AN ADDRESS ON THE NEGLECT OF THE ACTUAL CAUTERY IN SURGERY AND ITS VALUE IN THE TREATMENT OF PRURITUS ANI.

Delivered before the Hunterian Society.

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MR. PRESIDENT AND GENTLEMEN,—My first duty naturally is to thank you for the honour you have done me in asking me to give this lecture. To this honour is added the pleasure of seeing Dr. Dundas Grant in the chair to-night. Our fathers were lifelong friends, and their sons have carried on the friendship. In thinking over what I should speak upon to-night, I considered whether I should select the oldest or the newest subject in surgery. I thought I would take one of the oldest, because then there would be a greater charm of novelty about it. The doctors of to-day are all labouring away in order to extract some *kudos* out of the very latest method of treatment, filled with a proud contempt for all that their fathers taught them, and thoroughly convinced that they it is who have found out everything, and would have done so if there had never existed anybody before them. The minds of the physician and general practitioner are occupied with the consideration of Yankee and German drugs, and so-called nutritive and digested foods of the most abominable description. The "enterprising" surgeon hankers continually after some astonishing operation wherewithal to gratify his *pruritus secundi*. The student, in his turn, hears far too much of these wonderful operations, and does not know that they can only be applied in rare cases, and that then their results are not very remarkable as far as saving useful lives is concerned. The really life-saving operations—the valuable part of surgery—are not sufficiently "brilliant" for him.

Outside of drugs the favourite methods of treatment of our ancestors consisted in the abstraction of blood by leech, lancet, or cupping glass, in the use of acute counter-irritation by blister, or moxa, or actual cautery, and in the employment of chronic counter-irritation by the use of "issues" or setons, as we call them now. Some of these proceedings have disappeared into the limbo of forgotten things. I should not think there is a practitioner alive who ever saw the moxa used. Curiously enough, I had an old patient, who died a good many years ago, and once I had occasion to examine her back, which she had hurt. To my surprise I found three white cicatricial marks, each about the size of a penny, on either side of her spine. I learnt that these were the marks of the moxa applied about 50 years previously for supposed spinal caries, under the direction of the celebrated Dr. Alison, of Edinburgh, who flourished at the beginning of last century. So that it was a form of counter-irritation which had high sanction. By the way, if anyone would wish to know what the use of the moxa was like, let him read the appalling description in Eugene Sue's *Wandering Jew* of its application to the chest of the Jesuit Father Rodin, who was rapidly approaching his end from some pulmonary trouble.

It is, then, to a method of treatment now very rarely used that I would like, for a brief period, to draw your attention, believing, as I do, that it has fallen into undeserved neglect. I refer to the use of the actual cautery. I daresay many of you have seen the Hospital of St. John in the ancient city of Bruges. For about five centuries has this old building ministered as a hospital to the wants of the sick poor. In its great hall, not now used for patients, stand the original box beds arranged in the form of little streets over the extensive floor, and there is a picture extant of that very hall, as it now stands, with a surgeon going his rounds among the box beds. When I saw it I could not help a smile on seeing that the surgeon was accompanied by an assistant with a chafing dish and a red-hot cautery in it. It was clear that the surgeon of old always had his cautery handy. In the old illustrated surgical works one is astonished to find plate after plate

devoted to the representation of cauteries of every imaginable shape and size. I have just been looking through Hildanus, and Heister, and Scultetus, and sundry other authors of ancient days, and the number and variety of the cauteries figured are quite surprising. It is true that it must be remembered that the cautery was one of the most important agents by which the surgeon of old strove to staunch bleeding. After an amputation his cautery was to him what our antiseptic ligature was to us, and he had cauteries of every shape to fit every corner. Yet with all the surgeons' cauteries, one is astonished to think that anybody at all ever survived an amputation considering how crude was the means by which the hæmorrhage from large vessels was arrested. Still, the surgeon of old must have set great store by his cauteries when he had so many and such curiously-shaped ones.

SYPHILITIC PERIOSTITIS.

Looking at the diseases in which, to my way of thinking, the cautery might be more extensively used, one of the first that occurs to me is periostitis (accompanied by osteitis) of a certain kind, namely, the late syphilitic. Let me describe briefly a typical case of the complaint, one of the last which I had in hospital.

