necessarily occur later. If such symptoms are accompanied by hemorrage from the bowel, either in the form of melena or as unaltered blood, the disease may be diagnosed with a fair degree of certainty.

A careful physical examination should be made, and in doubtful cases it is better to have the patient anesthetized than to run the risk of missing the tumor. By such an examination, a tumor will be readily detected in the majority of cases, but not so in others, for although a tumor may produce considerable constriction of the bowel, it may be quite small and not easily palpable, and especially will this difficulty be met if it occupies the splenic flexure and is hidden in the left hypochondrium, or the ilio-pelvic colon and hangs down into the pelvis. The transverse colon is apparently seldom affected primarily, so that tumors of the colon are generally situated in the lateral parts of the abdomen—in the hypochondriac, lumbar and iliac regions.

In the early stages of the disease such tumors are always mobile and it is only on the occurrence of secondary adhesions to the abdominal wall or to immovable abdominal viscera, or by implication of the latter by extension of the growth that fixation occurs, and it may happen that if another viscus becomes involved either by adhesions or by extension of the growth, the symptoms and physical signs pertaining to that viscus may to some extent overshadow those due to the original disease in the colon.

In the few cases where a tumor cannot be felt, in spite of the fact that the symptoms are well marked and very characteristic of the disease, an exploratory operation is quite justifiable, and if a tumor is discovered, and removal is not contraindicated, the operation should be converted into a curative one.

In discussing the treatment of the disease, Mr. Pollard advises that in cases of acute obstruction, when it will rarely be possible to feel the growth, the abdomen should be explored through a medium incision below the umbilicus. If the piece of bowel containing the tumor can be withdrawn from the abdomen the obstruction may be relieved by opening the bowel on the proximal side of the growth and tying in a Paul's tube. Later on the piece of the bowel containing the growth may be excised, and still later the continuity of the intestinal canal may be re-established. If the growth cannot be readily brought out of the wound, the obstruction should be relieved by making a temporary artificial arm higher up, and after the subsidence of all acute symptoms the growth may be removed through an incision made directly over it.

With the cases where no material obstruction is present, and