

In diagnosing he says we must recognize the tumor, its extent, if limited to rectal wall or not, and its mobility. This is easy in the lower part of the rectum, but in the upper part an examination in erect position, or under anæsthesia, may be necessary.

As regards treatment he states that thorough removal, if possible, must be done. Colotomy is only done as a last resort, and then only for the relief of complete or impending obstruction. The results obtained are even better than operations for cancer in other parts of the body. As for local treatment mild astringents will keep the ulcer and foul discharge within bounds. Curetting the ulcerated surface may occasionally be employed, but is attended with considerable danger.

INDICATIONS FOR TREATMENT.

According to Kraske, the high situation is no contra-indication to operation if the tumor is freely movable. He says, as a rule, if a tumor of the upper part of the rectum is firmly adherent to the bladder, uterus or sacrum, it is inoperable. If situated lower down, the adhesions are less important as a large portion of the soft parts may be removed, even to removing part of the urethra or posterior vaginal wall. The only contra-indication to operation in the lower part of the rectum is extensive implication of the bony parts; secondary deposits also forbid operation. In considering the advisability of operating, consider the age of the patient, the power of resistance, the presence or absence of intercurrent disease, etc.

PREPARATORY TREATMENT.

Kraske maintains that this is of the utmost importance. Get thorough evacuation of the bowels by using cathartics and enematas.

If colotomy is done, do it as a preliminary operation, two weeks before the operation on rectum, and not merely prior to the operation, as Schede recommends, and if done it is best done in the transverse colon.

THE OPERATION.

Kraske proceeds thus: If the tumor is at the lower part of the rectum dilate the anus, extirpate the base of the tumor, check hæmorrhage at once and close the incision by suture.

If the tumor is at the anus he encircles it by an incision in the healthy tissues and cuts it away. Part of the sphincter may be saved in the case of smaller tumors.

In most cases it is best to make a circular incision around the anus, dissect it upwards, and cut it away above the tumor; this is called ex'irpation or amputation of the rectum.

If the tumor is at the upper part of the rectum, he divides the operation into three acts:

I. Preliminary sacral operation.

II. Removal of the tumor (resection of the rectum).