

their division becomes a necessity the best way, if there is one, of making the incision, should be chosen. Can we hope that ere long there will be a method of cure for fistula-in-ano that will exclude even the possibility of incontinence?

Considering the anatomical conformation of the perineum, the mutual dependence of perfect function, I would admonish those engaged in rectal surgery to not forget that in-different and multiple injuries (even surgical injuries) should not be indulged in, for fear of a result that would prove more painful and unendurable than the condition which indicated operative interference.

We believe that incontinence can be obviated by relieving the tension of the fibers of the levator ani muscle at their attachment to the external sphincter, or both the external and the internal sphincter by nicking the fibers of said muscles on either side of the fistulous tract, and thus permitting an incision of the muscle at right angles to the same

"ULCERATION OF THE RECTUM IN
PREGNANT WOMEN AND THE
PART IT PLAYS AS A FAC-
TOR IN ABORTION;
CASES."
WITH A REPORT
REPORT OF

BY LEON STRAUS, M.D., OF ST. LOUIS, MO.

Sixteen years devoted to diseases of the rectum exclusively has afforded the author the opportunity to see and classify a large number of cases of irritable ulcer of the rectum in pregnancy, to say nothing of a much larger number not associated with this condition. He has kept a careful record of these most interesting cases and has classified them with reference to certain conclusions, namely, that it is a factor not infrequently overlooked. Then, too, many general practitioners make the contention that an operation is uncalled for and unwarranted, that is to say, an operation will certainly produce the very result which it is intended to avoid.

He dissented absolutely from this contention, and for that reason reported the results of his work along this line and his final conclusions. He has operated twenty-four times for irritable ulcer of the rectum in pregnant women. Not all of these operations were made to prevent abortion. In fact only fourteen had had one or more abortions. That leaves ten for which the operation was made to relieve the distressing pain from which these patients suffer. A number of these cases are unique and teach a lesson apart from the average case. The history, symptoms and results of several such cases were reported and the following conclusions were drawn.

First—That irritable ulcer of the rectum is not an infrequent factor in abortion and miscarriage.

Second—That the local lesion is not recognized by the general practitioner as a factor in abortion and miscarriage.

Third—That you will meet strong opposition to operative interference by the general practitioner.

Fourth—That you can and should operate at any period of the pregnancy if indicated.

Fifth—That the danger and only danger is in leaving the fissure without operating.

Sixth—That you may and will often have to assume the entire responsibility for the outcome of the operative procedure.

Seventh—That we proctologists should teach on the by-ways and highways of surgery the invariable indication for surgical interference in these unfortunate cases

"A CASE OF LOCALIZED DERMATITIS
FOLLOWING THE USE OF QUI-
NINE AND UREA AS A LOCAL
ANESTHETIC IN A CASE OF
FISSURE AND HEMOR-
RHOIDS."

BY ARTHUR HEBB, M.D., OF BALTIMORE, MD:

Three days after the use of a 1 per cent aqueous solution of quinine and urea, as a local anesthetic in a case of fissure and hemor-