The patient was a pale, emaciated woman with a worn, distressed look. From information she gave us and from various points in her history she was clearly the victim of syphilis caught years previously from her husband. Along the front of her right tibia was an elongated, hard swelling, diagnosed as a syphilitic periostitis with its accompanying underlying bone mischief. Now, the one feature of this condition which gave the patient any concern was pain—agonising, boring pain, which was never absent, and only varied by reason of being much worse in the early hours of the morning than at other times. Previous to her admission to hospital she had been treated outside for some weeks with mercury and potassic iodide, while blisters had been applied locally. The worst thing was that it had become necessary to give her opiates in order that she might have moderate mitigation of her pain, and as these gradually required to be made stronger and given more frequently, her appetite and strength had correspondingly diminished. After her admission treatment by mercury and potassic iodide was again adopted, but the dose of the latter was increased to 30 grs. daily. These big doses were given immediately after meals in a quantity—a breakfast cupful—of water, and with each was administered 4 minims of liquor morphinæ hydrochloratis. If the iodide is given after this fashion a 30-grain dose will give less trouble than a 2-grain dose given by itself on an empty stomach. In this case, however, even the big doses did not avail. Then the patient was anaesthetised and the actual cautery deeply and freely applied over the tibia. Next, when we came to the patient's bedside, I reminded the students of what they had seen done in the theatre on the previous day, and prognosticated that the woman would tell us that to-day the pain was gone. Such actually was the case, and she volunteered the explanation that, while she still had pain, it was only the pain of the burn, which was tolerable, while the old never-ceasing, boring pain had gone. For the first time for months she had had rest at night.

This, then, is a typical case of bone mischief where the cautery, thoroughly applied, will initiate a cure when everything else has failed, and that cure will be permanent, at any rate I have found it so in the cases in which I have used it. I say "thoroughly applied," for the skin is not so easy to destroy by the cautery as one thinks. The instrument should be at a white heat, and should be pressed many times over the same tracks. I have found that when I have left the cauterising to be done by a house surgeon he has hardly ever done it properly at his first try—always a little afraid of doing too much and killing too much tissue.

JOINT DISEASE.

Passing to joints, there are certain conditions of the knee-joint where the actual cautery can be applied with immense advantage. Professor Syme, in addition to being a man of great originality of mind, was also a man of the profoundest common sense. Even now that he has been dead some thirty years, his teaching is still actively influencing men scattered

over the face of the whole globe. The true test of a great teacher is that, being dead, he yet speaketh. And yet he was not a man of eloquent tongue. Far from it; his language was terse and incisive, but certainly not graceful or attractive. But what he taught was sound, and he never advocated any surgical proceeding until he had thoroughly tried it, and knew that it was right. Such principles and practice as he expounded, up to the lights he worked by, have remained unaltered. I venture to say that there is no surgeon of his epoch who has left behind him so many useful, permanent memorials of his work, or who has set his seal on the minds of so many devoted and grateful pupils. I stray for a moment out of the path, as I always do when fortune grants me the opportunity to pay a tribute to the memory of this great surgeon; and, if there be any old pupils of his here to-night, I know that they will applaud me for doing so. Well, Syme was a great believer in the use of the actual cautery in articular disease, and it was from him that I learnt it. The great advance in our knowledge of what is meant by true, surgical rest in joint disease has practically driven all other methods of treatment out of the field. There is a certain loss in this. Because of our laying hold with avidity of all that is valuable in the new, is it therefore, incumbent upon us to cast away all that is good, as well as all that is effete, in the old? This is not evidence of real ability; it merely indicates narrowness of mind and want of experience. I would therefore maintain that there are certain forms of joint disease in adults, notably those affecting the knee-joint, in which the treatment by rest can be wonderfully aided by the use of the actual cautery.

