

I do not refer to inoffensive palliative measures so much as to the offensive—to gastrostomies for stricture of the oesophagus so much as to enterostomies for stricture of the intestine. The former, if troublesome, are not foul-smelling and offensive.

The late Prof. ———, of Amherst College, shortly before his death, told me, after two years of an artificial anus, that these two years had been filled with enjoyable life; that he had been able to do good work; and that he had been a comfort to his family.

Another instructive example was that of Mr. ———, who kept a market in Providence. This patient was able for several years to attend personally to his business; and, it will be remarked that in a market, of all places, the artificial anus is the most undesirable thing possible.

My friend ——— for several years has spent most of his time at the ——— Club. No one ever knew, or knows, that he is carrying the burden of a colostomy.

Evidence has been brought by those who oppose these operations prolonging life at the expense of cleanliness and perhaps of comfort, that they are not worth while, and that the patient had better be left to die; that euthanasia under morphia is the physician's duty. Many chapters could be written under this theme. That hopeless disease is, from its hopelessness, medical and not surgical. I will not admit; but that it is best treated now by palliation and now by operation, there is in my mind no doubt. I would have said that there was no doubt in any mind, from the facts of experience; but I have found at many consultations physicians who advise against prolonging life, with an artificial anus in rectal cancer, or with a gastrostomy in oesophageal cancer.

The scope of my essay does not include an exhaustive consideration of this theme, but its practical importance is great.

Prognosis depends upon many things. It rests upon a broader foundation than diagnosis, in that it includes diagnosis. The diagnosis is based upon many things, but it does not include many other things which affect prognosis.

Nor is prognosis the only element of decision for or against certain kinds of treatment, medical or surgical. Prognosis is affected by environment, for example, though diagnosis is not. Treatment is affected by diagnosis and prognosis, and certain attributes of the patient, friends, family; its effect upon the community, upon other patients, upon the art of surgery.

There are many cases which come up to illustrate my meaning. Cancer of the rectum, for instance, so extensive as to preclude an attempt at radical cure, does not justify prolongation of life at the expense of an artificial anus in a crowded tenement among the poor, when it might among the well-to-do. Such a view as that just expressed is, however,