opiate suppositories, hot fomentations to the anus, keep the patient quiet and nourish with extract of beef and milk for a few days; give quinine and tr. ferri mur. if indicated. After recovery the patient should be advised to avoid constipation, drastic purgatives, to use nourishing diet—meats, vegetables, cereals and fruits—a mixed diet, but not too great a variety at any one meal; it should be partly of a laxative character. If the bowels are sluggish, aid peristaltic action by drinking a teaspoonful of common table salt in half a pint of water one hour before breakfast, or the same quantity of some of the natural laxative mineral waters; these are both prophylactic and curative; the "Tamar Indien" will act well where the patient can afford to buy them. An excellent, pleasant and palatable laxative in the treatment of piles or habitual constipation is the compound liquorice powder of the "Prussian Pharmacopœia;" viz.: R.—Fol. senna pulv., ʒij; radix liquorice pulv., ʒij; fœniculi sem. (German) pulv., ʒi; sulphurus depurati, ʒi; sacchara alb. pulv., ʒvi. M. S. a teaspoonful in a wine glass of water pro re nata.

There are many other laxatives which the peculiarities of each case will suggest. Rubbing the abdomen once or twice daily with salt and water, and kneading thoroughly with the hands will often produce the desired result without any internal medication, provided the patient can be convinced of the efficacy of this kind of manual manipulation, and is not too indolent and indifferent to faithfully carry it out. System has much to do in relieving constipation; have a regular hour of the day to go to stool, lay aside all else, punctually attend to this duty, and the

peristaltic action of the intestinal canal will keep time as accurately as the works of a twenty-four hour clock, provided the good house-wife winds it up daily at the appointed hour. In cases of general debility give some of the bitter tonics with iron in some form; plenty of sunlight, well ventilated apartments, suitable clothing and open air exercise. For patients of sedentary habits or indoor life prescribe a journey to the mountains, hunting, fishing, or a visit to some of the watering places, lay study and brain work and sedentary habits aside, seek cheerful society and recreation, forget the old infirmity and it will forget you. Patients are prone to neglect little things which, if looked to, will keep them well; they must be impressed with the fact that the body is like a piece of complex machinery, nicely adjusted and adapted in all its parts for its work; but to keep it so, it must be daily watched and cared for.

A few words in regard to the general treatment of piles. The special treatment of individual cases must be governed by the causes; these are local or temporary and constitutional or organic; of the former we have drastic purgatives, habitual constipation, dysentery, constant riding on horseback, standing, or sitting in a constrained posture, portal congestion, pregnancy, etc.; of the latter, organic disease of the stomach, liver, heart, or lungs, abdominal tumors which interfere with venous circulation. In the former a radical cure may be expected, in the latter only temporary relief, or if cured, other branches of the hæmorrhoidal veins will, from continuance of the cause, become dilated and reproduce the disease. Where the cause is local, and the veins not too much distended, general treatment with injections of hot or cold water, according to the feelings of the patient, is all that is necessary. Where the disease is of longer standing, and the veins much

dilated, accompanied with general congestion, give such, laxatives, tonics, and alteratives as each case suggests. Locally use enemata of water, or water and glycerine, or mucilage incorporated with persulphate or perchloride of iron, or the vegetable astringents, adding in painful cases an anodyne of hyoscyamus, belladonna, stramonium or opium. If there is much tenderness and irritability, enemata of subnitrate or subcarbonate of bismuth or carbolic acid in mucilage or glycerine and water will have a happy effect, to which an opiate may be added when indicated. The enemata should be small, not more than one or two ounces, if large the distension of the rectum will cause peristaltic action and discharge of the enema. Cotton-wool saturated with a solution of the persulphate of iron has a good effect, especially in bleeding piles. The injection into the cavity of the dilated veins of a solution of the persulphate or perchloride of iron or ergot is dangerous, a portion of the coagulum formed may at any time be detached, carried into the circulation and produce embolism. Of late years I have generally used these various local remedies alone or combined, in the form of suppositories by incorporating with cocoa butter ten or fifteen grains to each suppository, and direct one to be used two or three times a day as required. If the patient can not readily introduce the suppository, order a suppository syringe, which can be passed into the anus, and deposit it at the proper place. I have never been partial to the nitric acid treatment; in the flat variety of hæmorrhoids with broad base, thickening of the mucous membrane and enlargement of the mucous papillæ, it might be used with advantage, but where the veins are much distended and the tumors well defined, I would not use it; the ligature is much to be preferred. In external piles, where they are pediculated with small base or like vegetations,

clip them off with scissors or scalpel; where they are tense with large base, soft and fluctuating, puncture and press out the blood; where they are hard and firm from thickening of the vein walls and blood-clot, lay open with a bistoury and press out the blood-clot, then apply compresses; if tender and inflamed, use hot fomentations and a T bandage. If the walls of the veins and connective tissue have, from repeated inflammatory action, become consolidated and form hardened ridges or tumors, incise the skin and dissect out the hardened tissues, then close the wound and dress to get union by first intention. This treatment has been much more satisfactory than the local use of leeches for depletion and astringent unguents. This is very briefly an outline of my treatment for hæmorrhoids prior to the use of the carbolic acid injection. I have had no experience as yet in the treatment recommended by Mr. H. A. Reeves, of the London Hospital, which he calls "the immediate cure"; it consists in puncturing the pile to the base with a conical-pointed wire heated to a dull red heat; the number of punctures are governed by the size of the pile.

