

2. The common carotid artery was clamped to shut off the blood current, in order to provide a bloodless field for the action of the anæsthetic. The presence of blood has a retarding influence on the power of the anæsthetic solution.

3. The addition of gum acacia combined with adrenalin increases the duration of the anæsthesia.

4. The internal jugular vein was clamped in order to lock in the injected solution as far as possible.

5. No signs of shock were noticed either during or after injection.

6. The monkey recovered.

TREATMENT OF HÆMORRHOIDS BY STRANGULATION AND SNIPPING METHOD.

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DURING the last five years I have treated about three hundred cases of hæmorrhoids (external and internal) by the 'strangulation and snipping method' and have come to the conclusion that the results are efficacious and long lasting. The patients treated were from 14 to 50 years of age and the hæmorrhoids were in all stages of inflammation. I have tried all the methods given in the text-books, but the above mentioned method always took preference in my cases and gave very encouraging results. There is less danger of hæmorrhage from the ligature slipping. It is less painful to the patient, there is a minimum of bother to the operator and the help of an assistant is not required.

Technique.—The patient is given a good dose of castor oil the night before the operation and two or three soap and water enemata in the morning until no faecal matter is passed. The patient is not given any food except milk twenty-four hours before the operation. The part is shaved, tincture of iodine and a T-shaped bandage applied.

Anæsthesia may be general or spinal. As soon as the patient is under the effects of the anæsthetic, tincture of iodine is again applied to the part and also about 6 inches around it. The anal canal is dilated with fingers and the piles are caught with a pair of Spencer-Wells' forceps or pile ring forceps, lifted up from the underlying structures and drawn out. Then a half-curved 1½ inch long needle threaded with No. 3 or No. 4 catgut suture about 16 inches long is passed through the base of the pile. The suture is drawn through the base of the pile to the extent of about 12 inches so that about 4 inches of it is left behind. These two ends are then tied round the half of the base of the

pile. This is the first strangulation suture. The small arm of the suture without the needle is held aside along with the pair of forceps in the left hand. The long arm carrying the needle is carried round to the other side of the base of the pile and passed through it and parallel with the first suture and as near to it as possible. The needle after having been taken out on the other side of the pile is passed through the loop thus formed by the long arm of the suture round the base of the pile and tightened. With the same ligature similar loop-sutures, two above and two below the base of the pile, are passed and tightened. These sutures will completely strangulate the pile. The small and the long end of the suture are then tied round the whole of the base of the pile. The mass within the bite of ligatures is snipped away with a pair of blunt-edged scissors. In this way all the piles are treated. An india-rubber tube 5 inches long is inserted into the rectum, sterilised vaseline smeared round the anal margin and dressings are applied.

After-treatment.—The india-rubber tube is taken out after 24 hours, the part is washed with warm sterile saline solution and the raw surface touched with the following solution every day:—

Tr. ferri perchlor.	1 part
Tr. opii	2 parts
Tr. myrrh	1 part

For four days the patient is given only milk and some astringent mixture to stop the action of the bowels. On the 5th day the patient is given one ounce of castor oil by the mouth and a rectal injection of two ounces of olive oil. The bowels act without any trouble. The patient can be discharged on the 7th or 8th day after operation.

This method is also useful in cases of partial prolapse with piles.

THE MIDWIFE IN INDIA.*

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BABY WELFARE is a very important subject in most countries but it is especially so in a country like India where special conditions have to be contended with. These conditions are innumerable and during this week you will no doubt hear many of them mentioned or discussed. In my opinion the one condition in India which has much to do with baby welfare is the "midwife," who has also much to do with the maternal welfare. She is in medical charge before, during and after the birth in a big percentage of the confinement

* Being a lecture delivered on 27th April 1925 during "Baby Week" at Belgaum.