

rectum, very much will depend on the character and extent of the disease as to what operative measure should be selected, or, indeed, whether any operation should be attempted.

From the limited experience I have had of the operation of excision, either in part or in whole, of the lower end of the rectum, I believe that in cases where the entire mass of disease can be removed, and that the disease has been seen and recognized sufficiently early, the patient will thereby be rendered more comfortable, and the progress of the disease will, for a time at least, be arrested. I cannot agree with those who boldly declare that extirpation is absolutely curable. Cancer of the rectum shows different degrees of malignancy; whilst in some, rapid recurrence is observed, in others the disease does not recur, and the patient may escape altogether. They may live in comparative healthfulness and comfort for years, and ultimately die of some other disease.

With regard to the manner of proceeding to extirpate the rectum, I have, in nearly all the cases that have come under my observation, removed the whole circumference of the bowel. In commencing the operation, I make an incision in the median line, in the male, commencing behind the bulb of the urethra, and in the female, immediately behind the fourchette, extending it through the perineum, bisecting the anus and reaching the point of the coccyx. After this first incision, all bleeding vessels are picked up with the forceps and ligatured if necessary. If the anal opening is engaged in the disease, it must be removed by a semi-circular sweep of the knife on either side, cutting into the ischio-rectal fossæ. If, however, the anus is healthy, I think it of importance to save it. The surgeon can then proceed to free the rectum, and in doing this I have usually found the finger all that was necessary. The fibres of the levator ani soon come into view; these must be divided so as to get above that muscle. Having thoroughly separated the bowel all around from the contiguous structures, I then proceed to remove it. A small segment of the gut is transfixed with a needle threaded with stout silk or thread; the portion of the bowel between the points of entrance of the needle is then divided with the scissors,