

near the anus riddled with fistulous openings, three existing on the right side of the anus, and four on the left, and by which passed a thin purulent matter. There were numerous outgrowths about the anus; and these symptoms led Mr. Bryant to suspect the existence of stricture of the rectum. Upon introducing the finger per anum a stricture was felt about one each above the anus, and the obstruction was so complete that no passage could be felt by the finger. Mr. Bryant was of opinion that the nature of this stricture was decidedly syphilitic.

Now, there is a case that is worth looking at. If you examine the patient locally, the first point which declares itself is a faecal discharge from the vagina; there evidently is some communication between the rectum and vagina. On examining the anus, four or five anal fistulous openings are visible, communicating with the bowel, through which feculent fluid oozes; some fleshy anal outgrowths are likewise present. Whenever you look at a patient and see such a condition as that, you may safely say there is a stricture above it. You would not get all these symptoms except from the presence of some obstruction higher up in the rectum. These fistulae, anal and vaginal, are merely the means nature is adopting to get rid of the feces somehow or other. On passing the finger into the anus we found the rectum perfectly occluded; no orifice could be made out to get the tip of the finger into. Within an inch of the anus it came to a cul-de-sac and would go no further, though no doubt with a probe we might have found some little aperture of communication with the upper bowel still left. So this poor creature had gone on for years with this condition of matters. It had been recognised for two years and a half, but the stricture must have existed before that--no doubt for many months, if not for years--although it was made manifest in her first pregnancy, the pressure of the child's head having broken down the tissue and produced the recto-vestical fistula. In this case I have very little doubt as to the stricture being syphilitic; the history of the case fairly indicates it. Six infants born at the full times--four dead, the other two only born alive; and in the last child you see we get another symptom, the snuffles, which you know is a common consequence of hereditary syphilis; and although by itself it is not sufficient to establish the syphilitic nature of the disease, with the other points in the case it renders it very probable.

Having given up a fairly typical case of stricture of the rectum, although of a syphilitic form, I propose now to make a few brief remarks upon the subject of stricture as a whole.

In the majority of cases this is caused by cancerous disease; in