

feet. His health has always been good and there is no history of disease either in childhood or adult life. He has always been a heavy smoker and up to the present year has used alcohol very freely. Other than a bubo thirty years ago he has had no venereal diseases. There was no history of hæmorrhoids or other trouble about the rectum.

The family history as regards malignant disease was quite negative.

On admission his appearance was that of a well-nourished man of 58 years. The face had a pale and rather cachectic look. When in bed he had to lie on either side, not in the dorsal position, as this position caused him pain in the rectum and over the coccyx.

Examination showed a few external hæmorrhoidal tags. The entrance of the finger into the rectum caused a rather profuse hæmorrhage, accompanied with a blood-tinged serous liquid. There were felt masses of tissue which were soft, friable and bled readily and entirely surrounded the lumen of the bowel, and at the site of the prostate the lumen of the bowel was almost occluded. The finger could just reach above the growth.

The respiratory, vascular, digestive and urinary systems were normal.

On March 5th he was given ether and an inguinal colotomy performed after Maydl's method. The rectum was daily irrigated with boracic acid solution and the bowel opened by a cautery on the third day. Three weeks later the bowel was divided completely across with the thermo-cautery.

*Pathological Report by Dr. Wyatt Johnston.*—The bowel presents very large ragged ulcerations with raised edges and infiltrated base involving the entire circumference of the gut for the extent of about three inches. Microscopic examination shows the growth to be adenoid carcinoma, with secondary involvement of glands, some of which are situated on the limits of the incision.

Dr. Armstrong added that he had removed the growth by Heinecke's method.—The patient was first placed in the lithotomy position and a curved incision made in front of the anus, and while an assistant held a sound in the urethra the rectum was carefully separated from the urethra, prostate, and vesiculæ seminales. The patient then being turned on his side, the soft parts and sacrum and coccyx were divided longitudinally up to the lower border of the third sacral foramen. The sacrum was then chiselled across and the osteo-plastic flaps turned out. The rectum was then brought well down, the peritoneal cavity deliberately opened, and the bowel and meso-rectum divided.