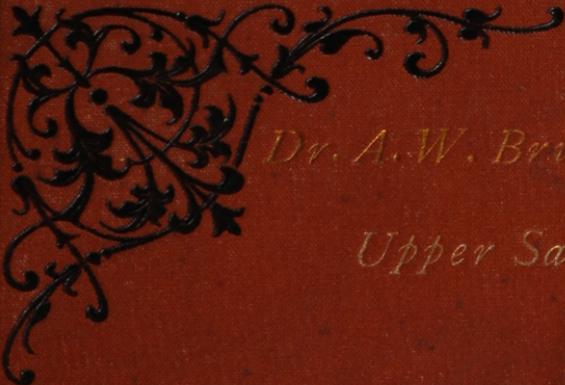


W1B
B858d
1881



DISEASES OF THE RECTUM
AND
PHYSICIANS MONITOR.



Dr. A. W. Brinkerhoff

Upper Sandusky, Ohio



NLM 00136362 4

SURGEON GENERAL'S OFFICE
LIBRARY

Medical Section
Section

Form 113c
W.D.,S.G.O.

No. 291351





Mr. Brinkerhoff, M. D.

DISEASES OF THE RECTUM

AND

NEW METHOD OF

RECTAL TREATMENT

BY

A. W. BRINKERHOFF, M. D.

UPPER SANDUSKY, O.

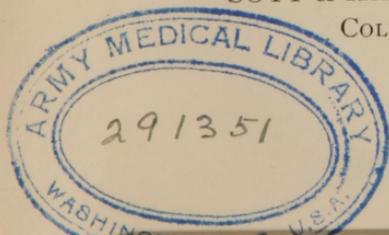
WITH CUTS SHOWING THE DISEASES OF THE RECTUM, AND INCLUDING AN ENTIRELY NEW AND ALMOST ABSOLUTELY PAINLESS METHOD OF TREATMENT.

THE WHOLE BEING A COMPLETE SYSTEM OF RECTAL TREATMENT BY MEANS OF NEWLY INVENTED AND PATENTED INSTRUMENTS, AND LATELY DISCOVERED AND PATENTED MEDICINES, PERFECTED DURING MORE THAN THREE YEARS OF CONTINUOUS AND DAILY PRACTICE AND THE PERFORMING OF MORE THAN THIRTY THOUSAND OPERATIONS WITHOUT THE LOSS OF A SINGLE PATIENT FROM TREATMENT, OR FAILURE TO CURE A SINGLE CASE OF PILES.

PUBLISHED BY THE AUTHOR.

COTT & HANN, BOOK PRINTERS,

COLUMBUS, O., 1881.



Anney

WIB-

B858d

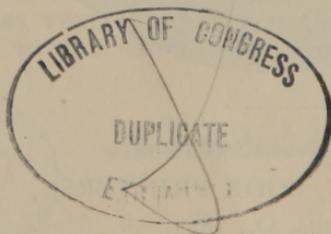
1881

Film 8608. item 3

Entered according to Act of Congress, in the year 1881, by

A. W. BRINKERHOFF, M. D.,

In the Office of the Librarian of Congress, at Washington.



DEDICATORY.

For the benefit of suffering humanity, to that liberal, just, and intelligent class in the profession of Medicine, where mind and actions are evidences of freedom to grapple with the afflictions of mankind, even when the refreshing shower falls from an unexpected cloud, are these unpretending pages respectfully dedicated by the

AUTHOR.

THE OBJECT OF THIS WORK.

The author's object in preparing the following pages is not to furnish the medical profession a strictly medical work on the "*Diseases of the Rectum,*" their treatment and cure, but instead of a work so dry as that would be, he will attempt the production of a readable book—one showing enough of those diseases to arouse both sufferer and *surgeon*—one showing the extent of this trouble—the sufferer's *great desire* to be *cured*—that there is a certain, safe and almost painless method of producing such cures, and which should be in the hands of *all physicians*, for the benefit of suffering humanity, regardless of every school or pathy, but which, by allopathists, generally, is neglected and spurned to a degree little short of criminality!—to show by unquestionable proof to the long afflicted ones that they can be cured by their family physician if he *will but do it*—to show the importance of employing, as a family physician, one who will cure the suffering, or stand before the world as unworthy the title borne by him ; in short, the author's object is to compel the physician to cure his suffering patrons, or induce them to employ only such as will bring *joy to their homes* ! He speaks of this not in an indi-

vidual but collective sense! If allopathists will not do this, then, sufferer, *join some other church!*

Mr. Allingham, of London, Eng., on page 117 of his work on "Diseases of the Rectum," third London edition, in speaking of "the injection of carbolic acid or other fluids into the substance of the pile," says:

"I have read in American pamphlets that the injection of carbolic acid into internal piles for the purpose of effecting radical cures is very commonly practiced in America, and that 'shoals of quacks' perambulate the country, armed with a hypodermic syringe, and a bottle containing a so-called secret remedy; this remedy being carbolic acid diluted in different ways, and of different strength: the favorite formula is equal parts of strong carbolic acid, glycerine and water. This treatment is strongly advocated by Dr. Cook, of the Kentucky School of Medicine, who obligingly sent me his essay upon the subject.

"I most sincerely hope he is in error as to the 'shoals of quacks' who employ this remedy; but if radical cures are effected, and no evil results, *the only objection I can see* is that the legitimate practitioner *loses his fee!*"

This is a very manly conclusion of Mr. Allingham! The treatment, or formula above referred to, I once used, but its method and severity are barbarous! That is what I call the "carbolic treatment" which I abandoned! "Shoals of quacks" may use it, and no doubt do. I know many allopathic M. D's, who tried it, and had no more sense than to use 20 drops in a single pile sack! The result can be better imagined than described.

My system, when fully adopted by the profession,

will effectually dispose of those “ shoals of quacks ” and put the fee in the pockets of the legitimate practice, where it belongs ! But think of the confession of that “ Kentucky ” doctor ! While the whole profession, in Kentucky, was sleeping on its ignorance, or, like lazy hounds, refusing to scent the fox—refusing to labor for the benefit of their suffering patients—sentinels asleep on their arms—they slept and suffered “ shoals of quacks ” to enter the line and rob them of their “ hard-tack ! ”

Astonishing! Because of ignorance, those educated, *medical generals* suffered “ shoals of quacks ” to enter their lines and heal their patron’s wounds ! Just what we, through this work, hope to prevent ! But the “ Kentucky School of Medicine,” nor no other school should thus complain, if its members will not be educated, and secure proper remedies for performing such cures ! Such persons, as Mr. Allingham intimates, deserve to lose their fees, until they rise above the “ quacks ! ” God grant that the quacks may yet *compel* them to learn wisdom—to act like true men.

INTRODUCTORY.

Nothing but seeming necessity impels me to take upon myself the arduous task which to others might be easy, of presenting to view some of the hidden diseases to which flesh is heir; and of trying to impress their destructive nature upon the minds of the members of a great profession like that of Medicine.

The busy bee goes forth and gathers its precious sweets from distant fields, and is praised by man for its industry. While, if in the field of Surgery or Medicine, man goes forth to heal and make happy the afflicted, the profession denounces him as a quack, and spurns him. The Saviour of mankind went forth with no less purpose. He charged his disciples specially, "to heal the sick," and yet the itinerant is now called a "fraud."

Well, like the busy bee, what I have gathered to store in this little hive, whether good, bad, or indifferent, whether practical or useful, whether worthless or valuable, whether milk for men or strong meat for babes, whether useful to suffering humanity or not, still it was all gathered in the itinerant's pathway, and as such I give it to the public.

My only regrets are, that, in the preparation of this work, I could not sit down like "book makers" and

steadily continue my work, so that all its parts might appear harmonious. Such, however, has not been my good fortune:—Sometimes in Ohio, then in Indiana, then again in one county and then in another, sometimes by daylight, and then by gas, near the midnight hour, just as I could catch an hour from business or sleep, have I been compelled to weave this web—to tie the broken threads—to keep the woof and warp in harmony, and at the same time try to do no discredit to the loom.

The task has been irksome, sometimes to the degree of almost causing entire suspension; and had it not been that some good to others might, in some way, result from my labor, most likely all would have fallen by the way.

But with a purpose steadily in view of making my discoveries and methods a complete system, I have, at great risk to health—if not to assumed reputation, continued my labors, until the child of my age, with all its shortcomings and imperfections, is before you! It is yet but an infant, but time and labor may make of it a *man*.

Among all the professions, there is, probably, no single one on earth, to which attaches so much responsibility as that of Medicine, or the healing art, in its various forms.

The human race is predisposed to the ills and maladies which afflict all flesh, and being always ready to violate the laws of health, and often in the very face of the fact of such violation. It became necessary that men should become skilled in the art of healing; and, hence, the world has to-day mighty armies of graduates in

Medicine. The great majority of such men have been schooled in the theories of a certain practice, and many of them, being mere machines, look not outside of the books which they studied for direction in such practice.

Into the hands of thousands of such men must other thousands of sufferers be placed for treatment. It is a matter of life or death, and on the skill of the physician must depend a return to health, while lack of skill, through ignorance, may be produced permatute death.

Such being the fact, every man who offers his services to the suffering as one who can cure them, should labor to make himself master of his profession, and acquainted with all, or at least the more common causes of suffering and death; and, at once be ready, without experiment, to give relief. In my own practice I have found this to be so far from the fact, so far as the treatment of rectal diseases are concerned, that I, to-day, stand amazed at the indifference of the general practice in regard to its duty in this direction.

There is no cause of suffering that affords to the general practice more of its financial success than chronic affections of different members or organs of the human system resulting from diseases of the rectum, and yet how few persons give them attention, or have the instruments by which to discover such diseases without pain, or at all.

You may travel the country over and you will seldom find a physician, although only a boy comparatively in years, who is not prepared, at a moments notice, to make a full and complete examination of the vagina, and womb. And yet, while the cause of the womb

trouble may be found by the aid of proper specula in the rectum, no provision, whatever, had been made for such exploration. Now, why is this? The physician who seeks the welfare of his patient should not couple curiosity with all such acts. He should remember that there are at least twice as many rectums as wombs, and that there are scores of rectal troubles to one womb trouble, as well as that most of the womb troubles result from greater troubles in the rectum, and that while they are steadily failing in treatment of effects of causes only, there need be no failure if they commence with the cause of the trouble.

In this matter I do not speak ignorantly, but from having seen what no other man in Ohio, if even in the United States, has seen, some of which, in cuts, I will lay before the reader's eyes in this work, which, I trust, in time, may lead him to more direct investigation of the causes of the sufferings of his patients, and to their cure.

The works on *Diseases of the Rectum* are neither numerous nor clear to the mind; to some extent they are more imaginary than real—describe the results from feeling more than seeing—and also describe an entirely different method of treatment for cure from that set forth in this work.

What I show by cuts and describe by words in this work has *been often seen by me*, and has in it not the least shadow of exaggeration or doubt, and with my instruments any man can see what I have seen as well as I.

My instruments have brought to light what before was darkness. That light enabled me to devise an en-

tirely new method of treating those diseases, which, in turn, resulted in the discovery of new medicines for treatment and cure. My method being new in all its features, successful beyond question, almost painless in operation and in effect, and after having performed more than *thirty thousand operations* without one single death, and no dangerous results from the operations, I am now ready to furnish it to the medical profession of the world—many members of which have already secured it—as “DR. A. W. BRINKERHOFF'S SYSTEM OF TREATING AND CURING HEMORRHOIDS AND OTHER RECTAL DISEASES.”

These discoveries and inventions were not the result of accident or momentary thought, but extended through months of earnest effort, much thought, and many experiments, and are now as scientific and certain as the needle that points to the pole, or north star; and although it may not be in my day, the time will come when the man who professes to cure disease will be compelled to make my discoveries a prominent feature of his practice.

But I must not, for one moment, suppose that all I say in this work will be received by the profession as true. Now very often truth is more earnestly attacked than error, and in this case I cannot help but expect to meet with expressed doubts and words of contempt from some of a great profession, because I, at this age, should seek to enlighten its members upon a subject of which they, as a rule, are so wholly ignorant, when they should have been well informed in relation thereto—should have been treating causes instead of effects.

Such being the fact I have much reason to expect such routine practitioners—but do not understand me as applying this term to all, but it applies to too many—to close their eyes even against the facts herein presented, because at variance with their received theories, and oppose that which is nevertheless true.

But, in this, there would be nothing really new or startling, for common sense and facts have often before been opposed by intelligence.

The Copernican system of astronomy was so bitterly opposed that the discoverer gave up the effort to enlighten his contemporaries, and those grand truths were hidden for ages more!

Newton's theory of colors was opposed by the learned, and branded with contempt, and he called a visionary speculator.

When Columbus presented his conclusions, from ripe consideration, that there must be a Western Continent to balance that with which "all the world" was acquainted, he was considered a lunatic, and his project was declared madness!

When Fulton, from the depths of his prolific brain, projected the idea of plowing the waters of the mighty deep, our lakes and rivers, by steam, he called down upon his well developed plans the derision of mankind!

Because DeWitt Clinton had brain enough to extend from Lake Erie to the Hudson River, and in imagination even behold the productions of the great West floating through the State of New York, where only dry land could be seen, the eyes of other great Americans rested on him in pity!

When it was declared that fifteen—yes, twenty-five miles an hour, on wheels, could be made across the continent, from ocean to ocean, in apartments more comfortable than our own homes, the American people thought men who so stated were just from, or fit subjects for, the insane asylum!

When Morse said he could make electricity, in whisper tones, tell tales of sadness, joy and crime, and declare on the day after one of our great elections with certainty who will be our next President, who believed him?

Who now lives in the caverns of ignorance so deep and dark as not to know that all these and more have been accomplished? Where now may such ignorance be found? Echo answers, where?

Think not, ye men who simply walk in the paths made by your fathers, that you have seen all that robs life of its joy, and manhood of its vigor, unless you have seen that which to me is so interesting because so full of danger and death, viz.: *Rectal Ulcers!* If there is nothing more to learn, then will it do to be at ease, and laugh to scorn the opinions of others regarding things not seen by us; but if there yet be vipers hidden in man's organism, poisoning his life's blood and sweeping away the foundations of his existence, then let us be watchful and inquisitive.

There are still on earth the peers of Copernicus, Columbus, Newton, Fulton, Clinton and Morse.

Now, if there is nothing more to learn in medicine, what mean the sayings of great men following:

GREGORY, HAYS, HOOPER, BIGELOW and others said,

“The object of medical science is to teach the art of preventing and curing disease.”

Now, let others answer whether perfection has been reached. The learned BOERHAAVE, of Germany, early in the eighteenth century, after collecting all the information he could for thirty years, concluded that all worth remembering was, “Keep the feet warm, the head cool, the body open, and reject all physicians!”

DR. ABERCOMBIE, Fellow of the Royal Society of England, of the Royal College of Physicians in Edinburgh, the First Physician to His Majesty in Scotland, says: “There has been much difference of opinion among philosophers in regard to the place which medicine is entitled to hold among the physical sciences; for, while one has maintained that it ‘rests upon an eternal basis, and has within it the power of rising to perfection,’ another has distinctly asserted that ‘almost the only resource of medicine is the art of conjecturing.’”

DR. JAMES GRAHAM, the celebrated medico-electrician of London, says of medicine “It hath been very rich in theory, but poor, *very poor*, in the practical application of it. Indeed, the tinsel glitter of fine-spun theory, of favorite hypothesis which prevails wherever medicine has been taught, so dazzles, flatters and charms human vanity and folly, that, so far from contributing to certain and speedy cure of diseases, it hath, in *every age*, proved the bane and disgrace of the healing art.”—Page 15.

DR. T. J. TODD says: “Medicine has never yet known the fertilizing influence of the inductive logic.”

DR. JAMES THATCHER, author of "The American Modern Practice," "The Biography of American Medical Men," &c., says, "The melancholy triumph of disease over its victims, and numerous reproachful examples of medical impotency, clearly evince that the combined stock of ancient and modern learning is greatly insufficient to perfect our science. * * * Far, indeed, beneath the standard of perfection, it is still fraught with deficiencies, and altogether *inadequate* to our desires."—*Medical Practice*, page 8.

GREGORY says: "All the vagaries of medical theory, like the absurdities once advanced to explain the nature of gravitation, from Hippocrates to Broussais, have been believed to be sufficient to explain the phenomena (of disease), yet they have all proved *unsatisfactory*."—*Practice*, page 31.

DR. BUSH says, in his lectures in the University of Pennsylvania, "I am insensibly led to make an apology for the theories and practice of physic. Those physicians generally become the *most eminent* who soonest *emancipate* themselves from the *tyranny* of the *schools of physic*. Our want of success is owing to the following causes: 1st, our *ignorance of the disease*; 2d, our *ignorance of a suitable remedy*."—Page 76.

DR. JOHN EBERLE, Professor successively in Philadelphia, Pa., Cincinnati, O., and Lexington, Ky., says of the fashionable theories of medicine: "The judicious and unprejudiced physician will neither condemn nor adopt, unreservedly, any of the leading doctrines advanced in modern times."—*Preface to Practice*, page 1.

DR. CHAPMAN, Professor in the Institutes and Prac-

tice of Physic in the University of Pennsylvania, says, "Consulting the records of our science, we cannot help being *disgusted* with the multitude of hypotheses obtruded upon us at different times. Nowhere is the imagination displayed to greater extent; and, perhaps so simple an exhibition of human invention might gratify our vanity if it were not more than counter-balanced by the humiliating view of so much *absurdity, contradiction* and *falsehood*!—*Therapeutics* Vol. I, page 47.

He further says: "Perhaps we shall ultimately learn to discriminate accurately the diversified shades of morbid action, and apply to each its appropriate remedies. As it is, we are plunged into a Dedalian labyrinth, almost without a clue. Dark and perplexed, our devious career, to borrow the fine illustrations of a favorite writer, resembles the blind gropings of Homer's Cyclops round his cave."—*Ibid*, page 49.

DR. L. M. WHITING, at an annual commencement in Pittsfield, Mass., said: "Speculation has been the garb in which medicine has been arrayed, from that remote period when it was rocked in the cradle of its infancy by the Egyptian priesthood, down to the present day; its texture varying, to be sure, according to the power and skill of the manufacturer, from the delicate, fine-spun, gossamer-like web of Darwin, to the more gross, uneven and unwieldy fabric of Hunter; its hue also changing by being dipped in different dyes as often as it has become soiled by time and exposure. And what has been the consequence? System after system has arisen, flourished, fallen and been forgotten, in rapid and melancholy succession, until the whole field is strewn with

the disjointed materials in perfect chaos, and, amongst the rubbish, the philosophic mind may search for ages, without being able to glean from it hardly *one solitary well-established fact!*

“If this is a true statement of the case (and let him who doubts take up the history of medicine), if that enormous mass of matter which has been christened Medical Science, is, in fact, nothing but hypothesis piled on hypothesis, who is there among us that would not exult in seeing it swept away at once by the besom of destruction?”—*B. M. & S. Jour.* Vol. 14, page 187-8.

Now, what is said of the practice? Says D’ALEMBERT: “The following apologue, made by a physician, a man of wit and philosophy, represents very well the state of that science. Nature is fighting with disease. A blind man armed with a club, that is, a physician, comes to settle the difference. He first tries to make peace. When he cannot accomplish this, he lifts his club and strikes at random. If he strikes the disease he kills the disease; if he strikes nature he kills nature.” “An eminent physician,” says the same writer, “renouncing a practice which he had exercised for thirty years, said, ‘I am *wearry of guessing!*’”

DR. L. M. WHITING says, “Were we to see a sportsman standing beside a grove, continually loading and discharging his piece among the trees, and declaring his intention to be the destruction of a bird whose song he heard somewhere in their branches, we should, without hesitation, pronounce him not only *non compus*, but also a dangerous individual, fit only for the straight-jacket or the mad-house.

Yet such, if we mistake not, is very nearly the course pursued by many a *routine* (regular scientific) practitioner in the treatment of morbid conditions of the body by medication. Shoot away, is the motto; perchance we may hit the mark, if not, the law is our safeguard, and we have the satisfaction of feeling that we have done the best we could. (We have minded our books and teachers). But the day is coming, and now, when the names of such men will be scathed with the lightnings of public indignation, the true desert of all who, while the sun of science is shedding over the land its flood of living light, shall prefer the darkness and still persist in quackery."

Now do not forget dear reader that all these things have been said by great men of the "regular practice" of the theory and practice of members of that school. Is it any wonder that such men reject from associations every one who does not come to them through "regular" channels, as students of these teachers!

I have more confidence in the theory of that practice than those great men, themselves, seem to have; but the practice of that theory is quite another matter. Not every man entitled M. D. is, or ever will be, a "doctor!" Too many of them shoot at random, and they are the gentlemen who most cry "quack, quack!" They are men of no genius, no common sense, no brain power, yet they are members of the Association—"regular."

Our best mechanics are often those who never learned a trade; our best statesmen not those of the most education; our best lawyers are men of *sense*! So in the

Medical profession. Some of our mothers are better doctors than some—yes, many graduates!

I have said and shown this much on this subject, to prove the fact from past practice, that in rectal troubles, nearly the entire medical profession has been “shooting at random.” And many of its members even yet refuse the light, and hence must continue to shoot at random. These latter are the genuine quacks of our day and time. They know but little, yet are full; and as the girl said, when asked at the table, “is there anything more you would have?” quickly responded, as *she* thought, in accordance with the instructions of her mother, “No, thank you, I have my sanctification full and any more would be flip, flap.” So with many “routine” medical gentlemen.

But while we have allowed the regulars to condemn their own practice, it is left for us to criticise some who claim what we do, although by different methods.

In a circular published by two gentlemen with M. D. following their names, and who have long been engaged in curing “Piles, Fistula and Fissure” as a specialty, may be found the following, viz:

“The constitutional disturbances arising from the effect of Piles are cold hands and feet, impaired memory, headache, constipation, indigestion, nervousness, debility, or lack of endurance, neuralgia and rheumatic pains, pain across the back and hips, shortness of breath, often palpitation of the heart, often functional disturbance of the bladder and kidneys, and a whole train of symptoms denoting a gradual lowering of the vital forces, from the acrid, poisonous secretions from

the *Pile Tumors*. This is especially true of the variety known as itching and bleeding piles."

"This class of diseases, which have so long been the reproach of the Medical profession, have only become so through the almost entire neglect of the profession to investigate their true nature."

While we do not endorse the grammar of the last sentence, we must, also, be permitted to take exceptions to many of the conclusions in the first part of the quotation. The very idea of "acid, poisonous secretions from the *Pile Tumors*," is wonderful and alarming. How much more must be the "acid, poisonous secretions" from varicose veins in the leg, when they are so much extended?

True, "constitutional disturbances" do arise from piles, but not from "acid, poisonous secretions," for nothing of that kind can possibly result from even the worst case of piles. It is simply the loss of blood from piles, that produces such disturbances. Its loss being so great at times leaves the system without a sufficient amount of that vitalizing fluid, and the result is debility.

What similarity there can possibly be in the varieties of "itching and bleeding piles" possibly those gentlemen can explain better than I. I do know that bleeding piles are *true* hemorrhoids, while "itching piles" are not piles in any form, but *rectal ulcers*—and these are large, deep sores in the rectum. Who ever saw a "pile tumor" that was a deep sore?

"Cold hands and feet, impaired memory and headache" do result from the loss of blood from "bleeding

piles"—but "constipation"—while it may greatly aid in producing hemorrhoids, is in no wise a result of them. Without strangulation of hemorrhoids there can no inflammation result from their presence, and inflammation is a potent factor in constipation. While "nervousness, debility or lack of endurance, shortness of breath and palpitation of the heart" may all result from the loss of blood—from "bleeding piles," I think it would be almost impossible, if not entirely so, for these gentlemen to show a single case of "rheumatic pain," or "pain across the back and hips," or "functional disturbance of the bladder and kidneys" in the worst cases of piles, without the presence of a rectal ulcer.

"Few persons," they say, "suffering from this disease," (piles, we suppose,) "appear to recognize the above symptoms as part of the local trouble." Very true, and why should they, for they are no part thereof, but, simply, results, not of piles, but of the worse malady, *Ulcer*.

Again they say, "there is probably no disease," (piles we suppose they mean) "that surely tends to break the constitution and impair the mental faculties, and to repeat, there is no class of cases that are (?) more certainly and satisfactorily cured." Of piles this is true, be the case ever so bad, or old; but when we come to the more deadly enemy—ulcer—the same cannot be said to be true. I wish it were so.

My impression is that these gentlemen, have, as yet, never seen much of ulceration above the sphincters, or if they have, and that malady is so easily cured by them, they surely have a "New Method" which the

world should not be without a full knowledge of! Thus far those ulcers have, or many of them have baffled the skill of the ablest surgeons who have attempted their cure; and I have seen, in my practice, a few cases that man *could not cure!*

We should be careful not to deceive others in this matter, by promises of easy cure, for, by so doing, the sufferer defers the use of remedies when there should be no delay, believing that "any time" will do to apply for a cure so easily to be performed, and so near at hand, only to find when he does apply, that the hour of safety has passed by!

Even these gentlemen say on the back of their circular "Piles, Fistula, and Fissure cured." Why do they not name the most destructive malady?

In the first circular issued by me, through which to reach the eye and ear of the public, I too was unwise enough to state that all the "symptoms" and troubles named by these gentlemen resulted from piles; but when I succeeded in producing my new speculum, by means of which I was, and am enabled to examine the rectum, fully, and as it was never examined before, my statements were at once shorn of much of what I considered truth, and I found a broader field for thought and practice, where were found the true causes which were steadily at work, robbing mankind of health and strength, and greatly adding to the mortality list from day to day; and now my greatest desire is that the profession, generally, will secure the means by which these examinations of the rectum are made possible, easy, and *certain*, and, having done so, proceed, at

once, to relieve suffering humanity from the results of one of the most prevalent maladies of the day.

When the abler men of our country can once see and know what is adding so much to the suffering of our race, may we not hope that sure and certain remedies may soon be discovered, whereby this malady may lose its power, and the suffering be restored to health? I have opened the door, let others come to the rescue.

PREFACE,

However well informed the general practitioner may be on most subjects pertaining to his profession, still, it is well and generally known that few such persons have any extended knowledge of rectal diseases, now so common, because of the imperfection of speculas in use.

Even at this period of our history it is no uncommon thing to hear members of the medical profession assert, boldly, that "piles cannot be cured without the knife or ligature!" "Our *fathers* so said, and so say we." But such persons greatly err. The days of "torture on the rack" are passing away. The world is no longer *flat!*" The electric flash has become the servant of man! The traveler moves with the speed of the wind. Man lives for a purpose, and that purpose is to advance!

It may be asked, "are there not enough books already written on diseases of the rectum?" We reply, No. So long as new light can be shed upon the night of the past or present, and the eyes of the medical profession be opened to the fact that the diseases herein referred to can be cured without the knife, so long let the world have the *new light!*"

Abler pens than mine have gone before, yet there is

room to say many things never yet said. All former works on diseases of the rectum, and their treatment, have run in the same ruts, making the knife the chief agent of cure in the hands of the surgeon.

This, the product of *new discoveries, new instruments, new medicines, and new methods*, will teach others to shun the weapons of our fathers—however much we may love those fathers—and keeping time to the spirit of the age, and advancement of science, in which we live, to get out of the ruts of the past, and adopt methods more in accord with the spirit of progress surrounding us, and with the feelings of modern civilization and humanity!

The first part of this work will treat on diseases of the rectum most generally present, and is intended more especially for the profession, and therefore, will contain much of general and special interest to every practitioner from the fact that it will be practical and not merely theoretical.

What I present for the benefit of the profession will be that which I have gathered from actual observation while performing more than thirty thousand treatments during nearly four years of continuous daily practice, and can be relied upon in every particular as *fact*—no more, no less. Our practice and experience will lead us, sometimes, very far from the opinions of Mr. Allingham and others regarding some of those diseases, and we give as the main reason for this our superior means of making our examinations; not having to depend upon the finger and feeling, but upon seeing, which is knowing!

While the first part of this work will be also interesting to the masses of the people, still the *second part* is

more especially, indeed entirely intended for the populace, and is intended to impress upon the mind of every reader the great importance of giving prompt attention to any manifestations of trouble in the rectum, which, in time, may produce great suffering and even death.

To both the profession and the general reader I will here state that when I started out amongst strangers and in strange cities on this errand of mercy, I did not meet the approving smiles of the profession, nor warm greetings of the suffering. The profession having feasted upon articles in medical journals regarding "treatment of hemorrhoids by carbolic acid injections," very generally declared it dangerous. This made sufferers timid and they hesitated about trying treatment.

Right here let me say that I have seen many articles in such journals, naming the compound used, and I too would say *beware!* Such is not my remedy, nor would I use it under any circumstances.

In the proper place in this work you will find the evidence that my treatment is not feared *now*.

To the profession I can now say that with the use of my inventions, viz: speculum, needle, and medicine prepared by my newly discovered process, together with the furnished directions, you can cure any case of piles permanently, in a short time, without suffering to the patient, free from all danger, and while the patient continues at his or her daily business. And with my speculum alone are you enabled to discover, treat and cure that worse, because more fatal malady, *rectal ulcer*.

To the suffering let me here say that the treatment is not so painful as pulling a hair from your head, and

that there is now neither sense nor wisdom in deferring that which should be done at once—applying for treatment—so as to become again a well person.

Members of the profession have no conception of the number of persons thus afflicted all over the land. Nor will they ever have until they can say to those employing them “I can cure you.”

Few persons have any desire to publish their supposed incurable maladies, but when certain cure is offered them they will apply for relief.

Let me give but a single evidence of this. During the winter of 1877-8 I visited a town of over 5,000 inhabitants, and not until my fourth visit did I find, or could I learn of but two cases there. I continued my visits regularly every four weeks, and in one year I treated, at that place alone, nearly fifty cases! Such is but the history of each of the many places visited by me.

In any reference I may make to the methods of others in the treatment of hemorrhoids my criticism will apply to the method and not the men, unless there may be some, who, knowing of the method herein described, yet refuse to accept it, if such there may be. Persons doing the best they know deserve not censure, but the approval of their fellows; but truth—that which is seen—at least in results, is worthy of full and candid investigation, so as to give it full weight in the scale of daily life, and should not be condemned because outside of the ruts made by our fathers. Let such investigation be made in this matter, so that the suffering may be relieved.

The proof of what I have already, and may hereafter say, may be fully extracted from a test of my method—may be now seen on every hand where my visits have been long and often repeated—and through the channels hereinafter given for reference.

Cuts of my invention, and some forms of rectal trouble, will also be found in the following pages, to which your attention is called.

Mr. Allingham, whose work is standard, and from which I may draw to some extent, and who is a very eminent English surgeon, truly says, “there can be no doubt about one thing:—rectal diseases bring about a great deal of suffering, by which I mean not only pain, but also the distress arising from inability to work for daily bread.”

To this I can add my testimony, having, myself, after years of suffering—extreme suffering—been brought, by this malady, to the verge of destitution and dependence! For years I was entirely unable to labor, and desired death, not knowing a work remained for me to do.

In England it appears that there are about one-third more cases of fistula in ano than piles. So far as my experience goes, in my practice in Ohio and Indiana, there are at least twenty cases of piles to one of fistula. Before examination, every physician should first ask certain questions, letting the patient answer them. Let these questions be direct, not leading, and about as follows: Is there any pain? What is its character? Does it always exist, or is it intermittent? Is it caused or increased by defecation? Does it commence with the

action of the bowels, follow immediately thereafter, or some time after? How long does it last? Is there any protrusion from the rectum with the action of the bowels, or any bleeding at stool? Must the protrusion be pressed back, or does it return itself?

When these questions are fully answered, you can tell, very nearly, the cause of the trouble complained of. But do not stop until you have made a thorough examination with the speculum. Then, and then only, do you know the facts, and are prepared to cure.

Examine, also, carefully, outside. Note any discoloration; the condition of the anus, and especially look for fistulous orifices; feel around the anus for induration.

Some celebrated surgeons consider an injection of warm water essential, and then a careful examination by the finger. I consider neither of these essential when my speculum is used. I never give the one, nor examine with the other. The eye affords more information than any finger! We can tell more of internal fistulous orifices, polypi, minute ulcerations, fissures, etc., by seeing them than by feeling.

My method of treating pile tumors, always within the rectum, and entirely by means of my speculum and hemorrhoidal needle, makes it entirely unnecessary to resort to the old mode of first giving injections, and the patient is not compelled to submit to any such mortifying operations in the presence of strangers or family physicians.

I well know that, without my speculum, injections must be given, and, therefore, other authors are justified in their recommendations, with their mode of treatment.

For humanity's sake, I trust that the reader of these pages may scrutinize, closely, all they contain; not forgetting that the benefits resulting will be mutual, for the great sufferer, when cured, is always willing to, and cheerfully rewards the alleviator of his sufferings.

The day has arrived when every practitioner of medicine, or at least one in each county, should understand this feature of practice, for many are they who desire to be cured

I would simply suggest that could this treatment be confined to one man, centrally located, in each county, I believe the results would be better, for while he then would become an expert in the practice, because of the number of patients he would receive or secure, he would also find it financially better than ordinary general practice to himself.

In this, as in any other mechanical department of surgery, the more practice, the more proficient the surgeon becomes, and the more confidence do the people have in his practice.

RECTAL DISEASES.

It is supposed by the masses of people that they suffer from piles when they feel any trouble in the rectum, or when there is any bleeding at stool. Let such person speak to the average physician in general practice regarding such trouble and the reply is, "*Piles!*" A little magnesia to "keep the bowels open," or some other mild laxative, is at once prescribed, and the afflicted one returns home to suffer on until, in time, sleepless nights and agonizing pain directs the mind to the condition of danger! And, again, when the physician is called in, without making an examination at all, it is, "*Piles!*"

So general has this become that suffering humanity is disposed to believe that all rectal trouble is piles.

Now such is not the fact. There are other rectal diseases more painful than piles. It is not always that piles are painful. The greatest danger from the hemorrhoids lies in the frequent and great loss of blood. Of this we will speak again, under its proper head.

I think the most painful affection of the rectum, or anus, is *fissure*, or malignant ulcer. In itself it seems of little importance, being small, but under the head of "*Fissure*" we will show more of its importance.

FISTULA is another of the maladies affecting the anus and rectum—often very painful, and always loathsome. Under the head of "*Fistula*" we will fully explain it.

CANCER is not a stranger to those parts. It is very painful and severe, and can readily be told by its smell. More regarding it, also, in the proper place.

POLYPUS RECTI is often taken for piles, and is also very annoying, and not an uncommon affliction. Its full description under proper heading.

STRICTURE often gives much trouble to that member.

RECTAL ULCER.—In this is found one of the greatest enemies of the human race! Far up in the rectum—out of sight—in the flexible tissue where it gives no real pain, yet saps away the life of dear ones, not even suspected by the physician at any stage of its existence, unless he has made rectal troubles part of his practice—it eats and burrows like a rat, until its work is done! To me this is a thousand times more interesting than piles, because so general and so destructive of life, of energy, of vigor! And yet name it to physicians who never have had any experience in that direction, and nine out of ten of them, even in 1881, will sneer at the idea of its presence! On this my remarks will, in the proper place, be full and extended in description.

From the foregoing, mentioned simply in general terms, you will see that piles are not, alone, the cause of all rectal suffering; and, therefore, there is but one safe course left for the afflicted one to pursue, and that is to report at once to the family physician, be examined, see what is the matter, and then be cured, if not already too late—which is never the case with piles—

and be restored to health, comfort, and joy once more! If the case be ulcer not one moment should be wasted, for "*too late*" may be the case in that before the patient is aware of his or her situation!

LACK OF KNOWLEDGE.

To become familiar with rectal diseases requires some experience and practice, and more especially does it require some means of seeing the trouble.

Man may see some animal's nest in an obscure place—he may know that it is occupied—he may see the material of which it is composed move; yet, still, he cannot tell what is within until he can see inside. Then the first thing to do is to get the proper instrument to enable you to make an examination. That secured, the after work is easily done. The lack of this has kept the medical profession almost entirely ignorant of rectal troubles.

Notwithstanding the fact that there are scores, if not hundreds, of sufferers from rectal ulcers in each and every county in Ohio, and many very bad cases too, nevertheless I am free to say that there is not an average of one physician to a county—even if any at all—including all the medical professors in the various colleges, who can say, as he walks the street among persons who are strangers to him or them, "There is one afflicted with rectal ulcer;" and yet, in ten minutes any such person, with a good eye, can be taught to select persons thus afflicted, at first sight! Nor could they do any better after hearing the symptoms; and,

yet, any reader of this book can tell to a certainty. After knowing the cause of trouble the next thing is to see it—to see it plainly! I can supply any physician the instrument for that purpose.

In saying to you that I supply such instrument I imagine that I hear, in response, some one say, “Ah, yes, he has some patent to sell!” No, I have not—but I have the speculum to sell, which is patented—the cut of which you will see in this book, and this book is one of my means of calling every physician’s attention to it, and I will here say that no physician should be without one of them.

Mr. Allingham, of England, one of England’s greatest surgeons, says, in his book, “I never found a speculum that was a success in examining the rectum until I devised the one of my own”—or words very nearly to this effect, but stronger, and yet his is very little better than the bivalve, which is practically useless. Therefore, on Mr. Allingham’s account, pardon this digression!

For twenty-five long years I was a great sufferer with piles. Physicians knew my condition—I consulted many of them. The only encouragement I could get from any of them was, “You can go to Philadelphia and have them cut out!” This I would not risk—they all said “it was dangerous.” Each and all consulted by me were alike ignorant of what piles really are! One gentleman of long practice (over forty years) said: “Piles are Nature’s outlet for the surplus blood; if you stop the bleeding apoplexy will follow!” Nature never intended man to bleed to death! I am still living, and

little bleeding for three years! After another treatment will have none!