What are these joint diseases? In the first place, they are not the diseases of childhood. I do not remember applying the actual cautery to a child in my life. Tuberculous synovitis—the old whiteswelling of early years—is not benefited by it. The painless, swollen, globular knee in an infant, with its tense and glassy skin, and with that feeling of fluctuation in it which would make you swear to fluid in its interior, whereas there is nothing but jelly—that is, not to be cauterised. But let us take an adult with a gouty or rheumatic history, and let us imagine him to have wrenched his knee falling off a bicycle. A synovitis follows. He does not wait till all is sound and well, but gets to his work too soon. Then there is a period when the joint is not right, and yet not very bad. Nevertheless, there is always a little fluid in it, and always it remains painful, and hot and swollen and lame. Soon he takes to bed, and all these symptoms get worse, and to them is added intense pain, so bad that even a heavy footfall on the floor jars the joint and causes agony. If we examine the joint at this stage, we shall be struck by its breadth from side to side. The fact is that the ends of the tibia and femur are swollen and enlarged, while all the fibrous tissues—periosteum, fasciæ, ligaments, and aponeuroses—are thickened and matted. At this period the joint may be still saved, but, unless thoroughly dealt with, suppurative destruction ensues. In former days, owing to the absolute ignorance of what is meant by true fixation, this form of knee disease, when once it got a good start, almost invariably led to amputation. It is true that the value of rest in joint disease was admitted, and efforts made to enforce it; but surgical rest as known then, and surgical rest as known now, are just as far apart as the surgical cleanliness of that time compared with the advanced Listerism of to-day. On opening a joint of this kind, a noticeable pathological feature is the serious destruction of articular cartilage, eroded in patches and loosened from the subjacent bone. This it was that caused the disease to be known as ulceration of cartilage. We have at present no better name for it than the somewhat indefinite one of arthritis. But, at any rate, we now know that the idea that the disease took its origin in an inflammatory process which commenced in the articular cartilages is quite wrong. The cartilaginous lesion is the late sign. I believe that there are a great many persons in whom no traumatic synovitis, however badly managed, would degenerate into the condition just described. The patient must have the rheumatic or gouty or rheumatic-gouty taint in him before the mischief pushes on to its worst conditions. I speak of the “rheumatic-gouty” taint purposely; for in spite of the assertions of the physiological pathologists that rheumatism and gout are absolutely unmixable and separate

diseases, I believe in the dictum of a friend of mine, an Irishman and a great lover of horses, who explained to me that the thing was quite easy to understand, if one would just regard the two diseases as by the same sire out of different dams. Should a case of knee disease of this kind, where there has been dilly-dallying going on in the treatment with the conditions slowly but obviously getting worse, come under your care, the first thing is to lash up the joint absolutely rigidly in a Thomas knee-splint. It must be as rigid as straps and plaster and bandages can make it. Now, the knee is often slightly bent, and must be straightened, and so chloroform should be given to do this. This movement, and the general jamming caused by the putting on of the splint, often greatly intensifies the pain for a day or two, until the articulation settles down again. Morphine under the skin is the only thing to tide the patient over this difficulty. But the point I am wishful to make is that this joint is *par excellence* the joint to which a “firing” will do good. The veterinary surgeon, who is nothing if not practical, knows this, and for certain joint troubles fires the horse and turns him out to grass. We have been turning our man out to grass by putting him in bed in a splint, but we have left off firing him. Why is this? Fashion I suppose. Thomas, when he invented his knee-splint, was a comparatively unknown, provincial surgeon, and so it has taken a quarter of a century for it to force its way into use by reason of its inherent value, and even now numbers of hospital surgeons are not half aware of the many purposes to which it can be applied.

The destructive phlebotomy of Sangrado and Broussais—literally *coup sur coup*—finally ended in that complete revulsion which exhibited itself in the universal brandy-fying of sick people preached by Todd, and in the contempt for all kinds of practical treatment shown by Bennett; albeit, he was the finest clinical teacher of his day. But the physicians are awakening to the fact that while people need neither be blistered nor bled to death, no more need they be left to die for want of bleeding and blistering. The fashion is changing again. My wish to-night would be to show that while I do not consider it necessary that the surgeon should be followed in his ward visit by an acolyte bearing with him the red-hot poker, after the manner of the old doctor of Bruges, with which to touch up the patients all round like the clown in the pantomime, yet that that same surgeon need not consider himself such a very “superior person” as to be above taking a leaf out of his predecessors’ books. It was in cases of the type just described that Syme used the cautery, and the other day an old pupil told me that that most able surgeon, Heath, of Newcastle, constantly employed it in a similar way and with obvious success. So soon as the diseased knee has got settled down in its splint apply the cautery freely. You may predict that from the moment it is applied, the old weary joint pain will diminish or disappear and only the pain of the burn will remain. The former is intolerable, the latter can be borne.

