

so slowly and insidiously, that it was only at the first examination, that an impermeable barrier was discovered and from which unfortunate state of things no relief can be found except in death.

When the stricture is of the scirrhus form, there will be a greater degree of induration and contraction with more or less irregularity of surface, and with a tendency to spread upwards, rather than downwards towards the anus; the disease may spring out in the cellular tissue surrounding the rectum, it will then press upon it, and from contiguity, the entire intestine, and indeed all the tissues and organs of the pelvic cavity will become cemented into one hard, immovable cancerous mass. The stricture, in some cases, may be due to the development of a soft cauliflower excrescence springing from one side of the intestine, presenting a large number of small nodulated tumors which slowly invade the whole circumference of the intestine forming a ring, or shooting across one segment makes a band which becomes rapidly developed into a complete closure of the intestine.

XI. PROGNOSIS OF STRICTURE.

After the case has been properly and unequivocally determined to be one of stricture, many circumstances must be taken into consideration before we can rest upon a correct prognosis; we must question the age of the patient and his habits of life, the local and general symptoms, the causes predisposing or exciting of the stricture, its duration, situation, and ascertainable physical characters.

If the constitution is unimpaired, without complications of structural disease in remote or proximate regions; if the stricture is within reach of the finger, and the induration is of an even, smooth surface, we may safely promise the patient a prompt recovery by a judicious plan of treatment. If, on the other hand, the contraction is of long duration and very tight, and accompanied with a great degree of constitutional disturbance, we must express a guarded opinion; and, lastly, if the stricture passes to the ulcerative stage—although not of a malignant character—no hopes, indeed, should be entertained, as, in numerous cases, treatment has not only aggravated the symptoms, but has undoubtedly hastened the fatal issue.

If the patient is somewhat advanced in years, the pain of a constant, shooting nature, and the external manifestations of malignant disease are present, the prognosis becomes highly unfavourable, although he may live for many years. But if the patient has attained about the middle period of life, and the obstruction is the consequence of non-specific inflammation, and proceeds without any very great amount of local or general disturbance, and application is made at an early period, there can be no question as to the favourable issue of the case.

If the stricture is beyond the reach of the finger, and its existence supposed to have been ascertained only through the use of bougies, the chances of the patient are measurably lessened, as the very great difficulty, if not impossibility, in some cases, of satisfactorily introducing the instrument to a greater distance than five or six inches, will always render the treatment tedious, painful and very doubtful, leaving out of the question the complications that may arise from injuries inflicted upon a healthy portion of the intestine.