

tion the operation was undertaken. The subsequent months of comparative comfort were certainly well worth the ordeal of the operation, and up to the last she never had the unpleasant and racking symptoms that had been present before the operation.

In case No. 12016 the patient had lost some weight but was still in fairly good condition. She had never had any bloody stools and complained of very little discomfort. It is sometimes difficult to understand why in the one case there was so much hemorrhage while in the second, apparently equally far advanced, there was never any loss of blood. In the latter the character of the growth may afford the explanation. It was a colloid carcinoma. The greater part of the growth had been converted into colloid material. Near the surface few blood vessels were present. Case 12197, on the other hand, was a typical instance of adenocarcinoma with small glands.

In one case we left a fistulous opening, in the other we closed without drainage. The latter method is, I think, the better procedure. In cases of carcinoma of the cecum it seems wiser to make the lateral anastomosis with Robson's or Moynihan's clamps first. If the patient be too weak, the subsequent steps of the operation can be omitted (Fig. 1). Is she be still in fair condition the growth is removed and the ends of the ileum and ascending colon can be closed.

*Adeno-carcinoma of the cecum; great emaciation; lateral anastomosis between the ileum and transverse colon; resection of the diseased bowel; temporary recovery.*

Gyn. No. 12197. Mrs. J. R., white, aged 56. Admitted to the Johns Hopkins Hospital, June 21, 1905. Discharged Aug. 2, 1905.

The patient's chief complaint is of weakness and exhaustion. She has never been strong. Six years ago she had general dropsy. Has been married 37 years. Has had five children, the youngest 25 years old. The menopause occurred five years ago. Two years ago the patient began to pass much mucus by the rectum and had a good deal of straining in the lower abdomen. She passed no blood. This condition persisted until four weeks ago when the movements became very dark and foul-smelling; there was never any bright blood in the stools. There has been rapid loss of weight and strength and a tender lump has recently been noticed in the right iliac fossa just above the crest. This has become increasingly tender and for the past week the exhaustion has been extreme. There have been no nausea, vomiting, or stomach symptoms of any kind. On examination I found the patient very much emaciated, of a sallow tint, the mucous membranes were pale and it was with great difficulty that she could walk. Just