

Case 12197, on the other hand, was a typical instance of adenocarcinoma with small glands.

In one case we left a fistulous opening, in the other we closed without drainage. The latter method is, I think, the better procedure. In cases of carcinoma of the cecum it seems wiser to make the lateral anastomosis with Robson's or Moynihan's clamps first. If the patient be too weak, the subsequent steps of the operation can be omitted (Fig. 1). Is she be still in fair condition the growth is removed and the ends of the ileum and ascending colon can be closed.

*Adeno-carcinoma of the cecum; great emaciation; lateral anastomosis between the ileum and transverse colon; resection of the diseased bowel; temporary recovery.*

Gyn. No. 12197. Mrs. J. R., white, aged 56. Admitted to the Johns Hopkins Hospital, June 21, 1905. Discharged Aug. 2, 1905.

The patient's chief complaint is of weakness and exhaustion. She has never been strong. Six years ago she had general dropsy. Has been married 27 years. Has had five children, the youngest 25 years old. The menopause occurred five years ago. Two years ago the patient began to pass much mucus by the rectum and had a good deal of straining in the lower abdomen. She passed no blood. This condition persisted until four weeks ago when the movements became very dark and foul-smelling; there was never any bright blood in the stools. There has been rapid loss of weight and strength and a tender lump has recently been noticed in the right iliac fossa just above the crest. This has become increasingly tender and for the past week the exhaustion has been extreme. There have been no nausea, vomiting, or stomach symptoms of any kind. On examination I found the patient very much emaciated, of a sallow tint, the mucous membranes were pale and it was with great difficulty that she could walk. Just above the crest of the ilium on the right side, extending into the right iliac fossa, a firm, irregular and very tender mass can be felt. This is apparently situated in the cecum or in the abdominal wall directly over the cecum. Extending upward from this is a tumor mass. When the patient came to me I told her husband, who is a physician, that it was useless to perform any operation, but that we could send her to the hospital for a week's rest prior to her going away. During the week she gained considerably but then had an intestinal hemorrhage and lost ground. She again improved to some extent and wished to have something done. It was only after a great deal of persuasion that we decided to do an exploratory operation, not for a moment deeming that it would be feasible to remove the growth. On June 18, 1905,