I would very much like, gentlemen, to present to you some cases which would illustrate the value of the cautery. But the reading of cases is apt to be wearisome, especially when the history runs thus for many days: “Temperature 99.6°; pulse 98, regular; tongue slightly furred; bowels moved twice with enemata.” This is too much the type of the “accurately recorded” case which takes an effort to read, while Pott and White quite fascinate one by their interesting narratives of surgery. It has occurred to me that the success of quack medicines is largely due to the fact that the patients are supposed to tell their own tales of cure; and I will venture to place before you a few advertisement cures just to show you that I am not exaggerating the virtues of the cautery. I have written to some patients asking them to send me histories of their cases in their own fashion, which they have done. As I did not invent the red-hot poker and have no patentees to sell, I think you will admit that I have no *arrière pensée* in this matter. A lady sends me the first case. She was somewhat over 30 when her accident happened. She writes:

“*Record of a Knee.*—In the late summer of 1886 I slipped while playing in a tennis tournament, twisting my knee, as it proved, severely. The country doctor called it a ‘tennis knee,’ which might mean anything. It did not improve,

and a treatment of severe blistering was commenced, followed by leather plasters. It got worse, and I was told to go to a dance for a change! I went, and naturally suffered greatly. I was now laid up completely, and I went to Liverpool and consulted Mr. W. M. Banks. He ordered rest, which I gave it as far as possible. It was shortly afterwards put in a Thomas splint; but still it did not improve, and about February, 1887, I was obliged to remain altogether in bed, suffering continual pain, which resulted in sleeplessness and great depression. About April I was put under chloroform and the knee was thoroughly examined. It was now very greatly swollen, and gave intense pain on the slightest movement, and, owing to the amount of the swelling, even the splint became most painful. No growth was discovered, only inflammation and swelling. The pain increased and the swelling also, and so it was determined to use the cautery. The old pain almost at once disappeared, but naturally that resulting from the severe burn was present. I can truly say that the first real improvement commenced with the use of the cautery. After about six months the wound was allowed to heal and the old pain had quite gone (January, 1888), but the knee was absolutely rigid and stiff. It was now broken down under chloroform; but the inflammation returned to a certain extent on working it; nevertheless it was broken down again, and I think a third time. Being still rather stiff, I went to Droitwich and underwent six weeks of very hot brine baths with daily massage, after which I returned to Liverpool almost as well as I am at present. It is now absolutely well and just as good as the other, and I never have had the slightest inconvenience from it. I have done some difficult rock and snow climbing in Switzerland, can walk any distance, and can dance all night, but I have never attempted skating or tennis. I think rheumatism is in the family on my mother's side; she suffered slightly from it, but her sister, who died at the age of 70, was completely crippled with it and could not walk for years. Her other two sisters suffer from it, but not so severely, and their only brother suffered badly from gout. I never heard of it on my father's side. I am thankful to say that I do not know what it means, and I trust that, as I have escaped so far, I may escape altogether, although I remember Mr. Banks prophesied rheumatism in all probability in that knee."

I think that it will be admitted that this is a very excellent report, describing the patient's symptoms not only in an accurate, but also in a very telling manner. The case was one of the very kind which I would urge as capable of immense benefit from firing—a chronic arthritis of the knee, traumatic in origin, with general inflammatory thickening of all the fibrous and osseous tissues of the joint, and at one time a threatening of suppuration in its interior. It will be noticed, moreover, that although a Thomas's knee splint had been applied for a considerable time so as to produce absolute rigidity of the joint, no improvement had taken place and none did take place until the application of the cautery.

I have been looking up some of my old cases of arthritis in which I applied the cautery, as detailed in my casebooks at the Liverpool Royal Infirmary, but unfortunately not many cases are described with the accuracy of the one just quoted. The dresser is always too intent on daily descriptions of how the burnt surfaces are getting on to take heed of their curative action on the joint. The patients, moreover, are scattered abroad everywhere, Liverpool being a city where the poorer classes are constantly migrating to and fro. But the reading of them has confirmed me (if confirmation were necessary) in the belief I place in the cautery for a certain form of knee disease and in the fact that I am justified in asking my surgical brethren here to-night not to abandon a valuable weapon. We may make a summary of two or three cases. A healthy young sailor, aged 29, wrenches his knee-joint badly at sea about four years before admission to hospital. During these years there is the very common history of treatment on shore, partial recoveries, returns to work, relapses, and final inability to go on any longer. The noteworthy feature in the joint is that the swelling is chiefly on the right side, due to enlargement of the right femoral condyle. The knee being drawn up is straightened, lashed up in a Thomas splint, and cauterised. The note on the eighteenth day says that the patient has now no pain whatever, and in about six weeks he leaves, walking

