

light a large number on the cadaver. It was found that in both more than fifty per cent. had venous varices of the rectum. In many of the living, in whom varices of large calibre were numerous and extremely turgid, they never in their lives suffered from piles in any form, that they were aware of. Therefore, it seems to me that the hæmorrhoidal dilatation in man is rather a physiologically degenerative condition, which, in late life, is a source of no inconvenience, but which, at middle age, is often attended by or associated with such complications as to render it a distinct pathological lesion.

This view is further supported by the fact that cutting out, injecting or ligating of sundry hæmorrhoidal masses will not in all cases cure the disease. The varicose state of the upper rectal vessels remains, and nothing is wanted to promote their return but the exciting circumstances which caused their irritation in the beginning.

COMPLICATED HÆMORRHOIDS.

Diseased hæmorrhoids may be divided into three principal classes: (1) inflamed hæmorrhoids, (2) ulcerating hæmorrhoids, (3) bleeding hæmorrhoids.

Besides, we say internal or external, according as they are without, or outside the external sphincter, or internal to it.

When internal medications has not succeeded, and, when palliative, topical applications have failed to afford permanent relief in chronic hæmorrhoids, in their radical treatment by the *bloodless* operation the majority may be cured, or at any rate greatly relieved.

THE ADVANTAGES OF THE BLOODLESS OVER OTHER SURGICAL MEASURES IN TREATMENT.

(1) The operation may be performed with a less number of assistants, and is very simple in its technique.

(2) As there is no division of the tissues, the dangers of infection, of abscess, ulceration and fistula are eliminated.

(3) There is no danger from the immediate loss of blood during operation or of serious secondary hæmorrhage.

In all cases, the evening before operation the patient should have the colon well cleared of all fecal matter by a brisk purgative.

In the morning, when everything is in readiness, the patient should be given from two to four ounces of whisky, the quantity to be gauged according to previous habits, its effects, etc. After having cleansed, shaved and scrubbed the integuments over the ischio-rectal fossa, we are prepared for the first step in the operation, which is, effective *cocainization*, hypodermically applied. Local analgesia, when practical, is much more preferable to pulmonary anæsthesia. Our patient

is more manageable, and there is no spurting of the fæces over the operative field during manipulation.

Cocainization complete, the next and most vital step is complete and thorough *anal dilatation*. Without this being efficiently carried out, all else is a failure; but, to be painless and safe, it must be gradual and steady, or we shall rupture the muscle and leave our patient incontinent. In chronic, old cases, wherein, owing to malnutrition and interstitial changes in the sphincter, it has parted with its elasticity, laceration is very easy if we do not exercise caution.

Thorough anal dilatation accomplishes two purposes of great importance: First it opens widely the anal portal, and so paralyzes the levator-ani that the lower fourth of the rectum—that part always implicated in hæmorrhoids—prolapses through the open vent, when it can be most minutely inspected and radically treated. This, however, is of minor importance compared with the profound effects which dilatation produces on the rectal disease. It is not material whether the hæmorrhoids belong to the inflamed, intensely itchy or irritable type; this stretching exercises a most salutary influence on them.

The third step, in simple hæmorrhoids, will be the separate treatment of each tumor by forcible pressure-massage. Before this is commenced, the entire cluster should be wiped clean and dry, and be then freely mopped with the cocaine solution. Now each hæmorrhoid is separately seized, close to its base, firmly between the tip of the thumb, index and middle fingers; first, put on a moderate but full stretch; then twisted; and finally so completely crushed that it is reduced to a pulp, and none of the investing tunics remain except the mucous membrane and its under stratum of fibrous tissue. When this has been completed the entire mass is again pressed up inside the sphincter, a suppository of opium introduced, a pad and bandage applied, when the patient is returned to bed. An active but painless inflammation follows, and, as a rule, within two or three weeks' absorption and atrophy have so reduced the vascular masses that nothing now remains but their shrunken, diminutive stems.

The ulcerative and hæmorrhagic varieties, along with cocainization and dilatation, must have superadded a special therapy appropriate to each.

Since January of this year, 1893, 52 cases of hæmorrhoidal disease have come under my care, in the hospital and outside. Many have come to me who feared anæsthetics, and others who were averse to having any cutting operation performed. In all, the permanent results have been eminently satisfactory; and from what previous experience I have had with this procedure, there is no reason to believe that the cures will not be as durable as those effected by other more sanguinary measures,