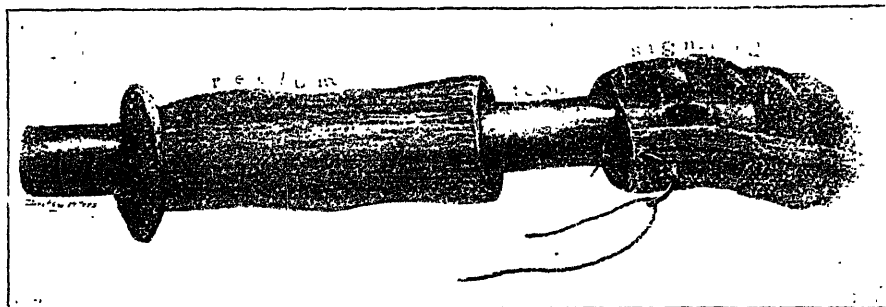


the colon being brought down and attached to the sphincter muscles. In fleshy males this procedure is most serious, and in two such cases we successfully employed the posterior route with the parasacral incision removing the coccyx.

In bleeding tumors with marked sepsis in the female we have made the Quenne-Tuttle perineal resection of the rectum and lower sigmoid with great satisfaction.

In operating upon the sigmoid the bowel should be emptied 48 hours before operation and allowed to become quiet, as recommended by Hochenegg. This precaution is useful in two ways: First, the colon germs are very active in liquid stool and the mechanical difficulty of securing careful asepsis much greater than if the feces are solid or semi-solid. Second, if the bowel is brought down and attached to the anal muscles the projecting end can be left completely closed from two to



Showing rubber tube passed through rectum into upper portion of sigmoid and fastened in place by catgut sutures.

eight days, often until complete primary union takes place. During this period of complete obstruction the patient should be nourished with strained soups and albumen water.

Results of operation for the relief of cancer of the sigmoid are very good. At the present time the immediate mortality is from three to ten per cent., depending upon the condition of the patient, and at least one-half of them can be expected to remain cured.

Thirty-four patients with sigmoid cancer have been subjected to resection of the sigmoid with the following results.

CANCER OF THE SIGMOID.

Number of cases	34
Male	22
Female	12
Age of oldest	71