Another one who now treats piles carbolicly, and who advertises himself to be a physician of more than "twenty-five years' practice," and who yet says "the rectum is only one and a half inches long," said, in reply to my query, "Can piles be cured?"—"No, the wall of the rectum has become so weak that it won't stay up, and that is the cause of piles!" Wonderful!

Any thing more foreign to fact cannot well be spoken, and yet whole armies of physicians know no better, and would so state to-day!

Many think them to be abnormal growths upon the wall of the rectum, and talk of "cutting them out." They cannot be *cut out*—but they can be cut off! The question arises here—can a man cure when he does not know what the disease is?

It is deplorable that such ignorance should prevail so extensively, and yet I cannot blame men for not knowing when they could not see; but are they not to blame for not devising something by which they could see? The impression was that if doctors can't find this matter out, who else can? In the mechanical department some Dutchman or Yankee would have penetrated through steel, but that he would have found what he desired! Strange that such was not the determination of some suffering doctor, for many of them have suffered, almost even unto death! And yet, even now, when we can say "*Eureka*," many doctors are sullen observers of the fact!

A case came to my notice about one month since,

through a person who came to consult me, and who lived in a city of 20,000 souls, amongst whom were and are many good physicians. About one month before he came to me he had, as he supposed, a severe attack of piles. He called on one of those good physicians, who pronounced his case one of piles, but which was not the fact, it being ulceration, with anal glandular enlargement from having taken a severe cold. The lumps were about as large as a hickory nut and very tender from inflammation. Into one of these the doctor injected carbolic acid! His patient went home—to bed for three weeks, and then felt satisfied with that doctor's knowledge of piles!

A lady of Central Ohio came to me at the city of N., after doctoring with her family physician for one year for piles. She had not then, nor never had, any piles whatever! At each side of the anus was a tab of solid flesh, caused by a fearful ulcer far up in the rectum, into which he was injecting acid without results, save adding to her misery by inflaming them!

I might add many more evidences of actual ignorance of this simple and plain disease, on the part of men who have been long in the practice of medicine, but we prefer to pass on to more important features of what is our object, and thereby try to give such persons some light!

THE OLD METHOD.

It is not necessary to say much here about the old method that is still practiced by the "Old School" in treating rectal diseases. Every physician well knows

what it was and is. It was and is the twin brother of that, now abandoned, which was the balm for every ill which flesh was once heir—the lancet! It is the knife! Less than one year ago I was told by a very prominent physician of one of the thriving cities of Indiana, and who was then the President of the medical association (old school) of the State: “When I saw your advertisement here I expected to hear of some being killed, but I am astonished to hear your patients all say that they are well or are getting well, and that too without stopping work, or having any suffering. To me this is astonishing. In our practice we expect to lose one in ten of our patients!” Such is the statement of one of the best physicians of Indiana, while out of more than 2,000 patients I have never yet lost a single one from treatment! Nor have I ever failed to cure! I will now let the reader decide which of the methods of treatment is safest, surest, most desirable, and which should be chosen by all men who seek to give help, health, life and happiness to the afflicted!

For my method of treatment I claim a position in the healing art, far in advance of the blade and ligature, and common sense demands its adoption by all. The lancet has been almost entirely abandoned; calomel is fast falling into the same rut with the lancet. If nothing better was offered why have those practices fell into disuse?

So with that of which I write; why continue the knife when so dangerous, when a better, safer, more rational method has been discovered and fully proven to be a complete success for curing piles? The world

moves in all other directions why not in this? Prejudice should not stand in the way of progress. The old, sickening pill of years gone by will never more supercede the sugar-coated one of to-day. The reforms of this age will not be lost to the age to follow. "Let us try all things and hold fast to that which is good," until the wisdom of man discovers something still better, and then, like the men that we should be, let us abandon the "good," and embrace the "better."

The time has fully come when physicians should be as desirous to examine the rectum as the womb, and when such is the fact many fountains of sorest affliction will be dried up, and the field of the practitioner greatly extended, and the days of his greatest usefulness be near at hand.

When my discoveries and method are understood by the practitioner he will discover that all the objectionable features of this practice are gone.

HEMORRHOIDS OR PILES.

In describing more particularly the several diseases of the rectum we will commence with true hemorrhoids, for it is piles that nearly every one afflicted in the rectum supposes to be the cause of all his or her trouble. And if a physician is called upon by such sufferer, he or she is informed, without any examination, that piles are the cause of all the suffering, and some mild laxative is prescribed as the remedy for relief.

Unlike most persons who have written on this subject, (and who have so written more because it was necessary that something should be said upon a subject or malady so prolific of suffering, without much practical knowledge of that which they sought to explain or describe), we assume the task, after having from long and steady practice, and after having performed many thousands of operations, of describing fully and clearly the cause, various conditions, and effect upon the human system of piles, through their varying conditions and should we fail in our undertaking, the cause will not be lack of knowledge (not wishing to be egotistical) but from lack of descriptive power, for they are almost ever present with me in all their hideous forms.

Other writers have long divided hemorrhoids into two varieties, as external and internal, and say that the internal are popularly called blind and bleeding piles. So far as the popular term is concerned I make no issue, for it is as common among physicians as amongst those not learned in medicine. But I am led to inquire what an intelligent medical writer means when he speaks or writes of two varieties of hemorrhoids—"internal and external," and then asserts that the internal are popularly called blind and bleeding piles! We assume the position, without fear of successful contradiction, that all true hemorrhoids are found within the area of the mucous membrane of the rectum, and hence are not external. In cases of very long standing the lower ends of the sacks, improperly called tumors, may extend below the mucous membrane, involving the tissue around and beneath the anal membrane, yet in

all my practice I have never discovered a true hemorrhoid that I could not return with the ball of the thumb to its normal location within the rectum.

To those not entirely familiar with the malady it is very easy to be deceived as to what is and what is not true hemorrhoids, but as our subject now is hemorrhoids we will describe them now, and at the proper time and place carefully and fully describe that worse malady, the effects of which may be so easily mistaken for hemorrhoids.

The practiced eye need not be mistaken regarding what is commonly called piles. But it is not always safe and wise to conclude that a person has piles without an examination of the rectum. When a patient calls for consultation, and says "I bleed at stool," it is not safe to say "you have the piles," for such may not be the fact. There are other causes for bleeding as well as piles, and something further is necessary to determine the cause of the loss of blood. But, if, in response to the surgeon's queries, they say that in connection with bleeding there is protrusion from the rectum at stool, which they are always compelled to press back or replace, before they leave the closet, then the physician may rest assured of a case of true piles or hemorrhoids. Such being the fact it should be known at once by every well-informed physician that it is entirely useless to prescribe cathartics, astringents, ointments, &c., for common sense should at once tell such person that such treatment never has, never can, or never will reduce to its normal condition a varicose or ruptured vein!

THE RECTUM

Is that portion of the canal passing through the body which receives the solids of food taken into the stomach after the nutritive portion has been taken up by the other organs of the system. Its name is derived from its nearly erect position in the body, in which position it is held by its connection with the tissue behind its posterior part. It is a comparatively large cavity with a very elastic wall, covered with a tender mucous membrane. Its largest arteries and veins are lateral and anterior. In the posterior portion are many small veins, but no large ones; and it is well so, otherwise many would bleed to death.

The sphincters are the key, giving its possessor control of its contents. The foecal matter gradually passes from the smaller intestines, through the cecum and colon into the rectum, which, when filled, asks to be freed of its contents, and should be at once.

It is in this division of the canal, especially, where so much affliction originates, and little is the wonder when we consider how little thought is given and care taken of it, and the amount and character of the labor it has to perform.

Were it treated as a good servant should be treated, and cleansed from its impurities by an injection of pure water after every stool, it would not so often appeal to the nerves for aid—not so often produce mental anguish, from its pains and aches—not so often call for the undertaker, to be laid in the narrow home.

It is in this division—the rectum—where originate hemorrhoids or piles, fissures, ulcers, polypus growths,

cancer, stricture, etc. Hemorrhoids are nearly always located latterly within the rectum, sometimes anteriorly, but I cannot now call to mind many instances of posterior location.

As a rule the base of the sac is close above the inner sphincter; sometimes they extend downward over both sphincters, and even involve the anal membrane, but I have not often found this feature to be the case, nor do I wish to, for in such cases pain often follows treatment, because of the action—contraction and expansion of the sphincters. It is not uncommon that we find pile sacs fully three inches up in the rectum, and find the same vein ruptured at several places below.

If the rectum is, or was, as one physician, who has had twenty-five years' practice, told me recently, but "one and a half inches long," large pile sacks would enjoy a small home in the human machine; and here, while speaking of this matter, for his and others' benefit, I will present my opinion of its length. It varies according to length and age of the person, and is from three to twelve inches in length, according to age, size, sex, etc.

An "inch and a half" rectum would be of but little use for a man six feet in height!

CAUSE OF PILES.

As to this there are "many men of many minds," but I am not giving the opinions of others here, but my own, and I feel safe in saying that piles result from an outward or distributive strain upon the veins of the rec-

tum. It must be remembered here that what is called a pile tumor is not a growth upon the wall of the rectum, like polypus, but is a rupture of the wall of the vein.

We are now led to consider what causes such ruptures of the veins. In general terms we might say precisely that which causes the bursting of water pipes or hose—too much strain, or pressure. But I am asked, how is this produced in the vein? As we said before, the rectum is a soft, spongy, elastic member of the canal. Its tissue is too much so to afford complete protection to the veins, as is found over the surface of the body where the whole is covered by skin with substantial tissue beneath it. Active, earnest effort in the labors and duties of life, acts upon the circulation of the blood like great pressure upon bodies of water. Running, jumping, lifting, walking, etc., the same as straining after taking cathartics—tenesmus, while having diarrhea or dysentery—all, alike, greatly increase the heart's action, and the blood is forced, with great power, through the system—the veins become engorged, and the result is discovered, as in pile sacs, in time.

Like the small crevasse in the embankment of some river, the breach continues to widen, to expand, until, like small bladders attached to the wall of the rectum by the neck, when extended, the sacs fill with blood and are carried by its force, and the additional force of the stool, down and below the sphincters, where, by straining, they still continue to become more engorged, when the sac itself breaks and the blood flows freely,

until the parts are returned to the rectum. If left out—strangulated—they soon become congested and very sore. For comfort and safety they should be returned promptly.

After these sacs become large from frequent evacuations of the bowels they will fill within the rectum, and the patient suffers greatly from what seems to be “bearing down” of the bowels, but really is from the vast amount of blood contained in those sacs. When the sacs or “pile tumors” are returned within the rectum they assume a very different appearance from that presented when extruded. The elasticity of the tissue and membrane acts like rubber, and the whole wall of the rectum assumes its normal condition, with the exception that the pile sacs appear like large, red blisters, having a broad base, but in no wise pedunculated. This is the result of the blood passing out of the sacs into the circulation, leaving them comparatively empty when the patient is in a lying posture. When in an erect position they again fill to an extent proportioned to the pressure against them from the surface of wall. Could the blood be entirely excluded from those sacs when they are returned to the rectum, there never would be any “pressing down” or inconvenience resulting from their presence, and curing piles is simply producing that result, and nothing more—nothing less. When several sacs are found in the same vein, then, instead of being like a canal, of a common width of channel, it becomes a channel of varying widths, like a small stream washed out at places into deep, wide holes. No case of piles can be called cured until all these sacs

are removed or destroyed. If only the lower ones are destroyed those above will, in time, become, in effect, what those below were, and from this fact will persons who have been cured (?) by the removal of only the lower sacs, by ligation or that other barbarous mode of treatment after extrusion produced by an enema, be compelled to think that their malady has returned, and that there is "no cure" for it! In the operation by the knife, ligature, and the method practiced by myself, the effect, or result of the operation upon the vein is the same. The channel of circulation is destroyed! But while there is great danger from hemorrhage and inflammation where the knife and ligature are used, and the abnormal tissue not easily all removed, and hardly a possibility of being able to remove the upper sacs, by my method and discoveries there is no danger, the abnormal parts are entirely removed, and all sacs, wherever located, are easily reached, treated, and destroyed, without extrusion, engorgement, or displacement.

EXAMINATION, TREATMENT, AND CURE.

While it is true that every malady to which human flesh is heir cannot be cured, or no remedy has yet been found for the cure of all (amongst which—and but recently too—was included piles), nevertheless it is the mainspring of the office of the physician to cure the maladies afflicting mankind. Any thing short of this, or an honest declaration by any man who professes true medical knowledge and skill, that he cannot, is simply quackery, and the more especially so in that class of diseases called chronic. If a man who offers his ser-

vices to any community of people, and from whose generous support, and confidence in his ability, he must secure a living for himself and family, cannot cure these rectal troubles, while others can, honor and true manhood should compel him to so state, and no longer deceive his patrons by dosing out his palliatives in true quackery style, when he knows he is giving no value received for the money he receives, and confidence reposed in him. He should not stop at this confession of inability to cure, but if he knows where cure can be secured he should direct his suffering patient to where it is to be obtained, or, like an honest man, go himself and become possessed of the means to do what he knows other men can do, and end his quackery! But what do scores of physicians do? In that profession, although life and health and happiness are dependent upon its members—many, yes, the vast majority, are governed by jealousy and egotism! Still there are many honorable exceptions. When one, a stranger, comes amongst them who can and does cure, without even a failure, such maladies, without any knowledge, on their part, of his practice, such, at once, cry, "Quack!" In the city of L., in the State of Ohio, may be found a pair of such fellows, united in the practice of something, and with respectable characters as "doctors." Learning of my success in that place a respectable gentleman of business in said city, who is a great sufferer, called on them for advice, and intimated an intention to call upon me, if he did not find help through regular, home channels. Now what did these honorable (?) doctors do? Did they help him out of

his misery? Did they act the part of honest men? No! They gave him some salve and told him that "the last time that man was here he ran all over town, trying to borrow one dollar and a half to get out of town on!" The facts are that I never in my life was reduced to this necessity, and at the very time, and for weeks before and after, I was so lame that I could not walk beyond the limits of my hotel!

In every circular issued by me—and their number is far up in the thousands—I offer any physician \$1,000 for any case of piles that I cannot cure, which they may bring me.

Possibly from this fact, if not from the evidences around them of the cured, I must say that I have received very few unkind words from them as a class, and in no case, only such as come from the fact that I travel a little further from home than they do, my office being in many of the hotels of the country, and but one day in each at a time, and the hospital, in which are my patients, is the farm, workshop and store, where they attend to their daily duties in life, may be found the secret of silent contempt, or respect, which attend the success of my method of curing those suffering from this malady.

But let us return, more particularly, to our subject, which is the "Examination, Treatment and Cure" of hemorrhoids. Very few questions need be asked the patient so as to be able to decide whether true hemorrhoids are the cause of the misery complained of. 1st. Is there bleeding at stool or at any other time? 2d. Is there protrusion from rectum at stool, or at any other

time, which requires pressing back? If these questions are answered affirmatively, then there is but one doubt in the way of a true case of hemorrhoids, and that is in the direction of the protrusion being polypus instead of piles, as the feeling will be the same, and there is often bleeding from a certain kind of polypus. But, as a rule, you may suspect, and predict, a true case of hemorrhoids. But one thing now remains to be done, which is an examination with my speculum, for I will not even admit that a complete examination can be made with any other. In the examination proceed as follows: place your patient on a bed, in the face of a good light, with his body directly across it on his right side with knees drawn up toward the stomach—in an easy, sleeping position, and with the buttock directly toward the light, and then sit down on the floor directly behind the patient, but not between the buttock and light. Tell him, truly, that there will not be the least hurting—for there will be none whatever. Then, with a No. 1 vaginal syringe, oil the anus, and inject a few drops into the rectum, and force the syringe up about three inches, and with draw it, several times, each time injecting two or three drops of the oil to thoroughly coat the membrane, so that the speculum will enter easily. Thus prepared, take the speculum, holding the slide handle in the right hand so as to keep the slide well in its place, and force the speculum into the rectum full length of the barrel, with the slide to the lower side; then place the thumb and forefinger of the left hand, from above, on the sides of the flanges of the barrel, holding the specu-

lum firmly in place, and with the right hand gently draw out the slide, looking in, at the same time, to see what is presented to view. Repeat the examination with the slide again inserted, at the opposite side. If there are any pile sacs they will fall into the speculum, through the slot over the rear end of the slide, and when large the blood will often rush into them, like wind blown into a bladder, until they fill the entire chamber of the speculum. If there are no sacs, nothing will enter the chamber of the speculum, and the wall of the rectum will remain almost strait and smooth.

In its normal condition, the mucous membrane of the rectum is a very pale pink color—almost white—while, when pile sacs are present, the membrane will be more or less congested, and of a purple or dark red color, with many tortuous and very fine veins traversing the exposed surface. This is particularly the case as the pile sacs roll over the end of the slide through the open slot, into the chamber. The operator need not be in doubt as to what are pile sacs, for their color often being very red, or a purple color in other cases, and their coming into the chamber so readily, often keeping it full as the slide is slowly drawn outward, make all as plain as A B C to the practiced eye. If you find nothing in the sides, then examine the posterior part, and if you there find something agreeing with this description, do not be in any hurry about treatment, but study well the chapter on *Rectal Ulcers* before calling that piles, for they are no blood relation whatever, and the same treatment applied to them

would result in extensive inflammation, and a rather sore rectum.

TREATMENT.

Having made the examination we are now ready to apply the treatment. Let the patient's position be as before described, upon a bed. Insert the speculum as in the examination—gently draw the slide until its end is about the center of the sac, and there penetrate the sac, and inject the medicine as per "directions for treatment," accompanying the instruments and medicines furnished parties desiring to make this part of, or their whole practice. When large, never operate upon more than one sac at a time. In the course of three to six days the sac treated will slough off and be no more, and in ten or twelve days—sometimes sooner—another operation may be performed, and the operations may be thus continued until all protruding sacs are removed, after which two of the upper sacs may be treated at a time, until all are removed.

Until the last protruding sac is treated, those remaining after first treatment will protrude more easily, and the patient may think that there is no improvement, but such is not the fact. As the number of sacs diminish the remaining ones will come out more easily because of the room left to do so; but they can be returned more easily, also.

The very ease with which the remaining ones come down, after treatment is commenced, is the best evidence of improvement, and of that the patient should be informed. There is no possibility of failure, so the patient need not manifest any anxiety in that direction.

When there are but two sacs the case is more quickly disposed of than when there are a dozen! I have had cases with more than a dozen sacs, and others with not more than two, and yet the one case was as troublesome as the other to the patient, because of the location of the sacs. The usual number is from three to six.

Sometimes upon examination you may, and will, find a large, very red object entirely closing up the anal orifice, and covered with a white, slimy substance like the white of an egg. Give it a careful examination, after cleaning it off, and if you find it impossible to press back into the rectum, don't treat it. If it has a granulated, velvety appearance, it is part of the mucous membrane, and not a sac. Never treat any sac outside the rectum, and never turn the speculum in the rectum to change the location of the parts, but after examining one quarter, withdraw and again insert the speculum until the examination is completed.

WHEN CURED.

When the sacs have all been treated, and not until then, will the cure be effected. The removal of the protruding sacs will give great relief, but to stop then is not a cure. Do not understand that my treatment will benefit all the sacs when only one has been treated, for such is not the fact.

If a tree has on it ten limbs, and you want all of them off, the taking off one does not remove the rest, and when nine are gone still one is left. Just so with this practice, the last one must be treated and removed

before the patient can sing the song of deliverance! Then, and then only, will the case be cured, and no danger of its "return." Let this be remembered, or both the patient and operator will, in time, feel disappointed. What the patient desires is cure, not relief, only, and the cure is as easily secured as relief, with a little more patience! I am aware that much has been said and written regarding the "*Carbolic Treatment*" of hemorrhoids, as published in medical journals, and as practiced by some persons. Such, however, is not my treatment, and when persons not knowing even anything of that, are broadly condemning it, I can only say that their condemnation of that does not reach me.

I will so far come to the defense of that practice as to say that those who know the least of it talk the loudest against it. Having been a very great and long-time sufferer myself from piles, and having been treated myself in the most barbarous manner of that practice, until pronounced cured by the operator—yet without the removal of the upper sacks; and having used it myself in treating many other afflicted ones, I hesitate not to pronounce the treatment entirely safe so far as its effect upon the system is concerned, yet in the manner of treatment barbarous, and in its effects upon the parts involved, most terribly painful and severe. Because of its two last named features I cannot recommend the treatment, further than to say it will cure without subsequently injuring, and if persons will consent to suffer, all right! I am also aware that the old school practice of medicine countenance nothing—or

wish to be understood as not doing so—of a secret character—that which is not, or cannot be, revealed to each and all its members. I do not say that its members have no secrets, but am rather impressed with the opinion—as they differ but little from the rest of humanity—and from my knowledge of some of them, that most of what some of them possess, like other men in life, is, and will always continue to be, secret; for their skill, except in condemnation of others, and a manifest desire to rule out of favor, and of practice, those not of them, is not elsewhere visible! Far be it from me to say this of them as a class, for there are grand exceptions to such assertions regarding them.

Many have said of my system of treating—of curing rectal diseases—“If it is so good a thing why does he not make it known?” My reply here is, to all such declarations, “Gentlemen, my discoveries and inventions cost me time, labor, and money. I offer all to you for use in your practice for a price as reasonable as you can buy other medicines and instruments, and less than this I can no more afford to do than can you afford to cure such malady without reasonable recompense.

One of the great benefits resulting from the use of my instruments and method of treatment is, that the medicine is applied when the sac is comparatively free from blood—almost empty.—and applied, too, just where the sac is located in the rectum, without displacing, or in any way interfering with the surrounding parts; and the medicine is at once absorbed by the abnormal tissue, which is soon removed, without inflaming or

irritating, to any serious extent, that which is comparatively healthy.

Piles, or hemorrhoids, being so easily cured by my method of treatment, it is unnecessary to refer to any of the other methods now practiced.

I have said little of that practice which is set forth in the works of Mr. Allingham and others, where the knife, ligature, clamp, and hooks, to draw them out for treatment, are used, for we are now living in the light of the nineteenth century! The days of ocean passenger *sailing*-vessels are past! Pedestrianism, except in money trials—of slow stage coaches—of twenty-five-cent letter postage—of wagon transportation—of the hand-sickle and back-breaking scythe—of hand-printing presses—of wooden mould-boards—rope-lines—frying-pans—threshing with flail—and a thousand other old things, have all passed away in my day of life, and we are living in the days of friction matches—steam on land and water—cheap postage—lightning travel—steel plows—reapers—mowers—planters—sewing machines—telegraphs—telephones—have exchanged corn-stalk fiddles for organs and pianos—passed through tallow, and fat, and fluid, and coal-oil, and gas to electricity, for light! and may not the time be near at hand when, instead of drawing out the rectum with hooks to see its sorrows, that all sensible men will simply look in, through the light of this century, and rob the past of all its pain and dread and death, without looking back to the ways of the barbarian and butcher, while the door of reason stands open to all who desire to enter and behold the results and victories of her power?

Against the will and voice of laggards and self-set men, truth has always risen, and when we are no more, then will our success be known to the world, and the scoffer of to-day will then stand in solemn reflection, and wonder at the stupidity and ignorance—if not wickedness—of his own past life!

Think not, reader, that egotism prompts my actions, in the use of language such as you have just read. Not at all! But when I look back over years of suffering, from which the great medical fraternity could give no relief, save by the knife, at the risk of life, and who now shudder at the thought of the heresies of Universalism, because they are Calvinistic Presbyterians of the hardest shell, without stopping to think that it is better to be a good Universalist than a bad Presbyterian, or that no man can be saved alone by the piety and Christian life of his departed father, yet will not attempt to reform because others, who do profess conversion, are, in his judgment, still profane and wicked—who refuse to do good, and reject evil, because the good is not of their household of faith, I am almost tempted to say that such obstinacy is not remote from the channels of crime! Yes, I will, I do say it! Let them rise to full manhood!

But we must pass from the problem of hemorrhoids, their treatment and cure, whose mysteries of the past have been so thoroughly solved in the past few years, to one of much greater interest, because involved in greater mists, and of the existence of which so very few persons have any conception! Yet, to-day it is carrying, on its destroying wings, more persons to early

graves, in my judgment, than all the other diseases combined, after persons have reached the age of manhood. How it is in the years of youth we have had no means of knowing. Its workings are like the currents of streams, gradually wearing the earth from the roots of the trees upon their banks, and weakening their hold to time, by preparing them to yield to the strength of coming storms, when they are forced into the current rolling at their base!

We would that our words might reach the eye of every medical gentleman in the land, and at once arouse each one to act, promptly, in behalf of his perishing and afflicted patrons in this, heretofore, almost wholly unexplored "region and shadow of death." We refer to rectal ulcers, or, in other words, ulceration of the rectum—not "painful ulcers," or fissure in ano, which is of small moment when compared with the monster above it.

RECTAL ULCERS.

In the chapter on hemorrhoids I have asserted, and without any fear of successful contradiction, although contrary to what all other writers have said on the subject, that there is but one variety of true hemorrhoids, viz. : ruptured veins.

Other writers speak of "blind" and "itching" piles, and only this day—April 19th, 1880—I had a new patient come to me for treatment, at Circleville, Ohio, whose affliction was called, by two prominent physi-

cians of that city, by the very scientific (?) name of "*fissure piles!*"

Being, heretofore, entirely destitute of the means to make a full and complete examination, even the most intelligent among the profession have been led into grave mistakes regarding maladies of the rectum—even such mistakes as will astonish the best minds amongst them, when they shall have beheld with the eye the true cause of rectal suffering in all its forms!

In man, as throughout all the works of nature, lessons are written, which if studied and understood, lead the mind to correct conclusions regarding what may be found beneath the surface—hidden from view. When we find the pebbles in the bed of the spring brook wearing a white or yellow coat, the mind is at once impressed with the idea of the presence of sulphur. When we behold the bright, crystal water flowing from the hill-side, we are satisfied that it comes through beds of sand or gravel. When we are told that certain kinds of timber are produced on certain lands, we know that the soil is a black, sandy loam. When told that certain lands are fine for grass, we know that there is a clay subsoil. Then when we are told that there is "itching around the anus," why do we not ask, "What is the cause?" and continue the inquiry until that cause is found? When told of "continual and annoying constipation," why not continue the search for the cause until found? When told of a "weak, worthless back," why not seek the cause? By so doing our wise and thoroughly educated physicians would not, as now they do, be treating effects to cure causes!

When told, "I am greatly annoyed by itching about the anus," you can state the fact, absolutely, "You have a *rectal ulcer!*" When informed of severe constipation, unhesitatingly pronounce it a case of *rectal ulcer!* When told of free discharges of mucous at stool—like the white of an egg—without any reserve, pronounce the case *rectal ulcer!* When your patient has great suffering at and after stool, you can safely say "fissure" resulting from *rectal ulcer!* When fistula is present, remember that, like the stream from a lake, the sinus is but the outlet of the *rectal ulcer!* When you see tabs of tissue and anal corrugations, just without the rectum, these tell you, plainly as words, *rectal ulcer!* When you see the sallow complexion, furrowed cheeks, and wrinkles at the outer corners of the eye, remember that they say unto you, *rectal ulcer!* When your patient suffers with chronic diarrhea, the seat of the trouble is *rectal ulcer!*

Probably no disease to which human flesh is heir is accompanied, through its course, by so varied a train of symptoms, as is this, and all tending to one result—*death!* True, all do not reach it by the same road; for this terrible malady, when unknown, will deceive the wisest! Often, after slow and tedious drives through the system, it will end man's career, hurriedly, by gnawing and eating away the sphincters and anal membrane, leaving, instead of the anus, a deep, ragged hole. Again it will penetrate the bladder, or peritoneal cavity—then the end is nigh! Again it will inflame the nerves passing up the spinal column to the brain, and then "softening of the brain" (?) or

paralysis, is the result! Or it may choose the nerves to the heart, and "he died from heart disease" is the verdict! Or it may so poison and influence the whole system that the lungs may yield to its ravages! Or the patient may die from a "complication of diseases"—yet all the result of this life-destroying agent and enemy of man!

I have seen this monster in all these forms, and results, and know whereof I speak! When, from its ravages, the white of the eye becomes tinged with blue and glassy in appearance, its victory is won.

The close-observing practitioner need be no more deceived in this disease, than in a true case of piles. The symptoms are its true index. The first indication of its presence is a burning and smarting sensation within the rectum after stool, and the stool is accompanied with slight discharges of blood, often intermixed with mucous or pus. Succeeding this is soreness and constipation, the lower end of the stool will be hard, dry and lumpy, the patient will go often, remain long at stool, do very little, and never feel relieved. Having reached this condition the inflammation will extend rapidly throughout the mucous membrane, muscles, tendons and nerves, and the patient will complain of a very weak back, and especially across the hips; of difficulty in the urinary organs, bloating in the bowels, dyspepsia and indigestion, continued constipation, pains in back of thighs, sciatica, failing memory, despondency, inability to labor, and a general yielding of the whole system.

These systems may not and do not all manifest them-

selves at the same time, nor are they all necessary in diagnosing the case. At one stage of the malady one or more of them may be present, and at another stage, the first may give way to others, or others may be added to them. In all cases when the diarrhea stage is reached there is but little hope of cure, yet there are even some exceptions here.

When they reach that condition, which is after they have been long present and inflamed, and have eaten deeply into the tissue through the wall of the rectum toward the spinal column, when the discharge of mucous is profuse, then it is that the energies of the system yield most rapidly to the destroyer, and then too it is that the face assumes an ashy hue, indicating the wearing out of the victim.

When the cavity becomes deep, with a horizontal lip at its lower end, then there is almost certainty of subsequent impaction. When that commences the cavity will soon fill up with fæces, which soon becomes a dry, hard mass, increasing in size from repeated motions of the bowels, and pressing backward, upward, downward and laterally, deeply into the flexible tissue, until, behind the opening through the wall of the rectum, which is comparatively small, is encased in the tissue an enormous ball. When this presses sufficiently hard upon the nerves and muscles additional parts of the man must give way. It may be that the nerves may become paralyzed. In my mind there is no question regarding the fact that much, a vast amount of rheumatic trouble is the direct result of this impaction. Not only in the body, but also in the lower limbs.

There need be no trouble in the least with a proper speculum in discovering and treating this malady. It is nearly always in the posterior portion of the rectum, but varies in distance from the anus. I have never found it more than three and a half inches up in the rectum, but it is generally found between two and three inches above the anal orifice—just above the sphincter ani.

Persons may be afflicted with this malady for years; may be taking medicine almost constantly, as many of my patients have told me they have done, by direction of their family physicians for the kidneys, liver, stomach and urinary organs, and entirely without relief, as must be the case. Never was there attention called to the cause of all this trouble, but they were trying to cure the effects of the cause!

Mr. Allingham, of England, who makes a specialty of "Diseases of the Rectum," in his work thereon, says of the disease, "this subject is so interesting to me that I can hardly cease writing about it." And yet he is not able to see as I see it, for his speculum cannot be successfully used in discovering it, while he says of all others that he has tested "they are comparatively worthless for such examinations." I think likewise of his.

From observation and experience I am compelled to differ with Mr. Allingham in regard to some of his conclusions as to this malady. As I now remember him, he thinks it difficult to arrive at any correct conclusion as to its origin, or the cause producing it. He gives a few cases which seem most satisfactory to his mind as

the cause, which, to me seem more like a result than a cause of its origin.

For instance, he thinks many ulcers are caused by "fish bones" and "rabbit bones" penetrating the membrane, and gives for his reason for such belief the fact that he has found such deposits in the cavity. Another instance he mentions, satisfactory to him, as producing either impaction or ulceration, I do not, certainly, call to mind which, was a tuft or bunch of hair.

I admit that the two former might, possibly be the cause of ulceration, but their being found in the cavity is no satisfactory evidence to me, at all, that they are! Where do you find the drift-wood in our streams? Do you find it in accumulations and masses in the straight, smoothed-banked channel? Not at all! So in this case! Are not bones and cherry seeds, and even bunches or "wads of hairs," more likely to be caught and retained by, and in an already well-formed and deep cavity or ulcer, than in the sound, smooth tissue or membrane of the rectum?

We can easily see how a tuft of hair could be retained in such cavity and become the base of impaction even, but no American eye can see, or mind conceive, how such material could adhere to the mucous membrane, and there, on its surface, against the force of moving fæces, continue to adhere, until, by continued additions of fæces, the whole should become a solid mass, which necessarily must be broken up to be removed! It is utterly impossible for impaction in the rectum to occur unless there is some abnormal condition of that member to

check the passage of its contents! Ulceration, like the spider in his nicely woven web, is ever present to invite just such result, when once there, and especially in the lipped ulcer, no mortal hand could have prepared more wisely, just the proper form for successfully catching and retaining portions of the passage.

It is a very uncommon thing to discover an ulcer of the rectum in the morning of its existence, for the reason that, at best, persons are too indifferent, and too slow in coming or applying, to have such treatment as the case demands, and, therefore, we only find, or see it, in the more advanced conditions.

However, it was my good fortune, while treating a lady, about 22 years of age, for piles, in a central city of Ohio, to meet with one just in the condition I had long desired to see. Its size and appearance is shown in cut, and described fully in the lines in connection with, and following the cut. This terrible malady prevails to an alarming extent! Scarcely do we find a case of piles without its presence! And we have more cases of ulceration, without piles, than we have of piles!

Having referred to the only reasons Mr. Allingham has been able to give as the origin of this malady, we will now present, what we believe will fully be sustained by experienced and thinking men, as the real cause of all this trouble.

But before doing so, we must return to the consideration of the rectum for a little while. The anterior parts of the rectum are more flexible—more elastic than the posterior part—the latter having behind it the spinal column and between the two substantial tissues. The

point of severest contact of the mucous membrane with descending passages is in the curved portion of the posterior part, and with hard passages, and those "fish" and "rabbit bones," and other many indigestible substances, taken into the stomach, such as parts of apple and pear cores, the rectum is in great danger, at the point named, of becoming wounded, and the result is when this does occur, and no care taken of it, the wounded part becomes inflamed, and irritated daily by passing fæces, until finally there is formed there a deep, ugly ulcer, into which slips Mr. Allingham's "hair tuft," and there remains until removed, or the patient dies.

This view of the case, I think, is fully sustained from the fact, or by the fact, that all these ulcers, so far as they have come under my eye, are situated, or had their origin, in the posterior part of the organ. If I am not correct in this then the investigation is open for further thought, by abler heads, and when a more logical reason can be presented it will find in the writer, from the great interest he feels on this subject, one who will readily investigate in that more logical direction.

It has recently been told me that a very prominent physician, in daily practice, says that there can be no ulceration in the rectum more than one inch above the anal orifice! The probability is that he, too, holds that the length of the rectum is "but one and a half inches long!"

Against his statement I will place that of Mr. Allingham, who says "ulceration hardly ever extends more than four inches up the rectum"—and

then I will decide for myself from the more than 30,000 examinations made by myself, and the hundreds to whom I have shown the deadly monster!

In view of the prevalence of this malady—of the amount of misery, and number of deaths produced by it, and in the face of such statements made by men who offer their services to the people as healers of disease and life savers, when the means are now to be had to fully investigate this matter for themselves, and to their entire satisfaction, I will say without fear of being too severe or unjust that, instead of being benefactors, they must stand before the world as criminals, when judged by the duties, responsibilities, and demands of their office, and the obligations they owe their confiding patrons, *if they use them not!*

This may be considered by such persons as severe criticism. Such it may be, but when they see, what they now can see, they, even, will consider it none too severe, for it only reaches those who will not do what they can.

But many such egotistical spirits go further, and, after knowing what the cured ones say, freely and boldly, and not having the means of cure or examination even, themselves, they stand as open enemies to those who have, and even seek by statute enactment to restrict the benefits resulting from such knowledge and practice by taxing it out of existence!

The more particular description of the forms, shapes, and character of rectal ulcers will be given in connection with cuts presenting them to the eye in precisely the form and character shown in the patients, which will be

more satisfactory to the student than an extended outline in this connection. But we will here enumerate the various symptoms plainly indicative of their presence, so that no man need be mistaken regarding their existence and presence. It should be borne in mind that, unless the ulcer is located very closely to the sphincter, that the practitioner will not be consulted until the patient has reached a condition which may be really dangerous, and will then demand prompt attention to check the progress of the malady.

SYMPTOMS.

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 and fistula always caused by ulcers—in the more advanced stage of the malady chronic diarrhea, or morning diarrhea—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 eyes glassy and bluish—at this stage there is little hope of cure. On examination a sure indication is anal corrugations—they never lie. Nor do “pin worms.”

As we said before, 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.

EXAMINATION AND TREATMENT.

Place the patient in the same position used in treating piles. But first let the bowels be evacuated to free the ulcer. Insert the speculum with slide behind, and then draw slide slowly outward.

In the slotted ulcer the first thing you will see enter through the slot, in speculum, will be spongy or boggy membrane looking like a pile sack. Be not deceived by this, but continue to draw the slide slowly outward, and soon you will see two longitudinal folds or enlarged glands with a crease between them. Draw the slide no further, but take your probe, curved at the end, and press it into the crease, and you will be astonished to find a large cavity there.

But as I intend to accompany each cut with a full description of the case each represents, I will say no more about appearances here.

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 teaspoonfull of “sedativus in three table-spoonfulls 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 every 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 tea-spoonfull, with the same amount of starch or pulverized slippery elm, in three table-spoonfulls 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 I examine and give a special treatment every four weeks.