on a calliper splint. A Manx fisherman, aged 38, subject to rheumatic troubles, gets pain on the inner side of the knee, without any injury, about fifteen months before admission. The treatment outside the hospital was by plaster-of-paris bandages applied above lint, on which was spread Scott's ointment, which was carried on for seven months continuously. Knee swollen; considerable thickening of bone, distinct grating, great pain, movements restricted. On December 9th, 1890, cautery applied. By January 9th, 1891, report runs: "No pain, and patient feels quite well." No splint applied till he went out (a calliper Thomas) and ordered to come and have adhesions broken down in three months. A labourer, aged 36, comes three months after a sprain, with chronic arthritis and special thickening of the tibia with much pain at night. On the thirteenth day after cauterising the report says: "He only feels pain where the burning took place, it having left the knee-joint." I have remarked two cases of shoulder-joint arthritis, traumatic in origin, in men aged 28 and 49, with the signs just mentioned, and both characterised by great pain. In the first case the dresser says: "May 13th. The shoulder was burnt with the actual cautery, and dressed with soda and water. May 14th. The patient slept well and has no pain." On the second patient (who was a very rheumatic man, by the way) the dresser remarks that on the day following the cauterisation the "patient has no pain in the shoulder."

SPINAL INFLAMMATION AFTER INJURY.

There is a third condition of disease in which I desire to reawaken the interest of surgeons in the cautery, namely: fairly acute inflammatory conditions of the spinal column and the spinal meninges after injury. The same experience holds good with regard to the spine that applies to the joints—that I have not seen distinct benefit result in the genuinely tuberculous troubles of the cancellous tissue of the bodies of the vertebrae, particularly of the lumbar vertebrae. When suppuration has set in, and lumbar or psoas abscess has become declared, the cautery is of no use at all. It is only right to insist upon this, for, if cauterisation is to come into favour again, it must be used with discrimination and kept for the cases appropriate to it.

Rest—ever-prolonged rest on the back—and complete fixation is what we have to rely on there. But here is the type of case where I recommend it: an injury setting up some inflammatory state, not pathologically defined with strict accuracy, but probably having to do with the bodies of certain cervical vertebrae and the fibrous lining of the spinal canal belonging to them. The patient was a boy, and the narrator of the case is his father—a doctor, and one of the most distinguished university professors in this country. In answer to a request from me for a history of his son's case he writes thus:

"I send you a rough draft of my boy's case, concocted from such notes as I possess, and from memory of the particulars. I trust it is not too much in the strain of a wonderful cure, but wonderful cure it certainly was, and I shall remain everlastingly indebted to you for the decided manner in which you advocated the treatment practised in such cases by our well-beloved old chief (Syme). What a lot of wholesome lessons he taught us, and how different from the present system of cram! My son, a lad of 14 years of age, while on a visit to South Wales, was bathing one day. He dived from a rock into comparatively shallow water and struck his head violently against the sandy bottom. He gave his neck a severe wrench and felt somewhat stunned after the accident, but was able to dress himself and to walk a distance of something like a couple of hundred yards to the house in which he was living. A medical man saw him and advised him to lie quiet in bed. For several days afterwards, however, he suffered severe pain in the cervical portion of the spine, aggravated by movement. About three weeks afterwards he made a journey by sea to get to his home, and although he lay stretched out during the greater part of the journey, yet the movement of the boat or any exertion necessitating his moving the spine gave him acute pain. On arriving home he took to his bed and was attended by myself. About a fortnight after his return I was horrified one morning to find that the patient had lost almost all power of movement in both upper extremities. His grasp

