

In a wise decision of such a question, it seems to me that there is much to be said on both sides, but the most telling evidence comes from the patient. The question may, however, be decided by the physician or the surgeon. The chief element of decision is the prognosis.

To illustrate my meaning of the value of prognosis, take this specific case—cancer of the sigmoid flexure or rectum, with intestinal obstruction. Experience and knowledge make prediction reliable. In a very small percentage of cases, radical cure is shown by knowledge to be possible. Actual experience in radical operations upon these cases has shown the surgeon the hopes and limitations of his proposed operation. He can make by his examination under anaesthesia a pretty sure prediction of the outcome of a radical operation. He can do this often even without an anaesthetic. He can say, for example, "A radical operation in this case is of no real use;" or he may say, "There is a good chance of radical and permanent cure—one chance in ten, for instance." Unfortunately, in a deplorable percentage of cases, he must say, "There is no chance of permanent cure; the only possible relief is by an artificial anus. The dangers in this palliative operation are not great. You can learn to take such care of the anus that it will not trouble you excessively, nor will it be very offensive. You will have two or three years—perhaps more—of tolerable life, and then there will be very little pain or other suffering."

Such a prognosis the surgeon, relying on experience, will be able to give. Furthermore, he will be able to say, with truth, that death from chronic intestinal obstruction is one of the most dreadful forms of death; the pain is excessive and alone demands relief; faecal vomiting is far beyond any other form of human agony. Of the advisability of the artificial anus, which relieves pain, prevents faecal vomiting, prolongs life, and permits productive work, there would seem to be no question, and, between the wisdom of surgical and of palliative treatment, no possible doubt.

But there is doubt and difference of opinion. I have heard commended strongly the wisdom of that patient who, under the horrors of rectal cancer, submits to the deadening influence of narcotics until death comes to his relief. This seems to me indeed a living death.

The point of view of the patient varies, I think, with his intelligence. Occupation, environment, riches are of importance, we should say, as making life endurable, not to say enjoyable, for we can hardly imagine a life worth living, to a refined patient, with a neglected and filthy abdominal anus, offensive to himself and to everybody else, and preventing employment and social intercourse. But the restored capacity for productive work gives, through intelligence, evidence strongly favoring the palliative operation.