were no enlarged glands. Professor Walker Hall investigated the nature of the lesion, and has been good enough to allow me to publish his report, which is as follows :

The mass consists of carcinomatous tissues. The submucous, muscular, and subperitoneal tissues are invaded by glandular cells arranged atypically. In places the infiltration is so marked that individual bundles of muscle fibres are separated by masses of cancer cells. The cells themselves show colloid degeneration, and this process is general throughout the specimen. There is evidence of spread by lymphatic vessels.

BLOODLESS OPERATION FOR HAEMORRHOIDS AND PROLAPSUS ANI.

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THE operation here described is intended for cases in which four or more large piles occur or in the milder grades of prolapsus ani. In other words, it may be used in any case in which Whitehead's operation is indicated, but has the advantages of being almost bloodless and less liable to complications.

The usual preparation is given by mild laxatives and a light diet for two days previous to operation, *ol. ricini* 3 j and no supper the evening before, and two to three simple enemata—that is, sufficient to clean the colon—in the morning. The instruments required are one large slightly-curved clamp, two Hagedorn needles, one semi-curved needle, one pair of scissors curved on the flat, tissue forceps, thermo-cautery, and No. 4 silk for suture.

Operation.—After dilatation of the sphincter, a long silk suture is passed through at the junction of the skin and mucous membrane in the mid-perineal line (Fig. 1). This suture is to be left untied and used as a retractor (1), two similar sutures are inserted on either side of the anus (2 and 3), so that when traction is made upon all three

FIG. 1.

the extruded mucous membrane is converted into a triangle.

Each side of the triangle is to be dealt with individually. The portion between 1 and 2 is clamped in order to mark the area for excision. This area is limited externally by the junction of the skin and mucous membrane, and extends internally to within one-eighth inch of the required depth. On removal of the clamp a bluish furrow will be seen, the inner and outer borders of which mark the area for suture.

The two Hagedorn needles are now threaded at either end of a continuous silk suture. The first stitch, which

FIG. 2.

may be inserted before removal of the clamp, is placed at the apex of the triangle, and is tied at the centre of the thread. The clamp being removed the two needles are passed through from opposite sides at the same point—a cobbler's stitch (Fig. 2). Each stitch is pulled taut but not tied. The suture is continued in this manner at $\frac{1}{4}$ in.

intervals until the lower end of this side of the triangle is reached, where it is tied. With the scissors the redundant tissue is now clipped away at a distance of one-sixteenth of an inch from the line of suture (Fig. 3). The narrow ridge thus left is lightly touched with the thermo-cautery. The other two sides of the triangle are similarly treated, and the traction sutures are removed.

FIG. 3.

A suppository containing 1 grain ext. *opii* is inserted, and the usual rubber tube ($\frac{1}{8}$ by 3 in.), wound with iodoform gauze and well anointed with vasoline, is introduced (Fig. 4). This tube is left *in situ* until the morning of the fifth day after operation. The patient is kept on fluids for four days, and the bowels are constipated with *pil. opii* gr. 1 to 2 daily. At the beginning of the fifth day 1 oz. of castor oil is given by the mouth, and after four hours 6 oz. of warm olive oil is injected through the tube, which is then gently removed.

FIG. 4.

In a series of twenty-one cases this operation has given satisfactory results.

I am indebted to Sergt.-Major H. E. Law (W.O.), C.A.M.C., for the drawings illustrating this article.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF PUERPERAL SEPTICAEMIA TREATED BY INTRAVENOUS INJECTION OF EUSOL:

To the perusal of the article, "On a case of septicaemia treated by intravenous injection of eusol," by Drs. Lorrain Smith, James Ritchie, and Theodore Rettie, which was published in this JOURNAL on November 13th, 1915, we feel indebted for the successful treatment of the following case:

Mrs. C. H., aged 19 years, a primipara, was delivered of a male child on January 21st, 1916. The labour was very difficult, and was terminated by forceps under chloroform. Owing to the large size of the child, which weighed 10 lb., there was considerable laceration of the vagina and perineum.

On the third day after confinement the temperature was found to be 101°, while the lochia were very offensive.

The stitches were removed, the raw surfaces painted with pure phenol, and the vagina and uterus were douched with mercury biniodide solution (1 in 2,000), and aspirin in 10-grain doses every three hours administered.

On the evening of the same day the patient had a very severe rigor, lasting for two hours. Next morning the temperature had risen to 103.4° and the pulse was 132. The same local treatment was carried out, and next morning 10 c.cm. of polyvalent serum were injected; this dose was repeated the following day. Notwithstanding this the patient's condition became steadily worse.

On January 27th 120 c.cm. of eusol in normal saline, warmed to 37° C., were injected into the right median basilic vein, under local anaesthesia (1 per cent. solution of quinine-urea hydrochloride). Mr. A. G. Francis, Surgeon to the Hull Royal Infirmary, performed the operation.

Several hours later the patient became very restless, and complained of great pain in the back. A hypodermic injection of morphine $\frac{1}{4}$ grain, with atropine $\frac{1}{16}$ grain, hyoscine $\frac{1}{16}$ grain, and strychnine $\frac{1}{32}$ grain was accordingly given; sleep supervened in a few minutes and continued for several hours. Next morning the pain had entirely disappeared and the temperature had fallen 1.5°. Two days later it registered 99.4°, and reached normal on February 1st. The pulse, though still rapid (over 100), had greatly improved in quality. Previously of extremely low tension, it had now the character which an eminent French clinician so graphically described as *bien frappé*.

The local treatment adopted subsequent to that already described consisted in twice daily douching the vagina