

by the *écraseur* is much less than that observed after operations by the bistoury. 2nd. Suppuration is diminished to an enormous degree; so much so, that after the operation for fistula or the removal of hemorrhoids, there is no need for dressing after the first two or three days: a little flour dredged on the wound will be enough. 3rd. The slight traumatic inflammation and little suppuration explain the rapid cicatrization which follows the *écraseur*. 4th. One of the most remarkable properties is that of being unattended with purulent infiltrations in the neighbouring parts, which so frequently follow operations with the knife. 5th. The pain attending and following it is much less than that following the bistoury. 6th. All hemorrhage, whether primary or secondary, is prevented in a certain manner; for not a single instance of nervous delirium, or of tetanus, has followed its employment. 8th. If it does not wholly prevent purulent absorption, it certainly diminishes the chances of this accident exceedingly; since out of the eighty-four cases observed, on one occasion only was there any evidence of its having occurred, and this was in the midst of exceptional circumstances which deprived the operation of its most essential qualities. 9th. Complete absence of the occasional accidents of ordinary wounds, such as erysipelas, hospital gangrene, inflammation of absorbents, abscesses, &c."

It is essentially necessary in using the *écraseur* that the part to be removed should be pedunculated. In many cases this may be easily effected by embracing the base of the tumour firmly in a ligature; but when the base is very broad, the part should be drawn well out from the surface and several long curved needles passed, in different directions, beneath it. A ligature should then be placed beneath the needles, and drawn tightly to form a peduncle. The chain of the instrument is next carried around the neck thus formed, tightened on it, and then made to crush its way through by working the handle. When a tumour is very large, or extends deeply into a canal, the best plan of procedure is to divide it into two separate parts by means of the *écraseur*, and having pedunculized each portion, to remove them simultaneously, using for this purpose, two instruments. One *écraseur* will answer quite well, but the time occupied will be much longer. To pass the chain deeply beneath a part, it is necessary to employ a long and curved trocar and canula, sufficiently large to admit the chain freely. This being made to traverse the base of the tumour, the trocar is to be withdrawn and the chain conducted through the canula by means of an attached piece of gum elastic bougie. The canula is then to be removed.

In the use of the *écraseur*, says Dr. MacLeod, "it is essential to proceed with slowness and great gentleness. The holding of the instrument firmly, so that it will not shake much during use is a matter of much