

often there is an unsatisfied feeling, with straining, after the evacuation from the bowels. In the majority of cases the first real evidence of tumor is brought about by interference with the progress of the bowel movement, giving rise to pain and borborygus, accompanied by "stiffening" of the intestine and visible peristalsis. This partial obstruction is very significant. If it has existed for some time the distended intestine can be seen above the obstruction, the sequence being a crampy colicky pain, visible peristalsis, stiffening of the intestine immediately above the obstruction and gurgling sounds like water and air in a bottle.

The patient will nearly always be able to locate the seat of obstruction as all the forces of peristalsis are endeavoring to pass the intestinal contents through it, which tends to develop a local tenderness. Fragments of tumor may sometimes be found in the stool and examined microscopically.

Tumors of the sigmoid may be divided into two classes, benign and malignant.

The most common malignant tumor is the ring-like carcinoma producing a distinct constriction resembling a napkin ring. On superficial examination this constriction may be taken for a cicatricial stricture on account of its small size. Adeno-carcinoma, however, is quite common, projecting as fungous masses into the lumen of the bowel, spreading early to the peritoneum and contiguous parts. It is this latter growth which so often necessitates resection of loops of neighbouring intestine or a part of the bladder on account of adhesions.

Sarcoma of the sigmoid is a rare tumor. We have seen several of the stomach, two of the cœcum but none of the sigmoid, although such cases have been reported.

The more common of the benign tumors are tuberculosis and diverticulitis. Tuberculosis in the sigmoid is not so frequent as it is in the cœcum; it may be either of the hypertrophic or the ulcerous type. The hypertrophic form is rare, but if present will give rise to a well defined tumor. The ulcerous type is often multiple and usually not suitable for operation.

Diverticulitis (Fig. 1) is an interesting condition and has not been described surgically until within the last few years. Although these little pouches of mucous membrane projecting between the muscular coats have been known to exist anatomically, evidence as to their etiological relationship to certain tumors of the sigmoid of inflammatory origin, has been slow in developing. Diverticulitis is apt to be confused with malignant disease even after its removal unless careful microscopic examination is made; the inflammatory and cicatricial mass resembling cancer macroscopically. In one of our cases of resection for cancer of