large mucous follicles intended to favour the easy passage of the excretions; a high degree of sensibility, oftentimes morbidly exalted; a receptacle wherein irritating substances accumulated by their volume, their consistence or composition; in both sexes the proximity of the most active portion of the genito-urinary organs, whose excitations, congestions or pathological changes promptly extend to the surrounding organs; finally, fits of coughing, even the mere effort of talking, severe muscular action reflected upon the anal region, press, and there confine venous blood; such are some, though not all, of the principal conditions of structure, of functions and connections, which render the rectum and anus of such importance in pathology.

These considerations could not fail to strike the mind and arrest the attention of the observing practitioner; thus many of the diseases of the terminal portion of the digestive tube, supposed formerly to be of rare occurrence, because they were imperfectly understood, have been more attentively studied during the last twenty years, and have become very lately objects of special if not general attention."*

II. Surgical Anatomy of the Rectum.

It will not be out of place, at the onset, for a proper understanding of our subject, and a full knowledge of the parts implicated in stricture, and more particularly in relation to the surgical treatment, as will hereafter be demonstrated to be the only correct and permanent mode of treating this affection, to trace a brief sketch of the surgical anatomy of the rectum.

This portion of the intestinal canal—variously estimated by anatomists to be from six to nine inches in length—is continuous with the sigmoid flexure of the colon, opposite the left sacro-iliac symphisis, and passes obliquely downwards to the right where it rests upon the middle of the sacrum; now it continues downwards moulded upon the curvature of the sacrum and coccyx, next it inclines somewhat backwards and forwards to terminate at the anal orifice, or more correctly speaking, at the upper fibres of the external sphincter muscle. The rectum —one of the many anatomical misnomers—will now be seen to be far from being a straight canal as its name would otherwise imply, has been divided into three portions.

The *first*, or upper *portion*, from three to five inches in length, extends downwards and to the right from the left sacro-iliac symphisis, to the middle of the third sacral vertebra; it is invested by peritoneum on its anterior, lateral, and two-thirds of its posterior surfaces, where the serous membranes of the opposite sides unite to form the meso-rectum, which attaches the gut, rather loosely, to the upper segment of the sacral bone. Posteriorly it rests upon the pyriform muscle, and is separated from the sacrum and its iliac junction by the sacral plexus of nerves, the branches of the left internal iliac artery, the superior hemorrhoidal or terminal branch of the inferior mesenteric artery, and lastly, by loose cellular tissue; anteriorly, the peritoneum is reflected from the intestine upon the posterior surface of the uterus, and its appendages in the female, and upon the posterior surface of the bladder in the male, at a distance of from four to five

* J. L. Bégin, Annales de la Chirurgie Française et Etrangère, 1841; vol. 3, p. 180.