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Diseases of the Rectum.

MEDICAL CODE OF ETHICS.

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HÆMORRHOIDS (PILES,) RECTAL ULCER, FISTULA IN ANO, FISSURE,  
PRURITUS, POLYPUS RECTI, STRICTURE, &c., &c.

# A STATEMENT OF FACTS

Sustained by Indisputable Evidence.

WRITTEN FOR THE PUBLIC.

PRICE, \$1.00.

## PART 1st.

DISEASES OF THE RECTUM AND THEIR REFLEX RESULTS.

SURGICAL OPERATIONS FOR THE CURE OF PILES  
ABSOLUTELY UNNECESSARY.

DR. ALEXANDER W. BRINKERHOFF'S SYSTEM OF RECTAL  
TREATMENT.

## PART 2d.

MEDICAL CODE OF ETHICS.

THE PROTECTION IT AFFORDS TO THE MEDICAL PROFESSOR'S ADVERTISING TRUST AND A CURIOSITY THAT EXISTS UNDER ITS PROVISIONS WHEREBY THE OWNERSHIP OF A HOSPITAL (BE IT EVER SO SMALL) FOREVER SAVES A MAN FROM BEING CALLED A "QUACK."

WRITINGS OF THE LATE DR. A. W. BRINKERHOFF,

AS REVISED BY

WILLIAM C. BRINKERHOFF, M. D.,

Regular Graduate College of Physicians and Surgeons.

CHICAGO, ILL.

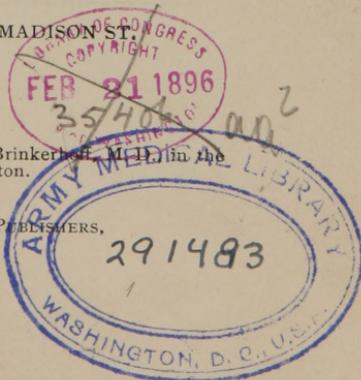
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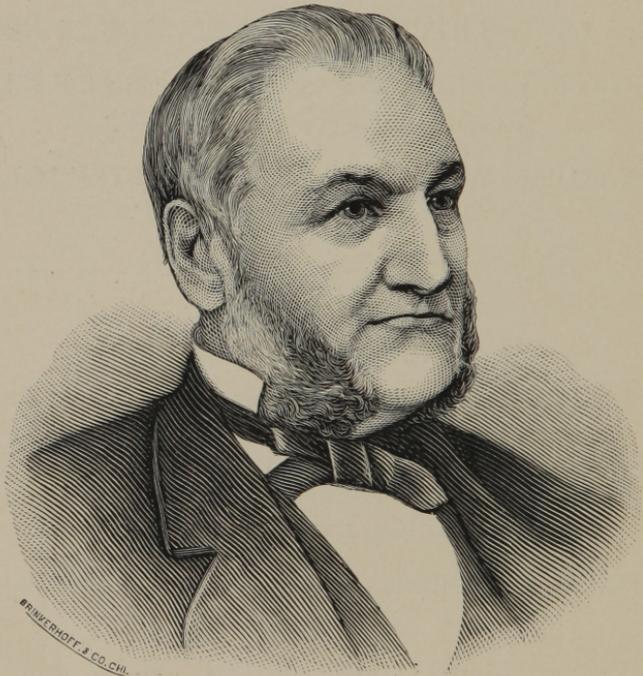
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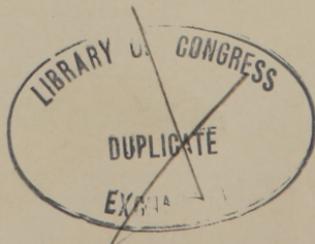
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Alexander W. Brinkerhoff, M. D.



## Dedicatory.

To the memory of my honorable, able and beloved father who departed this life March 13, 1887, is this small work dedicated. His life was marred by repeated reverses both in health and fortune, but the indomitable will, perseverance and high sense of honor with which he was imbued surmounted all obstacles in his way.

It is to his learning, ability and wisdom that suffering humanity owe a debt of gratitude for a system of Rectal Treatment that is humane, successful and wonderful in its workings. That the treatment may be honorably, creditably and successfully perpetuated is the wish and will be the effort of the

Author.

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# INTRODUCTORY.

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This treatise is prepared for the information and benefit of the reader, whether he be afflicted or not. The use of technical medical terms will be avoided and the work will be written in such form as to be easily understood by those who are not physicians. It will be written for the people. The medical profession also are invited to investigate the treatment described, and that they may the more thoroughly investigate it, the author will make examination of any case a member of the profession may wish to present, and is confident he can demonstrate to the full satisfaction of the patient and physician that any case of Piles can be treated satisfactorily, without using the knife, by the Dr. A. W. Brinkerhoff System. Members of the profession are invited to bring, or send, their patients for examination before they advise the patient that an operation must be performed. It will not be assumed that each and every disease as depicted herein is easily and quickly curable. The aim is to adhere to a statement of fact, and not to build up false hopes in the mind of the reader if he or she be afflicted. It will be maintained that hæmorrhoids (piles) can always be cured by the Brinkerhoff System without the knife; that ulceration (if not in the last stage) is equally curable without the knife; that fistula, as a rule, is curable without the knife and when not curable by this system and an operation is necessary, such operation should be preceded and followed by thorough treatment of the rectum. Fissure is always curable. Pruritus (itching piles) generally, but not always curable; if not curable the treatment affords such relief as to amply repay for the expense incurred for treatment. Stricture often, and cancer of the rectum (unless possibly in the earliest stages) always incurable. Polypi growths of the rectum always curable without the use of the knife. The knife operation for any disease of the rectum will be discouraged unless it be in such cases where it is absolutely necessary and no other means of treatment is known.

The sufferer from rectal disease SHOULD MAKE MOST THOROUGH INVESTIGATION before accepting (as final) the advice of his family physician that an operation is necessary. The operation may mean death (fatalities are not rare) or injuries for life. A prominent physician of Chicago submitted to an operation some two years since for Piles. The operation was performed by two expert surgeons about 3 P. M. Result: death (the Brinkerhoff treatment has never caused one) from hæmorrhage at 11 P. M. If such results follow an operation by expert surgeons, what can we expect at the hands of the ordinary sur-

geon? The result in this case was one of the unavoidable accidents which sometimes follow the knife operation for hæmorrhoids and cannot be avoided by the VERY BEST of surgeons. I have examined at least twenty cases where the knife has been used with the result of permanent injury. A gentleman aged 35 applied to me for examination in 1886. History of case: Operation performed (for Piles and Fistula) two years previous. Result: rectal trouble not improved and patient rendered impotent by operation. Others have had stricture following an operation and others incontinence of the rectum, the sphincter muscle having been destroyed or paralyzed by cutting or over dilation, such result rendering it necessary that the victim should wear cotton pads or "diapers." The Brinkerhoff treatment has never left a patient in this condition.

The main object of this work will be to inform the reader of ways and means by which Piles can be easily cured without the use of knife or cautery. Operations (for this disease) where a surgeon, with three or four assistants, is required, are no longer necessary. Human beings need no longer suffer the tortures of an unnecessary operation, and even death, in an effort to be cured of Piles. Death resulting from pile treatment is a thing unknown where Dr. A. W. Brinkerhoff's System has been used. Space will be devoted to the history of this treatment including valuable and unequalled statistics of its success.

The subject of advertising by a specialist will be commented upon and the relations of the Medical Profession to the Brinkerhoff System will be gone into and explained. The reader's attention is particularly called to this portion of the treatise, which will appear as part second.

A careful reading of the following pages will convince the most skeptical that the Brinkerhoff treatment holds out assurances of a positive cure and has a record that cannot be excelled, in fact, it cannot be equalled, in the history of medical science. If this small work will be the means of saving only one sufferer (we hope it will save many) from undergoing one of the various operations for Piles with its attendant suffering and danger of injury for life, or even death, then the author will feel that it has been appreciated and his labor has not been in vain.

The names of many people who have been treated and cured by the Brinkerhoff treatment will be used as reference. Numerous letters from patients will show in the most positive and convincing manner the true worth of the treatment. The names used as reference we deem sufficient evidence of the value of the treatment. The object in printing so many letters, however, is to convince the most skeptical and to show that the claim made by the Medical Profession that "Piles cannot be cured without a knife operation" is a false one and can be, and is, disproven every day.

The author is indebted to the work of his father for most of the cuts used.

## HISTORY OF THE DR. A. W. BRINKERHOFF SYSTEM OF RECTAL TREATMENT.

The Brinkerhoff System was the pride of its founder, Dr. A. W. Brinkerhoff, of Upper Sandusky, Ohio, and has been the joy of many thousands who have been cured by it. It will be a joy to many thousands more who will be cured. Its history dates back to the year 1877 when its founder was treating Piles by the method then known as the "Carbolic Acid" treatment. Under this treatment the Piles were strained outside by the patient, (a free injection of water having been previously used), then treated by the physician and replaced within the rectum.

This treatment was in many cases painful and always a very disagreeable one to the physician, owing to the necessity of having the bowels move in the same office where the treatments were given; another objection to the treatment was that in many cases the cure could not be made complete, owing to the fact that the smaller tumors within the rectum could not be made to protrude and hence could not be treated. The results of the treatment were good as far as they went, but treatment did not go far enough (into the rectum), hence patients would return in six months or a year for more treatment.

The return of the old trouble caused dissatisfaction among patients and a desire upon my father's part to overcome the weak points in the treatment. After thorough research and investigation, he devised the Brinkerhoff speculum for examination of the rectum and was undoubtedly the first man to treat a Pile tumor by injection while it was within the rectum. The invention of this speculum made his name famous and his treatment a success. The success following the use of the speculum was due to the fact that in most cases introduction of the speculum caused no more pain than a movement of the bowels. The only complaint made by the patient is that the speculum produces a sensation of pressure when inserted. This instrument is small and yet when in the rectum the wall of the rectum can be as plainly seen as can the hand before your face, thus enabling the physician to see and thoroughly understand what he is treating. **ABSOLUTELY NO WORK IN THE DARK.**

After this plan of treating Piles (through a speculum) was established the treatment was more thorough, more complete and more satisfactory in its results than any other treatment ever had been before or has been since. Such is the history of the Brinkerhoff System of Rectal treatment. A practice so extensive accrued to its founder as to overwhelm him, and assistants were required to give attention to the patients applying for treatment.

The result of this strain was the complete breaking down in health of the discoverer of the System in the year 1885, followed by his death in 1887. When it became necessary that Dr. A. W. Brinkerhoff should retire from practice, the writer, with assistants, succeeded to his practice. I had the good fortune of having been, previously, assistant to (my father) the founder of the System, and after a thorough course of study and education in the College of Physicians and Surgeons of

Chicago, (undoubtedly as good a school as exists in the United States) was graduated as a physician and surgeon with all the privileges pertaining to the Medical Profession. Since the time of such graduation I have devoted my entire practice to the treatment of rectal diseases; previous to 1889 in the State of Ohio, since then in the City of Chicago.

Other forms of disease I refer to brother physicians, accepting for treatment only such cases as properly come under the care of a specialist in diseases of the rectum. I give above history of my educational advantages, (as assistant in my father's practice, medical student and graduate), because of the frequent denunciation by many members of the medical profession of those physicians who see fit to advertise. The history is given simply that the reader may know that the writer has had ample opportunity to prepare and perfect himself for his special line of practice. The two years spent as assistant to my father I, however, prize the most highly. The experience there obtained has proven most valuable to me in my work as a specialist.

#### DISEASES OF THE RECTUM AND ANUS.—CLASSIFICATION.

Hæmorrhoids (or Piles)	{ Acute, Chronic, Internal, Bleeding, Protruding, Itching (described under Pruritus).
Ulceration,	{ Rectal, Anal, Superficial, Deep, Syphilitic, Tubercular.
Fistula,	{ Internal Incomplete, External Incomplete, Complete, Recto Vaginal, Recto Vesical.
Stricture,	{ Benign, Malignant, Spasmodic, Dysenteric, Traumatic, Operative.
Proctitis, (Inflammation)	{ Acute, Chronic.
Hypertrophy,	{ Internal, External.
Pruritus Ani,	( Itching Piles.
Polypus,	{ Glandular, Villous, Fibrous.
Prolapsus,	{ Hæmorrhoidal, Membranous.
Periproctitis.	
Fissure.	
Cancer.	
Abscess.	
Impaction.	

## NECESSITY OF PROMPT TREATMENT.

There probably is no portion of the human anatomy that is more subject to disease than the rectum, and there is no organ the treatment of which when diseased, is so long delayed. Ladies, (to them prompt treatment is the most essential), especially, postpone treatment, doubtless fearing exposure, but exposure of any portion of the body, excepting the rectum, is unnecessary, and even were it necessary, ladies should not forget that to the physician examinations are of daily occurrence and are no more thought of than any other action of his daily life. That the reader may be impressed with the necessity for prompt treatment in a case of hæmorrhoids, no matter how trifling it may seem, I quote from the work of William Bodenhamer, A. M., M. D., a learned specialist in Rectal Diseases, who says on page 112 of his "Treatise on the Hæmorrhoidal Disease:"

"The first accidents of the hæmorrhoidal disease, which sooner or later occur, are either hæmorrhage or tumors or both co-existing. \* \* \* \* \*

"The other most frequent consequences, which sooner or later follow the disease and to the development of which it strongly tends, are the following affections, 1st, Anal abscess; 2nd, Anal fistula; 3d, Anal fissure; 4th Prolapsus recti; 5th, Irritation or Inflammation of the bladder, of the vagina and of the uterus; 6th, Spermatorrhœa; 7th, Hæmorrhoidal pains; 8th, Hæmorrhoidal colic." The writer will add: 9th: Nervous Prostration; 10th, Anæmia (where the hæmorrhage is copious); 11th, Melancholia and Despondency; 12th, Insomnia (Sleeplessness).

Dr. Bodenhamer further states on page 113 of the same work:

"The largest number of anal abscesses and fistulae arise have their origin in some of the consecutive accidents of the hæmorrhoidal disease; indeed, so far as my own experience goes, they are more frequently the cause of abscess and fistula than any other cause with which I am acquainted. The following able authors have promulgated the same opinion, M. De Montigre, De Theyle."

While the author approves of most points in the above quotation from Dr. Bodenhamer's work, he deviates in one particular as follows: He considers that Rectal and Anal Ulceration instead of Hæmorrhoids is the more frequent cause of fistula and abscess, but does not deny that Hæmorrhoids do frequently give rise to abscess and fistula.

## HÆMORRHOIDS.

Your attention will first be directed to that disease of the rectum known as Hæmorrhoids, but more commonly called Piles. Owing to the great prevalence of the disease an effort will be made to devote special care and space to the description of it and the treatment will be more particularly described than in other rectal diseases mentioned. For convenience of description, I have classified Hæmorrhoids into acute, chronic, internal, bleeding and protruding. The observant

reader may discover that I have omitted the external. So I have. I am convinced after ten years of practice devoted exclusively to rectal diseases and study that this is an improper classification and what has heretofore been known as "external piles" will be described as "external hypertrophy." Hæmorrhoids are defined by the National Medical Dictionary as Piles; tumors situated near the lower end of rectum.

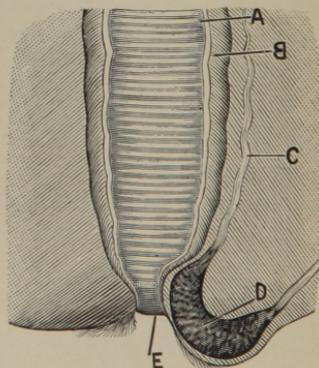
Internal hæmorrhoids are upon the mucous membrane of the rectum, and are composed of thickened and dilated blood vessels, which frequently rupture and discharge blood into the bowel. (The definition might have said further that internal piles develop into protruding piles; the protrusion (often attended with bleeding) occurring at time of stool, rendering it necessary to replace the hæmorrhoids before the sufferer can resume his daily avocation.)

### ETIOLOGY—CAUSE OF HÆMORRHOIDS.

Constipation; diarrhœa; hard and prolonged straining at stool; frequent use of cathartic medicines, (either pills or mineral waters); heavy lifting or unusual exertion; sitting on cold or damp boards, stone or metal; excessive use of alcoholic beverages; eating fruit with small seeds, (grapes, raspberries, etc.), or swallowing small particles of bone or oyster shell which particles in passing from the body are very likely to injure the wall of the rectum and give rise to inflammation, hæmorrhoids, fissure, abscess or fistula.

The female sex in addition to the above have to contend with pregnancy, confinement, miscarriage, tight lacing and misplacement of the uterus as frequent causes of this disease.

The acute form of hæmorrhoids (more properly speaking anal inflammation), is perhaps the most painful form with which the patient has to suffer. The disease makes its appearance among all classes and frequently is the first intimation to the patient that he has any rectal trouble. After a hard day's work, a long walk, a constipated passage, an attack of diarrhœa, an exposure to cold or an exceptional physical strain a small swelling will appear at the verge of the anus (it is in the anal tissues and does not come from the rectum), which will be extremely sensitive and give rise to difficulty in walking, sitting, etc. In course of two or three days, (if not promptly



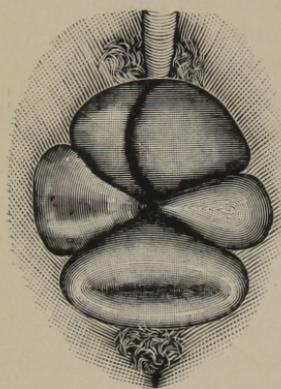
Anal Inflammation—Commonly called Piles.

- A—Mucous Membrane.
- C—Vein.
- D—Blood Clot in Vein.
- E—Anus.

cared for) it will attain the size of a hickory nut or even larger and the suffering becomes severe. The swollen tissues are reddened and sometimes in the center a dark clot of blood is found. Patients have frequently come to me suffering with this condition, who have been unsatisfactorily treated by their family physician. (See letter from Mr. Day, No. 16, page 52.) In several instances the swelling has been injected with carbolic acid; in other instances the physician has made repeated efforts to return the tumor into the rectum. The treatment in each case is improper. The injection should not be used (in these acute cases) because the tissues are already highly inflamed and to inject an acid (or anything) only adds to the inflammation and renders the patient liable to an abscess, blood poisoning (septicæmia) or even lockjaw. It is the improper treatment of this class of cases that has led some Physicians to denounce the injection method of treating Piles. The attempt to "replace" these acute swellings into the rectum is highly improper, as they do not belong within the rectum and will not remain if placed there; the effort to force the swelling into the rectum only adds to the inflammation. The Brinkerhoff treatment in these cases would be soothing applications (of our own preparation) externally and medicated injections (of our own preparation) into the rectum. Inflammation of the mucous membrane of the rectum always accompanies acute anal inflammation and should be treated in this way. After the acute inflammation subsides and the swelling disappears, these attacks often leave external hypertrophy of the anus as described on page 30.

Since writing the above a prominent physician of Western Illinois called upon me to arrange for the treatment of several cases (his patients). He remarked: "I have been so unsuccessful in treating piles that I have abandoned that portion of my practice." After a few moments conversation I learned that he had been injecting the above described condition and had just lately almost lost a patient, by death, that he had treated. The greatest wonder is that some of his patients did not die—yet this man is eminent and bears an excellent reputation as a successful general practitioner. He is a graduate from the University of Michigan, University of Pennsylvania and Bellevue Hospital Medical College of New York.

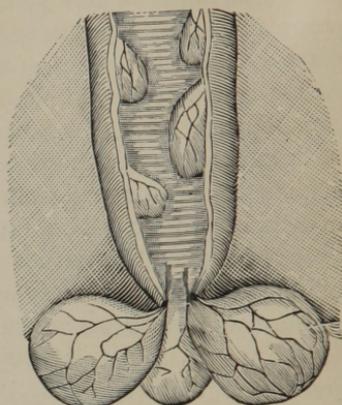
## CHRONIC HÆMORRHOIDS.



Severe Chronic Hæmorrhoids.

By A. W. BRINKERHOFF, M. D.

The three classifications, Chronic, Protruding and Bleeding Piles, may well come under one description. The symptoms are bleeding (sometimes pain); protrusion and burning (the amount depending on severity of case) at time of, or after



Internal and Protruding Hæmorrhoids.

By A. W. BRINKERHOFF, M. D.

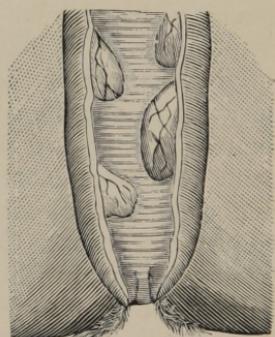
passage; occasional irritation of the bladder accompanied by frequent desire to urinate. In some cases a mucous secretion from the surface of the tumors soils the clothing and produces an offensive odor when the Piles are complicated with Ulceration or Rectal Catarrh. A dragging and aching sensation through the hips and back; pain and soreness down the limbs and frequently remote reflex symptoms such as severe headache, palpitation of the heart, (see letter from Rev. J. H. Hobbs, No. 51, pg. 60), and burning of the soles of the feet. Leucorrhœa and ovarian pain is doubtless often due to rectal disease. The protrusion in a bad case of hæmorrhoids is often so severe as to incapacitate the patient; almost prevent walking, and in some cases a movement of the bowels compels the patient to recline upon a couch for two or three hours after the evacuation.

I have seen cases where the hæmorrhage was so excessive as to render the sufferer a complete invalid, confined to the house for months at a time. The treatment in this class of cases is simple, positive and certain in its results; free from suffering (except in the most aggravated cases or where a patient contracts a severe cold, settling in the rectum, after treatment), and is free from the dangers of the knife operation, such as septicæmia (blood poisoning), fatal hæmorrhage, etc. Each pile tumor when treated by the Brinkerhoff treatment is injected with a fluid which destroys it gradually and entirely. While a patient is being treated for Piles he is also using a tonic injection into the rectum for the purpose of strengthening the walls of the rectum so that when cured of the Piles the rectum will, in all respects, be well. I have had patients tell me that their family physician advised

them not to place themselves under the Brinkerhoff System of treatment as blood poisoning was very apt to result from treatment. I can only answer this by saying that my father during his practice (devoted exclusively to rectal diseases) performed not less than sixty (60,000) thousand treatments; never had a patient die as a result of treatment and never, to my knowledge, had a patient suffer with septicæmia. The writer has followed the same treatment for ten years, has performed from fifteen (15,000) to twenty (20,000) thousand treatments, (my books will verify the statement), and never lost a case by death because of treatment, and never had a case of septicæmia (blood poisoning) result from treatment. The annals of Medical Science cannot equal this record, yet some physicians will denounce this treatment BECAUSE IT IS ADVERTISED, and that is their only reason.

