

Lateral anastomosis between cecum and colon.

**RESULT.**—Recovery. Operation October, 1908. Patient under care of Dr. McNaughton, Brussels.

**HISTORY.**—Miss F. (age 32).—Good family history. Had left ovary removed by a Toronto surgeon several years ago. An ovarian cyst as large as a navel orange and a catarrhal appendix were removed July 10th, 1908, at the Clinton Hospital. The operations were of a simple nature and at the time nothing abnormal was observed in the ascending colon. Everything seemed to go well for two or three weeks, when obstinate constipation developed. At the end of the fifth week, there was complete obstruction. The pains were very severe.

**OPERATION.**—The abdomen was opened, at midnight, Dr. Clark, now of Pontypool, and Dr. Shaw of Clinton, assisting. Everything seemed to be normal at the sites of former operations, but there was an enormous mass resembling a cancer involving the first six or eight inches of the ascending colon. After a difficult dissection, the colon was liberated and found to be very much thickened and indurated, and its calibre entirely obliterated. As the colon was already mobilized, it was not very difficult to approximate and unite the cecum laterally to the colon, beyond the seat of disease. This was done with Connell suture. The patient made a good recovery, and has had very fair health since then, over three years ago.

**REMARKS.**—I am aware that it is contrary to the best teaching to make a short circuit of the bowel, such as was done in this instance, but as the parts came together without much difficulty, I did not see the need for a longer circuit. Besides owing to the weakened state of the patient, the operation was intended as a temporary expedient, a resection later on being anticipated.

This inflammatory growth with almost certainty developed within five weeks. The etiology I make no attempt to explain. I recall several instances where chronic inflammatory growths were confusing at the time of operation. One of these, a case, under the care of Dr. Elliott of Lucknow, where an appendectomy was done on a man 68 years of age. The appendix contained a calculus, but no pus. A very large mass resembling a carcinoma involved the region of the cecum, which at the time was considered inoperable, but the patient is well six years after. A patient of Dr. Burrows of Seaforth, had a gastro-enterostomy for pyloric obstruction. There was a tumor in the first part of the duodenum, as large as a small hen's egg, and some involvement of adjacent glands. At the time of operation we considered the tumor to be cancerous. It is over six years since the operation, and the patient is quite well, having gained fifty