

fully remembered to ensure the safe and complete passage of the bougie throughout the extent of the rectum.

Another reason why strictures are not treated by the use of the knife has been from fear of *hemorrhage*. Let us point out the sources whence the bleeding may possibly arise:—1st. The superior hemorrhoidal, the terminal branch of the inferior mesenteric artery, descends between the layers of the mesorectum, and opposite the middle of the sacrum, divides into two branches which ramify between the mucous and muscular coats to near the termination of the intestine, where they anastomose with each other, and with 2nd, the inferior hemorrhoidals, two or three small branches sent off by the internal pudic artery, near the tuberosity of the ischium, which cross the ischio-rectal fossa, and are distributed to the muscles and integuments of the anal region.

The middle sacral, from the bifurcation of the abdominal aorta, and the lateral sacrals, the last branches of the internal iliac arteries, supply no branches to the rectum, and could scarcely be implicated in any operation performed upon the part, unless the whole thickness of the bowel were incautiously divided down to the bone, either in the mesian line, or about one inch on either side of it. It will now be seen, therefore, that the hemorrhage can only proceed from the branches of the superior hemorrhoidal; and as the incision is generally made on the sacral aspect of the intestine, and presenting, consequently, a firm and unyielding base, I cannot conceive but that the bleeding could be readily and speedily controlled by properly applied pressure.

### III. FREQUENCY OF STRICTURE, AND THE INFLUENCE OF AGE AND SEX UPON ITS DEVELOPMENT.

It is occasionally observed in practice, as a singular coincidence, that several cases of some rare disease will, at times, present themselves in rather rapid succession, and this I have found to be true in relation to the subject under consideration, having seen seven examples of stricture of the rectum in the last few years. However the affection cannot be considered as of frequent occurrence, as is proved by the assertions of those who enjoyed a deserved popularity in the treatment of this disease, and whose opportunities were far from being limited. "It must not be supposed, as some writers would lead us to do, that stricture of the rectum is a very frequent disease.....In a large parochial infirmary in which I have had opportunities of examining many bodies, I have seldom discovered stricture of the rectum."\* Again, "organic stricture is supposed by many to be of very common occurrence, but I have not found it to be so; for the cases I have seen bore no proportion to the number I ought to have met with, were the statements made in books correct."†

AGE appears to exert little or no influence on the development of stricture, though it is generally of more frequent occurrence in old persons; its average

\* T. J. Ashton, *Diseases, Injuries, and Malformations of the Rectum*, second edition, London, 1857, p. 288.

† George Bushe, *Treatise on the Malformations, Injuries, and Diseases of the Rectum and Anus*. New York, 1837, p. 264.