In some cases I find the patient has great difficulty to retain the injection. Mr. Allingham says the same of some of his cases. In such cases remedies must be changed until one will stay, which, when accomplished, is very gratifying to parties interested. Another very trying and annoying feature is the itching about the anus. Sometimes it seems impossible to control it, and that difficulty tries the patient's patience—thinking that the physician should control it at once. Regarding this feature I can only say, try all known remedies and hold to the best, for I have no sovereign balm to offer you, but am compelled to use different remedies in different cases. Permanent relief can hardly be expected so long as the ulcer is not healed. Congested and unsound flesh is sure to produce pin or seat worms, and they in turn produce a vast amount of itching by wiggling through the anal tissue and lower part of rectum. In

some cases I have seen dozens shooting out through the mucous membrane into the speculum. This being a prolific source of the annoyance, I would first advise an injection of vinegar and strong salt water, mixed equal parts. Inject two table-spoonfulls, and retain as long as possible. Should this fail then add to one tea-cupfull of warm, sweet milk, one tea-spoonfull of turpentine, and inject several times the same evening in quantities of two table-spoonfulls, and strain out each time. When this annoyance, which is always worse when the body becomes warm in bed, results or proceeds entirely from the ulcer, much attention must be paid to diet. Greasy or rich food will greatly increase the trouble, and the sufferer must notice what produces it most readily, and desist from the use of such food.

I will here state for the benefit of persons who attempt to cure piles by any of the known methods now in use, that their treatment and cure, as a rule, will not prove satisfactory to the patient so long as the ulcer remains to pain and worry him, and that, although you may have cured him completely of the piles, he may still claim that he is not well!

I am often astonished to hear from my patients assertions coming to them from physicians, that "the knife, or expanding the sphincters, are the only means to cure those ulcers! I am only too sorry to be compelled to say that men make such statements without knowing what they are talking about! When told that such ulcers are fully two inches above the sphincters, they can have some idea of the difficulty of using the knife

in that locality, as well as the folly of expanding the sphincters! Their statements, or assertions, only prove that they refer to painful ulcers in ano, commonly called "fissure in ano," and not to rectal ulcers, at all.

Without any hesitation whatever, I am frank and candid in stating here that not one or more than one in one thousand of the vast army of physicians throughout our land has ever looked at, or seen, one of these ulcers!

And I am as free and frank to say, here and now, that ninety out of every hundred consider themselves entirely too smart to be taught anything not shown in regular medical works, many of whom will die in ignorance of the fact that they are victims of this fell destroyer!

In one of the prominent Western cities visited by me a very prominent Judge of the court called upon me for treatment. His case was complicated piles and ulcer. The Judge remarked, "Not because I lack confidence in you, sir, but because my family physician desires to see the operation, would you consent to his being present?" I replied, "Most assuredly, sir; bring him in." Very soon the Judge returned with his friend and physician, who was a gentleman well up in years, slender in form, of sallow complexion, and the most manifest subject of rectal ulcer we ever saw! Following the introduction we remarked that the physician was in worse condition than the patient. This, of course, the man of medicine—and such for many years—did not accept as fact, but his answers to very few questions fully established the correctness of my

first opinion. We then proposed an examination—free of charge—which was declined. I am fully satisfied, and would stake my reputation on this case, that his is a case of impacted ulcer, from which, if the impaction is not soon removed, and the muscles and nerves relieved from the pressure, must result in paralysis and death! Indeed we have since then learned that he is now suffering from vertigo, as well as general debility, greatly.

Now here was a case wherein the pride of the profession controlled the better judgment of one of its votaries, and because the assumed knowledge of his condition came to him through irregular channels—from a traveling doctor—even “without money and without price,” and when his own life is in the greatest danger, kept him from submitting to a brief examination—entirely painless—and, with doubt in his mind, like thousands of his school, dare not yield to the truth at his command, lest that Calvinistic and great brotherhood of practitioners might be convicted of ignorance, even at the door-way to its lecture-rooms, by one who never received instructions from such as love the word allopathy more than they do the true light of the age of reason in which they live, and in which the theory and practice of the knife, lancet, and calomel are rapidly yielding to the more reasonable and humane, and less dangerous theories and practices of modern science.

But we must not assume that progression may not be found in the minds of many who are yet bound by the rules and formulas of that school of medicine which

seeks to protect itself at the expense of all other schools, or practitioners, even through legislative action in their behalf, for there are men of honor and reason there, as well as bigots, and those lumps of medical leaven may, in time, permeate the whole mass, and result in broader views and more generous actions, until the mistaken and selfish theories of a class in medicine may yield to the light of age, as have many bigoted ones in the great bodies of the religious world!

FISSURE OR PAINFUL ULCER.

Fissure in ano is but the child of the parent whose habitation is, generally, from two to three inches above it, in the posterior portion of the rectum. Although small in comparison, it is generally more annoying, fretful, and peevish, and is productive of an immense amount of suffering and nervous prostration.

Located as it is just below, and sometimes extending upward, across the sphincter ani, it is exposed to all the contractions and expansions of that muscle, which are certain to produce most agonizing pain, which often lasts for hours, without the least intermission, after stool.

When the membrane of the rectum is sound and healthy, there is hardly a possibility of fissure, but when piles or ulcer are present the membrane is congested and comparatively weak, and often more or less

strictured. When such is its condition laceration, or injury, in the vicinity of the sphincter, from hard, dry passages, is no uncommon result.

Sometimes it is difficult to discover the fissure, as it is hidden, deeply, between the folds of anal membrane, but generally its outer end terminates in a small, inflamed, sore lump at the verge of the anus, and extends upward into the rectum, club-shaped, with the base or floor much congested. It is necessary to have the patient strain down, while lying on the bed in the same position as for pile treatment, and with the thumb and finger divide the folds of the membrane, very carefully, to find the fissure.

I have often seen fissures bleed more freely at stool than pile tumors or sacs; and, when making an examination for them, I have seen free discharges of blood. I am sometimes inclined to believe, that, from the weakened condition, and little support to the veins from congestion, that the vein itself becomes ruptured, and causes some of the worst fissures we find, if not promptly attended to.

As a rule, the pain is set up immediately after stool, and continues several hours, and often, indeed, almost until the next movement of the bowels. When such is the fact, the patient defers going to the closet as long as possible, which is very injurious, because the trouble thereby is only increased.

From my experience and knowledge of fissure, I am well satisfied that severe toothache, only, can equal the misery resulting from it, and it should not be suffered to exist longer than possible.

TREATMENT.

The old school practice has been, and is, to cut deeply into the bed of the fissure, even through the sphincter, if necessary; or to expand the sphincter, by using the thumbs as levers in the anus, until the sphincter cracks! Either of these methods is severe and far from civilized, while Mr. Allingham says of the former that the sphincter, sometimes, may not unite, leaving the patient in a pitiable condition—not able to control the bowels!

My treatment of fissure is entirely different, and very simple, and thus far has been entirely successful. With thumb and finger of left hand, aided by the patient gently straining down, I expose to full view the bed of the fissure. While thus exposed, I hold in my right hand a small probe, dip its end into my fissure compound, and touch the fissure until it becomes perfectly white. At once, after white, cover it thoroughly with sweet oil, after which, twice daily, apply a salve made of sulphur and cream. It may demand a second touch with the acid, but this is seldom necessary. The pain produced by fissure results from the exposure of small nerves, which are destroyed by the acid, and the wound promptly heals up thereafter, and soon becomes well.

It is no uncommon thing, especially in hot weather, after pile treatment, to find fissure, from which the patient suffers most keenly, and thinks it caused by the treatment; and I have had cases where they did not report for treatment on account of it, fearing that another treatment would increase the trouble, when, had they come, the pain could and would have been

promptly ended. No patient should absent himself when fissure is present, but be the more prompt in attendance. By my method of treatment this "painful ulcer"—from which persons suffer so much—is so easily cured that it is useless to say more of it here. We refer you to the cut and accompanying remarks for what further we have to say on this subject. We will add, however, that two, or even more, may be found in the same patient at the same time, and that their presence, almost universally, indicate rectal ulcer as also present, and from two to three and a half inches above the fissure. This affliction is very common with young ladies, and they should promptly apply for cure.

FISTULA IN ANO.

This is another child of *Rectal Ulcer!* Mr. Allingham gives as the cause of this loathsome malady—or rather I should say one of the causes of many of the cases—cold, taken in the parts where this malady is generally located, by cab-drivers sitting on the cold, wet seats of their cabs or omnibusses, resulting in abscess, and finally in fistula. But we must remember that men who never occupy such seats are afflicted as well as those who do, and hence we must look elsewhere for the real cause of all such trouble. I entirely agree with Mr. Allingham as to the fact that the occupants of such seats, or persons who sit on cold, wet stones, boards, logs, or steps, greatly expose themselves to the

danger of bringing on this affliction, when its real cause is present. But when the real cause does not exist, and the flesh of the buttock is in no wise congested, and the rectum entirely healthy, the production of the malady from the causes named need not be feared; or, at least, the cases will be very exceptional, indeed!

As we said before, rectal ulcers cause congestion and inflammation of the rectum, and, also, of the tissue surrounding and adjoining it, producing an abnormal and diseased condition of the parts. When such is the fact—and it is always true when such ulcer is present—then it is that danger, from the causes referred to by Mr. A., is very greatly increased, of producing the results named. Indeed in my own practice, and while treating persons for the cure of such ulcers, I have had several cases in which abscess, followed by fistula, was produced by sitting on cold, damp steps or seats, but which would never have so resulted, had it not been for the ulcer, from such mild exposure.

There are three forms, or varieties, of this malady—the external imperfect, the perfect, and the internal imperfect. The first, or external imperfect, is produced, especially, from cold settling in the congested tissue near the anal orifice, resulting in abscess, which when opened refuses to heal readily, because of the congested condition and mobility of the parts; and yet, by proper treatment, it is the easiest of the several forms to cure. Persons are often deceived by this abscess—thinking it to be an ordinary boil, and give it little attention until they are alarmed at their continued suffering, and mortified at learning its true character! In time this form,

if not cured, will extend upward and become a perfect fistula.

The perfect form, or such as are perfect after the breaking of the abscess, are generally produced, if, indeed, not always so, by the ulcer eating its way downward behind the mucous membrane of the rectum, and through the sub-tissue, and when the puss collects in and can no longer be expelled from the deep cavity, an abscess forms near the anal orifice, generally, and after days of suffering, it breaks, if not lanced, and the patient finds to his sorrow a running sore, offensive to the smell and very injurious to the appearance and cleanliness of his clothing. All this might have been saved, at the proper time, had the patient but known of the presence of the ulcer in time to cure it before such termination, or had some "regular" physician been able to explain to him, from the symptoms, what was the matter and the certain result, if not attended to in time. But unfortunately the family physician—few of them even now—had any knowledge of what was there, or the result. The internal imperfect variety can easily be told from malignant ulcer, in this, viz: the discharge from the ulcer—until it has an external opening, when it becomes a perfect fistula and discharges pus—is always tough, stringy, transparent mucous, like the white of an egg; whilst that from internal imperfect fistula is pure yellow or whitish pus. Why there can, or should, be this difference in seemingly similar diseases of the rectum, I will not here attempt to describe, but leave others to decide for themselves. Such, however, is the fact. Another peculiar

difference in the character of the fistula and ulcer is that the latter, if ever, but extremely seldom, destroys the tissue upward, but so far as I have been able to discover, always downward and backward, yet, sometimes, laterally; while the fistula is entirely reckless as to its course. It is as likely to run upward as in any other direction. I have probed them upward and backward fully three inches from their openings into the rectum, which were fully three inches from the anus, and I have seen them extend from the rectum, upward, and out above the hip bone, so that the pus would pass either way through the sinus. In one case which came under my notice and treatment, there were nine distinct and separate openings, from each of which pus flowed freely, and some of which were fully five inches from others, completely honey-combing one whole side of the buttock! all those several sinuses united in one grand canal, near the anus, which came down from a large ulcer, having vascular-looking walls, making the whole left buttock and rectum a mass of congested, diseased flesh, with an external or skin appearance like that of raw liver.

I have seen many other cases having two and three openings, the pipes from which would run far up, or outward, into the seemingly solid flesh. When a complete fistula is formed, after, or at, the opening of an abscess, resulting from an ulcer eating downward, you must not expect to find the opening always located posteriorly, although the ulcer had its origin in that portion of the rectum. It is more likely to be lateral, from the fact that it follows the veins in the sides of the

rectum, and it may even be anterior. I have found the opening of the sinus as small as a cambric needle, and as large as a small penholder. When so very small, great care should be taken to discover the course of the sinus, as it must be treated throughout its length by injection. I have found in probing fistula that when the sinus runs horizontal through the buttock, that large cavities exist along its course, which, in time, would produce additional openings through the tissue and skin, and add to the already annoying conditions of the malady.

I have not found in my practice so many cases of fistula, in comparison with other diseases of the rectum, as Mr. Allingham reports, yet the number is annoyingly large, because of the fact that persons thus afflicted are seldom willing to give such attention to treatment as the case requires, and, therefore, baffle the skill of the surgeon and delay cure.

Such being the fact fistula becomes one of the most undesirable maladies to treat of any of the several rectal diseases.

TREATMENT.

There are different methods practiced in the treatment of this malady, amongst which may be named the knife, the ligature and the injection. The first of these has long been and still is practiced by the Allopathists, and to some extent, successfully. The manner of operating in cases of perfect fistula is to run upward through the sinus, a curved, probe-ended blade, and into the rectum the forefinger of the left hand until the ends of

each meet, then with the end of the finger held firmly against the end of the probe point of the blade, draw both down, quickly, until all between the two is severed—even the sphincter.

When the operation is performed by this method, and the ulcer above the sinus is a deep and bad one causing much congestion of the surrounding parts, it need not be expected that the wound thus made will heal and become well; rather be prepared for most extended inflammation, entire obstruction to passage from bowels, and in such cases death. Even Mr. Allingham skilled as he is in this practice, says, that sometimes the wound will not heal, and then the patient has no control over the fæces, and that he must wear cloths to protect his clothes. Such is, truly, a pitiable condition for a patient to be left in. Better suffer from the cause than from the operation. Following such treatment of such cases, death is no uncommon result.

The mode of operating by ligature is tedious, painful and not very satisfactory. It is accomplished by carrying a silk cord up through the sinus into the rectum, then down to the outside, and drawing the ends downward and tying them tightly below, thus the cord is made to cut into all the walls which it surrounds, and must frequently be tightened to continue the work of dividing the parts.

The last named method is to inject the sinus from end to end by means of a small probe needle combined with a hypodermic syringe with my fistula compound. This is my method. It seems most reasonable and is comparatively free from pain. One or two injections will

destroy the hard wall of the sinus or pipe, and then by closing the opening into the rectum by means of a cotton wad the pipe below it can, by repeated injections, soon be healed up. But while doing this the ulcer must not be neglected, for in the cure of that lies the permanent cure of the fistula. By this method the sphincters receive no injury, there is no pain from laceration, no danger of resulting death, no resting from ordinary labor, no intense suffering and no strictured or relaxed sphincters.

Now when there is a method as successful, and more so than the knife, free from danger, almost painless, entirely satisfactory in results, why continue the old and barbarous method of the darker ages? Let the light of reason spread its wings, and bring joy not sorrow to the suffering, and fear will no longer cause a continuance of suffering, because the dread of the blade will no longer cause a shudder to pass over the whole man, when he thinks of the means of cure.

I must not be understood to say regarding the cure of fistula by injections, that it can be or is rapidly accomplished in bad cases, for such is not the case. It takes time. But I do mean to be understood that the cure is certain without the pain, suffering and danger of the knife method.

The operation with the knife is quickly performed, but where is the end of the case? If the dead could speak, the voices of countless numbers would come forth from the grave and say "*here are we!*" And those who wielded the deadly blade would respond, "our books, our wise fathers, our skill, our unchanging sys-

tem of treatment are our defense. Why should we step aside from the long-trod paths of ancestors and adopt the modern theories and practices of those who are not of our household of faith, whereby our loved brotherhood of astute practitioners might be lost in the mists and fogs of a mixed, although more humane and successful method of curing the suffering, and thereby say to the world, "we are no more infallible—our system is error!" Would it not be wisdom in medicine as in religion, to observe the command or exhortation, to "try all things and hold fast to that which is good?"

If the world has been no sufferer from the abandoning almost entirely of the lancet—while we know that the human race is as full of blood as ever—may it not be the gainer by dropping the knife? There are cases, we know, where its use is necessary, but in cases where its use is not necessary, why not abandon it?

Our warriors no longer enter into deadly conflict, with chariots and elephants and coats of mail, on open ground, but they seek the protection afforded by forts, forests, hillocks, ditches, breast-works, and long-range guns, using skill and strategy to gain the advantage of the foe! Why, then, should we persist in cutting and carving and wounding and killing! Because we have the example of our fathers, the teaching of ancient books, and the authority of our *alma mater* to direct us, even against the more logical and reasonable teachings of modern discoveries and successful practices, with which we know that we are surrounded?

Saul, of Tarsus, contended against truth until the light of that truth prostrated him to earth! The man-

tle of error in which he was wrapped yielded to one of truth and reason, and the bold persecutor became the champion of the "Son of Man!"

It is investigation of new theories and practices, and their results, that bring conviction to the understanding; and no man, however wise in his own conceit, should reject the opinions and discoveries of another without careful investigation! Had all men in times past adhered to ancient notions, even to-day, yet, would the world, or earth, be "flat!" Where men are wrapped up in the theories and opinions of others—theories and opinions drawn from books—would it not be well for them, at an early period in life—like the young quail, whose feet and head once freed from the parent shell, starts at once in its race of life—to crack the shell which has already too long encased their judgments, and start at once to seek truth wherever it may be found, and when found to embrace it as such, regardless of the usages of those who lived in darker days than now? Why stand where our fathers stood, in wooden shoes? Who would return to the flat-boats propelled by poles and hand-worked oars? If not go back in one thing why not advance in another? If you love darkness rather than light, why then remain stationary—but if light better than darkness, move with the discoveries of the age in which you live, breaking the fetters which bind the mind to error, in the morning of life!

When causes are known and understood effects can be the more easily produced. In the light of day the eye and judgment can measure and determine objects

not visible in the darkness of night. While all improvements and inventions are eagerly embraced, and utilized for the relief and benefit of humanity in the mechanical departments of life, is it not surpassingly strange that in the medical department the hands of so many men should be held up in holy horror against any discovery or invention that comes not to the profession through channels renowned, or, at least, until endorsed and commended in works, or medical journals, of "the association," without any investigation, seemingly, whatever, by others less celebrated, and who trudge along in the ruts and paths prepared for them by those who hold such smaller minds in the grasp of their own power! Yet, such is fact.

That man who is not able to be guided and carried forward on the conclusions of his own brain, after considerate reflection, is not fitted to trifle with the lives and interests of his fellow man, in any way!

Do not understand me to say that man should act only on his own judgment, but that he should investigate all matters of interest to him, in his profession, come from and be endorsed or condemned by whom they may, select and stand by the good, and reject the bad—the worthless.

POLYPUS RECTI.

Polypus is an abnormal growth often found in an unhealthy rectum. It is another of the productions of rectal ulcer. I have found as many as three well

defined growths in the same patient, but I cannot now call to mind a single case in which more than one was, in such cases, pedunculated; nor have I ever discovered them when an ulcer was not present. When but one is found it is, universally, pedunculated.

It is not difficult to determine what is, and what is not, polypus. As a rule they are the size of a filbert, very white in appearance and hard to the touch, and look like a hard, round, rough piece of tallow candle. The neck is generally short, and the size of an ordinary wheat straw. Yet I have seen them with a neck fully an inch in length, and often not pedunculated at all, yet always of that same white color, except in the variety that bleeds.

Polypus, sometimes, is productive of much pain, but this can only occur when their base is well up in the rectum, and the growth comparatively large, or large in size; then, when the patient is constipated, the hard, dry passage carries or forces the growth down below the sphincters, producing a taut condition of the membrane of the upper rectum, and greatly irritating the ulcer and congested parts, until it is again pressed back above the sphincters.

Those not pedunculated appear like a small tallow dip projecting through the wall of the rectum, internally, having a purple base, and are in length from one-half to one inch.

In a very few cases I have discovered another variety from that before described, which has the appearance of a blood-red raspberry, and bleed freely upon the slightest touch. This class is generally small, yet I

have seen them as large as a small walnut. When large they assume the appearance of a purple raspberry, do not bleed so easily when touched, yet profusely, at stool. Either the large or small may easily be mistaken for piles, because of their bleeding, protrusion at stool, and soft, spongy feeling.

Upon examining the rectum if you discover such white, hard substance, be careful not to mistake it for stricture, for it bears such appearance; but take your curved-ended probe, reach above and around it, and gently draw it through the slot into the speculum, and then you will be made fully acquainted with its character.

TREATMENT AND REMOVAL.

The treatment and removal of polypus is neither difficult nor dangerous, when properly done, the only danger being that resulting from hemorrhage—and of this, there need be none whatever.

My method is to get them within the speculum, as near their location as possible, so as not to disarrange the membrane at their connection with it. Having done this, I place around the neck a strong, waxed, silk cord, and tie it as tightly as the neck will bear without injury to its surface. I then clip off the polypus and thread, and the work is done, leaving the neck tied.

The patient should remain reasonably quiet for a few days, and the bowels be held in check, and in the course of a week no further attention is necessary. I prefer removing the growth at time of ligating, because

if left in place, when strangulation has weakened it, it might be torn off by a hard passage of the bowels, and then more or less hemorrhage might follow.

As the presence of polypus does much to irritate, and increase ulcer trouble, so will its removal greatly aid the cure of such malady.

Further reference will be made to this subject in connection with descriptive cuts.

OTHER RECTAL TROUBLE.

There are other diseases of the rectum which we will only refer to by name, because they are seldom met with in practice, compared with those heretofore described, and their description would put the cost of this little work outside of its author's intentions, and beyond the reach of the masses, for which it is, in part, intended.

STRICTURE is one of those diseases referred to, and often is productive of much trouble, but, as some suppose is the case, it is not always the cause of "ribbon-like stools."

PROCIDENTIA is another. It is not very common; may easily be mistaken for piles by persons not fully posted regarding both. It is, truly, *prolapsus recti*, but not in the least like true hemorrhoids. The rectum comes down in rolls or folds, through itself, is very red and slimy in appearance, and readily returns at the will of the patient. As piles do not return, save by pressure,

this feature alone explains the malady. I know no cure for it, and doubt if there is any.

CANCER OF THE RECTUM. This can be told at once by the continued pain it produces, and by the peculiar smell ever present with it. Suffering unto death is all that the patient need expect from any treatment when thus afflicted.

RODENT ULCER can be distinguished from cancer by the absence of the smell referred to, yet its effects on the patient differ but little from cancer. In its results it is equally fatal. Some further description of this in cut and following remarks.

HEMORRHAGE FROM BOWELS.

The rectum is well supplied with veins and arteries. As a member of the body it is important—has much work to perform—is subject to great tenesmus, at times, to irritation from dysentery, diarrhea, constipation, and coughing. There is great liability, from its weakened condition, to fracture, injury of membrane, and rupture of veins therein, to fissure, and, hence, to hemorrhage. This tendency is not diminished, at the time of treatment, but rather increased, if quiet and reasonable care is not observed after treatment of any of the rectal diseases, and, hence, it is well to know some reliable remedy to promptly check hemorrhage at any time, for it is just as likely to result from ulcer as from treatment, at any time.

Every person being treated for rectal trouble, should

have the remedy to check bleeding, at hand! Sometimes a very little additional inflammation to that already there, may cause it, yet oftener it results from congestion without such treatment. I have performed more than thirty thousand treatments in the past three and a half years, and have never had a case of accidental or secondary hemorrhage from treatment of hemorrhoids, but four or five of my patients have had hemorrhage from rectal ulcer, both before and after treatment of the same.

The very best remedies to check such bleeding may be found in the use of Monsel's Solution, or a solution of persulphate of iron. An injection into the rectum of one teaspoonful of Monsel's Solution, repeated in one hour, if not at first checked, will end the flow. The same amount of persulphate of iron, held in solution by glycerine and water, is less trying to the system, and equally as good as Monsel's Solution.

"Hemorrhage of the bowels," as physicians call it, is no uncommon occurrence. But it comes from the lower bowel, the rectum, and I hold that no one need die therefrom if the physician knows his duty, and reaches his patient in time, yet, amongst many others, I can call to mind the Probate Judge of Van Wert county, O.,—Mr. Baker—who died from this trouble in 1878, where physicians were near at hand, and without any treatment for rectal trouble.

Man, although "fearfully and wonderfully made," is like a tender plant, easily stricken down, and he can not be too prompt in attending to the cure of ills to which he is heir, and from which he is suffering.

OMISSION OF REMEDIES.

I have purposely omitted from this work the remedies used in the cure of rectal maladies for the reason that they, without the instruments used in connection with my system of treatment, would be entirely useless in the hands of any surgeon.

My system, complete, embraces, with the manner of operation, twelve (12) instruments, severally intended for use in the treatment of Hemorrhoids or Piles, Rectal Ulcers, Fistula, Fissure &c., and also Hemorrhoidal Compound, Ulcer Specific, Ulcer Compound, Fissure Compound, and my all-healing salve for reducing inflammation, &c.

The formulas for these remedies are not furnished to any one, but the medicines are all carefully prepared, guaranteed genuine, and supplied to persons using my instruments and system, all properly labeled, for less than one-half what would be their cost to operators if prepared by themselves from purchases made at drug stores. We are able to do this only by securing ingredients at wholesale, and in large quantities.

OUR MEDICINES.

We have used our specific remedies for the treatment of Rectal diseases as we now compound them in many thousands of treatments for more than two years, and in no single case has any unpleasant effects resulted therefrom. Many other physicians using this treatment

or system of treatment, have also fully tested them, and with the most satisfactory results. For several reasons we prefer to supply the medicine as well as the instruments, the most important reason for which, on our part, is, that all may be properly compounded *exactly right for use*, and this is obtained the more easily in preparing large quantities than if made in small quantities; and on the part of purchasers the advantage is in price and trouble. We can supply all or any of our medicines for less than one-half it would cost if the articles were purchased of druggists, as we buy the component parts in large quantities. This we know from experience. We furnish it, labeled for use, and gurrantee it to be genuine, and that it will not become worthless or injured by time.

I am aware that some persons say they would prefer to make their own medicines; but of all the medicines they use how much do they make? They buy most of it ready made for use. We have so fully tested our remedies, after having made many changes before reaching the present perfection, that we believe they cannot be improved. Then again, having secured the desired results in their use, we have no desire to break or have broken the chain of our system which now seems so nearly perfect, and yet I find, as will every other practitioner, some cases wherein some change in treatment may be necessary and proper. When such becomes evident, every person must be governed by circumstances and his own judgment.

By our arrangements physicians can obtain one or one hundred bottles of medicine, as desired, at the same reg-

ular price. So with our syringes and injectors for daily treatment by the patient. We purchase all in large quantities, not for making money out of them but for convenience of those who use our system of practice, so that they may secure them for their patients at reasonable prices, and without trouble of buying or trying to buy at different places, and often, as we found it, with much dissatisfaction.

We guarantee satisfaction as well as all things furnished by us, for this practice.

MANNER OF TREATING RECTAL DISEASES.

I will here, for ready reference, present my method of treating the different diseases of the rectum.

PILES.—With the patient on right side, with knees drawn up toward stomach, and buttock so that a good light strikes directly against it, I first oil the anus and rectum with sweet oil, using my oiling syringe for the purpose; I then insert the speculum, and slowly draw the slide, and when a tumor or sac enters the chamber, through the slot, I stop the slide and penetrate the wall with my long, hypodermic needle, passing it up inside the speculum, and inject into the sac from 2 to 8 drops of my hemorrhoidal compound according to the size of the sac.

RECTAL ULCER.—With patient in same position, I first oil anus and rectum, then insert speculum, with slide posteriorly, and slowly draw it outward, watching

for impaction, congestion or mucous, as soon as either is seen I stop slide, and make a careful examination. If impaction is found I remove it with my Lente's probe—if mucous I remove that—if only a cavity is found, without either mucous or impaction no cleaning is demanded. When cleaned, with my hypodermic ulcer needle, I inject into it from 2 to 5 drops of my *ulcer specific*, owing to size of cavity. I do this not oftener than once a week—or even once a month will do. After this the daily treatment is as follows: Water injection after stool in morning, and strained out at once to clean ulcer and rectum, and, if constipated, a light injection before bowels move. After bowels move use salve injector, and place at mouth of ulcer, salve, size of a bean. At night before retiring add to three tablespoonfuls of water one-half teaspoonful each, of ulcer compound and the powder, and inject and let remain in rectum during night. Use the ulcer pipe of syringe for this. Use the dark compound for injections if there is no itching about anus, and it can be retained—but if itching and hard to retain, then use the light. A very satisfactory way to use the compound is night about with dark and light. If much constipation use only the light. This treatment must be patiently continued for months, often, to effect a cure of this malady.

FISTULA IN ANO.—Next to an ulcer a perfect fistulæ is slowest to heal. It comes from the ulcer, and can hardly be cured before its cause. Treat the ulcer as before described, and about once in two weeks. After oiling the rectum, with the fistulæ-probe needle, inject through the length of the sinus, entering from outside, a few drops

of hemorrhoidal compound, daily, afterwards bathing the external parts freely with the light ulcer compound—daily also. Treat all imperfect fistulæ in the same way. External, imperfect ones are readily healed. Internal, imperfect ones take more time.

FISSURE IN ANO.—Find the fissure, as you always will, buried between the anal folds, or in the center of a hard sore lump. If of long standing, and extends over the sphincter into the rectum, with hard walls, the pain will continue several days after treatment, and warm, sit baths should be used frequently. One treatment, generally, will end the pain in a few days.

Treatment.—Apply a drop or two of the fissure compound to its walls and bed, and at once cover with oil. Not more than three applications will be necessary to cure the worst case, and the last two treatments will not be severe for any length of time. Hot weather and congested anus and rectum, with pile treatment, greatly adds to cause of fissure, especially when pile tumors extend down over the sphincter.

POLYPUS RECTI.—Ligate—hold the bowels a few days—labor but little—take light physic and that will be the end of such excrescence!

By following the foregoing directions you will find little trouble in performing cures if your patients do their duty, which they must do in rectal ulcers if they desire to get well, except in bad cases of No. 11 and 12, which you can hardly hope or expect to cure, or even give relief to the sufferer! Always impress upon your patients, in ulcer cases, the great importance, on their part, of keeping the rectum clean. I never restrict my

patients from ordinary labor, but they would get well much faster and sooner if they would abstain from labor, in part, at least. The blood should not be overheated. In all cases where there is much constipation, I prescribe Cascara Sagrada, 2 ounces ; simple syrup 4 ounces, taken half teaspoonful before each meal. Discontinue when desired effect is produced, and commence use again when necessary. The dose must be increased or diminished to meet the condition of the case, as demanded.

In cases of diarrhea, and sour stomach, I use as one of the best remedies I have found, animal charcoal—known, also, as Ivory Black, and bone dust—equal parts, in weight, of animal charcoal and pul. white sugar ; dose, half teaspoonful before each meal. This taken internally in combination with injections of the dark ulcer compound, seldom fails to check the worst cases of diarrhea resulting from ulceration of the rectum—the cause of most cases of chronic diarrhea.

When the inflammation of the mucous membrane of the stomach and bowels is reduced to a normal condition, there cannot be much diarrhea ! Healthy digestion and assimilation will, also, then greatly aid in curing the ulcer—that great disorganizer !

WHAT CONSTITUTES MY SYSTEM OF RECTAL TREATMENT.

1ST—My discovery and treatment of all pile sacs within the rectum, without extrusion. This was never practiced hypodermically, nor any other way, before my discovery of a method of doing it.

2D—The discovery of rectal ulcers, far up in the rectum, in such manner as to enable me to *see* them, to clean them out, and treat them specifically.

3D—The method of discovering and removing polypus growths, far up in the rectum, without failure or danger in removing.

4TH—The invention of an instrument, which is *patented* to me by the United States, for the accomplishment of the objects before named.

5TH—The invention of instruments for direct and self-treatment of rectal ulcers.

6TH—My discovery—in connection with internal treatment—of a compound for successfully curing every case of true hemorrhoids, and almost without pain, and which is secured by letters patent of the United States to me, also.

7TH—The discovery of a specific compound for the cure of rectal ulcers, in combination with a salve composed of the same articles, and a salve injector for self-use in applying it to the ulcer—the salve to be used in morning and compound at night.

8TH—The discovery of a specific remedy for, and certain cure of, *fistula*, and the manner of using the same, without cutting or ligating, and almost painless.

9TH—The discovery of the *cause* of *fistula*—without the cure of which no *fistula* can be permanently cured.

10TH—The discovery of a certain cure of fissure in ano, which is one of the *severest* maladies to which flesh is heir, without cutting or distending the sphincters, and by the simple application of a drop or two of medicine! At most *three*, and as a rule *two* applications will cure the worst case!

In these ten things, with some others of less importance, may be found my great success in the treatment and cure of *rectal maladies*, which have baffled the skill of many of our most eminent surgeons, while others, if at all, only succeeded by the most barbarous, *severe* and *dangerous* methods in giving partial relief, with now and then a cure!

Until the use of what is called the “carbolic” treatment, applied hypodermically, there had been no system, method, nor advancement in the treatment of piles—a common name given to nearly all rectal maladies, even to pruritus!

The “carbolic” treatment is very severe and uncertain in its effects—often producing much inflammation and severe suffering—and for that and other groundless reasons, among which may be named its use by itinerant *specialists*, its use, or that practice, was severely and wrongfully condemned by the allopathic school of

medicine, which is too ready to condemn every thing which comes not through its own channels!

In time, however, even members of that school, quietly, attempted the use of that treatment, and because of its varied effects upon their several patients, and their general ignorance in its use—as was and is the case, even in its use by specialists—that practice was condemned by them generally; and when my successful system was perfected those physicians cried aloud, “We know all about it—it is dangerous!” But, as yet, they can’t see the danger from my system, and they are compelled to acknowledge its *complete success!*

Many are now using *my system*, and *some* who procured instruments, medicines, and instructions from me make *special efforts* to keep the fact of it being my discovery and my system of treatment a secret also, so that they may seem to have a system of their own, seeking praise for what is not theirs, nor never was! When the facts are known the reader will be made aware that every man who treats *rectal ulcers* at all, and who treats pile tumors within the rectum, is using part, if not all, of my discoveries! And if any surgeon is using an almost painless compound for the treatment and cure of piles, and that too within the rectum, it may be set down as a fact, if he denies that it is my system, that such person seeks to deceive, and is, most likely, using my patented and copy-righted articles in violation of law, and will, sooner or later, be punished for the deception and fraud! I am determined that my rights shall be respected, and my discoveries and in-

ventions be recognized! In connection with my instruments and medicines I have copy-righted my circular paper, called "*Glad Tidings*," and also a chart showing various diseases of the rectum, such as have never before been shown by engravings! If my rights in either of these are in any way infringed by others, such persons may expect prompt punishment! Let such remember that the law covering copy-rights is *very severe*!

I supply those who may desire them "*Glad Tidings*," and "*The Harvest Field of Death*," in any quantities, at prices far below what would be the actual cost to persons getting up only a few thousand of them, and every man in this treatment, itinerant or local, should not be without these means and aids in advising those amongst whom they practice. of their real danger, and the necessity of prompt action in applying for cure.

These articles should be in the reach of every family in the country, for they point out to the suffering their true malady, and the surgeon can print thereon his name, so that his patrons can be advised where to apply for cure.

No one engaged in the practice of medicine, I care not how eminent, may be his position, need have any fears of being *humbugged*, should they have any desire to secure this system of practice. But, on the other hand, he who hesitates stands as it were at the bedside of a suffering patient, having within his reach that which would promptly restore to health yet rejects it, solely on the ground of its specific character, when the

evidence is all around him that it will cure when all else has failed, as when a rail thrown to a drowning man is within reach and his only salvation, but no one willing to throw it, what must be the judgment of the patrons of and dependents upon such physician, for his interest in behalf of suffering humanity, looking to him for relief.

The true physician will, as he is in duty bound to do, when remedies have been well tested and proved successful beyond doubt, make use of all such means in his practice come from what source they may. The profession of medicine should seek that which surely relieves suffering and prolongs life, regardless of the place of its origin, with the hope and intention of making it, in abler hands, an anchor of real security and safety to life and health.

ILLUSTRATIONS.

In the following pages I present, in many of their various forms, some of the diseases of the rectum.

In advance I desire it to be known that the following cuts present no uncertain view of the diseases which they are intended to represent, but that they are, really, the true representations of what I have seen, and noted with much care.

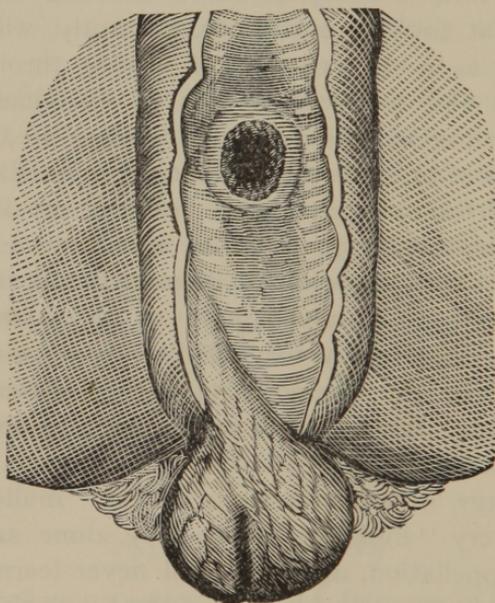
This part of this work is, in every way, very expensive, has cost in time and money, heavily; and yet, with-

out it, the value of this work, in connection with my discoveries and new method, or system of treatment, would be very trifling, compared with what it is with them. To the practitioner of medicine, these cuts, together, form a complete chart, enabling such person to arrive at correct conclusions, promptly, without the necessity, as in my own case, of wading through years of study, and many thousands of examinations and operations, before being able to present to the world the results of my arduous and long continued labors.

