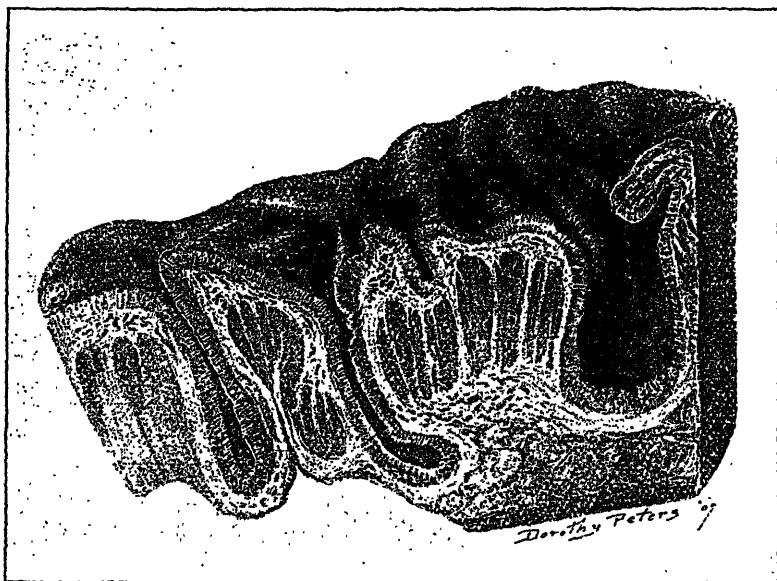


the sigmoid, the malignant process began in a diverticulum which contained a faecal concretion. The specimen, however, showed diverticula which were quite free from cancer; illustrating the influence of chronic irritation in the production of the carcinomatous process.

Fibro-lipoma in the wall of the sigmoid is occasionally met with. We have had one such case which caused intussusception. Polypoid growths (adenoma) of a non-malignant character are not uncommon. On two occasions we have removed such growths through the sigmoidoscope with a snare, and once, by the transperitoneal method.

Giant colon or Hirschsprung's disease, and volvulus especially in its subacute form, give rise to gaseous tumors of the sigmoid, but of course are not true neoplasms.

*Surgical considerations.*—Access to tumors of the sigmoid is best obtained by incision through the left semilunar line unless the distal part



Diverticulitis of the sigmoid, showing several pockets.

of the intestine is involved, when a median incision is preferable. If a tumor is supposed to be malignant, a thorough examination should be made before operation to show that the lymphatics and local involvement are not beyond the possibility of removal, and in order to ascertain if the liver is free from metastasis. It may happen that the enlarged gland, if present, will be inflammatory rather than malignant.

Even if one or more coils of small intestine, or the wall of the bladder,