

Microscopical examination confirmed the diagnosis of cancer in this little mass. The bowel was opened on the 18th, and the growth removed through Heinecke's incision, on the 28th of September. The portion of bowel removed was about four inches in length and included all the new growth which the pathological report states was: "Adenocarcinoma of rectum." It was impossible to approximate the ends of the bowel and the proximal end was sutured to the upper angle of the wound, the left lower quadrant of the sacrum having been removed as in the preceding case. The lower end of the rectum was inverted and closed by suture. Recovery was uneventful but slow, and the patient was discharged on the 6th of November, thirty eight days after operation with the wound still partially open. In this case there was early metastasis, and the patient died on the 9th of January, 1897, three and a-half months after operation. On the 13th of November his physician wrote me that the wound had made no progress toward healing and that he had that day discovered hard nodules in the parietal peritoneum, in the region of the stomach. On the 29th of January, 1897, he again wrote me that the patient had died on the 9th of that month with a very large liver and nodules all over the parietal peritoneum. By inference there was no local recurrence.

The course of the disease in this case which occurred at a comparatively early age (45) was extremely rapid, producing obstruction within three months of the first appearance of symptoms and spreading by metastasis which had already begun at the time of operation.

CASE III.—Mrs. A. McL., æt. 50, was admitted to the Royal Victoria Hospital, December 8th, 1896, complaining of pain during defecation, constipation and hæmorrhage from the rectum. She was spare, pale and emaciated and gave the following history of her illness:

Two years before coming to hospital she began to pass blood occasionally at stool. In a very short time blood was found with every stool and soon after mucus began to appear with each stool as well. Constipation was noticed about the same time as the onset of the bleeding and grew gradually worse, so that for a long time she had never had a motion without a purgative. Diarrhœa appeared for the first time two days before admission. Pain was only noticed six months before coming to hospital and was felt in the rectum and anus during, and for a short time after defecation. There was also a dull aching pain felt in the pelvis and for the last few weeks, she had been losing flesh and colour and suffering from flatulence for six months. Her menopause had occurred about one year before admission and with the exception of some slight dyspeptic symptoms vaguely described