Lateral implantation of the ileum to the colon is the method of all that I should feel more inclined to employ.

The mortality of this operation of excision of the cæcum from the recorded cases is still extremely high. This is accounted for to some extent by the prolonged nature of the operation, together with the shock it produces; the mortality amounts to between 30 and 40 per cent.

This high rate of mortality should be greatly lessened by adopting the more simple and time saving method of operation.

## PATHOLOGY.

Nothnagel was the first to draw attention to the incidence of carcinoma of the colon at the flexures, the cæcum, hepatic, splenic, sigmoid flexures and the rectum almost exclusively; he showed, at the same time, that the ascending, transverse and descending colon are very rarely indeed the seat of primary growth. In these five cases of mine the disease seems to have started in all cases in the ileo-cæcal valve, or in its immediate neighbourhood. This, however, is what one would expect if we draw a justifiable analogy between the seat of disease in the cæcum and in the pyloric end of the stomach. The growth then extends chiefly along the posterior attached wall of the cæcum up to the opening of the ascending colon, but exhibits no tendency to progress into or along the wall of the ileum. The infiltration does not appear, in the early stages, to involve the retroperitoneal cellular tissue, but the lymphatic glands are locally involved early in the disease although general lymphatic infection is very late as a rule. In fact, death may and frequently does occur from intestinal obstruction before secondary deposits occur in the liver or elsewhere, and before there is general lymphatic involvement.

The growth in these cases was more hypertrophic than ulcerative, and though the interior of the cæcum was uniformly ulcerated over the growth, there was not much destruction of tissue. This factor accounts for the greater prominence caused by the obstruction than by persistent diarrhœa or passage of blood and mucus per anum. The actual immediate cause of obstruction was well illustrated in three of my cases by a swollen fold of mucous membrane just at or above the ileocæcal valve which almost completely blocked the lumen of the gut at that spot. In four of my five cases the appendix was healthy, neither adherent nor kinked.

The increase in the amount of fat around the cæcum was well marked, as it is in so many cases of carcinoma of the large gut.

The microscopical character of the growth in my cases showed very typical columnar carcinoma, undergoing in all cases more or less