

it strongly downward, and have it so held by my assistant. I then take my scalpel and make an incision along the white muco-cutaneous line I have indicated to you. This incision is not deep, but is sufficient to divide the thickness of the mucous membrane, and consequently also the filaments of the pudic nerves just above their emergence. I next pass through a needle with its double ligature, the point entering in the cut I have made, and escaping above the hemorrhoid. I divide the ligature and remove the needle. The respective ends of the two ligatures are then tied, the upper one over the mucous surface of the pile whilst the lower one falls in the track I have made with my scalpel. I then surround the bases of both included masses with a thread from either ligature, and knot them very tightly. This I do to prevent any bleeding at the point of needle puncture. This series of manœuvres I repeat until the entire mass of the tumor is surrounded; in the patient before you three needles and five ligatures are demanded. You have witnessed how forcibly I tie the thread. Remember, that the more tightly you tie them the more perfect will be the strangulation, the less the danger of hemorrhage, and the more rapid the cure.

The operation is finished, the whole hemorrhoidal growth is strangulated—and you saw how large it was. I then return the mass within the bowel, leaving the free end of the ligatures twisted together and projecting through the anus, in case a possible hemorrhage might render further manipulation desirable, although this is hardly to be anticipated.

For after treatment I direct a one-grain old opium pill, to be repeated in four hours, and afterwards as often as may be necessary to prevent any motion of the bowels. His food will be of a fluid and farinaceous character. The constipation I enforce for seven or eight days, at the expiration of which time I order a more solid diet, which, in all probability, will be followed by a natural motion and the fall of the ligatures, unless they should separate earlier.—*Clinic of Dr. Brinton at Philadelphia Hospital.*

PREVENTION AND TREATMENT OF PUERPERAL DISEASES.

In the American Supplement to the *Obstetrical Journal of Great Britain and Ireland*, Dr. Wm. Gooddel discourses on these points so practically, that we cannot do better than give his own language. He says, speaking of the Preston Retreat:—

The wards are used invariably in rotation. By close management, and by crowding walking patients together, one of these wards in its turn stands idle for two or three weeks. During this time the doors and windows are kept open. Before it is again occupied by patients, the walls, floor, wood-work, and furniture, all of which are painted, are thoroughly scrubbed with carbolic acid soap, and then mopped over with a solution of half a pint of carbolic acid (Calvert's No. 4), to one pail of water. From this time until the ward is again vacated, no portion of it, not even the floor, unless accidentally soiled, is touched with water.

The nurses wear such clothing only as can be washed. As soon as the inmates of a ward are well enough to take care of themselves or one another, their nurse is relieved from duty. She now takes a soap bath, puts on an entire clean suit of clothes, and goes into a ward which has been thoroughly ventilated and cleansed. Before a new batch of patients fall to her care, she has had one week or more of rest. I visit the wards thrice daily, beginning always with the ward last occupied, and with the patient last delivered. Whenever a vaginal examination is needed it is put off until all the other patients have been seen. The examining finger is then anointed with an ointment containing carbolic acid, and the hands are afterwards washed with carbolic acid soap. Post mortem examinations I never perform.

The beds consist of a tick filled with fresh straw and covered with an army blanket. After the discharge of a patient, her bed is emptied, and the tick, blanket, and bedclothes are boiled in water to which a little carbolic acid has been added. Each bed is furnished with a feather bolster pillow, which are exposed on slats to the air when not in use. Once a year every bolster and pillow-tick in the house is washed and the feathers baked and "renovated," as it is technically termed. They also pass through the same process whenever soiled, or whenever used by a patient whose convalescence has been delayed.

The patients come chiefly from the poorer classes; but many in more comfortable circumstances, with the hope of getting better care, seek admission on account of some difficulty attending their former labors. On this account, the proportion of difficult labors is much above the average. Those patients who have families often put off coming in until labor has actually begun, and then leave at the earliest possible moment. Notwithstanding this, since patients have the privilege of remaining four weeks after their delivery, the average stay of each one is sixteen days before delivery, and eighteen days after. Every patient, upon admission, takes a warm bath, and at least one a week thereafter before her delivery. If she exhibits signs of feeble health, she is at once put upon the use of quinia, and of the mixture, consisting of two parts of the muriated tincture of iron, with three of dilute phosphoric acid. The habitual constipation of pregnancy is met by the administration, either in the morning of a teaspoonful of pulv. glycyrrhizæ comp. of the Prussian pharmacopœia; or, at bedtime, of four Lady Webster's pills (pil. stomachicæ). When a more active purge is needed, the pulv. jalapæ comp., or the pil. cathartic comp. (U. S. P.) is given. Headache and sleeplessness are treated by warm baths, by full doses of potassic bromide, and by the above-named medicines, when indicated: albuminuria is dealt with in pretty much the same way, but always with iron and phosphoric acid. The regular diet is plain and wholesome, yet more liberal than usual in charitable institutions. Apart from the frequent use of aperients, a relaxed condition of the bowels is promoted by serving table syrups at every meal, by fruits, fresh or dried, according to the season, and by all such vegetables as can