### INTERNAL PILES.

Internal Piles come under the same general treatment as the three classifications just mentioned. They, however, differ from the last described in that they do not protrude, but may bleed quite freely. If not treated they will eventually develop into Protruding Piles. It quite frequently occurs that a patient with what appears to be a slight trouble of the rectum will apply to his family physician for treatment and the physician will prescribe a salve, not having made an examination. This should never be done in any case without a thorough examination, AND IT SHOULD BE THOROUGH, for however slight the symptoms, they may be only the warning of more serious trouble for the future which nothing but an examination will reveal.

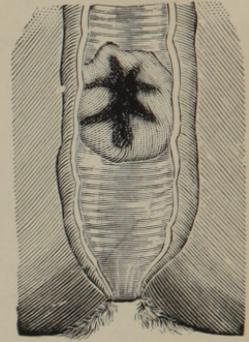


Internal Hæmorrhoids.  
By A. W. BRINKERHOFF, M.D.

Symptoms of Internal Piles are burning and sometimes bleeding at or after passage. A sensation of heat, fullness and dryness in the rectum. Patients most frequently describe their trouble by complaining that they feel as though a rough substance were just within the muscle, causing a prickling sensation. The general practitioner of medicine usually pronounces any case where the trouble complained of is within the rectum, as "internal piles" and prescribes a salve. It may be ulceration, cancer, polypus, rectal catarrh, etc. Your duty to yourself and family when even slightly afflicted, is to have a thorough examination and treatment.

## RECTAL ULCERATION.

Ulceration is classified as Rectal, Anal, Superficial, Deep, Syphilitic and Tubercular. In this disease we meet a condition that is dangerous because of its insidiousness (excepting the anal ulceration) and is, we might say, "the wolf in sheep's clothing" of Rectal diseases. Its symptoms are hidden and no doubt patients suffering from Ulceration have suffered and died while under the attending physician's care without a suspicion on the part of the physician of the true cause of death. I have examined patients who have been so near death's door from Ulceration that I have been compelled to inform the sufferer that no hope existed for recovery and yet their suffering was so slight that they could not believe my opinion to be correct. Their physician had not even suggested an examination. The beginning of this serious condition may be due to a slight abrasion of the mucous membrane of the rectum, caused by the passage of a hard substance through the rectum or the evacuation of a constipated passage which cut or scraped the mucous membrane. Irritation from a polypus growth, pressure upon the rectum in confinement, use of cathartic medicines and various other causes will produce ulceration. Once injured the membranes of the rectum are not prone to heal without careful treatment. Owing to the poisonous character of the fæcal matter which passes through the bowels each day, what was at first only a small abrasion becomes infected and there begins a process of slow ulceration. While this ulcerative process in the rectum pursues its course the victim does not suspect his condition (see letter from Henry Brodbeck, No. 6, pg. 49), owing to the lack of nerves of sensation, (I now speak of that portion of the rectum above the lower inch or inch and a half), in the rectum, and the lack of pain which the same diseased condition would cause in other portions of the body.



Rectal Ulceration.  
By A. W. BRINKERHOFF, M. D.

A few lines from the work of Jno. Hilton, F. R. S., F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen, and Consulting Surgeon to Guy's Hospital, etc., will concisely explain why a serious rectal disease may be present and yet be unknown to the patient. I quote from *Rest and Pain*, (Hilton's Lectures), page 277-8. Speaking of the rectum and mucous membrane thereof, he says:

"The upper part [of the rectum] manifests great distensibility and scarcely any sensibility. While the lower portion possesses exquisite sensibility, associated with

great muscular force which resists distension. Diseased conditions of the upper, middle or lower part of the rectum, except the last inch or two, induce but little pain. Hence, cancer, ordinary ulcerations, polypus, extraneous bodies, vascular tufts, or other disturbing causes may exist above the lower two inches without causing pain. I have often seen these observations confirmed by patients who could scarcely believe it possible that they could have so serious a disease as cancer of the rectum without feeling pain. Sometime since, a gentleman came to me in great mental distress. He said: 'I have been told that I have cancer of the rectum and am sure to die soon. I do not feel any pain and can hardly believe it for I never heard of cancer without pain.' I examined the rectum and found cancer clearly enough, three or four inches up the rectum, and told him so. He was rather angry with me for confirming the opinion of his surgeon. Experience, however, compelled me to force my conclusions upon him notwithstanding his freedom from pain."

### ULCERATION—SYMPTOMS.

Quoting from "Diseases of the Rectum," published in 1881, by A. W. Brinkerhoff, M. D., the following symptoms of Rectal Ulceration are clearly set forth:

"Itching about anus—very lame back and hips—constipation—must sit long in the closet, and often with very unsatisfactory results—bloating of abdomen—indigestion and wind in stomach—suffering in urinary organs—discharges of mucous like white of an egg—burning and smarting at and after stool—sometimes blood, or blood and matter, with stool—fissure often, and fistula generally caused by ulcers—in the more advanced stage of the malady chronic diarrhœa, or morning diarrhœa—failing memory—sallow complexion, color of dry leached ashes, and many wrinkles running out from outer corner of eyes—ambition gone—despondent—severe attacks, as if Piles, with very sore lumps, at one side of anus—tabs of flesh, generally but one, but sometimes more, size of beans, in verge of anus. White of eye glassy and bluish—at this stage there is little hope of cure. On examination a sure indication is anal corrugations—they never lie. Do not expect all these symptoms present at once—any two or three of them are sufficient. In the course of the disease all will be felt."

Quoting further from his work, page 71 he says concerning treatment:

"In the treatment of these ulcers the skill of the surgeon will be tested to the utmost. Mr. Allingham prefers to have his patients, thus afflicted, first thoroughly clean out the bowels, then go to bed for weeks—lying only on a hard mattress—and take nothing as diet save milk, whey and curds during all the time thus confined. With this he advises an injection, nightly, of one teaspoonful of "sedatives in three tablespoonfuls of starch water." To say that we could keep a Yankee in bed so long and restrict him to such diet, is more than I would consent to testify to.

"My treatment thus far has been the use of a healing salve every morning—an injection of cold or tepid water at once after stool—preferring the cold water if the patient has plenty of blood—and a nightly injection of ulcer compound prepared after my own formula—a half teaspoonful, with the same amount of starch or pulverized slippery elm, in three tablespoonfuls of water. In nearly every case, indeed in every case where the patient has given his case strict attention; the results have been entirely satisfactory."

In addition to the above, examination and treatment of the rectum by the attending physician is necessary. The number and frequency of treatments depending upon severity of case. The general practitioner of medicine rarely insists upon an examination of the rectum unless the symptoms related by the patient are severe ones. Physicians usually prescribe an ointment after having a case described to them, dismissing the patient with the remark, "It's only a slight case of Piles and you'll be well in a few days." This is a grave mistake and one that may result in much suffering to the patient, owing to delay in obtaining the necessary treatment. After ten years of practice, nine having been devoted exclusively to treatment of rectal diseases, I have learned to insist upon an examination of each case that comes to my office before attempting treatment of any character whatever, and even before giving advice.

That very serious trouble may be present in the rectum with comparatively slight symptoms is well outlined in the following from the works of Wm. Allingham, a noted surgeon of England. Mr. Allingham in his work "Diseases of the Rectum," Chapter X, pages 171 to 175, says:

"Having considered the subject of fissure, or small, painful ulcer, I will now describe a much more serious and less curable malady, viz: ulceration extending above the external sphincter, and frequently situated entirely above it. This disease is not at all an uncommon one; it inflicts great misery upon the patient, and, if neglected, leads to conditions quite incurable by all ordinary means. In the earlier stages of the malady careful, rational and prolonged treatment is often successful, and the patient is restored to health. I wish I could say the same of severe and long-standing cases. As the earlier manifestations are fairly amenable to treatment, it is of the utmost importance that the disease should be recognized early. Unfortunately, it rarely is so. The symptoms are obscure and insidious, the suffering at first but slight, and so the patient deceives, not only himself, but his medical attendants, by the little heed he gives to the complaint.

"In the majority of these cases the earliest symptom is morning diarrhœa, and that of a peculiar character, in my opinion, quite indicative of the disease. The patient will tell you that the instant he gets out of bed he feels a most urgent desire to go to stool; he does so but the result is not satisfactory. What he passes is, generally, wind, a little loose motion, and some discharge resembling "coffee grounds," both in color and consistency. Occasionally the discharge is like the "white of an egg" or a "jelly fish;" more rarely there is matter. The patient in all probability has tenesmus, and does not feel relieved; there is something of a burning and uncomfortable sensation, but not actual pain; before he is dressed very likely he has again to seek the closet; this time he passes more motion, often lumpy, and occasionally smeared with blood. It also may happen that after breakfast, taking hot tea or coffee, the bowels will again act; after this he feels all right, and goes about his business for the rest of the day, only, perhaps, being occasionally reminded by a disagreeable sensation that there is something wrong with his bowel.

“Not by any means always, but at times, the morning diarrhœa is attended with griping pain across the lower part of the abdomen and great flatulent distention. When a medical man is consulted the case is, in all probability, and quite excusably, considered one of diarrhœa of a dysenteric character, and treated with some stomachic and opiate mixture, which affords temporary relief. After this condition has lasted for some months, more or less, as influenced by the seat of the ulceration and the rapidity of its extension, the patient begins to have more burning pain after an evacuation, there is also greater straining and an increase in the quantity of the discharge from the bowel. There is now not so much jelly-like, but more pus—more of the coffee-grounds discharge, and blood. The pain suffered is not very acute, but very wearying; described as like a dull tooth-ache and it is induced now by much standing or walking about.

“At this stage of the disease the diarrhœa comes on in the evening as well as in the morning, and the patient's health begins to give way, only triflingly so, perhaps, but he is a dyspeptic, loses his appetite and has pain in the rectum during the night, which disturbs his rest; he also has wandering and apparently anomalous pains in the back, hips, down the leg, and sometimes in the penis. There is yet another symptom present in the latter stages, marking the existence of some stricture of the bowel, viz: alternating attacks of diarrhœa and constipation, and during the attacks of diarrhœa the patient passes a very large quantity of fæces. These seizures are attended with severe colicky pains in the abdomen, faintness and not unfrequent sickness.

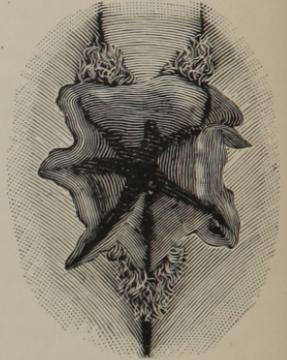
“As the ulceration extends attempts at healing take place; these result in infiltration and thickening of the submucous and muscular tissues, and consequent contraction of the bowels, so that more or less stricture supervenes. Coincident with all this there results a gradual loss of the contractile power of the rectum, and almost complete immobility, so that the lower part of the gut is converted into a passive tube, through which the fæces, if fluid, trickle, but if solid, they stick fast until pushed through by new formations above them. Invariably, also, there is loss of power in the sphincters. When diarrhœa is present the patient has little or no control over his motions. Usually by this time abscesses have formed or are in process of formation, and these breaking soon become fistulae. I have seen persons with as many as eight external orifices, some situated three inches or more from the anus.

“On examining these cases of ulceration of the rectum various conditions may be noticed according to the stage to which the disease may have advanced. In the earlier period you may often feel an ulcer situated dorsally about one and a half inches from the anus, oval in form, perhaps an inch long by half an inch wide, surrounded by a raised and sometimes hard edge; there is acute pain caused on touching it, and it may be readily made to bleed. With a speculum you can distinctly see the ulcer, the edges well marked, the base grayish or very red and inflamed looking, the surrounding mucous membrane being probably healthy; in the neighborhood of the ulcer may often be felt some lumps which are enlarged rectal glands. This is the stage in which the disease is quite curable, as I shall show when speaking of treatment. Later in the progress of the malady you will observe deep ulcers with great thickening and nodulation of the mucous membrane, often also, roughening to a considerable extent, as though the mucous membrane had been stripped off. Now also you have generally outside of the anus swollen and tender flaps of skin, shiny, and covered with an ichorous discharge; these flaps are commonly club-shaped, and are met with also in malignant disease. So definite is this external appearance

that one glance is sufficient to enable one to predicate the existence of either cancer or severe ulceration; these external enlargements are the result of the ulceration going on in the bowel and the irritation caused by almost constant discharge. The ulceration may be confined to a part of the circumference of the bowel, or it may extend all around, and for some distance, but usually not more than four inches up the rectum.

"It also, probably, will have traveled downward close to the anus, and then the pain is sure to be very severe, because the part is more sensitive and more exposed to external influences and accidents. When you have arrived at this condition, stricture and fistula will be present, as I have already mentioned, and occasionally perforation into the bladder, into the vagina, or the peritoneal cavity may occur. The state of the patient is now most lamentable; his aspect resembles that of a sufferer from malignant disease, and no remedy short of lumbar colotomy offers much chance of even prolonging life. You may relieve these patients, but nothing more than very temporary improvement takes place.

"I have seen ulceration utterly destroy both the anal membrane and sphincters, so that the anus was but a deep, ragged hole."



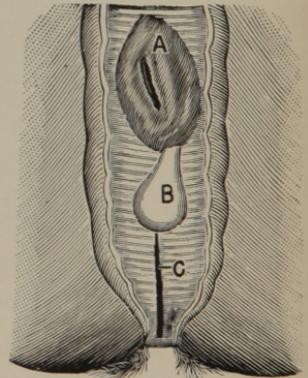
Severe Ulceration. Sphincter.  
Muscle Destroyed.  
BY A. W. BRINKERHOFF, M. D.

## FISSURE.

### ANAL ULCERATION OR FISSURE:

We now have to deal with one of the most agonizing diseases with which the human system has to contend. I have seen strong men weep, and patient, long suffering woman tremble in fear of the terrible paroxysms of pain which accompany the disease. An elderly lady from Kansas City, whom I cured several years ago of this disease, very aptly pictured the pain in the following remark made after she became well: "I have given birth to three children, and had I a choice between giving birth to triplets and suffering with fissure, I should choose the triplets every time."

As the cause of anal ulcer or fissure, we may enumerate—overdistension of sphincter muscle (causing rupture of the mucous membrane) in having an exceptionally large passage—straining or tenesmus in severe diarrhoea—extension of rectal ulceration over the sphincter muscle; cutting of membrane or wall of rectum by hard substances as they pass from the rectum in evacuation of the bowels. The prolapse



A—Ulceration.  
B—Polypus.  
C—Fissure  
BY A. W. BRINKERHOFF, M. D.

of a polypus growth will sometimes tear the rectal wall and give rise to the most severe form of fissure.

Symptoms: Severe pain at time of stool or within an hour after. This pain will last from three to twelve hours, according to the depth of fissure and will reappear with each passage. Bleeding at times, in some cases is very profuse. Pain comes on in paroxysms.

The Brinkerhoff System applied in these cases generally succeeds (where fissure is present with no complications) in effecting a cure in from one to three treatments. It is, however, occasionally necessary in the most severe of these cases to administer an anæsthetic to the patient in order to treat successfully. Not that the treatment is so painful as to require it, but because the sufferings have been so intense that the extreme nervousness of the patient will not permit of even an examination without an anæsthetic. It is not necessary to hold a patient under an anæsthetic more than five minutes. During my practice (of ten years) it has not been necessary to administer an anæsthetic (ether) in more than ten cases.

The usual treatment (Brinkerhoff) is to apply to the fissure a few drops of the "Fissure Compound" then keep the bowels from moving for from three to five days, when a gentle cathartic reveals to the patient (if the fissure has not been unusually deep) that the bowels can again move without the former agonizing pain. When the treatment has relieved the terrible suffering then it is proper that the patient should be placed upon a treatment to relieve congestion, inflammation and ulceration, which will be found to be present in the rectum.

### SUPERFICIAL ULCERATION.

Superficial Ulceration of the rectum is often found and more frequently accompanies that form of chronic inflammation of the rectum characterized by a dry, baked condition of the first part of the stool while the last part of the motion is of normal consistency. The rectum will have upon examination, a dry parched appearance (complete absence of any secretions) and the normal pinkish color will be changed to quite a deep red with here and there a spot of ulceration. This condition is characterized by constipation and a sensation of scraping of the mucous membrane upon defecation.

It is curable, but owing to chronic character of the inflammation, and irritation of the parts from movements of the bowel, the treatment is necessarily slow in effecting a cure.

Deep Ulceration is characterized by its perforation of the rectal wall as shown in cut on page 23, and gives rise to much heaviness and

aching in the lower portion of back particularly giving rise in some cases to such severe soreness of the fleshy parts surrounding the lower portion of the spine, as to lead patients to suppose, and even physicians who are not thorough diagnosticians, that the spine is effected. This class of Ulceration, it is, that so frequently is productive of abscess and fistula. Not infrequently the ulceration will extend downward over the sphincter muscle and produce fissure. The treatment in these cases depends upon the extent and location of the ulceration.

### SYPHILITIC ULCERATION.

Syphilitic Ulceration is due, as the name implies, to a previous attack of Syphilis; the treatment in such cases must necessarily be constitutional as well as local. Stricture of the rectum is a frequent result of this character of ulceration and the cases are especially disagreeable, both to the patient and physician.

### TUBERCULAR ULCERATION.

Referring to a small work on Rectal Diseases, published by Dr. A. W. Brinkerhoff in 1884, I quote the following, as I consider it the most thorough and complete reasoning on the subject of Ulceration, and its relations to consumption that has ever come to my notice.

“That blood poisoning (slow and gradual) should be an inevitable result from an ulcer in the rectum, presents itself as unavoidably true, after having made a very few observations upon the organ itself. As we have already noted, sufficient nourishment may pass through the walls of the rectum to the blood to sustain life for many weeks. Such being the fact, it is not hard to conceive that the products of an ulcer continually bathing its surface should find ready access to the blood.

“Again, an ulcerated or abraded surface is a well known avenue to the blood. Thus, the deadly products of decomposing animal tissues may be handled with impunity if the skin is intact, but if from any cause it should be broken, though the injury be very slight, death may result in an incredibly short time from blood poisoning. Not infrequently, where the stomach will retain nothing, medicine is given for its constitutional effect, by first blistering the surface, then applying it, from whence it is found to be readily absorbed. Thus it will be seen that the surface of the ulcer itself must continually load the blood with its own products. Once there they cannot go to the building up of healthy tissue, but must find their way out or cause a discord in the harmonious working of the great human machine. Accordingly nature makes a great effort to free herself of its presence. Excretory glands are called upon to do extra work, consequently they are engorged with blood, which is the first step toward inflammation. Soon they become deranged and fail to longer respond to nature's unnatural demands, and succumb to functional derangements and structural change. The blood becomes so charged that it can no longer carry on its work of healthy tissue making, and deposits the poison throughout the whole system, poisons the great nerve centers of the brain and spinal cord, that have the workings of the whole machinery under their charge, and owing to conditions and circumstances, produces an endless variety of derangements and diseases.

“Again RECTAL ULCER may cause any amount of constitutional trouble and disease by its local contacts with the sympathetic nerves.

“As this is written for the general reader and not for the medical profession, I have endeavored to make everything so plain that it could be readily understood without a knowledge of anatomy or physiology. This is very difficult to do in referring to the effects produced by RECTAL ULCER through the SYMPATHETIC NERVOUS SYSTEM. Some knowledge of this system is of paramount importance to impart a clear understanding of how the results come about; and as it plays a very important part in the cause of consumption, I am quite desirous that the reader should at least be familiar with some of its main physiological and anatomical features. Therefore I deem it necessary to describe them in as brief a manner as possible.

“The name sympathetic nerve is given this system from the fact that by it a sympathy between the affection of distant organs is produced. Thus an affection of one organ through sympathy produces an affection of a distant organ. It is composed of two gangliated cords passing from the base of the skull through the thoracic and abdominal cavities, one on either side of the back bone, to its termination. These two cords end below in a ganglion, formed by the two just in front of the coccyx or lower end of the spinal column, between it and the rectum; it is again connected in the brain. From these ganglia, (twenty-nine in number), pass filaments of nerves that accompany the arterial system throughout. They are abundantly supplied to the viscera of the thorax and abdomen. In the thorax we have the heart and lungs. In the abdomen, stomach, liver, spleen, kidneys, pancreas, bladder, womb, intestines, etc. The function of these nerves is not to produce the sensation of pain, but they exert an involuntary influence over the parts to which they are distributed. Although physiologists have not as yet obtained a thorough knowledge of this system the positive data already obtained, forms one of the most interesting chapters in Physiology. By dividing the sympathetic nerve on one side of the neck, the corresponding side of the head becomes engorged with blood. The temperature of one ear raises 7° to 11° above that of the other. In young animals the ear on the effected side has been observed to grow much faster than that of the other. The application of electricity to a sympathetic nerve greatly increases the action of the kidneys, and urine is produced in greatly increased quantity. Irritation of these ganglia produces wonderful results. Engorgement of certain organs with blood, great increase in temperature—paralysis of the walls of the arteries and great functional disturbance. Experiments have proven that it exerts its greatest influence over the digestion and the assimilation of food.

“Thus it will be seen from the brief reference to the anatomy and physiology of this system of nerves, how readily ulceration or any other rectal malady may be productive of disease of distant organs. The rectum is covered by a dense network of filaments from these sympathetic ganglia. An ulcer located in the posterior wall of the rectum (or inflammation and congestion resulting from the ulceration) may soon find its way to and involve the terminal ganglion (ganglion impar) itself of this great system, which is almost invariably the case with consumptives.

“The fact that an affection of these nerves in one place causes a sympathetic trouble in a distant organ, prepares the mind to comprehend how the many diseases named may result from rectal ulcer. This being accomplished, we will next consider that most important and interesting symptom, CONSUMPTION.

