THE TREATMENT OF INTERNAL PILES.

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In my opinion there are today only two methods of treating internal piles, which are worth considering. Namely, injection and operative removal.

Treatment by ointments, suppositories, drugs etc. should be discarded, as there is no hope of curing the condition permanently, and they result in putting the patient to a great deal of trouble and inconvenience for very little benefit. They too often result in the patient being forbidden all his favourite vices and pleasures, the spending of a great deal of time in applying the ointments etc., and his being to a large extent curtailed in taking exercise, while there is practically no hope of doing more than modifying his discomfort, and none of curing his condition.

Treatment by injection gives much quicker results and puts the patient to less inconvenience than the use of ointments and suppositories. If properly carried out it causes no pain, and is not accompanied by any risk.

For these reasons patients should no longer be treated by means of suppositories and ointments except just to tide them over a time until more effectual treatment can be carried out.

The Injection Treatment of Piles.

The treatment of piles by injection is a very old method. Although it is only within the last twenty years that it has really become popular, it has been in use at St. Mark's Hospital for over fifty years.

It has been often stated that it has taken the place of operation in the treatment of piles, but this is not so. The injection treatment, however thoroughly and skilfully carried out, is nearly always followed by a recurrence of symptoms within a few years, requiring either further injections or removal of the piles by operation. It is, however, an excellent method of treatment and well deserves its present popularity, provided that it is carried out in suitable cases.

It does not involve the patient in having to lie up or interrupt any of his usual habits. It is particularly convenient for the business man, who often finds it most difficult to spare the necessary time away from his office necessitated by an operation.

It is an admirable method for old people, or those who are suffering from some grave disease, which renders it impossible, or undesirable, that they should undergo an operation.

It is also a very useful method of treating piles in highly nervous patients, whom the idea of an operation fills with dread and horror.

It is *not* a suitable method of treatment for men in the services or who have to reside for long periods in parts of the world where the treatment cannot be carried out by experts.

It should not be used in cases of very bad prolapsing piles, or where there are complications, such as fissure, fistula, polypus etc.; or in cases where the piles come back again a few months after being adequately treated.

Owing to the frequency of recurrence following the treatment, there is now an obvious tendency for patients to prefer to have their piles removed by operation, rather than to continue every few years to have their piles injected.

To sum up. The injection treatment is an admirable and most useful method, providing its limitations are recognized and it is used in the right cases.

It is by no means as simple as it would appear, and considerable experience and dexterity is required if the surgeon is to get the best results, and avoid giving his patient pain.

Complications such as abscess, fistula, fissure, etc., are not unknown but appear to be extremely rare when the treatment is carried out by experts.

A few words as to technique. Only one pile should be injected at a time and there should, if possible, be five days, or a week's, interval between injections. Only carbolic solutions should be used. Quinine urea and alcohol and quinine injections are liable to result in abscess formation, as the solutions are not sufficiently antiseptic.

Patients should always be warned not to take violent exercise, or to stand or walk much, just after an injection, as it is liable to result in excessive reaction in the injected pile. The surgeon by his injection causes an artificial inflammation of the pile, and the pile becomes considerably swollen immediately afterwards. If the patient takes a lot of exercise just after the injection this inflammation is liable to become excessive, with the result that considerable discomfort and pain may result. If the patient keeps reasonably quiet this is not likely to happen.

Operation.

This still remains by far the most satisfactory method of treating piles. The operation in proper hands is quite as safe as having a tooth extracted, and can be carried out without pain or any serious discomfort to the patient, beyond the inconvenience of lying up for a time.

With evipan or avertin anæsthesia the operation itself is not accompanied by any unpleasant sensations, such as were customary when ether was used. There should be no sickness and no feeling of illness.

The average of permanent cures is, as near as can be, to one hundred per cent. At any rate, the chances of a recurrence of the condition are about the same as drawing the winner in the Irish Sweepstake.

The operation by ligature of the piles, has now become established as the ideal method of removing them, but it is strange that quite a number of good surgeons do not seem to understand some of the essential points which lead to a successful result.

The main piles, of which there are usually three, must be completely removed or a recurrence of the condition will almost certainly take place within a few years. Too often one finds that one of these main piles has been missed, or that only the end of it has been removed.

