

cinoma had been explained by the supposition of a toxic action produced by the disturbance set up by the neoplasm.

DR. GARROW referred to the method of treatment employed in the case of carcinoma of the rectum. He had formed a colotomy wound some three weeks before the removal of the rectum and failed to detect any enlarged glands, while the growth itself was freely movable. On performing the operation, however, it was found that the growth had burst through on one side and invaded the true rectal tissue and the mesorectum. A few days later he had opened up the abdomen and dissected up the rectum and sigmoid flexure so as to get well above the growth. It was the first time he had had to do a combined abdominal and trans-sacral operation, and he felt that by this method he had made a thorough removal of all the diseased tissue.

The carcinoma of the stomach had occasioned no trouble in its removal owing to the non-involvement of other parts.

DR. ELDER asked Dr. Archibald whether he had stated in regard to the glands in the neighbourhood of cancer that it was difficult to tell whether they were infected with the disease or not. Some pathologists taught that all glands in the neighbourhood of a malignant growth should be removed, and others that only in certain cases was this necessary. If he understood Dr. Archibald aright a swollen gland in the neighbourhood of cancer might be cancerous.

DR. GARROW thought it made a difference as to the situation of the cancer. In cancer of the breast, experience had taught that it was the proper thing to clean out all the glands, and the same was true in regard to cancer of the tongue, but this did not hold true of every part of the body.

DR. ARCHIBALD, in reply, did not feel in a position to state anything very positively in regard to the morphology of these cells to which he had alluded, and explained the difficulty in determining whether or not they were cancerous. With regard to the advisability of removing glands in the neighbourhood of cancers, he was of the opinion that it was absolutely necessary to do so. He had at times been unable to find evidences of neoplastic invasion in cutting one half of a gland and obtained undoubted evidence of it on cutting the other half, and for that reason he advocated always removing them. On the other hand all swollen glands in the neighbourhood of malignant disease were not necessarily cancerous, as many showed, as before stated, only hypoplasia and proliferated endothelial cells, which he believed was brought about by a toxic effect from the cancer or by direct microbic invasion.

DR. JAMES STEWART presented a patient with a very marked degree