

satisfactory; the instrument may pass readily enough, perhaps, till it arrives opposite the promontory of the sacrum, when its further progress becomes suddenly and abruptly checked, the extremity of the bougie being either entangled in the folds of the mucous membrane or striking against the bone. Consequently stricture at the sigmoid flexure of the colon is to be looked upon as of extremely rare occurrence, and in many cases as very improbable. There are but few well established instances on record, ascertained positively only after death, as in the case of the great French tragedian Talma. In further illustration of this position, and the deception attending occasionally the use of the bougie, I will quote the following striking case:—"I was consulted by an elderly lady who had been supposed by two medical men of high respectability, to be suffering from stricture of the rectum, between 5 and 6 inches from the anus; finding that the coats of the rectum, though greatly dilated, were quite smooth and apparently sound in their texture, as far as my finger could reach, and conceiving that the symptoms of the case denoted a want of tone or proper action, rather than mechanical obstruction of the bowel, I expressed a decided opinion that there was no stricture in existence. Not many months afterwards, the patient died; and, when the body was opened, not the slightest trace of contraction could be discovered in the rectum, or any other part of the intestinal canal. One gentleman, who had been formerly in attendance, was present at this examination, and wishing to know what had caused the deception, which he said had led to more than *three hundred hours* being spent by himself and colleague, in endeavours to dilate the stricture with bougies, he introduced one as he was wont to do, and found that, upon arriving at the depth it used to reach, its *point* rested upon the *promontory* of the sacrum."*

It will not be out of place to quote a few extracts from well known writers, showing very conclusively the great diversity of opinion in relation to this important part of our subject. "Strictures are commonly situated in the lower part of the gut, within reach of the finger. Are they never situated higher up? I saw one case where the stricture of the rectum was about six inches above the anus; and I saw another case where there was stricture in the sigmoid flexure of the colon, and, manifestly, the consequence of a contracted cicatrix of an ulcer, which had formerly existed at this part. Every now and then also, I have heard from medical practitioners of my acquaintance, of a stricture of the upper part of the rectum, or of the sigmoid flexure of the colon having been discovered after death. Such cases, however, you may be assured are of *very rare* occurrence."†

"Any one who maintains that strictures exist at *ten or twelve* inches, and who pretends to be able to *cure* them, must be extremely *ignorant*, or *intentionally deceives* the patient."‡ He alludes in one of his lectures to a man, W. C., who had been treated by bougies for a stricture of the rectum, at the height of *thirteen* inches! It is needless to say, that the poor fellow after long and patient

* Syme, Op. cit., pp. 110-11.

† Sir Benj. C. Brodie, Lectures on Diseases of the Rectum, London Medical Gazette, April 4, 1853, p. 30.

‡ Syme, London Lancet, April 5, p. 356.