The use of the actual cautery in these affections is a very old one; but in more recent years it was re-introduced by the Dublin surgeons. Its great advocates among English surgeons are Mr. Henry Lee, of St George's Hospital, and Mr. Henry Smith, of King's College Hospital, and the operation is now chiefly done with the aid of a clamp, suggested by the latter gentleman. It is the instrument I now hold in my hand. The claims that have been advanced for this operation were that it is freer from danger than the other operations; recovery was more rapid, that it is less painful, and, I think, it has also been said to be free from hemorrhage. I must tell you, however, that cases have been reported, where not only complications have happened, but death also has followed from pyæmia. With respect to pain, I have seen patients complain severely for some time after its use; and as to hemorrhage, I have seen that follow in several cases, and where I have taken great pains, to follow the rules laid down for its use. Recovery, perhaps, may be more rapid than after the ligature, though my employment of it, perhaps, has not been frequent enough for me to speak authoritatively on this point. I regard it, however, very favorable in some cases; and not one to be treated with such scorn as a recent writer has seen fit to do. In our venereal ward we frequently have had women coming in suffering from hæmorrhoids, at the same time having chancroids both of vulva and anus. Here the clamp and cautery I have almost always used, there being less danger of the resulting wound becoming inoculated than if the ligature or écraseur were employed. You apply the clamp and cautery thus: seizing a tumor with forceps or tenaculum, I drag it down, and grasp it around its base with a clamp and strongly compress it—the pressure may be maintained by means of this screw—then, with a pair of curved scissors, you clip off the pile a little distance from the clamp, so as to leave a stump over which an iron heated to a dull red heat is drawn. This is for the purpose of producing an eschar, and thus sealing the vessels; after which you slowly open the clamp to see if there be any hemorrhage. If bleeding occurs, another application of the iron is required. You must bear in mind that in the use of this means you should never try to hurry the operation by grasping more than one tumor at a time; if you do, you will be more liable to have hemorrhage.

I shall now show you the use of the ligature as applied to piles. This is used far more frequently than any other means, and is, I think, very justly regarded, almost universally, as not only the best, but as safe a mode of operating as we can employ. Mr. Allingham, in a recent work, has cited many hundred cases as having been operated upon in this way, both in private practice and in an hospital specially devoted to diseases of the rectum, in which the number of deaths following have been extremely few. Some have even gone as far as to assert that it may be used without the slightest risk of serious trouble. But I think I have often told you that no surgical operation, however slight, can be truly said to be absolutely free from danger in every case. The ligature strongly recommends itself both from the facility of its application, the great safety, and the radical relief which so frequently follows. You will hear of some who are said to tie off piles without pain. In your practice you will find few patients, I think, who will not suffer more or less for a short time after this operation; though in this respect you will find great differences in individuals. In the use of the ligature you do not wish to use a large one; if it does not give rise to more pain, it certainly is longer in coming away. A moderately fine, waxed, silk ligature, or what I like as well, is one of linen, such as I am about to use. I prefer this on account of its strength. You readily procure it at any of the sewing machine stores. Various methods have been recommended for its application, and some with respect to lessening pain. Bodenhamer, a writer on "Diseases of the Rectum," makes it a point never to draw down the tumor with the forceps, but simply applies the ligature around the tumor a little from its base, so as to avoid including the mucous membrane that lines the bowels. I have tried this, but have not found it so free from pain, as I was led to suppose might be the case when reading the description of his operation. In the ordinary operation you seize the tumor and drag it down, this gives you a clear view of the part you wish to ligate. You then surround the tumor with the ligature (and I do not think it necessary that the ligature should surround the pile *close* up to its attachment to the wall of the bowel). The ligature is now to be tied *tightly* with two knots. Cut off the ligature a little distance from the knot; and in some instances the tumor, a little beyond the ligature is cut off, and the parts returned into the bowel. The great benefit, I think, you derive from not tying your ligature *close* up to the base of the tumor and in not dragging them down too forcibly, is that by thus not including the coats of the intestine you thereby avoid a troublesome contraction of the bowels, which I have seen follow in a case where several tumors were thus ligated.

The method that Mr. Allingham has recently described as the one practised at St. Mark's Hospital, I have of late frequently performed, and regard it with great favor. It consists in separating the pile, with the scissors, from its attachments to the muscular and other tissues of the bowel beneath its mucous membrane. Your cut is carried up parallel to the wall of the bowel for a little distance—perhaps an inch or more—and the neck of the tumor, so to speak, is then ligated. In this way you tie little more than the vessels which form it; and there being less tissue for the ligature to separate, it comes away sooner. The vessels running parallel to your incision, you are not likely to wound them, and if you have any bleeding point, it is readily seen and should be tied at once. The wound you make being an incised one, readily heals. This operation I now proceed to show you. After this operation of the ligature your patient should be confined in bed for at least a week, and should not go about for some days further. The ligatures will usually come away from the fourth to the sixth day; and the bowels