of weight was always marked; an irregular condition of the bowels, constipation and diarrhœa. There is no one symptom characteristic of disease of the cæcum; but when these symptoms occur, and after a physical examination a mass is found in the right iliac region, the diagnosis of disease of the cæcum is almost conclusive.

Temperature was normal, or alternating subnormal in all the cases.

Physical examination:—The tumours varied in shape and in the degree of mobility.

The diseases most likely to be mistaken for a growth in the cæcum are:

1. Chronic appendicitis, with a large amount of inflammatory thickening. If the previous history is carefully inquired into, it will be usually found that the patient suffered from an acute attack of appendicitis.

2. In another case the diagnosis had to be made between a movable kidney, tumour of the kidney, and cancer of the cæcum, but by being able to feel the lower end of the right kidney this doubt was easily cleared up.

3. In a third case, the diagnosis rested between it and a tumour of the right lobe of the liver and a distended and inflamed gall-bladder. It was impossible to be sure of the diagnosis until the abdomen had been opened, because the cæcal growth was adherent to the under surface of the liver. The growth and the lower edge of the liver could be felt to move with the respiratory movements.

As a routine practice, I always administer a full dose of castor oil to eliminate the possibility of an impacted fœcal mass in the cæcum.

I once saw a case that greatly resembled cancer of the cæcum, but it disappeared after the administration of a dose of castor oil.

Operation:—The only treatment for cancer of the cæcum is total extirpation, and the steps of the operation are well described in text-books on Operative Surgery. The operative technique which I follow differs in some respects from the usual one described.

The abdominal incision is slightly curved from above downwards and inwards, and made nearly midway between the anterior superior spine and the umbilicus. When the peritoneum is reached, the limits of the tumour are carefully examined, to ascertain if it may be removable. The peritoneal cavity is then carefully packed with gauze pads, so as to completely shut it off from the field of the operation; the cæcum is pulled up into the wound, and, to allow of its being pulled out still further, the outer layer of the peritoneum covering the intestine is divided close to the iliac fossa. The cæcum is then stripped up from its iliac attach-