

therefore well worth while to make an inspection both of the pubic hairs and of the anus, to see whether or not you can detect the pediculus, which, as may well be seen with a magnifying glass, bears a close resemblance to an ordinary crab. If once made out, this is readily cured. You can get rid of crabs by two or three applications of some mercurial lotion, such as the *lotio hydrargyri flava*, carefully soaked into the hairs, which will kill the pediculi, and hot water and soap will then put matters right.

But, unfortunately, as we know to our cost, pruritus ani does not always depend upon local causes. You find that a patient is perfectly clean and that no worms exist in the rectum, and yet he suffers almost agonies from pruritus. If you consult the authorities you will find that every remedy that has ever been recommended has been tried with more or less success, which shows how little successful the remedies really are. For myself I rather believe in lotions than in ointments. On the other hand I allow that sometimes ointments answer extremely well; but I think you may get most relief, in the majority of cases, in the first place by attending to the general health, keeping the bowels regular, and so on, and then applying locally some sedative. Cocaine is not a bad thing to apply. A five per cent solution of cocaine painted over the anus will often give great relief. Before cocaine came in we used hydrocyanic acid, and that was extremely useful in the form of a lotion of dilute hydrocyanic acid and lead. Opium and belladonna, atropine (the essential part of belladonna) and all the various sedatives have been tried from time to time with more or less success, and, I am sorry to say, with more or less failure. It is a curious thing, but you will find that patients sometimes go on for a long time suffering with this annoying and troublesome complaint, which no remedy seems to touch, and then they get well; but it does not always appear what it is that has cured them.

Then we meet, as we do everywhere, occasionally, with syphilitic affections of the anus. Children are brought to the hospital from time to time with distinct mucous tubercles about the anus. It is a little difficult sometimes to explain this occurrence, but I believe the explanation often is the ridiculous habit that mothers and nurses have of kissing the children all over. They are not particular what part of the child they kiss; and sometimes the unfortunate child's anus is inoculated in that way from the lips of the nurse. But you will find cases that you cannot account for in that way. There is no doubt that from time to time we have mucous tubercles simply from vaginal discharges creeping round: I mean that a woman has mucous tubercles of the vagina, or labia, and the discharge run back to the anus and produces mucous tubercles there. Occasionally you may also find

that persons get them from their bed-fellows. I do not mean by any outrageous bestiality, but that some contact from their bed fellows has accidentally inoculated that part. Mucous tubercles are readily recognised as flat moist patches, and the only thing I will say about them is that you must be careful in treating them to keep the adjacent parts from rubbing one against the other. If you have to treat mucous tubercles about the anus apply some mercurial dressing which shall separate the two sides of the buttocks and prevent their rubbing together. I have always found that the best plan is to take a piece of linen, spread it with white precipitate ointment, and tell the woman to fold it so that the ointment shall be outside, and then to draw it thoroughly between the buttocks, so that the mercurial ointment shall come in contact with the anus and thus become rubbed into the system. You will remember that mucous tubercles are but a symptom of secondary syphilis, and if you find them about the anus you may be sure that the individual has syphilis in his system, and their treatment will be only part of the general treatment of syphilis, into which I need not now enter.

Then we find occasionally about the anus what are termed rhagades. There is hypertrophy of the skin of the anus with ulceration in the cracks between the folds, which is undoubtedly syphilitic, and should be treated very much like mucous tubercles. But you will find occasionally that there are considerable outgrowths of moist skin about the anus which are commonly called "tags." They are not really a disease, but are only a symptom, and wherever you see them you may be sure that the woman—for they usually occur in women—has syphilitic disease of the rectum. You should at once introduce the finger, and you will probably find ulceration of the rectum of a tertiary syphilitic character, with very likely more or less stricture. We do not happen to have had lately in my wards any case of the kind, but you will see from time to time women who have had these tertiary ulcerations of the rectum, which lead later on to very severe stricture, and occasionally require operative interference.

A mother may come to you saying that her child's body comes down—that is the expression generally used among the poorer classes—and she at once assumes that it is a case of prolapsus. Now, be on your guard about that, because cases of the "body coming down" are not all cases of prolapsus. Of course many are, but you should observe the case for yourself, and take the trouble to put your finger into the bowel. In many cases you will find that there is a little pedunculated growth hanging there, which, when the child strains, comes through the sphincter or presents at the anus, and which is nothing more nor less than a polypus. These small rectal polypi are not un-