usually resulting in a thorough evacuation of the bowels on the following day and an interval of rest of from twelve to twenty-four hours. When the above plan is carried out, the rectum will be found empty at the time for operation, and patients do not complain of pain from excessive peristalsis and rectal tenesmus; (2) in persons with excessive growth of hair, it will be necessary to cut away the excess, but it will add much to the comfort of the patient if this can be avoided, as the short hairs project into the opposite buttock and cause needle-like pain and much irritation for two or three weeks after operation.

In view of the fact, so often overlooked by anesthetists, that the sphincteric reflexes are almost the last to be abolished, the degree of anesthesia must be more profound than for any other surgical procedure. With the subject thus anesthetized, the sphincter ani must be fully dilated with the thumbs, when the hemorrhoidal mass will be brought into full view.

Thorough scrubbing of the anal region and washing the mucous membrane well above the operative field with tinctura saponis viridis and warm water appears to be the most efficient means for cleansing purposes. It is a practical impossibility to render mucous membrane aseptic, so that gross cleanliness is all that can be obtained.

For practical purposes in doing this operation we may divide the cases into two varieties:

1. Cases with only external "tabs" or with the more frequent arrangement of three tumor-like masses just inside the sphincter ani, usually considered most suitable for clamp and cautery or ligature. These may be dealt with in the following way: Grasp with a pair of thumb forceps, or insert the point of a tenaculum into the most prominent portion of the "tab" or tumor. Make enough traction at right angles to the gut to clearly define the mass. Surround it with the blades of a pair of scissors (curved on the flat) pressed well toward the muscle, and with one or two cuts the diseased tissue is removed. This will leave an elliptical raw surface, the edges of which can now be united by a continuous catgut suture. Each distinct mass is amputated and sutured in the same way.

2. Those cases where the whole "hemorrhoidal inch" is dilated and ordinarily considered as most successfully treated by Whitehead's method. These may be handled as follows: Having thoroughly dilated the sphincter, the hemorrhoidal ring will protrude from the anus. With a pair of thumb forceps grasp a part of the mass, and with the curved scissors cut away a strip of mucous membrane and hemorrhoidal tissue, down to the muscle, following the line of the muco cutaneous junction all round the lumen of the gut. A second or third strip may be removed whenever the size of the mass necessitates. If external hemorrhoids ("tabs") are also present, in order to prevent recurrence in that region, pruritus and the numerous discomforts usually following the operation as ordinarily done, a strip of skin down to the sphincter ani is removed in the same way. The free edges of the skin and mucous membrane are now brought together with a continuous catgut suture. A double stitch may be taken at two or three points in the circumference of the bowel to interrupt the sutures, and thus avoid the necessity of tying. Owing to the rapidity with which the diseased tissue can be removed and the suturing accomplished, the slight hemorrhage which occurs is at once controlled without the use of artery clamps or the necessity of ligating bleeding points. Should bleeding occur at any point immediately after suturing, an extra suture at that point will at once control it. If during the removal of the mass any vessel bleeds excessively, it can be quickly controlled by at once beginning to suture.

The excision of hemorrhoids after the manner described presents the following advantages:

1. Its extreme simplicity.

2. The instruments required are found in an ordinary pocketcase.

3. Primary union, and as a result little or no pain; no rectal or vesical tenesmus; no retention of urine; no infection; no temperature; no sloughing, granulating mass; and a minimum amount of cicatricial tissue. All danger of secondary hemorrhage is avoided; the bowels are not confined before or after, doing away with all the unpleasant effects of opium and the discomforts of enemata; the use of tubes, packing, etc., is unnecessary; there are no sutures to be removed.

4. Time; the operation requires but a few minutes.

5. Short time in bed. In cases where no other operation has been done, the patient is allowed to get up on the third day and attend to his ordinary duties.

6. Recurrence has not taken place.

35 West Fifty-Third Street.

SALOL IN DIARRHŒA.

C. G. L. Skinner (*Medical Chronicle; Atlanta Medical and Surgical Journal*). Salol is a compound of phenol and salicylic acid, containing about forty per cent. of the former and sixty per cent. of the latter. It is insoluble in water. In acid media it undergoes no change, but in alkaline fluids, and also by the action of micro-organisms, it readily splits up at the temperature of the body into phenol or carbolic acid and salicylic acid.

If, then, we give salol to a patient, it passes unchanged through the acid contents of the stomach, but on coming in contact with the alkaline pancreatic juice, splits up into carbolic