

the mucous membrane to take place in the line of least resistance, when the bowels, after constipation, are made to move and the mass of hardened feces is forced through the anus and propelled anteriorly rather, than as is usual, posteriorly.

The most common cause of fissura ani is constipation, followed by a passage of hardened feces over the delicate mucous membrane which may cause a laceration to be stopped only at the muco-cutaneous junction, on account of the toughness or thickness of the skin at the anal margin.

FISSURE MAY ALSO BE CAUSED BY:

1. Atrophic proctitis.
2. Congenital narrowness of the anus.
3. Diseases causing prolonged straining at stool, as diarrhoea or dysentery.
4. Foreign bodies passed from above or per rectum.
5. Syphilitic, tubercular, venereal or malignant ulceration of the rectum or colon.
6. Rectal masturbation, pederasty.
7. Improper instrumental examination.
8. Careless introduction of syringe nozzle while giving an enema.
9. Injury due to child-birth.
10. Prurigo, eczema, or other skin diseases involving the anal region.
11. Hemorrhoids may accompany or cause fissure.

According to the great number of cases seen in the Rectal Clinic of the Post-Graduate Hospital it would seem that contraction or spasm of the sphincter muscle is due to the tear of the mucous membrane and not the reverse, as advocated by some proctologists, that is, that fissure is due to spasm of the sphincter muscle.

The usual formation of fissure is as follows:

During a hard passage of feces after constipation accompanied with severe straining at stool, some projection of the fecal mass is caught or forced into one of the semilunar valves,