but soon recovered. He had a good night, and went about his ordinary duties in the morning, when he remembered nothing of what had happened in and after the bath.

The interest of the case lies in the sudden onset of very acute symptoms in the bath, due, I suggest, to the increased circulation through the skin promoting rapid absorption of poison in a subject already beginning to show signs of a toxic condition.

London, S.W. SIDNEY NATHAN, M.D.Cantab.

TREATMENT OF PRURITUS ANI.

SURGEONS seem to be much at variance in their views of the etiology of this most troublesome disorder. The older school consider that it is always a symptom of deeper disease, such as fistula, polypi, and the like; whereas, particularly among the Americans, it is spoken of as a septic infection curable by an "autogenous" or other vaccine of the particular organism, presumably a streptococcus. Be this as it may, it is certain that very severe pruritus may exist in the absence of any such lesion discoverable by ordinary methods, and, what is more, no ordinary man will submit to operation on the chance of finding a disease not evident to skilled examination. I am fully convinced that there are hundreds of middle-aged men who suffer a good deal, and particularly from loss of sleep, who are treating themselves and rarely consult a doctor.

Whatever view one takes of its pathology, any well-marked case of pruritus ani always exhibits one or more tiny cracks or fissures of the skin round the anus, which may be intensely painful and are always very irritable and difficult to cure. From time to time the trouble is much aggravated by the occurrence of one or more perianal abscesses which cause more or less trouble according to their size and depth. These are not always diagnostic of fistula. Pruritus ani is mainly a disease of cold climates. A dry climate is worse than a moist one, and a rich diet undoubtedly is a predisposing factor. Many a patient will be quite well at (for example) Venice, and suffer a good deal further inland.

Of the older remedies conium ointment, so warmly praised by Sir W. Whitla, has even in double strength and prepared by first-class chemists, proved quite ineffective, and the gall and opium ointment is also useless. The drying up method with boric acid and starch powder so often recommended often produces considerable irritation.

Ordinary antiseptics, such as carbolic acid, mercury perchloride, and formalin in various strengths, and astringents such as zinc sulphate, seem to have no good effect at all and generally irritate considerably. Ointments such as chinosol (1 per cent.) often produce temporary improvement, but sooner or later the effect wears off, and they seem to lose their power. The same is true of sphagnol or resinol ointment.

I wish to call attention to two remedies which are of real and lasting benefit. The first is our old friend tincture of iodine (*B.P.*), which may be used in half or full strength with impunity. It is not at all irritating to mucous membranes, and the slight pain, caused if there are open skin cracks, is quickly over. A patient who had got into a very bad state with numerous skin cracks, wash-leather appearance of the skin, and not infrequent perianal abscesses, and loss of sleep, found that, used thrice weekly, this remedy enabled him to sleep all night, and, in fact, made him quite comfortable. (It should not be used so as to excoriate the skin.) Even better than tincture of iodine is compound tincture of benzoin; mildly styptic and really antiseptic, it may be that its action is largely mechanical, and gives the necessary rest to the affected part. Whatever its nature, its action is little short of marvellous, for within two minutes or so the spirit in the tincture evaporates, and then all temptation to scratch the part is over. It is cleanly, and does not soil the linen as most ointments do, since it dries up very quickly. It may be used twice or thrice daily, and never irritates. Samples vary greatly in colour from a light colour to a dark brown, and also in consistency; but, luckily, they seem to have the same effect, though, perhaps, the darker and thicker Friar's balsam is the most useful.

It is very necessary to use the balsam before a hot bath if the water is very hard, prolonged hot baths in hard water being very injurious in these cases.

It is unnecessary to cauterize or excise small fissures, since I have positive evidence that these can be in many, if not in all, cases cured by tincture of benzoin. Larger fissures are, of course, another matter.

Note on the Etiology of Skin Cracks.—These are found in limestone districts on the feet of natives who use no shoes, and may be of enormous extent, and on the hands of laundrymaids, etc., who use hot water and soda. It seems that the lime in the water combines with the natural grease of the skin to make an insoluble and even brittle substance, which easily cracks, and produces fissures; healing is retarded until hot weather sets in.

Chepstow. J. CROPPER, M.D.

Reports
ON
MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

VICTORIA HOSPITAL, BANGALORE.

EXTROVERSION OF BLADDER TREATED BY EXTRAPERITONEAL TRANSPLANTATION OF URETERS INTO THE RECTUM.

(Reported by T. V. ARUMUGAM, M.B., C.M., Medical Officer in Charge.)

THE patient in the following case of extroversion of the bladder, a boy aged 10 years, was treated by performance of Peters's operation, as below described:

Operation.

On November 28th, 1913, the patient, having been prepared in the usual way, was anaesthetized with chloroform, the sphincter of the rectum was fully dilated with fingers, and a sterilized sponge 2 in. in diameter, with 2 ft. of sterilized tape tied round its middle, was passed into the rectum and pushed up into the sigmoid flexure to prevent the escape of faecal matter during the operation.

A sterilized No. 5 Jaques's catheter, obliquely cut off at its eye, was introduced to a distance of 2 in. into the right ureter and fixed by a fine silk suture to the ureteral papilla. Then the mucous membrane all round the right papilla was released with a pair of blunt-pointed scissors and the ureter exposed to a distance of 2 in. The left ureter was similarly dealt with.

The rectum having been raised by an assistant with his fingers, a pair of long dressing forceps was introduced into the rectum on the fingers and made to press on the point where it was decided to open the rectum from above. A small opening sufficient to admit No. 5 Jaques's catheter was made into the rectum on each side of the middle line. Through these openings the catheters, with the ureters, were drawn out of the rectum, and the papillae made to project a little beyond the sphincter. The mucous membrane between the papillae and a little on their sides having been dissected out, the raw surface was dressed antiseptically, the sponge in the rectum removed, and the patient put to bed.

Progress.

The patient made an uneventful recovery, except that he had a little rise of temperature, varying from 99° to 102° for six days, during which period a small slough on the surface of the bladder, between the openings of the ureters, formed and was cast off.

The catheter from the left ureter was cast off on the fourth day after operation; the catheter from the right on the seventh day after operation.

For a week after the second catheter was cast off the patient was able to retain urine for about one hour during the waking hours.

During the third week after the operation the patient was able to retain urine in his rectum for nearly three hours during the waking hours.

Result.

The patient's capacity for retaining urine in his rectum has been steadily increasing from the third week after the operation, and he is at present (that is, five weeks after operation) able to retain urine in his rectum for about four hours during the waking hours, and for nearly four and a half hours during the sleeping hours.

REMARKS.

This is the third case of extroversion of bladder in which the operation of extraperitoneal transplantation of ureters into the rectum has been performed by me at the hospital. The first case was performed on August 20th, 1906, and the second on April 15th, 1907. These cases were published in the JOURNAL dated June 22nd, 1907, p. 1481, and August 17th, 1907, p. 388, respectively, and their results—in one case five years after operation and in the other four years after operation — were reported on February 23rd, 1911.

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