

sphincter; having cleared it, it will feel a depression in the mucous membrane either in the form of a small soft ulcer or, more commonly, in that of a narrow, long fissure or crack, with raised and soft edges, in one of the folds of the mucous membrane at a point corresponding generally with the coccyx. The contact of the finger increases the acuteness of the pain, and on its withdrawal it will be stained with blood, marking pretty accurately not only the form and extent of the fissure, but also its situation. The constitutional symptoms are strongly marked: the countenance is expressive of great suffering; disorder of the digestive organs; extreme nervous irritability, and all the other attendants of severe and protracted disease. The diagnosis of Fissure may be summed up in the following few words; the presence of the fissure itself, the spasmodic contraction of the sphincter ani, and the burning pain.

f. *Simple inflammation of the Rectum*.—This may be induced by numerous and varied causes, many of them similar to those productive of simple Stricture; there will be smart irritative fever, a distressing burning pain, and heaviness and throbbing at the anus and in the rectum; the evacuations are scanty, and mixed with mucous or bloody discharges; tenesmus and sympathetic contraction of the sphincter muscle; irritation of the genito-urinary organs, at times strangury, and even retention of urine. The finger introduced in the rectum will find its natural heat increased to a high standard, the mucous membrane smooth throughout its extent, and bathed with the morbid secretion characteristic of simple inflammation of the Rectum.

g. *Spasmodic Stricture*.—Little need be said as to the diagnosis between spasmodic and simple or organic stricture of the Rectum, attention to the predisposing causes, their complications, the peculiarity of the symptoms, and a physical examination, detecting the increased thickness of the sphincter and its very contracted condition, will soon determine the points at issue.

h. *Malignant Stricture*.—The diagnosis between simple and malignant stricture is attended with numerous difficulties, and in some instances a satisfactory distinction cannot be arrived at.* The age of the patient, the hereditary tendency, or acquired constitutional diathesis, and the immediate causes producing the obstruction, must be closely questioned. If the subject is young, or under the middle period of life, and the stricture clearly results from simple inflammation, its progress will, generally, be more rapid, and all the symptoms more clearly defined. The finger, during an examination, although it detects a considerable amount of hardness in the affected part, will be of a smooth uniform surface, and does not impart the rough and stony feel peculiar to scirrhus. This form of stricture has been observed more frequently in the first portion of the rectum than simple stricture; and is characterized by the peculiar sharp and lancinating pain through the affected part, together with a more constant feeling of heat, and a discharge of sanguineous or fetid purulent matter, which discharge is always increased by an examination, and after an evacuation. At a more advanced period the contraction will increase, the pains are more acute, the progress of the case is very rapid, and the constitutional complications develop themselves. We must, however, bear in mind, that in a few cases the disease has run its course