## CONSUMPTION:—A RESULT.

“An astonishingly large percentage of deaths result from tubercular consumption. It is one of the most common of the fatal diseases. The sufferer is full of hope to the last, and rarely expects to die of this malady, although hope, combined with the best medical attention, has been proven wholly inadequate to cope with its ravages. Tubercular consumption has been called HEREDITARY. This is a well known misnomer, for the disease does not exist at birth, but is developed in after years; hence only a tendency or liability to the disease is hereditary. Innumerable theories of the cause of consumption have been invented. In fact its whole history is but a succession of theories that have for a time gained credence and have then been cast by the wayside, proven untrue. The same may be said of its treatment. The most absurd method seems to be that practiced quite extensively some years ago in Philadelphia, in which the patient was kept continually under the influence of calomel and antimony, claiming that if he survived the treatment he would be cured of the disease. None, however, survived the treatment, and this theory, like the rest, passed into discredit.

“Past theories are merely historical, and are of no particular moment in this connection; so we will pass them and further on consider only the latest ideas that have occupied the medical mind, as they are in direct harmony with our discoveries. That through the Brinkerhoff system of examination and treatment of rectal diseases the TRUE CAUSE of tubercular consumption has been found is a FACT. But the bare statement that such is the fact, is not sufficient to satisfy the minds of thinking people at the present day. Therefore we give you the reasons why and tell you how tubercular consumption may be caused by rectal ulcer; and the fact once known, it requires no stretch of imagination to see why it is so. Thousands of pages have been written in the effort to prove that different excitants than rectal ulcer were the cause of so-called hereditary consumption. Thus the latest theory to which the profession has given attention is that it is caused by a defect in the assimilation of food. This condition is a symptom of rectal ulcer, and is generally present with ulceration. After the food is acted upon by the gastric juice in the stomach, it passes into the small intestines and is there mixed with fluids which prepare it for assimilation, or finding its way to the blood, from whence it goes to repair the waste and build up the tissues of the body.

“We have already seen that the SYMPATHETIC NERVE SYSTEM is most liberally supplied to all of the abdominal organs. It stands sentinel over all the glands that secrete and excrete. We have seen that when it is irritated at one point it causes an affection of a distant organ. We have seen that when its function is impaired the walls of the arteries become paralyzed and there is greatly increased heat. We have seen that a rectal ulcer not only comes in contact with nerves from this great system, but that it finds its way to one of its main centers. In the face of these facts, the reader may answer whether healthy digestion and assimilation of food could go on under such circumstances. The theory that consumption was caused by a derangement of assimilation is the most reasonable and scientific of any the profession has ever taken under consideration, and I have but little doubt, were the treatment this theory would suggest to be properly carried out, in connection with suitable attention to the skin, the disease might, in exceptional instances, be cut short for at least a time. But were you to ask an advocate of this theory what causes the difficulty with assimilation, he would no doubt present an aspect similar to the Sunday-school teacher, who upon breaking the news to his class of beginners that God made

the world, was asked by an UNREASONABLE little elf the question, 'Who made God?' The one is at as great a loss for a reasonable answer as the other; however, the Doctor has the advantage, for the cause is now known, and he has but to investigate and he will find it in many instances to be RECTAL ULCER. It has been long observed that rectal diseases are very common among consumptives, more especially the direct symptoms of rectal ulcer, such as fistula, fissure, external piles, so-called, constipation and diarrhœa."

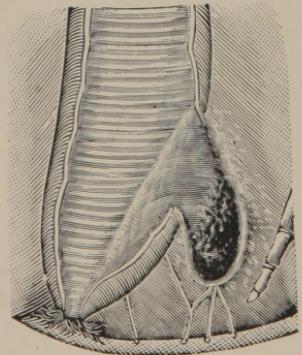
Dr. Wm. Allingham, of London, in his work on "Diseases of the Rectum," page 35, says:

"For my own part, I am quite convinced that a very considerable percentage of fistulous patients have more or less of tubercular lung affection. I have endeavored to find out what the percentage is, and I have carefully gone over a period of seven years in private practice, from 1871 to 1877 inclusive, and I find that out of 792 cases of fistula seen by me during that period, 124 had phthisis (consumption) either active or latent, or such symptoms as foreshadowed the appearance of phthisis. Thus it will be seen that about every seventh case of fistula was accompanied with tubercular consumption or symptoms of its speedy development.

"Under the head of fistula we will show that it does not form in a healthy rectum—that ulcer must be present.

"We have seen consumptives in the latter stages of the disease who had never a thought of anything being wrong with the rectum, but upon examination that organ presented a terrible sight, not only a large hole eaten through its wall but such a destruction of tissue as to almost expose the backbone. A case of this kind occurred in the person of a physician's son near Toledo, Ohio, not many months back. He was put under treatment for the ulcer and at once began to improve in health; the consumptive symptoms rapidly disappearing. The father was so delighted upon seeing a new lease of life granted to his son, whom he had given up to die, that, although an old man, he immediately procured the Brinkerhoff System of Rectal Treatment. \* \* \* \* \*

"We feel like making a special appeal to those suffering from consumption to not delay, but immediately apply to some one who can make the proper examination and apply remedies to cure. Do not say, 'I haven't any signs of an ulcer.' Tubercular consumption is (often) a SURE sign. Rectal ulcer precedes and causes it. Come and bring your family physician, or a friend, and we will prove to them that what we say is true. Treatment need not be taken unless desired, but we beg of you, do not die in ignorance of the cause of your disease. Do not wait until it is too late, until the ulcer becomes so large that it cannot be healed, until the lungs become so extensively affected that nature cannot heal them after the cause is removed. In any but the very last stages WE CAN cure you (where Rectal Ulceration is the cause) and that by shutting off the source of the poison and the derangement of the digestion and assimilation of food, thereby creating a healthy action of the various organs of the body, and consequently pure blood is the result, and nature heals the lungs. Why a distinct form of ulcer should show a tendency to develop in successive generations of some families is a matter of fact that at best could



Ulceration. Fistula.

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only be explained by a system of abstract reasoning, as is the case in all troubles that show an hereditary tendency. Also why its poison should be deposited in the lungs and throughout the bowels, causing a destruction of those parts in preference to other portions of the system, is another fact that in the present of our knowledge we are unable to give clear reasons for. However, that such is true has been proven by close observation in over 100,000 treatments of diseases of the rectum. We have not simply presented a theory, but have started with proven facts and endeavored to show that they were reasonable facts."

## FISTULA.

Fistula, the result of ulceration, hæmorrhoids and injuries to the wall of the rectum or its surrounding tissues, is perhaps one of the most unsatisfactory rectal diseases to treat. The formation of an abscess near the rectum is the primary stage of fistula. The abscess may be productive of five forms, *i. e.*, Complete, Internal Incomplete, External Incomplete, Recto Vaginal, opening into the vagina, and Recto Vesical, opening into the bladder. The complete variety is that form wherein the abscess has had two sources of outlet. It has opened into the rectum, and externally, thus producing an open channel from the rectum to the surface of the body. The Internal Incomplete Fistula is the result of an abscess discharging into the rectum, but not externally; the External Incomplete has an external opening (to the surface of the body, but not into the rectum.) A fistula is characterized by secretions or discharges of pus and in some cases of complete fistula, particles of fæcal matter will pass through the sinuses or channels. In this field of work the physician and even surgeon is oftentimes, almost (or should be) at a loss to know what is the best course to pursue. At best if we discard the knife and resort to more conservative treatment the length of time necessary to cure is often such as to discourage a patient and lead him to abandon his treatment before satisfactory results can be obtained, as from six month's to a year's treatment (most of the treatment being done by the patient) is necessary to effect a cure where the case is a bad one. On the other hand if we resort to the use of the knife and operate upon these cases, we cannot make positive promises as to cure, (I have known surgeons to do so however,) and patients are exposed to the possibility of injury for life as the parts may not heal kindly after an operation, and if such proves to be the result, the patient is much worse than previous to his operation. He has lost control of the bowels in addition to still possessing the fistula. The Brinkerhoff treatment claims to be able to cure fistula without the use of the knife and avoids the dangers of the knife and ligature operation. It is true that the treatment cannot cure every case (neither can any other treatment) and it is also true that in those

cases the treatment does not cure, it does no harm, but always results in improvement. As much cannot be said for the knife operation; as many cases operated upon are injured and in some instances ruined for life.

The only advantageous claim for the knife operation is that IF THE RESULTS ARE GOOD the cure is more rapid, but this one claim is overbalanced by the dangers of the operation. The Brinkerhoff treatment claims: No danger from its treatment, no anæsthetic, no detention from business; satisfactory healing in the large majority of cases.

### CONSERVATISM.

If the surgeon should be conservative in any field, THIS IS THE ONE, but the practice as followed here seems, to the writer at least, indiscreet. The practice (surgically) is to proceed to operate at once upon a fistula without any preparation, save the usual movement of the bowels, light diet, etc., for 24 or 48 hours before operation. The course pursued by the writer in the severe cases of fistula where there is not much encouragement for satisfactory results by the Brinkerhoff treatment, has been to advise the patient to follow a thorough course of treatment for a period of from two to five months during which time the ulceration and inflammation of the rectum will be greatly reduced, if not cured, and the general condition of the patient AND PARTS be much more favorable for an operation if such become necessary. Under this treatment, even in the worst of cases, I have obtained most satisfactory results (curing the fistula) and avoided a serious operation. In other cases the treatment has failed to cure the fistulous openings and after a course of treatment I have deemed it necessary to operate and have obtained good results, effecting a complete cure, whereas, had I attempted an operation at first, the case would, very likely, have failed to heal properly, if indeed death had not followed the operation, because of emaciation and general debility which was present before the preparatory treatment was commenced.

My practice in this field is not to even consider an operation unless it is ABSOLUTELY NECESSARY; and before attempting such procedure, make every other effort possible to cure the case. If failure to cure has attended our efforts, we have gained one excellent point: the patient has been undergoing a most thorough course of treatment, which has resulted in complete preparation for an operation and given a healthy condition, wherein healing will rapidly follow an operation, and the dangers of a bad result are reduced to the minimum.

## STRICTURE.

Stricture of the rectum is that condition which, owing to contraction of the bowel, causes various degrees of obstruction and renders defecation difficult and sometimes impossible. If stricture result in complete obstruction, then an operation becomes imperative, or death will soon put an end to suffering. There must be an artificial anus made by the surgeon.

I have classified Stricture as Benign, Malignant, Spasmodic, Dysenteric, Traumatic and Operative. Stricture may be due to causes either within or without the rectum. The formation of a pelvic tumor may produce pressure against the rectum from without that will cause obstruction. A misplacement of the uterus or the presence of adhesive bands, a result of pelvic inflammation, will produce pressure upon the rectum, resulting in severe constipation or obstruction. General inflammation surrounding the rectum will produce every symptom of stricture.

These causes are from without the rectum. Causes from within are the presence of polypi growths, cicatricial contraction of the rectal wall, etc. The successful treatment of stricture when produced by any of the above causes, depends, of course, upon the successful treatment of the original or exciting cause. When due to polypi growths or inflammation surrounding the rectal wall a cure can be positively assured. When due to any one of the other causes, the physician must be cautious in making promises.

Malignant stricture of the rectum is due to the formation of cancer in the rectum or the pelvis. Contraction of the rectum when caused by cancer will result in complete obstruction if the patient withstands the ravages of the disease a sufficient length of time. This disease, I regret to say, must be considered incurable, unless it is discovered at its very earliest outset and is immediately operated upon; even then, however, the probabilities are that the disease will return and manifest itself within a year or eighteen months. To advise an operation in any but the very first stage is, however, an injustice to the patient unless he is first advised that the operation will only remove the cancer temporarily and probably hasten his death. More will be said concerning cancer under that heading.

## SPASMODIC STRICTURE.

Spasmodic Stricture is that condition of the rectum which gives rise to obstruction without any pressure from without or cicatrix within. Stricture of this variety is entirely muscular, *i. e.*, spasmodic contraction of the muscular tissues and doubtless is due to irritation arising from fissure or ulceration just within the muscle (sphincter) of

the anus. The cure is simple; proper treatment of the fissure or ulceration will stop the spasmodic contraction of the muscle, and Spasmodic Stricture will be a thing of the past. The presence of Spasmodic Stricture above the sphincter muscle is very doubtful.

### **DYSENTERIC STRICTURE.**

Dysenteric Stricture is a result of ulceration of the rectum or bowel which has followed an attack of dysentery.

The symptoms vary somewhat from those attending other forms of ulceration or stricture. In three cases of this variety which I have examined I have found, by abdominal examination, in addition to the stricture an enlargement of the large intestine (descending colon), easily located in the left side of the abdomen. This has been very tender and sore. By the injection of remedies into this portion of the bowel, these cases have been benefited very materially, but must admit my inability to cure them entirely.

### **TRAUMATIC STRICTURE.**

Traumatic stricture, produced by injuries to the wall of the rectum, may result from severe attacks of constipation, injuries sustained in confinement or from an examination of the rectum by an inexperienced physician in this line of practice with a large or imperfect speculum. The Traumatic Stricture is more frequently the result of injuries sustained by a patient during one of the many barbarous operations that are performed upon the rectum at the present day.

It is proper that the class of cases resulting from operations should come under a classification that is new (so far as I am aware) and more properly designates the cause of the disease. I therefore have established the classification which I shall term Operative Stricture.

The Operative Stricture may justly be considered as an unnecessary stricture. The actual necessity of a knife operation upon the rectum as compared to the frequency of these operations is about one to twenty-five. My belief is that twenty-four out of every twenty-five cases that are operated upon for rectal disease (with the knife, ecrasure or cautery) could be cured (if curable at all) without the operation. I fully believe, and in fact, consider myself in a position to know that the vast majority of operations could be avoided and the cases completely and entirely cured without the necessity of suffering pain, confinement to the bed and possible injuries for life, or even death. In fact, death is preferable to the condition in which I have seen some patients after having had an operation performed. The reader may wonder then why surgeons and physicians advocate the use of the knife when other means of cure are known that are as far ahead of the operation as daylight is ahead of darkness.

The Medical Profession may feel that they are justified in this position. Until comparatively recent years there was no cure known for Piles but the knife, ecrasure (crushing them off), or cautery (burning with a hot iron). It was discovered, however, during the 70's (The Brinkerhoff treatment is an improvement on the early injection treatment) that certain ingredients injected into a pile tumor destroyed it. The Members of the Profession were slow to adopt this plan of treatment. It was finally taken up, however, by many physicians, and when used by careful men who were good diagnosticians, was productive of good results. A certain class of physicians, either careless, ignorant, poor diagnosticians or not thoroughly posted as to where, and where not to, use the then new treatment, reported through medical journals cases treated in the "new way" that had developed septicæmia and died. Others had developed an abscess, etc., etc., as the result of treatment. These reports, no doubt, scared many physicians and they refused to adopt or recommend the new treatment. The physicians who reported unfavorable results were, undoubtedly mistaken in their diagnosis of their cases and injected medicines into tissues that were highly inflamed (an acute anal inflammation probably) or into tissues other than true hæmorrhoids and the result has been (it could not be otherwise) unsatisfactory.

It is easy to understand from this why physicians evidently have gone back to the belief that the knife must be used. They have accepted the reports as conclusive evidence, not knowing whether the diagnoses were correct or not. The performance of fully eighty thousand treatments by my father and myself, without even one death, is conclusive evidence that some error has been made by physicians in using an injection treatment where fatal results have followed, or that the Brinkerhoff treatment is far superior to any treatment yet known. The operation upon the rectum, if by knife, ecrasure or cautery must of necessity destroy portions of the mucous membrane. If this destruction is of any extent the membrane in its growth fails to cover the denuded surface of the rectum, ulceration takes place, cicatricial contraction follows and we have, in time, Stricture as the result of an operation—Operative Stricture. It may develop in six months, so as to be noticeable or its progress may be so slow as to not cause decided symptoms for a period varying from three to five years.

The treatment of Stricture in its various forms is not so successful as to be able to hold out assurances of a cure in each and every case. It must be said that some cases are absolutely incurable. An examination is the only way of determining what can or cannot be done for the unfortunate members of the human family suffering with Stricture of the rectum.

## PROCTITIS—INFLAMMATION.

Inflammation of the rectum, while at first a comparatively slight affair, may terminate quite seriously. Of the acute variety, hot water injections are the frequent cause of very severe attacks. Strong cathartics, severe colds or irritating medicines used in the rectum in form of suppository or injection may give rise to an acute attack of inflammation. The Brinkerhoff treatment comes to the rescue here with cooling, astringent treatment within the rectum and soothing applications externally. The results of treatment are good and prevent the development of more serious trouble, *i. e.*, chronic inflammation, etc.

### CHRONIC PROCTITIS.

Chronic Inflammation or catarrh of the rectum is altogether a different matter to treat than the acute form. The mucous membrane of the rectum assumes a dark red with a tendency to a bluish cast in the dry or parched form. The bowels are usually constipated, the first portion of the stool being dry and hard, the last portion of a natural consistency. The bowels are slow to move, *i. e.*, require considerable time to have a successful motion and the rectum is so dry that it seems as though two rough dry surfaces were in contact when the movement does occur. This condition of the rectum, if not properly treated, will lead to ulceration, which in turn may end in abscess and fistula. If rectal catarrh were properly treated in its earlier stages many more serious consequences could and would be avoided. The trouble has been that in catarrh of the rectum the patient, and I regret to say the physician, endeavors to overcome the constipation by the administration of a cathartic or laxative medicine by the stomach. The first effect is, of course, to move the bowels, but in a few days the constipation is fully as bad as before and the burning and dryness at time of stool is worse as the cathartic has caused congestion and increased inflammation. The proper treatment of this condition is by medicinal injections into the rectum each day, and special attention should be paid to cleansing the bowels thoroughly after each motion. The direct treatment by a physician in this class of cases is advisable in addition to the use of medicines, as prepared by Dr. A. W. Brinkerhoff's System. Do not submit to treatment, however, unless you have every reason to believe the physician is thoroughly posted in treating rectal diseases. I have found some of the most eminent general practitioners in medicine to be very careless (to say the least) in treatment of the rectum and ill prepared with instruments, etc., for such work.

As distinguished from the dry form of catarrh, there is a form wherein the secretory glands instead of being inactive are abnormally

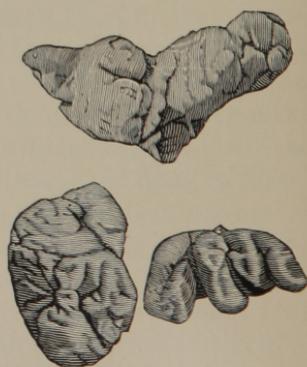
active and the secretions of which are acrid, poisonous and in some cases of an offensive odor. We find in these cases a pale pinkish color of the rectum, almost white. Externally the parts, in severe cases, are thickened and an intense itching surrounds the anus and extends to the buttocks and scrotum of the male, and vagina of the female. The itching becomes much worse upon retiring. This symptom (AS IT IS ONLY a symptom) will be more fully explained under the article on Pruritus. There are forms of this disease attended with discharge but no itching. The appearance of any discharge from the rectum should be a warning to have prompt and thorough treatment.

### HYPERTROPHY.

The thickening of any tissue wherein there is not at the time any other diseased or inflammatory action is properly termed Hypertrophy. It may be, and generally is, the result of some previous inflammation or irritation. The internal form of hypertrophy of the rectum is due to irritation of the tissues from some form of disease, most generally hæmorrhoids, and will appear as fleshy enlargements of portions of the rectum, not having the form of polypi growths nor the softness of the true hæmorrhoid; to inject one of these means trouble to both parties, *i. e.*, physician and patient. The form of treatment here employed depends upon the location and extent of the enlargement. My general rule is to apply a silk thread tied tightly around the base of the superfluous growth, being careful to tie above the region of the muscle. It is surprising how little pain or soreness follows when care is exercised to avoid the muscle.

### EXTERNAL HYPERTROPHY.

External Hypertrophy, generally termed External Piles, is a thickening of the external tissues surrounding the anus. External hæmorrhoids (or piles) is an improper name for this disease. It may be the result of chronic inflammation of the rectum or of former attacks of what I have described as acute anal inflammation. The enlargement cannot be placed and made to stay in the rectum any length of time, (if so it is not hypertrophy) but remains outside at all times. It will sometimes be as large as a walnut and when of large size is very liable to become sore in walking. External Hypertrophy has been the cause of many mistakes by the general practitioner. The injec-



Hypertrophy—External.  
3 Specimens.

tion treatment has often been applied here with serious and no doubt fatal results. The successful treatment of this condition requires a slight use of the scissors. The growth is injected with cocaine, a ligature having first been applied between the point of injection and the heart, so that no danger will be present of cocaine producing any constitutional effect. The cocaine having completely destroyed sensation in the growth, it is clipped off with a pair of scissors at the point where the ligature had been applied. A few days' care leaves the wound perfectly healed and the anus smooth. The amount of blood lost will not exceed a teaspoonful in the worst case, and the fact that this work is done in the office, and patients walk or ride to their respective homes afterward, is sufficient guarantee of the slight amount of suffering attending the removal of external hypertrophy, viz: enlargements or growths about the anus.

### PRURITUS ANI.

A frequent symptom of Rectal Ulceration or Catarrh is Pruritus Ani, commonly, but erroneously called "Itching Piles." It is not a disease in itself, but the result of a diseased condition of the rectum, which by its poisonous and irritating secretions give rise to an itching sensation about the anus.

