

can and do take place in much the same way as in the stomach. Moreover, just as it is a matter of exceeding difficulty to determine, in a great number of cases, without the aid of the microscope, whether a given mass in the region of the pyloric end of the stomach and the lesser curvature is malignant or not, so is it with the large gut.

These five cases, although not including any of these non-malignant conditions, illustrate two most important features in the diagnosis of cancer of the caecum. One case, that of a man, A. K., aged 42, shows how difficult it is to differentiate between an abscess in the region of the caecum, due to the appendix, with the concomitant thickening of the caecal wall, and an abscess in the region of the caecum due to carcinoma, with perforation of the wall of the viscus or with bacterial transudation which culminates in abscess formation. This man, had been operated upon for appendicitis and came under my charge some months later with a faecal fistula which had resisted all attempts at closure. On making an abdominal section I found that there was a hard indurated mass in the posterior aspect of the caecum, and, suspecting carcinoma, I excised the caecum and united the ends of the ileum and ascending colon by a lateral anastomosis. The patient is now alive and well, after a lapse of five years. Microscopical examination showed this growth to be a columnar carcinoma.

The other interesting case is that of a man, C. J., aged 47, who came to me with symptoms of commencing obstruction in the region of the caecum and the formation of a tumour. Abdominal section discovered a growth of the caecum and a number of deposits of what appeared to be malignant growths in the great omentum. These latter were smooth ovoid more or less discrete masses, varying in size from a pea to a walnut. I excised the caecum and united the colon and ileum by means of a lateral anastomosis, and then removed as much of the omentum with the growths as was feasible. By reason of these secondary growths and the macroscopical appearances of the excised caecum I gave a bad prognosis for the future. This man, nevertheless, is now alive and well six years after the operation, with no evidence whatever of recurrence. Careful microscopical examination of the growth in the caecum and the nodules in the omentum reveals the nature of these to be columnar carcinoma.

The following is a short history of four cases which have been under my care:—

Mrs. S.—Operated January 31, 1899. Discharged March 3, 1899. Age 52 years. Married; had 8 eight children. Housewife. Very emaciated.