Present illness:—About 12 months ago complained of griping pains across umbilicus, which came on three or four times a day, especially when she exerted herself. They grew steadily worse and were accompanied by retching and vomiting, especially in the morning.

The pain ceased at night.

Had no appeatite and was steadily losing weight. For several months she was treated for indigestion.

In November, 1898, she accidently discovered a lump in her right side; this was diagnosed as a floating kidney and she was given a belt, but could not wear it. For eight months before she consulted me she had kept quiet on a lounge because as soon as she began to walk the pain returned.

Her bowels had always been regular and nothing abnormal had ever been noticed in the stools. Passed water frequently and in large quantities.

Physical Examination:—A large mass, kidney-shaped but twice the size of the kidney, could be felt by deep pressure, distinct and above this lower mass. This point cleared up all doubt as to the diagnosis.

When the peritoneal cavity was opened, it was found to be a carcinoma of the cæcum, the great mobility being due to the presence of a well-marked meso-cæcum.

Excision of the cæcum was performed, and also a few enlarged glands in the mesentery removed. The Murphy's Button was passed on the 8th day. About a year later I saw her and she was then in very good health, but I learned from her relatives that in October, 1900, she died in the Eastern States (exactly 21 months after the operation) of "Cancer of the Blood." A post mortem was made by the attending physician, who said there was no return of the growth in the intestine.

A. K.:—Date of operation, 15th January, 1900. Discharged, March 5th, 1900. Aged 42. Single; farmer.

Present illness:—Three years ago he was seized with a sudden attack of pain and vomiting, which recurred for a day and sometimes two days; bowels were very constipated on these occasions. These attacks came on every 3 or 4 weeks for the first year; they were then followed by diarrhœa of a dysenteric character, blood, mucus and pus often being found in the stools. No history of any previous illness. He was gradually losing weight and always disinclined for work, although previously he had been a hard worker. The colicky pain across the lower part of the abdomen was so severe and frequent that his condition was diagnosed as appendicitis and the appendix removed by the attending