

## Surgery.

### CANCER OF THE RECTUM.

IN a paper in a recent number of *The Annals of Surgery*, Kraske gives his conclusions based on 110 cases, on 80 of which he operated. He says the two sexes are equally subject to it, the round cell variety being of the commonest occurrence, and the tumor occurs most frequently in the upper portion of the rectum, thus necessitating opening the peritonéum in two-thirds of all cases.

In the cases coming under his observation no definite history of previous injury was obtainable, nor was it ever found to have developed from a previous ulcer, cicatrix, fistula or hæmorrhoidal ulceration. A family history of cancer was only got in three cases.

In regard to the rapidity of growth, he says that it is much slower than is generally supposed, two or three years usually elapsing before it comes under treatment. The squamous cell variety occurring at the anus is of more rapid growth, and the melanotic variety still more rapid. The average duration of life in the round cell variety is four or five years.

As for symptoms there are no marked ones for some time. Occasionally there is in the movements of the bowels some clear, glairy mucus, or a trace of blood. Pain only sets in when the tumor begins to encroach on the lumen of the bowel and ulceration starts.

The manifestations are usually localized; disturbances from metastatic deposits were almost never seen. Secondary deposits may not occur at all, though he observed them in the case of a man twenty-three years old, so age is no bar to their presence.

The diagnosis is often difficult, frequently requiring an examination in the erect posture to find the tumor. Then, too, it is often put down as a case of hæmorrhoids, and treated as such. When the tumor is high up in the rectum, with a tendency to invaginate the bowel, the feel to the finger is characteristic, being like the eroded, indurated cervix.

Between cancer and syphilis he says the diagnosis should not be hard, for in cancer we have a tumor, in syphilis a cicatrix. The syphilitic ulcer never has the dense tumified border we find in cancer, and they are apt to be multiple and separated by portions of healthy mucosa, or mucosa showing cicatrixation; not so in cancer, for they remain circumscribed for a long time.

Syphilitic ulceration too frequently sets up periproctitis, and abscesses or fistulæ opening externally. A cancer low down in the rectum may break through the skin about the anus, but in such a case the infiltrated edges of the opening will show its true character.