The small work issued by my father in 1884 so aptly depicts this condition that I reproduce a portion of the article written by him. He says:

"This malady is **EXTERNAL**, yet entirely connected with the diseases of the rectum. It is generally found in the anal membrane and extends but a short distance from the orifice; yet in cases of long standing it extends up and back to the coccyx, two or three inches laterally of the anus, and forward to the groins, entirely over the perineum, scrotum, and down the thighs, covering in all a large surface. The anal membrane becomes hard, tough and inelastic, giving the orifice the appearance of stricture, or of being tanned; while outside of the orifice, with the inner ends centering around it, the skin and tissues immediately under it, is drawn into large, hard **CORRUGATIONS**. Cracks will often come in grooves between the hard **RIBS**, and the itching is so intense that the sufferer, when warm in bed, will scratch these grooves until they become raw. As far as the malady extends, the cuticle becomes dry and white, and will rub off in thin scales, and the itching is **INTENSE**. The sufferer cannot avoid scratching, and the result, in time, is a large, raw sore, or at least half the surface is raw, when instead of itching only, there is also **SMARTING** and **BURNING** and real **SUFFERING**. We have seen cases of this malady so severe, that from the terrible annoyance sleep was a stranger to the sufferer, and the constant worry so great, and the anxiety of mind so intense, that even **REASON** became partially dethroned and the sufferer an invalid. Local medical skill had failed in many cases to give any relief even, and the sufferer was told that the malady was **INCURABLE**. No wonder that death is often preferred to such existence, and that suicides are so common. In many of these cases we have been told that physic had

been given until they could stand no more—that the blood had been doctored for months without any favorable results—that then they were told by their physicians that PIN WORMS caused all the trouble. Then INJECTIONS were prescribed and still the PIN WORMS continued their work.

“If, then, this malady is not produced, as doctors say it is, from blood disease, or pin worms, what does produce it?—what does cause it?—where is its origin? ‘WHAT IS IT?’ We will tell you. It is caused by ULCERATION OF THE RECTUM (or Rectal Catarrh). From the ulcer (or catarrhal inflammation) flows an ichorous discharge, in some cases very poisonous in character—and if enough to moisten the cuticle (and sometimes it is so profuse as to extend over all the parts named), it will soon produce the itching, and by the aid of scratching it soon extends far and wide, and produces the results herein before named. The reason why the itching does not extend up the back more is because water never runs up hill, and as humanity stands upon feet, this discharge tends downward and forward, and ceases when the sufferer is in a horizontal position. The itching is always worse in summer and when in bed and the parts affected in hot weather gald badly.”

#### SYMPTOMS.

A slight moisture is first noticeable about the anus and is generally mistaken by the patient for perspiration; there is more or less offensive odor and frequent bathing becomes necessary to avoid the odor being noticeable to others. The bowels will be irregular, sometimes constipated, at other times inclined to be loose; the rectum will be irritated, and more or less burning will be present after a passage; during the development of these symptoms a slight itching about the anus will manifest itself, which is worse upon retiring at night. Scratching then is resorted to for relief which comes temporarily, but in fact aggravates and causes the itching to spread. The patient now patronizes a drug store and buys a “sure cure” Pile Salve. This will afford temporary relief, but the salve being applied to the symptom only of the true diseased condition, the results are unsatisfactory. The disease itself continues to grow worse.

The Brinkerhoff treatment is, so far as I am aware, the only true plan of treatment for pruritus ani. The wall of the rectum which is diseased receives direct treatment at the hand of both physician and patient. Medicines are applied directly to the ulceration or catarrhal inflammation as well as to the itching externally. The cause and effect are each treated with the result that all cases (with the exception of the most severe) are entirely cured where patients are thorough and persistent with treatment. The incurable cases are those in which the tissues about the anus have become so corrugated (thickened and hardened) as to resist complete cure by any remedy I have as yet used. The benefit of the treatment in these cases, however, is such as to afford the patient much satisfaction and repay him for time and expense devoted to the treatment.

## POLYPUS.

A polypus is a tumor (see also cut on page 18) which develops from the mucous membrane or the sub-mucous connective tissue of the rectum and is generally of a pear shape, the small or stem end (pedicle) being attached to the rectal wall, the large portion being free in the rectum.

Three varieties of polypi growths will be described as being sufficient for the purposes of this article. The villous and glandular for the purposes of this work will properly come under one description. They are growths attached to the wall of of the rectum by a pedicle and are of varying degrees of hardness (some quite soft), generally bleed readily; are red in color and when large enough protrude at time of passage. They are often mistaken for and treated by the inexperienced physician as a hæmorrhoid or pile. The results of such treatment in these cases are serious and may produce death. In my first year's practice I was visited by a gentleman who had received four treatments (at different times) for a supposed pile tumor. The treatment each time had confined him to bed for a week or ten days with severe suffering attended with fever, and still the "pile" was there. After an examination, I pronounced the "pile" a polypus growth and ligated it. The gentleman returned to my office at the end of a week (having in the meantime followed his avocation (farming) daily, to inform me that the "pile" was gone. The physician who had treated this case was a physician of eminence and thirty years' practice. In the year 1892 I had a patient visit me from Milwaukee who had a similar experience with a polypus while under the care of one of the prominent physicians there. Still another case I must mention here before describing the fibrous variety. Mr. C. A. D., of Omaha, called upon me in Ohio in 1887. A consultation of Omaha physicians had resulted in the information that Mr. D.'s condition was beyond their ability to cure. He was told that the only hope for him was to go to Bellevue Hospital, New York, and submit to an operation. At the instance of a friend of his he called upon me for examination while on his way to New York. I considered his condition almost hopeless; excessive ulceration of the rectum caused copious discharges of blood and matter with each movement of the bowels. The movements occurred



Polypi.

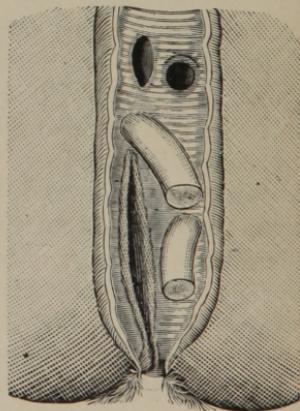
Reduced one-half.

almost hourly and often involuntarily. He was not able to walk more than a block without resting, rapid pulse and very much emaciated, weight only 106 pounds. After a thorough course of treatment, during which I removed a large polypus growth, (which had caused the bleeding) from about four inches up the rectum, and during which treatment no cutting whatever was done, Mr. D. returned home, weighing 145 lbs., and is still well and strong. He is now actively engaged in business and has often visited my office in Chicago, generally bringing with him some friend who needed treatment.

### FIBROUS POLYPI.

The fibrous form of polypus is hard, white and not easily mistaken for a "pile." They, as a rule, do not bleed, but often protrude leading the sufferer to believe he has protruding but not bleeding piles. I have seen these growths as large as a walnut. A patient of mine in Chicago, Mrs. W. H. Tousley (name used by permission), 5952 Wentworth Avenue, had six of these growths that would protrude from the rectum whenever she was on her feet, and had hæmorrhoids as a complication. For ten years she was virtually an invalid, being confined to the house as a result of her inability to walk because of protrusion. During the summer of '92 she was under my treatment and is now well. Day after day during the World's Fair she spent on the grounds, walking continuously; to HER, skating, dancing and shopping now are pleasant pastimes; three years ago (and for ten years before) they were absolute impossibilities; and all this was accomplished without the knife.

The symptoms of polypi growths are sufficiently outlined in the above; I shall, however, enumerate some of the dangers that attend this disease. If the growth is a large one, a hard, constipated movement of the bowels may force the growth before it, and owing to the strain upon the rectum, cause rupture of the rectal wall or breaking of the mucous membrane, which will result in fissure and intense suffering, and where rupture is extensive, death may be the consequence. Ulceration of the rectum often will result from a polypus coming in contact with and rubbing the mucous membrane, as indicated by cut on page 18. The treatment of polypi growths is simple, almost always painless and



Ulceration and Polypus.  
Wall of Rectum Undermined.  
By A. W. BRINKERHOFF, M. D.

always successful. The growth is easily discovered upon examination and when treated is constricted at its base. The constriction stops all circulation in the growth and it disappears in from three to five days after treatment

The absence of pain in treatment of these cases is due to the fact that the Polypus is located in what is known as the painless (owing to the lack of nerves of sensation) portion of the rectum.

While in my office to-day (March 25, 1895) I ligated one of these growths (quite large) for a patient who is connected with one of the large wholesale clothing houses of the city. He returned to his place of business after treatment, laughing at himself when leaving the office for having feared the treatment. Since writing the above, a patient applied for examination (March 28) who had been under the care of physicians for two years, during which time he has been unable to work. His treatment (prescribed by various physicians) has been salve, salve, salve, and the case was diagnosed as piles. My examination revealed bad ulceration with two polypi growths. In sixty days (if he attends properly to treatment) I am confident that man can resume the work that his condition compelled him to abandon so long ago.

### PERIPROCTITIS.

That inflammation which is located in the tissues surrounding the rectum is termed Periproctitis. It has for its causes many of those which have been enumerated as causes for other diseases. This condition in a chronic form is found more frequently in those cases that have been operated upon with the knife. The tissues have become highly congested as a result of the operation. Owing to the lack of proper care and treatment after the operation, a chronic form of inflammation develops which causes the patient a sensation of fullness (or pressure) in the rectum and a consequent obstruction to the free movement of the bowels. The condition grows gradually worse until the patient is compelled to seek relief. The tissues surrounding the rectum appear, upon examination, as though they were swollen and feel as though they had been stuffed. The condition can be easily distinguished from stricture, owing to the fact that the fullness is generally equally distributed for a distance along the rectum, whereas in stricture it is more confined to narrow limits. The treatment of these cases by the Brinkerhoff System is almost always successful (see letter No. 27, pg. 54.) but considerable time is necessary to accomplish thoroughly satisfactory results.

## FISSURE.

Owing to considerable space being devoted to fissure (see cut on page 18) under the title of Anal Ulceration, this article will be curtailed and again I will copy from the work (1884) of the founder of the treatment where in speaking of the cure in these cases he says:

"This (the cure) is accomplished by the application of a single drop of medicine—FISSURE COMPOUND—from the end of a probe, once a week, for two or three times, and the use of a salve every morning and evening, and the fissure will very soon be well. The pain generally ends in a moment after treatment, leaving simply a burning sensation for a few days, when all will disappear and the patient will be well and happy.

"But to make the cure PERMANENT, the ulcer, which is from two to three inches above in the rectum, MUST BE TREATED AND CURED as soon as the fissure will admit of the entrance of the speculum. If this is not done, a return of the fissure may be expected, and at no distant day.

"When the fissure is low down in the rectum, right at the orifice, almost, it will produce a very sore lump, or PAPILLA, and always supposed by sufferers to be a PILE TUMOR. Indeed many physicians are deceived by such appearance of the anus, yet if they would, with the thumb and finger, draw the sides of the lump in opposite directions, they would at once see the lower end of the Fissure, a deep, red gash, extending ALMOST TO ITS END, and when the lump is apparently solid it is hidden between the swollen sides.

"When the fissure is very sore to the touch, so much so that the patient will hardly allow the physician to touch it at all, then the inflammation is intense in the rectum, the fluids of the stool dried up and fæces hard and lumpy, and the patient dreads a movement of the bowels and defers nature's call until evacuation is almost impossible. When such is the situation, the loss of blood is often quite profuse or great at stool, and hence PILES again are BLAMED with the alarm and suffering produced by FISSURE. It is no uncommon occurrence for fissure to bleed ALARMINGLY at every stool for days and weeks, even producing death from the loss of blood. \* \* \* \* \*

"\* \* \* \* \* No class of sufferers feel more grateful to those who give relief than do those who suffer with fissure. Patients thus suffering, and who come to us after the FAMILY physician has long been DOCTORING FOR PILES, without any relief, by administering pills, oils and other cathartics, to cure the PILES (which the patient never had) are ASTONISHED to find the complete cure of their "PILES" so easily and quickly accomplished.

"Under our treatment the sufferer is soon made happy."

## PROLAPSUS.

Prolapsus (a falling) of the rectum in the true sense is so rare as to scarcely justify space being devoted to the consideration of it. True prolapsus of the rectum is a falling of the mucous membrane when such membrane is not in any sense diseased, save and except that it is weak and its attachment to the muscular wall of the rectum has become so impaired as to render it incapable of maintaining its normal position. This condition is so exceedingly rare that further

consideration of it is unnecessary, only it might be said that it is most generally found in those persons who have been sufferers from syphilis.

The form of prolapsus, classified as hæmorrhoidal prolapsus, deserves attention from the fact that patients are often informed that they have prolapsus and that it is incurable when in reality it is a severe case of hæmorrhoids which is easily and positively curable. In a severe and long standing case of hæmorrhoids the hæmorrhoidal tumors will become so evenly distributed about the anus as to almost appear as one continuous roll of mucous membrane (when protruding) surrounding the anus. The walls of the hæmorrhoids have become so thickened, owing to age and other causes, that bleeding is of rare occurrence, if indeed at all. It is because of this that the case is pronounced prolapsus. The plan of treatment is outlined in the article on hæmorrhoids.

### CANCER.

That dread of humanity and factor of intense, long drawn out suffering seems to reach the height of its agony producing power when it occurs in the rectum. The symptoms develop as the disease progresses and vary according to location. Sharp darting pains are felt; when cancer is low down in the rectum tenderness of sphincter muscle and soreness at time of passage (due to stretching of muscle in evacuation of the bowels) is followed by a dull aching sensation, which lasts for a period of from one to four hours. Hard, round, shining lumps soon make their appearance about the anus when the affliction is in or near the muscle. If the cancerous growth be located in the upper portion of the rectum the first symptoms noticeable are discharges of dark blood, (this occurs in bad ulceration also) which has the appearance of coffee grounds. A sickening odor will attend each movement of the bowel later on, as the case progresses the odor becomes so offensive as to be almost unbearable. Obstruction of the bowel is gradually developing and at this stage the patient having become emaciated and weak is compelled to take to his bed, waiting impatiently for death to put an end to his misery.

The Brinkerhoff treatment in these cases can do nothing only to afford some relief from suffering, and, from the results obtained in treating these cases it will, no doubt, stay for a time the rapid progress of the disease. The knife, as we all know, is useless here, unless it be in the very earliest stage of the disease and then the bare possibility of help may justify an operation. My rule is always (unless otherwise requested) to inform a cancerous patient of his true condition. It is

hard to do, but it here becomes necessary (I believe) to inform the patient that death is only a question of time. In case the patient desires treatment at my hand after this information, I use a strongly anti-septic tonic treatment, the Brinkerhoff preparation, which in most cases improves the patients for a time. When the suffering becomes severe, I favor the use of opiates to such a degree as to give comfort. It is all that can now be done.

### ABSCESS.

About the anus and rectum abscess is a frequent visitor. It may be produced by a bruise from a fall, from a hard passage or from exposure to cold, such as sitting on stone or cold damp surfaces. Abscess is more frequently produced by the inflammation which accompanies ulceration or fissure, and is no doubt often produced by a small particle of bone, oyster shell or seed penetrating the mucous membrane and locating itself in the tissues surrounding the rectum. Inflammation as a result of these various causes develops an abscess and usually ends in fistula.

Symptoms:—A throbbing pulsating pain accompanied by the gradual development of a lump, varying in size from half of a small egg to the size of half of a goose egg (in bad cases.) The swelling is red, glistens and is excessively tender to the touch. It is always advisable to open an abscess externally at the earliest possible moment, as by this early procedure the burrowing of pus will be prevented, and a possible opening into the rectum may be avoided.

An abscess, unless properly and carefully attended to, will nearly always result in one of the three forms of fistula.

### IMPACTION.

The rectum at times will, because of impaired muscular action and carelessness of its owner, become impacted with fæcal matter to such an extent that it is impossible to dislodge the accumulation naturally. The symptoms are a fullness and pressure throughout the entire pelvis accompanied by constipation, which, however strange to say, is apparently relieved by cathartic medicines. A small loose passage following each dose while the accumulation in the rectum is being gradually increased in size.

The patient will discover an unsteadiness of the limbs gradually so increasing as to almost destroy their usefulness, as the pressure from the accumulation in the rectum increases. The proper treatment is to dislodge the accumulation and thoroughly flush the bowel.

The report of an interesting case I submit here: I was call to see Mrs. H. B. A. in 1887; was unable upon examination to introduce the speculum into the rectum or vagina, owing to impaction of the rectum; patient had been using cathartics by advice of her family physician for three months. About six weeks before I was called the patient and physician observed what they considered paralysis of the lower limbs, this increased gradually until when I first saw the patient she was almost unable to walk.

The removal of this accumulation was decided upon and after four hours work, chipping off as much as possible from the mass with instruments, then using an injection of glycerine, oil and water, to wash out the chips, and then repeating the chipping process and again the injection, etc., the rectum was finally free and empty. The result of this four hours' work was that in twenty-four hours my patient was about the house and when last I saw her (probably a year afterward) she was entirely well. The paralysis of the lower limbs, so pronounced by her family physician, was nothing more or less than the result of IMPACTION OF THE RECTUM.

### EFFECT OF RECTAL DISEASES UPON THE NERVOUS SYSTEM.

The frequency with which remote or distant symptoms occur as the result of rectal disease and the serious nature of these symptoms, they often being mistaken for, and treated as a diseased condition in themselves, is something wonderful, and almost, in some cases, beyond belief. Yet when we stop to consider and study the law of nerve irritation or nerve reflex, it is not to be wondered at in the least. It is a recognized fact in Physiology that a nerve, or system of nerves, irritated at any point in its course does not manifest any pain at the point of irritation, but the pain is referred to the nerve terminal, *i. e.*, the pain occurs at the end of the nerve. As an instance of this, were a surgeon to cut into the tissues of the arm or shoulder and thereby reach the nerve trunks passing to the hand he could prick those nerve trunks with a pin or knife and no pain would be felt in the arm (excepting where the cutting had been done,) but intense pain would occur in the hand as the result of pricking the nerve trunk at the shoulder. If a diseased action occur to the nerve trunk alone, not involving the fleshy tissues of the shoulder, the result would be severe pain in the hand, the same as were the nerve trunk to be pricked with a pin.

The same law applies to nerves of any portion of the body. The pelvis is the greatest nerve field. The nerves (sensory and motor)

pass through the pelvis, from and to the bladder, uterus, vagina, penis, ovaries, rectum and lower limbs. Not only do the motor nerves diverge here from the spinal cord, but the sympathetic system of nerves has one of its greatest centers, "Ganglion Impar," just back of the rectum between it and the spinal column. This system of nerves supplies almost entirely the heart, lungs, stomach, intestines and in part the ovaries, uterus, vagina, etc. The rectum passes through the pelvis and hence passes in the midst of this great nerve field. Is it any wonder then, that with nerves upon all sides of it, a diseased rectum may, will and does cause innumerable reflex nervous symptoms? The sympathetic nerve center is the most likely to be affected, owing to its location, and as a result, we will come in contact with patients suffering with heart affections, stomach difficulties, intestinal gripings, &c., &c., &c., that all the ordinary forms of treatment fail to cure. These sufferers are gradually, but certainly, becoming invalids; they have almost given up in despair. In these cases it means new life, new hope, restored health and prosperity to treat the rectum upon scientific principles: not with the barbarity of the knife operation, but with the humanity of the Brinkerhoff System of Rectal treatment.

An examination of the rectum in these cases reveals very often, hidden ulceration, chronic inflammation, possibly a polypus growth, conditions the patient may not have suspected, especially if the diseased conditions are located high in the rectum; others have known that they had hæmorrhoids (piles) fistula or constipation, but have not dreamed that heart or stomach trouble could be the result. I report herewith five cases of reflex nervous troubles that were entirely due to diseased rectums. They are cases that have come under my personal observation and treatment.

Case 1:—In 1887 Mr. Harry G., then of Mansfield, Ohio, called upon me for treatment of a serious case of piles; there were seven or eight large tumors which protruded and bled at each movement of the bowels. He received his first treatment April 16, 1887. When he entered my office I observed that he walked on the ball of his left foot, he was not able to bear his weight on the heel of this foot. No remark was made concerning his lameness by either of us. He received his second and third treatment for piles with no comment as yet about the lameness. He had scarcely entered my private office on his fourth visit, however, before he asked me the question, "Doctor, would your treatment of the rectum have any effect upon a pain in the heel?" In reply, the way in which a diseased condition of the rectum might produce pressure upon or irritation of a nerve trunk in the pelvis, and

the pain be referred to the end of the nerve was explained and it was further explained that if such pressure or irritation was produced by a hæmorrhoid that the cure of the rectal disease would relieve the pain. Mr. G. then informed me that for four years he had suffered a pain in his heel, had been treated for rheumatism and neuralgia; had been examined by a surgeon, thinking there might be a diseased condition of the bone, but all to no effect; that since his last treatment (a large hæmorrhoid) he had walked naturally and with no inconvenience whatever, something he had not done for four years.

In this case the large hæmorrhoid treated, had undoubtedly produced pressure upon a nerve trunk and the pain in the heel resulted. I saw this patient two years after his treatment and the heel and rectum were still well.

No. 2:—Mr. D. L., a real estate man of Chicago, came under my care June 3, 1890 for treatment of a moderately severe case of hæmorrhoids and ulceration. He was troubled with occasional bleeding and quite severe constipation. The most serious complaint he made was that he was subject to severe attacks of headache, which would occur as frequently as once or twice a week. The attacks were much like neuralgia, being so severe as to render it necessary that he be taken to his home in a carriage. Four treatments resulted in complete cure of Rectal and Head troubles. I met the gentleman upon the streets of Chicago, recently, when he assured me that he had been entirely free of the headaches and constipation since I had discharged him as cured.

This case was doubtless an instance of the sympathetic nervous system being effected, the constipation aggravating his trouble.

Case 3.—Miss M. W. of Cleveland, Ohio, called upon me July, 1888, suffering from a very severe case of hæmorrhoids. Bowels were constipated and bleeding was profuse at time of passage. The patient was pale and emaciated, complained of severe pain in left ovarian region at time of each menstruation. She received six treatments and was discharged cured. She had gained nearly twenty pounds while undergoing treatment, and to my gratification, was free from pain at each menstrual period. Irritation of the nerve passing to the ovary, coupled with pressure upon the ovary because of constipation, doubtless caused the ovarian suffering.

Case 4.—Rev. J. H. H. called upon me February 3, 1892. His case was one of severe hæmorrhoids, accompanied with irregularity of the heart, which at times was so severe as to cause the patient much concern lest it might result seriously, if not fatally. His family phy-

sician had been treating him for "heart disease" and had advised him that he must give up his pastorate, owing to the condition of his heart. The reverend gentleman placed himself under my care, subject to instructions to discontinue all other medicines, as I was satisfied that the hæmorrhoidal trouble was to blame for his unfavorable heart symptoms. How true this was and for results in this case (which were eminently satisfactory) see letter from Rev. J. H. Hobbs, No. 51, page 60. In this case the sympathetic nervous system was irritated, and, undoubtedly, caused the heart trouble.

