

Vidal (de Cassis)* relates that he was requested to see a paralytic patient said to have had diarrhœa for a very long period; he had been drenched with rice water, and even leeches had been applied to the abdomen to relieve the colicky pains. The rectum was examined and found distended with a mass of hardened fœces, which was removed, and immediate relief followed. There was here then constipation and diarrhœa, retention and incontinence, as around the mass of indurated fœces were liquid matters, which escaped from the anus at every instant. The patient complains of a feeling of itching, heat, and weight about the anus; there is frequently a discharge of semi-purulent or mucous matters, and the fœces are occasionally tinged with blood.

2. *Constitutional symptoms.* From a very early period of the affection the digestive functions become impaired, and we have present many of the symptoms of dyspepsia; more or less torpor of the liver, and hence the almost constant state of constipation; the tongue is coated, and the appetite very capricious; flatulency, and spasmodic pain or colic, in the abdomen, and frequently, from abdominal distention the free play of the lungs is seriously interfered with; the countenance has a dull sunken appearance, and, at a more advanced period, it is characteristically expressive of very severe uneasiness and anxiety, if not of constant suffering. There is more or less headache, and sleep is always disturbed; the action of the kidneys is impaired, the urine being scanty and high-coloured, and its discharge is frequently attended with pain; irritation of the bladder; pain sometimes at the end of the penis after micturition. In the female there is irritation of the uterus, accompanied with bearing-down or expulsive efforts; pains or cramps radiating around the pelvis to the back and down the thighs; at a more advanced period general debility becomes one of the most prominent symptoms.

If the index finger of either hand is well oiled, and very gently passed through the anus, it will in a great majority of cases come in contact, at a distance of from two to three inches and a half, with a hard, incompressible ring, having but a small perforation in the centre, through which the apex of the finger cannot be made to pass without very great force, and an increase of all the local symptoms. Should the stricture be situated at a greater distance than four inches, and, consequently beyond the reach of the finger,—happily of rare occurrence—recourse must be had to the use of rectum bougies, or what is preferable, to the bulbous or silver ball form of this instrument, as it is less liable to become entangled and arrested in the folds of the mucous membrane, at or about a level with the promontory of the sacrum, or the junction of the first portion of the rectum with the sigmoid flexure of the colon, opposite the left sacro-iliac symphysis. This examination is by no manner of means easy of performance, or satisfactory in its results, as cases are not wanting where stricture had been supposed to exist, and treated as such, and after death no stricture has been discovered. "If you employ the force necessary to make the bougie penetrate through the stricture, is there no danger of its penetrating the tunics of the intestine instead? This last is no theoretical objection to the use of these long bougies in diseases of those parts. I will not say that I have *seen* the patients, but I have

* *Traité de Pathologie Externe*, 3me edition, vol. IV., p. 367, Paris, 1851.