Another important factor is that the external venous plexus must also be removed, or at least cut sufficiently to prevent the formation of thrombosed swellings. This plexus lies under the skin below the lowest part of the external sphincter muscle, and drains for the most part into the venous plexus which lies within the anal canal, the enlargement of which is the cause of the formation of

internal piles. It naturally follows that the removal of the piles seriously interferes with the venous drainage from this external plexus. As a consequence swelling and thrombosis is liable to result and cause unpleasant and painful swellings at the anal margin if this external plexus is left untreated.

Another little point of some importance in performing the operation is to avoid leaving the knots of the ligatures and the stumps of the piles, where they will be within the grip of the external sphincter. If they are so left they will act as a foreign body and cause considerable pain and discomfort during the healing process.

It is also necessary, if pain is to be avoided and quick, sound healing secured, that the operation should be performed on clean tissues under rigid aseptic, or rather antiseptic conditions. This requires special care in preparation and technique, but should not in these days prove difficult.

We are still accustomed to talk of ligaturing piles, but as a matter of fact the ligatures are pulled so tight that they cut through all the tissues except the blood vessels feeding the pile, and the only tissues within the grasp of the ligature are the walls of the blood vessels and a few strands of connective tissue, which represent the longitudinal muscle of the rectum. Most of us today use catgut for the actual ligature, although it does not make much difference in the result, except that I am inclined to think the healing is a little quicker, and there is no trouble from a ligature refusing to come away as sometimes occurred with silk.

The operation for the removal of piles should not result in any severe pain, either immediately after the operation, or when the bowels act. But a very great deal depends upon the exact way in which the operation is performed. I very seldom find it necessary to give morphia, or any other drug, after an operation for piles, except a small injection of morphia gr. $\frac{1}{8}$ th or $\frac{1}{12}$ th when the patient returns to bed. An injection of procaine into the tissues round the anal margin, which can be given at the time of the operation, will usually remove any tendency to painful spasm.

The bowels are moved by means of an enema of gruel and olive oil, assisted by liquid petroleum administered by the mouth the day before, on the second or third day. The patient is allowed to use a commode, or the lavatory, and to have a hot bath afterwards.

No restriction of diet is imposed at all and is quite unnecessary.

It has always been my practice to keep the patient in bed until the twelfth day. Some surgeons get their patients up earlier than this and allow them to get about, but my experience has been that healing is often much delayed by this procedure, and that it has little, or no, advantage. Sound quick healing of the wounds is what we desire, and for this rest in bed is essential until the wounds have consolidated. On the twelfth day a finger should be passed into the rectum, and if the parts are soundly healed the patient may be allowed to get up. The patient should be examined again a week later, and if then all is well no further treatment or attention should be required.

This operation gives remarkably good results and there are very few troubles or complications accompanying it. Retention of urine may occur, but I do not think it is more liable to do so than with most other operations. It is one of those curious complications that may take place after any operation and we do not know exactly how it is caused. It is undoubtedly of nervous origin and is quite under-

standable when there is severe pain, but it may also be present when there is no pain at all and then it is difficult to understand. A catheter should not be used until it is really necessary, but, of course, the patient should not be left too long as he will be in considerable distress.

Hæmorrhage is a rare complication in these days. Some secondary bleeding occurs in about two per cent. of cases, and is most usual on about the 8th or 10th day when the ligatures are separating. If severe, or repeated, the rectum should be plugged around a large bore rubber tube for 36 hours. It is only very occasionally that this is necessary.

In a few cases there is a tendency to stricture formation at the upper level of the anal canal, but this can easily be remedied by passing a finger, or suitably sized dilator on two or three occasions, always providing that the surgeon is on the look-out for this complication and detects it early. If the patient is not examined the stricture will become so firm that in the course of a couple of months, it will not be possible to dilate it without first incising the fibrous band. If the patient is examined, as he should be, on about the twelfth and twentieth days after operation, there should be no danger of his subsequently presenting himself with a stricture, even in the unlikely contingency of one forming. Any serious degree of stricture is quite impossible unless the patient is neglected.

There are practically no other complications that occur after this operation, and it is quite exceptional to meet with any at all. The results of the operation are so uniformly satisfactory that it often surprises me that patients are satisfied with having their piles treated by injection, which as a rule involves a repetition of treatment every two or three years.

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