

*Histological Examination.*—The cavity is found to be lined by many glands which present a tree-like arrangement, the epithelium being one layer in thickness. This tissue shows a great deal of round-celled infiltration. The well-advanced parts of the growth are composed of quantities of glands closely packed together. These glands are small and in many places the epithelium has proliferated to such an extent that the gland cavity is completely filled. The cell nuclei are remarkable for their uniformity in size. The growth is a typical adenocarcinoma which has extended far beyond the contour of the wall of the bowel. The outlook, of course, is unfavorable.

*Adeno-carcinoma of the cecum with extensive involvement of the lymph glands; resection of the diseased bowel. Patient apparently well.*

Gyn. No. 12016. Mrs. F. H., admitted to the Johns Hopkins Hospital, April 2, 1905. Discharged, June 1. The patient is a widow 55 years of age, white. Her family and previous histories are not important. She has had two children. Her present trouble began about three years ago with an attack of diarrhoea, loss of weight, and general ill health. During the past two years she has had several attacks of colitis. Repeated examinations of the stools have been negative. Abdominal palpation from time to time did not reveal anything. She has lost about 30 pounds in weight during the last year, but recently has gained some. She is quite anemic; red corpuscles 2,700,000, leucocytes 7,000, hemoglobin 40 per cent. She has had little or no pain but a general sense of soreness at short intervals. In the right iliac fossa Dr. Nathan R. Gorter noticed a slight thickening about three weeks ago. This has been growing since that time. Appetite poor, bowels regular, no bleeding from the bowel at any time. On careful palpation I was able to detect a distinct area of induration in the region of the cecum. This appeared to be 4 cm. in diameter, but was no index to the actual size of the growth.

April 3.—A long incision was made through the right rectus. A carcinoma was found involving the cecum and a small portion of the ileum and about half of the ascending colon. The bowel was freed and clamped above and below. A lateral anastomosis was then done by means of the Moynihan forceps. The free end of the ascending colon was closed, the end of the ileum brought out through the lower angle of the abdominal incision and the abdomen closed.

April 6.—The patient has been unable to retain any nourishment. The nausea continues. The bowels have moved, per rectum, several times. The free end of the ileum that was brought