

sense curative. Palliative operations are often more than justified because they relieve the pain, and allow the end to be more peaceful.

The operation of colotomy in cases of cancer of the rectum has, in my opinion, been performed too frequently at a time when removal of the growth was possible, notwithstanding that the operation of removal of the growth was a very formidable undertaking. The patient is thus debarred from a chance of cure, and permitted to live with the disease progressing to its ultimate fatal end. The operation of colotomy is by no means free from danger, it is *dernier resort*, and should, in my opinion, only be done to relieve distressing symptoms either of obstruction or pain, or both. In recent years a very great change has taken place in the opinion of operating surgeons as to the extent of gut involvement that is removable, and the more radical operations of Kraske and Kocher, with their modifications, have opened up a very wide field, and extended our grasp on the surgery of the rectum beyond the keenest hope of a few years ago. The Kraske operation has been held responsible for many failures which never should have been placed to its discredit. The operation was devised with the hope of obviating the necessity of destroying the normal function of the lower end of the rectum and sphincter in those cases in which the cancer had not already involved their structure. Yet we find report after report speaking of the Kraske, or sacral operation, in which the growth and the whole portion of the healthy gut below, including the sphincter, had been removed, and a sacral anus formed, while there was a large portion of healthy gut and sphincter yet in a normal state. This was not Kraske's original intention, nor his practice.

Possibly my experience has been too small to permit me to criticise those who make their greatest endeavor to remove all the glands that may be found enlarged in the neighborhood of the operation; but, in all my operations, including the cases which I report to-night, I have only removed those glands which came immediately into the field, or were easily detected by the finger, without rummaging about and possibly setting up foci of infection by unnecessarily prodding and poking here and there. I think that the gland enlargement may be due as much to inflammatory irritation as to the direct infection from the malignant growth, and that those glands which are simply enlarged from inflammatory conditions will subside without any malignant development. I am satisfied that there are cases in which it is absolutely impossible to perform any radical operation; but those cases are comparatively few, and it is to be hoped will become fewer.