

Having within the last few years seen seven cases of Stricture of the Rectum, and treated six of them upon a plan different from that generally advised by recognised authorities, and with entire success, a short history of this affection may not prove uninteresting to the junior practitioner, whilst to those who may have grown grey in the service, and have long been wedded to preconceived opinions, it may not be entirely beneath their notice. In the preparation of this paper I have availed myself of the labours of those who from chance or inclination, have been thrown in the way of making something of a specialty of this affection, and who are justly considered as orthodox upon the subject; in all cases where it was deemed proper or requisite, due credit has been awarded, and if I have dissented from long entertained and time-honoured views, more particularly upon the treatment, it has been because I have thought proper to leave a well-beaten track and strike out a new path for myself, and with what success my readers will be the best judges.

I cannot probably find a better preface to this paper than by the translation of an extract from a very practical monograph by a distinguished French surgeon:—"There is one fact, at once curious and important in pathological anatomy: it is that of all the portions or divisions of the alimentary canal, those that are normally of a contracted calibre, are the more ordinary seats of very serious alterations. In these narrowed portions, the blood vessels are more numerous, there is an increased degree of sensibility, the follicles are more developed, the texture is thicker and more compact, and the organization more complicated. It is here that we find *stopping* places called for by the functions to be carried on immediately above; here the contact is harsher, there is sometimes a species of elective organic action which will either permit or refuse the passage of foreign substances, depending upon the properties they may possess or may have acquired. Is there acute inflammation, the points I am indicating are the ones where it rages with the greatest severity, or accompanied by a special class of symptoms of an unusually intense description. Is it a case of chronic inflammation, or of one of those irritative affections which, after having implicated a large extent of surface, becomes limited and centered upon certain points, then rest assured that you will almost always find them in the regions alluded to, causing changes of structure, deep disorganization, and the creation of various morbid products, all of which so frequently baffle the most judicious and scientific efforts of the practitioner.

These culminating points in pathology, if I may be permitted the expression, are the isthmus of the fauces, the esophageal opening, the cardiac and pyloric orifices, the neighbourhood of the ilio-cæcal valve, and lastly, the lower portion of the rectum and anus. Examine cases, open bodies, and you will find that the very great majority of morbid affections, and more particularly those of a chronic nature, of the alimentary canal, select these points not only as their origin but as their principal or exclusive seats.

The termination of the large intestine, and the opening in which it is insensibly merged, are endowed with all the conditions necessary to render their lesions at once of very frequent occurrence, and of a very serious character. A double muscular ring around the anus, opened only by superior muscular power;