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Selections: Medicine.

THE INFLUENCE OF CONSTIPATION
IN DEVELOPING DISEASE IN THE
RECTUM AND ANUS.

An Inquiry into the Structure and Office of the Large Intestine and its Terminal Orifice, and the manner in which they behave when diseased.

BY REUBEN A. VANCE, M.D., OF CINCINNATI, O.

THE subject I have chosen for my remarks this evening possesses so many points of interest that I am forced to abandon any endeavour to treat it exhaustively, and shall limit myself to but few of the numerous questions connected with it. Yet, in order to do justice to the subjects I design discussing it is necessary to premise a few words relative to the structure of the parts involved, and to glance at the physiology of defecation. The principles involved in the development of one of the diseases excited by the morbid processes attendant upon and succeeding constipation—for instance, ulceration of the rectum—are essentially the same in respect of the other affections due to that condition of the abdominal organs. Consequently, the conclusions reached in relation to the ætiology of ulceration will apply, in great measure, to the development of other disorders in that organ.

In treating of the physiology of the rectum it is not only necessary to inculcate true views; erroneous doctrines must be combatted. On the present occasion it must suffice to state the former for there is no time for the latter. Modern researches have substantiated, in great degree, the ideas promulgated many years since by O'Beirne, of Dublin. He drew attention

to the similarity that exists between the œsophagus and the rectum—the commencement and termination of the alimentary canal; and declared that the resemblance was not limited to visual characters and anatomical appearance, but could be traced in the offices performed by the respective structures. For instance, when the canal of the œsophagus is not distended by a bolus of food, its walls are in apposition; notwithstanding the popular and professional preconception to the contrary, he declared that an identical state of facts existed in the rectum—that normally the walls of the rectum were in contact and its canal closed except during the few moments following a call to the water-closet and preceding the regular evacuation of the bowels; that coincident with the uneasy sensation that is recognised as a call to evacuate the bowels, the band of muscular fibres at the junction of rectum and sigmoid flexure relaxes, and with this relaxation, the upper opening into the rectum becomes patent, and the feces, heretofore contained in the sigmoid flexure, pass through this orifice and enter the canal of the rectum. As a general rule this opening of the passage-way between the colon and rectum occurs but once in the twenty-four hours: if the intimation then given is heeded, and the individual retires, the bowels are easily and naturally evacuated. If however, on the contrary, this call to the closet is resisted, the uneasy sensation, after persisting for a variable period of time, subsides, an anti-peristaltic contraction is excited in the walls of the rectum and the feces which have passed from the colon into the rectum, are returned to the cavity of the sigmoid flexure, and the walls of the rectum again fall