Case 5.—Mr. C. M., a prominent miller of M., called upon me recently. An examination revealed rectal catarrh and ulceration. Complained of severe pains through the back and of griping pains through the bowels and stomach. No appetite. In a little over two months' treatment for rectal catarrh and ulceration, this gentleman is free from pain and griping and has an appetite that would be a credit to the condition of any stomach.

This is another case wherein the sympathetic nervous system was involved and muscular soreness had intervened because of poor circulation and irritation of the sensory nerves. As a further source of nerve irritation I refer to what is known as the "reflex." A reflex irritation is the result of irritation to a sensory nerve which conducts the sensation of pain to the spinal cord. This sensation is here transferred from the sensory to a motor nerve and the parts to which the motor nerve is distributed become irritated and suffer as a result of the original irritation to the sensory nerve. From lectures delivered by the late Jno. Hilton, F. R. S., F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen, etc., an eminent surgeon of England, I reprint the following. In lecture No. XII, page 285, "Rest and Pain," he said:

"In order to complete the nerve anatomy of this part (the rectum and anus) which requires to be well considered for the purpose of explaining the varied nervous symptoms which may be induced by an ulcer within the rectum and near the anus, I have made a rough map (Fig. 53) (an illustration is here shown of these parts) with an ulcer depicted upon the surface of the sphincter. Two lines, indicating two nerves, are seen directly communicating with the ulcer, and the arrows point to the fact that the sensitive nerve conveys its influence from the surface of the ulcer to the spinal marrow, and that the other, or motor branch of the same nerve, conveys motor power from the spinal marrow to the sphincter muscle; thus explaining how the excitation or irritation engendered at the ulcer may be conveyed to the spinal marrow, and produce reflected effects upon the sphincter, leading to painful contractions. I would further notice that this 'sign post' map tells us that the pudic nerve which supplies the portion of the anus upon which the ulcer is placed, is intimately associated with other nerves arising from the lower part of the spinal marrow. It also shows that some of those associated nerves go to the lumbar (back) regions, some over the hips, some down the leg and others to the urinary bladder and urethra. It

is an indisputable fact that these anal ulcers (and just as likely other rectal diseases) cause lumbar pains (pains in back), iliac pains (in the hips) and loss of sensation, or cramps, in the leg, and irritation about the bladder and urethra. These symptoms cannot be explained as "anomalies" unless you choose to refer to the nerve anatomy of the part, when the explanation is made easy and efficient."

## **THE MEDICAL PROFESSION AND THE BRINKERHOFF SYSTEM.**

Many of the members of the Medical Profession have sent me patients for treatment. Others, however, are bitterly opposed to the System, NO, NOT TO THE SYSTEM, but to the manner in which it is brought to the notice of the public. The Medical Code of Ethics requires physicians to denounce any treatment that is advertised, (in the columns of the newspapers) be it good, bad or indifferent. Hence if your family physician denounces the Brinkerhoff System of Rectal Treatment, even though he be a man of eminence and skill, I ask of you to accept his denunciation as coming from one who is prejudiced as a matter of principle (his Code of Medical Ethics) and before submitting yourself to any operation, investigate the merits of the Brinkerhoff System yourself. Every opportunity will be afforded you for the most thorough investigation. I say also to the members of the Medical Profession, investigate this treatment. I will assist you to do so, then you can recommend to your patients suffering with rectal disease a treatment that is free from dangers and sufferings of the knife operations of the present day.

## **PRICES AND TERMS OF TREATMENT.**

The question is often asked me before an examination, by letter or otherwise, "what are the charges for treatment?" The only reply I can give is that they depend upon the severity and nature of the case to be treated. Cases that from description appear comparatively mild in form may require an unexpected amount of treatment, and again cases wherein the symptoms indicate severe trouble, may yield promptly to treatment. The condition and past history of a patient oftentimes make a very material difference in the length of time required for a cure.

The number of treatments necessary in treatment of a case also depends upon the disease and cannot be determined before an examination. Charges for examination vary: ranging from five to ten dollars according to case and time occupied; this fee, however, is always allowed to apply upon the charges for treatment, if the patient examined decides upon placing himself under treatment. While under treatment it is not necessary that a patient should remain in the city.

THE BRINKERHOFF SYSTEM OF TREATMENT IS ABLY AND CREDIT-  
ABLY REPRESENTED BY THE FOLLOWING REGULARLY  
GRADUATED PHYSICIANS.

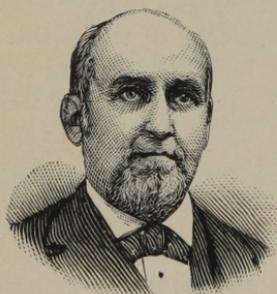
Many other Physicians, whose names do not appear, are using the Treatment. The Letters on page 45 are from Physicians who have used the Treatment for years.



A. B. JAMISON, M. D.,  
New York City.

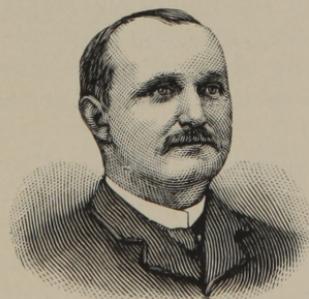
Dr. Alcinous B. Jamison, 43 W. Forty-Fifth Street, New York City, was among the first physicians to adopt the Brinkerhoff System of Treatment. A regular graduate of the Ft. Wayne, Ind., Medical College, 1878, he devoted the first years of his practice to general medicine. The treatment of members of his family and several of his former patients by Dr. A. W. Brinkerhoff afforded him ample opportunity to observe the simplicity and efficacy of the treatment. The results in these cases convinced him that the treatment was a success, and the last fifteen years he has devoted exclusively to this line of practice (using the Brinkerhoff System) with a record of 30,000 to 35,000 treatments WITHOUT A

DEATH, which justly entitles Dr. Jamison to the distinction of being one of the most successful specialists of New York.



W. I. KELLY, M. D.,  
Cincinnati, Ohio.

The reputation of the Brinkerhoff System in Southern Ohio has been largely due to the able and successful handling of the treatment by Dr. W. I. Kelly, of 413 W. Eighth Street, Cincinnati. The extensive practice of Dr. A. W. Brinkerhoff attracted the attention of Dr. Kelly who was, and had been for years, a general practitioner of medicine. A graduate of Jefferson Medical College, Philadelphia (1860), he served as surgeon of an Ohio Infantry Company during the late war. He spent much time investigating the Brinkerhoff Treatment and abandoned general practice in 1883, since then being exclusively engaged in the specialty of treating rectal diseases with the Brinkerhoff method, many of his patients being from the Southern States. The performance of over 25,000 treatments by Dr. Kelly WITHOUT A DEATH, and with most satisfactory results, goes to sustain all claims made for the treatment.



O. W. BEAN, M. D.,  
Conneautville, Pa.

Dr. O. W. Bean, of Conneautville, Pa., an active and successful general practitioner of medicine, learned of the Brinkerhoff System through friends who had been treated and cured by it. Ancient methods of surgery in treating rectal diseases did not meet with his approval; that his patients might benefit by modern methods and that he might afford them a treatment free from danger, he combined with his practice the Brinkerhoff System. Uniform success in 1,500 treatments as a result of which he has never lost a case, is evidence of his ability and skill. Dr. Bean has been in practice nearly twenty years, having graduated in 1877 at the Eclectic Medical College, of Cincinnati, Ohio, and has been, since 1885, using the Brinkerhoff

System.

## MEDICAL OPINIONS OF THE BRINKERHOFF SYSTEM.

NEW YORK, June 7, 1895, No. 43 West Forty-Fifth Street.

*W. C. Brinkerhoff, M. D., Chicago, Ill.*

Dear Doctor:—I was engaged in the general practice of medicine when my father informed me he was being cured by Dr. A. W. Brinkerhoff and requested me to accompany him that I might observe the treatment. I was pleased to do so for several reasons. First, to express my gratitude to the Doctor for his skill in curing so bad a case as my father's without pain or inconvenience while attending to the imperative duties each day. Second, to learn the merits of the then New System of Anal and Rectal Treatment, which I found to be all that was claimed for it and much more. Third, to submit to treatment myself, which I had been in need of for several years. The cure was speedy and free from annoyance.

The remarkable and speedy cure of so great and long a sufferer from piles, etc., as my father, my own cure and that of others is how I became a Brinkerhoff disciple in the year of my 1879.

Fifteen years of constant practice in the treatment of anal and rectal diseases has afforded me opportunities for many observations and experiences. That our method involves the correct principles of practice is easily demonstrated and in time will be generally understood and appreciated by the medical profession, as it is by the laity now.

I have no reason to regret any published statements on the subject, but each time make them stronger; and when I revise my present *Illustrated Publication on Anal and Rectal Diseases*, I shall use more POSITIVE TERMS in praise of our system and condemnation of the old, barbarous plans that should be stopped by law. Constantly sad sufferers are coming under my care after lasting damages are done to them, the result of surgical operations.

I regard our system of treatment as being very perfect and free from ANY objections when properly used.

With best wishes, I remain,

Yours truly,

A. B. JAMISON, M. D.

OFFICE OF DR. W. I. KELLY, No. 413 W. Eighth St., }  
CINCINNATI, OHIO, March 26, 1895. }

The great changes made in the treatment of rectal diseases in the last twenty years and the importance they play in human ailments has astonished both the physician and the laity. No discovery has done more to alleviate suffering humanity and restore health to the afflicted.

For this blessing mankind is indebted to the late Dr. A. W. Brinkerhoff, of Upper Sandusky, Ohio. He, it can be truthfully said, is the father of rectopathy.

While surgeons have been exploring the regions of the rectum with their knives, it remained for Dr. Brinkerhoff to make the true discovery of rectal diseases and their importance to humanity and their successful and humane treatment.

He it was who called our attention to the insidious symptoms of the rectal ulcer and the reflex disturbances caused by any form of rectal disease. He inaugurated a system of treating such diseases so far in advance of anything known to the Profession that it is now recognized by all physicians and more universally used than all other systems of treatment.

I have been using the Brinkerhoff System for twelve years as a specialist in rectal diseases and have made a great many thousand treatments, and am astonished at its uniform success and the humane way in which such diseases can be cured. Undoubtedly future medical writers will record his name as one of the great benefactors of mankind and along with such names as Drs. Harvee and Jenner.

W. I. KELLY, M. D.

CONNEAUTVILLE, PA., May 28, 1895.

*W. C. Brinkerhoff, M. D., Chicago, Ill.*

Dear Doctor:—In reply to yours of May 24th would state: I have been using the Brinkerhoff System of Treatment for rectal diseases since February 1, 1895. During that period I have performed about 1,500 treatments with this method.

As to my opinion of the System would say, I never in all that time have lost one case as the result of the treatment and consider it far superior to any system in use for the treatment of this very troublesome class of cases. I can cheerfully recommend it as a safe and permanent cure for these troubles.

Respectfully yours,

O. W. BEAN, M. D.

## THE PUBLIC AND THE BRINKERHOFF SYSTEM.

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PHYSICIANS (WHO HAVE BEEN TREATED AND WHO HAVE USED IT IN THEIR PRACTICE,) PROMINENT OFFICIALS, MINISTERS, BANKERS, LAWYERS, BUSINESS MEN AND OTHERS DO NOT HESITATE TO GIVE IT THEIR FREE AND FULL ENDORSEMENT.

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That the reader may have evidence that the foregoing pages are based on fact and practice, and that fiction and theory are not employed, the following affidavits, letters and references are used. The affidavits which appear are selected from a lot of nearly one hundred in my possession. They were obtained in the year 1889 to be used in a discussion which I was then having with the Illinois State Board of Health. The discussion was amicably settled, however, before the affidavits could be used, by the Board, or its friends, paying the sum of One Thousand Dollars. The letters used are written by physicians, pages 44 and 45, who are using the Brinkerhoff treatment and by patients who have been treated by this system. The letters from patients are in reply to a request from the author for a history of their case and are exactly as received, excepting that in some letters a portion is omitted for the sake of brevity.

The people whose names are used as reference, with few exceptions, have been treated by the Brinkerhoff System. The year of treatment is indicated after the name; where no date appears, the person whose name is used has friends who have been treated (usually members of his family) and knowing the success of the treatment, recommends it.

Permission has been obtained to use all names that appear, (names of patients are never used without such permission) and it is specially requested by the author that if any inquiries by letter are made from the following references, that letters be short and always accompanied with a stamp to insure a reply.

It will be noticed that some letters are signed with initials only; some references will be by initials only. In such cases the parties (nearly all of whom are prominent business men) object to their names appearing in print. I have permission, however, to refer privately to these parties and have letters in my possession from them highly endorsing the treatment.

THE STATE OF NEW YORK, }  
NEW YORK COUNTY. } ss.

BEFORE ME, L. B. Goodale, a Notary Public in and for said County, personally came A. B. Jamison, M. D., who, being duly sworn according to law, deposeth and saith that on or about the first day of January, 1881, he purchased of Dr. A. W. Brinkerhoff & Sons, of Upper Sandusky, Ohio, a complete outfit, instruments, etc., necessary to practice the treatment of Rectal Diseases by the Brinkerhoff System of Treatment.

Since which time he has performed by said System over ten thousand operations with no deaths resulting from treatment, and I can heartily recommend it to my brother M. D'S.

And further deponent saith not.

(Signed) A. B. JAMISON, M. D.,

City of New York, County of New York, State of New York.

Sworn to and subscribed before me, at the County aforesaid, this first day of February, 1889.

L. B. GOODALE, Notary Public, New York County.

THE STATE OF OHIO, }  
HAMILTON COUNTY. } ss.

BEFORE ME, Deputy Clerk United States District Court, S. D. O., personally came W. I. Kelly, M. D., who, being duly sworn according to law, deposeth and saith that on or about the 31st day of August, 1883, he purchased of Dr. A. W. Brinkerhoff & Sons, of Upper Sandusky, Ohio, a complete outfit, instruments, etc., necessary to practice the treatment of Rectal Diseases by the Brinkerhoff System of Treatment.

Since which time he has performed, by said system, Nine Thousand treatments with not a single death resulting from treatment, and I can heartily recommend it to my brother M. D'S. as being the most humane and rational mode of Rectal treatment known.

And further deponent saith not.

(Signed) W. I. KELLY, M. D.,

City of Cincinnati, County of Hamilton, State of Ohio.

Sworn to and subscribed before me, at the County aforesaid, this fourth day of February, 1889.

ROBERT C. GURGI, Deputy Clerk,  
United States District Court. S. D. O.

LAW OFFICES OF STORY, WESTOVER & STORY,

1235 STOCK EXCHANGE.

**NO. 1**

*Dr. W. C. Brinkerhoff.*

CHICAGO, April 23, 1895.

Dear Sir:—In reference to the Brinkerhoff System, or the treatment, of course I can only speak with earnest approval.

When I came to you years ago at request of a client, your former patient, I was so debilitated from rectal disease I could not sit but a few minutes at a time, indeed had been for many months compelled to recline often with my coat under me while examining witnesses and assist at trials at court in that position.

In addition I was compelled to use anodynes to alleviate pain and I weighed only 135 pounds. My subsequent recovery under your treatment has been phenom-

enal as my associates professional and personal know. I believe but for your treatment I could hardly have survived a year. It is a matter of comment how healthy and stout I have become, weighing now about 200. I am convinced that in medicine as in the practice of law he who makes a speciality of certain branches has the advantage over the general practitioner for the reason that medicine like the "law" is wiser than any one man, and whether intentional or not, every competent and earnest practitioner will excel in some particular department or branch over all others.

You are welcome to refer to me if by so doing you can aid any poor sufferer from such trouble as mine was. Your friend,  
ALLAN C. STORY, Ex-Member Board of Education.

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**NO. 2**

E. H. GOODRICH CO.,  
DIAMONDS AND FINE JEWELRY, 90 MADISON STREET.  
CHICAGO, April 2, 1895.

*Mr. J. H. Kerr, 73 New Insurance Bldg., Milwaukee, Wis.*

Dear Sir:—In reply to your favor of 19th inst. in reference to Dr. Brinkerhoff's System will say: In reference to my own case which was quite serious, I took plenty of time to look up many authorities on that subject, as well as the references of several of my personal friends who had been treated by Dr. Brinkerhoff, and at last concluded to put myself under his care.

It is now over three years since I was treated and I have never had reason to regret it, the cure being perfect and permanent, not detaining me an hour from business and was painless.

Yours truly,

E. H. GOODRICH.

The above letter was written in reply to an inquiry made by Mr. Kerr.

W. C. B.

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**NO. 3**

THE MERCHANTS.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

OMAHA, NEB., April 8, 1895.

Dear Sir:—Some three years have elapsed since you gave me the Brinkerhoff treatment for a complication of rectal troubles, which was rapidly terminating my existence, and I am happy to advise you that the treatment was an unqualified success. It absolutely cured me of ills for the relief of which I had previously consulted physicians in almost every State from Maine to the Rocky Mountains. I have spent some years in the study of medicine and have witnessed many operations in both Cincinnati and Chicago hospitals, and I unhesitatingly pronounce the "Brinkerhoff Treatment" of rectal disorders the most humane, effective and satisfactory that I have ever discovered.

If you can use this testimony in restoring suffering humanity to health, you are at liberty to do so. Yours very truly,

FRED W. LEE, First National Bank Building.

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**NO. 4**

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

CHICAGO, April 6, 1895.

Dear Sir:—In regard to your treatment of me for Piles, I have only words of commendation. Having been troubled with them since 1859, I think I ought to know something about the discomfort and annoyances a person suffers who is troubled

with them. You know the condition I was in when I applied to you for treatment. Five months' treatment completely cured me and now, nearly a year after ceasing the treatment I have had no return of them. To say I feel grateful for the relief afforded me by your treatment hardly expresses what I feel and you are at perfect liberty to use any part of this letter, or my name as reference, or even to write such letter as you would like and put my name to it and I will stand back of it.

Very respectfully yours,

THOMAS CROMLISH, 2497 Lakewood Ave., Station X.

**NO. 5**

OFFICE W. H. CUNNINGHAM & CO.,  
FIRE INSURANCE, 171 JACKSON ST.

*Dr. W. C. Brinkerhoff, Chicago.*

CHICAGO, ILL., April 11, 1895.

Dear Doctor:—Your letter of recent date inquiring as to my opinion of the Brinkerhoff treatment received. The benefits I obtained from this treatment were such that I feel it my duty to allow you to use this letter as requested, although I dislike my name appearing in print.

During the early part of February '92 I was confined to my bed, suffering from a complication of rectal troubles. My family physician was treating me, but with unsatisfactory results and finally advised me that a knife operation was the only means by which I could expect to be restored to health. Friends advised me to, at least have you make an examination before I submitted to the knife operation. You did so on the 12th of February, '92. Upon your assurance that my case could be treated successfully without the administration of an anæsthetic, or an operation with the knife, I placed myself under your care, and in a comparatively short time was free from the acute suffering which I had endured for weeks and soon recovered entirely.

My weight increased while under treatment 20 lbs. Since 1892 I have been entirely well and attending to business daily. Respectfully yours,

CHAS. W. JEANNERET.

Disease: Hæmorrhoids, Ulceration, Polypus, Fissure.

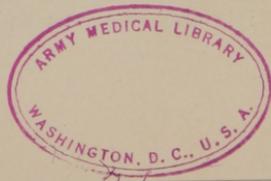
**NO. 6**

BRODBECK BROS., DRY GOODS, ETC.,  
114 WEST SECOND STREET.

*Dr. W. C. Brinkerhoff.*

PORTSMOUTH, OHIO, April 9, '95.

Dear Sir:—I reply to your inquiry for a history of my case as follows: The winter of '72 was when I first noticed that something was wrong with my bowels. Every morning as soon as I got up I would have to visit the closet in a hurry. This diarrhœa kept up during the time between 1872 and 1877, then it became worse, until finally my general health gave away, and I was compelled to give up my business. I did not go out of the house much during the year 1881 and gave up all hopes of ever getting well, notwithstanding I had been doctoring right along with all the Portsmouth doctors. I went to Cincinnati when I was almost too weak to walk to put myself into the hands of Dr. K. of that place. Dr. K. was one of the most prominent M. D'S. of Cincinnati, President of a Medical College, and a very eminent physician. He finally told me nothing more could be done and I came back home again to die.



March 23, 1882, I heard of Dr. A. W. Brinkerhoff, who upon being called, diagnosed my case as the worst case of ulceration he had ever seen. He treated me, but informed my family that he could say nothing encouraging as to my recovery. I remained under his care and in four weeks I was able to walk fully a mile, and in eight months I was in business again and to-day I am as sound in body as a man can possibly be. I have not lost a day from work through sickness, unless probably by having cold or headache, as anybody is liable to have.

I cannot be grateful enough to Dr. A. W. Brinkerhoff. My life was saved by the Brinkerhoff System. I really believe there is no disease that effects the nerves so much as ulceration of the rectum. I had a whole train of symptoms; my heart, stomach, bowels, head and everything seemed to be wrong. My limbs ached from my knees down so that I could find no position that would give me rest; I could not sleep, Oh! it was just terrible. I hate to think of it.

My weight at the time of my first treatment was 91 lbs., nothing but skin and bones, but at the end of eight months I weighed 129 lbs. To-day I weigh from 135 to 137 lbs. You know I am a man of very small frame.

Wishing you success as you rightly deserve,

I remain, yours truly,  
HENRY A. BRODBECK.

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#### NO. 7

*Dr. W. C. Brinkerhoff.*

MONTICELLO, ILL., April 9, 1895.

Dear Sir:—Your letter of 3rd inst. received, and in reply will say that I think the Brinkerhoff treatment to be perfect. It is now four years since I was treated for Piles and since that time I have never had the least trouble with them. I think the Brinkerhoff treatment to be the only treatment there is and would advise any one troubled with piles to try it and be cured.

Yours truly,  
W. R. HYDE.