I am of the opinion that the result of my labors will be of much advantage to those who desire to become conversant with the class of diseases herein treated of, and must result in much good to the masses of the people, because many valuable lives may, and will, be saved, when the character of such diseases is fully understood. But I am not vain enough to believe that all will accept as true what they herein see, for there are, always, in all professions, some "mullet heads" who still cry "humbug," while they, alone, are worthy of the appellation, and such will never learn wisdom, even where the clearest light is shed, and the smallest atom magnified to suit the dullest eye, and most obtuse mind.

Egotism seeks to draw to itself the credit of things good, and hence becomes a mere rubber ball, active when used, but without brains. Still, the world is full of thought and investigation, and, hence, I know that the intelligent mind will embrace truth, and turn it to useful account, for the good of our race; and, there-

fore, I know that this little work of mine, will not fall like autumn leaves in the midst of giant oaks, only to be trod under the feet of men.



Malady.—PILES AND RECTAL ULCER—IMPACTED.

This cut presents no uncommon feature in piles or hemorrhoids. We often, upon examination, find one tumor protruding, as shown in the cut. Many persons thus afflicted, have never made any effort to return into the rectum those protruding sacs, and you will hear such persons say, “I often bleed until my boots

are almost filled." In all such cases, after stool, or when out, such sacs should be pressed back, when the bleeding will at once cease.

When this sac first protrudes, at any time, and for some time afterward, its color will be a dark purple, with small, black veins traversing it, and will not be very painful, but feel very unpleasant and become quite annoying. When such protrusion exists, or is present, and bleeding attends it, when out, no person need have any doubt as to his or her affliction. If left in the condition shown for any length of time, it will become highly inflamed, and then it is, or will be, very red and soon becomes sore and painful. To avoid this result, they should always be returned to the rectum from whence they came. This tumor or sac belongs above the sphincter, and when a person applies for treatment the surgeon must first oil it, and then by gentle pressure, with the ball of the thumb, against it, it can be returned to its real locality. When pressed home then use the speculum, with the slide directly over where it is located, and when well inserted, slowly draw the slide outward until the tumor comes well into the chamber, through the slot, and until you are satisfied that what enters is of the wall covering the cavity where the rupture exists, and then passing your needle into the speculum, with the gauge-nut set on the syringe piston rod, as desired for the number of drops to be used, penetrate the sac as near the upper end of it as possible, only sufficiently deep to pass through the wall, which is easily determined by the medicine re-

maintaining in the sac, and then inject the compound used in treatment, and the work is completed. When the wall is thin and tender it is easily penetrated, and no pain, whatever, is felt, and the sac will disappear in about three days—hardly ever protruding after treatment—but when the wall is thick and tough, then six to ten days may elapse before sloughing takes place. There will be no pain nor suffering after treatment of such sac as this one, if stooling is avoided for twenty-four hours after treatment, unless through carelessness of patient in sitting on wet steps, boards, stones, or going into the water to bathe, or getting wet, and from either of these causes cold should be taken, and inflammation ensue, then there would be some soreness and pain, and warm sits baths should at once be resorted to to reduce such inflammation and soreness. The reason why there would be no pain from treatment of such sac as this, is because its home is above the sphincter, and cannot be irritated by walking or sitting, nor can the air reach it, if kept up as it should, and must be.

So far as piles are concerned one treatment will cure this case, no matter what the suffering has been, and there will be left no loose membrane or skin around the orifice. Nor will there be any danger of any small sacs forming in the extreme lower end of the rectum where the mucous membrane ends, for the tissue is comparatively healthy and there will be no engorgement of the veins, and a very speedy cure of the case is effected.

But looking up a little further, generally one and a half to two and a half inches in the posterior part of the rectum, you will discover a small black spot with congestion around it and up and down the rectum from it, oftener its shape and size is more like that seen in cut No. 9. This you will see better after the sac has disappeared. Should that remain, or be left as seen, the cure of the piles would not give satisfaction to the patient, and soon complaints of not being well or cured would come to the surgeon's ears. That little spot looks harmless enough at first sight, but when you look at what is behind it, as seen in cuts No. 6 and 10, you then see not only the small black cloud but behind it wrecked anticipations made by the hail and wind of a few hours before! *There* you see some of the "*Harvest Field of Death!*" With the speculum inserted and slide properly drawn, take, now, your Lentes probe, with end curved, and break up and remove that impaction, that old, black, hard fæces. It has been there for years and could not pass out. By degrees it entered but could not so escape, nor could it escape at all! All that part of it coming in contact with the tissue surrounding it will generally be covered when removed with matter, and often blood and matter. That is an *impacted, Rectal Ulcer!* When cleaned out a deep cavity is left which must be healed up before the patient can be well! The external treatment of piles always leaves your patient suffering from that impaction and ulceration, and hence the complaints made also after knife work and ligation.

In some cases I have removed as much impaction in broken pieces as a goose egg-shell would hold. In such cases great relief is afforded the patient at once, as all pressure is removed from the nerves and muscles of the spinal column.

But we are now speaking more particularly of pile treatment, and will proceed with that branch of our work now, and return to Rectal Ulcers when we reach the cuts showing them.

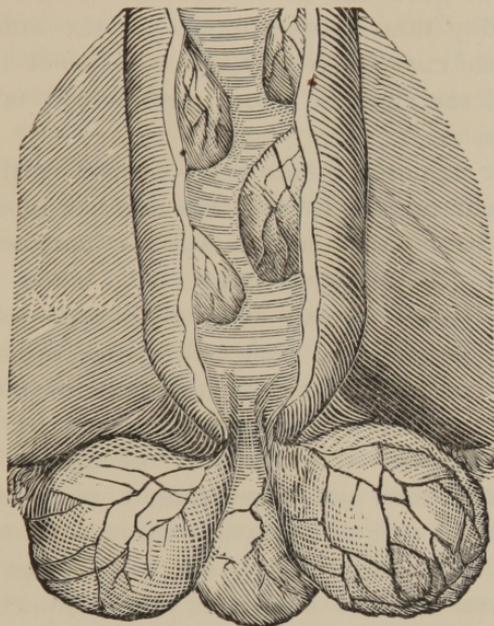
It is very seldom that we find a case of piles without ulceration of rectum, not "ulcerated piles," of which we hear and read so much, and which are about as common as "hen teeth," and here allow me to say that in all our practice we have never had the pleasure of seeing that sight—"ulcerated piles!" If we, in fully thirty thousand treatments of diseases of the rectum have not seen them where can they be found! Echo answers nowhere!

As in all things else, so there are exceptions to general rules in this, and we may find a very few cases of piles in the many, ulcerated.

Then again, we will find twenty cases of Rectal Ulcers to one of piles. I have never yet seen a case of pruritus where piles alone were present. Others may but I have not. I am aware that some operators or surgeons say they have, but when we come to notice Ulcers we will explain all about *such piles*.

We have been thus lengthy with figure or cut No. 1, because what we have said of it also applies generally to cuts No. 2, 3, 4 and 5, and hence greater brevity will

mark our references and explanations of those cuts, only being particular to explain differences.



Malady.—PILES OR HEMORRHOIDS.

While No. 1 could, or can, as we said, be cured with one treatment, so far as piles are concerned, certainly five, and probably seven or eight operations will be necessary in curing No. 2.

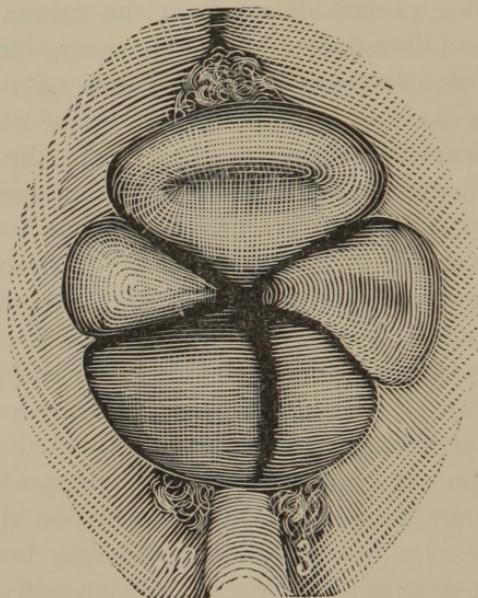
The better way in the treatment of piles is to treat but one sac at a time, unless they are situated well up in the rectum, like the four upper ones in cut No. 2,

two of which, on the same side, may be treated at once, but only one of the three lower ones must be treated at one time. The two cases plainly show why one case of piles can be treated and cured so much more readily than another case, yet the difference in time of final cure of Nos. 1 and 2 will not be much, because of the ulcer in No. 1, which will take many treatments.

Another feature presents itself in No. 2 that could hardly occur in No. 1, viz.: the number of sacs, and the many large ones, tend to increase congestion, and the lower tumors being large, will, when cured or destroyed, leave loose, anal membrane—sometimes pouchy in form; and just below the sphincter, in this flabby membrane, may develop one or more small blood-sacs, or tumors, which also must be removed before congestion will entirely disappear. These sacs, though often not larger than a pea, sometimes produce more real suffering after treatment than any large sac up in the rectum, because of the mobility of the parts, and the action of the sphincter upon them when swollen, as well as because of the very many nerves in that locality, all of which will become more or less inflamed, and come, to some degree, in contact with the air.

If, as is generally the case, there should be, in addition to the several pile sacs, a bad ulcer, then, surely, would there be much congestion; and fissure, as well as small sacs, would, together, retard the case. In such case but one course is to be pursued, viz.: continue the treatments, as commenced, until the patient

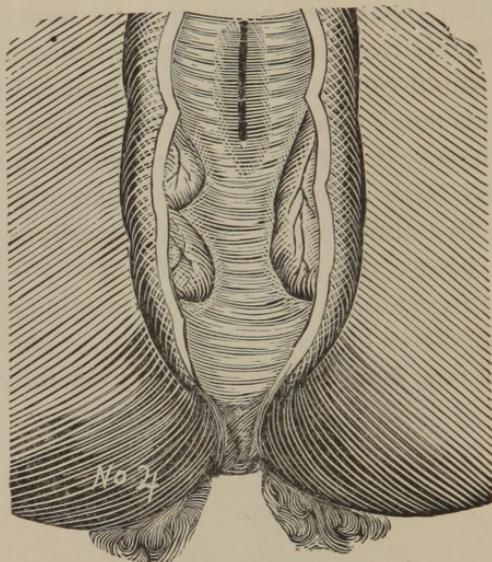
is well, although much delay, from the causes named, may result. Often-times fissures are very annoying, and will need attention at the expense of time that would gladly be used in treating piles. The ulcer, too, in such cases, will heal very slowly until the congestion and inflammation is overcome, and if the patient and surgeon both find in such complicated cases an eighteen months' job on hand, neither need be astonished, for the work is no trifling one, and unless the patient is cured of such complications, few, if any, years are in store for him, and death has him firmly in his grasp! To the patient, therefore, we say, be faithful and attentive to your duty; and to the surgeon we say, neglect not your duty! Encourage your patient, and while you do your whole duty see that your patient does his. In cut No. 2, the lower tumors, in color, are as described in No. 1, but you will find the upper ones quite red, with fine, dark veins traversing their walls, and no one need be deceived as to their character. There is no feeling of pain at time of, or subsequent to, treatment; and you need fear no accidents from treatment of such sacs, nor any bad, secondary results. Few nerves are above the sphincter ani in the rectum; but about the termination of the mucous membrane care is required!



Malady.—TRUE HEMORRHOIDS.

This cut presents a complete view of a pretty bad case of true hemorrhoids, looking against the end of them as the patient is lying down upon his side. This case was accompanied by a bad ulcer, and cure was much delayed by fissure in ano, caused by constipation and congestion. The tumor and sacs were both red and purple, and were returned to the rectum with much trouble. The case was an old one—had been unsuccessfully treated with acids and other remedies before. Much congestion attended it—extending far up the rectum. The patient never lost an hours time from business during and because of my treatment. It was the only

case in which I was ever compelled to treat the same tumor—(in this case made hard and porous, so that the medicine would run out as soon as injected, by application of acids some years before)—more than once to remove or destroy it. But I was compelled, in this case, to treat the large tumor divided apparently with the dark line, five times before it was destroyed—no one treatment before the last one making any impression except the fourth one, and that only forming a cavity to hold the medicine at the last treatment. The case was a very bad one, but, finally, yielded gracefully!

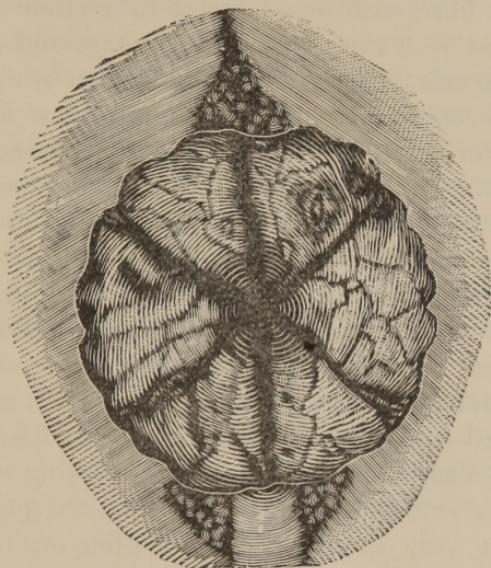


Malady.—PILES—ULCER STARTING.

The only peculiar feature about this case of piles, treated by me, at Newark, O., may be seen above the sacs in the black stripe and slight congestion shown by the shading at its sides. The sacs bled but little and were not sufficiently large to show themselves externally. Their color was very red, showing their walls, and being well up produced no uneasiness nor inconvenience from treatment.

The peculiarity referred to above was the recent injury to the membrane shown by the black line—the beginning of an ulcer—the only one I have ever seen so near the time at which the membrane was injured. Of course it yielded to treatment readily and was soon well.

There is no question in my mind as to the real cause producing this malady. It surely results from injury to the membrane from some passing substance. Could the time of such occurrence be positively known, and the rectum be then cleaned after stool by cold water injections, and properly medicated, I have no hesitancy in saying that all evil results would be overcome promptly.



Malady.—PILES, ULCER AND PARTIAL PROCIDENTIA.

This cut shows a case *full of interest*. The case is now under treatment at Richmond, Indiana. It involves three diseases, or maladies. That shown in the

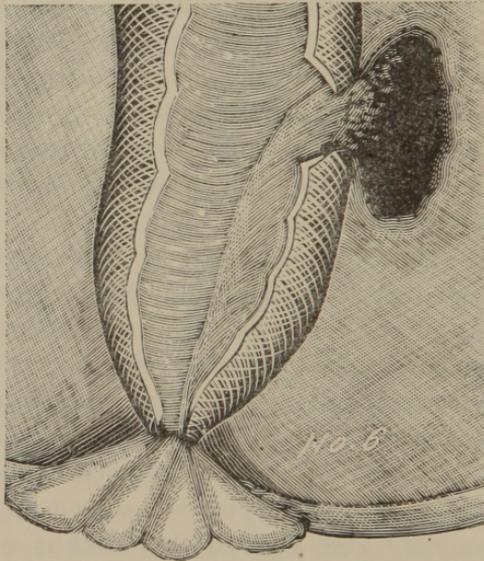
cut is one continuous pile tumor around the orifice, involving the whole anal membrane. In color it is a dark purple, showing that it is fully supplied with venous blood. When fully out, about one-half of the great roll is covered with mucous membrane, and the surrounding balance with skin. The wall is generally thick and very tough. Its general surface is rough and warty, the elevations being like large blisters, with thinner wall than that less elevated, and very dark, and, of course, filled with blood. But little straining, when the patient is lying down, will engorge and press out the hemorrhoidal feature of the case, after which a little additional effort will expose to full view a semi-developed condition of Procidencia—perfectly seen in cut No. 18—the broken folds of which are velvety, very red, and thickly covered with mucous, which drops off when fully extruded. Back of all this is a bad ulcer. Taken together the case is one of the most undesirable to treat of any shown. The difficulty in the treatment of this case exists in the fact that there are no separate and distinct sacs, and that the whole anal membrane is involved in the abnormal condition. There would be much danger of inflammation resulting from too vigorous or extended treatment; and, therefore, as in two other very similar cases, I confine my operations to any one of the more elevated or protruding surfaces, where the wall is thinnest, and reduce the protrusion by degrees. The time necessary to produce a cure of such an abnormal condition of the anal membrane and lower part of the rectum, is much greater than when the sacs protrude from the rectum, and, in the end,

when the cure is performed, the result is not so gratifying, because of the amount of loose, flabby membrane and skin that must remain to annoy the patient. This can be removed, if the patient is willing to bear the operation, by clamping and cutting away, with some pain and soreness; yet, where there is nothing but annoyance from its presence, I prefer to let it remain to torment its possessor. It will slowly, but gradually diminish in extent, until, in time, there will be but little of it left, and the use of astringents will greatly aid in such diminution.

Having referred to the several cuts showing piles, we will now say, that, as a rule, pile tumors, or sacs, originate, and are generally found situated laterally, in the rectum. Occasionally they may be found posteriorly, but often, if not very careful, glandular enlargement at the side of and below the ulcer, will be taken for piles. In making your examination, be careful regarding this matter. If you see simply a bright, red lump, you may rest assured that such is no pile sac. but if the sac or lump is of a purple cast, and is traversed by fine, black veins, and when touched by, or with, your Lentes probe yields like pressing upon a blister, then you may feel satisfied as to its character, and treat it at once.

Sometimes you will see, close up in the orifice, one or more small, red, raw-looking lumps, and at first sight, before knowing their character, you will pronounce them piles. These are but excrescences caused by ulceration above them, and must be destroyed. I treat them as I do a pile sac. They bleed freely, but

the application of a few drops of Monsel's Solution, with your probe, will, promptly, prevent further bleeding.



Malady.—RECTAL ULCER AND ENLARGED GLANDS.

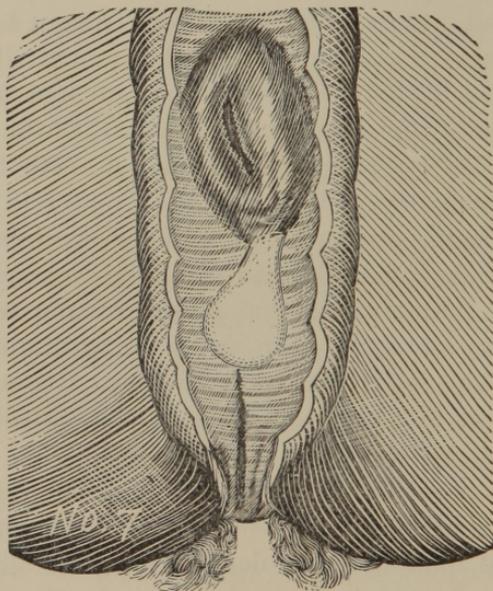
The above cut presents to the eye of the surgeon a very different malady from piles, and yet very few physicians, if called to treat this case, would hesitate to call it a case of hemorrhoids! This case came to, and was treated by me, at Waverly, Ohio. When the patient came he said that he was "almost dead with piles." An examination showed four large lumps, extending outward, pear-shaped, under the skin from the anus.

The color of those swollen parts was perfectly white, and the surface shiny. To the touch they were exquisitely sore and painful. They did not extend into the rectum at all, nor do they ever do so. One such case that came to me for treatment, after being operated upon with the knife by a doctor in Marion, Ohio, was in a very bad and suffering condition. The cut had been made lengthwise, through the swollen and terribly sore tissue, and well up into the rectum, and had failed to heal because of the ulcer above it. I bathed the swollen parts with my ulcer compound, and left with him, for use twice each day, a bottle of the same, and on my return he again presented himself for treatment, and said that he received prompt relief from the use of the compound. An examination of the rectum was then made and an impacted ulcer, as shown, with much congestion around it for some distance, was at once seen, and the impaction removed. The proper remedies were used, and entire relief was soon the result.

The cause of his severe attack—and which was simply a recurrence of former ones—was from cold which settled in and inflamed the ulcer, causing the glands to become swollen and enlarged, precisely the same as when other parts of the body are effected in like manner

When thus afflicted it is not wise to sit on wet boards, seats, logs, nor on cold stones, for the result may, and is almost certain to be, injurious. I have had many cases of this character, and my advice, from my experience, is, to all physicians in such cases, to spare the knife, and use in its stead proper poultices and warm

sits baths to relieve the pain and reduce the inflammation, and as soon as the external parts are normal again, then cure the malady.



Malady—ULCER, POLYPUS, FISSURE.

This case I treated and cured at Sidney, Ohio. This condition of the rectum is not an uncommon complication at all. I have had many similar cases.

The ulcer is in no wise an uncommon one. It is located from two and a half to three inches up in the rectum. The opening is not large but the cavity is

often quite large, and often filled with mucous like the white of an egg, uncooked. Around the orifice there is generally much congestion and protrusion. When the opening is slotted up and down the rectum we seldom find them impacted, indeed hardly ever when the opening is situated between enlarged glands. While an ulcer of this character is not painful, because situated in the flexible tissue, far up in the rectum, still there passes from it an ichorous discharge that poisons the skin around the anus, and produces *terrible itching*, called Pruritus. This is what is commonly called "itching piles!"

To cure the itching demands the cure of the ulcer. No remedy will do any permanent good until the cause of the discharge is no more, then there will be no more itching.

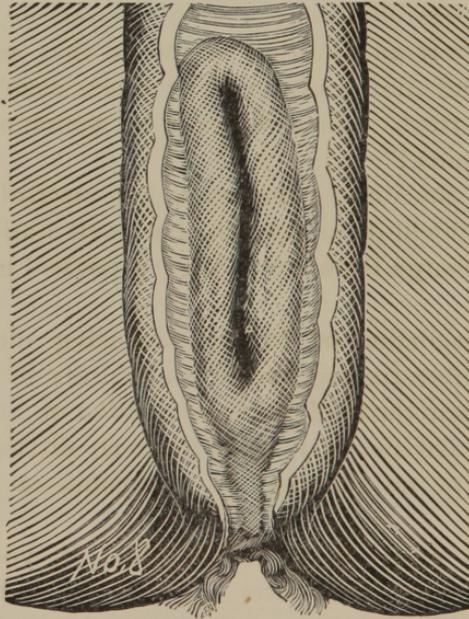
The proportion of itching producing ulcers to the whole number treated by me is about one in ten, and I find this form the kind that is productive of such results. Without that peculiar thin mucous discharge there seems to be no suffering or annoyance in that direction.

In this case, as in many like it, you will see directly below the ulcer a pedunculated polypus. This greatly aggravates the ulcer by being carried down at stool, causing severe strain upon the congested and tender membrane and tissue above it.

I remove the polypus growths by placing a ligature around them close up to the wall of the rectum, and restrict from labor for a few days until the excrescence becomes detached and soreness abates, so that there

may be no danger from abscess, resulting from its removal.

The dark line below the polypus is a long, recently—produced fissure, which I will refer to and explain more particularly in describing cut No. 15.



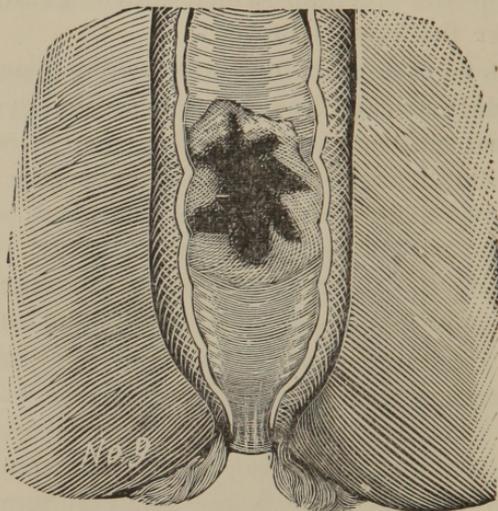
Malady.—ELONGATED SLOTTED ULCER.

This cut presents an ulcer of no uncommon form. Extending downward, as it does, so nearly to the sphincter muscle, it becomes much inflamed and congested, and after stool there is much smarting and

burning in the rectum, which often continues for hours after the bowels move.

There is no danger of impaction taking place in this form of ulcer, because the fæces pass directly through the channel and meet with no obstruction whatever. We often find it eaten out, deeply, under the enlarged walls at its sides, and its sides and base are badly congested.

As a rule this form discharges much mucous, and there is almost constant moisture, caused by an icherous discharge from it, around the anus, and often extending along the prostrate gland, which soon produces most intolerable itching! This itching increases when warm, in bed, and often compels the sufferer to rise and apply some doubtful remedies for relief. At best he can only expect temporary benefit, and succeeding nights will find the same results. The only remedy is to cure the ulcer!



Malady.—ULCER.

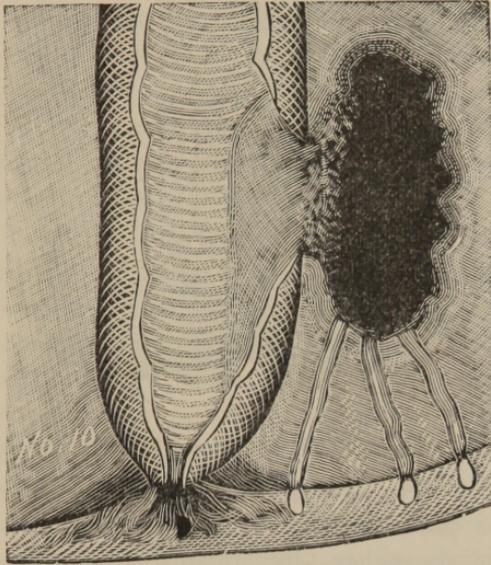
This cut shows the mouth of a deep, ragged-walled impacted ulcer, looking at it through the speculum, against the back of the rectum.

To look at this ulcer as shown in cut 9, we would not suppose its effects to be so terrible on the general health as it is, but when we look at it in another form, from front to rear, laterally, we see what evidently must be, and is, a very serious affliction. This form of it you will see in cut No. 10. Just turn to it once and scan it carefully. See how closely the impaction is to the spinal column, how it has pressed the tissue upward and downward, how hard and black the impaction has become, how severe must be the pressure upon the muscles and nerves surrounding it, how it presses the wall

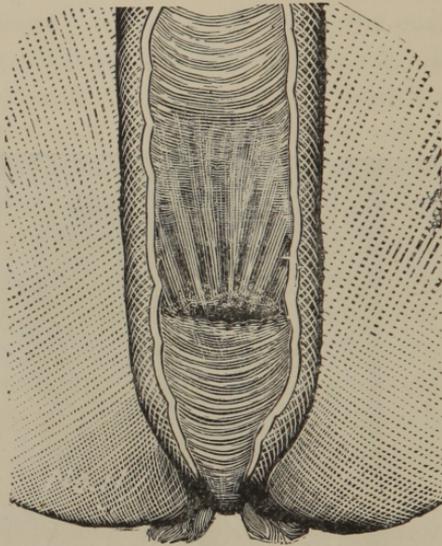
of the rectum toward its opposite side, how it has long and greatly interfered with the movement of the bowels, how it has destroyed by eating away the real wall of the rectum, and lastly, but not least, see those fistulous sinuses, three in number, extending downward and out through the flesh, from the lower end of the ulcer. Of fistula, more hereafter.

This case came to me in Western Ohio. The person was about fifty years of age, and naturally of a very strong constitution. A few years before one of his brothers, naturally strong, was taken from earth by the same malady, though the doctors then claimed it to be consumption. This person was fast following in the same direction, was almost entirely past ability to labor, and he had given up all hope to cure. The pressure of the impaction against the nerves leading to the brain was so great that constant pain in the head made it impossible to labor, and his general strength was fast failing. An examination developed an impacted ulcer, as shown, out of which, in broken pieces, I removed hard, dry, black fæces in size fully that of a hen's-egg. He at once commenced treatment with me and from that day until now nearly two and one-half years having elapsed, he has not lost one day, and I think not one hour, by any rectal trouble, from regular business. To-day he looks many years younger than then, and is as vigorous as a man of twenty-one years of age. Ulcers, thus impacted, are amongst the most dangerous maladies with which man may be and is afflicted. The pressure will finally become so severe upon the nerves as to produce paralysis, not only of the lower limbs but of the spinal column and

brain, when death will be almost instantaneous, and "heart disease" will be declared as the cause of death! When thus afflicted, the skin will be ash colored—great corrugations will run outward and backward from the outer corners of the eyes—the back will become very weak, and worthless—pains will run down the thighs and legs to the feet, making the lower limbs numb and "sleepy-like"—burning will be felt in the soles of the feet—the bowels and stomach will bloat and feel sore—the liver becomes torpid—the head will ache, and memory become impaired, and alternate attacks of diarrhea and constipation will weary and worry the sufferer. Death, because despondent, will frequently be invited, and suicide, from partial insanity, will often be resorted to to end the existence of life which becomes a burden under the shadows of such clouds of despair. O, physician! awake to the calls of humanity upon you for relief from a living death! Cease the use of drugs and seek the cause of all suffering where it may be found—you see it here, and you can see it there!



Malady.—ULCER GREATLY IMPACTED. PRESSURE AGAINST NERVES OF SPINAL COLUMN VERY SEVERE. THREE FISTULA SINUSES PASSING THROUGH THE FLESH.

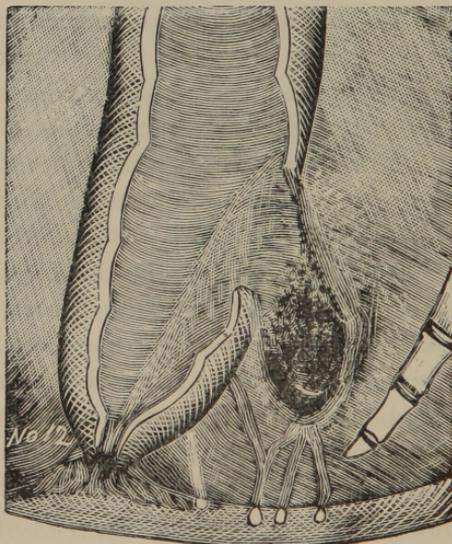


Malady.—STRUMOUS, LIPPED ULCER.

We had a tree, young, vigorous, beautiful! Its fruit was to be par excellent. We watched its growth—expanding branches—its beautiful leaves—at last came the promise of fruit in the tinted bloom which mantled its rising crest. How we watched and waited for the harvest time to come, when the blushing skin would invite us to the feast! But sad were our smiling brows when the destructive blight was seen on the slender arms where hung the ripening bulbs we so long had watched, and which, almost in the fullness of our hopes, we saw beginning to wither and fall on the green bosom of old Mother Earth! Disappointment and sorrow took the place of former hopes and joys!

We sought the cause of our sadness, and found it, not in the fruit, not in the branches, but in the large, fine, erect trunk, and near its base! There was the wound—there the destructive agent—there the deep and blackened hole in the wood that made the fearful impression in every branch which so lately promised the golden harvest! Too long had we waited—the work was done—the pride of our home was gone, *forever gone!* Likewise have we watched the growing child whose golden tresses waved in the morning breezes, and whose feet were bathed in morning dews. Upward, from the cradle to the more active scenes in life, we saw it grow! The vigor of youth sat enthroned upon its brow—it feasted its desire for knowledge upon the pages of the departed poet or historian. The mind, like the body, had expanded, and the fruit of toil was fast developing into grand manhood or true womanhood! Home without that light was like the thud of earth upon the coffin's covering, in the closing chamber of the dead! The parent's hearts leaped with joy at the sound of returning steps, of the evening song, or morning's greeting. At last came the *pallid cheek*—the dark shades beneath the *eye*—the hacking *cough*—the failing *stomach*—the affected *kidneys*—the torpid *liver*—the weak and trembling *limbs*—the fading *eye*—the aching *head*—the desponding *heart!* Help was sought in the only channel open for its reception—the skill of the family physician! Drugs were administered, but no relief! The stimulating breezes of foreign climes were advised—the sea-breezes included in the prescription. All proved *failure!*

Down, *down*, DOWN went the vigor of maturity—the rosy cheeks were gone, and the marble brow had come. The skill of the physician was unable to check the devouring agent of *death*. “Consumption is the monster,” he whispered to anxious parents who pleaded for more earnest effort in their dying child’s behalf, “and hope and help are gone!” Cuts No’s 11 and 12 show the monster which so deeply wounded a mother’s heart, and which crushed the heart of *youth!* Ah, yes, you see it here, but that physician never dreamed of its



presence—never suspected the *cause* of departing strength. The fistula may not yet have been present, or visible, but *consumption* was. This form of ulcer is, truly, one of Death’s most earnest and *vigorous messen-*

gers! It is consumption magnified and developed, in *reality!* Unlike those located further up in the rectum and which give little notice of their presence, this form commences to break down the whole person, and very soon you will hear that such person has the consumption. Its location is low down in the rectum—just above the spincter ani—and it eats rapidly, for a time, backward and downward, toward the coccyx. Its lower edge is generally eaten square across the back of the rectum, and nearly or quite half around its circumference, and forms a lip causing me to name it a lipped ulcer. This lip, at its upper end is quite thin and of a purple color, but becomes thicker as it extends downward toward the bottom of the cavity. The back wall of the cavity, as it ascends, projects forward, and the upper part of it appears like palisades, or corrugations, extending upward from the lip—though in the roof wall behind it. When the fluids of the system are pretty well exhausted, and the body emaciated, the ulcer becomes indolent—seems to dry up and leaves a large, open cavity into which a partridge egg could be dropped and hidden. In such case the tissue between the coccyx and mucous membrane or lip, is nearly all gone, and the spinal column, and the entire muscular and nervous system are left in a terribly prostrated condition, from which it is hardly possible to recover.

At stool, the passing fæces is caught by the lip, and the more particularly so when the sufferer sits in a leaning-forward position, giving a concave form to the rectum, and by straining is forced into the cavity behind it, and there held as in a vice, and from which

it can only be released and discharged by using the finger to press the lip behind it. This difficulty often leaves the impression that there is no action in the rectum, or that the constipation is so great that the discharge cannot move, either of which is often erroneous. When this does occur, the strain upon the membrane is very severe, and often the lip is torn at its corners and bleeds freely, and is carried by the hard stool outside the rectum, and is then mistaken for a pile tumor or sack. Such strain and injury is very severe upon the tissue, and often produces much subsequent swelling, pain and suffering. The action of the upper sphincter, then, upon it, multiplies the injury, and makes life a *great burthen*.

Sometimes the cavity of this ulcer becomes greatly impacted which adds much to the misery of the patient. Such impaction must be kept out, and often the tenderness of the parts is so great that it is almost impossible to make an examination, and when the sphincter becomes swollen and strictured it cannot be done, then sits baths and ointments must be used to reduce the swelling and relax the parts.

As a rule, however, the cavity does not become impacted, because the action of the sphincter squeezes the fæces up and out of the cavity, and it is expelled through the proper channel, when the lip does not extend up too high.

There are cases where the cavity is deep and the lip high and thin, in which slitting the lip well down to the sphincter will give relief from the obstruction named.

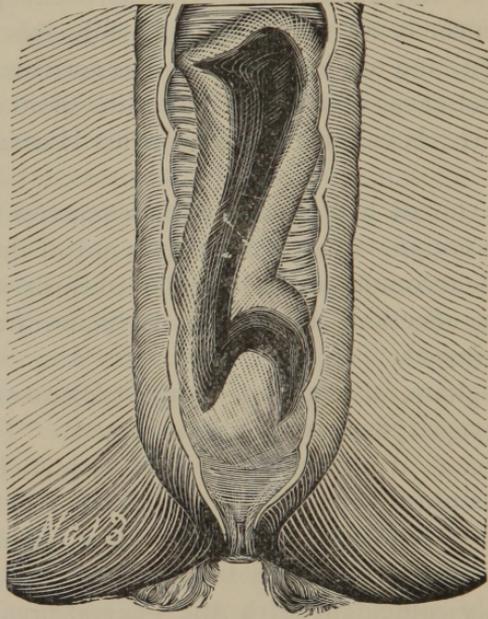
Of all diseases of the rectum this form of ulcer is the

most fatal in its results, with the bare exception of cancer. Cancer is not very common while this ulcer is very common, and my judgment and experience is that it is the direct cause of ninety hundredths of all cases of consumption! It is truly the *Lion* in this Harvest-Field of Death!

Although in all bad cases of this character there is considerable cough—often much—it is not of that character which accompanies tubercular phthisis or other severe lung affection, but seems to come from the stomach or throat.

Mr. Allingham, of England, in his “Diseases of the Rectum,” page 178, second edition, says: “I cannot say that I have at all frequently met with conjunction of tubercular phthisis and severe ulceration of the rectum. I have seen cases of bad ulceration terminate in phthisis, but it has appeared to me that the lung affection was only coincident with the general breaking up of the constitution, and in most of the fatal cases the patient dies of exhaustion without any lung symptoms having been manifested.”

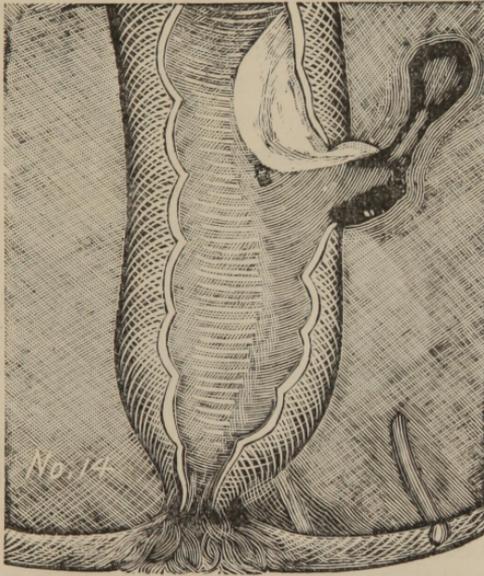
Let me here say again that Mr. Allingham is good old-school authority, and if you question what I have said you should not cast a doubt over what he has said. I only wish you would believe both of us.



