previously noted, this therapeutical tripod, employed with the minutest attention to detail, has, in my hands, enabled me to dispense with every sort of cutting operation which entail the loss of blood in hemorrhoids of every description.

The *rationale* of the treatment consists in rigorous asepsis, local analgesia with subcutaneous cocainization, dilatation and pressure-massage.

To my mind it possesses very great advantages:

1st. In avoiding the loss of blood.

2d. In avoiding consecutive inspection.

3d. In not leaving a condition favorable to stricture.

ADVANTAGES TO THE PATIENT.—1st. The operation is less expensive to the poor, as assistants may be dispensed with.

2d. He may continue at his usual occupation the next day after treatment.

3d. The dangers attendant on pulmonary anæsthetics are entirely escaped when organic disease is present.

PREPARATION OF PATIENT AND TECHNIQUE OF OPERATION.—The day before operation the bowels should be well cleared by a saline laxative.

Before operation is commenced the patient may have a substantial meal.

Before the patient is placed on the table for operation, the colon should be well washed out with sterilized water, and the perineum should be shaved and scrubbed. Now, from two to four ounces of whiskey or brandy should be given; and we are ready to commence preliminaries.

The index-finger being introduced into the rectum, the subcutaneous and intra-sphincteric injection of cocaine solution (1 to 100) is commenced, making but four independent punctures; but, after Reich's plan, spraying the subcutaneous muscular and cellular tissues, in a *radiated* direction, until the entire annular zone of the anus is analgized. This completes the first stage of the operation. Now, a tampon of gauze is introduced, as high up as the vesico-rectal fold of the peritoneum, and a long, thin fringe of cocainized gauze is passed through the anus, as far as the tampon, and allowed to remain for a moment in contact with the nude mucous membrane, when it is withdrawn. Now anal dilatation is completed. This must be thorough, until all resistance to the distending digits is at an end. The rectum is then thoroughly flushed with sterilized water, when we commence the third and last stage of the operation.

We now, with the index and middle finger in the rectum, and the thumb resting externally against the verge, separately seize the hemorrhoids and violently compress them between the finger and thumb. If they are very large and numerous, then, in order to do the work of compression radically, the intestine should be prolapsed slightly, and each caught and separately emptied of their blood; and have the walls well rubbed together, being alternately compressed and twisted on their bases or pedicles, until we are assured of an active, traumatic inflammation immediately setting in. When there is a large cluster on the outside in order to make analgesia doubly certain, douche them with a syphon of acid carbonated water, or, in want of these, pour a pitcher of iced water from a height slowly on to them. These are seized and twisted in the interval. The rectum is again flushed and the tampon removed, when an opium suppository is introduced. Now, as the sphincteric power is temporarily crippled, there is an escape of fluid fæces, unless we adjust a firm, substantial compress, which, while obstructing them, gives great comfort to the hemorrhagic parts.

When pressure-massage has been thoroughly carried out there is practically nothing more to do. Consecutive inflammation effectually destroys the endothelial lining of the hemorrhoids; their bloody contents, first coagulating, disintegrate and are absorbed in time, leaving, as a residue, a few scattered atrophied stalks to mark the former site of the hemorrhoidal varices.

For the past two years this has been the procedure which I universally employed in hospital and out of it. The number, during the past year, was unusually large, and, as far as we could follow the cases, or trace them, through the physicians who sent them, the results have in all cases been satisfactory and the cures permanent.

For the village and country practitioner the method is a most valuable acquisition, commending itself equally for its simplicity, efficacy and permanence of cure.

PRURITUS ANI.

℞—Hydrargyri chloridi corros., gr. ij.
Acidi hydrochlorici ..... gtt., x.
Aquæ..... ℥ viij.
M. S. Apply locally, lukewarm.
—*Laplace.*

℞.—Argenti nitratis..... gr. xx.
Aquæ..... ℥j.
M. S. Paint over itching surface.
—*Bartholow.*

℞.—Cocain. hydrochlorat..... gr. v.
Lanolini..... ℥ j.
M. S. Apply locally, after washing with warm water.
—*Besnier.*

℞.—Acidi carbolici..... gr. vj.
Aquæ..... ℥ j.
M. S. Apply thrice daily.—*Heath.*

℞.—Benzoini, pulv. finiss..... ℥ j.
Hydrargyri ammonial..... ℥ ss.
Lanolini ..... ℥ j.
M. S. Apply twice daily. Avoid coffee, malt liquors, sugar and excess in meat.—*Waugh.*