SCLEROTIC THERAPY IN PRACTICE— HAEMORRHOIDS . . . THEIR TREATMENT BY INJECTION

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Taken from the text of the above article. Page 102 in the March number.

The simplest instruments are the easiest to use, and the following list is all that is required.

1. Haemorrhoidal syringe (Gabriel's), fitted with plug and bayonet catch. Capacity, 10 c.c.
2. Haemorrhoidal syringe (Graeme Anderson's) with a capacity of 10 minims.
3. A rectal speculum of the Gabriel type fitted

imparted to it as it is pushed gently past the sphincter. At the same time tell the patient to bear down as if she wished to open the bowels. Never withdraw the speculum without the replacement of the obturator, otherwise the contracting sphincter may suffer a painful nip.

The most important factor in the injection is where it is to be given. The aim of the injection is to introduce the fluid submucously just below the level of the ano-rectal junction. At this level the injection is painless, provided dosage is not excessive, and provided it is not given too rapidly.

There is no difficulty in recognising this level. When the speculum has been introduced to its

with proximal illumination. It is as well to have the standard size, and also a small one for those cases which have much anal spasm.

4. A pair of angulated dressing forceps of the Tilley pattern.

5. A pair of long slightly curved artery forceps.

6. A supply of woollen swabs wrung out nearly dry in dettol solution.

I think that the best position for the patient is the genu-pectoral, with the left side of the face in the pillow, and the hands over the side of the couch or folded over the chest. This allows a better view and a more comfortable position for the operator. A suitably draped towel will satisfy the modesty of female patients.

Always do a rectal examination before the introduction of the speculum, since this tends to relax the sphincter. See that the speculum is well lubricated, and that a slight corkscrew movement is

highest level, tell the patient to take a few deep breaths, which will serve to cause the walls of the rectum to fall apart. *Note that the only wall visible is the anterior wall. Slowly withdraw the instrument, and in addition to the anterior wall the posterior wall will start to come into the lumen of the speculum.* It is at this level that the ano-rectal junction has been reached (see diagram). It now but remains to give a submucous injection in the areas corresponding to the usual position of the three primary piles (two on the right-hand side and one on the left). I find it easier to use a straight needle, but many prefer an angulated type. The needle should be introduced up to its shoulder, and very great care should be taken not to transfix a fold of mucous membrane nor the muscular layers of the gut. By tilting the needle into various positions it is possible to determine where the point is lying.