

cially, and almost solely, to those anal tumours which are, or were, entirely dependent on a diseased condition of the hæmorrhoidal veins; in other words, those which are of a venous origin only.

Another important question arises with respect to the relative frequency of these anal varices, designated piles.

Are anal varices, dilatation of the veins, or those tumour-like formations, either internal or external to the external sphincter, essentially a pathological condition, and as such, in all cases, does it require active, radical measures, for its abolition?

Very naturally our course will be determined largely in those cases by a definite answer to this question.

If piles are all superfluous, neoplastic excrescences, then there can be no question as to our course in all cases.

During the past five years I have made an examination of a very considerable number of supposed healthy recta on the living, and in the dead house have carefully inspected, under good lights, a large number on the cadaver. It was found that both, more than fifty per cent., had venous varices of the rectum. In many of the living, in whom varices of large calibre were numerous and extremely turgid, they never in their lives suffered from piles in any form that they were aware of.

Therefore, it seems to me that the hæmorrhoidal is rather a physiologically degenerative condition in man, which, in very early and late life, is a source of no inconvenience, but which, at middle age, is often attended by, or associated with, such complications as to render it a distinct pathological lesion.

This view is further supported by the fact that cutting out, injecting or ligating off sundry hæmorrhoidal masses will not, in all cases, cure hæmorrhoidal diseases. The varicose state of the upper rectal vessels remains, and nothing is wanted to promote their return, but the exciting circumstances which caused their irritation in the beginning.

COMPLICATED HÆMORRHOIDS.

Diseased hæmorrhoids may be divided into three principal classes:

1. Inflamed hæmorrhoids.
2. Ulcerating hæmorrhoids.
3. Bleeding hæmorrhoids.

Besides, we say, internal or external, according to whether they are without, or outside the external sphincter or internal to it.

When internal medication has not succeeded, and when palliative, topical applications have failed to afford permanent relief; in chronic hæmorrhoids, in their radical treatment by the *bloodless* operation, the same fundamental principles, with slight modifications, apply to all three classes.

THE ADVANTAGES OF THE BLOODLESS OVER OTHER SURGICAL MEASURES IN TREATMENT.

1. The operation may be performed with a less number of assistants, and is very simple in its technique.

2. As there is no division of the tissues, the dangers of infection, of abscess, ulceration and fistula are eliminated.

3. There is no danger from the immediate loss of blood during operation or of serious secondary hæmorrhage.

In all cases, the evening before operation the patient should have the colon well cleared of all fecal matter by a brisk purgative.

In the morning, when everything is in readiness, the patient should be given from two to four ounces of whiskey, the quantity to be gauged according to previous habits, its effects, etc.

After having cleansed, shaved and scrubbed the integuments over the ischio-rectal fossa, we are prepared for the first step in the operation, which is, effective.

Cocainization, hypodermically applied. Local analgesia, when practicable, is much preferable to pulmonary anæsthetics. Our patient is more manageable, and there is no spurting of the feces over the operative field during manipulation.

Cocainization complete, the next and most vital step is complete and thorough *anal-dilatation*.

Without this being efficiently carried out, all else is a failure. But, to be painless and safe, it must be gradual and steady, or we will rupture the muscle and leave our patient incontinent. In chronic, old cases wherein, owing to mal-nutrition and interstitial changes in the sphincter, it has so parted with its elasticity that laceration is very easy if we do not exercise caution. Thorough anal-dilatation accomplishes two purposes of great importance:

First, it opens widely the anal portal, and so