peritoneum of the lateral wall to which it was adherent. Not knowing just how long the patient could stand the operation we divided the procedure into three steps. First we made a lateral anastomosis between the lower end of the ileum and the transverse colon. Next the ileum was cut across at a safe distance from the growth and the end turned in and closed. The third step consisted in loosening up the growth, severing the ascending colon above the growth and closing the colon. In this way we could have hurriedly concluded at any one of the three steps. The abdomen was closed without drainage. In freeing the tumor we had to be exceedingly careful, as the ureter lay directly beneath the tumor. The right kidney had been prolapsed and the edge of it also lay beneath the tumor. The kidney was in close contact with the tumor and helped to make the growth seem so large.

July 8.—The patient has done well since the operation; she has had no nausea nor vomiting since the first day. No distension. She is taking her nourishment well.

Several days after this she became exceedingly weak and it was thought that she could not recover, but she speedily regained ground and was discharged apparently well on Aug. 2.

Sept. 6.—The doctor wrote me: "I am glad to say that the patient has been home from the hospital five weeks to-day and has increased one pound a week in weight. Her appetite is good, in fact, better than for two years. Her complexion is fairer than for years. She is on her feet the greater part of the day. Takes breakfast in her room, but the other two meals she enjoys at the table with the family. Her bowels are all right. At times she has some abdominal soreness and swelling."

I saw the patient in November. Her general condition was good, but she had some soreness in the right side. On careful palpation we could still detect the sensitive and prolapsed right kidney, but there was no evidence of metastases at any point.

She grew a good deal weaker and died on Jan. 8, 1906, free from pain and perfectly conscious.

Path. No. 8823. The specimen consists of the cecum, of the surrounding fat and of the appendix. The entire mass is board-like in consistency. The appendix is practically normal in size and is glued down to the cecum and to the neighboring fat. The hollow cup of the cecum is surrounded by a dense wall varying from 1 to 3 cm. in thickness. The cavity presents a crater-like appearance and is 3 cm. in depth (Fig. 2). The tissue is dark and crumbly. The mucosa, where present, is dark in color. Projecting from the mucous membrane are large and small nodules of the growth. On one end of the section is normal mucosa belonging to the ascending colon, on the other a considerable flap of normal ileum.