

He is firmly convinced that copabia and sandal wood possess a salutary influence in modifying the urethral discharge. At the end of the third or beginning of the fourth week, when the discharge is scanty and contains few or no gonococci, he supplements the silver with an astringent injection containing zinc, lead and hydrastis. If the mucous discharge continues into the fourth week, alum is added. He regards invasion of the posterior urethra as an inevitable sequence in all cases, and advises that the physician be on the alert to note its occurrence; which might be so mild as to es-

cape notice. His conception of the treatment of the posterior involvement is thoroughly in keeping with the teaching of modern writers. He says no brilliant results have been attained, the majority of cases requiring from six to eight weeks to accomplish a perfect cure. He regards vaccines as of no value in acute or chronic urethral infection; though in some observations made at the Philadelphia General Hospital the use of the serum seemed to be followed by some benefit in cases of gonorrheal rheumatism.

P. B.

PROCTOLOGY

"PRIMARY MELANOTIC SARCOMA OF THE RECTUM AND ANUS WITH REPORT OF TWO CASES."

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Dr. Louis J. Krouse, of Cincinnati, states that very little space has been devoted to this subject in works on general surgery. He has gathered all the cases of this disease which have been reported in the literature up to date, and has compared the relative infrequency of this class of neoplasm with other malignant growths located in the same region. Of the nineteen members of the American Proctologic Association, with whom he corresponded, only four reported six cases, which added to the two of the author's, make eight cases, showing the infrequency of this class of new formation. Fifty-two cases were collected from the medical literature, making altogether sixty cases.

In forty-five cases, in which the age and sex of the patients were specified, there were twenty-eight males and only seventeen females. No decade was exempt except the first, the youngest being a boy, aged seven-

teen; and the oldest a man aged seventy-five. It was more prevalent in the sixth decade, being a disease of the middle period of life and old age. The average age was forty-nine years and five months.

Of the fifty-one cases in which the location of the growth was noted, thirty-seven were situated in the anus, thirteen in the rectum and one in the sigmoid. The anal cases represented 72.5 per cent., the rectal 25.5 per cent.

Concerning the etiology of these melanotic growths, some authors claim that in the great majority of cases one can find a distinct positive cause. It is the opinion of these authorities that the growths originate from birthmarks, or pigmented moles and warts. Wagner found this to be the case thirty-seven times in the one hundred and forty-five cases of Dieterich, or 26.2 per cent. In his own cases the percentage was higher, being found nine times in the nineteen cases, or 47.3 per cent. Eve found it to occur twenty-six times in thirty-three cases of melanotic sarcoma, or 78.8 per cent. As pigmented moles or warts are not likely to be found in the rectum, the author suggests that perhaps the papillæ, which are situated at the border line where the skin and mucous membrane unite, may act as

the starting point from which these growths originate.

From the author's compiled table he finds that thirty-one cases were operated upon and ten were not. Of the thirty-one cases only twenty-eight can be utilized. Of these, eleven had had no recurrences and seventeen had recurrences. Five lived beyond the three years limit without recurrence. Tuttle, Key and Drenkhohn, each had one case, and Esmarch had two. Tuttle's died in three years and four months of metastasis; Key's died at the end of the third year of recurrence; Drenkhohn's died of ileus at the end of the third year. Only Esmarch's cases had no recurrences; one was alive at the end of the eleventh year, and the other at the end of the third year.

Attention is drawn to the rapid recurrence after operation. Three had recurrence as early as the fourteenth day, two between the second and fifth months, four between the fifth and twelfth months, and two between the first and third year.

The average length of time that the patient lived after an operation, dying of recurrence, was nine months; the shortest was five weeks, and the longest three years.

The duration of the disease was noted in twenty-four cases from the time of the first appearance of the trouble to the day of operation. The longest was four years and the shortest two months; the average fourteen months and twenty-two days.

The length of time that the patients lived without operative interference can be arrived at from the report of four cases. One lived two years and eight days; another one year and five weeks; another one year; and the fourth lived five months—an average of about thirteen months.

The length of time from the first appearance of the trouble, till death, where no operation was performed, in three cases was: one lived one year and five weeks; one lived two years and eight days, and the third lived five months.

A microscopical examination of the tumors revealed that most of them were of the alveolar type.

He concludes his paper with the suggestion that as the course of the disease is so malignant, extirpation is the only rational thing to be done. Not only should the neoplasm be removed thoroughly, but a good deal of healthy tissue should be sacrificed. Should the tumor be located at or near the anus, the sphincters as well as the inguinal glands should be extirpated.

A. B. C.

SOME COLONIC, SIGMOIDAL AND RECTAL CONDITIONS.

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Dr. Edwin A. Hamilton, Columbus, Ohio, states that the ascending and a portion of transverse colon have to do with absorption of the fluids of the digestive tube. The descending colon and sigmoid are concerned with storing fecal debris. There are changes in the intestinal wall of the descending colon, sigmoid and rectum which are due to the function of these parts. On account of the stagnation, fermentation and putrefaction in the contained mass, toxins and bacteria, under conditions favorable to this process, pass through the mucosa into the wall of the bowel. The result of this permeation of the wall of the intestine is an irritation which brings on a round cell infiltration of its layers. This infiltration diminishes the elasticity of the viscus and by its slow but inevitable contraction diminishes its lumen. This same process of round cell infiltration may attack the mesenteries of these various divisions of the bowel and cause thickening and contraction of them. The main symptom of this condition is prolonged and intractable constipation with all its morbid sequellæ.

After fibrosis has occurred the affected area