Malady.—ULCER WITH FISTULA.

With this case of *ulcer* were also found, laterally, two pile tumors. The *ulcer*, as you will observe, is very marked in form, starting well up in the rectum, running downward to near the sphincter ani, thence circling across the side nearly to the front, and then downward again, leaving below the semi-circle formed by the ulcer, a white, hard and enlarged lip, which turning inward and downward at stool, is forced past the lower muscle, which grips and holds it until pressed back, making the movement of the bowels both slow and painful. When pressed out, the lower corners of the

semi-circle are lacerated, and hence healing proceeded slowly. This patient, a gentleman of Wyandot county, O., was able to do but little manual labor at commencement of treatment of his case. He has been under treatment several months—not restricted in diet, nor as to labor—has steadily improved, is quite able to labor, and will soon be a well man. At first the case seemed to be almost a hopeless one, but that feature has entirely passed away, and with a little more care and medicine, the cure will be complete.



Malady.—ULCER AND FISTULA.

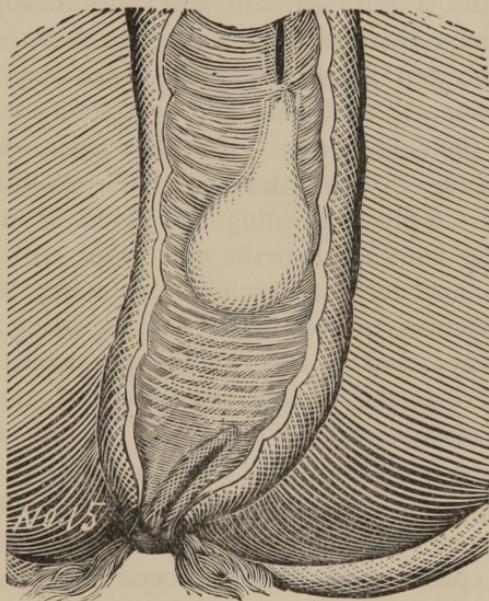
This case treated by me at Newark, Ohio, is a very interesting one. Her family physician had treated her

for many months for piles. As is often the case in this malady, there were at each side of the anal orifice a large, fleshy, pendulous tab, as large as a very large chestnut. These the physician called piles, and kept injecting them with acid, but only added to the suffering of the patient without removing them. During all the time of his treatment there was a free discharge of pus from the rectum.

When making the first examination in this case I found an obstruction in the rectum, about three inches up, which is here shown by the white spot above the ulcer. I first discovered this while oiling the rectum preparatory to inserting the speculum. When the end of the speculum reached the strictured part in the bowel its further entrance was arrested. I then drew the slide, gently, and nearly half a tea-cupfull of thin, yellow pus ran through the speculum, at once! I repeated the entrance and withdrawal of the speculum until the cavity above the sinus was empty, when a complete examination was made. The bowel, above the ulcer, was nearly closed by the hard, white, strictured portion shown, making anything like a free passage difficult, and almost impossible. The ulcer proper was not as large as many, but extending upward and backward from it for nearly or quite an inch was seen a large sinus, which I discovered by means of my *Lentes* probe, ended in a large cavity wherein accumulated the great quantities of pus, which I treated by injection.

I continued this course at each visit, with the use of my ulcer compound used by the patient every night,

and an application of my hemorrhoidal compound at each visit to the strictured part's surface, and the patient is now far on the way to restored health. Much patience on the part of the patient is necessary in a case so slow to heal as this, while daily labor is continued.



Malady.—FISSURE, POLYPUS AND SMALL ULCER.

A fissure is a crack often as though made with a blade, and sometimes quite deep, generally in the folds of the anal membrane, yet sometimes extending upward into the rectum. It causes swelling of the tissue at its sides

and large lumps of swollen tissue may result from its presence.

So large are these lumps sometimes that the inexperienced surgeon mistakes them for piles. It is sometimes quite difficult to find the exact location of the fissure when the condition of the parts are as before described. By selecting the lump which seems to be the most inflamed and is quite smooth and shiny in appearance, and then have the patient gently strain down while you with thumb and finger press the sides apart you will find its lower end terminate and completely buried and hidden in the enlargement. In other cases where there is no swelling in the parts, you will readily find the fissure by simply separating the folds of membrane around the anus; the walls and floor will be found congested and very tender to the touch, because of some of the many nerves of that locality being exposed.

We always find a fissure extend upward and terminate there in the mucous membrane of the rectum. Of all the diseases of the anus and rectum I know of none, unless it be cancer, or ulcer involving the sphincter ani, so painful and so destructive to the comfort, peace and happiness of the sufferer. At and for hours after stool the pain is almost insufferable, very similar to severe toothache, but more distressing, because of its location, and almost total inability of the patient to be on his feet or to walk.

Much inflammation results from fissure, and that aids in producing constipation, and the more constipated the patient the greater is the dread of visiting the closet, and such visits are deferred as much as possible, yet

to the injury and discomfort of the patient when such visits are made, as such neglect adds greatly to the pain when such calls are attended to.

When you find your patient suffering greatly after stool for a few hours only, or may be from one operation to another, in the lower part of the rectum, you need have no doubt as to the cause, and, if objected to, an examination should even be forced, for no cure can be effected without local treatment, although relief can be given by warm baths and by keeping the bowels moderately loose.

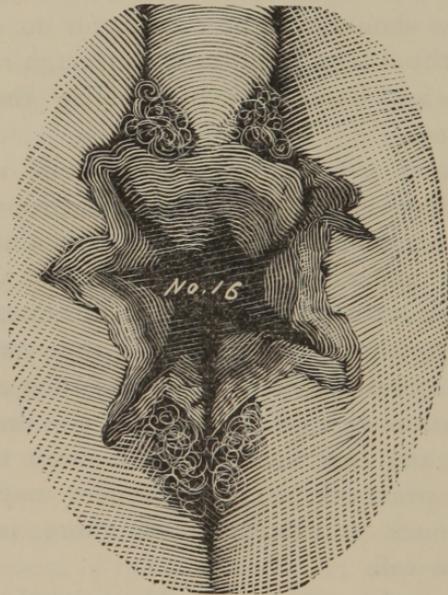
The practice of the old school—the knife or expansion of sphincters—is neither agreeable or proper to the treatment of this malady. My method is simple and certain, curing generally in two treatments, yet some painful at the moment of treatment, and sometimes for a few hours afterwards. It is part of my system, and with it I have never failed to cure the worst cases. I apply the solution with a Lentes probe, one drop being sufficient for any case, and at once cover the part touched with sweet oil. This treatment may have to be repeated once or twice, but no more, until the sufferer will be well.

This same cut shows a large pedunculated polypus, which I may again refer to after through with the ulcers and in connection with fistula.

There is also a small ulcer above the polypus, which needs no remark in this connection, further than to say here that I have never found a polypus without an *ulcer*.

I must remark however that fissures are generally

found posteriorly, but I have seen many located laterally, and a very few anterior. When anterior the pain is much more severe than when at the sides or back, and especially so in females.



Malady—SEVERE AND FATAL ULCERATION.

When we think of the many symptoms pointed out in this work, all tending to point the reader to their true cause, and then look at the terrible case shown by this cut, is there no reasons for astonishment that any person, having the index pointing directly to rectal trouble,

should put off the day for attention to such malady, however slight the symptoms?

I have had several cases of the character shown by this cut. This particular case was that of an excellent lady from the country, who called on me at Springfield, O.,—said she had “long suffered from piles, severely”—that she “had been doctoring with the best doctors of Springfield for three years, without any relief,” but that “neither of them ever made *any examination!*” *Behold the piles!* and then think of such scientific practice!

After a brief examination I felt it my duty to, and did tell her, that I could do nothing for her, as the case had gone too far—was not then nor never had been *piles*. In six weeks from that time she was relieved from her sufferings, and now sleeps in the silent grave, unless taken from her rest for the demands of science!

Mr. Allingham gives notice to those afflicted with rectal troubles in the following words, to which I here call your attention:—

He says—“I have seen ulceration utterly destroy both the anal sphincters, so that the anus was but a deep, ragged hole. Here is a case which was under my care at St. Mark’s Hospital.”

“Matilda G——, admitted under my care January, 1871. She is a married woman, 28 years of age. Five years ago she was a patient of mine with stricture and ulceration. She went out tolerably well, and continued so up to eighteen months back; since then she has suffered much; she has constant pain and discharge from the bowels; she either has constipation or diarrhea.

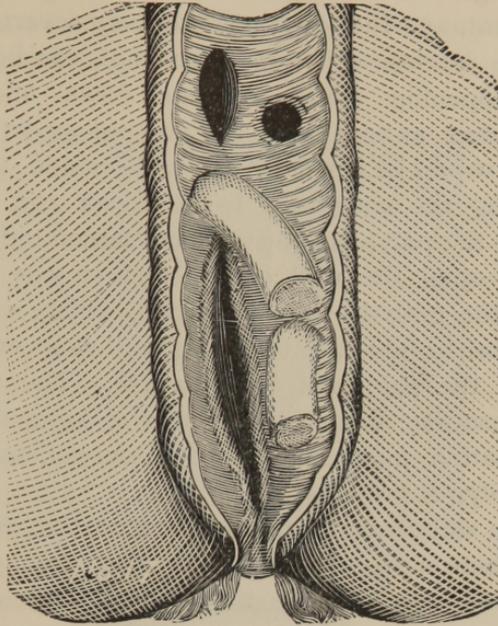
There is entire incontinence of fæces. The straining and bearing-down is very distressing; her aspect is worn and sallow; she is not very emaciated; there is no evidence of syphilis or consumption. On examination, a large, ragged, deep hole is seen instead of an anus; it is surrounded by swollen flaps of skin, two of which are perforated by fistulæ; the hole measures about two inches each way, and there is not a vestige of sphincter muscle left."

Let me ask the sufferer from rectal trouble, who thinks that time will give relief, without spending a few dollars of money, that can do him no good only for the comfort it will secure for him in life, if this case reported by Mr. Allingham has in it comfort and happiness—anything to make life agreeable? If not, then remember that many suffer thus because of sheer neglect and love of money! The same may soon be your case, if neglected, provided you feel, now, any of the symptoms contained in this volume, which indicate disease of the rectum.

Mr. Allingham, page 171 of his book, tells you "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."

He says further, on same page,—“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.”

Is this not sufficient notice to the physician, as well as the patient, to be watchful? *Beware!*



Malady.—ULCER AND POLYPUS.

This cut presents the case of a gentleman in northern Ohio, who came to me in the spring of 1880. He had long doctored for piles. At times his sufferings were intense. At first sight you will see the great error made by his former attendants in diagnosing the case. The case is quite complicated, and instead of "piles" proved to be severe ulceration, having three openings, and two peculiar polypus growths.

On examination the rectum was, generally, much inflamed, and the sides and base of the several ulcer

openings much congested. Bleeding at stool was frequent, and the pain thereafter very severe. The cause of the intense suffering after stool, can be seen in the long opening which extends down and over the sphincters, as well as in the polypus growths, which at stool, would be carried down and outside, straining and bruising the congested tissue above and below them. When the polypus growths were forced out, below, the strain upon the wall of the rectum was very severe, until the growths were returned, which, owing to the semi-strictured sphincters, was hard to accomplish, after which the pain was again severe. The treatment in this case was, first, the reduction of congestion and inflammation, and after that, the removal, by ligation, of the polypus growths.

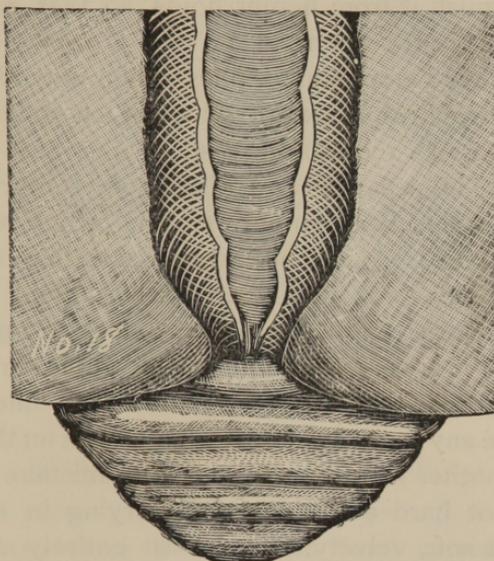
You will observe that the form of the growths even are abnormal—being of one size throughout their lengths, with a large base, more difficult, but not dangerous to remove.

In the examination of this case, I passed the probe, from below, under the upper polypus and out through the ulcer, showing that the mucous membrane formed a partition wall between the floor of the ulcer and the canal. We seldom find a more undesirable case for treatment, nor one more painful than this. Yet there is not so much danger of neglect in applying for cure in this case as in many cases more difficult to cure, because here the malady makes an earnest appeal for relief.

The protrusion of polypus growths is often taken for pile tumors being present, but as no bleeding results

from them it is not difficult to distinguish between them.

Of themselves such growths are not dangerous, but they aid in producing more serious trouble.



Malady.—PROCIDENTIA.

This cut presents one feature of rectal disease that an inexperienced hand has little business to tamper with. It may be mistaken by some—but not if conversant with piles—for piles. This is a true case of procidentia—the descent of the upper part of the rectum, in its whole thickness, or all its coats, through the anus.

As I have no experience in the treatment of this malady, I care not to attempt to test the various methods recommended by distinguished surgeons, until

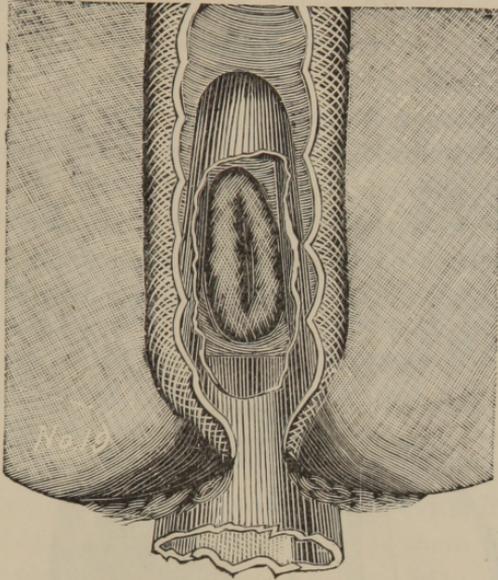
I find a remedy short of the knife for cure. I find nothing encouraging in Allingham, or others, regarding a certain cure of this affliction.

I will, however, refer to it here only to enable others to distinguish it from hemorrhoids, so that no mistake may result in treatment.

As I have before stated, piles, when extruded, are of a dark purple color, except when much inflamed, then they are more reddish in cast. Piles also protrude, generally, in separate and distinctive tumors or sacs, having a rather hard, smooth surface, which, when pressure is applied, clearly indicates a sac, like a bladder, having a thin wall and filled with a fluid substance within. Not so with procidentia—for, when pressure is applied it is very evident that the whole substance is alike, and that there is within no cavity filled with a substance any more fluid than what is seen on the surface.

But another feature will save from mistake—the surface is not hard and shiny and varying in color, like piles, but soft, velvety, and almost entirely uniform in color, and that a soft, pale red. Still another prominent feature is present, and which will save a careful and observing surgeon from any mistake whatever—that is the encircling and regular folds covered, in spots, with flakes of mucous. And there is yet another condition present to prevent error, viz. : it can be drawn up into the rectum as easily as it is extruded, leaving no appearance, whatever, about the anus of any abnormal condition of the parts exterior nor interior.

Here ends our dealings with this malady for the present. A cure may yet be discovered.



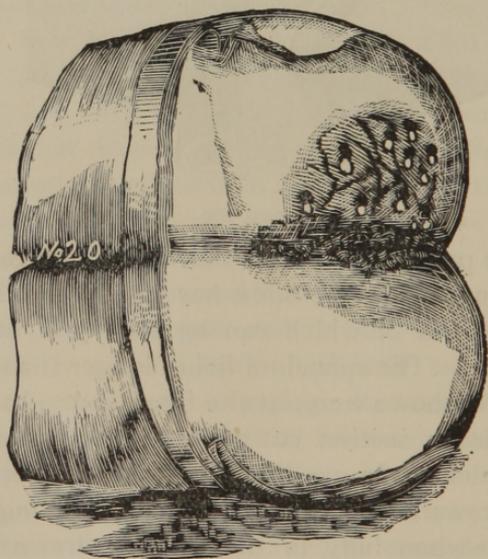
Malady.—ULCER IN SPECULUM.

This cut presents an ulcer, shown through the slot of the speculum when the slide has been partially withdrawn, the end of which can be seen just below the end of ulcer. The speculum being longer than the cut, is cut off, as shown here, at the large end. In this cut there is also a section cut away in its upper side to show the ulcer. In use the speculum is inserted with the slide toward the back—the patient lying on his right side—when fully in the slide is drawn outward until its end just passes the ulcer—the surgeon at the same time looking in at the large end, from where he can see the ulcer as plainly as seen in the cut—and then draws it no further. Holding the speculum with

his left thumb and finger he freely uses his right hand in using other instruments necessary to clean it of impaction and treat it.

When the work is completed the slide is again forced back, the slot closed, and the speculum withdrawn, all without any pain whatever!

Not only the surgeon, but any other person desirous, with the consent of the patient, is at all times at liberty to see me perform these operations, to satisfy all doubts regarding ulcers.



Malady.—ULCER AND FISTULA.

This cut presents what was one of the most remarkable cases of fistula ever treated or seen by me. The

patient was a gentleman of about fifty-five years of age, of ordinary stature, squarely and well built, and had long suffered from this sore affliction—I think for fifteen years.

The badly diseased portion exceeded one-half of the entire left buttock—extended back to the coccyx, and forward well along the prostrate gland. In color the diseased portion was that of liver, and the surface rigid and uneven. Two weeping sinuses were found along the prostrate gland, one near the anus, and another about three inches from anus. Another was at the extreme end of the spinal column, and six others at different places in the buttock. About three inches above the anus, as the patient lay on his right side, and deep down in the tissue, was a large cavity, from which came six of the sinuses, while three of them came direct from the rectum.

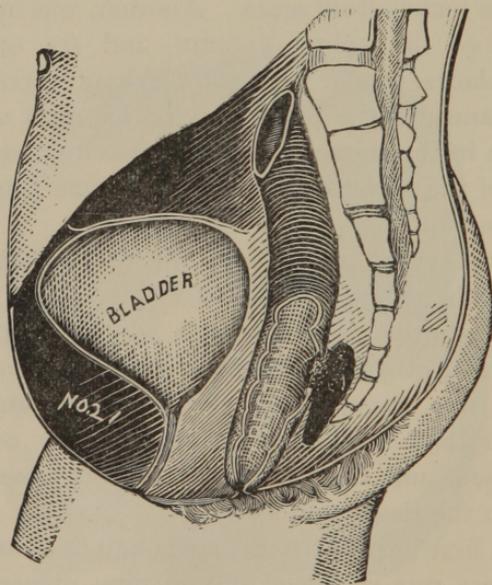
From the cavity passed into the rectum, about one inch above the sphincter, and at lower end of a large, deep ulcer, another canal through which the pus from the ulcer, and other foul matter, passed into the cavity. The ulcer was large, deep, ragged-edged and about two inches long. The whole rectum was congested and diseased, and three different sinuses passed from it, through the tissue and skin.

When I first introduced the speculum to examine the rectum, pure pus streamed out of nine different openings through the skin. The sight was truly *sickening*! This patient had been solicited to visit a medical college in Cleveland, to be operated upon before the students, free of charge, with the knife, but he declined. Had

he accepted, he would have been a dead man! No cut into such flesh could ever heal; inflammation would have resulted, and with such an ulcer as he had, which they could never have seen with any instrument used by them, death would have been certain.

Now this gentleman is almost well, and has not lost any time from treatment.

The treatment of that case—or used in that case—is part of my system. It never fails to cure fistula.



SHOWING BLADDER, RECTUM, ULCER, ETC.

The object of this cut is to show the location and form of some of the organs most affected by *Rectal*

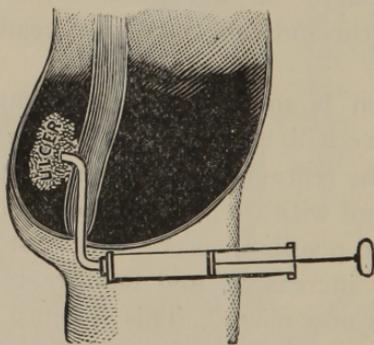
Ulcers. By this cut you can easily see how the bladder and kidneys can become involved in inflammation from that existing in the rectum. It is easily seen from the location of the ulcer which is here shown impacted, or when up higher, how terrible may be its effects upon the spinal column and all its nerves and muscles, and how it may pass upward into the brain, how the nerves of the heart may become involved, as well as the stomach, through the mucous membrane of the bowels, and all the organs in close proximity to the stomach.

Many of my patients before treatment have complained of being unable to sit on chairs without much pain, as they said, "at the point of the back-bone." By looking at this cut they can now read the cause of such misery.

The question is so often asked "what causes these ulcers," that we will here call the readers attention to the shape of the rectum, and to the point of contact of the passing stool with the membrane. By sitting in a leaning-forward position, as we do at stool the curvature is greatly increased, and liability to injury much greater than is now seen. This liability to injury can be much diminished as we have before stated by an erect position when at stool, but even that will not entirely overcome the danger. Care with the bowels as with the blood will save much misery. Care in eating, and what we eat and swallow, will save much more.

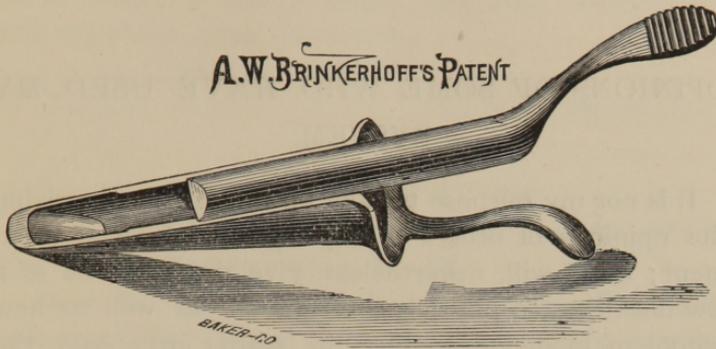
But be that as it may, practice care as we will, it is still true that one-half of our population is affected with some of the diseases of the rectum, and that organ of the

body, aside from epidemics, in my judgment, can be charged with, and justly too, causing the deaths of more of the population, directly or indirectly, than all other diseases which afflict mankind. And yet, such being the fact, we stand amazed at the negligence of our physicians, regarding diseases of this organ, for most of them refuse to listen to any evidence that may be presented to establish the truth of statements made even by their peer and brother, *Wm. Allingham*. To my appeals, also, many of them turn a deaf ear, but there are some noble exceptions.



Ulcer,—AND MANNER OF TREATING IT.

This cut shows an ulcer, and the way it is treated by the patient, with medicines furnished by me. With my ulcer syringe the patient can inject into it water, and thereby remove all impaction—keep it clean so that it will heal, and inject into it the proper medicines, before resting at night. If not kept clean it cannot heal.



RECTAL SPECULUM.

This speculum was invented by me, and patented by the United States to me, March 2, 1880. It differs from others in this important particular, viz.: that I can admit into the chamber just what I want in, and prevent the entrance of what I do not want in. No anal membrane can enter the chamber to obstruct the view of what I desire to examine. It opens all diseases of the rectum to the light of day, and enables the surgeon to master them, by sight. The lack of such instrument kept the profession in the dark, as to the rectum. Where darkness was, *light now is!*

OPINIONS OF SOME WHO HAVE USED MY
SYSTEM.

It is not my purpose to take up much space in giving the opinions of others of my system of rectal treatment; but I will, nevertheless, give the opinions of a few disinterested physicians of the *old* as well as new school of medicine, so that the reader may have the words of others, as well as mine, to establish what I have said.

A PHYSICIAN OF FORT WAYNE, IND., SAYS:

FORT WAYNE, IND., Feb. 11, 1881.

DR. A. W. BRINKERHOFF, Upper Sandusky, O.

Dear Sir:—In thirty-five years' experience as a physician and surgeon I have treated piles according to all methods known to the profession. As to ulcers of the rectum, I never found them and therefore did not treat them, until I became acquainted with and began to practice your system of rectal treatment. Since I began with your system of treatment I have treated quite a number of cases, both piles and ulcers, and found the treatment a success. I pronounce your system of rectal treatment the most complete and successful I have known, and further say that it is in every respect as represented. And I will say that your full case of rectal instruments are indispensable to the successful treatment of any or all

rectal diseases, and I might add your compounds, and especially your speculum.

Yours Respectfully,

C. S. SMITH, M. D.

FROM WAUPUN, WISCONSIN.

WAUPUN, WIS., Jan. 31, 1881.

DR. A. W. BRINKERHOFF, M. D.

Dear Sir:—Having used the Brinkerhoff painless pile treatment in this State for the past six months, I take great pleasure in saying that it is a perfect success in every respect. In every case all protrusion and bleeding have ceased after the third treatment—in many cases after the second treatment—and in one case, where the patient had suffered from protrusion, bleeding, and intense pain at stool, for years, it was entirely stopped with one treatment. I know (having cured many) that it will cure any and every case that will take the treatment.

Yours Truly,

O. F. BARDWELL.

FROM BALTIMORE.

BALTIMORE, MD., May 21, 1881.

DR. A. W. BRINKERHOFF, Upper Sandusky, O.

I have practiced your system of treating rectal diseases for more than one year with entire satisfaction. I have treated many cases of rectal diseases, especially piles, by your method, with uniform success, and without a single failure or bad result. My experience

warrants the assertion that no system has ever been devised which equals yours in success and simplicity.

I unhesitatingly pronounce it the best, safest, most successful and least painful of any system or method of treating rectal diseases ever devised.

Your speculum, in exploring the rectum, is far superior to any that I have ever seen or used. I give it, and your compounds, my hearty endorsement. Your complete set of instruments, together with your compounds, are indispensable to the successful management of all diseases found in that much neglected organ—the *rectum*.

Very Respectfully,

JAMES CRESS, M. D.

P. S.—My practice is in Baltimore and Washington.

FROM DECATUR, INDIANA.

The following lengthy and interesting letter came from an allopathic physician, whose father I treated and cured at Fort Wayne, after suffering many years from a severe case of piles and rectal ulcer. His son, the Doctor, and writer of this letter, being urged by his father to secure this treatment for his own practice, long hesitated because of his *calvanistic* theories, held in common with all members, generally, of his school of medicine—Allopathic—but finally did yield to his father's request, was treated and cured himself, and then secured my instruments, medicine and instructions for himself, but not without the *great displeasure of his "Alma Mater,"* and those who

graduated with him, even to the extent of "*Excommunication.*"

Thus bigotry puts its heel on the sun of intelligence, and would blot out every shining ray that comes not through the contracted holes of bigotry and class education. Disgraceful! *disgraceful!* DISGRACEFUL! If every man on American soil is born "equal," and with certain "inalienable rights," amongst which are "life, liberty and the pursuit of happiness," why should any set of men rise up, unite, or combine to prevent the pursuit of intelligence, when their minds are dark, empty of vital knowledge in their profession, and that profession declared to be the making of the sick well! This is no less treason to suffering humanity than was the acts of Arnold to the cause in which he was engaged, with Major Andre of the British service. The punishment for such offences should be little less! But let the spurned doctor, who, until he saw the light as *Saul of Tarsus* saw it, refused also to believe, speak for himself, as did Paul.

DECATUR, IND., April 25, 1881.

A. W. BRINKERHOFF, M. D., Upper Sanduusky, O.

It is with no small degree of pleasure that I write to give you some words of appreciation of your system of tectal treatment. It has proved, in every particular, all, and more, than you claim for it. I think you have been over cautious when advocating its merits, as the discoverer of a system of such vast and unlimited value to the medical profession. The greater my experience with it, the greater grows my admiration of such an in-

valuable means of discovering the origin of so many of the ills of the various organs of the human system, and, by the use of your system and remedies, of their uninterrupted progress from a diseased to a healthy condition, and always "better" without pain, danger or loss of time or pleasure—if there is pleasure with affliction.

I am pleased when I think of the number of cases I now have under treatment, who have long suffered from functional difficulties of the various organs, and who, under the old practice, in such cases, made heavy drafts upon my medicine case, while now my prescription case is seldom called into use in comparison to my days of practice before knowing the cause of so much misery.

What a great saving of blood-restorers, laxatives, purgatives, astringents, sedatives, diuretics, diaphretics, expectorants, tonics, stimulants, etc., etc.

I am sorry for the errors of the past, and yet glad to think that the days of that past do not extend into the present, and shall not become any part of the future! That I shall not be compelled to blunder along through coming years, if spared, and then look back with sorrow over monuments erected from my ignorance and errors!—all for lack of means to diagnose and treat, successfully, such a formidable enemy to health and happiness.

It is astonishing and lamentable that so many old and young are dragging out a miserable existence, caused by a disease so long doing its death work practically undiscovered, uninterrupted, unsuspected, taking millions

to an untimely grave! But thanks to you, Dr. B., through your active, inventive, investigating mind, you have been able to step between the dismal past and the present host now on their way to the asylum, to the poor-house, or worse than all, to the grave, and those hosts yet to follow and arrest by scientific means, if doctors will use them, the deadly ravages of *Rectal Ulcers*, and other rectal maladies, and restore their victims to health, life and the means of wealth.

I know from experience and observation that there are no happier persons than those cured of rectal maladies. I now see the folly of traveling, spending time and money for health, with the fangs of death (*Rectal Ulcer*) penetrating deeper and deeper, while hope—when there is no hope only in treatment—invites the water and air for continued life. The feature of your system of diagnosing and curing is found in its thoroughly *painless* character and very small amount of medicine necessary to cure. It is a system shorn of all barbarous methods, one that the most delicate and nervous lady or gentleman may accept treatment under without exposure, pain or danger at any time. What comfort consolation and assurance to a physician to be enabled to use remedies that will cure and have no dark forebodings as to the result. With this treatment he can rest at ease, knowing that all will say “better” each time they return or are visited, with thankful hearts and cheerful countenances, some thinking themselves well long before I dismiss them. I will state as briefly as possible, the case of Mr. W. S——, a farmer, one mile from town, who has suffered dreadfully for many years,

with piles only, as he thought. Many would say to me thinking his an incurable case, "why don't you treat Mr. W. S——?" I spoke to him once or twice and he excused himself by saying, "I am afraid of being made worse, and do not wish to endure any more suffering or punishment than I already suffer." He could not labor much, the protrusion was so constant and severe that he dared not. He came to me finally two months ago, with a long written contract put to suit his own notion and fifty dollars to suit my notion. I was only too anxious to sign such a contract, and was in the act of so doing, when he said "No, no, I will not ask more of you than other patients."

I examined him and found two large pile tumors and an ulcer, commencing about an inch above the sphincters, in the posterior and lateral wall of the rectum, and extending upward one inch. From appearances I judged that the ulcer would heal readily. The largest pile tumor, from its tough wall, was old. The battle was between that old tumor and your hemorrhoidal compound. The victory was with the compound. He did not know when I treated him the first time at all. Have treated him twice, once for piles and once for ulcer, and to-day he thinks he is well, and says he has not time now to quit work to come and be treated.

Mrs. M. C—— aged 50. Was called to see her August 1880. She was long quite unwell, had used various remedies, but received no benefit. Not able to do housework, quite bloodless, sallow complexioned, looked old—felt so indeed—pain in head, neck, back and hips; soreness in legs, nervous, easily exhausted,

palpitation of heart, poor appetite, constipated, itching around anus, mucous discharges, abdominal bloating, etc. Found extensive rectal ulceration. She knew for years of something wrong there, and as she could blame no other organ more than the rectum, although there was general disorganization, she began rectal treatment. To-day you should hear what she has to say. Fleshier, blood in cheeks, skin good color. You can imagine the rest. *She believes!* She said last fall two of her sons, then young men, *died* with the same complaint.

You know from my orders for medicine and syringes that my patients are not few. Many of them are cured and others doing well, save two very bad ulcer cases. To them recovery seems slow, but I have no doubt but that they will get well.

I cannot think *too highly* of your hemorrhoidal compound when I read what Drs. Van Buren, Allingham and Prof. Andrews say of hypodermic injections. I frequently meet men at my hotel who relate fearful sufferings of some of their friends from hypodermic injections for piles.

This week Mr. B——, a popular traveling man, related the sufferings of three of his acquaintances from such treatment. I am to treat him when he returns here again, as he had heard of your success and intended putting himself in your care. Your ulcer compound and salve do their work admirably. Your *speculum* SPEAKS FOR ITSELF!

I have perused with care Allingham's late book on "Diseases of the Rectum," also Dr. Van Buren's late "Lectures upon Diseases of the Rectum," and other

lectures in books not wholly given to this subject, and must say without any motive to flatter, that you have made a long leap ahead of those men.

You have fathomed a great factor in consumption, nervous diseases and many others that I need not mention here, and brought their causes to plain view while those men are still calculating in the dark.

I could say much more about the wide field you have opened by the expense of so much skill, time and money for the benefit of suffering humanity, and for the education of the medical profession, if its members, as I have done, even after much persuasion, would investigate the results of your inventions and discoveries, if they go and see for themselves. Yet I know that from some stagnant pond will still arise the voice from some which will say "Quack, quack!" May their suffering patients forgive them, for they know not what they say and do.

Very truly,

A. B. JAMISON, M. D.

FROM PORTSMOUTH, OHIO.

Dr. Brinkerhoff visits Portsmouth, O., monthly—has done so for years. He has *all he can possibly do in his practice*. There is no humbug in his practice! *Success complete!*

JENNINGS & WILLIAMS, Prop'rs Biggs House.
Portsmouth, O., June 29, 1881.

FROM CHILLICOTHE, OHIO.

Dr. Brinkerhoff has made monthly visits here for nearly *three years*, has all the patients he can *possibly attend to*—ladies and gentlemen. His success is *without question*.

J. WARNER, Prop'r Warner House.
Chillicothe, June 28, 1881.

FROM FT. WAYNE.

For a long time Dr. Brinkerhoff has visited this city, *monthly*. His practice is *very large*, and his *success unquestioned*.

REED & CARY, Prop'rs Mayer House.
Ft. Wayne, June 20, 1881.

FROM WINCHESTER, IND.

Dr. Brinkerhoff has stopped with me *monthly*, for more than *three years*. His practice is *very large here*, and his cures are *astonishing!*

PETER REINHEIMER, Prop'r Franklin House.
Winchester, Ind., June 28, 1881.

FROM SPRINGFIELD, OHIO.

For several years Dr. Brinkerhoff has made *monthly* visits to this city—has *all he can do while here*, which is good evidence of his *well-deserved success*.

C. E. STUART, Prop'r St. James Hotel.
Springfield, O., June 29, 1881.

FROM LIMA, OHIO.

For nearly *four* year, Dr. Brinkerhoff has made monthly visits on professional business to this city, stopping at the Lima House. His practice has always been, and still is *good*, and he cures *all who come to him*.

JOS. GOLDSMITH, Prop'r Lima House.

Lima, O., June 30, 1881.

CONCLUSIONS.

My purpose in adding the statements of Hotel Proprietors is simply to show the importance of this practice to physicians, who should *know* and use it, by showing the demand there long has been, and still is, for my services by persons who desire to be made well. My desire is to have men who say that they are physicians, to learn to cure those terrible afflictions, for the cure of which their patients *have to come to me*, instead of looking upon myself as an impostor, fraud and quack, and upon their patients as fops! Their *patrons* want to be *relieved from suffering*. *They*, if their physicians do not, *know* that I can *cure* them; they know, too, that I am ready and willing to make them able to do what I can—yet they “*will not*.” What is the *true estimate* that *should* be put upon *such family physicians*? Let their *suffering patients answer*.

I do not hold this matter a *close secret*—*not at all*. I *invite* all men who have the interests of their patrons at

heart to *come and buy of me that knowledge*, with all the necessary instruments and medicines to make your patients well, almost without money and without price, but, with noble exceptions, they "*will not.*" Those men can no longer say, now, as they could in days gone by—as they then told me—"we know of no remedy" when called upon to attend their patients who thus suffer, for the "*books are opened,*" and they have been *invited*, but have not come.

Inscribed upon the door-posts of suffering humanity, applicable to such professors—such physicians—men who desire to reap where they *will not*, nor *have not sown*—should be "weighed in our balances, and, being *too light*, are *found wanting.*"

It is impossible to cure the maladies herein treated of, perfectly and well, without the instruments and medicines used by me. They have cost me much labor and money, and I cannot afford to put them into the hands of physicians gratuitously. To the true physician—who he desires to cure his patients as he should, they are worth their weight in gold, and the results from their use are not only astonishing, but gratifying to all interested.

A course of lectures also costs money, yet no student of medicine hesitates to spend money therefor, while to such student this system of treatment with all its accompaniments, is at least as valuable as any full course of lectures can be.

Like fevers and inflammatory diseases generally, the maladies reached by this treatment are constantly multiplying, and already very numerous. No physician

need fear, so long as man is upon earth, that the cases will become exhausted. What is and has been, will be; and he who prepares himself to heal, to cure, to give relief, will reap the reward of his interest taken in the health, happiness and comfort of humanity—of those from whom he seeks to draw his subsistence.

