The case was sent to me as a case of chronic appendicitis, which I at first also thought it to be.

He was kept under observation, in bed for 14 days, upon a liquid diet and having hot fomentations applied, but as the swelling in the side instead of decreasing gradually increased and the griping pains became more severe, and the temperature remained normal, we then suspected that it might be a growth.

An operation was decided upon, and upon opening the peritoneal cavity through an incision over the swelling I found it to be a growth in cæcum. The growth was well defined; the colon was empty, and the small intestine greatly distended. From this it was evident that the growth was producing obstruction. I then decided to remove it.

After this was completed, I further examined the peritoneal cavity and found masses of growth in the omentum, and scattered over the peritoneal cavity, and in the appendices epiploicæ I ligatured off a portion of the omentum containing a mass of the growth.

Within four weeks the patient was up and walking about. Nine months later he called to see me: he had gained 15 lbs. At the present time he is well and hearty and driving a grocery delivery waggon from 7 a.m. to 6 p. m. There is no sign of any abdominal tumour.

Gætano Sasso:—Operation, January 15th, 1901. Died July 15th, 1901. Aged 61. Married. Labourer. Prematurely old.

Present illness:—For six months he had suffered griping pain in the right side, the slightest effort at work bringing on the pain, and losing weight steadily.

Had noticed a lump in his right side for three months, gradually getting harder and larger. Bowels very troublesome—sometimes constipated for nearly a week, but for the last six weeks had persistent diarrhœa. Vomited occasionally; appetite poor. Temperature 97 to 98.6.

Physical examination:—As the patient was emaciated and the abdominal wall relaxed, a hard mass, kidney-shaped, freely movable in its lower part, could be felt in the right iliac region and extending up under the ribs, where it appeared to be fixed. No appreciable tenderness on pressure.

The diagnosis in his case lay between a growth of the liver or gall-bladder or of the cæcum.

On opening the peritoneal cavity I found the cæcum contained a hard growth, which was adherent above to the liver. The ileum was clamped with two pairs of forceps and the intestine divided between them. By this means the cæcum could be readily manipulated, while I removed with the actual cautery the portion of the liver adherent to the growth.