was almost *nil*, and the limbs lay in a listless manner by his side. On careful examination it was found that the muscles of the arms had become much wasted. Up to the time of the accident the boy had been remarkable for his muscular development. When stripped his muscles stood out like those of a young Hercules, and he was looked up to by his schoolmates as quite a model in this respect. The muscles were now, however, soft and flabby and very much reduced in bulk. Under these circumstances the advice of a second medical man was obtained, who recommended the application of blistering to the part of the spine corresponding to the points of origin of the roots of the brachial plexus, and the administration of potassic iodide and some other remedies. At a later date the blistering was repeated, but without the slightest beneficial effect. The paralysis of the arms was aggravated and the wasting more marked. Almost day by day these symptoms were notably becoming worse, while the lower extremities remained comparatively, if not completely, unaffected. The loss of power in the arms was such that the patient was latterly unable to move the fingers of either hand. Sensation never suffered to the same extent as motion, although it seemed to some extent perverted. The reflexes were not entirely lost in the arms, although much in abeyance. The plantar and knee-jerk reflexes were exaggerated and ankle clonus was well marked. Seeing that the paralysis had been steadily increasing, and was now almost complete, I came strongly to hold the opinion that the only remedy likely to be of service would be the application of the actual cautery, an opinion in which my medical friend concurred, although considering the remedy somewhat drastic in its severity. For the purpose of reassurance, I wrote to you, and you confirmed the proposed line of treatment in the strongest terms. After the administration of chloroform (end of September, 1892) the actual cautery was applied in four places, each cauterised place being the size of a crown piece; two on each side of the spine, where presumably the lesion was situated—namely, over the roots of the brachial plexus. The skin was burnt through completely, and probably also part of the subcutaneous areolar tissue. On recovering from the chloroform he did not experience the slightest feeling of pain, and, indeed, did not do so during the whole time the wounds were healing, which they did readily under ordinary surgical treatment. During the following week it was noticed that the paralysis made no further progress, and the wasting of the muscles, which had up to that time been steadily progressing, ceased to become any worse. At about the end of a fortnight it was observed that the patient could move the right fingers slightly, and shortly afterwards the same was noticed in the left. From this time onwards the muscles steadily gained in strength, and the power of motion in the extremities returned, until in the spring (April) of 1893 the muscles had gained a fair amount of their previous dimensions, and the power of movement was almost completely restored. The further history of the case is that the paralysis was completely recovered from, the lad has become a medical student, and has now gone through his full course of study. He is capable of any exertion, and in every way has been restored to health."

PRURITUS ANI.

Having mentioned certain conditions in which I feel sure from experience that much good can be obtained by the use of the actual cautery, I desire now to place before you another in which, so far as I know, it has not been employed at all. Pruritus ani under occasional conditions can be a most terrible affliction. A former pupil of mine, when a student, was nearly driven mad by the itching at night. In the early morning he would sink into a deep sleep from pure exhaustion, but still while asleep would keep tearing at himself unconsciously. At last, as the only way out of the difficulty, he used to put on a pair of soft handcuffs when he went to bed. In the *Edinburgh Medical Journal* for July, 1891, may be found a very interesting and sensible paper on pruritus vulvæ. The paper commences with an anatomical description of the various touch corpuscles and nerve-end organs which are to be found in the mucous membrane of the female genitalia, but as many of these are almost special to the locality, they need not be alluded to. Professor Simpson's classification of the causes of pruritus vulvæ is given as probably the best:

1. *Local*.—Eruptive and inflammatory affections; the drying of diabetic urine on the vulva; the irritation of the part by discharges from uterus and vagina; the presence of worms in the vulva and vagina; congestion of the vessels—for example, sometimes in pregnancy.

2. *Reflex*.—The presence of worms in the rectum; various diseases of the vagina and uterus.

3. *Idiopathic*.—Pathology unknown.

A certain number of these causes will produce pruritus ani in the male, but in my own experience they have practically been narrowed down to diabetes, to eczema, to irritation mainly due to spirit drinking, and to the condition just alluded to as "idiopathic—pathology unknown." The first are capable of being removed and often cured by appropriate constitutional treatment, but the last cause is the one which is associated with the worst cases and is unfortunately quite inexplicable as yet. Certain German authorities ascribe them to unknown changes in the central nervous system. "A functional disease of sensation of reflex origin without structural alteration of skin," says one of them. At a debate in the New York Neurological Society in 1890, a certain Dr. Bronson explained that "the disturbance in pruritus is of the nature of a dysæsthesia, due to accumulated or obstructed nerve excitation, with imperfect conduction of the generated force into correlated nervous energy." In the first place we have to be thankful that the blessed word *Mesopotamia* is still left to us, and in the next we now know what is meant by "Much ado about nothing." What is the real nature of these mysterious cases of pruritus ani remains yet to be discovered, for nothing special can be found as a cause, and nothing special can be found in the skin of the part affected. I have wondered whether there can be some microbe which gets into the peri-anal glands, and I have been waiting for some time for a case in which I could get a fold of anal skin to examine, but as yet I have not succeeded.

