out through the lower angle of the wound is sloughing off to some extent. There is no escape of fecal matter through it.

Nausea and vomiting continued at intervals for a week and there was at times free fecal discharge from the enterostomy wound. The patient gradually improved, and several attempts were made to close the fistulous opening, but the bowel was so much indurated as a result of fecal matter coming over it, that the sutures did not hold. The patient made a very satisfactory re-

FIGURE III.—PRIMARY COLLOID CARCINOMA OF THE CECUM.

Gyn. Path. 8490. In the lower part of the section healthy ileum is seen. In the upper part unaltered mucosa of the ascending colon. The lower margin of the growth is indicated by *a*. The extension in the ascending colon by *b*. The growth is very thick and projects in places fully 1.5 cm. into the lumen of the bowel. It presents a translucent appearance and shows very little breaking down except in the vicinity of *b*. This accounts for the absence of hemorrhage. *c* is a very large mesenteric gland. It was fairly riddled with the adeno-carcinomatous growth.

covery and was discharged from the hospital on June 1. There was, however, a slight fecal fistula.

Feb. 28, 1906.—The fistulous tract closed fully three months ago. The patient is in excellent condition and is able to go everywhere. She is in better health than for years. Of course, the outlook is very unsatisfactory, considering the histological findings.