

suffering was *not* cured of that stricture, for it was unquestionably demonstrated that *none* existed.

"The most usual seat is *two to three* inches from the anus; occasionally higher up, even in the sigmoid flexure of the colon; these cases are very rare, and their absolute existence has not generally been known till after death."*

"The situation in which we meet with strictures of the alimentary canal, is most commonly about the termination of the colon."†

"These, however, must be very rare cases, for all the best authorities declare the stricture to be almost universally low down."‡

"In the majority of cases which have fallen under my observation, the stricture has been situated between *five* and *six* inches from the anus, about the situation of the angle formed by the first portion of the rectum. Next in frequency, I have discovered the disease at the junction of the sigmoid flexure of the colon with the rectum."§

VII. SYMPTOMS OF SIMPLE STRICTURE.

The symptoms of simple stricture may be very properly considered under the heads of *special* and *general*, or *local* and *constitutional*.

1. *Special or local symptoms.* From the very onset the patient's attention is attracted to a very *characteristic* symptom, which is a more or less severe degree of pain in the process of defecation, accompanied with an unwonted desire of straining; this is generally preceded by a constipated state of the bowels,—a prominent and long precursory symptom—the stools are scanty, and the matters voided taking on variable appearances, being either in small lumps and hardened, compressed, flattened, oftentimes of a diameter scarcely larger than that of a crow-quill, and discharged in a convoluted or spiral form. Again, there may be a diametrically opposite state of things, that of diarrhoea, the fluid fæces being forcibly and almost involuntarily ejected, this last symptom is characteristic of the most advanced period of the disease; lastly, the two conditions, diarrhoea and constipation, may be present at one and the same time. A small portion, the crust of the hardened fæces which are retained in the rectum, becomes dissolved or diluted by the admixture of the intestinal mucus, and these matters are voided involuntarily: the practitioner might be led to suppose that the case was one of diarrhoea, when in reality it is one of *constipation*, various astringent remedies are administered, anodynes freely given to allay the pain and other abdominal symptoms, and yet the accumulation is allowed to increase daily; the physician is acting upon a pretended cause, and necessarily the patient dies either from abdominal inflammation, or from the great and sudden weakness certain to follow the evacuation of the enormous quantity of matters distending the intestinal canal.

* Ashton, Op. cit., p. 289.

† W. White, Observations on Strictures of the Rectum and other affections, 3rd edition, Bath, 1820, p. 47.

‡ South, Cheliv's Surgery, vol. II., p. 336.

§ F. Salmon, Stricture of the Rectum, 4th edition. London, 1830, p. 23.