Putting aside the eczematous and other sources of the complaint just alluded to, one notices in a case of pure pruritus ani that there may be small skin piles present, but they are never much to look at. Fissure or fistula there is none, nor internal piles either. The appearances which I have most commonly noticed in the idiopathic or uncomplicated cases are these: The perineal skin is thrown into fine folds, which are hypertrophied states of the natural tendency to wrinkling around the orifice. The commencement of the perineal raphe shares in this. There is no particular amount of wetness to be seen, but it is noticeable that the affected area has the appearance of being made of slightly damp, rugose wash leather. One point to which I take exception in the textbook descriptions of the disease is that it attacks equally all classes of society. Now every one of the cases which have been of such severity that I have had to treat them with the actual cautery has occurred in a person belonging to the better ranks in life. In all my experience of out-patient departments I have rarely found cases of pruritus ani among workmen. The personal cleanliness of the average labourer as regards his private parts is certainly far from remarkable, so that ordinary dirt does not seem to have anything to do with the disease. On the contrary, my patients were all persons of remarkably cleanly habits, and two of them at least usually took baths in summer twice daily. Among the cases to which I propose to allude, eczema creeping from the scrotum backwards to the anus accounted for one, and in another the patient certainly had patches of eczema on various parts of his body at various times, but with regard to the rest I found no special cause for them.

With respect to treatment, it may be broadly said that there are very few drugs in the *Pharmacopœia* which have not been made use of for purposes of cure. Yet there has been no one of them so satisfactory as to come into general use, for every practitioner pins his faith to his own remedies. I think I have found most good from getting the patient to sit for some minutes before getting into bed in very hot water and then to dab the affected parts with as strong a solution of carbolic acid as he can bear. Solutions of potassic cyanide and silver nitrate have also been of use in a few cases. From greasy applications I have never got any good. Regulation of the diet, so as to make it as non-stimulant and consequently as little irritating as possible is a very reasonable proceeding. But there is a certain limited number of cases upon which no drugging or dieting seems to have the least effect. These are, of course, the very worst cases;

those in which the torture of itching becomes most exquisite. So bad does this become, that the patient's health may be seriously impaired from worry and want of sleep. These are the "idiopathic" cases just alluded to, for which treatment by the actual cautery affords a prospect of cure when everything else has failed. As to the method of using it, the patient should be chloroformed and tucked up in the lithotomy position. Any small skin piles should be clipped away with the scissors. If there are not many rugæ, then the large, bulbous-headed cautery, which is usually found in the Paquelin's case, should be used, and the skin for an inch and a-half all round the anal orifice well frizzled. If there are any rugæ then the small cautery point should be used, and it should be introduced into the furrows between the rugæ as well as applied over the tops of them. In one of my cases the rugæ were so very pronounced that I clipped off the tops of them with a pair of curved scissors.

It is now some twenty years since I was driven to the use of the cautery in pruritus ani by my inability to cure a young lady by any of the customary outward and inward remedies. There was no wrinkled skin about the anus and no piles. It was quite dry, with a little scurf on it. The patient was a ruddy, healthy person, and the only thing amiss was that she came of a gouty stock. I applied the big bulb of the cautery very freely, and, after the burn had healed, she went to Homburg for a "cure." I know that she has never since suffered from her old complaint.

I will now give you the particulars of two bad cases of pruritus ani as narrated by the patients themselves; for, as I have said before, no statement made by me can be half so telling as that offered by them. My words may be too highly coloured or they may be too weak, but what they think and know of their own cases, being well-educated men, must surely be true. The first patient was a spare, thin man, between 40 and 50. He was the moving spirit of a large business in "canned" things from the United States and Canada, and the responsibilities and anxieties of his position were great. To face these it was necessary for him to have a clear head and a courageous heart; to have his nervous system in good order. But when he came to me he was a broken-down, haggard man, who declared that his nerves were gone and his business capacity departing. Clearly a very serious case, although not a dangerous one. He had had every kind of treatment, so I did not hesitate at once to use the actual cautery. He writes as follows eleven years after the operation, he being well and in good health:

