

is aggravated by *warmth* and *moisture*, and still more so by the *constant scratching* from which most patients cannot refrain. Patients who have suffered from this condition for any length of time are often extremely depressed, and their melancholy expression, and the manner in which they answer questions, show that they regard their condition as almost hopeless; indeed, many state that they feel quite desperate.

The appearances seen on examination vary according to the duration of the disease and the amount of scratching which has taken place.

If examined in an *early* stage there may be absolutely no visible sign of the condition either in the skin or mucous membrane; but *later on*, and especially if there is any discharge, the skin may appear eczematous, little red oval patches appearing in places from which the white, soddened epidermis has been removed, or the skin may look and feel abnormally dry. In either case the folds of skin at the anal margin are apt to become much hypertrophied, and small superficial cracks are not uncommonly present. In the *last stage*, the pigment disappears, the skin becomes a dead white colour, and its natural elasticity disappears. Allingham describes it as having more resemblance to "very white parchment than natural integument," and he regards this condition as quite *pathognomic* of the disease.

*Treatment.*—Our first care must be to try to find out the cause of the pruritus. If due to some general cause, such as irregularities in diet, gout or diabetes, &c., this must first be treated, and may be all that is required. In cases of long standing, however, the peri-anal skin may have become so much altered that the pruritus requires separate and independent treatment. Of the local causes already mentioned, fissure, ulcer, fistula, and hæmorrhoids are the conditions most usually found associated with pruritus, the proper treatment of which will usually cure the pruritus.

The skin affections—erythema and eczema—require the same treatment in the anal region as elsewhere. If a well-defined red margin exists, *tinea circinata* may be suspected, and, should the *trichophyton* be found, treatment by a mercurial ointment and creasote is indicated; but it should be remembered that *tinea circinata*, or what is sometimes known as the eczema marginatum of Helva, is not a common skin eruption in this region.

Threadworms are a more common cause of

pruritus than is perhaps generally recognised. A few rectal injections of salt and water, combined, if necessary, with a morning dose of Friedrichshall or Apenta water, will soon get rid of them; but the patient must be warned against scratching himself, and must keep his nails short, and on no account bite them, otherwise he runs a considerable risk of reinfecting himself. Uncooked vegetables should be avoided.

If there is reason to suppose that disease of a neighbouring organ is the cause of the pruritus, this must, of course, be treated. In some patients there can be little doubt that uncleanly habits much aggravate, if they do not actually cause, pruritus. Such should be advised to cleanse the anus with coal-tar soap and water each time after defecation, and carefully to dry the skin afterwards. If the anal region is unduly moist, the application of a powder containing equal parts of oxide of zinc and starch will often work wonders.

The general causes of pruritus must be treated on ordinary principles. Patients of an irritable or neurotic temperament should be advised to go in for some kind of exercise, which will not only improve their general health, but also distract their thoughts from their condition.

For the treatment of cases for which no definite cause can be found, innumerable ointments and lotions have been recommended, many of which have been vaunted as specifics. Much benefit is frequently derived from the simple calomel ointment, used either by itself or in conjunction with 10 to 15 grains of hydrochlorate of cocaine to the ounce, or from the oxide of zinc and camphor lotion. It is sometimes quite impossible to predict what particular lotion or ointment will suit a given case, and in one requiring prolonged treatment it is usually advisable to make frequent changes. As a general rule, to which, however, there are many exceptions, it will be found that if there is undue moisture about the anus, a powder will be found more suitable than a lotion or ointment.

Amongst the more or less empirical modes of treatment, hot boracic fomentations applied at bedtime will often be found to give great relief, as does also the cutting off of redundant folds of skin round the anus; but unfortunately the latter mode of treatment can never be relied upon, and the results are frequently disappointing.

Sometimes forcible stretching of the sphincter

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