I am astounded at the great indifference of the medical profession regarding this matter. Why its members should persist in the treatment of results only of such causes, when the causes themselves are now within their power to cure so easily, so painlessly, so certainly, I cannot tell! Maybe the long, sad years of my own sufferings, from like cause, make me expect too much—make me feel too keenly the indifference of a *great* profession, to maladies, and their cure, which are now gathering into the chambers of death, annually, thousands of our people, young as well as old; while, with seemingly perfect indifference, those guardians of the lives of the people stand carelessly by, without any seeming desire to check the ravages of the monster in his deadly work! Why is this? Who can explain it? What can the motive be? To me, there is something *very strange* in its contemplation.

Such men reject this work of mercy, and by such rejection invite amongst them, to cure their long-suffering patients, those whom they call quacks, frauds, empirics, etc., and if those whom they cannot cure have courage to patronize such as can cure them, then they wonder at the folly of such, and often insult them with remarks unbecoming men of an honorable profession, who should have the welfare of humanity at heart. As this

course, to me, is inexplicable from any reasonable standpoint, I will leave it where it belongs, in the breasts of those who should banish it forever, and stand forth, as they might, physicians indeed.

When any family employs a physician, and retains him as their family physician, such family has the right to the benefit of all the knowledge that such physician has, or may in any way obtain, in the treatment of the maladies attaching to such family, and yet how reluctantly, sometimes, it is accorded.

A case in point: There lived in one of the cities visited by me, a gentleman who had long and fearfully suffered from rectal disease—piles as he supposed, and was told by his physician. Once, from hemorrhage, he was pronounced “dead,” and at two other times it was said “he can not live.” Having heard of my success, he called upon his physician and told him what his determination was—to come to me for help. He was advised as follows: “If you do he will only get your money and do you no good,” and this in the face of an offer, printed in every circular, to give “any physician *one thousand dollars* for any case of piles that might come to, or be brought to me, that I could not cure,” and “*no cure, no pay!*” But he came. At time of fourth treatment he asked me if I had any objections to his family physician being present at treatment. My reply was: “certainly not; bring him in.” I was not then aware of the advice given the patient by his physician, nor would that have made any difference. The malady was bad case of *piles*, severe and extensive ulceration of the rectum, and very large polypus. That

physician became so much interested in what he saw, that day, in his old patient, and others, that he spent most of the day with me, Four other physicians were also in during the day, three of whom, including the gentleman first referred to, purchased instruments and medicines before the sun went down that day. Such was, and is, when physicians do call to see me, the result of their investigations. Why should it not be so? Never was conversion more complete than in the case of the first gentleman. Those who now live in darkness will, some day, see great light, for "truth is mighty, and will prevail," and while I have tongue to speak, or pen to write, and reason to direct either, I will storm the strong positions of the enemy, until he shall open his eyes to his situation, and realize the demands of the people and his profession upon him.

Recently, in another city visited by me, the vice president of the Allopathic Medical Association of the county called upon me, saw me operate upon many patients, and saw their maladies! Before leaving he desired to know the cost of instruments, etc.—said "If I should secure this treatment and make a specialty of it, or use it in my practice, I must first withdraw from the association, for the *oath* I took would not allow me to remain!" *The oath I took! An oath!* What did that oath cover? Surely not a multitude of sins! But it trammels the body and soul! cripples aspirations! crushes desire! enslaves the will! darkens the mind! cultivates egotism and bigotry! reduces to confines and limits! robs man of just aids and assistants! it is the germ producing the tree and wide-extending branches

of selfishness, strife, bigotry, and contention—conceived in iniquity, born in conceit; in manhood it breeds dishonor, and robs earth, by prejudice, of many life-saving intelligencers! Suffering humanity demands no such restraints to defeat the combined powers of remedial agents to restore to health and manhood! It means disintegration, while concentration of effort should be the rule of practice in the healing art! Associations and oaths of a destructive, disintegrating character are not such as add to the wisdom and stability of any cause! Distinctive opinions cannot be strengthened by oath-bound associations, for they are at war with the true spirit of the liberal government under which we live, whose free air we breathe, and whose protection, in return for willing obedience to its laws, we claim. As well might Calvinism, in religion, demand distinctive recognition and independence of action, in the walks of Christianity, by oaths and signs and wonders—though all churches and sects seek a common purpose, the salvation of mankind—as that any school in medicine should be limited, when the purpose of all is to save the body from suffering and death! Away with such fractional, egotistical issues! The afflicted need united aid when death is at the door. Let wisdom and justice rule the age.

PART SECOND.

INTRODUCTORY.

Having completed or closed that part of this work the more especially intended, as instructive, for the profession, with whatever errors and mistakes it may contain, I shall be pleased if I have been able to present, what I have learned from practice, sufficiently clear and plain to enable others to fully understand the matters treated upon.

Not being a book-maker, I was compelled to grope my way in the dark, so far as system entered into the work, but I sought to secure such arrangement of the subjects treated of as will enable the reader to readily refer to the part or parts desired to be seen.

If any part of this work should seem to be severe upon members of the profession—and remember that in no case do I include the entire profession as within the compass of my remarks, for there always are honorable exceptions—it must be remembered that in my own person I was a great sufferer for many years from rectal trouble, and could get no relief—that to me, as to thousands of others all over the country, the entire medical profession were as blocks of wood, and while

they could not cure those troubles, and most of them as ignorant of the character of those diseases, after years of practice, as new-born babes, but ever ready to send their poisoned arrows after those who could and can perform such cures, possibly because they travel, possibly because they are more successful than themselves; but from whatever cause ready to do so. Hence, I trust, after being compelled to defend myself by exposing the ignorance and wickedness of others, my motives may not be deemed other than they are—a desire to rouse men whose business it is to cure the ills of men, to such a degree of action in their profession as will make them what they claim to be, before they attempt to slander and traduce others.

Beyond this object I will not go, but up to that point I will bend every effort of my life, until men yield to the demands of duty, by closing their lips and opening the windows to the chambeas of their minds!

TO THE MEDICAL PROFESSION.

A few words here in addition to what has already been said to the profession will not be out of place. The practice of medicine cannot be reduced like some other things so as to bring it within the bounds of mathematical calculations, and therefore it cannot be called truly *scientific*!

It cannot be measured by the mechanic's rule, nor the tailor's tape, nor run off and estimated by the surveyor's compass and chain, and by his figures. That after which the practice of medicine or the practitioner reaches, lies deeply hidden in the various organs of a wonderful system of flesh, blood and bones—can not be seen—and is, really, when an opinion is formed in regard to it, but an opinion drawn from the declarations made by the patient, and the judgment of the physician.

Such, too, to an unlimited extent, is the choice of remedies to cure those hidden, or even exposed ills and maladies of our race.

Such being the fact how astonishing it is that any one class of men should claim perfection, or assume to claim it, when the whole matter is so deeply enshrouded in mystery.

And yet there are thousands of persons in the regular practice of medicine, as well as in practice not regular, who, having "graduated," consider themselves finished in the profession of their choice, and having chosen a location and offered their services to suffering mankind, sit down and await the calls of the afflicted to enable them to commence the cure of ills, and causes, about which they know, if anything, entirely too little; and who, from practice, almost entirely alone without hardly ever thoughtfully weighing and seeking the written opinions of others, pass through their professional lives without rising above the level of the calm surface of the undisturbed waters of some shallow pond, so far as their medical skill is concerned.

It is the duty of the true physician—he who seeks

the welfare of his patients—to be thoroughly investigating and industrious. His office and the sick room should be the places of his presence, his books and experience and the causes of the varied conditions of the human system, and the offices and actions of the several organs and members of the whole system, should command much of his time and study, until he knows all that can be known with certainty, and able to *guess* with much accuracy as to the rest.

In the practice of medicine there should be comparatively little guess work. At best there is too much. I never was so well convinced of this as now. In many cases it is more than inexcusable—it is *criminal!* It is thus measured in the measure of the great majority of the “regular” practice of medicine, with regard to the irregulars. And from my practice and experience, some of which may be seen, and is described in this little work, I cannot be any milder in the use of words toward the “regulars,” I mean the bigoted and egotistical ones, than are they in reference to myself and others. I make many honorable exceptions, for the wiser of them are the most liberal and successful and the most ready to turn the listening ear to new discoveries, come from where they may.

All over the broad expanse of these United States and no doubt throughout the world, every town, hamlet, village and city is adorned with “doctors”—here a sign, there a sign. All must and do live off of the pains and sufferings of their fellow beings, for which the suffering have a right to expect wise, proper and successful treatment of that which causes them so much pain and

sorrow, and secures to the "doctor" the comforts of his home. Are they thus rewarded?

Throughout the broad field over which I travel every four weeks—traveling over more than 1,000 miles each trip—until some physicians secured from me my instruments and medicines, and learned the art of my treatment, not one person was there engaged in treatment of *rectal diseases*.

To the "doctors," let me say, that many, *many* of your patients were suffering—still are suffering—with constipation, lame backs, diseased and inflamed nerves and muscles, causing rheumatism and neuralgia, inflamed urinary organs, "bad liver," dyspepsia, womb and vaginal troubles, "softening of the brain," "heart disease," diarrhoea, "pains in stomach," sick-headache, painful puritus, &c., all of which you prescribe for as disease, when the truth is that these are but the results of a disease which is destroying the comfort, the hopes, and lives of thousands, annually! You can, and often do, give ease and rest, but you never reach the destroying ulcer, truly presented to your view in the cuts in this work, and yet when an "itinerant" comes along, who has long made this a special practice, and who invites you, for the good of your patients, to "come and see" for yourselves, and be convinced of what he says and does, and has done at your very doors, so that you may see what you have never before seen, and may secure the means to enable you to do your duty, and thereby prevent these pesky itinerants from annoying you and plucking the honors from your brows, *many of you*, with more assumed dignity than true valor, cry

out Quack! or when consulted by your patients as to calling on him for help, as I know to be true, insinuatingly reply, "try him if you desire to be relieved of your money and humbugged," and, yet, while you need not be told, to inform you of the fact, that you never have and cannot cure *piles*, we have offered you in our circulars, spread broadcast in your midst, \$1,000.00 for any case of piles you would bring us that we could not cure, and yet, while the most assuming of your profession were ready to say "humbug," you had not the courage and true manhood to attempt to secure the offered prize.

Gentlemen, of the medical profession, why are so many men suddenly falling around you, annually, dead? It is agreeable to call it "heart-disease!" Men will not die without disease. Look around you on the streets, and see the many haggard faces—the ashy complexions—you should be able to tell those persons what ails them, and then prove it by an examination. Can you do it? Do you do it? Until you can, you know little of one of the worst maladies preying upon human flesh, and human life! Until you can do it, there is still food for thought and investigation! Until you can do it use not the term "*humbug*" as applicable to the itinerant "doctors." Until you can do it, remember that there are mists and clouds obscuring the mental vision. If you love those who employ you, study until you can do it.

Be not bitter toward the "itinerant" doctor. Why seek to legislate him out of your way by taxing him "one hundred dollars per month" for curing the afflicted of his malady, which you have failed to cure?

Is it a crime to travel? Do you not all like to be sent for? Do you not travel to see your patients—some even over whole states? Did not the Saviour of man travel from city to city? Did he not “heal the sick!” Did He not command His apostles to do likewise? Were they ever taxed for so doing!

No, gentlemen, there is a better way than that to do. Make yourselves masters of your profession—learn to cure what these detested itinerants do cure, and thereby destroy the demand for their services in your locality, and rest assured that no law will then be necessary to protect you because of your ignorance in cases of the kind treated of in this work. You cannot shelter yourselves behind the subterfuge of “dangerous treatment,” for it is free from danger. Nor by excusing yourselves longer by saying “there is no cure!” Nor by not knowing how to do it, or not having the instruments, for we offer all to you for use in your practice almost “without money and without price!” The method is truly scientific, the cure beyond doubt—the suffering nothing—the health, joy, happiness and gratitude of the sufferer, when cured, great. Will you longer wear a crown, the gilding of which is tarnished by the declaration “unable to cure, but nevertheless a doctor still!”

Is it not a disgrace to so grand and intelligent a profession, that its members are compelled to reply, when consulted regarding the cure of so common a malady as piles, “I, or we, cannot cure them, save by the knife or ligation?” And, also, to hear its members talk about “itching piles,” “fissure piles,” “blind piles,” When

ulcer is the malady, and then hear them sneer at the idea of such an affliction in the rectum.

Gentlemen, it is never too late to learn. The door is now open. Justice and humanity alike demand that you seek the light through it. It is no disgrace to be made conversant with the hidden things of the past, and, looking at them through the light of the present, wonder why darkness so long veiled them from view! Never too late to embrace and practice truth—never too late to retrieve the misfortunes and losses of the past—never too late to elevate and maintain the good to the dethronement of error—never too late to see our mistakes and correct them! Witchcraft has passed away! The blade no longer severs the head from the body, by kingly decree—bigotry and the rigorous rules of the Church are passing away—the globular form of the earth is conceded, and why should the knife and cord still remain in the hands of a few only competent to use them, in a great profession, as the only means of giving relief, by adding to pain in the cure of disease, when a new, tried, and almost painless cure is present? Is it wise, is it human, is it the result of our modern and boasted civilization? A trial will satisfy the doubting, and the ways of the past will be no more!

To show still further the ignorance of the profession on the subject of which we now speak, let me say that on this sixth day of May, 1880, there came to me, through the solicitation of friends, in the city of Fort Wayne, Ind., a gentleman who had long suffered from this malady. He said, "I have taken medicine for

years, and have steadily grown worse and worse! I have become entirely discouraged, and have often wished that my engine would jump the track, and bury me so deep that I could never be found! I am tired of home, of life, of all around me. I recently called on three physicians in this city for advice—prominent ones, too! One told me that one of my kidneys was ‘badly ulcerated;’ another said that one of my kidneys was ‘slightly ulcerated;’ and still another said it was ‘nervous prostration’ and ‘letting down of the whole system.’” We, at once, in the presence of several parties, two of whom were physicians, pronounced his case an *impacted ulcer* and at once, by an examination, proved our declaration true, by removing from the cavity hard lumps of dry fæces, in quantity equal to the size of a hen’s egg, coated with white, slimy mucous, to the astonishment of all. This ulcer, with its impaction pressing hard against the nerves and muscles of the spinal column, so inflamed and paralyzed them that memory had become greatly impaired, making life a dreary waste to one once cheerful, hopeful, and happy!

Do not shift the ignorance of these “prominent physicians to the shoulders of the irregulars, for such they were not, but regulars, practicing their profession under the shadows of a medical college—men who would, and no doubt do, shun the presence of better men than they—men of that class who endorse the efforts of their brethren to tax me “*one hundred dollars per month*” for saving the life of that man, whom they, as he said, had drugged almost to poverty and death!” Around

you, in the city of Fort Wayne, most noble band of honored M. D.'s, are hundreds more just like this gentleman, and so it is all over the land, and you sleep on, and condemn the itinerants, and let your confiding patient die, after years of suffering, because of your inexcusable ignorance.

While I feel almost like dipping my pen in *blood*, and stating, plainly how I feel regarding this misplaced confidence of millions of my race whose lives are in your hands, and whose dollars, drawn from the scanty means of an anxious father for the welfare of his soon to be fatherless children, go to make your homes those of comfort and ease, yet all for nothing so far as relief comes to him. Still I am reminded of the fact that with your instruments—the best that you could heretofore get—it was impossible to discover and treat this malady with any degree of knowledge and success, and therefore, for your general ignorance of this life-destroying malady through ages now past, I can spread over your arbitrary and illiberal medical associations of assumed calvanistic theorists and practitioners, at least a gauzy mantle of charity. But for your present obstinate and determined condemnation of truth, and your persistent refusal to become enlightened, so as to save the lives of your patients, as well as to receive the reward from them for your services, I can find no words of forgiveness, no mantle to cover your failure in duty, no excuse for your vanity and unfounded assumptions, no respect for your promptitude in the examination and treatment of the vagina and the womb, while you neglect the “weightier matters of the law”—the dis-

eases of the rectum, from which many of the diseases of the before-named members are but direct results.

In conclusion, we must say that the "science of medicine," at best, is but the science of "cutting and fitting," as without rule or square in mechanics—no more, no less. It has never extended to the building up, yet, of diseased rectums, but you have persistently sought to reach that member, in its misery, through the mouth and stomach! As well might you seek to flood the streets of the cities of China, by pouring oceans of water on the prairies of Illinois, expecting it to soak through, as to continue longer that practice.

You have tried it for ages, and failed! Why not abandon such folly, and resort to rational and scientific treatment and certainty in the cure of those maladies!

None are so blind as those who will not see,
None so obstinate as those who will not hear—
None so certain in danger's hour to flee,
As those who boast that they possess no coward's fear!

We trust that the day is not distant when many may enjoy the light, and become physicians indeed, by being able to reward their patrons *fully*. But I will not leave you with the foregoing remarks without adding the testimony of some of the profession, who have been long engaged in the practice of medicine, old as well as new school, so that you may have the testimsny of others as well as my own declarations, regarding a subject of such unlimited interest to the suffering, as well as to the general practitioner.

ALLINGHAM.

As to rectal ulcers, I will quote from Mr. Allingham's "*Diseases of the Rectum*," page 171. Regarding him as authority, I will say, his work presents him as "*Fellow of the Royal College of Surgeons of England; Surgeon to St. Mark's Hospital for Fistula, &c.; Late Surgeon to the Great Northern Hospital.*"

Such authority, surely, should rob our smart brethren of the profession, of the sneer with which we, to some of our patients, have been treated regarding this disease, and those men who have pronounced its effects upon the system as "Rail-road Paralysis," might do well by dropping the mis-nomer.

Mr. Allingham says, Chapter X, 171 to 175, as follows:

"UT CERATION OF THE RECTUM."

"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 dis-

ease 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 diarrhea, 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 diarrhea 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 diarrhea of a dysinteric 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 toothache, and it is induced now by much standing about or walking. At this stage of the disease the diarrhea 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 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 attack of diarrhea and constipation, and during the attacks of diarrhea 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 results 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 diarrhea 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 fistula. 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 cureable, 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 generally have outside 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.”

The foregoing is the declaration and evidence of one of the most calvanistic, old-school regulars. Let me ask such as have sneered at my statements regarding rectal ulcers, what they think of their brother's words? What says that tony, assuming, astute doctor in Springfield, O., who never saw an ulcer like these—who knows nothing about them—who desires to stand at the head of the profession, ignorant as he is in this matter—who said to one of my patients, while conversing on this subject, sneeringly, "Yes, no doubt, it makes a man feel better to take the m——e out of him." That man does not even yet know how to do that! I pity such criminal ignorance, when his patrons must be the sufferers.

There are thousands more like him, and always will be. They let their patients die, and never know what caused death. Their ignorance might have been, and may be, inscribed on the coffin's lid, or tomb-stone, about in these words, viz: "Died, because his physician knew not his disease."

I will not close my remarks "to the medical profession," without saying that through this channel lies my only way to the eye and understanding of the medical world. I am not a member of any medical association—enjoy no such rights and privileges—am, therefore, compelled to fight my own battles, and to win my own victories, aided, only, by an army of patients, and volunteer physicians whose investigations have and are, weekly, commencing the battle under my colors, equipped with the weapons of my warfare, and glorying in the knowledge which enables them to see and

reach that which, to them, was but lately amongst the mysteries of the medical profession.

In conclusion, gentlemen, let me say to you, that this matter is worthy of your most thorough investigation. As a duty you owe such investigation of it to your patrons and friends, as well as to your own manhood as a practitioner. After having given it such attention, you will be fully convinced of all, and more than I have stated in this little volume.

TO THE AFFLICTED.

After having suffered for twenty-five years from rectal trouble, and after having performed over thirty thousand operations by my *new method*, and after having heard the statements of hundreds of sufferers from like trouble, and after having seen so many of the different rectal maladies,—some of which had passed the time for cure, and from which death soon followed after coming to me and my refusal to treat them—I assume that I am competent, to a very great extent, to advise others what to do when thus afflicted.

It is no pleasant task for me to say to persons who come to me hopefully, “it is too late; you cannot be cured.” Nor do such words fall with pleasure upon the ear of the sufferer. Then, if you do not wish to hear them, in all their sadness, take my advice and call upon your physician, when you first realize the fact that there is something wrong in the rectum. Do not

wait until the trouble compels you to go. Then it may be "*too late.*"

If you have itching about the anus, go at once for *ulcer* is present. If you are constipated delay not, for *ulcer* is present! If you suffer from chronic diarrhea, act promptly, for *ulcer* has well nigh affected your *ruin!* If you are called to the closet as soon as you arise in the morning, and with unsatisfactory results, then you have little time to spare—go at once to your physician. Is your back weak—do your legs ache—have you dyspepsia—do you feel broken-down in strength—is your memory failing—have you burning in the rectum after stool—do you pass blood, or mucous like the white of an egg, at stool—are you tired of life, dispirited? If you have any of the above symptoms, go at once and be made well, for, unless you do, life will soon become, in many cases, naught but suffering, with early death. I cannot impress upon you too strongly, the necessity for prompt action. If you have read the first part of this work you will see, and know, why.

Are you too nice and modest to go and be made well? Then you were not intended for *this world*, and the sooner you leave it the better! The duties of this life demand health, and if you are afflicted thus, and being a sufferer still refuse to apply for it, then is your mission ended, and you should not bring care, toil and distress to others by cultivating false modesty; but, like a true man or woman, duty to yourself and others, demand attention to your health, no matter what may be the disease.

It is the duty of all mankind to take good care of the

human body, and this can only be done by prompt action in all cases where repairs are needed, as in all the material matters of life. Let it not be said of you—if you love health, comfort and life—that you will not submit to having your disease cured; that you “will die first,” as many foolish and giddy persons do say. If such is your determination, then, the sooner you die the better! Can it be possible that you will anxiously care for, nurse, and watch over some choice, valued, but fading or perishing shrub or flower, and yet refuse to submit to an examination of your body, which is the earthly home of your ever-living soul, and that, too, after all the effort during life, or its early years, to adorn and cultivate its intelligence—its beauty, and its useful members, and characteristics?

The poor, faded, sickly form of mother or daughter, sister or wife, is always an object of pity; and yet I have often heard such person say “I never would submit to an examination—I would rather die first!” It is when such words are uttered that pity gives place to contempt, and the weakness of humanity is shown to the world.

For the good of all who suffer I have tried to do my duty by impressing upon others theirs, in these pages. First, I have tried to set before the physician his duty, because of his position and responsibility, and here, that of the sufferer. If successfully, great good will be the result, but if my effort proves a failure, and the intelligent minds of the members of the profession should still cry “*humbug*” as many members of that profession still do, then, on their heads, and not on mine,

must rest the crime of willful negligence and ignorance.

The curiosity of the Queen of Sheba was aroused by the reports of the greatness of the surroundings of King Solomon to such a degree that she visited him in person, so as to be convinced of the truth of those reports. On her return to her own people she declared that "the half was not told me."

So, upon full investigation, will every honest physician say, who desires the truth, regarding the contents of this little work, "The *half* has not been told me!" And yet I have told enough to induce you to act the part of the *Queen of Sheba*, if you love your profession, and have at heart the health of your patients.

Let me say, in conclusion, to the afflicted, that every physician—save one who was wiser than Solomon, and yet knew very little—who has seen me operate, and saw for himself those terrible ulcers, has declared his astonishment at the revelations. One said to me, after thirty-five years of constant practice—and a *regular*, too,— "The medical *profession* has been *criminally negligent!*" So say I. Another said—a *regular*, too—and the president of a State medical association, too—"Your cures are astonishing, sir!" Another, *regular*, too, who brought one of his patients to me for help, after being shown the ulcer, which was his trouble, said, "Had I even known that it was there, I could never have seen it." Another said, after seeing me treat many cases, one afternoon, "It is astonishing—I never knew that such sores were in the rectum!" Many other sayings of old, regular practitioners could be given here, many of whom are now using my instruments, &c., but

I will only give the language of one more,—a lady, who saw me treat several ladies at one of my places, and a smart graduate, of Boston, Mass. She said “ Sir, I am utterly astonished! I have read, as I supposed, all the books, but never have I seen described anything like what I have seen to-day.” That lady, like the Queen of Sheba, at once sealed her sincerity, as have many gentlemen done, by at once asking “ Can your instruments, &c., be had?” I then and there made the arrangements by which she is now able to do all that I can do, after she gets a very little experience, and will become more astonished as she now passes on in her practice. Seeing and knowing her duty, she at once laid hold of it, and will succeed in saving many, many a precious life.

But I am mindful of the unreasonable and wicked skepticism of some who think themselves “ men of brains,”—of the sneering remarks, cowardly made behind my back, to some of my patients, of such men as will not become wise, but who will develop or manifest their ignorance and egotism by the tongue, when safety lends enchantment to their words—and who will, when they read this little volume, again say, “ humbug—all for money—an advertisement!”

Anticipating such declarations, we, in advance of them, say: “ *yes!*” It is not only an advertisement of my method of doing good, but I desire it to be a burning, flaming one, showing the undeniable *ignorance* of all such *quacks*, in their assumed positions regarding their diseases, and cure of the same, of which I have treated in this work. We do not even expect to change the

minds of such men by an advertisement such as this is, for they are the men who start out and continue through their life of practice with calomel and quinine in one hand, and a vaginal speculum in the other, and the world is not any the wiser for their existence.

But we do expect that the intelligent man, with an investigating mind, and clear judgment, will draw from this little work some useful conclusions, and from such we anticipate something better than condemnation. But the one feature of rectal trouble that we desire (almost forgotten) to impress upon the sufferer, viz: that condition of disease—always called piles—which is never accompanied by protrusion from the rectum, needs no pressing back, bleeds at stool and at any other time, and which is accompanied by great burning and pain at stool, and often at other times. Such is not a case of piles, in any sense, whatever. It is a case of bad ulceration, and the ulcer involves the sphincter muscle, and if you expect to wait and let it get well of itself, your hopes are vain. If curable at all, in your case, it will only be by strict attention, and constant rest and quiet! Its destructive work proceeds very rapidly—a few months will often number the sufferer's days at most. The mobility of the parts, and action of the sphincters, are much against the cure of such cases. Absolute rest, milk diet, and as few movements of the bowels as possible, are amongst the important matters to be observed.

Let it be remembered that true hemorrhoids (piles), unless strangulated, will not produce much pain. Loss of blood and protrusion, making the necessity of press-

ing back, which is worrying and prostrative, are the worst effects from piles. *Ulcer makes the pain!*

For the benefit of the afflicted, and who may not be able to reach treatment for positive cure, by my new method, I will here add a few valuable receipts. I do not give these as certain cures for piles and rectal ulcers, but the relief afforded is often astonishing.

FOR PILES.

Take a small teaspoonful of pulverized golden seal, and put into one pint of sweet milk; place the milk, with the golden seal in it, over a slow fire, and gently bring to boiling heat; remove, let cool, and take off the scum. Take of this, four times daily, one table-spoonful at a dose. If it physics too much take less.

At the same time, use morning and evening, by inserting into rectum a little with the finger, "*Brinkerhoff's All-Healing Salve.*" This can be sent by mail, to any address, on receipt of one dollar.

The above is far superior to any other advertised remedy, but do not rely on it to cure or you may be disappointed.

FOR RECTAL ULCERS.

First procure one of Brinkerhoff's Rectal Ulcer Syringes (can only be had of A. W. Brinkerhoff & Son, Upper Sandusky, O., and sent by mail on receipt of \$3.00). This syringe puts the medicine into the ulcer. Then get four to six ounces of Hamamelis (extract of Witch Hazel), and two ounces pulverized slippery elm, then proceed as follows, daily: every morning insert into the rectum, with the finger, a little of "*Brinker-*

hoff's All-Healing Salve." After every stool inject and strain out one pint of tepid or cold water—cold if it does not give you pain; every evening just before retiring take three tablespoonfuls of water and add to it half a teaspoonful, each, of Hamamelis and powdered elm, and inject into rectum, letting it remain until morning. This will give great relief, and if the ulcer is not impacted, and the case not too bad, will, if persisted in for months, entirely cure it.

The impaction can be removed by the use of our rectal syringe, with water injections.

I only give you the foregoing receipts for use should you not be able to secure the other treatment, and for relief only, while I would still urge the importance of securing treatment for entire cure. This, for ulcers, can be sent by express.

If your physician has not secured the instruments and medicine from me, together with "directions for treatment," then your best and cheapest way to be cured, is for two or more afflicted persons to join together and buy them, get a physician to cure you, and let him have the instruments and medicine for curing you, or sell them to him, as you may prefer. I only make this suggestion for your convenience and good, where your physician has not, nor will not, secure them for your benefit.

OTHER TREATMENT.

With what is called the "carbolic treatment" by medical journals and physicians generally, the operation is also performed with the hypodermic syr-

inge. But by my method the operation is performed within the rectum, with the sacs or tumors almost entirely empty, while those not in possession of my instruments must have the sacs forced down and out, and hence filled with blood and treated outside. When returned again into the rectum the pain is sometimes for hours only, but often for many days, most dreadfully severe. Much of the severity of the pain results from the terribly strong acid used in the sac or tumor. Under no circumstances would I advise you to submit to that method of treatment, unless you are entirely willing to accept results, be they what they may, and they may be very severe. I would rather advise you to shun all external operations.

Physicians learning from my patients that I use the hypodermic syringe at once suppose that mine is what is called the "*carbolic treatment*," and claim from their knowledge of that, as published in the various medical journals, to know all about my method, and yet they are as ignorant of it as a seven months child. Some physicians have said to my patients, "why don't he tell what he uses, and let the world know it?" To all such I will here reply that you buy your calomel, your quinine, your iron in its various forms, and all other medicines used by you in practice, without complaint as to what they are made of or how made. You do not ask for them without paying for them. I am ready at all times to supply you not only with my medicines but with my instruments also, for a reasonable consideration, with full instructions for use, by means of which you cannot fail to cure every case of piles and most of rectal

ulcers, and by the use of which you can see what you have never before seen, and know just what you are doing, and if you do not accept such offer and secure such aid in your practice, the fault is yours, and you fail to meet the demands of your patrons upon you. Having employed you it becomes your duty to secure what is necessary to cure them of their maladies, and anything short of that may well be charged upon the members of the profession as a fraud, wilfully perpetrated upon those who may rely upon your advertised professions.

When the time arrives in the history of the practice of medicine that the public refuses to employ such as offer their services for a price, but who will not procure the means to perform, at their homes, cures of such afflictions, when they can be so certain and easily performed and which should be put in practice at once, then, if not before, will the correct argument be used to compel obedience to the dictates of reason, and medical or surgical knowledge and skill, whether the product of medical colleges, hand-books, or even of declared quackery, must yield to the demands of justice.

Let truth be recognized, come from where it may. Youthful, yet a *giant*, these United States have not attained their present greatness by any class whose existence depends upon the sweat and toil of any other class, but through the efforts of the sons of toil, whose hours, days, months and years must be spent at the various occupations in life. Such being the fact have not the producing classes the right to expect, to demand, of the consuming classes, all that time, thought, study

and experience can secure, come from where it may, in the way of knowledge to save and relieve them from the suffering, accidents and ills resulting from continuous strife, toil and exposure. Then let the professional man discharge his whole duty, and secure for the sons of toil, health and prosperity.

There should be no reason—did physicians do their duty—for any man going hundreds of miles from his home to be cured of piles. Yet I have had patients come to me from nearly one thousand miles distant! To-day I have letters from sufferers in Kentucky, Tennessee, Illinois, Kansas, Colorado, Wisconsin, New York and many other sections, asking, “What shall I do to be cured?” and all around them are quartered scores of physicians who say, “I am no fraud,” and add to their confiding patrons, “beware! no doubt that man is a humbug!” If so, I will simply reply that is not my name. A tree is known by its fruit! I am, at all times, ready to compare fruit, and let the afflicted judge of the quality. What I do others can do if they but say “I will!”

Such being the fact, let me say to my suffering fellow-men, *demand* of your *physician* that he make you well, or seek one who will do so, and turn your back upon that one who refused to make you whole, to relieve your sufferings, and let him feed upon husks in the days to come, as he has let you, while he was feasting upon the proceeds of your labor, suffer on, possibly for the dollars still to be drawn out of you, because of his humbuggery. I only here refer to that class which will do thus, at your expense. All are not censurable.

CERTIFICATES.

It is not customary to publish in works of this kind, individual certificates, but, as this work relates to new methods and new results, and is the beginning of almost unknown and unused methods of rectal treatment, except in territory limited to the practice of a few persons, I deem it advisable to add the truthful statements of some who had been, for a long time, great sufferers, so that the reading public may know what has been done for others, from their own statements, and so that physicians may be enabled to ascertain the facts without reference to myself.

This work necessarily partakes, somewhat, of the character of an advertisement, and I can see no impropriety in using its pages to satisfy the most incredulous as to the truth of its contents. Did I come short of this I would fail of my real object, viz. ; that of securing the aid of the men of medicine, in mitigating the sufferings of mankind, through the means herein indicated.

Dr. Jno. A. Swope, President National Bank, Gettysburg, Pa., says, April 29th, 1880:

“A near member of my family suffered severely for five years with hemorrhoids. At times the hemorrhage was so great as to be alarming for its immediate consequences. The case was a very bad one—had tried many remedies, before applying to Dr. Brinkerhoff, without any benefit. The operation was so entirely painless, and apparently so simple, that it was hard to

realize that such marked results would be obtained. Not a drop of blood has since been lost, the waste has been repaired, and the patient has gained in flesh and strength. The result was all that could be desired in its immediate and consequent effects. Not a minute's time was lost because of treatment—regular work was continued—no pain nor inconvenience felt—no symptoms of return. Physicians should, indeed, understand this system of treatment. The Dr. treated a great many on his visit here, without failure to cure any so far as I know. The effect on the patients' health is very decidedly for the better. I have been asked if I ever heard of any of his patients dying from his treatment, and my reply is, 'No,' and they never will die from his treatment! It is not dangerous, and I advise all thus afflicted to accept it for cure."

JOHN A. SWOPE, M. D.

HOAGLAND, IND.

From One Who Suffered.

"I have suffered from bleeding piles for the last eight years, and tried many remedies for cure without any relief. At one time engaged two physicians to perform an operation, but when the time came they advised me not to suffer it because I was too old to stand it.

"I gave up all hopes of being cured, and was suffering greatly, and ready to try anything for relief, when I noticed Dr. Brinkerhoff's advertisement, "No cure, no pay!"

"I at once told two physicians that I would try that.

They said it was all humbug, and advised me not to try it, but I was determined to do so, and told them I wanted them to go with me to his room in Fort Wayne, where I had to visit him. They consented, and were soon satisfied that he does all he agreed to do, and one of them has since learned the practice of him, and is meeting with success.

“I am *well*, and can go about almost as well as a young man, although sixty-one years of age. Thanks to Dr. Brinkerhoff for cure; and I advise all such sufferers to call on him and be made well.

“I know of many cases treated by him, and I know of *no failure*, nor of any suffering from his treatment. I lost no time during treatment.” O. E. JAMISON.

Hoagland, Ind., June 27th, 1880.

FROM GREENVILLE, OHIO.

A Builder and Contractor says:

“Without knowing the cause of my affliction, although steadily doctoring, and becoming worse for about three years, I called on Dr. Brinkerhoff, of Upper Sandusky, Ohio, when at his room in Greenville, Ohio, who soon discovered the cause of all my trouble and inability to labor, which was an impacted, rectal ulcer! After the removal of a mass of impaction, and treatment, I at once felt relief, and although fifty-two years old, and had lost much time before from this malady, now my health is good; have not lost a day since I commenced his treatment; have not taken one dose of medicine,

nor suffered the least pain or inconvenience from his treatment.

“Dr. Brinkerhoff has visited Greenville, monthly, for about two and a half years, has treated a great many cases, and without failure to cure, so far as I know. His method of treatment is very simple, and entirely painless, and, in my judgment, one more step in advance of anything before known in the treatment of rectal diseases!

“That the general practice should be in possession of his system, there is not the shadow of doubt, for it reveals, as in my case, what my physician could not otherwise know! The results of his treatment are sure and truly wonderful.”

J. A. KERR.

June 11, 1880.

CHILLICOTHE, O.

Major Leffingwell speaks.

“I am fifty years of age—a printer and journalist; suffered with hemerrhoids since 1850—thirty years; was as bad a case as could be; had tried all things recommended, but found no relief whatever; protrusion was constant and hemorrhage very profuse. I was *cured* by Dr. Brinkerhoff. The treatment was not as severe as a stool with bowels constipated. During treatment I lost no time whatever from business, and continued steadily at work, and have been *out* of pile tumors for more than ten months.

“I was before treated with nitric acid—in 1861. That was very severe, and laid me up many days and nights.

Dr. B.'s treatment is simple and painless, and no person need fear it. I think every physician would be benefited with a knowledge of it. Dr. B. has visited this city many months, regularly, and has failed to cure no case, when patients followed his directions. My health, both physically and mentally, improved from the very first treatment. I do not consider the treatment dangerous in the least, and have never heard of bad results from it, and I would most earnestly advise all such sufferers to apply at once for cure."

June 16, 1880.

SAM. L. LEFFINGWELL.

Propr. *National Express*, Chillicothe, O.

WASHINGTON CITY.

Watchman in U. S. Treasury.

"I am twenty-three years old, and suffered with piles for fifteen years, and very severely for three years before being cured. I was treated and cured by Dr. Brinkerhoff, at my home, Richmond, Ind. My case was *Piles* and *Ulcer*, and a very bad one. Had used remedies too numerous to mention, without any benefit.

