

performed. The upper limit of the growth was defined well within the peritoneal cavity and there was no evidence of invasion of the contiguous lymphatic glands. On the 28th of June, the bowel was opened and on the 29th the mass was excised through Heinecke's sacral incision. The patient was very weak and bore the operation badly but rallied quickly. For some days his condition caused anxiety but on the whole recovery was uneventful. About four inches of the bowel was removed with a mass of infiltrated glands which lay in the hollow of the sacrum. It was impossible to reunite the ends of the bowel and the proximal end was therefore brought out and attached in the upper angle of the wound after removal of the left half of the lower portion of the sacrum. The distal end was inverted and closed by suture. The patient went home on the 6th of August, and wrote me about two months later concerning the colotomy opening. He then stated that his health was perfect, his strength had returned and he had gained fifty pounds in weight. On the 17th of February, eight months after operation I again heard from him through his physician who stated that his health was good and that he was actively engaged in his business. The pathological report of the tumour was given in the following words: "Adeno-carcinoma of rectum."

CASE II.—C. E. F., *æt.* 45, first came under observation on the 23rd of June, 1896, with a stone in his bladder. He had suffered for three years with symptoms which seem to have indicated stone in the right kidney. About one year before coming to hospital the symptoms became distinctly vesical. The stone was removed by lateral perineal lithotomy on the 26th of June. Recovery was uneventful and patient left hospital on the 28th of July for his home. On the 4th of September, he returned complaining of inability to evacuate his bowels and of hæmorrhages from the rectum. On digital examination a hard annular ring of irregular indurated growth could hardly be touched by the end of the finger, quite three inches from the anus. There was no mass palpable from the abdomen, and no evidence of disease in any other organ. His family and personal history were good. The first symptom noticed in the case was constipation while in bed after the lithotomy operation, less than three months before re-admission for the rectal disease. On the 18th of September, the abdomen was opened and explored in doing the first stage of an inguinal colotomy. The upper limit of the growth was defined. There was no evidence of lymphatic involvement, but one of the appendices epiploicæ of the sigmoid flexure presented an appearance of containing a small spot of cancerous infiltration and was removed.