difficulties of diagnosis are well illustrated in the cases here reported. In the first case no rectal examination had been made, and no suspicion of rectal cancer was entertained until the patient had suffered for more than a year and had become emaciated and debilitated to the last degree, principally no doubt by the absorption of toxic products from the ulcerated surface of the growth and the retained fæces, for although the chief symptom had been diarrhœa, the preliminary colotomy discovered a chronic obstruction with quantities of retained fæces.

In the second case, although I had my finger in the rectum more than once in examining and operating for stone, and although the patient's chief and practically only complaint while under treatment for stone was that he could not get his bowels satisfactorily evacuated, there was no suspicion of carcinoma or any form of rectal tumour until two months later, when the passage of blood by the bowel caused his physician to explore the rectum, with the result that he discovered the growth. In another case which recently came under my observation, moribund with peritonitis, the autopsy discovered a cancerous growth high up in the rectum, above which perforation of the bowel had occurred, allowing the contents to escape into the peritoneal cavity, and yet there had been no suspicion of a rectal growth. It will, therefore, be seen that early diagnosis is quite exceptional and in fact, as a rule, the diagnosis is not made until marked obstruction or hæmorrhage suggests rectal examination. The physician's rule should be, I venture to think, in all cases of long standing derangement of intestinal function, where a definite diagnosis cannot be made and when no palpable tumour can be discovered in the abdomen, to make a thorough rectal examination.

It was the late Prof. Volkmann who laid down the rule more than twenty years ago, that cancer of the rectum, when radically removed, showed no more, perhaps less, tendency to return than cancer of the breast. Prof. Kocher was the pioneer in the attempt to reach the rectum from behind—a method which was developed by Kraske, and which is now recognised as the only possible method of dealing with neoplasms situated high up in the rectum. Thanks to the improvements in our modern methods of operating, we no longer hesitate to open the peritoneal cavity, which is always necessary in these high operations. It would be out of place here to discuss the different methods employed at the present time to reach the rectum through the sacrum. Suffice it to say that by the original method of Kraske the left half of the sacrum from the level of the third foramen and the whole of the coccyx were removed. By the methods of Heinecke