and of Rehn and Rydigier no portion of the bone is removed; it is simply temporarily displaced with its adherent soft parts—in the former, (Heinecke) by a T shaped incision, one arm of which passes across the sacrum on a line with the third foramen, and the other at right angles to it down the centre of the lower half of the bone—the two lateral halves being displaced outwards. In the latter (methods of Rehn and Rydigier) an incision is made along the left lateral border of the sacrum and coccyx through the soft parts. This is joined by a transverse incision through the bone (and soft parts) at the same level as in the previous operation (3rd foramen), and the flap containing the lower half of the sacrum and the coccyx displaced to the right. By either method the bowel is fully exposed and is then easily dealt with.

In conclusion, I would submit the following, as general rules for guidance, in the treatment of malignant neoplasms of the rectum :

1. In accordance with the principles generally recognised in the operative treatment of malignant disease, when the neoplasm is sufficiently localised it should always be removed.

2. In order to determine this point, (localisation), as well as for safety (from sepsis), during and after the operation, a preliminary inguinal colotomy should be the rule.

3. That the ideal operation is, the excision of the growth through healthy tissues and approximation and union of the ends of the bowel, so as to re-establish its lumen. The ideal, though here as elsewhere, seldom attainable, should always be aimed at ; and to this end it is better to make the incision in exposing the rectum in such a way that the displaced portions of the sacrum may be replaced if it be thought necessary or desirable to do so.

4. That the sacral route is the only one which can be satisfactorily employed for the removal of lesions in the middle portion of the rectum.