

the latter one finds three operations described, the clamp and cautery, ligature and Whitehead's method.

For the pedunculated form the clamp and cautery or ligature do well, but when the tumors are sessile and possibly surround much of the lower ring of the rectum, the mucous surfaces are apt to draw apart and permit of hæmorrhage or sepsis. Where the ligature is used and the mucous membrane has been incised to permit the application of it, a raw surface is inevitable, often followed by ulceration, pain and rectal tenesmus with the possibility of sepsis and rectal abscesses.

Whitehead's is a formidable operation and one which from the extensive dissection necessary and the dread of hæmorrhage cannot be safely undertaken outside of a hospital.

Lately I have adopted a different method which I believe to be more along the line of modern surgery than the clamp or ligature and while radical is free from the objections to Whitehead's.

After the sphincter has been thoroughly dilated a sponge with a ligature attached is inserted above the field of operation which permits of the rectum being drawn down by dragging on the ligature. The lower tumor, if more than one is present, is seized by a vulsellum and the mass pulled down. Commencing at one end a superior and inferior flap is started and dissected up and down respectively, that portion of the base of the hæmorrhoidal mass exposed is carefully dissected out, any bleeding points being secured by clamp forceps. A continuous catgut suture is introduced through the margins of the two flaps, by which they are drawn together. When there is a bleeding point the suture is passed deep enough to include it in its grasp. The flaps are further raised in the direction of the tumor another portion of its base enucleated and the flaps brought together as before. This is continued until the whole tumor has been eradicated and the flaps brought together by the same continuous catgut suture. The remaining tumors, if any, are treated in the same way. This method of operating commends itself for the rapidity with which it can be done, for the small amount of hæmorrhage, for the absence of a constricting ligature and a raw absorbing surface; for its freedom from pain and rectal tenesmus and for the smooth aseptic wound it leaves.

The sponge is afterwards withdrawn and a rubber tube three inches long, wound at its centre with iodoform gauze is introduced partly into the rectum so that the gauze is in contact with the wound, a safety pin being passed through the outer end. This manner of