

seems to be the *only* means we possess of causing the obliteration of stricture of the rectum." * "The bougies are used for the pressure they excite upon the ring and thereby induce its removal by the process of absorption, and *not* as some have supposed by mere *mechanical* dilatation." † Therefore absorption induced through the pressure of the bougie *seems* to be the only mode of cure for stricture and this is very far from being successful, as I really do not believe it can be carried on to the degree requisite to cause the removal of the entire stricture. "Though a simple stricture *may* be much relieved by bougies, it is *seldom* I think *cured* by this means, there being a great tendency for it to *contract* as soon as the treatment is *discontinued*." ‡ "When after a lengthened, persevering and annoying plan of treatment has been pursued for some time, and a considerable diameter has been obtained, *dilatation* becomes *limited* by the sensitive character of the anus, as also the irritability of the intestinal membrane, and the *total absorption* of the stricture is not *effected*." § If the above opinions are to be respected, and I know not why they should not, as they are those entertained more or less pointedly by all writers, is it not a little surprising that no improvement has been sought to be made in a plan of treatment unquestionably based upon false premises, and almost always unsuccessful in its results? Howship || in giving the results of ten of his cases treated by dilatation, says that there was but *one* case cured, *one* partly cured; and *eight* relieved by the bougie. These facts seem to me to call for stronger reasons for the exclusive use of bougies, in preference to that of the knife in the treatment of stricture, than the fear of hemorrhage, peritoneal inflammation or inflammation of the rectum; although, singular as it may appear, these *three* objections are entirely overlooked in the operation for fistula-in-ano, which no one pretends to cure—even when of considerable extent—otherwise than by the *knife*, when the same parts, as in stricture, are more directly if not more deeply implicated. And yet, "when the stricture is very close, and of long standing, we shall gain time by *incising* its margin, previous to dilatation." ¶ "If a tight callous stricture resists the ordinary treatment, *notch* slightly at several points of the contracted ring, then dilate in the ordinary way." ** "Stricture has been *divided* by slightly notching it at different points, then use the bougie, the great risk of hemorrhage, the difficulty of checking it, and the danger of inflammation from wounds of the rectum are serious objections to the proceeding, which should only be resorted to in extreme circumstances, and then with the utmost possible caution." †† "If the stricture yields but slowly, is very tight and indurated, *notch* it towards its posterior aspect, with a sheathed probe-pointed bistoury, without danger to the peritoneum, then a tent of compressed sponge for twelve hours." ‡‡

* A. Todd, Medical Times and Gazette, August 6th, 1859, p. 130.

† R. Drutt, Principles and Practice of Modern Surgery, Philadelphia, 1856, p. 544.

‡ Erichsen, op. cit. p. 792.

§ Todd, op. cit. p. 131.

|| Op. cit. pp. 52-76.

¶ Ashton, op. cit. p. 301.

** Miller, op. cit. p. 426.

†† W. Pirrie, Principles and Practice of Surgery, Philadelphia, 1852, p. 656.

‡‡ Erichsen, op. cit. p. 791.