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#### NO. 8

CIRCUIT COURT, HON. C. H. SCRIBNER, JUDGE.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

TOLEDO, OHIO, March 24, 1895.

Dear Sir:—Your favor of the 19th inst. is at hand. I was treated by your father for rectal trouble a number of years since. I cannot state when it was, but it was certainly more than ten years ago. I understood the trouble to be inflammation or ulceration of the rectum. I know there was a pretty constant discharge from the rectum, but there appeared to be no fever present.

The treatment appeared to be successful and it was continued for a considerable length of time. I have had no trouble from that source since the treatment was discontinued.

Treated 1883.

Very truly yours,

C. H. SCRIBNER.

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#### NO. 9

SUPERIOR COURT, ROME CIRCUIT, W. T. TURNBULL, JUDGE.

*Dr. W. C. Brinkerhoff,*

ROME, GA., April 8, 1895.

Dear Doctor:—I take pleasure in saying that I regard your system of treatment of diseases of the rectum as altogether the most successful that I know of, or could find by years of diligent inquiry. The "regular practitioners" are away behind on the cure and alleviation of rectal troubles. They know nothing except the knife for the serious troubles, and I have been informed by those who have suffered that, that it is both dangerous and unsatisfactory. For the minor troubles, if any trouble of

the rectum can be called minor, they offer no cure and very little palliation. The program is to suffer until you are ripe for the knife.

Three members of our family can bear testimony to the blessings of the Brinkerhoff System. It redeemed my father's health and added many years to his life.

Very sincerely,

W. T. TURNBULL.

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**NO. 10** LAW OFFICE OF JENNER & WELDON.

*W. C. Brinkerhoff, M. D., Chicago, Ill.* MANSFIELD, OHIO, March 19, '95.

My Dear Sir:—Your inquiry as to whether I have ever been troubled with my old complaint since taking your treatment is at hand. That treatment cured me perfectly. As you know I had previously undergone a barbarous operation by an eminent surgeon in Washington, D. C. The treatment then received was but a temporary relief, while yours has made me a well man. Thanks for your interest in the welfare of your patient.

Very respectfully,

Treated 1887.

S. E. JENNER.

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**NO. 11** OFFICE OF BACHELDER & METHEANY,  
INSURANCE.

*Dr. W. C. Brinkerhoff, Chicago, Ill.* GALION, OHIO, March 20, 1895.

Dear Sir:—I had been troubled with the Piles for about 15 years. I had taken treatment in Toledo but received no benefit from it. Your treatment in 1887 effected, as I believe, a permanent cure, as up to the present time I have not been troubled.

You are at liberty to use this if you so desire.

Yours truly,

A. A. METHEANY.

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**NO. 12** WM. LEWIS, MUSICAL MERCHANDISE,  
226 & 228 WABASH AVENUE.

*Dr. Brinkerhoff.* CHICAGO, April 10, 1895.

Dear Sir:—You ask my opinion as to your treatment. In reply would say I can fully recommend the Brinkerhoff System of treatment for diseases of the rectum. In fact, I cannot speak too highly of it. Many of my friends and acquaintances, whom I have recommended to you for treatment, corroborate every claim you make for your treatment.

During my treatment of three or four months I attended to business without a day's interruption. Its thoroughness and results cannot be questioned.

Yours, etc.,

WM. LEWIS.

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**NO. 13** VOLKER & KLEIN MANUFACTURING CO.,  
157 & 159 JEFFERSON STREET.

*Dr. W. C. Brinkerhoff.* CHICAGO, April 9, 1895.

Dear Sir:—Two treatments received from you three years ago have relieved me from any suffering with piles.

I can cheerfully recommend your System to all similarly afflicted.

Yours truly,

STAN. KEMPNER, Mgr. Shade Dep't.

**NO. 14***W. C. Brinkerhoff, M. D.*

CHICAGO, April 2, 1895.

Dear Sir:—Your letter of April 1st at hand. You are at liberty to use my name in any reasonable way as commendatory of your method of treatment for rectal troubles.

I consider myself, practically a new man since I was under your care.

Very truly yours,  
STUART A. DUNLOP,  
Merchant Tailor, 80 Dearborn Street.

**NO. 15***Dr. W. C. Brinkerhoff.*

GREENVILLE, OHIO, March 23, 1895.

I was a sufferer for two or three years with ulceration of the rectum which developed into fissure and at times was too feeble to attend to business; in 1880 I took the Brinkerhoff System of treatment; within four days after first treatment I went to work at hard labor (contracting and building) and in a short time was sound and well and have had no return of the trouble. I would advise anyone suffering with the same trouble to be treated by the Brinkerhoff System, than which there is none better.

Yours truly,

Treated 1880.

J. A. KERR.

**NO. 16**

COAL TRADE COMMERCIAL AGENCY,

N. W. COR. STATE AND MADISON STS.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

CHICAGO, April 1, 1895.

Dear Sir:—Replying to your favor of March 30th will say that you are welcome to use my name as reference, as I consider your treatment first class in every respect, it having CURED me of a very annoying case of piles when an other physician had failed after a thorough trial. Your treatment gave me almost immediate relief and resulted in a complete cure in two or three weeks.

Yours most truly, CHAS. A. DAY.

This was a case of acute inflammation of the anal tissues and had been improperly treated, W. C. B.

**NO. 17**

OFFICE OF W. J. MORGAN &amp; CO.

LITHOGRAPHERS.

*W. C. Brinkerhoff, M. D.*

CLEVELAND, OHIO, March 20, 1895.

Dear Sir:—In reply to your inquiry will say that although six years have elapsed since you treated me for that terrible case of Hæmorrhoids there is no indication whatever of a return of the trouble.

I will say in addition that the treatment was absolutely painless; reasonably rapid and was the most fortunate event of my whole career.

Very respt'y yours, W. J. MORGAN.

**NO. 18***Dr. W. C. Brinkerhoff, City.*

CHICAGO, April 2nd, 1895.

Dear Sir:—Please allow me to say that the treatment you gave me last fall for Piles has been very beneficial to me. The awful backache I had (which was caused by hæmorrhoids, so my family physician said) has all disappeared and I feel as well as ever. Have gained in weight from 170 to 195 lbs.

I can cheerfully recommend your treatment for rectal troubles. You may use my name as reference if you desire.

Yours truly,

Lumber dealer.

G. E. RORABACK, 22nd St. and Union Pl.

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**NO. 19**

AYDELOTT & VAN DEUSEN,  
CIVIL ENGINEERS AND SURVEYORS.

*Dr. W. C. Brinkerhoff.*

PEKIN, ILL., April 7, 1895.

Dear Sir:—The Brinkerhoff treatment worked like a charm with me. For fifteen years I suffered from tumors, etc., and after a short painless treatment I was cured, and now after three years, I see no signs of the tumors returning. You are at perfect liberty to use my name or letter.

Yours very truly,

R. P. VAN DEUSEN.

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**NO. 20**

*Dr. W. C. Brinkerhoff.*

RACINE, WIS., April 6, 1895.

Dear Doctor:—Your letter just received which I will answer with pleasure. I can say that I have had good health since I had your treatment. I suffered with rectal disease nine years before coming to you and doctored a great deal, but found no relief until I found you.

You may use my name in any way you choose.

Yours with much faith,

Mrs. F. E. KING, P. O. Box 154.

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**NO. 21**

*Dr. Brinkerhoff, Chicago, Ill.*

CHICAGO, ILL., March 30, 1895.

Dear Sir:—For many years I had been a sufferer from hæmorrhoids, and at times suffered greatest agony. I had tried every available means of cure, but without success, until Dr. Brinkerhoff was recommended to me. It is now with great pleasure and perfect health that I express my gratitude to God, as well as to Dr. Brinkerhoff, for my recovery.

If my name can in any way assist you or be of benefit to suffering humanity, you are at liberty to use it. Respectfully yours,

AUGUST POHL, Pastor of Swedish Mission Tabernacle Church,

Treated 1894.

Cor. 30th and La Salle Sts.

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**NO. 22**

*Dr. W. C. Brinkerhoff.*

LIMA, OHIO, March 31, 1895.

Dear Sir:—I feel it my duty to you to tell you the result of your treatment. I suffered for about ten years and the last year could not be up all the time. I read of your treatment and it described my case of Rectal trouble, tumor, ulcer and fissure. I felt that death was staring me in the face and I commenced your treatment. I began to improve and am now able to do my work and have remained well of rectal trouble since your treatment. Any information wanted will freely give concerning my case to any afflicted person by sending stamp. Yours truly,

Treated 1887.

Mrs. W. W. YOAKAM.

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**NO. 23**

*W. C. Brinkerhoff, M. D.*

CHICAGO, April 8, 1895.

Dear Sir:—It is with great pleasure that I recommend your treatment. After an outlay of hundreds of dollars with some of the best physicians in the United States

without relief, I have been greatly benefitted by your treatment and consider you at the head of the Profession in your specialty.

Treated 1890.  
Police Officer.

Yours Respectfully,  
EDWARD CECIL, 6107 Wentworth Ave.

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**NO. 24**

1212 MICHIGAN AVE.

*Dr. W. C. Brinkerhoff.*

LA PORTE, IND., April 3, 1895.

Dear Sir:—You treated me some nine years ago for the Piles. Prior to that time I had never had any other treatment; I could not walk a block without almost fainting.

I consider your treatment of me simply miraculous. I have not been troubled with piles since.

Prominent business man.

Very respt'y yours,

ROBERT NATION.

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**NO. 25**

OFFICE EDERHEIMER, STEIN & CO.

MARKET AND JACKSON STS.

*Dr. W. C. Brinkerhoff, City.*

CHICAGO, April 6, 1895.

Dear Sir:—Your favor received and contents noted. I most cheerfully recommend your treatment of rectal diseases to all whom it may concern. I was a constant sufferer for years, and consulted many of the best physicians, using any quantity of pile remedies, but gaining no relief, until you took hold of my case. Your treatment from the start allayed the pain I suffered, and was entirely successful. I feel grateful to you, and can never forget what you have done for me.

Treated 1891.

(Commercial Traveler.)

Yours respectfully,

SAM. D. WITKOWSKY.

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**NO. 26**

*Dr. W. C. Brinkerhoff.*

SOUTH CHICAGO, April 6, 1895.

Dear Sir:—After considerable delay your letter reached me and I will gladly answer to the best of my ability. You may use my name or any part of this letter that you may deem satisfactory. I can say, in regard to my case, that I have received untold benefit from your treatment and consider that I am all right as far as the hæmorrhoids are concerned. I consider your treatment one of the greatest of all. I tried treatments before I heard of yours, but received only temporary relief. When I commenced with you I began to improve and have not had any trouble since.

Treated 1890. Yours respectfully,

W. S. BUKER, 9243 Commercial Ave., S. Chicago.

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**NO. 27**

4443 CHAMPLAIN AVE.

CHICAGO, ILL., March 30th, 1895.

*Dr. W. C. Brinkerhoff, 39 & 40 McVicker's Bldg., City.*

Dear Sir:—In reply to yours of March 29th, I have much pleasure in testifying to the efficacy of the Brinkerhoff treatment of rectal disorders in my case. When first I called on you in April of last year for treatment, I knew my case was an aggravated one, having suffered for three years previously and had been treated by several physicians and underwent a severe surgical operation, with no good results,

I had not been under your care and treatment for over a week when I found considerable relief. Continuing the treatment systematically under your directions, I have now to say that I have had no trouble for over four months, and have very thankful satisfaction in saying so.

You are at perfect liberty to use the foregoing as a testimony from,

Yours truly,

With P. D. Armour & Co.

JOHN ELMSLIE.

**NO. 28**

3218 STATE STREET.

*Dr. W. C. Brinkerhoff.*

CHICAGO, April 9, 1895.

Dear Sir:—I have been afflicted with both inward and outward piles for twenty-five years. So much so that I spent one half of my time in bed. I had given up all hopes of ever being cured and surely thought the piles would be the cause of my death, but fortunately was recommended to you by a friend whose father had been cured by your treatment. I went to you at once and now feel entirely well, and would advise anyone afflicted with piles to make no delay in placing themselves under the Brinkerhoff treatment.

Yours truly,

Treated 1892.

FRED FENN.

**NO. 29**

1203 ROCK ISLAND ST.

*Dr. W. C. Brinkerhoff.*

DAVENPORT, IA., April 9, 1895.

Dear Sir:—I am afraid I am not a good hand to write anything for publication, although I will cheerfully do anything I can to help you or any who are suffering as I have suffered. I certainly have been very materially benefitted by your treatment and am now comparatively well although I am still inconvenienced to some extent by the protrusion which has never entirely subsided and for which I hope to come to you again for treatment some day. I cannot object to your using my name as reference, as I always feel a sense of gratitude to you for doing so much for me.

Sincerely yours,

MRS. G. L. OSBORNE.

**NO. 30**

*Dr. Brinkerhoff.*

CHICAGO, April 10, 1895.

Dear Sir:—Your letter received and I am very glad to be able to say that I was GREATLY BENEFITED by your treatment. I think when I went to you that I was rapidly going into a decline and after two or three treatments I began to improve and am now very much better. It was at the advice of our family physician that I became your patient. With kind regards, I am,

Yours truly, MRS. R. SIMPSON, 420 42nd Place, Chicago.

**NO. 31**

TRAIN MASTER'S OFFICE, I. C. R. R.

*Dr. W. C. Brinkerhoff.*

BUCKINGHAM, ILL., April 9, 1895.

Dear Sir:—Replying to yours of the 4th inst. would say that I am only too glad to grant the use of my name as reference. You have cured me of diseases of the rectum which were of long standing, dating back to army days. I shall certainly not fail to recommend you and your treatment to anyone I find afflicted as I have been.

I am, respectfully and gratefully yours,

Treated 1893.

RICHARD HULL, Passenger Conductor, I. C. R. R.

**NO. 32***Dr. Brinkerhoff, 78 & 82 E. Madison St., City.*

CHICAGO, April 2, 1895.

Dear Sir:—In answer to yours of the 30th ult. can say I feel 40 per cent. better than before I went under your treatment. My hæmorrhages have stopped entirely and I weigh 20 lbs. more than I did when you took me in hand. As you are aware, I submitted to two knife operations at the hands of one of Chicago's best surgeons and am compelled to say that if any results followed the operations they were serious ones. Previous to operation I had no sign of a rectal stricture, but subsequent to my first operation one developed and it was to cure this that the second operation was performed. The second operation was a signal failure, and hence upon the recommendation of friends I became your patient.

You may refer any one to me. Very truly yours,

(Now under treatment). HENRY C. SCOTT, Police officer, 658 Warren Ave.

**NO. 33***W. C. Brinkerhoff, M. D.*

ST. CHARLES, ILL., April 12, 1895.

My Dear Sir:—In reply to yours of the 6th inst. will say when I called on you Jan. 16th, 1893, I was suffering from blind and bleeding piles of some fifteen years' standing. When I visited you my suffering was almost unbearable. After four treatments from you I thought I was sufficiently improved to discontinue treatment. My cure seems to be permanent, as I have had no return of the difficulty.

Manufacturer.

Most truly yours,

CHAS. H. HAINES, of J. F. COLSON & CO

**NO. 34***Dr. W. C. Brinkerhoff, Chicago, Ill.*

CHICAGO, April 4th, 1895.

Dear Sir:—Yours dated the 4th at hand and contents noted. In reply would say that I have taken your treatment for rectal trouble. Was a very bad case, and I can safely say that you made a very satisfactory cure in my case. I feel duty bound to recommend the treatment to every person you may send to me. You are at perfect liberty to use my name in connection with your treatment any way you see fit.

Treated 1890.

Yours respt'y,

ROBT. FARON, 376 E. Chicago Ave.

**NO. 35***Dr. W. C. Brinkerhoff, Chicago, Ill.*

MAUSTON, WIS., April 3, 1895.

Dear Sir:—After many years of suffering and many years of doctoring with other (and good) doctors, with no signs of a cure and but little relief, I now think I am fully cured by four treatments with the Brinkerhoff System.

Treated 1894.

Yours in good faith,

W. W. WARN, Contractor.

**NO. 36***W. C. Brinkerhoff, M. D.*

CHICAGO, ILL., April 4, 1895.

Dear Sir:—In answer to your request for my opinion of the Brinkerhoff treatment would state that it affords me great pleasure to testify to the merits of same. I had been a sufferer for years from disease of the rectum, and after trying the leading physicians of this city found myself steadily growing worse. Your remedy being recommended by a friend, I concluded to give it a trial. After taking your medicine

ten days, I was out of bed and able to go to work for the first time in three months, and inside of four months was completely cured and have never been troubled since.

To any one suffering with this disease I heartily recommend the Brinkerhoff cure.

Treated 1891.

Very truly yours,

Machinist.

CHAS. STROM, 10337 Desplaines St.

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**NO. 37**

No. 111 W. MAIN STREET.

*W. C. Brinkerhoff, M. D., Chicago, Ill.*

GALION, OHIO, March 19, 1895.

Dear Sir:—Your treatment of me for piles some eight years ago was very successful and has been very satisfactory to me ever since. I have recommended several parties to you for treatment.

Yours truly,

Wholesale Hardware Merchant.

O. R. COX.

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**NO. 38**

*W. C. Brinkerhoff, M. D., Chicago, Ill.*

PLAINFIELD, ILL., April 4, 1895.

Dear Sir:—In reply to yours of the 3rd inst. would say that I am very much pleased with your way of treatment of rectal diseases. I have been cured of my trouble and have faith strong enough to recommend it to any one who may inquire.

Treated 1892.

Yours truly,

Merchant.

WM. MCCLASKEY.

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**NO. 39**

*Dr. W. C. Brinkerhoff, 78 E. Madison St., City.* CHICAGO, ILL., April 4, 1895.

Dear Sir:—Answering your letter of the 2nd permit me to say that my general health is good and that I take great pleasure in testifying to the splendid results in my case from your treatment.

I am entirely cured and feel very grateful indeed to you, not only for your successful treatment, but for the kindness and consideration shown me. Shall be pleased to have you use my name if you wish to.

Treated 1891.

Yours truly,

With Cook & McLain, Dyers.

ANDREW J. MCLAIN, 80 Dearborn St.

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**NO. 40** FROM A LEADING WHOLESALE MERCHANT.

*Dr. W. C. Brinkerhoff.*

CHICAGO, April 12, 1895.

Dear Sir:—In reply to your letter of April 4th would say that I was entirely cured by your treatment and think highly of it. As I dislike to see my name in print, would prefer to have it left out.

Yours respectfully,

H. M. H.

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**NO. 41**

OFFICE OF M. C. BRASHER, M. D.

*Dr. W. C. Brinkerhoff.*

MANTENO, ILL., April 11, 1895.

Dear Doctor:—In reply to your letter of recent date, would say that I have received great benefit from the treatment myself, and have known a number of other cases permanently cured of various rectal diseases by your method of treatment.

I consider the Brinkerhoff System THE IDEAL treatment for rectal diseases, being both painless and absolutely safe.

Respectfully,

Treated 1893.

M. C. BRASHER, M. D.

**NO. 42***Dr. W. C. Brinkerhoff, Chicago, Ill.*

CHICAGO, May 1st, 1894.

Dear Sir:—Permit me to bear witness to the mildness and effectiveness of your system of treatment of Piles. Believing that you seldom find so serious and difficult a case as was mine, I can only express my full satisfaction at your handling of it. I found your system to be painless and it did not in the slightest interfere with my business pursuits. I shall not hesitate to recommend your treatment to my friends who may be suffering from Piles. Your obedient serv't,

Treated 1890.

GEO. W. HOTCHKISS, Pres't.

Residence, Evanston, Ill.

Lumber Trade Journal.

**NO. 43**

J. A. GATES,

MANUFACTURING CHEMIST, 76 MONROE ST.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

CHICAGO, ILL., April 7th, 1895.

My Dear Sir:—I have had occasion to interview quite a number of your old patients within a year or two; some of them have suffered with hæmorrhoids, supposed to be beyond all hope of relief, and I have been surprised to learn that in every single case you have effected a complete cure, and what strikes me as more wonderful still, in every case but one, not the slightest pain or discomfort attended the treatment. The one exception was in the case of an Iowa man, who said you told him there might be some pain for a day or two, but that after deciding to "stand it" he found the annoyance was not one tenth of what you led him to fear and did not interrupt him in business affairs a moment.

I write you this simply to say that having found from these interviews, that you do not misrepresent matters, and have perhaps the only painless cure for those very common "agonies of the human race." I am recommending your treatment to many of my patrons who ask my advice; some of them have been to see you and others will come in the future. Very truly yours,

J. A. GATES, Mfg. Chemist, Lock Box 905, Chicago, Ill.

**NO. 44***Dr. W. C. Brinkerhoff.*

CHICAGO, March 29, 1895.

Dear Sir:—For the last five years I have been stationed at Randolph & La Salle Sts. During most of that time I have been suffering with what I called piles. I tried everything I could hear of that was a cure for piles, but nothing did me any good.

Finally on the first day of this year, when I could bear the pain no longer, a friend recommended me to try your treatment.

On examination you pronounced my trouble a fissure and chronic inflammation of the rectum. I commenced treatment at once and today, in a little less than three months, I find myself almost a well man.

Thanking you for the good you have done me.

I am Very Respt'y Yours,

Officer GEO. R. MARTIN, 1586 W. Madison St.

**NO. 45**

To Whom it may Concern:—

CHICAGO, April 3rd, 1895.

I recommend Dr. Brinkerhoff's treatment for Piles. Had suffered from Piles for over twelve years, tried salves and ointments, but found no relief. Then I was treated by a doctor who used the "Carbolic" cure in his first attempt; that was so

painful to me that I could not stand it; his second attempt was an operation under the influence of ether. I suffered more from the operation than I did from the Piles, and was not relieved or cured. At last I heard of Dr. Brinkerhoff and after receiving four or five treatments from him, I felt like a new man. A few more treatments and I shall be cured. Dr. Brinkerhoff's treatment in my case has been painless.

(Signed,) FRANK U. PIERCE, 389 Irving Ave.

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**NO. 46**

LAGRANGE, ILL., March 18, 1895.

