was passed butt-end first down the ureter into the bladder and the other end into the upper major calyx. The upper end of the ureter was split for half an inch on its outer surface and by means of stitches carried from it through the intrarenal pelvis and out through the kidney substance, so that the margins of the tube were approximated roughly to the frayed walls of the pelvis. A capsular flap was turned down to cover the junction. To ensure adequate drainage the pelvis was opened from the cortex and a drainage tube tied in. The free end of the catheter in the bladder was recovered and pulled through the urethra by means of flexible forceps through an operating cystoscope. The catheter was allowed to remain in place for seven days and the urine drained through the nephrotomy wound. At the end of that time there was spasm of the ureter on the right side and the ureteral catheter was removed.

Urine began to pass down the affected ureter, as evidenced by blood in the urine and a marked diminution in the leakage from the loin. On the tenth day a catheter was passed up the right ureter and met with no obstruction. Oxycyanide was injected through the catheter and out through the loin. In six weeks the wound in the loin was healed and all the urine was passing through the normal channel. Cystoscopy showed that the effluxes were normal, and a large ureteric catheter passed into the pelvis of the kidney without obstruction. The pelvis could be distended to 10 c.cm. and then caused discomfort. Indigo carmine given intravenously appeared from the left side in strong stream in three minutes and from the right in only moderate concentration in seven minutes. The calculus was of oxalate type, almost exactly spherical, and 9 mm. in diameter.

At the date of writing (June 3rd) the patient states that he has no trouble and is carrying on his work, but that he had one attack of renal colic after returning home.

In cases where the kidney is high the proper exposure of the ureter and pelvis for operations on the pelvis may require a good deal of tension to pull the kidney forward and expose the posterior aspect of the pelvis. This can be obviated to some extent by carrying the lower part of the incision almost horizontally inwards instead of obliquely downwards and inwards. Such a catastrophe as occurred in the case reported, however, is unlikely to occur except where the pelvis is extensively ulcerated and its walls thinned. The question arises as to whether the incision should be made down to the calculus through the extra-pelvic fat without dissecting this away, so as to display the wall of the pelvis. It has been claimed that this technique gives quicker healing and is less likely to leave a urinary fistula. My own experience has been, however, that the quickest results are obtained by exposing the pelvic wall, and after careful suturing bringing a fat or capsular flap across, though it is probable that where any difficulty is experienced in sewing owing to the friable nature of the tissues the wound closes without any suturing at all if attention is paid to dilating the ureteral canal at the time of the operation and afterwards. To be forced, owing to an operative mishap, to remove a sound though slightly infected kidney in a case of stone is a disaster of the first magnitude, owing to the possibility of subsequent formation of calculus on the other side. An improvement in technique in this case would have been to pass the upper end of the splint catheter through the nephrotomy wound so as to give perfect control of both ends and prevent the possibility of the instrument coming out too soon.

ECZEMA AND DENTAL DISEASE.

BY

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THEORIES of the etiology of eczema may be stated briefly as: (1) neurotic, (2) local irritation, (3) thyroid deficiency, (4) toxic. The last is perhaps the most popular. The toxins occur in connexion with (a) constitutional diseases—for example, gout, diabetes; (b) chronic Bright's disease; (c) certain diseases of the liver; (d) alimentary tract. While mentioning the alimentary tract most writers limit the suggestion to the gastro-intestinal portion of it, for imperfect metabolism and malassimilation are thought to be the cause. The importance of the oral part seems to be little recognized. Macleod admits that digestive derangements may aggravate the disease, but says there is no evidence that they cause it *de novo*. French writers, he says, consider eczema a cutaneous manifestation of a diathesis not yet defined, and Brocq calls it "eczematiza-

tion," the symptom, rather than eczema, the disease. Given a diathesis or predisposition, the toxins arising from certain dental diseases can cause the manifestation of eczema or aggravate it if it already exists. The dental poisons may be absorbed in two ways: (1) by swallowing the pyorrhoeal or other septic discharges from diseased dental tissues; (2) by direct passage into the general circulation of toxins from septic foci concealed in the bone related to the teeth. The immediate recovery from an illness previously protracted, which I report here, proves this conclusively.

A man, aged 44 at the time, had recurrent attacks of eczema, beginning at about the age of 37. The last attack was of eighteen months' duration. It was intractable and increasing in severity. After persistent treatment by his family doctor and the consultant there was, according to the patient, only a slight improvement. His doctor now began to suspect oral sepsis. When I first saw the patient the eruption extended literally from head to foot in all its forms: redness, vesication, exudation, and crusts variously distributed. Examination of the mouth revealed general periodontal disease. There were pyorrhoea and secondary changes in the alveoli with chronically inflamed gums over them. I made a clearance of all the teeth (twenty) under regional anaesthesia (superior maxillary and mandibular) with novocain E. The after-effects of the injections were remarkably mild—only a slight soreness at their seats. The eruption began to disappear almost immediately. Within a week there was marked improvement, and in a fortnight the patient was able to discard the dressings of his head, hands, and feet, and walk down to my surgery for his temporary denture. After another fortnight he was quite cured and strong enough to attend to his ordinary duties, the only trace left being a roughness of the skin.

This case was treated in June, 1923, and I deferred reporting the results to give time for observation. Since then he has had a few short and mild attacks, which are directly attributable to his own indiscretions. These later attacks support the suggestion of a diathesis, but the immediate recovery following the extraction of the teeth shows that dental disease can be a serious contributory factor to be reckoned with.

British Medical Association.

PROCEEDINGS OF SECTIONS AT THE ANNUAL MEETING, NOTTINGHAM, 1926.

SECTION OF PATHOLOGY AND BACTERIOLOGY.

Professor J. SHOLTO C. DOUGLAS, M.D., President.

DISCUSSION ON LEUKAEMIA AND ALLIED CONDITIONS.

OPENING PAPERS.

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At first sight it might seem impossible to say anything new about leukaemia, but the views of the profession evidently want clarifying as to the nature of the disease. The current textbooks of medicine and pathology are by no means dogmatic and some of them even evade any definite statement as to cause and nature. The original picturesque idea that it is a suppuration of the blood has, of course, long ago disappeared, as well as that of a mixed leucocytosis. More recently came attempts to find parasites in the leucocytes, which also came to nothing, and for a long time back the view that the disease is neoplastic has steadily gained ground, though some workers adhere to the notion that it is caused by organisms. The acute leukaemias certainly often enough resemble clinically an acute infection, and if fowl leukaemia is really the same disease the fact that it can be transmitted from one bird to another by the filtered cell-free juice of leukaemic organs is a strong point. But I do not think that we should be led away by a single fact, which after all may be capable of some other explanation, to neglect the great body of evidence which certainly points away from causa-