

of rectum. Schede has proposed a preliminary colotomy which is closed after union of segments.

Another sequelæ of proctorrhaphy is stricture. Dr. Armstrong suggests extirpating the rectum, completely establishing a permanent artificial anus in groin.

Mikulicz, to lessen shock, gives an intravenous injection of Koch's saline solution before operation. An Australian surgeon, Dr. Maunsell, proposes to invaginate the rectum together with the neoplasm, and then to remove it.

DR. BELL in discussing "Carcinoma" spoke as follows :

There is probably no organ of the body which is subject to cancer in which the disease produces greater distress and suffering, both mental and physical, and ultimately a higher rate of mortality than the female breast. Moreover, it is frequently attacked at a comparatively early age, and valuable lives are lost while yet in their prime. In this connection I wish to point out that although the rudimentary mammary gland of the male is sometimes the seat of cancer, it is nearly always the mammary gland of the female which we are called upon to treat. And in the early stages of cancer of the breast, when it is most important that a diagnosis should be made, and there is still an opportunity to effect a radical cure, it is most difficult to recognize, and, as a matter of fact, is rarely recognized. There are, moreover, benign tumors of the breast, which it is practically impossible to diagnose from carcinomata, except by the microscope. I think the surgeon's rule should be that except in the case of those distinctly innocent growths, which are comparatively common in young women, it is safer to act upon the assumption that they are malignant. I mean that unless he can be practically certain that the growth is a benign one, he should treat it as if he were certain that it was a carcinoma.

The surgical treatment of cancer is based upon a recognition of the following facts, which may be said to be generally accepted by both pathologists and surgeons :

1. That cancer is primarily always, and generally for a considerable period of time, a local disease.
2. That it extends (*a*) by infiltration of adjacent tissues, and (*b*) by being carried along the lymphatic vessels to the nearest group of lymphatic glands.
3. That Metastasis to remote organs occurs only, as a rule, much later.

The obvious inference is that removal should be early, and should include not only the tissues for a considerable distance around and beneath the mass, but also the nearest group of lymphatic glands, and also the tissues intervening between them and the mass. When I speak of removal, I mean by a cutting operation, and I wish here to express my opinion in the most emphatic manner that the use of caustic applications for the cure of cancer is in the highest degree unscientific, and that in most cases it can do nothing but harm. I speak thus plainly, because even in comparatively recent text-books and monographs upon malignant disease, we find the statement that there are cases in which escharotics are curative and are to be recommended. With this teaching I have no sympathy whatever. I admit that as a palliative measure in incurable or inoperable cases the use of caustics or partial operations, such as curetting, etc., may be indicated, but I contend that their ultimate effect is always to stimulate the growth of the original disease. In my opinion,