

I believe, of *lithotomy in the rectum*. The after treatment was carefully attended to, the man recovered, and was living several years after free from any inconvenience whatever. Again, that foreign bodies may remain for some years imbedded in the immediate vicinity of the bowel, implicating its tunics and infringing upon its diameters, without, however, the production of very serious, if any evil consequences, is proved by an interesting and novel case I communicated lately to the pages of the *British American Journal of the Medical and Physical Sciences* of this city.*

Operations performed in the perineal or anal regions for the cure of fistula-in-ano, or the removal of hemorrhoidal growths, have been known to be followed with the amount of irritation requisite to induce contraction; yet it is emphatically asserted "that *no* operation for the cure either of hemorrhoidal tumours or fistula-in-ano, ever *did*, or ever *will*, tend to the production of stricture or other diseases of the gut, provided the operation is rightly performed, and that proper attention is afterwards paid to the general health of the patient."†

After this unqualified assertion, the reader may not be a little surprised to hear that the same surgeon, in his reported cases, mentions no less than two instances where the stricture followed his operations for the cure of fistula-in-ano.‡ We must, in all kindness, presume that the operations were rightly performed, and that the necessary care in the after treatment and general condition of the patient had been attended to, and still stricture was the result. Therefore, we must class as among the occasionally accidental causes of stricture of the rectum, operations performed upon this portion of the alimentary canal.

Of the *local, predisposing, or constitutional* causes, as has already been said of the other diseases of the bowel, constipation, by whatever cause it may be induced, stands in the first rank as productive of stricture; the hardened feces passing slowly through the intestine are retarded by its various curvatures and the folds of its mucous membrane, accumulate and distend the part, thereby exciting an undue degree of irritation and pressure, resulting in a low-chronic form of inflammation and its sequences: an acrimonious or acid condition of the alvine excretions; the never ceasing irritation of protracted diarrhæa, and more particularly of dysentery, and the cicatrization of ulcers frequently attending these complaints; functional disorders of the stomach and its accessories, more especially the liver; the development of adventitious structures in or around the bowel, such as adipose, and less frequently, though certainly not the less fortunately, scirrhus tumours, though a contrary opinion is entertained by a distinguished writer, who says that malignant structural change is of more common occurrence than simple degeneration.§ Exostosis of some portion of the sacral or coccygeal bones; an enlarged and indurated prostate gland, and a misplaced uterus, have all, at various times, been known to produce the affection under consideration.

* March, 1860, p. 99.

† J. Howship, *Practical observations on the symptoms, &c., of the diseases of the Lower Intestines and Anus*. London, 1824, p. 3.

‡ Op. cit., case 14, page 51; case 15, page 52.

§ James Syme, *Diseases of the Rectum*, 3rd edition. Edinburgh, 1854, p. 49.