"The writer's case was one of itching of the anus of many years' standing, giving at first no uneasiness except during sleep at night, when the itching caused unconscious rubbing with the fingers, resulting afterwards in a thickening of the skin of the anus, accompanied with intense heat and soreness, and frequently cracking of the skin. This continued to get worse until the heat and soreness became constant, destroying sleep at night and appetite; irritating the nerves. After two years' treatment in vain under skin-disease specialists, I was induced to have an operation performed, which in about four weeks completely gave relief. Sleep, strength, and weight were gained as a result. The anus became perfectly smooth and free from projections, elastic, and unswelled; no heat nor irritation. There is no doubt in writer's mind that, had no successful operation, like the one referred to, been performed, he must have sunk through the exhaustion of want of sleep, want of food, and acute depression of mind. In later years itching appeared in various parts of the person, about the thighs, calves, ankles, knees, and occasionally abdomen, mainly in the evening, and occasionally at night. A rubbing of Smedley's Chili paste counteracts it, however. Sometimes it comes also to its old spot—the anus—but a seat in very hot water evicts it thence." It will be noticed that after a period of many years he has remained free of his old enemy, for the little fleeting attacks of what seems to be eczema cannot be regarded as of any moment.

The second case is that of a medical man practising in a healthy country district. He writes to me thus: "In the early autumn of 1898 I began to be troubled with external piles. The irritation kept increasing as time went on, and at last became so bad at night as to interfere with my sleep. In fact, it got so bad that I could not sleep at all. This told so on my general health that I had the piles removed. The

itching, however, continued, and was quite as bad after this as before. I then underwent the operation of the application of the actual cautery to the affected parts. This, I am glad to say, has proved completely successful, and has quite cured the dreadful itching. Before the operation my life was a perfect misery. The fearful irritation was always present, and the nervous depression caused by it was such that at times I could have put an end to my existence. The mental effort required to keep oneself from scratching at night was so great that my nerves became so seriously affected that for a week at a time I would get no sleep. Now all this is changed; I can sleep at night without the distressing itching worrying me, and my life is a pleasure, whereas it was a misery."

To show to what misery pruritus ani may reduce a man, a gentleman who was interpreter to the High Court of the Orange Free State in Bloemfontein was driven from South Africa to England in search of a cure for his ailment, which had become intolerable. A liberal application of the cautery put him perfectly right, and he had certainly tried all that the medical skill of his own country could afford. I heard of him as being quite well a year or two afterwards. I wonder what has become of him during the last terrible eighteen months!

One of the last cases in which I operated was that of a female patient in good circumstances. There was no doubt that in her case personal cleanliness was remarkable, and there was no history of gout in her family. Unfortunately, being unmarried, she had kept the matter entirely to herself. At last the torture of itching and the restlessness and want of sleep at night compelled her to avow the intolerable state of things. Her condition was all the worse that she was very fond of outdoor exercise, which only increased the irritation. Treatment of the usual kind was employed, but without effect. I found the wash-leather state of affairs present, which had actually crept into the rectum for about half an inch, while it had pushed forward and invaded the labia minora, which were very much hypertrophied. These last were removed, and the cautery freely applied to the affected area, even up into the rectum. The condition of matters was certainly the worst and most distressing I have ever seen. The operation was done nearly two years ago, and at this moment the patient is absolutely sound and well.

I need hardly repeat that the vast majority of ordinary cases of pruritus are curable by finding out and doing away with what produces them. So that it is only in very severe cases, for which no reasonable cause can be found, that I venture to recommend the cautery. It is about twenty years or more, as I have said, since I tried the remedy for the first time, and during all the years that have intervened I do not think that I have used it more than a dozen times altogether. But the very value of the remedy lies in its being unfailingly curative in absolutely intractable cases.

Gentlemen, let me thank you very much for your kind attention to what I have had to say. To-day, like the Athenians of old, we all keep crying out, "Show us some new thing." Nobody more willing than I to make use of a new thing, if it is really valuable. But out of the innumerable new things only a very few remain for permanent use, so that we do not do wisely in dropping methods of cure which those most able men our predecessors found by long experience to be valuable. The more I look into their works the more do I admire the splendid spirit of research which animated them, and which, in spite of the absurd veneration for the great authors, whose writings dominated all thought, in spite of civil contempt and religious persecution, kept ever impelling them onwards in the pursuit of their high calling.

THE French Ophthalmological Society will hold its eighteenth annual meeting this year in Paris on May 6th. The subject proposed for discussion is the value of iridectomy in glaucoma, to be introduced by M. de Wecker.

ON February 6th Senator Wood introduced a Bill in the State Legislature of Indiana, the purpose of which is the complete suppression of Christian Science practice in that State. The Bill provides that whenever death results in cases of illness treated by Christian Scientists, the responsible parties are to be placed on their trial for felony. The offence, if proved, is made punishable by imprisonment in the penitentiary.