

The pedicle in the grasp of the forceps at the upper end of the wound next receives our attention. The size of this pedicle varies with the size of the hemorrhoid; still even when the tumor is large and fleshy, the pedicle is slender, because it consists only of bloodvessels and connective tissue supporting structures between them. The pedicle is lifted well up and examined, in order to make sure that it is thoroughly freed from the mucous membrane, then a No. 1 catgut ligature is slowly and firmly tied close down at the base. One end of the ligature threaded upon a curved non-cutting needle now is passed through the base of the stump beneath the ligature. The forceps and upper part of the stump are now cut free about one-eighth of an inch from the ligature, and the thread that transfixes the stump is tied over the stump and across the encircling ligature, thus preventing it from slipping.

As the stump is released, it retracts well into the bottom of the wound, and the mucous membrane edges fall together over it. It is important to tie the stump carefully, as it is small and, if not properly secured, secondary hemorrhage may result. The wound edges fall together in good position, still, they should be secured by two small interrupted sutures.

If the tumor is in the anal canal, its lower edge may rest at the white line where the skin and mucous membrane meet. If the tumor is of the interno-external variety, it is to be removed completely, by continuing the dissection over the white line and onto the skin, taking out a "V" shaped piece of skin and inflammatory tissue sufficient to restore the anus to a normal appearance (figure 2). Lastly, the wound is closed with two interrupted catgut sutures. When dissecting out the hemorrhoid, be sure to leave a clean-cut, smooth-surfaced wound, as a ragged wound is more liable to bleed.

The lateral incisions are to be kept close to or better upon the edges of the pile to conserve the mucous membrane between the several tumors and not endanger the caliber of the rectum or the anal canal by possible contraction. Those strips of attached mucous membrane left between each two operative wounds will also assist in rapid and satisfactory healing. If this work is poorly performed, stricture of the anus may result. Care must be exercised that none of the incisions extend beyond the anesthetized area.

The hemorrhage during the operation is slight. The large vessels are not injured because they enter the hemorrhoid at its upper part and run parallel with the length of the bowel just under the mucous membrane. If a vessel is accidentally severed, it is an inferior hemorrhoidal vessel at the lower border and may be picked up and ligated separately