

XII. COURSE AND TERMINATION OF STRICTURE.

The progress of this affection is, in some cases, very insidious and much advance may have been made, and the symptoms have become very urgent before assistance is applied for. In other cases the stricture rapidly advances to complete obstruction, with retention of the fæces, vomiting, pain, and all the accompanying symptoms of intestinal strangulation. A large sac, or pouch, is at times formed by the lodging of a large mass of feculent matter just above the strictured part, which may ulcerate, and either give rise to fistula-in-ano, when an operation, under otherwise favourable circumstances, for the new disease, may prove the salvation of the unfortunate patient; in the female the abscess may open into the vagina, when fæces will escape through this canal; in the male the ulceration sometimes communicates with the bladder, when flatus, urine, and fæces are simultaneously voided; in other instances, again, the ulcer perforates the intestine implicating the peritoneum, with an aggravation of all the symptoms, and the patient dies a prompt death from serous inflammation.

When surgical art avails not, death will take place, as just said, from peritoneal inflammation, directly or indirectly propagated to the peritoneum, or more slowly though not less surely, by a sinking of the patient's strength. The disease may yet progress to complete occlusion, and still the patient may linger an existence of suffering for many weeks; we find in Miller* the record of a case of constipation of thirty days' duration; and in three other cases complete obstruction

* Practice of Surgery, Philadelphia, 1845, p. 434.

lasted from forty to fifty days. We also find mention of a case of five weeks duration, when the stricture suddenly gave way, hardened fæces mixed with blood and mucus discharged, which were speedily followed by abundant feculent evacuations, and the patient ultimately recovered.

In other cases, nothing remains but the making of an artificial anus—a proceeding generally terminating in death—from the previous general impaired state of the system. Lastly, obstruction may take place very suddenly and unexpectedly from acute intestinal strangulation, and death has occurred within two or three days. Persons have been known to die from accumulation of fæces, before ulceration and its symptoms have manifested themselves, or been attended by the evidences of internal strangulation.

The extent of intestinal surface involved in simple stricture varies in almost every case; in some it may be from three to four inches in length; in others it will form but a narrow ring scarcely half an inch, and frequently less, in thickness, above which the caliber of the intestine is of its normal diameter, though it often forms a pouch of considerable magnitude. In some rare cases, as in one that came under my observation, that of Mrs. H., No. 3.—there was a double stricture at an interval of near two inches, the second, or highest one, not being discovered till after the first one, near the anus, had been divided, when the finger being pushed through, came in contact with the second. It is very seldom that a simple stricture forms but a partial division across the intestine, though bands have been discovered stretching from one side to the other, leaving a variable space above and below for the passage of the excretions; these bands are sometimes torn, or they become still more strongly organized and tense from