*Dr. W. C. Brinkerhoff, McVicker's Bldg., Chicago.*

Dear Doctor:—Your request for my opinion of the Brinkerhoff treatment at hand. In writing you an answer, I have only the best and highest of opinions to express.

For several years I suffered with rectal trouble; had consulted several physicians who did not even suggest an examination, but prescribed salves which gave me no permanent relief. Having learned of a Mrs. Tousley, of Englewood, who had been an invalid for years and whom you had cured, I communicated with her, and upon her recommendation placed myself under your care, as also did a sister of mine from Nashville, Tennessee.

I cheerfully grant you the privilege of using my name as reference at any time, or in any way you may see fit.

Very respectfully yours,

MRS. J. D. STUART.

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**NO. 47**

CHICAGO, April 1, 1895.

*Dr. W. C. Brinkerhoff, City.*

Dear Sir:—After receiving four treatments I find I have recovered so much that I am able to go back to work. My case was considered hopeless by some of the best doctors in Chicago. After suffering so many years and spending hundreds of dollars, I cannot say enough in praise of your method of treatment in such cases. I was not able to do any work or walk more than three or four blocks without intense suffering and not a day passed without a severe headache, until I was near the verge of taking my life. Now I can truthfully say that since I began your treatment I have NOT had a headache to speak of and can walk miles where I could not walk blocks before and do any kind of manual labor.

I was recommended to you by a physician who had treated me for more than a year without success. Hoping some sufferer will see this and profit by my experience, I am,

Yours truly,

H. B. WRIGHT, Marine Engineer,  
Room 29, 159 East Washington Street.

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**NO. 48**

OFFICE GOODWIN POTTERY CO.,

EAST LIVERPOOL, OHIO, March 21, 1895.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

Dear Sir:—Your favor of the 19th inst. at hand and it gives me pleasure to say that your treatment has permanently cured me, as I have had no return of my troubles further than the presence of the small polypus growth that had not been removed, but it is no larger than before and causes me little annoyance.

I will say that in 1868 the Piles first came on and after several years became worse, causing chronic constipation and rectal ulcer besides the polypi growths,

one of which (the larger) you removed. Your treatment was very satisfactory and results have been permanent, as my bowels became normal and I have better health than for the last ten years previous to being treated. I had suffered a good deal with pain in my back and thought it was from ailment of the kidneys but that was relieved simultaneously with the cure of the pile and rectal ulcer, I am exceedingly glad that I learned of the Brinkerhoff treatment, as I had come to the conclusion that there was no cure for such a case as mine.

I wish you continued success and you may use my name as I shall be glad to refer any one to you who may be afflicted, as I am confident that your experience and method of treatment will prove as satisfactory as in cases I already know of.

With kind regards, I remain,  
Treated 1887.

Yours truly,  
JAMES H. GOODWIN.

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**NO. 49**

CHICAGO, April 1, 1895.

*W. C. Brinkerhoff, M. D., Chicago, Ill.*

Dear Sir:—In reply to your inquiry, the treatment received at your hands was a very satisfactory one in my case, and to anyone suffering as you know I was, I should certainly recommend the Brinkerhoff treatment.

An operation of the bowels with me, prior to taking your treatment, was invariably painful, at times excruciatingly so. Since then there has been no pain whatever in connection therewith, and I should greatly endorse your methods to any one suffering as I was, but naturally feel somewhat of an antipathy to having my letter used other than privately in your office.

Treated 1893.

Very respectfully,  
N— A—

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**NO. 50**

CHICAGO, ILL., April 4, 1895

*Dr. Brinkerhoff, 40 McVicker's Bldg., City.*

Dear Sir:—Answering your favor of April 2, I have nothing but praise for the Brinkerhoff System and have repeatedly recommended it to suffering acquaintances and spoken of my cure to such as you have sent to me for my "testimony," and I shall continue to do so, but I cannot help feeling a slight hesitancy in putting myself in print.

I never mention my past trouble except under very extraordinary circumstances. I would prefer, therefore, that you leave me out of the book, but I shall always be ready to bear witness, *viva voce*, to the efficacy of your system of treatment.

Prominent business man; treated 1891.

Very truly yours,

A. H. R.

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**NO. 51**

LODEMIA, ILL., April 10, 1895.

*Dr. W. C. Brinkerhoff.*

Dear Sir:—Previous to placing myself under your care my family physician diagnosed my diseased condition as heart difficulty, advising me that it would be necessary, temporarily at least, to abandon my ministerial work. Since your treatment of hæmorrhoids, with which I was severely afflicted, the heart trouble has disappeared.

I have lost no time from my labors and have never been more capable of performing duties incident to my calling than at the present time. By the advice of some whom you had cured I was led to apply to you for help. I consider your treatment a grand success.

REV. J. H. HOBBS, Member Central Illinois Conf.

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**NO. 52**

SPRINGFIELD, OHIO, April 8, 1895.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

Dear Sir:—In reply to yours of March 28th will say that you treated me for rectal ulcer in 1887, with which I had suffered for some time, and that I was entirely cured and have enjoyed good health ever since.

I take pleasure in recommending the Brinkerhoff System as practiced by yourself.

Yours very truly,

F. E. VANSICKLE, 147 W. High Street.

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**NO. 53**

CHICAGO, ILL., April 10, 1895.

*Dr. W. C. Brinkerhoff.*

Dear Sir:—Yours of April 4th is received. If there is still any remains of the old difficulty, I do not experience any pain or inconvenience at present. My condition was such that I was almost disabled when I first went to you, and you gave me immediate relief by the Brinkerhoff method of treatment. I naturally hesitate to have my name appear in print, but am perfectly willing to have you refer anyone to me. If others could be benefited as I have been, I should be only too happy to persuade them to resort to your effective mode of treatment.

Respectfully,

MRS. J. H. . . . ., Drexel Boulevard.

In three months after first treatment this lady started upon an extensive trip to foreign lands, during which she experienced no discomfort whatever.

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**NO. 54**

AURORA, ILL., April 14, 1895.

*W. C. Brinkerhoff, M. D.*

I was a sufferer with the piles for six years. I suffered till October, 1889, when I read of the Brinkerhoff treatment and at once started for Chicago where I put myself under your care and have not been troubled with the piles since. I recommend to anyone who is afflicted with piles in any form or nature to put themselves under the Brinkerhoff treatment.

Yours respectfully,

MATT HASTERT, 359 Liberty Street.

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**NO. 55**

OFFICE LAKE SHORE & MICHIGAN SOUTHERN RY. CO.

*W. C. Brinkerhoff, M. D.*

CHICAGO STATION, April 6, 1895.

Dear Sir:—The history of my case as requested by you is as follows: About sixteen years ago I became afflicted with piles but foolishly gave no attention to the affliction (thinking that time would cure), until my suffering was past description. I had to get relief or die, so I applied to first one doctor, then another until I had been treated by six different doctors with no results other than to increase my sufferings.

One doctor (and quite a prominent one, too,) treated me with caustic, which, to say the least, was worse than "ancient barbarism." I suffered a living death. I chanced to see in a Chicago paper that "Dr. W. C. Brinkerhoff made a specialty of treating rectal diseases;" and went to you for an examination; you said you could cure me, but I had been told the same by six other doctors and was rather skeptical, but finally decided to try again; the result was that you cured me and the cure has been permanent.

After suffering about twelve years with piles, being tortured by six prominent doctors, trying all the patent remedies, I frankly say that the Brinkerhoff System proved the only reliable treatment in my case.

Respectfully yours,

W. I. NORMAN.

Treated 1889.

**NO. 56**

*Dr. W. C. Brinkerhoff.*

AUSTIN, ILL., April 11, 1895.

Dear Sir:—I suffered with piles for ten years and the last three years of that time my suffering was almost unbearable. I tried nearly every pile remedy I heard of and could get, but none seemed to benefit me; also tried several doctors; one of them advised an operation, which he performed and put me in bed for seven weeks, and inside of a year I was worse than before; he said that unless another operation was performed I could not live. Having had enough of the knife, I called on you for treatment in 1888, and from that day I began to improve and the next week I went to work and never lost a day. I had given up all hopes of being cured and was much emaciated. I am now and have been for six years entirely well.

Very respectfully yours,

J. D. HALL, 5332 W. Ontario Street.

**NO. 57**

OFFICE OF C. F. WENHAM,

GENERAL STEAMSHIP AND RAILROAD TICKET AGENT, 48 E. ADAMS ST.

*Dr. W. C. Brinkerhoff.*

CHICAGO, April 16, 1895.

Dear Sir:—In reply to your inquiry of April 2nd would say your treatment of me for hæmorrhoids has proven eminently successful and would say that your entire treatment has not caused me anywhere near the amount of pain which I suffered at the hands of another physician who made an examination of my case a short time previous to my coming under your care, and who advised me nothing would do me any good except a knife operation. It was through persons whom you have cured that I came to you for treatment and I am more than satisfied with result.

Yours truly,

C. F. WENHAM.

**NO. 58**

*W. C. Brinkerhoff, M. D.*

CHICAGO, ILL., April 11, 1895.

Dear Sir:—In reply to your letter of April 3d, would say that my symptoms when I applied to you were, bowels protruding, bleeding after every stool and a constant discharge; also a constant itching and at times severe pain. I had been troubled for about four years; had never taken local treatment but had used so-called pile cures and also got prescriptions from different physicians, but the trouble got worse all the time. I am very glad to say that I have never had any trouble of

the kind since you treated me, nor any symptoms of it. I am still engaged in the same kind of work (train baggageman) that I was when taking your treatment and have been ever since. I am also, I suppose owing to my irregular habits, still troubled with constipation and on that account I feel as though I must be thoroughly cured of the piles, as, if there was going to be a recurrence of the trouble, there has been plenty of opportunity.

Treated 1890.

Yours very truly,

W. S. CRAIG, 1731 106th Street. Station 48.

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**NO. 59**

CHICAGO, April 16, 1895.

*Dr. W. C. Brinkerhoff.*

Dear Sir:—Four years ago I was suffering with a very bad case of fistula. My family physician informed me that the only cure would be in a surgical operation. But learning through a friend of Dr. Brinkerhoff's method, I immediately put myself under his treatment, and without the use of the knife, and without a single day's loss from my business, he brought about a perfect cure. In the years since I have never seen any sign of a return of the trouble.

In these days when the surgeon's knife is so freely used and so often with fatal results, I deem Dr. Brinkerhoff a great benefactor to mankind.

Treated 1889.

WM. A. FULGHUM, 367 Bowen Avenue.

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**NO. 60** OFFICE P. A. REGAN & CO., GENERAL MERCHANDISE,  
816 & 818 MAIN STREET,

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

BOISE CITY, IDAHO, April 15, 1895.

Dear Sir:—I have your letter of the 3rd inst. It is now nearly four years since you treated me for hæmorrhoids, and I assure you I have naught but words of praise for your treatment. As you will no doubt remember, it was a case of life or death for me when I went to you for treatment. Dr. Brown of Hailey, Idaho, said I could not live six weeks if I was not properly treated, and started me for Chicago, and you. Your treatment is marvelous in its results and I unhesitatingly recommend it to all.

You will remember me as I was when I reached Chicago, (weight about 130 lbs.,) well, I weigh 194 pounds now, and I am ready to run any youngster a foot race for a couple of blocks and will make him "sprint" if I don't get there first.

I wish you all manner of success, and with my thanks and best wishes, I am,

Sincerely yours, P. A. REGAN.

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**NO. 61**

OFFICE O. W. RICHARDSON & CO.

CARPETINGS, CURTAINS, RUGS, ETC. Wabash Ave., Cor. Congress St.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

CHICAGO, April 17, 1895.

Dear Doctor:—I am always glad to recommend the Brinkerhoff treatment for rectal troubles, as I was treated so successfully. My opinion is that many members of the profession, even the most prominent, do not treat rectal troubles as thoroughly and satisfactorily as they should. My family physician; who is a prominent M. D. of Chicago, made an examination of my case sometime before I visited you for treatment, and the suffering I was compelled to undergo as the result of only a partial examination was such as to make me dread even the idea of submitting myself to treatment. The examination was only partial, as the pain was so intense that I

could not have a complete examination. But the comfort afforded me while under the Brinkerhoff treatment and its success in my case, leads me to say that while undergoing treatment at your hands I did not suffer during my **WHOLE TREATMENT** one tenth part of the pain I experienced by the **ONE PARTIAL EXAMINATION** at the hands of my family physician. If I had submitted to treatment at other hands I was told I would be required to take an anæsthetic and remain in bed for three weeks, which would mean four weeks' detention from business; as it would have required one more week to have regained my strength; whereas according to your advanced treatment I lost no time at all, being detained only a few moments at your office a few times.

Very truly,

L. S. TIFFANY.

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**NO. 62** MUTUAL RESERVE FUND LIFE ASSOCIATION.

C. H. BECKWITH, Special Rep.,

R. 404, Security Bldg., Cor. Madison St. & 5th Ave.

CHICAGO, January 1, 1895.

*Dr. W. C. Brinkerhoff, McVicker's Theatre Bldg, City.*

My Dear Sir:—It has been on my mind for some time to write you and express my sincere gratitude to you for your kindly, skillful and effective treatment of my stubborn case of Piles or Hæmorrhoids.

I had suffered greatly with them for many years; tried various physicians and remedies, and you are aware that the severity of my case was most serious. Never till you undertook my case did I find a speedy and easy cure, and there are many suffering from that distressing affliction who should know of your careful, safe and effective treatment, which seems to me to be the only radical cure.

Most Cordially Yours, C. H. BECKWITH.

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**NO 63.**

ROCKFORD, ILL., April 15, 1895.

*Dr. W. C. Brinkerhoff, Chicago, Ill.*

Dear Sir:—Speaking of your treatment, I had rectal trouble for fifteen years and had doctored with the best physicians in Rockford and received no benefit. I was where I could not have lived much longer when I came to you for treatment. I took the Brinkerhoff treatment and now am well.

I would cheerfully answer any letter that was sent to me, and you can use my name if you so desire.

Yours respectfully,

MRS. AUGUSTA HARDY,

216 North Third Street, Rockford, Ill.

## REFERENCES.

### BUSINESS AND PROFESSIONAL MEN OF CHICAGO.

NAME.	YEAR TREATED.	BUSINESS OR PROFESSION.	ADDRESS.
Aldrich, J. R.	1894-5.	Confidential Clerk, Greer, Mills & Co.,	47 Exchange Bldg., Stock Yards
Beckwith, C. H.	1889.	With Mutual Reserve Fund Life Ins. Co.	City
Billings, A. M.	1884.	President Home National Bank.	504 W. Lake St
Bohnstedt, Chas.	1890.	Post Office Employee.	Registry Division
Boles, F. T.	1894.	Sec'y Lord & Bushnell Lumber Co.	Fisk St., near 22d
Becker, Albert C.	1892.	Cigar Dealer.	Home Insurance Bldg
Bauland, Jacob.	1894.	Merchant.	"The Bee Hive", 174 State St
Brinkerhoff, Abram B.	1892.	Freight Agent.	C. & N.-W. R. R
Bourke, Edward L.	1894.	County Treasurer's Office.	Res. 604 Congress St
Carey, C. N.	1895.	Sec'y Carey Lombard Lumber Co.	218 Home Ins. Bldg
Carle, H. M.	1890.	Keystone Watch Case Co.	103 State St
Cameron, J. R.	1892.	With United Glass Co.	1417 Manhattan Bldg
Craig, S. E.	1895.	Silk Department Mandel Bros.	123 State St
Dennis, H. H.	1894.	No. 2, Board of Trade.	
Dunlap, Stuart A.	1890.	Merchant Tailor.	129 Dearborn St
Darnell, Riley.	1890.	Shirt Manufacturer.	Cor. La Salle and Madison Sts
Day, Chas. A.	1894.	Coal Trade Com. Agency.	Champlain Bldg
Dunn, John.	1894.	Ass't to Pres. I. C. R. R.	Care I. C. R. R
Elmslie, John.	1894.	With Armour & Co.	4443 Champlain Ave
Faron, Robert.	1890.	Engineer.	376 E. Chicago Ave
Forshee, G. R.	1891.	Painter.	722 Root St
Goodrich, E. H.	1892.	Diamond Merchant.	90 E. Madison St
Gottig, C. H.	1893.	Architect.	Grand Opera House
Gunther, C. E.	—	Confectioner.	212 State St
Haskell, J. W. C.	1891.	Trunk Manufacturer.	52 Madison St
Heafield, L. S.	1895.	Lumber Dealer.	242 S. Water St

NAME.	YEAR TREATED.	BUSINESS OR PROFESSION.	ADDRESS.
Herbert, M. B.	1889.	Book-keeper.	462 Webster Ave
Hotchkiss, Geo. W.	1890.	Pres. <i>Lumber Trade Journal</i> .	Evanston, Ill
Haines, Geo. W.	1891.	Real Estate.	519 Chamber of Commerce
Halleman, A. H.	1890.	Pres. Wis. Stone & Lime Co.	Loomis St. & W. 15 Pl
Harahan, James T.	1894.	Second Vice-Pres. I. C. R. R.	53 E. Fifty-Third St
Kelly, M. W.	1890.	Manufacturer.	Columbus Club
Lewis, Wm.	1891.	Violinist, Dealer in Musical M'dse.	226-228 Wabash Ave
McDannold, Judge J.J.	1891.	Attorney, Ex-Congressman.	1213 Ashland Block
McLain, Andrew J.	1891.	With Cook & McLain.	80 Dearborn St
Minard, A. J.	1895.	With Chas. P. Kellogg & Co.	233-235 Market St
McMillan, E. E.	—	Attorney.	Ashland Block
Micheals, C. D.	1891.		28 Sherman St
Morris, Chas.	1890.	With Stanton & Co.	54 E. Madison St
Newman, Jacob, Jr.	1892.	Merchant, "The Bee Hive"	174 State St
Oliver, C. M.	1894.	Park Police.	215 Newbury Ave
Pennywell, M. F.	1892.	Salesman.	46 S. Canal St
Pfaff, W. A.	1893.	With Manhattan Life Ins. Co.	416 Marquette Bldg
Pohl, Rev. August.	1894.	Pastor Swedish Mission.	Thirtieth and La Salle Sts
Reece, A. M.	1894.	Wholesale Merchant.	4317 Drexel Boulevard
Rinker, A. S.	1892.	Public Schools.	490 Potomac Ave
Rich, S. M.	1893.	Clerk.	464 Warren Ave
Rowe, P. A.	1894.	With <i>Chicago Evening Journal</i> .	161 Dearborn St
Rosenthal, B. J.	1891.	Merchant, "The Emporium"	152 State St
Ruddock, Chas. H.	1888.	Lumber Dealer.	468 Washington Boulevard
Scott, Wm.	1894.	Book-keeper.	1237 Montana St
Strom, E. G.	1891.	Foreman.	225-235 W. Twelfth St
Smith, B. M.	1892.	Librarian.	Public Library
Spaulding, H. H.	1890.	Jeweler.	243 State St
Story, Allan C.	1891.	Attorney at Law.	108 La Salle St
Straith, Geo.	1888.	With Clement, Bane & Co.	Adams and Franklin Sts
Tiffany, L. S.	1892.	With O.W. Richardson & Co.	Wabash ave., cor. Congress
Thomas, Rev. Dr. E. H.	1891.	Pastor People's Church.	535 W. Monroe St
Thiele, H. H.	1893.	Musical Director.	1623 Dewey Court
Witkowsky, Samuel.	1891.	With Ederheimer, Stein & Co.	Market and Jackson Sts
Wolf, M. Albert.	1890.	Cigar Dealer.	79 Dearborn St

**THE FOLLOWING LADIES HAVE KINDLY CONSENTED  
TO THE USE OF THEIR NAMES AS REFERENCE  
AND ENDORSE THE TREATMENT.**

NAME.	YEAR OF TREATMENT.	RESIDENCE.
Billings, Mrs. A. M.....	1884..	504 W. Lake St.....Chicago, Ill
Crane, Mrs. W. E.....	1890.....	Mt. Sterling, Ill
Haight, Mrs. H. M.....	1888..	12 Loomis St.....Chicago, Ill
Hardy, Mrs. Augusta.....	1893..	216 North Third St.....Rockford, Ill
Ketcham, Dr. Julia.....	1894..	Physician, 78 State St.....Chicago, Ill
King, Mrs. F. E.....	1891..	P. O. Box 154.....Racine, Wis
Kiefer, Mrs. Chas. L.....	1893..	426 Twenty-First St.....Milwaukee, Wis
Lanphear, Mrs. G. E.....	1892..	422 Marshall St.....Milwaukee, Wis
Mackay, Mrs. H. D.....	1893..	Care H. D. Mackay, Pres. St. L. S. & S. R. R.... .....Olden, Mo
Madsen, Mrs. K.....	1891..	1199 Milwaukee Ave.....Chicago, Ill
McKee, Mrs. Jas. F.....	1888.....	Rockford, Ill
McCormick, Miss M. E....	1891..	2301 North Ashland Ave.....Chicago, Ill
Osborn, Mrs. G. L.....	1893..	1203 Rock Island St.....Davenport, Iowa
Pope, Mrs. E. M.....	1887..	87 North Market St.....Wooster, Ohio
Rounseville, Miss M. E....	1893.....	Waupun, Wis
Shurtleff, Mrs. Mary G....	1890.....	Sycamore, Ill
Smith, Mrs. Wm.....	1893..	723 Belleforte Ave.....Oak Park, Ill
Shotwell, Mrs. J. T.....	1890.....	Deadwood, S. Dak
Simpson, Mrs. R.....	1891..	420 Forty-Second Place.....Chicago, Ill
Stuart, Mrs. J. D.....	1894.....	La Grange, Ill
Thompson, Mrs. Mary M..	1890..	5761 Wabash Avenue.....Chicago, Ill
Tousley, Mrs. W. H.....	1892..	5952 Wentworth Ave.....Chicago, Ill
Yoakam, Mrs. W. W.....	1887.....	Lima, Ohio

**THE WIDE REPUTATION THE BRINKERHOFF TREAT-  
MENT HAS OBTAINED IS EVIDENCED BY THE DIS-  
TANCE PEOPLE HAVE TRAVELED TO BE TREATED  
AS SHOWN BY THE FOLLOWING REFERENCES.**

NAME.	YEAR.	OCCUPATION.	ADDRESS.
Aldrich, E. G.	1890.	Farmer	Tampico, Ill
Badger, Wm. C.	1891.	Stock Raiser	Mandan, N. Dak
Ballard, L.	1889.	Merchant	Cherokee, Ia
Battis, H. L.	1894.	Manufacturer	Oshkosh, Wis
Bernhardt, Frank	1893.	Tailor	Beloit, Wis
Bowe, M. H.	1894.	Real Estate	Fond du Lac, Wis
Bradley, Chas.	—	Merchant	Fairbury, Ill
Browne, Hamilton	1893.	Pres. Lower Vein Coal & R. R. Co.	Boone, Iowa
Cadwallader, A. R.	1892.	Banker	West Lebanon, Ind
Covel, J. D., M. D.	1890.	Physician	Forreston, Ill
Dale, A. J.	1895.	Dentist	Washington, Ind
Forbes, Alex. D.	1893.	Pres. Malleable Iron Works	Rockford, Ill
Goff, J. R.	—	Cashier First National Bank	Columbus, Wis
Grant, B. A.	1891.	Ex-Mayor, Manufacturer	Lockport, Ill
Giloth, Phillip P.	1894.	Engineer	416 Marshall St., Milwaukee, Wis
Haviland, M. H.	1890.	Insurance Adjuster	Marshalltown, Iowa
Harwood, W. S.	1890.	Lumber Merchant	Bloomington, Ill
Kendall, W. N.	1880.	Manufacturer	222 S. Washington St., Muncie, Ind
Lange, L. A.	1891.	Assemblyman, Editor	Fond du Lac, Wis
Lebel, Samuel	1891.	Merchant	Fond du Lac, Wis
Lawrence, A. J.	1894.	Merchant	Maquoketa, Iowa
Meyers, Ernest	1892.	Wholesale Liquor Dealer	Albuquerque, N. Mex
Mauldner, Chas.	1895.	Machinist	Diamond S. M. Co., Arlington Heights, Ill
Maiken, D. A.	1895.	Merchant	Albia, Iowa
McC—, A. S.	1887.	Member of Congress	Ohio
Pebbles, Frank	1890.	Portrait Artist	Oak Park, Ill
Pfingston, G. E.	1890.	Merchant	Odell, Ill
Pahlman, H. J.	1894.		Naperville, Du Page Co., Ill
Putt, G. T.	—	Merchant	126 154th St., Harvey, Ill
Quentmeyer, L. G.	1891.	Tailor	130 Grand Ave., Milwaukee, Wis
Reagan, P. A.	1890.	Merchant	Boise City, Idaho
Rock, Louie E.	1891.		35 Norman Flats, Milwaukee, Wis
Rust, W. A.	1894.	Pres. Bank of Eau Claire	Eau Claire, Wis
Sands, F. B.	1889.	Lumber Dealer	Belvidere, Ill
Shotwell, J. T.	1890.	Lumber Dealer	Deadwood, S. Dak
Tristram, J. E.	1895.		309 Maple Ave., Oak Park, Ill
Work, W. A.	1892.	R. R. Employee	Clinton, Iowa
Worth, P. W.	1892.	Merchant	Buckingham, Ill

PART SECOND.

