the most inferior ones should be attacked first, so that the flow of blood may not obstruct the operator's view.

After each pile has been tied, the bulk of it must be removed by the scissors, leaving only enough to prevent the ligature from slipping; the latter must be cut short, and when all the hæmorrhoids have been dealt with, the stumps must be carefully returned into the bowel well within the sphincter, after having been well dusted with iodoform. Any external tabs of skin requiring removal should now be snipped off in a radiating manner with the scissors, bearing in mind that a too free removal of skin may cause undue contraction of the anus.

Before recovery from anæsthesia, a rectal suppository containing a couple of grains of opium should be introduced into the rectum, and a compress of lint or cotton firmly secured over the anus by a T bandage. This tends to obviate anal spasm and consequent pain.

Operation by Clamp and Cautery.—Each tumor must be separately dealt with, being firmly drawn out by a volsellum or tenaculum, so that the clamp can be carefully applied to the base of the hæmorrhoid. After securing the clamp tight, the operator should remove, with a pair of curved scissors, all of the tumor which projects above the clamp, except about a "scant fourth of an inch;" if the stump be cut too short, the cautery cannot act effectively in sealing the vessels. The stump, after having been wiped dry, should be slowly and thoroughly cauterized with the iron at a dull red heat, destroying the stump down to the surface of the clamp. Special attention should be paid to sealing the vessels at the upper end of the pile, where its chief vascular supply enters. Another method is to use either a dull chisel or serrated-edged cautery, which must be made to travel along the upper surface of the clamp until the protruding portion of pile is removed.

Whichever method has been employed, after the cauterization has been completed, the clamp must be loosened, turn by turn, and while this is being done, care must be taken to press it well down against the bowel, lest the stump slip out too soon; if, during the loosening, any vessel bleeds, it must be cauterized anew, with or without retightening the clamp, according to the flow of blood. All the piles having been treated, the stumps are to be gently returned well up the bowel by the oiled finger, an opium suppository introduced, and an anal pad and heavy T bandage applied. Some oozing always results from the mucous membrane where compressed by the clamp, but must be disregarded.

The advantages of the cautery over the ligature are said to be immunity from tetanus, pyœmia and hemæmorrhage, the less chance of retention of urine and the freedom from pain. All these accidents have, however, happened, and while I personally prefer this method to the ligature for prolapsing indurated piles, yet no method—not even the injection plan—can be said not to occasionally terminate fatally. *This fact must never be forgotten.* Upon the other hand, a tenaculum, a pair of scissors, and ordinary strong ligature silk are all that are needed for the tying operation. These the general practitioner has always at his command, while a proper clamp and cautery—I prefer the Paquelin, when obtainable—is only in the posession of the few. I think the cautery is a safer operation when done by one accustomed to this method, but I would recommend the tyro to depend upon the ligature.

In the same way, Mr. Pollock's operation of "screw crushing," as modified by Allingham, requires a special instrument, which none but specialists, or, perhaps, a few general surgeons, will possess, so that I shall not speak further of this method beyond saying that it has received the unqualified sanction and preference of so great an authority as Mr. Allingham.

After-treatment.—This is the same for any of the radical operations. The diet should be light and unstimulating, such as beef or mutton broth, beef tea, milk, tea and toast, etc., until after the first movement of the bowels, when a more liberal diet may be instituted. Unless there is some special condition demanding their use, wine, beer or spirits should be strictly interdicted. If retention of urine occurs, a warm hip bath is indicated, and often suffices; if not, the catheter must, of course, be used. The bowels had better be opened on the third or fourth day by castor-oil emulsion, aided, perhaps, by an olive-oil injection carefully thrown into the bowel just before the stool, which may be thus rendered almost painless, although the patient should be warned that he may experience severe pain and have a little bleeding. The bowels—kept quiet, if necessary, by paregoric—should be again relieved in two or three days, when—*i.e.*, after the lapse of a week—if the patient has not, previous to operation, lost much blood, he may be allowed to exchange his bed for a sofa. At the end of ten days—better two weeks—although the cut surfaces are not usually entirely healed, they are in a condition to allow of moderate exercise or a return to light work. An enema should precede every motion for at least two weeks longer, since a costive movement or hard straining at stool will sometimes, so late as ten days or more, induce rather smart bleeding from the congested granulating surfaces. Should the resulting ulcers fail to heal, or extend after any method of operating, *rest in bed* and stimulating local applications, with attention to the action of the bowels and general health, must be resorted to.

When a very extensive operation has been performed, it may be well for the surgeon or patient to pass the well-oiled forefinger or a small rectal bougie through the anal orifice once or more daily for a few weeks, to prevent undue contraction; this is, however, very rarely necessary, unless the skin around the anus has been recklessly cut away.

I think that I have now demonstrated that there