

It appears to me to commence in the cellular membrane connecting the coats of the intestine; an opinion not only rendered probable from the appearance of the parts, but from the evident facility with which the disease extends itself in the cellular tissue.”\*

### XV. TREATMENT OF STRICTURE.

I have now come to the consideration of the treatment of stricture, and it is in this part, more particularly, that I am compelled to dissent, and not without reason I believe, from the views entertained by teachers and writers and adopted by the profession at large. The only indication that presents itself is the restoration of the canal of the intestine to its normal dimensions, and this object can only be secured through the mechanical means now employed, or through an operation that has proved uniformly successful in my hands.

I will, first, speak of the treatment of simple stricture by the process of dilatation. The first step in the operation is to pay attention to the condition of the bowels, and in some measure soothe the irritation which is constantly kept up in the rectum by the presence of a large mass of fæces pressing upon the strictured part; the patient should be ordered light mucilaginous drinks, the food to consist of such articles as leave but little solid residue that no further additions may be made to the already large faecal mass; the daily use of tepid injections thrown through a long pipe *beyond* the stricture, and allowed to sojourn in the bowel as long as is compatible with the comfort of the patient, by which means, if properly carried out, the hardened fæces will become softened and diluted, and their evacuation, in a fluid state, is attended with much less pain and straining than in the opposite condition; the patient will in some measure be relieved, and be better prepared for the second part of the treatment. This is to be attempted by the use of bougies, if the stricture is within reach of the finger, commencing with one that will just enter the contracted canal, and in proportion as dilatation is effected, the size of the instrument is to be slowly and gradually increased, and introduced once in two or three days allowing it to remain for some minutes, unless this is counteracted by irritation of the part, which is sometimes apt to spring up in spite of the most careful and gentle manipulation. This condition of things, when present, is to be treated by rest, the hip-bath, opium by injections or suppositories; in some cases the treatment requires to be more active, leeches and fomentations are to be applied to the anus and perineum; and if from the extension of the irritation, there should supervene much abdominal pain with the other symptoms of peritoneal inflammation, no time should be lost to overcome it by the measures usually employed in such cases, ignoring, for the time being, the primary cause of all the trouble, the stricture. When the unfavorable symptoms have been removed, the stricture will be found pretty much in the same condition as it was at the commencement of the treatment, and the same process must again be gone over.

What is the *object* of the bougies and will their use *cure* the stricture? These two important questions are readily and satisfactorily answered in the *negative* by reference to those most in favour of this mode of treatment. “Dilatation