

Between the attacks she would have about two stools daily, but at no time did she have a large, well-formed motion. When one of her attacks appeared, and enemas were given, small, hard fecal masses about the size of marbles came away. During the attack in January, 1904, Dr. Arnott felt a lump, about the size of a walnut, in the left side of the abdomen, between the last rib and the ilium. After the attack this lump could not be felt. Her weight had diminished about thirty pounds during the last two years, and she has been almost free from her asthma.

She is a medium sized woman, fairly well nourished. The lungs are slightly emphysematous, heart sounds normal, arteries somewhat thickened and urine negative.

The abdomen is not distended and no peristaltic waves are visible. The liver has normal dimensions. On palpation, a lump about the size of a small orange is felt in the left flank, just under the edge of the ribs. It possessed very little mobility.

A diagnosis of cancer of the colon was made, and operation advised.

She entered the City Hospital and was operated on on the 12th of March, 1904.

Under ether anesthesia a long oblique incision was made, following the course of the fibres of the external oblique muscle, just to the inner side of the tumor. On opening the abdomen this tumor was found to be in the upper part of the descending colon and attached to the inner part of the transverse colon, the splenic flexure being free. The great omentum was attached to and covered the inner side of the growth. No glandular involvement could be felt.

The mass, including the distal end of the transverse, splenic flexure and upper end of descending colon, was freed from its attachments, clamped off with Kocher's intestinal clamps and removed. The two divided ends of the bowels were brought together and an end-to-end anastomosis was made by means of sutures over a large Robson bone bobbin. The coats of the proximal portion of the bowel were very much hypertrophied. Three rows of sutures of fine black silk were used in making the anastomosis, and the omentum was also stitched over the junction line. The abdomen was closed without drainage.

There was very little shock following the operation, and convalescence was without incident.

She returned to her home at the end of three weeks, and has gained in health and weight ever since.