become inordinately stout. She was very short of breath, and was disinclined for exertion of any kind. She had been fond of literary pursuits, but even those had lost their charm, and were irksome to her. She was extremely irritable, and a source of trouble and anxiety to her friends and relatives. Massage was prescribed, and in two months she lost a stone and a half in weight, and improved notably in other respects.

For many forms of menstrual disturbance, massage may be safely prescribed. I recently saw a young lady, aged 19, who suffered intensely at each monthly period, the pain being so severe, that hypodermic injections of morphine had to be resorted to. Massage of the abdomen and pelvis was prescribed, and from that time there was no return of the trouble. Cazeaux has reported several similar cases, in detail. In the convalescence from acute illnesses, this mode of treatment is a great help and comfort to the patient. There can be no doubt that massage is a very valuable therapeutic agent, and is likely to yield good results in many complaints other than those I have roughly indicated.—*Brit. Med. Jour.*

CONTRIBUTIONS TO PRACTICAL SURGERY.

BY PROF. JOHN CHIENE, ED.

Hæmorrhoids. The presence of internal hæmorrhoids is local evidence of a general congestion of the portal system, and only when there is great local discomfort, and after every endeavour has been made to improve the general condition of the patient by medicinal treatment, should operative procedure be undertaken. There is great difference of opinion as to the best method of treating internal piles when operation is necessary. If the ligature is used it should be soaked in a solution of chloride of zinc, 40 grs. to the ounce. It must be tied tightly, completely strangulating the pile. If the ligature is tied loosely, acute inflammation followed by gangrene is the result. Injection of 10 drops of a 4% solution of cocaine into the base of the pile before applying the ligature greatly relieves the pain. If the pile be pedunculated, its base may be constricted by simply passing the ligature round it and tying it tightly. If the pile is sessile, its base should be transfixed with a curved needle carrying a double thread, each ligature being tightly tied so as to constrict ½ of the base. If the base of the pile is close to the opening of the anus, the division of the mucous membrane at the verge of the anus with scissors before tying the pile assists the more effectual application of the ligature and greatly lessens after discomfort. If there is more than one pile, each must be attacked separately in this way. The ligatures being cut short, the strangulated masses are then pushed back, and a ½ grain morphia suppository introduced into the cavity of the rectum. The patient's bowels should have been thoroughly emptied before operation. The diet should be very light after the operation, and it is not necessary that the patient's bowels be moved until the third or fourth day. This is best done by the administration of castor oil by the mouth, and the discomfort felt during the movement of the bowels is greatly alleviated by the injection of 4 oz. of olive oil. Many patients suffer from retention of urine after this and other operations on the rectum, and it is therefore necessary to see the patient on the evening of the operation, and if he has not made water, a red rubber instrument must be introduced to evacuate the contents of the bladder. The use of the clamp and cautery has to a certain extent displaced the use of the ligature, but in the opinion of the writer the ligature, if properly applied, is as efficient as the cautery, and is less likely to be followed by hæmorrhage. Never operate in a case of internal piles without having first satisfied yourself that the patient is not suffering from cancer of the rectum. External piles are to be treated by removal with a pair of curved scissors, the cut surface being touched with a solution of chloride of zinc, 40 grs. to the ounce.

A patient may consult you, complaining of having felt a sharp, cutting pain during the passage of a hard fæcal mass. Visual examination of the anus will at once indicate what has happened. A small tumor of a bluish color is seen at the opening of the anus, where the skin and mucous membrane meet. A submucous vessel has given way, and the extravasated blood clots. This condition may be treated by fomentations and rest. After a time the clot will be absorbed, but the process is a slow one, and it is better to transfix the mass with a sharp-pointed, curved bistoury—the clot being squeezed out and the cavity touched with chloride of zinc, 40 grs. to the ounce.

Fiss re. The pain in fissure is of a two-fold character: a sharp, cutting pain felt during movement of the bowels, and a throbbing persistent uneasiness coming on after the bowels are moved, and lasting for a variable period. The primary pain is due to the stretching of the part. The persistent after-pain is due to spasmodic contractions of the sphincter The base of the fisure consists of mus cular tissue, and free division of this muscular base relieves the symptoms, gives the part rest, and allows the ulcer to heal. Injection of cocaine into the tissue forming the base of the ulcer renders the operation painless. The division of the base of the fissure, however, does not always give relief, and in a severe case of fissure it is more satisfactory to place the patient deeply under chloroform, to introduce the thumbs within the anus and forcibly to stretch the sphincter, dividing at the same time the base of the fissure. Introduce a morphia sup-