authorities contend that all varieties of internal piles are adapted for the carbolic acid treatment, we consider this to be an error, and one calculated to bring this method of operating into disrepute, as it has done that by nitric acid in the past. Only those piles which are but slightly hyperplastic, and situated well above the sphincter, should be injected. These piles may prolapse, but when returned, lie well above the sphincter. In this form they are merely varicose blood vessels, whose contents can be coagulated, or whose walls can be stimulated to contraction after partial or complete thrombosis of some of their tributaries has decreased the intravascular tension. Perhaps, in addition, some hyperplasia of the submucous tissue may be set up, which will prevent any future tendency to prolapse, and strangulate also some few vessels. Restricted as I have said, this method will prove useful, especially in cases with regurgitant heart lesions or enlarged prostate. It should never be used for indurated piles, since, unless sloughing is set up, the tumors—and with them the tendency to prolapse—cannot be removed, and if the tumors are to be removed, more exact and controllable methods should be employed. Although often unattended with discomfort, this method sometimes gives agonizing pain. Small marginal fistulæ may result, requiring splitting up if they do not spontaneously heal. If the injection, especially if strong, be thrown *beneath* the pile into the general submucous tissue, or if too strong a solution be used for a small pile, a most serious ischio-rectal abscess often results. Ulceration is said to be not uncommon, but tractable. I believe most of these accidents can be avoided by care, and by only injecting piles such as I have described.

Operation.—The tumors must be well exposed by a previous warm-water enema, aided by the patient's straining. If this do not suffice, use a speculum (the small end of a Sims' uterine acts admirably when not too large), or draw down the tumors by toothed forceps or a tenaculum. An ordinary hypodermic syringe will do, but the one specially constructed for the purpose, as sold by most instrument makers, is better. The needle point "must be entered perpendicularly from the apex, and not passed upward under the mucous membrane in a longitudinal direction, so that the injection reaches the central tissue of the pile." After injection, the pile, if prolapsed, must be gently replaced, and each injection had better be followed by a day's rest in the horizontal posture. In some cases all rest may be dispensed with, but quiet is better. Provided the patient's bowels act regularly, no after treatment is required. The strength of the solution must vary with the result aimed at. Kelsey advocates the injection of five drops of pure carbolic acid into large, vascular, well-defined prolapsing tumors, "expecting to produce a circumscribed slough resulting in a radical cure." Such an injection will, in some instances, produce evanescent toxic effects. I have never myself used the pure acid, and should hesitate to do so with my present experience of other methods. A solution containing one-third carbolic acid, repeated several times, will, according to this author, produce a cure without slough. "A small, slightly-protruding, non-pedunculated tumor, merely felt as a prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which will cause it to harden and shrink, while a fifty per cent. solution might give a good deal of trouble." With the weaker solutions the treatment will last from three to four months, the injections to be repeated twice weekly, unless sloughing is produced. One pile only should be treated at a sitting, but if very large, two or more injections may be used of a solution varying from five to twenty per cent., introduced some distance apart. As can be gathered from the foregoing sentences, even in the hands of its most ardent advocates, this method is neither always painless, nor does it insure against confinement to the house, and, more rarely, serious sequelæ follow. I must confess to considerable disappointment following my own use of the method; still, I consider, for soft, non-prolapsing or only slighly prolapsing piles, especially in those with chronic hepatic or cardiac trouble, it is the best, if not the only, method to be advocated.

Operation by the Ligature.—Gentle, but forcible stretching of the sphincter should be a preliminary to either the ligature, cautery or crushing operation. This manœuvre gives ready access to the parts, and saves the patient from the painful pinchings of an irritated sphincter. The best position for the patient in all pile operations is the Sims' position for operations on the uterus or vagina, in which he should be placed after full anæsthesia has been induced. Some few patients, by previous injections of a four per cent. cocaine injection into the bases of the piles, will permit an operation without general anæthesia. A preliminary evacuation of the bowels by means of a laxative given the night before, and a tepid enema a half hour or so before the operation, should not be omitted. After full dilatation of the sphincter, each pile in turn should be seized with a volsellum-toothed forceps or tenaculum, and separated from the muscular and connective tissues by dissecting it up with the scissors parallel to the bowel. The incision is to be started in the sulcus, commonly indicated by a whitish line, where the mucous membrane and skin meet. As the vessels run parallel to and just beneath the mucous membrane, entering the pile at its upper part, the dissection can be carried on without danger until the tumor is connected by a pedicle composed only of the vessels and mucous membrane. A strong, well-waxed ligature must now be carried well down to the bottom of the wound, the pile be firmly pulled out, and the thread tightly tied as high up the pedicle of the tumor as possible. The surgeon had better begin with the smallest piles when a number are present, lest they be overlooked, and