The common diseases of the rectum, viz., fistula, fissure, ulcer, and piles, the latter by far the most frequent, from some one of which few persons in a lifetime escape, have, from some unaccountable reason, been considered the opprobria of surgery. Why should this be so? Why is it that the last two inches of the nether extremity of the alimentary canal, a plain piece of tubular anatomy, closed by two small muscles, always ready to open at nature's call, supplied and nourished by the inferior hæmorrhoidal artery and connecting veins, should be the prey of advertisers and specialists? The diseases are readily recognized by digital or specular examination, very amenable to treatment, much more easily cured than many

other surgical cases, and are in themselves, neither dangerous nor fatal. Any surgeon of good common sense and judgment who is posted in his department, is as competent, yes, more competent, to treat this class of cases than the great mass of specialists who flood the country and cities with their fulsome circulars guaranteeing a certain cure, and certifying that no patient has ever died in their hands—*never died*—for the good reason that a patient about to die of some organic complication is always advised to go home and recuperate *for death*; the so-called doctor of secret remedies, known only to himself, has the fat fee in his pocket, the deluded and confident patient never returns, or if too feeble to leave, he is abandoned to his fate.

That there is a wide-spread prejudice against the surgeon's treatment of piles among the populace and even doctors, I am sorry to say, can not be denied. This is probably due; first, to the old-time treatment of excision by the knife and application of the actual cautery, to arrest hæmorrhage, which has long since been abandoned. Second. The ethics of the Profession prevent the surgeon from advertising in the secular press and by circulars, giving certificates and names of prominent patients cured, which reach the populace. Third. The general practitioners, whose time is absorbed in the study and treatment of medical cases, do not advise their patients to consult the regular surgeons. Fourth. The advertising specialists are bold and confident, if they do learn what they know at the expense of the patient. They guarantee a cure without the use of the knife, ligature, or caustic, consultation free, and fifty, one hundred or two hundred dollars in advance, or negotiable notes. This means business; it is the charm; it fixes the patient; no knife, no ligature, no cautery, secret remedies, known only to the ad-

vertiser; the old Indian dodge—money in advance, never returned, cure or no cure. From these and other causes not necessary to mention, the mass of rectal diseases are treated outside of the regular Profession. The patients pay enormous fees, are satisfied in the belief that the regular surgeons know nothing of the remedies used, and that a mystery enshrouds the outlet of the rectum unknown to ordinary mortals.

For two or three years past the injection of carbolic acid and oil or glycerine has been extensively used as a secret remedy. In portions of Illinois, Indiana, Tennessee, Kentucky, and other States, the right to use it in a prescribed territory has been sold for sums of money varying from five to fifteen hundred dollars, each purchaser being sworn to secrecy. Doctors, farmers, tradesmen, and sharpers, who could raise the "wherewith," have left their legitimate business and gone forth, armed with a hypodermic syringe and a bottle of carbolic acid and sweet oil to slay the rectal piles and gobble up a golden fortune. The discovery of valuable gold mines in the rectum is of comparatively recent date; the hypodermic syringe is more easily wielded than the pick and the shovel; no danger of Indians there and no scalps lost. Only a few days ago a prominent druggist informed me that an illiterate countryman, in Kentuck jeans, purchased his outfit and inquired if the oil would pass through the hypodermic needle. When asked what use he would make of the hypodermic syringe and acid-oil mixture, he replied: "Gwine to practice medicine; right smart sprinkling of piles whar I live." A sad case of this territorial selling deception came under my own observation: A few months ago an intelligent-looking gentleman, in delicate health, a stranger to me, called at my office and inquired for a certain number of Braithwaite's Retro-

spect, stating that he wished to see an article on the use of carbolic acid and sweet oil in the treatment of piles. I stated that I had not read the article referred to, but I had seen the treatment briefly mentioned in other journals, and that I had, for more than a year, been using the acid and glycerine. He then stated he was a regular physician, had practiced in Kentucky for several years, had been unable to attend to general practice, his means were well nigh exhausted, had a family to support. In looking around to find some way to make a support, he heard of this secret remedy for the treatment of piles. He consulted some of his friends about the propriety of giving fifteen hundred dollars for the secret remedy and a specified territory to operate in. Among these friends was a prominent practitioner of this city, who advised the invalid doctor to make the purchase. The purchase was made, the contract drawn, the papers duly signed, the secret imparted, the territory assigned, and when the victimized doctor reached the field of operation, he learned, to his astonishment, that the secret was public property. The object of his inquiry of me was to get sufficient evidence against the party in this city who had sold the alleged secret remedy, to institute suit for obtaining money under false pretenses and compel the return of the money. Now if a regular practitioner, whose locks have been silvered in the service, who claims to observe the proprieties of the profession, who is tenacious for its honor, will volunteer such advice, will encourage such arrant quackery, what can the profession hope for? If men of influence sanction advertisers and secret nostrums, what becomes of medical ethics? This man is a teacher of medicine; what an ignoble example to place before the rising generation of doctors. O tempora! O mores!!