paralyzes the levator ani that the lower fourth of the rectum—that part always implicated in hæmor rhoids—prolapses through the open vent, when it can be most minutely inspected and radically treated. This, hewever, is of minor importance compared with the profound effects which dilata tion produces on the rectal disease. It is not material whether the hæmorrhoids belong to the inflamed, intensely itchy or irritable type: this stretching exercises a most salutary influence on them.

The third step in simple hæmorrhoids will be the separate treatment of each tumour by forcible pressure-massage.

Before this is commenced, the entire cluster should be wiped clean and dry, and be then freely mopped with the cocaine solution.

Now, each hæmorrhoid is separately seized close to its base, firmly between the tip of the thumb. index and middle fingers. First, put on a moderate but full stretch, then twisted, and, finally, so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except the mucous membrane and its under stratum of fibrous tissue. When this has been completed. the entire mass is again pressed up inside the sphincter, a suppository of opium introduced, a pad and bandage applied, when the patient is returned to bed. An active but painless inflammation follows, and, as a rule, within two or three weeks resorption and atrophy have so reduced the vascular masses that nothing now remains be their shrunken, diminutive stems.

The ulcerative and hæmorrhagic varieties, along with cocainization and dilatation, must have superadded a special therapy appropriate to each.

Since January of this year, thirty-two cases of hamorrhoidal diseases have come under my care in the hospital and outside.

Many have come to me who feared anæsthetics, and others who were averse to having any cutting operation performed. In all, the permanent results have been eminently satisfactory, and from what previous experience which I have had with this procedure, there is no reason that the cures will not be as durable as those effected by other more sanguinary measures, which are not without danger in themselves, and are sometimes followed by the most lamentable consequences.

Of my latest series of cases, twenty seven were men, and but fifteen women. Fourteen were cases of simple, chronically inflamed hemorrhoids, nine ulcerating and itchy, and nine bleeding. Four of the female cases were of the bleeding variety. Of the ulcerating type, in six of them there was a well-marked tubercular cachexia.

TLOATING KIDNEY NEPHROPEXY.*

BY W. J. HUNTER EMORY, M.D. Surgeon to Grace Hospital, Toronto.

Miss A. B., aged 34, came under my care in Grace Hospital, on April 30th, 1893, suffering from general prostration, with great emaciation and frequent severe abdominal pain, with a history of two years' semi-invalidism.

Examination as patient lay in dorsal position showed plainly the outlines of a tumour lying just above and to the left of the umbilicus. The tumour was freely movable, and could be grasped in the hand, when its shape and size at once suggested the idea of a kidney. Percussion over the renal region now showed by its resonant note the absence of the right kidney from its normal habitat, and slight pressure exerted upon the tumour in the proper direction caused it to slip back into its place.

So movable was the organ that upon the patient assuming the upright position it would immediately travel in the direction gravity indicated, at times presenting below and to the left of the umbilicus, and thus giving rise to so much pain that the patient was obliged to spend most of her time in bed.

Urinary analysis gave nothing abnormal. An operation for the fixation of the organ was advised, and readily consented to. Accordingly, on May 4th, assisted by Dr. E. Hartly Robinson, in the presence of Drs. Logan, of Ottawa, and Evans. Adams. Hearn, Jones. Macdonald, Baldwin and Chambers, of Toronto, the following operation was performed:

The distance between the lower margin of the last rib and the crest of the ihum being too short for the adoption of the ordinary longitudinal lumbar incision, an oblique one was made three inches in length from the usual starting point in

^{*} Written for ONTARIO MEDICAL JOURNAL.