

two or three only required to be twisted. The mucous membrane was cut away half an inch at a time, and stretched to the skin by interrupted fine black silk sutures, and so on until the whole circumference of the bowel was removed. The patient progressed to recovery without any special pain or reaction; urinating voluntarily accomplished throughout. On the seventh day after the operation the bowels moved without pain, and on the twelfth he was out of bed and walking about. The stitches were removed as the wound was entirely healed, and he was discharged from the hospital on November 23rd.

The third case was a man, aged forty-eight, who in addition to his having hæmorrhoidal swelling of considerable size, just within the sphincter, which protruded and gave rise to frequent hæmorrhages, and to a certain amount of pain, had also sensations of uneasiness higher up towards the top of the pelvis, with discharges at stool of rather small tape-like fæces. He complained also of occasional attacks of constipation and colicky pains, with distention of the abdomen, which was relieved by medicine or by spontaneous diarrhoea. Being unable to satisfy myself by digital exploration whether or not a stricture of the rectum somewhat higher up existed, the patient was etherized, and nothing having been felt by palpation in the abdomen, a manual exploration of the rectum was made. By the gradual stretching of the sphincter and of the bowel the hand was introduced up to the knuckles, and slightly beyond them, though the thumb was not passed within the intestine. By this insertion the promontory of the sacrum was recognized, and with the other hand on the abdominal wall nothing was felt in this region. Believing, therefore, to have excluded the suspected stricture, the removal of the hæmorrhoids was undertaken after Whitehead's method. A certain amount of vertical laceration had occurred from the excessive distention of the anus, so that the operative procedure was conducted more after the original plan of Whitehead than after his later procedure. About one inch of the rectum was removed in this way. A longitudinal slit having run up beyond this point, it was sewn together by sutures. Only one suture was required to a bleeding vessel; the others, three in number, were secured by torsion. A plug of iodoform gauze was introduced into the rectum, and an antiseptic compress and bandage applied. The patient suffered a good deal of pain after the operation, and required once to have the urine drawn. The seventh day he had a movement of the bowels, with but little pain. On the eighth day the wound was found to have united primarily, with the exception of an area of one-third of an inch in diameter, which had been caused by a stitch giving away. On the thirteenth day he was up and about. The sutures came away spontaneously.

CASE IV.—A man, aged forty-five, had been troubled for several years with bleeding hæmorrhoids of large size. When protruding they resembled, in size and appearance, a small tomato. The operation was done as in the previous case. Nearly an inch of the lower end of the rectum was removed. The line of junction was effected by more numerous sutures than had been used in the preceding cases. No reaction whatever followed. The patient urinated voluntarily, and no pain was felt. On the third day he was sitting up in bed, writing, and on the sixth day was about. The majority of the sutures were removed by me before the tenth day. Primary union took place, with a very well-shaped anus and smooth bowel beyond the point.

CASE V.—A burly, strong man, with large hæmorrhoidal protrusions, bleeding freely, which had lasted for several years. In this instance a departure was made from the ordinary stage of the operation in this, that instead of cutting off the mucous membrane in small segments, and then suturing the same to the skin, the whole circumference of the detached rectum was removed and then the sutures applied. This necessitated the use of clamps to seize and draw down the otherwise retracting mucous membrane, and thereby giving rise by its pressure to a certain amount of damage to the mucous membrane. The procedure, however, rendered a trifle more rapid the operation, which in itself is somewhat a tedious one.

CASE VI.—Was a man, aged forty-seven, who had been troubled by large piles coming down and being caught in the sphincter, thereby giving rise to a great deal of annoyance, though not complicated by much bleeding. It was supposed that Allingham's operation might have sufficed for this case. After stretching, however, the sphincter by gradual pressure in various directions, the hæmorrhoidal mass was seen, consisting of three very large piles, and one small one, and further, that the whole zone of the rectum was in a varicose condition. Whitehead's operation was thereupon resorted to, and was accomplished with a little more difficulty than usual, from the oozing of blood from the numerous divided veins. This patient was catheterized during the first twenty-four hours, though, I believe, with a little more effort, assisted by the kneeling posture, he could have emptied his bladder without this assistance. The subsequent progress was free from pain. The patient was able to sit up in bed squarely upon the affected part at the end of the third day. He was out of bed and dressed within a week from the operation. The stitches were not removed. They discharged themselves spontaneously.

While for the less severe cases of hæmorrhoids the operation of injection with carbolic acid (and preferably with the 1 to 20 solution) is to be first thought of, and while for the more decided form