

The impaction of various substances after having been swallowed either intentionally or otherwise, may set up a great amount of irritation at the sigmoid flexure, not only causing stricture, but determining ulceration of the bowel, as was seen in an interesting case where a person had swallowed some hog's bristles.*

Again it has been asserted, though I conceive without sufficient reasons, that stricture has arisen from the metastasis of various cutaneous affections,† or from the suppression of habitual discharges; syphilis has also been looked upon as a cause; this can be readily granted if there should be a direct application of the specific matter to the part producing ulceration, cicatrization and contraction of the bowel, but it cannot be admitted upon purely constitutional grounds, unless analogy comes to our assistance, from what we know is of so frequent occurrence in the upper and first portion of the alimentary canal, I allude to the mouth and fauces. The long, and often injudicious use of drastic purgatives, or the incautious use of a syringe, may also be looked upon as exciting, if not directly predisposing causes. Tanchou‡ cites the case of a lady who had had no stool for *two months and a half*; there was no stricture of any portion of the intestine, and the constipation was due to the inordinate and careless use of injections, whereby the contractile power of the bowel had been very much weakened, and very nearly absolutely lost.

V. VARIETIES OR FORMS OF STRICTURE.

Stricture of the rectum may present itself under one of three forms:—1st. *Simple*, fibrous or organic, with thickening of the mucous or muscular coats of the bowel, the result of chronic inflammation; 2nd. *Spasmodic*, resulting as its name implies, from abnormal action of the sphincters, and most generally as an accompaniment or symptom of hemorrhoids or ulcerations of the membrane in the immediate vicinity; 3rd. *Malignant*, or scirrhus, consisting in specific degeneration.

VI. SEATS OF STRICTURE.

Much discrepancy exists among writers as to the portion of the intestine most likely to suffer from stricture; it is said to have been found at distances varying from *two* to *ten* inches from the anus. In thirty-one cases, the stricture was ascertained to be at from *two* to *four* inches in twenty cases; from *four* to *six* inches in ten cases; and in only *one* case it is reported to have existed *ten* inches above the anal orifice, consequently above the sigmoid flexure of the colon. It will, therefore, be seen that in three out of every four cases, we are to look for the stricture within reach of the finger; that is from two to four inches up the bowel; and in those cases where the assemblage of symptoms would lead us to suspect the existence of stricture, though unascertainable by the finger, and recourse is had to an exploring bougie, we must bear in mind that the examination is attended with much difficulty, and is far from being conclusive or

* J. Burrell, Edinburgh Medical Journal, vol. 9, p. 110.

† Dessault, op. cit., p. 423.

‡ Traité des Retrecisements du canal de l'Uretre de l'Intestin et Rectum. Paris, 1835, p. 29.