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ART. XXXVII.—*Stricture of the Rectum, its History, Pathology, and Treatment, illustrated by cases successfully treated by the knife.* By HORACE NELSON, M.D., late Editor of "*Nelson's American Lancet*," Demonstrator of Anatomy in the Medical Department of the University of McGill College, &c.

(Concluded from page 253.)

X. DIAGNOSIS OF STRICTURE.

Upon a correct diagnosis, not only of stricture, but of every other disease, is based the sole rational plan of treatment that should be adopted for its cure, and if this cannot be attained, its alleviation; inattention to this important point results, every day, in more or less serious errors of practice. It should be remembered that a patient may, at times, complain of all the symptoms usually denoting stricture, and yet this condition not exist, this is frequently seen in dyspeptic persons; while from more immediate causes all the symptoms may be induced, as in pressure of a displaced or enlarged womb, ovarian, uterine, or other pelvic tumours, an enlarged prostate, and lastly abscesses in the recto-vaginal septum. Again, there are several affections of the lower part of the intestine that bear a very close analogy in their general, and not a few in their local, symptoms to stricture. The diseases from which it must be differenced are:—*hæmorrhoidal growths; ischio-rectal abscess; fistula-in-ano; polypus; fissure or irritable ulcer; simple inflammation of the rectum;* and for the purposes of treatment the differential diagnosis of the *spasmodic* and *malignant* forms of stricture should be borne in mind. A little attention to the symptoms of simple stricture—already detailed—and the comparison with the most prominent signs of the foregoing affections, cannot but lead to a correct diagnosis.

a. *Hæmorrhoids.*—There can be no possibility of error, when the hæmorrhoidal tumours are external; when, on the other hand, they are internal, the