To advertise, or not to advertise; that is the question; whether 'tis nobler in the mind to keep the public in ignorance of our existence, and thus conform to Ethics' musty rule, or to take arms against some members of our profession and thus offend them? To live; to prosper; still more; to extend the usefulness of our existence by the proper use of printer's ink and **cure** the ills that flesh is heir to is a consummation devoutly to be wished.

## MEDICAL CODE OF ETHICS.

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### THE "CHICAGO TRIBUNE'S" DEFINITION AND APPLICATION OF THE TERM "MEDICAL QUACK."

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#### INTRODUCTORY.

The following pages will be devoted to the defense of a position that the author maintains is a just one, and one that affords much needed information to suffering humanity.

The act of a specialist announcing to the public his special line of practice through the columns of the press, and also his manner of treating cases in such special lines will be claimed as honorable, an act of humanity and undeserving the censure of the Medical Profession. The unpleasant position in which the Illinois State Board of Health placed itself (because of opposing advertising specialists) and the subsequent payment of One Thousand (\$1,000) Dollars by the Board, or its friends, appears as a monument of the folly of longer endeavoring to prohibit members of the Medical Profession the privilege of advertising in the medium that reaches the masses—the newspaper.

The action of the prominent lights of the Medical Profession in organizing and establishing private hospitals in order that they may advertise the hospital (the M. D. being the beneficiary) and thus be able to claim that they (as physicians) do not advertise, is a very transparent way of avoiding the charge of being "advertising Doctors." The object of these hospitals is to enable the M. D's. connected with them to be considered "Regular" and yet benefit by the dissemination of information to the public of their (the M. D's.) profession. The names of the M. D's. financially interested in the hospital invariably appear as superintendent or consulting physician or surgeon. The object is to advertise the surgeon, using the hospital only as an advertising medium.

The definition of the word "Quack" (with its proper application) by *The Chicago Tribune* will be a feature well worthy the reader's close perusal, be he physician or layman. It will be maintained that the proper and only just use of the word "Quack" (medical) is when it is applied to those physicians (regular or advertising) who are ignorant and inexperienced.

## THE MEDICAL CODE OF ETHICS.

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### ITS OBJECT AS APPLIED TO ADVERTISING.

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The American Medical Association is a national organization of Physicians and Surgeons of the United States. Upon investigation it is found that the President, Vice-President, Treasurer, and many of its minor officers 1894-5 are Medical College Professors, while the active membership is composed largely of Professors, Hospital Surgeons, Medical Journal Publishers and State Board of Health members. This association has formulated what it calls a "Code of Ethics," which is supposed to govern the members of the medical profession in their dealings with each other and their relation to the public. The professed object of this Code is to elevate the Profession and keep it within circumscribed bounds of so-called professional propriety. The physician who deviates from the Code subjects himself to the charge, by the profession, of being irregular, unprofessional and a (so-called) Quack. It does not require much study of this Code and the Association, which is ostensibly governed by it, to see it and the Association in their true light. The world is familiar with the history of trusts. The sugar trust, whiskey trust, etc., etc., but people have never given the matter a sufficient amount of consideration to realize that the United States can boast (?) of a Medical Trust. More properly speaking, it should be termed a Medical Professors' Advertising Trust.

The people have overlooked this Trust because of their failure to observe any object to be gained by such an organization and because of their belief that a professor of medicine is such because of his ability, and THAT only. The facts, however, are often contrary to such belief. Medical colleges, excepting those under State control, are joint stock organizations. The corporation is organized in the same manner and form as are manufacturing corporations.

In a manufacturing or banking concern he who controls the greatest amount of stock is the President, while the same is true of the Medical College. The officers of a manufacturing concern, usually, are elected in accordance with the amount of stock controlled by each individual. Physicians who control the larger holdings of stock in a Medical College elect themselves to the important professorships, while the small stockholders of the corporation secure the adjunct (assistant) professorships. That the object of a trust in medicine

may be explained it has been necessary to refer to the organization of colleges. The great object of such organizations is not for the financial return which a medical college creates for itself (as most of them are, financially, losing investments) but for the reputation and financial return, accruing to the ORGANIZERS of the medical school because of their having obtained the rank of Professor which carries with it the impression (to the public mind) of great learning and ability.

Think of it: Yesterday ordinary Dr. Jones, Brown or Smith, today, after an investment of from \$500.00 to \$5,000.00, the transformation reveals *Professor* Jones, Brown or Smith. The professor is now ready for the benefits of a trust, Medical College professorships are the best advertising mediums open to members of the profession who adhere to the Code of Ethics. The prefix "Professor" is valuable, the advertising matter mailed by medical colleges containing the "Professor's" office address, special line of practice, etc., is more valuable.

The patients sent or brought to the Professor by the graduates from the College (those cases that the newly graduated physicians cannot handle successfully) prove most valuable, as they are often people of means and able to pay the fees of from \$500.00 to \$1,000.00 that are often charged for knife operations. The student who brings or sends the patient receiving a portion of the fee.

The Professor obtains these cases because HE IS PROFESSOR. Were he ordinary Dr. Jones, Smith or Brown he would likely live in comparative oblivion, were he to adhere to the Medical Code of Ethics and do no advertising.

It is human nature for a class of men when they monopolize a valuable article to protect their interests. Hence the Code of Ethics. It is formulated to prevent all forms of advertising excepting that done by physicians who are associated with colleges or hospitals. As but very few physicians can be professors (they are now too numerous) the great majority of physicians are debarred from, in any way, making themselves known. However, the Code of Ethics has not been able to restrain all physicians from making themselves known by other means of advertising. So soon as a disposition on the part of members of the profession, who were not professors, to use other means of advertising was manifested an effort was made to prevent such liberty by securing the enactment of laws to deprive physicians of their practice if they deviated from the Code.

The State Board of Health of Illinois was empowered by legislative enactment to revoke, or refuse to grant certificates to practice

medicine or surgery within the State because of unprofessional conduct. The Board of Health construed advertising (if not associated with a medical college or hospital) to be "unprofessional conduct" and without any other cause refused the author (1888) a certificate to practice within the State. This action being so evidently unjust, I (being a regular graduate in medicine and surgery) contested the Board's right to refuse me a certificate, with the result that in about three months from the first refusal my certificate was granted and the sum of One Thousand (\$1,000) Dollars was paid by the Board, or its friends, because of failure to grant the certificate promptly when application was made.

Since this high-handed proceeding of the Illinois State Board of Health, which met with defeat, there has never been (to my knowledge) a certificate refused or delayed because of advertising. The Board has abandoned its illegal efforts to prevent graduated physicians and surgeons from pursuing their profession. There exists a curiosity under this wonderful Code of Ethics. According to the construction put upon it (the Code) a surgeon can fit up a hospital (not necessary to have more than two or three beds) and advertise that all manner of operations will be performed. A circular printed in red ink was recently issued by a Medical College Professor of Chicago, a portion of which reads as follows:

"There is no training school connected with this hospital. No patient will, therefore, be in the hands of unskilled nurses. The anæsthetics are given by Dr. ———, who has had large experience and great success in producing pleasant and uncomplicated narcosis. The hospital fees must be paid invariably in advance. Room and board are furnished for \$10.00 a week, \$15.00 a week and \$20.00 a week, depending upon the room. A fee is made for each surgical operation to correspond with the requirements of the case, and the ability of the patient to pay. Where a special nurse is required, her services must be paid for by the patient, usually at the rate of three dollars per day."

This form of advertising is perfectly regular, but let the same surgeon advertise to perform operations (not having the hospital to hide behind) and the profession would cry, "Quack!" "Quack!" "Quack!"

The author does not wish to be understood as denouncing the form of advertising employed by college professors, or hospital surgeons; but the bitterness with which they denounce other physicians who endeavor to make themselves known to the public through other channels is most certainly ill-timed so long as the Professors persist in advertising themselves.

Consistency would demand that they sever their connection with college and hospital if they continue to denounce those who advertise or else submit themselves to the charge of professional hypocrisy.

*The Chicago Tribune*, the greatest of western dailies, has not failed to observe the incongruities of the Medical Code of Ethics as evidenced by an editorial which appeared in its columns March 12, 1895, and which is reproduced below, together with an article which appeared in its columns March 25, 1895.

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(*Editorial Chicago Tribune.*)

### WHAT IS A MEDICAL "QUACK"!

Webster's definitions of a quack are as follows: "A boastful pretender to medical skill; an empiric; an ignorant practitioner. Hence, one who boastfully pretends to knowledge not possessed; an ignorant and pretentious practitioner in any branch of knowledge; a charlatan; a mountebank." The National Medical Dictionary (John S. Billings, A. M., M. D., etc.) defines the word thus: "One who publicly professes to have knowledge and skill which he does not possess."

If the medical organizations adhered to these definitions of the word there would be no reason for fault-finding. But they do not. Instead of that they have adopted a code of so-called "ethics," under which any member of the profession is rated as a "quack" if he advertises his ability to the world, no matter how great that ability may be. The question of skill or knowledge does not count. Their test of quackery is advertising and paying for it. But they do not object to notices in the public press which are not paid for, and some of the strongest sticklers for "professional propriety" do not scruple to secure these in an underhanded way. Less than two years ago an Ohio doctor denounced advertising men (quacks, he called them) in scathing terms at a meeting of the American Health Association in Kansas City. But an editor residing near the home of this man writes that the doctor "has time and again stopped the writer on the street, handed me money, requesting that we make mention of the improvement certain cases were making under his care." Two or three years ago a professor of surgery in a regular medical college in this city became interested in an organization the professed object of which was to render medical services to the worthy poor at minimum expense. It was advertised by the issuance of a small prospectus, and immediately thereafter the doctor was summoned before the Chicago Medical Society

and ordered to "discontinue his quackery." In this instance it was not a public profession to have knowledge the gentleman did or did not possess but an offer of medical services to the poor at reduced rates, which offer was advertised in a quiet way, that was pronounced to be "quackery."

This is an evident misuse of the term. The word "quack" does not mean an advertising physician, unless he at the same time be ignorant and inexperienced, advertising himself as prepared to undertake work when in reality he is not duly qualified therefor. The rule takes no cognizance of the great changes that have occurred in business within the last few years, among which is the adaptation of the advertising columns of the newspaper to a vast variety of information that formerly must have been circulated through other channels if at all. If the advertising "doctor" of a century or more ago was an ignorant pretender that is not necessarily the case now. On the contrary, many of those who advertise have had the same opportunities of medical schooling and been required to pursue as thorough a course of study as those physicians who do not advertise, or even as the college professor who occupies the position chiefly because of the prominence it gives him. Medical advertising in the columns of *THE TRIBUNE* or any other paper does not necessarily corrupt business morals, but it tends to add to experience and knowledge, because of increased practice. The regular physician has no more right to object to special advertising in his profession than has the proprietor of a dry goods store to cry out against competitors who advertise particular lines of goods; and those of the profession who cling to the old fashioned "ethics" will lay themselves open to the suspicion of being equally old fogyish in methods of treatment. If such suspicion were well founded they would be unworthy of confidence by a patient when a more progressive practitioner of the healing art could be procured, and it is strange they do not recognize the danger of their being rated as belonging to the school of the olden time, which was tolerated simply because nothing better was available.

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## DEFENDS ADVERTISING DOCTORS.

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### LIBERAL PHYSICIAN TALKS OF THE POSITION OF THE PROFESSION.

Chicago, March 23.—[Editor of *The Tribune*.]—Your issue of March 12, 1895, contained editorially a definition of the word "quack" and devoted some space to explanation of its proper and improper uses. I read your editorial with considerable interest, as my inclinations are liberal (from an ethical standpoint) upon the subject

of medical advertising. Why advertising (paid for) should be rank poison to one physician while a news article (free) is a panacea to another I have never been able to understand. In *Materia Medica* morphine is morphine the world over. Yet those physicians who raise the greatest hue and cry about the "quack" (as they call the advertising specialist) will smile with satisfaction and puff up with pride to be interviewed or have a favorable report of some operation (by the physician) carefully outlined in the columns of the press.

"Doctor" of Centralia, Ill., in a letter published in your columns March 18 criticising your editorial virtually admits the above to be true when he says "physicians are like other men; they love to be noticed and see their names in print." Why? Because favorable mention extends and increases their practice. I do not suspect "Doctor" meant he loved to see his name unfavorably mentioned. While I do not feel it necessary that I should attempt to assist THE TRIBUNE in the defense of its position, I cannot refrain from going into "Doctor's" letter still further, hoping thereby to learn something.

"Doctor" Says: "Suppose a preacher would advertise in bold headlines that he was a great preacher and had been instrumental in saving 100 souls in the last year, a graduate of Northwestern University (would that not be creditable?) etc. The whole world would soon bring the charges down upon the head of the preacher of being a money preacher." Would this be true? If that preacher (by advertising that he had saved 100 souls in one year) could save 200 souls the second year, and a correspondingly increased number each year (as a result of advertising), then I say, for the sake of humanity, religion, and morality, God speed the day when the ministers become advertisers. Does "Doctor" denounce that great bulwark of goodness, humanity, and religion, the Salvation Army, because it parades the street with various musical instruments and banners to attract attention?

"But "Doctor's" argument has been in keeping with the medical code of ethics throughout. That code of ethics would have us confine ourselves to the doing of the least possible good imaginable, as the code also prohibits "announcement by a physician that the worthy poor would be treated free." We must limit our efforts to become established in practice. We must not tell any one we are alive, but breathe quietly on, and if, perchance, we are heard say nothing at our own expense, but if some newspaper who has discovered us announces the fact (free) to the public, we fold our hands and say amen. We are thankful that we are not as some other men in our profession who pay for their advertising.

"In conclusion, I would ask "Doctor" the following questions: (1) What is a quack? Kindly give a definition. (2) Does advertising transform a competent physician and make of him a "quack"? (3) Does membership in some medical society and adherence to the code of ethics prevent a man from being a "quack"? (4) Are there not "quacks" (inexperienced practitioners of medicine) in the so-called regular profession? (5) If a surgeon can skillfully amputate a limb, will the insertion of an advertisement to that effect in THE CHICAGO TRIBUNE destroy his skill?

"Doctor's" answer to the last question must be "No." It can be nothing else. Then answer this last question: Why do you call physicians who advertise (and who are regularly educated and graduated) quacks?

LIBERAL M. D.

## APPENDIX.

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I have felt it my duty in preparing this small work to discourage as much as possible the indiscriminate use of the knife, ecrasure, cautery and ligature (for hæmorrhoids) in treating diseases of the rectum. The frequency of operations upon the rectum, especially when many of them can be avoided, is deplorable and at this date is a burning example of "man's inhumanity to man." For nearly twenty years the Brinkerhoff System has been in daily use and as yet no deaths can be charged against it.

The statements in this small work show that at least one hundred and thirty-five thousand (135,000) treatments have been performed by five SPECIALISTS with no deaths. I have affidavits, from physicians, in my possession, showing an additional sixty thousand treatments with the same happy results. All treatments according to the Brinkerhoff System. The total of one hundred and ninety-five thousand (195,000) treatments would represent a total of twenty-seven thousand eight hundred and fifty seven cases treated by the Brinkerhoff System, allowing seven treatments to each case. This allowance is very liberal. I am inclined to the belief that the allowance of six treatments to each case would be more nearly correct. In comparison with this record I submit a few statistics as compiled by Dr. Edmund Andrews, of Chicago, a gentleman of much prominence in the medical profession of Chicago and for whom I have much respect. He reports the following as obtained from members of the medical profession concerning the injection treatment as used by the profession. The report shows a total of 3,304 cases. Deaths resulting from treatment, 13; embolism of liver, 8; sudden and dangerous prostration, 1; abscess of liver, 1; dangerous hæmorrhage, 10; permanent impotence, 1; stricture of rectum, 2; violent pain, 83; carbolic acid poisoning, 1; failure to cure, 19; severe inflammation, 10; sloughing and other accidents, 35.

The Doctor, no doubt, has afforded a true and correct statement in the above. I am compelled, however, to say to the profession that the formula which Dr. Andrews gave in his book to the profession, as containing Acidi Carbolici, oz. i; Olei Olivae, oz. v; Zinci Chloridi, gr. viii and purporting to be Dr. A. W. Brinkerhoff's formula for treatment of hæmorrhoids, is incorrect. There never has been "Zinci Chloridi" in the "Compound", and how the Doctor got it there is a mystery. The reader can form his own opinion of the safety of the Brinkerhoff System. I have presented statistics compiled by one of the most reliable M.D.s of Chicago, showing what the general practitioners of medicine have done in treating hæmorrhoids. Surgeons cannot show even so good a record. Statements made in this small work are sustained by these statistics.

The following extracts from an article written by E. P. Miller, M. D., a venerable practitioner of New York City, and published in the *New York Medical Times*, goes still further toward sustaining the claims I have made and the arguments I have advanced that surgical operations are dangerous, productive of much suffering, uncertain of good results and may terminate in death.

It is stated that Doctors Cooper and Edwards say of the Whitehead (knife) operation:

"The objections to Whitehead's operation are somewhat numerous. In the first place, it is not easy of performance, and the time required takes from twenty to thirty minutes.

Secondly, the bleeding is usually much more free than in any other method of operating. One objection consists in the fact that there is some risk of stricture of the rectum if the entire circumference be removed. The ligatures employed to unite the mucous membrane with the skin may cause ulceration and fistulae. The method is unsuitable whenever complications exist; and lastly, in the majority of cases hæmorrhoids can be cured by a far less serious operation."

According to Dr. Miller's article Doctors Cooper and Edwards say in writing of the injection method:

"The advantages of this method are that it does not necessitate confinement to bed, nor even the house, and no risks of life from hæmorrhage, tetanus, erysipelas or pyæmia. Abscess is a very rare complication. Patients commence to get better immediately after the first injection, and are able to attend to their usual occupation during the whole course of treatment. In this respect the operation contrasts very favorably with all others."

Dr. Miller himself says in reference to the injection method:

"This treatment has come to notice only within the last quarter of a century. It was first brought to public attention by Dr. Mitchell, of Clinton, Ill. It was subsequently greatly improved by Dr. A. W. Brinkerhoff, of Ohio. The treatment was so successful from the first that it became popular in the West, and there are now thousands of physicians who are using it throughout the United States. Their success depends very much upon the skill of the operator, and the extent of his knowledge as to how to apply the remedies used."

#### CLAMP AND CAUTERY.

In Dr. Miller's article Prof. Allingham says of this operation:

"In my opinion this operation has little to recommend it. As regards danger to life, after all the issue of greatest moment, as far as my most careful researches have led me to a conclusion, it is quite six times as fatal as the ligature, properly and dexterously applied."

#### LIGATURE. (FOR HÆMORRHOIDS).

Of this operation Prof. Allingham further says:

"Constantly some unhealed sore remains after the ligature. These sores much resemble varicose ulceration of the leg, and sloughing is an almost certain result.

In rare cases a tight hour glass contraction takes place. Usually the contracted part is ulcerated, the patient suffers from obstinate constipation, and cannot sit up without a sense of bearing down and great discomfort. I very often see this in the practice of others, and have had it occur in my own cases."









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