

ing the dilatation, because prolonged relaxation cannot be obtained if the stretching is roughly or hurriedly performed.

Having opened the arms and brought the hemorrhoid well outside, it is now infiltrated with a solution of one half of one per cent. of quinine and urea mydrochloride, using enough solution to distend the tumor thoroughly. The pedicle of the tumor should be injected and also the normal mucous membrane for one-half inch above the pile, as otherwise traction on the pile in handling will cause pain by stretching the sympathetic nerves which come down the rectum from above. By waiting five to ten minutes now before operating, the best effect of the quinine is obtained and post-operative anesthesia is much more satisfactory. The anesthetizing solution should be slowly forced into the pile so as to avoid a sudden painful distension of the tissues. After the needle has been inserted, it may be turned in different directions and the tumor well infiltrated. If more than one puncture is made into the hemorrhoid, the solution runs out as rapidly as it is injected. Sufficient fluid should be injected to blanch a part of the hemorrhoid. If several hemorrhoids are to be removed, they are all injected at this time before the removal of any is begun. Quinine solution is used for this part of the infiltration, because it produces anesthesia that lasts several days, during which time healing is well established. The anesthetizing solution should be used in as limited amounts as will obtain the necessary results, because excessive quantities produce a large exudate, which causes a sense of fullness in the rectum for several days.

The hemorrhoid having been brought well into view, it is picked up at its upper limit with a hemorrhoidal forceps and an incision, beginning in the normal mucous membrane, one-fourth of an inch above the tumor, is carried down on the left side of the pile, then, beginning again at this upper point, a similar incision is carried down on the right side of the tumor. The upper pole of the tumor is now lifted out of its base, thus exposing the vessels as they enter the tumor from above.

The vessels are then grasped with a thin artery forceps and the tumor is cut free. The lateral incisions are carried down to and around the lower border of the hemorrhoid. These lateral incisions are to be kept close to the hemorrhoid, or, preferably, in that part of the mucosa covering the side walls of the pile. The dissection is carried down around and beneath the hemorrhoids to the solid connective tissue or fascia about the muscle coat of the gut, and the pile is shelled out by blunt dissection. This enucleation of the tumor is almost a bloodless operation.