ensue. (8) The success of this treatment proves the fallacy as well as the futility of expecting cure from the application of medicaments, whole overlooking the fundamental pathological etiology of the ulcer.—*New York Medical Record.*

THE TREATMENT OF HEMORRHOIDS BY INJECTION.

Arthur S. Morley (*London Lancet*) relates his experience in the treatment of a large number of cases of hemorrhoids of all degrees of severity by injection. He says he at first employed the method on what might be described as medium cases, in which there was very moderate and occasional bleeding, slight prolapse, and slight pain on defecation, but owing to limited hospital facilities he extended the treatment to cases that he had considered suitable for operation and found that in an enormous majority of them all symptoms ceased like magic after a few injections. The treatment consists of the injection into each internal pile of a few drops of carbolic acid and glycerine, the following solution being used: Acid, carbolic, gr. xlviii; glycerine, dr. ii; aquæ destilat, dr. ii. The injection is performed through a large speculum by means of a modified Dawson's dental syringe, having a bore needle about three-eights of an inch long, fitted into an elbow-shaped socket. The only other essential is a really good light. Before making the injection the piles are sponged over with a weak solution of biniodide of mercury or 1-50 lysol solution, and then touched at the spot where the injection is to be made with pure carbolic. In making the injection the needle should be pushed up along the long axis of the pile to near its base; usually this means entering the needle to its full length. The needle is not withdrawn at once but allowed to remain in position for some 30 seconds until the pile has commenced to swell and become blanched. The treatment is not suited to cases of strangulated or irreducible hemorrhoids, or to cases in which there are complicating conditions, such as old-standing fissures, fistulæ, ulcers, etc., or to cases that have become partly polypoid from previous attacks of thrombosis. It is important that the patient be instructed to keep quiet, if possible in bed, for the first twelve to twenty-four hours after injection. The obvious advantages of the treatment are "(1) that the patient need not lie up for more than at most twenty-four hours; (2) that there is no need for either general or local anesthesia, since the treatment is practically painless, if properly performed; (3) that it can be made quite inexpnsive, so much so, that it may be brought within the reach of even a quite poor patient, who certainly could not face the expense of an operation in private; (4) that it is a perfectly safe procedure in patients, such as the very aged, pregnant women, and others who for some reason cannot take