wrote to say he was quite well. It is but fair to say that he was taking a mixture of iron and magnesia, and using an ointment of the persulphate of iron. A few days ago he wrote to say that his piles troubled him somewhat and came down at stool. The only wonder to me is that he should have had so long a respite

In one case only was any, or perhaps I should say much pain complained of. The subject was a young man who, on my passing the needle into the first pile, jumped off the couch as if he had been shot. It was lucky that he did not break off the needle off the syringe. As he had not sufficient control over himself, I did not tempt Providence a second time, but admitted him into the hospital, where he underwent the usual operation of ligature. Our house-surgeon told me that he was very nervous and sensitive, complaining of more pain than his fellow-patients.

The ages of my patients ranged between 21 and 68, and they were all men, from the fact, I presume, that during the time I have been trying this method I have been in charge of the male out-patients at St. Mark's. In only one case had I to repeat the injections four times. One or two injections, as a rule, sufficed.

As to the Method Employed.—Various fluids have been used, as carbolic acid, perchloride of iron, sulphate of iron, and ergot. I have confined myself to the first named, using this formula: carbolic acid, gr. xij; glycerine and water of each ʒj, or 1 in 10, though in severe cases I have increased the strength to 1 in 5. If the piles are not down, that is, visible on separating the buttocks, an enema should be given; then, when the patient has strained his piles down as much as possible, he is placed on a couch on his elbows and knees. A hypodermic syringe, with a needle of good lumen, having been filled with the solution, an injection is made into the centre of each pile in turn of from two to five minims, and this should be done slowly, in order to give time for the fluid to diffuse itself. The piles having been oiled, should then be at once returned, and the patient may be allowed to depart. I advise him not to have an action of the bowels for twenty-four hours, and caution him to return the piles at once should they perchance become prolapsed. A mixture of sulphate of iron, dilute sulphuric acid, sulphate of magnesia, and infusion of quassia, three times a day, is prescribed, with an ointment of the subsulphate of iron to be passed up the bowel before and after stool. As a rule, I do not see the patient again for a week, when the report is usually satisfactory, that is bleeding and prolapse have lessened or disappeared. A fortnight or more should be allowed to elapse between each injection; at least, I have not found the necessity of repeating it at a shorter interval.

Of course, it is only of internal hæmorrhoids we are speaking. It seems to me that every variety of these may be treated by this method, though not so advantageously should the pile be much indurated, or have become semicuticular. It is obvious that sloughing and prolapsed hæmorrhoids, which are irreducible, are beyond the reach of this remedy.

There are certain cautions which it is as well to bear in mind. In the first place, make a thorough examination of the rectum to see that no other disease co-exists; as for instance, polypus, fissure, fistula, and stricture, either carcinomatous or fibrous; the latter I have known more than once to have escaped recognition, whilst the piles alone were treated. Before operating, see that the bowel is empty, and that the piles are well protruded. If the patient is unable to force them out with the help of an enema, I hardly think it worth while attempting this method, for careful constitutional and local treatment is usually sufficient, though it is recommended that the hæmorrhoids be injected through a speculum. Take care that the needle be inserted into the centre of each pile, or it is said that sloughing of the mucous membrane may be caused. After the injection swelling of the pile rapidly occurs, and if it is left long outside the sphincter there may be a good deal of difficulty in returning it. A digital examination after a week or so will discover slightly indurated swellings, corresponding to the tumours which have been injected. No doubt inflammatory thickening, with some thrombosis, is produced, which in time undergoes shrinkage, until at last an examination fails to discover anything abnormal.

There is a point one cannot lay too much stress upon, and that is to impress upon the patient the necessity of returning the part at once whenever it comes down. From the neglect of this one of my patients suffered great and unnecessary pain for three days, during which time the piles, which had become extruded, remained outside the sphincter.

The advantages of this method must be apparent to all, for the patient is not laid up, suffers practically no pain, and runs no risk to life from hæmorrhage, tetanus, erysipelas, or pyæmia, though I may here mention that my friend Mr. Cripps tells me that in some twenty cases one of his injections was followed by abcess. The patient commences to get better at once after the first injection, and is able to attend to his usual occupation during the whole course of treatment. Contrast this with any of the recognized operations. Although many of them are excellent, they necessitate the administration of an anæsthetic—at least, it is the usual thing, though it is possible to operate painlessly under cocaine, witness a case I reported some two or three years ago. Then a week in bed, and a subsequent week or two on the sofa, is generally required; in fact, it is usually three weeks or a month before the patient is fit for