"The treatment was almost painless—scarcely noticeable—and I lost no time in being cured. I now feel like a man, life-size! I was treated several times by others, whose treatment was very severe, rendering me unable to stand, but without benefit. Dr. B.'s treatment is so simple and painless, that no person should hesitate to be treated. Dr. B. has visited Richmond, regularly for more than two years, monthly, and has had many cases there, and fails to cure none.

“I never heard of any deaths or bad results from treatment, and know that all his patients continue at their regular business while being cured.

“Most earnestly do I advise the suffering to call on him and be made well.

“When first treated by Dr. Brinkerhoff I had arrived at that stage of suffering and misery when all hope is abandoned, and life (apparently) not worth living for. To him and his treatment I owe my present state of good health, being now capable of fighting life’s battle single-handed, with the vigor and energy so greatly desired by all. Again would I urge on all thus afflicted to apply to him, and be made well!”

WILL S. ILIFF,

June 11, 1880.

Washington, D. C.,
(of Richmond, Ind.)

FROM URBANA, OHIO.

“I suffered with piles for sixteen years—am now fifty-two. My case was very bad, and I tried everything that I could hear of. All failed to cure or help me. But Dr. Brinkerhoff, of Upper Sandusky, Ohio, did cure me! I continued at work all the time through his treatment until well! I was treated by others at various times, but without success. Dr. B.’s method is wonderfully simple, safe, and painless. Every physician in the United States should know and practice it! Dr. B. visits Urbana, regularly, every month—has treated many cases here, and never, yet, has failed to cure. It improved my health greatly. There is no danger

in his treatment. I do not say this for the benefit of the Doctor, only, but for the good of the whole human family, afflicted as I have been.

“I was so bad that I was compelled to resign my commission in the army and seek relief and cure, but after trying everything and getting no relief, I was induced to try one thing more—Dr. Brinkerhoff’s new remedy and mode of treatment, and after five or six treatments I considered myself permanently cured! My weight when I commenced treatment was 145 pounds—now, 182—gain, 37!”

Urbana, O., June 28, 1880.

CHAS. KULENCAMP,
Confectioner.

FROM WISCONSIN.

“DR. BRINKERHOFF:—Having been cured by you of a severe case of piles, I desire, for the good of others, as well as for your good, to say that after suffering for sixteen years and trying all advertised remedies, I at last concluded to go and see you. The treatment was so mild that I really enjoyed it at the time, and greatly so now—one year afterwards.

“Although I was compelled to travel 500 miles to see you, and back again, I can assure you the journey was the most satisfactory ever made by me. Truly the treatment is painless, and all sufferers should have the benefit of it through their home physicians, as I understand they can if their family physicians will do their duty.

“In my opinion you are *master of the situation!* I contracted this disease in the army, and have since suffered

terribly. Constant work, and this affliction, brought on dyspepsia and inflammation of the bowels, and I well-nigh died. I heard of you, and as soon as I was able to travel I made all haste to put myself under your care. On examination you will remember of saying, 'Bad case of piles and bad ulcer.' You thoroughly cured the piles in three almost entirely painless applications. You then treated the ulcer and gave me instructions and medicine to continue treatment. Piles are all gone, and my health is slowly but surely returning to me. I tell you I was well-nigh 'over the dam.' In conclusion, I first thank God, and next Dr. Brinkerhoff, as an instrument in His hands, for curing me of this dreadful disease!" Yours most truly,

E. A. PADGHAM,

Waupun, Wis.

July 1, 1880.

CIRCLEVILLE, OHIO.

From an Intelligent, Wealthy Farmer of Circleville, O.

"I am a farmer, and in my sixty-ninth year. Suffered from bleeding piles for thirty or perhaps thirty-five years—very badly the last ten or twelve years—had used remedies without benefit—had been bleeding over twenty years—Dr. A. W. Brinkerhoff *cured me!* His treatment is mild—I lost not a day from business—kept at work—am in better health since cured. Was treated in 1875, but too severe to continue that treatment. No person should fear Dr. B.'s treatment. Every physician should surely know and practice it. Dr. B. has not failed in any case here—have never

heard of any bad results. I advise others to accept this treatment.

“Dr. Brinkerhoff, I feel grateful to you for curing me. I had so long suffered! When I went to you I had but small faith of being entirely cured, but thought you could give me temporary relief only, as Dr. O. P. Strong’s remedy did.

“You said you could cure me, notwithstanding my bad case, and of so long standing, and you did cure, entirely, as I now believe, and I verily believe your treatment will permanently cure the worst case in the country, and that, too, without the patient’s suffering from the remedy. At least it did not hurt me more than a little soreness at the first application of the remedy,”

Very truly, HARNES RENICK,

June 10, 1880.

Circleville, O.

FROM WINCHESTER, INDIANA.

“I am a carpenter, age 40 years, bad case of piles and ulcer, suffered fifteen years, had tried all remedies heard of, but did no good. The protrusion was almost constant. Was cured by Dr. Brinkerhoff—lost no time during treatment, but did heavy work all the time. No wise man would reject this treatment: Dr. B. has regularly visited Winchester for about two years, and has treated between forty and fifty cases here, and has failed in no case to cure. My muscle is testimony of what change his treatment makes in a man. Never knew of his losing a patient—there is no danger in his method of curing. I advise all sufferers to accept his treatment as a safe and certain cure. I have no desire

to secure the \$1,000 offered by Dr. B. Now I can work, and would not take \$10,000 and suffer as I did one year since. My health is better than for fifteen years past. I consider his the only safe and successful treatment known. I have never seen a person treated by Dr. B. dissatisfied in any way, but would give any recommendation desired. If the treatment were dangerous, then surely the forty or fifty treated here were very fortunate. New patients will meet you here on your next visit."

Very truly,

CAL. B. EDWARDS,

Winchester, Ind.

June 12, 1880.

RICHMOND, IND., SPEAKS.

"My age is fifty-six—occupation, clerk for Gaar, Scott & Co., manufacturers. My case was piles and ulcer of more than twenty years' standing, and very bad. Had used many remedies, but found no relief, until I called on Dr. A. W. Brinkerhoff, who cured me. Treatment easy, and worked all the time. I am now in splendid health! Dr. B.'s method is simple and painless, and physicians should all know it, and be able to cure their patients. Dr. B. has visited Richmond, monthly, for about two years, and has had all he could do here, and never fails to cure! His treatment is entirely safe—without any evil results so far as I know. Would advise all sufferers to call on him and be cured! I can most heartily recommend Dr. B. and his treatment to all thus afflicted and who want to be made well.

M. E. MCMEANS,

Richmond, Ind.

June 23, 1880.

FROM SPRINGFIELD, OHIO.

“ I am an accountant, thirty-five years of age—suffered severely with piles for six years—had used many remedies, without any permanent relief. The protrusion and bleeding were painful and annoying. I was cured by Dr. Brinkerhoff without pain, and no loss of time, but kept at my desk all the time. His method is simple and painless, and no person need hesitate to be treated. It seems to me that every physician should understand and practice this method of treating piles. Dr. B. has failed to cure no case here, so far as I know, and his treatment is such that all thus afflicted should promptly be made well.”

Respt'y,

Springfield, O., June 15, 1880.

WM. BACKUS.

FROM SPRINGFIELD, O., AGAIN.

“ My age is sixty-four—minister in the M. E. Church. My affliction was piles, from which I suffered from fifteen to twenty years, as my case was a very bad one, therefore my suffering was intense.

“ Had used many remedies, without any real benefit. Protrusion and bleeding both were most terribly annoying. I was cured by Dr. A. W. Brinkerhoff. The treatment is not severe. Physicians should generally know and practice this method. Dr. B. has made monthly visits to this city for two or more years, and has treated many cases here, and failed in no case to cure. The cure improves both health and feeling. Never heard of any of his patients dying. I do not consider his treatment dangerous, and would advise

others, by all means, to be cured by it. Should I ever be troubled again I would not neglect being treated one moment."

REV. H. S. BRADLEY.

Springfield, O., June 11, 1880.

FROM SPRINGFIELD, OHIO, ONCE MORE.

This is from one who has been for sixteen years, and still is, Superintendent of one of the largest Sabbath schools in western Ohio :

"I am an undertaker. My affliction was piles and rectal ulcer. Suffered for more than twenty years very badly. Never tried many remedies nor did those tried do any permanent good. I suffered from protrusion and bleeding. Was cured by Dr. Brinkerhoff. Treatment is not severe, but I suffered a good deal from one treatment because of the location of the tumor, and inflamed ulcer, and lost about two weeks time from work. I am now well. Dr. B's. method is simple and treatment almost painless, and no person need fear treatment. Physicians should generally know it. Dr. B. has regularly visited this city for about two years, and has treated many cases here, and has never failed to cure in any case. My health has greatly improved.

I consider Dr. Brinkerhoff *master of his profession*, and perfectly reliable, a gentleman in every respect, and would advise all persons afflicted with piles or rectal diseases, to call on him and be cured."

P. A. SCHINDLER.

Springfield. O., June 9, 1880.

FROM CAMBRIDGE CITY, IND.

“My occupation has been farming and banking. My age is sixty. For over thirty years I suffered with a very bad case of piles, but did not use many remedies, finding no relief from those used. I was cured by Dr. A. W. Brinkerhoff, whose treatment was milder than could have been expected, and I lost very little time while being cured. I am now entirely well. Dr. B’s. method is simple, and with very little pain, in my case, was the cure perfected. I think no person should fear his treatment, and I also think that all physicians should understand his method of performing such *truly wonderful cures*. I was treated at Richmond, Ind., where I went to meet the Dr., and where he has treated a great many cases, with complete success. The cure greatly improves the general health. Never heard of any bad results from his treatment, nor do I regard it as being at all dangerous, and, therefore, I have advised a great many to call on the Dr. and be cured.”

ABIRAM BOYD.

Cambridge City, Ind., June 12, 1880.

FROM KENTON, O.

“I am forty-one years old; occupation, merchant tailor. For eight years I suffered from a bad case of piles and rectal ulcer—had used several remedies without any known benefit. Tumors in my case were internal. I was cured by Dr. A. W. Brinkerhoff, of Upper Sandusky, O. The treatment is not severe, only stings for about two minutes, and I did not lose

five minutes during treatment. I continued at work all the time, and am entirely well of the piles. I can testify to the simple and painless method of treatment of Dr. B. No person should hesitate to be treated if thus afflicted.

“Dr. Brinkerhoff has regularly visited Kenton for over two years, and has treated many cases here, and in not one case has he failed to cure. Nor have I heard of any bad results from his method of treatment. I regard it entirely safe, and advise all afflicted to call on him. His mode of treatment is perfect and safe, and I feel very grateful for the safe and speedy cure of myself.”

Respt’y.

Kenton, O., June 10, 1880.

S. B. DETRAY.

FROM A MINISTER IN INDIANA.

“I am fifty-two years of age; minister in M. E. church; suffered with piles for fifteen years—bad case—had tried many remedies without success. Was treated by Dr. Brinkerhoff, and cured, at Hartford City, Ind., where the Dr. visited and cured several other cases. I never knew him to fail to cure. The treatment is not severe—did not lose any time, but continued at work while being cured. Am now well! Was treated by another party one year before, that treatment was severe. Dr. B.’s method is simple and painless, and no person should fear it. The cure produces a very decided change in health. I never heard of any of his patients dying, nor suffering from treatment. Physicians should surely possess this treatment.

I do not think it dangerous, and I advise others to accept it and be made well. I cheerfully answer your questions. With kindest regards, etc.,

Pendleton. Ind., June 29, 1880. E. M. BAKER.

Minister M. E. Church.

FROM CHILLICOTHE, O.

“Age forty-five years; occupation livery. My malady was piles—bad, and of ten years standing. They protruded and bled. Was cured by Dr. Brinkerhoff. His treatment is not severe—lost no time while being cured—continued at work, and am now well. Dr. B.’s method is very simple and almost painless, and no person need fear treatment. Physicians, surely, should know it. Dr. B. has visited our city, monthly, for nearly two years, and has treated many cases here, and failed in no case. Never heard of any of his patients dying. His treatment is not dangerous, and I advise others to be cured by him. This I earnestly do because of the certainty of cure, and painlessness of treatment.”

Respt’y

JAMES EWING.

June. 10, 1880

Chillicothe, O.

FROM BLUFFTON, INDIANA.

“Am a jeweler; thirty-three years of age; malady said to be rectal ulcer—suffered about six years. My case was said to be a bad one. Had used many remedies, but received no benefit. Treatment is not severe

—I continued at work, and am now feeling better. No person should fear Dr. B.'s treatment, and physicians should generally know it. He has treated many cases here during his visits of nearly two years; never heard of any serious results, and I would advise all thus afflicted to apply for treatment. C. WARNER.

Bluffton, Ind., June 10, 1880.

JUDGE CHENNY, OF WINCHESTER, IND., SAYS:

“I am fifty-two years of age; occupation lawyer. I suffered with piles twenty-five years—I think my case was a bad one! Had used many remedies, but received no permanent benefit; tumors protruded and bled. I was cured by A. W. Brinkerhoff. Treatment was not severe. I had suffered for twenty-five years as only those do who have them badly. Dr. Brinkerhoff cured me. There was but little suffering, except with one very large tumor. Not being a physician, I don't know whether his treatment is dangerous—I know it cured me, and that I should have no fears, and would be treated again every year rather than suffer as I did with the piles. I am entirely well, and worked most of the time while being cured. No person should fear Dr. B.'s treatment, as it is simple and almost painless unless when the tumor is very large. I think physicians should, generally, know his method. He has visited this city about two years, regularly, and treated many cases here, and has not failed to cure any who came to him. It produces a great change in health and feelings, and I never heard of any one of his patients dying. I

think his treatment safe—not dangerous—and would advise all sufferers to call on the Dr. and be cured.”

JOHN J. CHENNY,

Winchester, Indiana, June 16, 1880. Att'y-at-Law.

FROM LAFAYETTE, ALLEN CO., O.

“ I am a farmer. Aged fifty years. My disease was piles and Rectal ulcer. Suffered terribly for five years—tried many remedies—did no good—I bled profusely—was treated in 1876 by another party, and almost killed. I was cured by Dr. A. W. Brinkerhoff, suffered none, and lost no time. His treatment is simple, painless and safe, and now I am as well as I ever was. No person should fear Dr B's treatment, and physicians should, by all means, know his treatment. I met him for treatment at Lima, O., where he has come monthly for over two years, and where he has treated many cases, and failed to cure none. Never heard of any of his patients dying, or any bad results from his treatment, and I advise all sufferers to call on him for treatment and cure. I have answered your questions as well as I know how, for it is all true, and I a happy man and enjoy good health now. Will send you a new patient at your next visit to Lima.” Yours Truly,

Lafayette, Allen County, Ohio. LEMUEL EVERSOLE.

FROM CURRYVILLE, INDIANA.

“ My age is fifty-nine ; occupation, sawyer and blacksmith ; affliction, Rectal ulcers—suffered twenty-five years, very bad case. Used many remedies, not know-

ing the cause of trouble, without any good results. The bleeding was often profuse. The only relief I ever got was from Dr. Brinkerhoff. I am now nearly well. I lost no time, after I got able to work, on account of treatment, which gave me no pain whatever. No person should neglect treatment, if thus afflicted. Physicians seem to know nothing of this malady—never discovered it in my case. Dr. B. has visited Bluffton, where I met him for treatment, nearly two years, and has many cases there. All his patients are satisfied with his treatment. His treatment repairs the whole system. His patients all recover—have known of no failure to cure, nor any deaths. I advise all thus afflicted to see him. Before treatment I could work but little, and eat few things; now I work every day, and can eat anything set before me. In the twenty-five years' suffering I tried some fifteen persons for relief, some said 'Your liver is out of order,' others said 'It is your lungs,'—others said 'dyspepsia,'—others said 'it is dysentery,'—others, 'jaundice,' &c., &c. At last I became too weak to do much, lost much blood, was weak in knees, memory almost gone, and had to take pills every week. My nerves became badly affected—had no rest day or night—and I then made up my mind to die and let this world go; but just then I heard of Dr. Brinkerhoff, and my wife said, 'Go and try him, yet, and if he can do nothing then give it up.' Now I can say that I have not taken a dose of pills since he first treated me, and I have headache only once in fourteen months, and I feel like a *new man*, and I am sure if I do my part I will soon be entirely well as any other person, and am cer-

tain all others will be so who follow Dr. B's directions."

Truly Yours,

R. E. PIERCE.

Curryville, Wells Co., Indiana, June 14, 1880.

The above was, truly, a distressing case, and no wonder the patient feels elated.

I will yet add here the testimony of one more sufferer, which will speak for the success of my treatment, in scores of like cases, some even as bad as the following. It does me more good to hear such men rejoice than it does to hear intelligent men—men who boast of their medical knowledge—deny the existence of the malady from which these men would have died, surrounded by wise physicians, had it not been for my discoveries and their use in those cases.

The following named person was a resident of Brownsville, Nebraska. A friend sent him one of my circulars. It met his case exactly, and he at once left home to visit me. We met at Portsmouth, Ohio. I at once told him what he was suffering from, and soon proved it, in the presence of witnesses, by an examination. I will let his letter speak for the rest, after saying that he is a minister in the Baptist Church, and after commencing treatment, and able to preach, he became pastor of a church in Kentucky, and sent for his family, who came east, from Nebraska.

CANNONSBURGH, KY., Jan. 15th, 1880.

“DR. BRINKERHOFF, Upper Sandusky, O.:

Very Dear Sir:—I take pleasure in writing you. I got the medicine sent me. I am nearly well. Have gained twenty-two pounds since I went under your treatment, at Portsmouth, in August last, and to-day I not only owe you for the medicine last sent me, but a debt of gratitude that I can never pay, for without doubt you saved my life. For twenty-nine long years I was gradually sinking, and the last eight years rapidly approaching the gate of death, and I have spent \$2,100 in medical colleges in the Western States, all for no purpose, as my certificate will show, which I fully intend to give you to publish to the world, as I am personally known in the Western States.

I had fully intended to meet you on the 28th of this month in Portsmouth, but the low water in the river will prevent.”

Yours very truly,

ELDER JOSEPH YATES.

But enough of these.

INSTRUMENTS, ETC.

WHAT COMPOSES MY CASE OF INSTRUMENTS, &c.

So that every person in possession of this volume may know what constitutes a case, complete, for a physician, I will here name the several articles, so that it may be seen at a glance.

This system of Rectal treatment embraces and demands as follows, viz.:

1 Brinkerhoff's Rectal Speculum, patented March 2, 1881.

1 Brinkerhoff's Vaginal Speculum, patented March 2, 1881.

2 Best Hypodermic Syringes.

2 Brinkerhoff's Hæmorrhoidal Needles.

1 Brinkerhoff's Fitula Probe Needle—silver.

1 Brinkerhoff's Rectal-ulcer Probe Needle—silver.

1 Brinkerhoff's Excavating Probe—silver.

1 Lentes Probe—silver.

1 Brinkerhoff's Rectal Syringe, for patient's use—sample.

1 Brinkerhoff's Rectal Salve Injector, for patient's use—sample.

Making in all 12 pieces.

Also:—2 ozs. Brinkerhoff's *Patented* Pile Specific.

2 ozs. Brinkerhoff's Rectal Ulcer Specific.

2 ozs. Brinkerhoff's Fissure in Ano Specific.

20 ozs. Brinkerhoff's Rectal Ulcer Compound,
one oz. bottles.

20 boxes Brinkerhoff's All Healing Salve, for
ulcers.

20 p'kgs Brinkerhoff's Rectal Ulcer Powder.

1 spool white, saddler's silk, for ligatures for
polypus growths.

Also:—100 copies “Glad Tidings.”

100 copies “Harvest Field of Death.”

Name of surgeon printed thereon.

1 copy Brinkerhoff's “Diseases of the Rectum.”

1 copy Brinkerhoff's “Directions in Treatment.”

“Glad Tidings” and “Harvest Field of Death” should be in every house, and, therefore, we will supply all wanted, at \$1.00 per hundred copies, with the surgeon's advertisement printed thereon. These papers are copy-righted.

All subsequent orders for medicine will be promptly filled, and sent C. O. D., and guaranteed *genuine*, at rates named in price list sent with instruments, and at prices less than one-half what they would cost by purchasing ingredients at retail, and all properly stamped and labeled for use.

The instruments and medicines are all enclosed in a fine, black-walnut case where they are kept for use.

Our rectal syringes and salve injectors, for daily treatment by patients, we have made in large quantities, so that we can supply persons buying instruments from us at liberal discounts from retail prices, allowing them the profits made by druggists on similar goods. This style of syringe is made only and exclusively for ourselves, and can only be obtained of us.

PRICE OF CASE COMPLETE.

Our prices for full and complete sets of instruments etc., as named, are as follows, viz :

To physicians living in towns of 2,000 or less inhabitants \$150; 2,000 to 5,000, \$175; 5,000 to 20,000 \$200; over 20,000 special rates. In every case one-third of cost must be cash, one third in six months, and one-third in twelve months, with six per cent. interest, and notes secured by at least one good endorser, unless the postmaster of the place certifies to the responsibility of the purchaser. *Five per cent. discount for cash on deferred payments.*

With the directions accompanying the sets any physician can proceed with this treatment at pleasure, needing no other instructions, and will be astonished at the number of applicants for help as soon as it is known that a cure is to be had.

This system of treatment should be in the hands of at least one physician in every town, and many in every city of the United States, and where civilization is found. It is no single secret, such as is the "carbolic treatment" of piles, in the hands of specialists, but it is a broad and complete system of "*Rectal Treatment*," full of thought and interest and science and profit to the physician, and hope and life and happiness to his patients. As well might a physician neglect febrile, or inflammatory, or bilious, or malarial diseases as those of the rectum, and much more so, for in the latter will he find that which invites many of the others, and which is the most active agent in the production of invalids, and suffering and death throughout our land and the world.

O, ye men of medicine, "how can ye escape if ye neglect so great a salvation," from the just and righteous condemnation of a neglected and long-suffering

people, whose confidence you will fail to retain by your failure to embrace and practice truth, as herein set forth, to relieve them of sufferings, when in your power so to do.

O, rise up above the narrow prejudices of the past and present ; comprehend the magnitude of your responsibilities and these deadly and health destroying maladies, and rest not, sleep not, until you have made yourselves active agents in and masters of their destruction, and leave not any longer to the weary itinerant, the duty and labor of giving relief, and curing your patients, so long sufferers of maladies that are leading them down, down, down to the grave! Rise up, and keep those itinerants from destroying the peace of your profession, and robbing you of the laurels which justly belong to your professional crown, to your labors and your reward. You can do it, it is your duty. Will you do it? If not, what should be your punishment? Surely the presence of the itinerant is none too much, be he a "quack" of the greatest magnitude, or one, who, by his success, mantles the brow of the local practitioner with shame and disgrace. These results need not be, but if the members of the profession refuse to do their duty, they *must* and *shall* be.

THE NAMES OF SOME OF MY PATIENTS.

In the concluding pages of this little work I will give the names of some of the persons treated by myself at various appointments, for the purpose of showing what

must be the extent of a class of maladies which the physicians, in general practice, know little of and do less for.

And let it be remembered that I have not reached probably one in one hundred of those thus afflicted, for various reasons, amongst which may be named the opposition from physicians generally, the fact of being a stranger, the opposition to "traveling doctors" by the people and the profession, the fear of being deceived and robbed by "quacks," as well as from other causes not necessary to mention.

With the list of names following, under all the circumstances, doctors should be made to realize the fact that this itinerant is a very successful "quack," his patients, many of them, the best people of the place named easily duped, or the profession entirely incompetent, yet to fully discharge the duties of its important positions. Let its members decide. They *can* if they *will*.

Near some bold shore of old ocean may be seen a life-saving station. A corps of life-savers are there, whose business it is to watch in tempestuous times for the more unfortunate vessels whose crews and passengers, from the wreck, are exposed to death in the breakers surrounding them; and yet, possessed of all the necessary devices for saving the unfortunates, or could be possessed by them if not, they are seen to stand with folded arms, and refuse to make any effort to save, because the *wind comes from the wrong direction!*

What would be the opinion formed of such men, by those in the breakers, expecting aid, and those on shore

—their friends—for such conduct? Had they not been professional life-savers, and without the means to save, then they could offer a justifiable excuse—but not so, under the circumstances. They were there, and paid for such effort, skill and preparation!

So with the medical profession. Those vessels of life—their patients—are in the shadows of death—they have offered their services to save—it is their duty to provide the means, as well as to possess the “sheep skin,” to reach those in danger! Let the suffering public decide how well, and readily they do it! Behold the list of names of such as waited long looking for the life-boats, but they came not through regular and anticipated channels! But when one did come and the old and young “wreckers” cried out, “beware, its seams are open—it can not breast the storm—there is no help—it is a fraud—a humbug—a quack!” the drowning ones *believed them not*, but laid hold upon the *promised help*, and were *saved!* Now please read their names—ask them if what I have said is not the truth? If it is true, then let me say *once more*, and for the *last time* here, that you can procure of us, all that is necessary to enable you to do what I do—what I have done—cure those whom you have not been able to cure, and make the suffering happy—not with a secret making you a “Pile Doctor!” but by a *system of rectal treatment making you able to cure the CAUSE of many ills—effects of causes which you have long and unsuccessfully treated as organic disease—and thereby secure entire relief from “effects,” to cure which you have so long labored, but failed!*

AT KENTON, OHIO.

B. Rarey	Em. Borne	D. A. Savage
D. T. Robey	John Bishop	Mrs. Ochs
Jos. Nevitt	Bent Moy	T. H. Windham
S. B. De Tray	D. Butler	Mrs. Ferris
A. Marsha	Ferdinand Kurtz	J. E. Hibbits
J. J. Magley	Alfred Delp	Mrs. Thompson
J. C. Wilson	Geo. Merriman	Emma Fisher
L. Zugswert	John Ragan	T. W. Hicks
Peter Banks	Isaac Roebuck	A. T. Kennedy
Amanda Lindsay	T. F. Bushey	Mrs. Hicks
J. A. Ochs	Robert Hannum	Jas. Young
Mrs. Marsha	A. P. Laughlin	M. Stester
T. C. Laughlin	Mrs. Seaders	Isaac Allen
G. R. Hatfield	Wm. M. Scott	Lewis Immons
John P. Cook	J. C. Patterson	Elias Raum
H. F. Collins	Bowman Webb	Vincent Brown
P. H. Bateson	Mrs. Neavitt	F. Lansdown
Paul Watts	John Sloan	Mrs. Stoll.
Jos. Ischler	A. C. Ramsey	

AT SPRINGFIELD, OHIO.

John Gilmore	Rev. H. S. Bradley	Mrs. Smith
Adam Folk	Wm. Johnson	A. Lawrence
Thos. Styles	Geo. Snyder	Mrs. Sprague
Mrs. Eckard	Mrs. Welsh	John Sheeder
John Willis	John Enochs	E. R. Hotsenpillar
D. McKillip	P. A. Schindler	H. Cushing
Wm. Backus	Henry Grubes	John G. Miller
Mrs. Plumb	John A. Moore	John Conklin
C. Albin	Mrs. Heckman	Henry Rush

N. Martin, Sen.	Eli Arbogast	John Johnson
D. W. Neff	John H. Wood	John M. Leetz
N. G. Blazer	Augustus Taylor	Mrs. Gibson
J. A. Richards	John Oglesbee	Mrs. Moore
Mrs. McIlwain	M. W. Lozier	V. Cartmell
J. B. Crain	Jacob Bescher	W. H. Baker
W. D. McCarty	J. Dingledine	Mrs. Wilgamood

AT CHILLICOTHE, OHIO.

Maj. Leffingwell	I. M. Pancake	Chas. Reed
P. W. Pancake	Mrs. Putnam	H. Dubois
Jas. Ewing	B. P. Asbury	Miss Davis
Chas. Schrader	L. Simmons	Mrs. Nelson
E. Kirkpatrick	J. J. Abee	G. M. Willis
J. J. Bealle	David Terry	J. W. Hays
C. F. Smith	Mrs. Hanawalt	W. J. Ingham
Chas. Jacobs	Miss Bishop	M. Argabright
Jos. Deuschly	Mrs. Slagle	Mrs. R. E. Bissantz
F. Albright	S. P. Hanawalt	John Putnam
F. R. Emmitt	H. W. Howard	D. C. Wilson
Henry Wiley	M. N. Hurst	J. W. Black
A. S. Nye	Mrs. Steel	C. O. Ross
J. C. Douglas	Mrs. A. M. Bissantz	Jas. Wolf
Chas. Garaghty	Mrs. D. C. Wilson	T. Tweed
I. M. Woltz	J. H. Slagle	J. Harper
Miss Poe	J. C. Roseboon	Mrs. Prather
Jas. Wooten		

AT PORTSMOUTH, OHIO.

John Dice	Geo. Hontse	Aaron Musser
Wm. Swabby	Miss Dunham	G. M. Appler
Jno. Cunningham	John Britton	A. Suberger

Mrs. Kehoc	Jos. Yates	Mrs. Kinney
Peter Summers	Mrs. Dunlap	Mrs. Franklin
Mrs. Moore	Mrs. Murray	John Waller
S. W. Baird	Chas. Dunham	John Peebles, Jr.
Mrs. Peebles, Sr.	Miss Cutler	J. R. Dunlap
J. A. Cox	Mrs. Corson	D. Elick
Geo. Lintz	Mrs. Warner	Mrs. Reed
Mrs. Dr. Weyer	E. P. Catlin	Rev. Ketchum
E. J. Corson	Jas. Barey	C. P. Dennis
P. B. Dickerson	R. Reynolds	Mrs. Watkins
J. L. Watkins	J. M. Davis	J. Haggerty
Philip Lintz	J. C. Crouch	N. Gable
Mrs. Gibbs	Mrs. Rev. Erb	Mrs. Ketchum
Miss Duduit	Mrs. Ricker	Alex. Calder
Mrs. Rifemberick	B. Lewis	Mrs. Peebles
Mrs. J. Dunlap	Mrs. Hope	Miss Watkins
W. E. Kenyon	W. E. Hancock	Mrs. Gillilan
Mrs. Stearns	Miss Lenon	B. Wood
Mrs. Lewis	Mrs. Vincent	Mrs. Stewart
Mrs. Hewitt	Mrs. Boyd	Mrs. Rev. Mark

AT LANCASTER, OHIO.

Wesley Peters	L. D. Martin	D. D. Gorham
Miss Bromfield	G. W. Williams	J. S. Brooks
H. W. Dern	Miss Dern	P. Stoeckline
A. H. Linnville	L. S. Rowe	Silas Peters
Chas. Carter	Rudolph Kagy	M. B. Prindle
John Abbot	F. King	R. Rees
O. B. Brandt	L. Dindore	Mrs. Rees
Joshua Miller	G. E. Barclay	Mrs. Underwood
B. F. Reinmund	L. C. Hines	Mrs. Green

AT NEWARK, OHIO.

Mrs. Wiseman	G. C. Wilson	D. W. Swartz
W. W. Earhardt	N. F. Claypool	Geo. Bounds
Thos. Kirk	Jas. Claypoole	J. W. Claypoole
John Keckley	A. Householder	Robt. Bounds
Mrs. Dinsmore	Wm. Banks	Mrs. Reese
Mrs. English	Wm. Swartz	Alex. Wilson
C. M. Wilson	Eb. Livingston	Miss Funk
N. Yearly	I. W. Etnier	H. J. Bebout
R. Courson	John Edington	Geo. Ellis
Miss Kerr	G. W. Nethers	M. Devlin
Mrs. McQueen	D. Householder	J. Dickinson
M. Blizzard	H. M. Keller	Mrs. Farmer
W. M. Smoots	W. D. Evans	R. F. Evans
Mrs. O'Hare	Miss Mavis	Mrs. Swartz
S. Hupp	Mrs. Wells	H. W. Nethers
H. Hohenberger	J. H. Derryberry	R. Brinkerhoff
John Lawrence	Mrs. Lawrence	S. E. Rhodes
Col. Brinkerhoff	Mrs. Dr. Brock	F. M. Sebring
Jno. Ingram	W. E. Osborne	Robert DeVine
M. Taylor	John Williams	D. Phillips
A. J. Leonard	Chas. Higgins	R. L. Willie
L. K. Sands	Chas. Lohr	Saml. Scott
Saml. Schilling	Rev. Hoffhines	Wm. M. Wilson
E. J. Jones	F. M. Wilkinson	John Stimwell
P. Pontious	W. A. Hendren	N. H. McAllister
W. F. Brown	L. G. McCollum	Capt. Grove
P. C. Tussing	Mrs. Lee	Mrs. Lewis

AT DELAWARE, OHIO.

I. Curren, P. M.	Wm. Heller	Paul Randall
R. R. Lindsay	David Kline	E. Anson

Geo. Burkhardt	Jesse Jago	Geo. Carter
Henry Sheets	Louis Bush	Johnson Sheets
T. C. Breece	James McClaren	Rev. Pugh
C. Getz	Miss Osborne	Alex. McCoy
F. Bolinger	M. P. Wood	G. F. Randolph
M. B. Davis	Jont. Leonard	D. Stinewell
S. S. Cross	T. R. DeGood	I. Clarke
Smith Clarke	I. N. Starr	H. K. Waters
H. W. Finch	J. Harter	D. A. Finley

AT MARION, OHIO.

A. W. Madison	Warren Madison	A. Tabner
S. Shepherd	Mrs. Beaver	Harvey Peters
F. Hyneman	Jos. Robison	Geo. Rhodes
Mrs. Anderson	C. F. Miller	Mrs. Brewer
Capt. Hardy	A. P. Henderson	Mr. Harvey
Ervin Peters	Capt. E. Peters	A. Runyan
Wilson Peters	J. Cunningham	Mrs. Bunford
J. M. Harvey	I. Wintringham	J. Darmody
Marion Keener	B. F. Moore	Mrs. Jackson
R. W. Watkins	Jas. Howser	Mrs. Underwood
Rev. Davis	John Anderson	Mrs. Collins
Byron Kanable	Mrs. Clarke	Geo. Hyneman
L. C. Kerr	Mrs. Dempsey	J. C. Johnson

AT LIMA, OHIO.

Dr. Crites	B. Bowers	Mrs. Sprague
C. H. Crockett	N. McBride	Mrs. Ralston
Jos. Bressler	W. H. Craig	L. Eversole
Mrs. Carnes	Thos. Fisher	Jos. Sifert
Mrs. Faeth	B. Rumbaugh	Ira Carnes
Mrs. Frost	C. C. Woodward	Hugh Wilson

Mrs. Fitzpatrick	J. H. Lescher	J. Hampt
J. Wesley Conkle	Mr. Simons	J. Bowman
A. C. Smith	D. Eversole	P. Harrod
P. Custar	Wm. Dudgeon	J. F. Bennett
Henry Gibson	Wm. Metz	Frank Metz
John Graham	L. LaRue	J. Allen
J. A. Wodderson	Miss Allen	J. E. Carpenter
H. Owens	Mrs. Williams	A. B. East
S. Rumbaugh	Wm. Giberson	E. Minshall
A. J. Chapman	G. W. Campbell,	J. Vernon

AT OTTAWA, OHIO.

Cort Ewing	Day Pugh	Chas. Godfrey
Dr. Moe	J. Cortright	Eli Butler
Jerry Wagner	S. Snyder	A. L. Bingham
W. H. Allen	A. Shrepe	J. Cellner
Joe Leopold	Mrs. Moenig	John Gable
Mrs. Hixson	Richard Wood	J. Crumrine
Jos. Bishop	Josiah Markley	John Henry
Mrs. Flory	J. C. Bishop	Mrs. O'Donnell
Wm. Annessor	Mrs. Lieb	J. McDeltees
Jont Gable	S. B. Weber	Levi Henry
W. Newell	P. H. Ohler	G. Steiner
J. B. Rosenberger	J. Herken	W. C. Young

* AT SIDNEY, OHIO.

Mrs. Enders	J. A. Montross	W. A. Nutt
J. C. Haines	Mrs. Haines	Mrs. Cowan
C. Shuee	C. E. Fielding	Wm. Hollowpater
A. Bradford	W. D. Hughs	A. W. Toland
I. H. Bench	Geo. Hendershot	C. Curtner
Mrs. Frazier	S. Randall	A. J. Robertson

Wm. DeWess	H. English	A. L. Tabler
F. Thurkield	H. Shie	Joseph Duffy
Jas. Swisher	John Trapp	Mrs. Lawse
B. W. Edgar	D. C. Michael	J. L. McCashen
P. Putterbaugh	G. C. Kah	A. B. Hoover
Nathan Stout	Isaac Stout	O. B. Blake
Geo. Stout	W.W. Robertson	Harvey Lorton
Phillip Lambert	B. L. Fridley	J. T. Pool

AT PIQUA, OHIO.

J. Patterson, P. M.	E. S. Dudley	A. M. Link
Elias Kern	J. D. Shannon	M. L. Ryan
B. Martin	A. Argerbright	Ed M. Wilbee
J. M. Crow	L.S. Jordan, P. M.	Henry Crow
J. Hetherington	Sohn Vogt	Wm. Michaels
Isaac Aspinall	J. Crowley	L. C. Crow
Mrs. Cale	A. Friedlick	H. C. Grafflin

AT GREENVILLE, OHIO.

