member that he is not anesthetized, and every sound and touch is appreciated by him. He should, therefore, be handled as little and as carefully as possible, not tied or strapped in any way, the left lateral prone position with the hips raised (the proctologic position) is satisfactory for the patient, and prevents the sacro-iliac strain, which so often is caused by the lithotomy position.

I use one-half of one per cent. solution of apothesine or procaine for infiltration of the skin, thus permitting a liberal amount to be used without danger of toxicity, as apothesine is but one-seventh as toxic as cocaine. Quinine-urea solution is not used for the skin, because its injection is painful. The success of a local anesthetic depends upon a careful and thorough infiltration of the whole field. I use a 26 gauge needle. A 30 cc.I syringe is filled with warmed anesthetic solution. The skin in the posterior raphé, one inch back of the anal margin, where it is less sensitive, is touched with phenol on a swab, and after waiting a few minutes, the skin is picked up between the thumb and forefinger of the left hand, and the needle is introduced at the cauterized spot. A few drops of aposthesine solution injected here causes a wheal to arise, and after waiting a few moments, the needle is advanced, and another wheal is made, while the needle is carried forward just under the skin at a distance of one-half inch from the anal opening. When the needle has been advanced its full length on one side, it is retracted to the posterior commissure but not withdrawn from the skin, and the infiltration is carried up on the other side of the anus. When the full depth of the needle has been reached on both sides of the anus it is withdrawn and inserted at the most anterior wheal just made, and the infiltration is continued to the anterior commissure and around on the opposite side until the wheals meet those previously produced. In this way the whole anal opening is anesthetized, while the needle is always kept one-half inch out from the edge of the mucous membrane. This procedure blocks the inferior sphincteric nerves. Wait ten minutes for anesthesia to be complete, and then introduce the left index finger into the rectum above the external sphincter, hook the finger over the muscle and by slight traction draw it down and steady it while the needle, passed through the anesthetised skin, is carried into the sphincter muscle and 20 minims of apothesine solution are deposited in its substance. This deep injection is made in four places, one on either side of the commissures, one-half inch out at the entrance of the lesser sphincter nerves. The index finger within the anus will assist in guiding the needle to the proper depth, and will be left under the rectal wall. A 10-centimeter needle, long enough to easily