

beverage, tea, coffee, grape-juice, lemonade and orangeade. After this a regulated general diet is allowed.

These patients expect defecation to cause terrible pain, and I presume that their fear acts as an inhibition to evacuation. So at the end of the second day, I give an injection of six ounces of liquid paraffin, using a soft catheter, letting the patient use a commode, instead of the bedpan. Each day thereafter he is given an enema of eight ounces of physiologic salt solution or of glycerin, two ounces, and water six ounces. Wet absorbent cotton is employed as a detergent after each evacuation.

When the patient leaves the hospital, his hemorrhoids are cured; however, in many cases there still remains the effect of long-continued disturbed digestion. Therefore, the patient should be impressed with the importance of the after-treatment, and should receive either direct or at the hands of his home physician whatever directions regarding his diet and medication may be necessary.

I never use bichloride of mercury during the operation, nor in any of the after-dressings, because this irritant sets up a lasting tenesmus as soon as the sensory nerves recover.

THE ADVANTAGES OF THIS TECHNIQUE:—

1. The operation is thorough and may be satisfactory performed under local or general anesthesia. The incised wounds, if carefully coapted, heal more readily than will crushed or cauterized surfaces.
2. The sphincter muscles are not disturbed or injured by forcible dilatation, since a speculum is not employed.
3. The ligature is so applied as to hold the vessels securely, so that secondary hemorrhage cannot occur, neither is there any sloughing tissue to separate several days later.
4. The stump is small and buried, and the wound edges are closely approximated, so that the resulting scar is smooth and level with the surrounding mucosa, instead of being raised; consequently it does not obstruct the passage of the feces. It is this raised hard scar left after operation for the removal of hemorrhoids that more than any other factor tends to induce a recurrence of the trouble.
5. All of the diseased tissue is removed, therefore recurrence is impossible; yet enough of the mucosa is left to maintain in good order the tactile sensibility of the anus. This is one of the points of superiority over a lump and cautery method of operation.