A. Brown	Frank Edison	H. Boomershine
Norman DuBois	Wilson Arnold	Wm. Auld
G. S. Simon	Lewis Bowser	J. A. Gorsuch
A. Winklebleck	B. Weaver	Mrs. Chamberlin
A. H. Gilbert	Jont. Gorsuch	P. M. Hollis
T. H. Deeter	T. Thompson	I. H. Deeter
Peter Roberts	M. C. Hardman	I. W. Galena
W. H. Hart	Mrs. Miller	G. Schlechty
Mrs. Mannel	J. B. Alexander	Ed. Martin
W. H. Webster	Geo. Kates	J. A. Kerr
G. W. Snyder	G. W. Manix	M. Bayman
J. Jefferis	J. C. Coates	D. Beam
D. Putterbaugh	M. Smith	N. W. Peck

Mrs. Lenox	Henry Knoll	J. Metzgar
W. C. Hollopeter	Miss Witham	Miss Witham
Mrs. Volentine	Milo Oliver	Wm. Oswald
J. B. Martin	Benton Martin	I. M. Deetrick
G. W. Oelslager	T. Livingston	Amos Pauline
Chas. Clarke	J. J. Ryan	Mrs. Witham
AT RICHMOND, IND.		
W. S. Iliff	D. Little	M. Stratton
— Aydelot	Joseph Cook	F. Dennis
Lewis Paddock	A. Boyd	Alex. Gorman
A. P. Campbell	B. F. Campbell	Wm. Elliott
Mr. Prescott	W. B. Owen	J. F. Stark
H. T. Burns	J. H. Hoggatt	Mrs. Kitchell
Mrs. Thistlewaite	H. Campbell	A. S. Stratton
Miss Lindemuth	Wm. Paddock	David Ryan
Wallace Burk	A. L. McMeans	Jesse Crane
M. E. McMeans	W. L. Jarrell	W. Casterline
E. C. Kelley	Ed. Shaw	P. Ritler
Jesse McMinnie	W. Brumfield	Thos. Ewbank
Henry Decker	M. Taylor	J. C. Fryar
Mrs. Dowell	S. L. Foulke	H. B. McMeans
Mrs. Clenny	Geo. W. Iliff	Abram Garr
Howard Campbell	Jacob Sheffer	L. T. Bond
Mrs. Bond	J. W. Dill	Miss Mundall
J. M. Wilson	C. H. Whippo	W. J. Robie
Mrs. Daily	J. B. Craighead	W. N. Kendall
H. C. Cook	John Halfield	C. W. Larsh
W. H. Coffin	Mrs. A. Campbell	Miss Paddock
Mrs. Bulla	Miss Goldsmith	H. B. Saulsbury
Ed. Kleyforth	H. Sittloh	Mrs. Kilson
J. L. Thompson	Mrs. Swisher	Harry Goodnow

AT WINCHESTER, IND.

D. Stevens	Mrs. McKensie	H. R. Marlatt
Mrs. Marlatt	Chas. Guthiel	Judge Cheney
A. W. Wright	J. H. Jenjins	C. Wets
Esqr. Reed	E. H. Butler	W. B. Marlatt
Mrs. Marlatt	W. V. Tooker	C. W. Paris
Walter Stevens	C. B. Edwards	J. Haney
M. Watson	Jas. Charles	Gid. Shaw
J. S. Hiatt	Mrs. Helms	J. M. Thomas
Esqr. Watson	Mrs. Bishop	P. Gilligan
P. Reinheimer	Anderson Hiatt	Mrs. Trostle
A. Hallowell	W. F. Studebaker	Elijah Stephen
Mrs. Hiatt	T. N. Hiatt	Miss Witham
Miss Mercer	Mrs. Way	J. Bowersox
J. F. Hunt	W. W. Fowler	W. B. Carter
I. N. Hoover	W. L. Colgrove	W. A. Dally
M. Statebake	Adam Hirsch	D. N. Huffman
W. Ruble	Miss Bowen	Miss Brandon
Eli G. Parker	Mrs. Parker	C. G. Potter
L. Mullen	Mrs. Fudge	Mrs. Cheney
H. C. Hiatt	Mrs. Best	Mrs. Babb
C. E. Magee	J. L. Edwards	F. B. Mullin
Mrs. Harris.	Mrs. Canada	Mrs. Witham

AT FORT WAYNE.

McNutt Smith	O. G. Hill	J. L. Luttrell
J. R. Darrow	E. Rudesil	W. J. Markey
J. H. Blakesley	E. D. Cox	O. E. Jamison
B. Altenberger	P. Harter	D. Schieffer
H. Loveland	C. K. Stapleford	Mrs. Colton
Mrs. Moore	T. L. Brunson	Judge Lowry

Thos. Stahl	W. H. France	Chas. Casteel
A. J. Ralston	G. W. Williams	John E. Capo
H. Pfeiffer	Mrs. Pfeifer	T. Meriam
Mrs. McMaken	Tim Kennack	A. M. Harrod
S. Bash	H. Falks	Chas. Hylands
O. Tustison	F. Mahauke	C. Schieffer
J. Bastion	Cyrus Tustison	Miss Henline

I have given you a few of the names of persons treated by me in the past four years, but enough to show you something regarding the extent of rectal suffering, and the great importance attaching to the medical profession regarding it.

CONDITIONS WITH SALE OF INSTRUMENTS.

One of the conditions of the sale of my instruments, medicines, etc., is that the purchaser of the same shall at all times, and if an advertiser in any way, make known and advertise this as "Dr. A. W. Brinkerhoff's System of Rectal Treatment, of Upper Sandusky, Ohio." Should this be evaded by any such purchaser, by which there would be, seemingly, more than one such system impressed upon the minds of sufferers in contradiction of the facts, then to such purchaser will be refused the further sale of my patented medicines for the treatment and cure of piles. This feature will be enforced to the letter. I desire the world to know of but one painless system of Rectal treatment until a better one is discovered, so that all may have the benefit of the best, and that all may learn of this as the best yet known.

PROHIBITORY LAWS.

Since writing the foregoing pages I received a letter from a friend who resides near Baltimore, Md., who had long been in the general practice of medicine, and for nearly two years past in special practice as an itinerant, written at Martinsburg, West Virginia, in which he says, "I am now here for my last visit before moving to Ohio, and am keeping very closely to my room. The smart doctors of this State have finally secured the passage of a law by the legislature, prohibiting under the penalties of fine and imprisonment, any traveling doctor from further continuing the itinerant practice of medicine within the State. I have no desire at this, my last visit to this place, to be arrested, fined and IMPRISONED for trying to make my fellow men well, and by being very quiet I hope to escape, to get away without being CAPTURTD, *fined* or *imprisoned!*" What a shame and disgrace! A free, *American-born citizen*, competent to meet the requirements of his profession, and to do what no doctor in Martinsburg can do, closely confined to his room, which by the law of West Virginia makes his office a prison pen, for doing no wrong, but on the contrary, for doing good, and from which he is compelled to quietly slip away to escape fine and *imprisonment!*

Reader, do not think that West Virginia is alone in this matter. Many other States have preceded her in this nefarious work! Pennsylvania has, by act of her legislature, authorized her cities and villages, by corpo-

ration ordinances, to tax, by prohibitory license, out of existence, any man who desires to make periodical visits. So with other States. In such cases as only specialists are successful in curing, the afflicted one in the face of *such* acts must remain afflicted or be compelled to pay enormous prices to be cured! The license makes this necessary.

Ohio and Indiana, thus far, have refused to pass into law, such obnoxious measures, although bills have been before the legislatures of both States! May their law-makers ever refuse the enactment of such laws, until they also vote on the question as to how much brains and education it shall take to make a man competent for the position of a law-maker!

How is the passage of such laws secured, and by whom are they demanded? They are not demanded by the masses of the people—not one in a thousand of them know anything about such laws! No petition has ever gone up asking for action from that source! The masses of the people have not suffered from the itinerant practitioner of medicine as they have from regular channels! Then they are free to employ, or not, as they may desire.

If the people do not ask for such legislation, then, where must we look to find its source, and its sanction?

The time was, and even in my early life, when the Allopathic was about the only school of Medicine extant: its system and remedies were not then questioned. Custom was the law! Once in the ruts, there to stay! Where were then our common schools? Where our colleges? Where our quick, sharp, edu-

cated men and women? Where our steam propelling power? Where our commerce—our railroads—our telegraphs—our telephones—our great printing presses—our news papers—our books—our agricultural implements—our markets—our systems of exchange—our mail arrangements—our millionaires—our means of general transportation and travel—our energy—our inducements to rise above the common level—our manufactories—our weapons of warfare and means of National defense? What was then our country—our cities—our towns—our homes? We know that our medicines were Calomel, and Jalap, and Castor Oil, and Salts—the lancet, and the old “turn-keys,” and divers other barbarous things!

As all these matters yielded to the final and general march of intelligence resulting from investigation through a higher and broader knowledge of matter and mind, that old stereotyped system of medicine began to yield—it was compelled, from more rational ideas, to stop in its career of cutting and carving, and twisting, and poisoning, and bleeding, and salivating, and blistering, and ligating, and sickening to make well its subjects, and to abandon many of its practices before then strictly enjoined in its practice!

But in doing so it acted upon the principle that “offenses must come, but *woe* unto him by whom they come!” In a body, almost, yet then and now, with some noble exceptions, the members of that old and threadbare system, attacked broad-side, in front, rear and flank,—by water and by land, the other systems then confronting them, hoping to crush all at once, but

the walls were too strong, the guns too large, the small arms too effective, and allopathy shrank from the contest in open field, and fell back to reorganize! She was glad that she was not annihilated!

It is not astonishing that those who have united their fortunes with a system, association or community should fight for its life, its existence, its prosperity! That is right on general principles; but it is crime when by such effort is sought the destruction of higher and nobler and more *humane* systems, associations and communities, and doubly so when the more barbarous seek to become administrators of the estates of those whom they seek to destroy!

When open, bold and fair contest, on the part of allopathy, failed to crush the vigorous Hahneman and his followers—with whom I once had no sympathy—allopathy retired for consultation, and its more stalwart element assumed, seemingly, a more reserved, yet more determined attitude through its associations and secluded efforts, which finally developed themselves through the election of M. D's. to legislative positions where they became willing instruments in the hands of their "association" brethren in urging forward, in a quiet manner, questionable class legislation, such as that to which we have referred in the beginning of this article.

In the practice of medicine it is right and proper that men should be fully prepared for their work; as it is now, in the general practice of medicine, there is far too little attention paid to proper preparation for the great responsibilities which attach to those engaged in the treatment of the many diseases afflicting the human

family; and, yet, from those very persons comes the demand for prohibitory legislation, or its equivalent, resulting from heavy or unreasonable license, so as to shut out every feature of itinerancy in practice! Why do not preachers and lawyers resort to the same methods to prevent inroads upon their assumed rights? No class of men, unless alarmed at the success of those whom they seek to defeat and destroy, ever resorts to such means to save themselves from ruin and disgrace! If the itinerant practitioner is a fraud, and he is scattering death and misery in his wake, the local physician need fear no harm to himself, for such results would soon end the itinerants career. If on the other hand the "traveling quack" successfully treats and cures those whom the local quack has long failed to cure, then why should the afflicted be denied the rights of his services, and left to suffer and die to gratify the whims and malevolent desires of an egotistical class of indolent, yet rapacious drones, whose lack of energy and success in life have stranded them on the sands of despair? The successful practitioner needs no such protection, be he allopathist or what not, nor does he stoop to petition or pray for it; but he who is too indolent to study; too ignorant to save from suffering and death; too cowardly to battle with the successful "quack," he it is who would have built for his protection against itinerants a Chinese wall, and if their skill and audacity should enable them to cross its crest, he would have the "Empirics" thrust into prisons dark as death, and, thereby, teach them a lesson the memory of which would restrain a repetition of insult to such

injured, egotistical doctors! Those prohibitory laws are contrary to the spirit of our institutions and infringe the rights and privileges of the citizen, without any benefit to the people. Why any intelligent member of any legislative body should willingly consent to cast a vote in the interest of a class of men, to the injury of any other class whose vocation in life is as honorable and useful as either of the others, is a question that no disinterested person can satisfactorily answer!

Certain it is that no system of medicine can boast of being at the bedside of more departing members of the human family than that of *allopathy*, and, yet, it is from that system that comes the quiet but constant demand for such legislation as we here have referred to! The results of that practice I have seen, and felt amongst my own relatives, and to my sorrow! The sorrowful results covered the bodies of fourteen near relatives and friends, in the tomb, in less than two years, many of whom were in the prime of life, and no two of them died from the same disease, and all were treated by that life-saving and would-be exclusive and law-protected system, *allopathy*! Not one of the many who demanded medical aid during those years lived to tell of the misery, pains and awful sickness produced by calomel and its accompaniments! The results could have been *no worse* had no physician ever entered the sick chambers of any of the sick ones! The same physician, and he one of most extensive practice and of pronounced medical skill, attended all of the afflicted ones, and in every case the result was death! And for the protection of such a system, one so fatal to human life, is now asked spe-

cial, legal protection against "itinerant quackery" from which death is seldom, if ever, a result, while thousands are cured after years of unsuccessful treatment from the local, general practitioner! Why cut off the successful and protect the unsuccessful, by taxes, *finés* and *imprisonment*, to the injury of the suffering, the crushing out of the light of the specialist, and the disgrace of intelligent law-makers? Ye honored members of the bodies legislative, *beware of such class legislation!* Beware, lest evil and not good be the result of your acts! Abridge not the rights of your people! Shut not off the successful treatment of disease, by seeking to gratify the demands of the egotist, lest the time may come when your own act may cut you off from the relief desired from suffering, and pain, and death! If sincere in your official acts, then protect the people against the schemes, wiles and follies of all doctors, allowing the intelligent masses, who are more interested in their own, than in any physician's welfare, to choose for themselves the agents to serve them in the hour of affliction! In doing so you leave wide open the door for investigation and competition from which good always flows! By protecting the agents—an egotistical class of agents—you close the door against true and sound results from such investigation and competition, and raise up a class of idlers, drones and egotists, who rely on the protection of the law, and are not forced, or stimulated, to vigorous and earnest manhood from what would otherwise surround and prompt them to the acquisition of knowledge, and the full discharge of every duty.

Ah, yes, say these would be astute, but in practice negative and egotistical "squirts." No honorable man will travel as a doctor and all such must be taxed out of existence!" O, how much such fellows desire a call so they could travel, only a mile, and yet it comes not. What is the difference between traveling one or ten miles? Is a State by act of legislature divided up into principalities and powers, so that the citizens of one part cannot pursue an honorable calling in another without paying tribute to Cæsar? And that in amount so great as to prevent his doing so. And all at the beck of a few unskilled, may be, doctors, who are there quartered upon suffering humanity. To a "traveling quack" I owe my restoration to health and ability to perform daily duties in life. With such law then in force I would yet to-day, although shadowed by a dozen doctors (?), be in the embrace, if even alive, of one of life's afflictions that they cannot yet cure. Hundreds now owe me the same debt of gratitude, and the allopathic *smart heads*—not all of that school—stand by and say, "humbug," "quack," "*danger.*" "Therefore let us save our people from imposition and fraud!" Such heartless, undeserving *wretches* would let their neighbors and friends DIE rather than be held up to the scorn and contempt of their injured patrons, with their ignorance exposed through the "quack's" cure of the afflictions they had pronounced incurable. But lest we may go beyond the rules of medical jurisprudence and ethics, and by these snobs be considered severe, which our generous and forgiving nature would never allow us to be, we will close this added feature of our

work by warning the people against the wiles of this class of medical sharks and ambrosial snobs, and urging them to be true sentinels on liberty's watch-tower so that the heel of such monsters may not be on their necks before aware of the plans of such men. All we ask in this "land of the free and home of the brave," is equal and exact justice, in a country which our muscles and hands aided in transferring from a howling wilderness to flowery and productive fields, in common with thousands of others; and before these gentlemen to some extent learned in medicine, but whose great ability has not been duly respected, were thought of or born! And indeed before the fathers and mothers of some of them were born.

While I would not deny them a single right to which they are justly entitled, I will not quietly sit down and wear the crown of restriction sought to be and in many places already imposed, without asserting the right to be heard in self defense.

THE OATH.

It seems passing strange that in the practice of medicine an oath should be, in any way necessary, and yet such seems to be the fact. In my constant and continuous practice of now nearly four years very few allopathic physicians—though some have—visited my room to see my system of practice, although the door is always open and they invited to call. While such is the fact it is equally true that none of them know how to treat and cure rectal diseases by my system, nor by any other system save by the knife and ligature, excepting such of them as have been taught by me, and judg-

ing from what I have accidentally gathered from words spoken, I am strongly inclined to the belief that those whom I have taught are not members of their associations.

The question therefore arises "what are physicians for?" Any man in any ordinary business in life who knows not how to do an important matter which comes in his line of duty, will, at the first opportunity, go and learn how to be the equal of the best in his business. But it seems that some physicians, although they see the suffering ones all around them, will not or dare not seek information where they know it can be found. No, they would rather speak contemptuously of those who do succeed, unless he belongs to their school. And rather than receive from one not of their school that which will elevate their standing as physicians, they will, judging from my experience amongst them, and from their conduct, continue to remain ignorant, and suffer their own patients to suffer on, and even attempt to discourage them, and prevent, if possible, their coming, to be cured. I know that some have said "the treatment is dangerous, I know all about it, but will not use it!" *Dangerous?* Such is not my system, of which they know nothing. *Dangerous?* And yet I have performed over thirty thousand operations, *and no death yet!* *Dangerous?* Do they know that they speak the truth when they so state and yet know nothing about my system?

But may we not well be permitted here to cast over them and their seeming indifference the broad mantle of charity, for when men's hands are tied, and their wills

and desires restrained even by a self-imposed *oath*, their liberties are shorn and limited, the soul is not free, and the body is even restrained from doing good. We do not say that such is the case in those medical associations without having reasons for so saying. But when to become a member of a medical association it becomes necessary to make a "know nothing" of one who should of all others be a free man, to fetter judgment and reason as with chains, to imprison man as though he had already committed some crime—to rob him of independence and manhood, to deny himself and his patrons of what should justly be his and their rights, to bury his genius and opinions in the opinions of others, to be compelled to tread in the ruts of past ages; when all these become essentials to any class or school of physicians to crush all that is outside of its system of practice, then the sooner the whirlwinds of condemnation from an indignant people wrecks the whole structure thus held together, the better will it be for suffering humanity.

"But why do you thus speak," says one, or many, "about that of which you know nothing!" I will answer. More than three years ago I visited the town of D—, in western Ohio, and there became acquainted with one of the M. D's. I asked him if he had any desire to know this treatment. His reply was: "The obligation I took in our association will not allow it!" Very recently, when in the city S—, in central Ohio, the Vice President of the Allopathic, County Medical Association spent a goodly part of the day in my room, and saw me treat many patients. He was much pleased with the manner of treatment, as well as much aston-

ished at what he then saw. He had called on me some months before, and he remarked, "by doing that I lost the Presidency of our Association." "I would like to use your system" he said, "in my practice, but the *oath I took* would not allow it without first resigning my connection with the association!" Upon the statements of these gentlemen, which were undoubtedly true, I have said what I have on the subject of "the oath."

Now no person need mistake my meaning regarding Medical Associations, for it has not been my purpose to condemn such associations when organized as aids in the dissemination of medical knowledge. For that they are proper. But when they are used as engines of persecution, and curtail the freedom of the members of the profession and restrict them to certain dogmas, to the exclusion of all outside of their own association, then the purposes for which such associations should be organized are perverted, and their value to community greatly diminished, and an aristocracy in medicine is sought to be established which can in no way be profitable, nor productive of good.

The direct result of such selfish action is simply this: the worshipers at the shrine of allopathy in the persons of her countless numbers of practitioners, although they know of the sufferings of their many patients from these maladies, and have given salves by the ton for relief, and many of whom now know of this almost painless and certain cure, still stand with folded hands and behold all this suffering, as indifferently as if they were "hewers of wood or drawers of water," with no

responsibilities attaching to their profession for the benefit of suffering humanity!

While this may be agreeable to them, may I ask their patrons, who, like myself, passed the prime of life as a sufferer, what do you think of such a *family physician*? Remember, I ask that question now in the light of this day and age, and in the face of the fact that there is no excuse for ignorance and inability to cure now—nothing in the way save the restrictions of that oath, which amounts substantially to this, nothing less, viz. : “because I cannot cure you by the rules of our practice and our system I will not do so at all, although I know that it can be done!” So says your family physician, by his acts if not by his words! Such physicians are like trees covered with beautiful blossoms, but soon change to the appearance of desert sands, under burning suns, where the thirsty traveler pants for the cooling draught to allay his thirst, with not a drop in his race for life across its wide expanse!

From those associations—oath-bound if they are—come the efforts for legislative enactments regarding the practice of medicine, the only aim of which seems to be the exclusion from allopathic presence of that which others can and do, but which its followers refuse to learn, simply because not in the books and journals, nor in the brain of those who adhere to its barren tenets!

But there are noble exceptions amongst those who adhere to allopathy, noble men amongst the many bigots, and such have our most kindly regards! They rise above servility and adorn the profession!

NOT SO BAD 'TIS SAID.

From one who was long a member of one of those associations, I have been informed, very recently, that while he was a member of such association, no oath controlled the actions of its members, but that they were compelled to sign articles obligating themselves to use no remedies in the treatment of disease the constituent parts of which they knew not; or, in other words, "we must know what it is that we use, whether we know the results to be good or not." But, added this gentleman, "I quit the association, and I use what I know will cure if I do not know what it is composed of."

Why do not those restricted doctors show consistency in their acts? Thousands of them will lay down a ten dollar greenback, "that is made of rags and printers ink, it is good, for the *United States* so say! We will use that." Beside it they will lay down a nugget of gold—one of the most precious metals—worth ten dollars without any stamp on it, and they will say "that is gold!" Yes, that is gold! but not one in one thousand of them can tell you what makes it gold! It has long been tried, is good, and how they *grasp* it! They know that it is good, and never draw back, in horror from it! They never ask 'is gold Eclectic, *Homeopathic*, or ALLOPATHIC! They know it to be good, and always take it! They look at men who were long under their treatment, and all the time great sufferers—unable to perform any labor—and after they come under my treatment they watch them from behind corners, and in a squint-eyed manner, and see them getting

better, *better*, WELL! they know that my remedies are gold; that they bring their dying patients to life; that they are good to heal the sick; that they *never fail*, never injure, never *kill*, that they cure, without pain, every time; and yet while gold makes their faces to shine as when oiled with the extract of the Orient Olive, the sight of my remedies, which are more desired by many, or have, by others, become more highly prized than pure gold, or the sight of my circulars even, at once produce a seemingly spasmodic action of the face, and the hide-bound allopathist at once begins to tremble with fear over what he declares to be the danger of his patients, but what is, in fact, the great danger to his own reputation, and cries out in the agony of his vexed soul "Quack," "Quack," "Quack," when in regard to this matter he is the "quack," and one, too, of the most obstinate character.

Giving those association gentlemen all the benefit of the doubt as to whether there is or is not an oath in regard to the use of remedies, or to the use of compounds of which they do not know the names of the several ingredients entering into their composition, there is at least an obligation which restrains the use of even the best remedies it seems, no matter how simple they may be, nor how surely effective, and yet even if the names of the ingredients were known to them, but not endorsed by their authors, or the authors of their works they would discard them!

I have no hesitancy in naming the more important remedies used in my practice. The remedies themselves, are no more important than the method of com-

bining them, and the exact strength in which they are used as certain agents of cure, or by which perfect cures are readily accomplished.

I will here name them that all may see what they are : Acidum Carbolicum, Hamamelis, Glycerina, Olea Pinguia, Amylum, Oleum Cadinum, Cascara Sagrada, Cera Alba and Cera Flava.

What folly there is in crying "danger" from the proper use of such remedial agents! as used by me, or in my system of treatment; they are as harmless as water! when properly used.

I regret that, in the preparation of this little work, I have not had the time to give closer attention to its descriptive part regarding the diseases of the Rectum, as well as other features, but in fragments of hours, as I could use them from other duties, only, have I been able to produce what I have. Some readers may consider what I have said as rather rasping or severe, and yet, while that feature of it may call closer attention to its contents than if its pages were polished by words of praise or adulation, yet my impression is, from past experience, that a rougher file must yet be used to arouse to action, in the saving of life and restoration of the suffering, those who sleep at the doors of death, when humanity cries for help!

The object of this work being, in great part, to awaken the sleeping—physician and patient alike—I shall feel, if I see the desired ripple on old ocean's surface, either in condemnation or approbation, that the leaven is working, and that in time great good will

result to the many who long have and yet may suffer in the manner herein described.

In conclusion, let me say that all who are liberal in any and every school of practice, all who desire to learn, come from where truth and knowledge may, may include themselves, as they are cheerfully included by me, as amongst those to whom this volume is dedicated, and "with charity for all, and malice toward none," with sincere desire for the alleviation of the sufferings of mankind, I now, hoping these pages may open the door for the admission of countless sufferers to the waters of health and life, submit these pages to the scrutiny of an exacting public, with faith that some sleeper may be called to action—some suffering thousands cured, and that in time abler pens may convince the world of the truth of what I have herein stated.

THE END.

ADDENDUM.

BODENHAMER ON PILES.

On this 12th day of November, 1881, I had the pleasure of reading a work by "*William Bodenhamer, A. M., M. D.*" of New York, entitled "*The Physical Exploration of the Rectum,*" to which there is an "Appendix" "on the *Ligation of Hemorrhoidal Tumors.*"

Mr. Bodenhamer is an author of some renown—a physician and surgeon of eminence.

Dr. B. gives the statements of several of his medical brethren, who attended a meeting of the New York Medical Journal Association, held on the 19th of March, 1869, on the subject of ligating hemorrhoids, all of whom speak of the severity of such treatment.

He quotes one Dr. Carroll as saying that several of the irregular practitioners had some peculiar skill in this matter, and could and did ligate with very little pain, and certainly cured. This, Dr. Bodenhamer says, strikes one with some surprise, and induces one to ask, Why is this? Then he says, taking this to be true, I will at once, with a view to removing this reproach against the regular profession contribute my mite of experience upon the subject, and he hopes others will

do the same, until this particular stigma shall be effaced.

Dr. B. says he has been in the constant practice for about thirty years of removing pile tumors.

Now what I desire to present here, after his long experience, and he an author and able physician, is his opinion of what pile tumors are. I say they are ruptured veins first, after which they become sacs filled with blood. He claims that the tumors are of "foreign growth;" an abnormal growth, like the knots on a tree!

He is compelled to confess that the operator can not distinguish the true base of the tumor from any other part when drawn down! If a tumor he could, but a sac he can not. He gives as a reason for not being able to do so the fact that all the parts appear alike. So they do, just like a blister caused by a burn, when filled with water, or one caused by a bruise or clamp, filled with blood, or any other varicose vein, such as a pile sac! It is truly laughable to read his "Modus Operandi" of removing the "foreign growth" by ligation, when there is no foreign growth there! It is a wonderful operation!

As his work is copy-righted I dare not quote him fully, or I would do so here, to show, fully, the folly and error of a great physician. Conkling's resignation as Senator, and subsequent desire to return to his long-warmed seat, hardly compares in folly and fancy with this wonderful description of pile tumors. The acts of both these great men prove want of knowledge of some things. If the great make such great mistakes, what must be the result with those who follow and seek to learn from them?

After describing his method he says it is, if not superior, at least equal, to that practiced by some of the irregulars!

Dr. Bodenhamer truly says that thousands of persons who daily suffer from this malady, and who should at once undergo treatment for the same, hesitate, because they fear the operation—do not believe in a radical cure—that it should not be cured as it prevents other disease—that it is not local, and cannot be cured by local measures—that such persons receive little information from the “regular profession,” many of whom, themselves, hold to similar erroneous notions, and hence, generally, fall into the hands of empirics or irregular practitioners, etc. And then he appealingly SHOUTS—*Let it then be our UNITED aim to RESCUE this affection out of the hands of the QUACKS, who have TOO LONG ALREADY MONOPOLIZED IT, to the EXCLUSION and DISGRACE of the REGULAR profession! AMEN, and AMEN, say we!* God grant Dr. Bodenhamer’s prayer, and *turn his eye to this book, wherein he may find the true salvation, so that he and his many brethren may escape the swords and strings of the hosts of Pharaoh, and with the Children of Israel—soon be led to feed, in the cure of their afflictions, upon the manna of another Ohio man—who, although not a Moses, has his followers by the thousand, whom he has saved from the “erroneous notions” of blades, hooks, silken cords, suffering, and death of the REGULAR PROFESSION, by curing them with milk and honey, almost without money and without price!*

O, come, ye sons of the “regular profession—Dr. Bodenhamer invites you; *I have long invited you, to aid*

in rescuing this affection "FROM OUT OF THE HANDS OF THE QUACKS!" *Will you help do it?"*

Is it not a HUGE JOKE upon the "regular profession" that "QUACKS" have so long "MONOPOLIZED" this "affection?" Why have standing armies if volunteers must defeat the enemy?

As one who suffered for twenty-five years, and yet all that time shadowed by an army of "regular" physicians, not one of which then, *nor now*, could or can cure this fearful malady, I again appeal to those "*Regulars*" to come to the front and "aid" in taking yonder fort and the surrounding rifle-pits, or we "*quacks*" will be compelled, next, to call out the "*colored troops*," for, like myself, many are growing old and weary—soon will be compelled to "fall by the way"—to "*rest from our labors*"—and then who are to follow us? It is the policy of the "regulars" to close the doors against all "irregularity"—to stand aloof and cry "*quack*"—refuse to learn to do what "*quacks*" can and do do, because they travel on cars, by rail, and not in buggies, or go on foot!

Gentlemen, with Dr. Bodenhamer let me once more appeal to you to aid in rescuing this practice and affliction from "*quacks*," and emblazon it on your banners, and all will be well! If you will not, then let the shame and disgrace be yours, and their act no crime!

SECONDLY.—It has just been our good fortune to get our hands upon the work of another celebrated author, who belongs to the speciality school of practice, and who resides in Cincinnati, O.

This writer, "Orin E. Newton, M. D., Physician

and Surgeon," removes the most wonderful pile ser-
pents from the rectum, ever heard of! He, certainly,
deserves to fill the highest position in some pile hospi-
tal in the world, for, when by one entirely painless and
"single application of my (his) teatment was in this,
as in other cases, sufficient to bring away deadened pile
tumors for a distance of over *six inches* from the wall of
the rectum," why should such men not be elevated?
If Orin E. Newton can remove so much of the rectum
"without pain," at one time, why can he not remove
the whole man and leave only the piles stand there,
alone, like the Egyptian pyramids, the wonder, as they
would be, of all "nations, and tongues, and peoples,"
to which the great yankee nation could resort, in the
the hour of greatest need, to slice off fiddle strings
to be used in honor of the discoverer of so great a
wonder!

There is reason in many things, but to suppose that
a man of Cincinnati, at one bold and painless stroke,
can knock down and drag out of his "brethren and
sistern" such enormous, deadened pile tumors, SIX IN-
CHES LONG! "leaving the rectum smooth and healthy,
is *wonderful!* Had he only given the thickness of the
great mass removed, then we could make some calcula-
tions as to the capacity of that man's rectum! Piles
are not a disease, but result from injury to the veins,
and yet this remarkable man says in his treatise: "the
disease had extended over a surface of four to six in-
ches of the rectum, etc." No wonder that man could
not talk to Dr. Newton "without crying," for, could
Newton not have cured him, who, now living, could

tell where that "disease" would have stopped? When it gets under way, like that case, the whole man is in danger. From a lady Dr. N. took pile tumors away—no, "from one single application, tumors extending over six inches up the rectum came away!" In the case of "John Thorndick," one application was sufficient to produce the same wonderful result—every time "six inches long," and in this case the "diseased mass all came away in one week," and many of the tumors were "ulcerated!" I would like to see an ulcerated pile tumor. I have never yet seen one—nor has Dr. Newton—a true pile sac ulcerated! Such cannot be. What folly to say that a man can bleed "for months, a *pint a day*, and live!" There should be some limit even to the declarations of quacks. But, possibly, "six inch tumors might do that, and the subject live. We don't know all things, He who writes: "The cases of which I have attempted to make an authenticated report, is a fair sample," etc., (we suppose *they is!*) knows!

One thing we desire Dr. Newton to explain in his next work, that is, how did these tumors look when they "came away?" Like worms, or walnuts, or ropes? Tell us how a ruptured vein with a thin covering over it, distended with blood, *does look!* It seems to me that it would look like a long^r hole surrounded by air. Does it?

THIRDLY.—I regret very much that I have not the time, or had not, to prepare a chapter on *Chronic Inflammation* of the rectum. There are many cases of that character. Often the rectum is found much inflamed, and in a parched and dry condition with no

indications of mucous present, which condition has much to do with constipation.

This condition yields very readily to my ulcer treatment, and the health of the patient rapidly improves.

I am not ready to say that there is not ulceration present in these cases, just above the curve of the rectum, which cannot be seen without an endoscope, for I believe that there is.

From long-continued inflammation of the rectum, and the consequent dryness and absence of all mucous upon the membrane, or absence of healthy secretions, it is not to be wondered at that constipation, such as often found, should be present.

The membrane, as well as the surface of the passage, is "dry as a chip," how then is it possible for one to freely pass through the other, until the secretions are aroused, and the rectum provided again with a slippery surface?

I have here only time and space to call attention to this important matter, trusting that the mere suggestion of such condition, which I have often seen, may secure the relief desired, in so many cases, by action of physicians.

CONTENTS.

	PAGE
DEDICATORY	3
OBJECT OF THIS WORK.....	5
INTRODUCTORY	10
PREFACE	28
RECTAL DISEASES.....	35
Lack of Knowledge.....	37
Old Method.....	40
HEMORRHOIDS OR PILES.....	42
The Rectum.....	45
Cause of Piles.....	46
Examination, Treatment, and Cure.....	49
Treatment	54
When Cured.....	55
Hemorrhoids, or Piles.....	59
RECTAL ULCERS.....	60
Symptoms	70
Examination and Treatment.....	71
FISSURE, OR PAINFUL ULCER.....	76
Treatment	78
FISTULA IN ANO.....	79
Treatment	83
POLYPUS RECTI.....	88
Treatment and Removal	90

Other Rectal Trouble.....	91
Stricture, Procidencia, Cancer, Rodent Ulcer.....	91, 92
HEMORRHAGE FROM BOWELS.....	92
OMISSION OF REMEDIES.....	94
OUR MEDICINES.....	94
MANNER OF TREATING RECTAL DISEASES.....	96
Piles.....	96
Rectal Ulcers.....	96
Fistula in Ano.....	97
Fissure in Ano.....	98
Treatment.....	98
POLYPUS RECTI.....	99
WHAT CONSTITUTES MY SYSTEM OF RECTAL TREATMENT,	100
ILLUSTRATIONS.....	104
Piles and Ulcer.....	106
Piles or Hemorrhoids.....	111
True Hemorrhoids.....	114
Piles—Ulcer Starting.....	116
Piles—Ulcer and Partial Procidencia.....	117
Ulcer and Enlarged Glands.....	120
Ulcer, Polypus, Fissure.....	122
Elongated, Slotted Ulcer.....	124
Ulcer.....	126
Impacted Ulcer and Fistula.....	129
Strumous, Lipped Ulcer.....	130
Second View of Same.....	132
Ulcer (Printer's Error as to Fistula).....	136
Ulcer and Fistula.....	137
Fissure, Polypus, &c.....	139
Severe and Fatal Ulceration.....	142
Ulcers and Polypus.....	145
Procidencia.....	147
Ulcer in Speculum.....	149

	PAGE
Ulcer and Fistula.....	150
Bladder, Rectum, Ulcer, Etc.....	152
Ulcer Treatment.....	152
Rectal Speculum.....	155
OPINIONS OF SOME WHO HAVE USED MY SYSTEM.....	156
CONCLUSIONS.....	166
PART SECOND—INTRODUCTORY.....	173
TO THE MEDICAL PROFESSION.....	174
ALLINGHAM.....	184
Ulceration of Rectum.....	184
TO THE AFFLICTED.....	190
For Piles.....	196
For Rectal Ulcers.....	196
Other Treatment.....	197
CERTIFICATES OR TESTIMONIALS.....	201
John A. Swope, M. D. Gettysburg, Pa.....	201
O. E. Jamison, Hoagland, Ind.....	202
J. A. Kerr, Greenville, O.....	230
Major Leffingwell, Chillicothe, O.....	204
Will. S. Iliff, Washington City, D. C.....	205
Chas. Kulencamp, Urbana, O.....	206
E. A. Padgham, Waupun, Wis.....	207
Harness Renick, Circleville, O.....	208
Cal. B. Edwards, Winchester, Ind.....	209
M. E. McMeans, Richmond, Ind.....	210
Wm. Backus, Springfield, O.....	211
Rev. H. S. Bradley, Springfield, O.....	211
P. A. Schindler, Springfield, O.....	212
Abiram Boyd, Cambridge City, Ind.....	213
S. B. DeTray, Kenton, O.....	213
Rev. E. M. Baker, Pendleton, Ind.....	214
James Ewing, Chillicothe, O.....	215

	PAGE
C. Warner, Bluffton, Ind.....	215
John J. Chenny, Winchester, Ind.....	216
Lemuel Eversole, Lafayette, O.....	217
R. E. Pierce, Curryville, Ind.....	217
Elder Joseph Yates, Cannonsburg, Ky.....	219
INSTRUMENTS, ETC.....	220
What Composes My Case of Instruments.....	220
Price of Case Complete.....	222
NAMES OF SOME OF MY PATIENTS.....	224
CONDITIONS WITH SALE OF INSTRUMENTS.....	236
PROHIBITORY LAWS.....	237
THE OATH.....	245
NOT SO BAD, 'TIS SAID.....	250
ADDENDUM.....	255
Bodenhamer on Piles.....	255
Orin E. Newton on Piles.....	258
Chronic Inflammation of Rectum.....	260

NATIONAL LIBRARY OF MEDICINE



NLM 00136362 4