

This rendered the whole mass free, so that I was able to remove it in the usual manner.

For ten days some faecal-stained fluid escaped at the site of the wound, after which time the fistula closed.

After the wound had healed he was wheeled out daily in the hospital grounds in a chair, but gradually grew weaker and weaker and died exactly one month from the date of the operation.

A. G.—Operated Nov 3rd, 1903. Discharged Dec. 1st, 1903. Age 42. Married. Fisherman by occupation.

Present illness:—About 16 months ago the patient complained of pain in the pit of the stomach, not aggravated, however, by food, in fact relieved at times after meals. This pain was not accompanied by flatulence or vomiting.

In January, 1903, about 5 months later, the pain increased, and one day a large black tarry motion was passed and for the following weeks the patient felt very weak and ill. Then came colicky pains in the lower abdomen, accompanied by the rumbling of wind and an obstinate degree of constipation.

In June, 1903, another black tarry motion was passed and the general symptoms increased, pain being now referred to the right iliac fossa and the right of the umbilicus.

Patient was losing weight rapidly at this time.

*Physical examination:*—When I examined him I found a large hard tender lump in the region of the right iliac fossa. This was irregular in outline and the right kidney could be palpated on deep pressure in its normal situation above it.

I decided to operate at once and found the region of the caecum was occupied by a large, hard, indurated mass. The small intestine above this growth was dilated and hypertrophied, the ascending colon was collapsed.

Resection of the caecum was performed and lateral implantation of the ileum into the ascending colon carried out by means of a Murphy's Button.

I put a gauze drain down to the anastomosis, which was removed in 4 days. The patient made an uninterrupted recovery and is now, 3½ years later, alive and in perfect health.

The history seems to have been of no value in any of these cases.

The symptoms that were present in all the cases were griping pains. This is what we would expect as soon as the slightest obstruction was produced. The griping pains in some of the cases came on only after exertion and were so severe that they simulated appendicular colic. Loss