

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

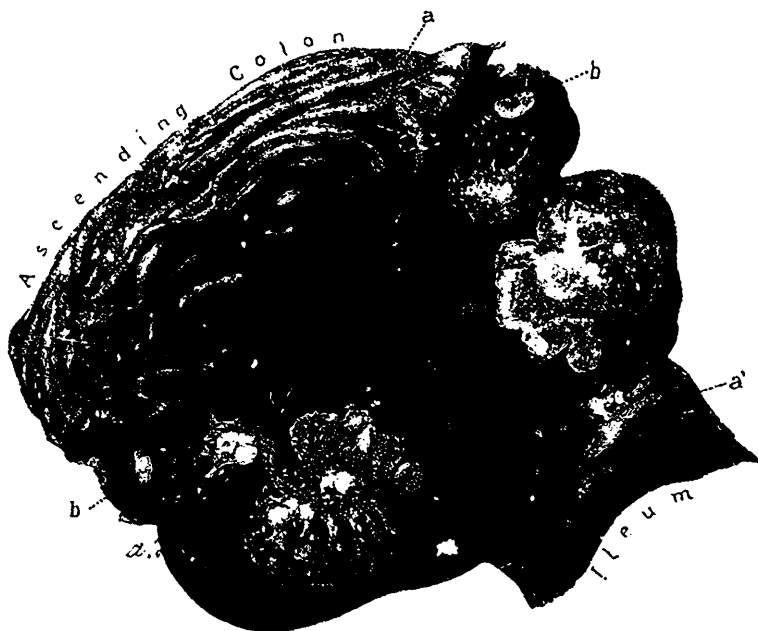


FIGURE II.—CARCINOMA OF THE CECUM.

The greater part of the picture is occupied by the crater-like growth with undulating walls. Its line of advancement in the ascending colon is indicated by *a*. Its encroachment on the ileum by *a'*. The pericecal fat is infiltrated by discrete nodules as seen by *b*.

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, she was very much improved in color and strength and her hemoglobin had increased to 60 per cent. The mass in the right iliac fossa was not nearly so tender as on admission.

*Operation, July 5.*—The tumor mass involving the cecum was found freely movable. No enlarged glands in the mesentery or in the omentum could be detected, nor was there evidence of peritoneal metastases. On account of the apparent limitation of the growth we decided to remove it. The mass was freed from the