should be confined for the first three or four days. Should they not move before this, a saline may be given. I am in the habit not only of having the anus frequently bathed with warm water, but also with a small syringe, having the parts so to speak, irrigated with tepid water containing opium and a little carbolic acid. It not only adds to the cleanliness, but subdues the pain your patient may suffer. Immediately after the operation a pad of picked lint over the anus, and held in position by a tight T-bandage, will also prove serviceable in subduing pain. You will find some patients able to go about much sooner than others; indeed, I have known them to walk about in a day or two after the operation; but this is wrong; they should remain quiet some days after the ligatures have come away, in order that the ulcer, which necessarily is present after the separation of the pile, should heal kindly. After all these operations you must remember the bladder, for not unfrequently will you be required to use the catheter for a day or two after the operation. The operation by means of the écraseur, I do not intend to show you. It is dangerous, as liable to give rise to stricture, and I do not think it should be resorted to when we have safer means at hand.

The accidents that have been known to follow operations upon hæmorrhoids are tetanus, pyæmia, and hemorrhage. With respect to hemorrhage, when the operation is done properly, I do not think it will often be serious. About the means employed to arrest bleeding after operations upon the bowel, I must speak to you of at another time. Tetanus and pyæmia are rare accidents.

Will hæmorrhoids ever return after an operation, will be a question you will often be asked. That they will in some instances, is true, especially if a patient neglects himself, and thus brings about the condition which originally induced his piles; whereas if he is careful, he may remain clear of them. Should they return, there is no impropriety in repeating the operation. There are some people who seem to be peculiarly pre-disposed to a varicose condition of their veins, and that, too, at a comparatively early period of life. In this class, I think you will find a disposition to the return of hæmorrhoidal difficulties under any treatment that may be used.—*New York Medical Record.*

DISTRESS AFTER EATING, AND DIARRHŒA.

This is a very common occurrence. There are two conditions upon which diarrhœa and distress after eating depend. They may depend upon a hyperæmic condition of the gastro-intestinal mucous membrane, consequent upon irritation produced by indigestible food, or diarrhœa may be caused by ulceration of the intestines. When diarrhœa or distress after eating occurs in the earlier stages of the disease, it is most probably due to hyperæsthetic condition of the mucous membrane, and a hyperæmic condition, of which the diarrhœa is but an effort to relieve the engorged mucous membrane. Simply arresting the dischages from the bowels is not well. Produce several watery discharges without pain, and the engorgement will be relieved; and then opium and astringents may be used with benefit if necessary. As a rule, opiates and astringents are to be resorted to only as secondary measures.

A very efficient prescription to be administered under these circumstances is:—

℞. Sulphate of magnesia,
Tr. opii camph..... aa ℥i.
Aquæ..... Oi.
M.

S. Wineglassful every two or three hours, until two or three free watery stools are produced. To prevent recurrence, regulate the diet. When the bowels are irritable, beef-tea is apt to purge. Milk, farinaceous food, yolks of fresh eggs beaten up with wine and sugar. If these do not agree with the patient, raw beef scraped fine may be tried; or it may be just heated through, and then scraped fine and seasoned with pepper and salt; and in some hospitals vinegar is also allowed.

An exceedingly serviceable remedy to be regularly administered in these cases of disturbed digestion, irritable mucous membrane and diarrhœa, is *lacto-phosphate of lime.* The article must be fresh, and must be kept in a cool place. Unless these precaution are taken, the remedy itself will prove purgative.

Pepsin combined with *muriatic acid* is an excellent assistant to digestion under these circumstances; fatty meat, thoroughly boiled pork, fresh butter; perhaps cod-liver oil.

Thoroughly boiled pork is most excellent for children who suffer from summer complaint. The diarrhœa of phthisis may occur from simple thickening of the mucous membrane of the small intestines. When the diarrhœa depends upon ulcerations in the intestines, the regulation of the diet is an exceedingly troublesome undertaking. Resort should be had to those articles of diet which will give as little trouble as possible in the *latter* stages of the digestive process. If the ulceration is in the small intestines, cod-liver oil and the hypophosphites may be of great service. If the ulceration is in the large intestines, but little more than temporary relief can be expected. The presence of blood in the discharges is regarded as evidence of ulcerations in the intestines. The seat of the pain, tenesmus, etc., is generally sufficient to distinguish ulceration of the large intestines from ulceration of the small intestines.

The most relief to be obtained from *drugs* is when the diarrhœa depends upon ulceration of the small intestines. The treatment adopted for the diarrhœa which depends upon a condition of hyperæmia is not of much service in this condition.

Among drugs sub-carbonate of bismuth is regarded as one of the best remedies that can be