or due to "liver trouble" she had always been in good health. Her mother had died of cancer of the breast, but apart from this there was no evidence of hereditary predisposition. On examination the lower extremity of a raised irregular annular mass involving the whole circumference of the bowel, friable and bleeding when touched, was felt at about two inches and a-half from the anus. The upper limit could not be felt from either rectum or vagina, and it was not palpable from the abdomen. There was no evidence of lymphatic involvement nor metastasis and the other organs were normal. On the 17th of December, an inguinal colotomy was performed. Exploration of the abdomen showed the upper limit of the growth to be well within the peritoneal cavity but there was no glandular enlargement. On account of an attack of influenza, excision of the mass was deferred till the 7th of January, 1897. It was exposed by Heinecke's incision. A segment of the bowel between four and five inches in length and including the new growth was removed and the proximal end brought down and sutured to the distal extremity. The patient took ether badly and was from the first very much embarrassed with mucus in the air passages and a pretty severe bronchitis followed; with this exception, the operation was well borne and the subsequent recovery uneventful. The wound was packed, around the bowel, with iodoform gauze, (as were the previous cases). I did not carry out my intention of replacing and suturing the divided lower portion of the sacrum, as the bronchitis for some time contra-indicated ether anæsthesia but they fell together, slightly inverted, and united very nicely. The bowel ends also united perfectly, and a large proportion of the fæces is now found per anum, although there is of course some evacuation through the inguinal opening. There is some slight narrowing at the line of suture of the rectum, but no sign of recurrence of the growth. I have advised the patient to wait for some months at least before having the colotomy wound closed, for fear of cicatricial stenosis of the rectum at the line of suture, or recurrence of the disease in loco. As to the nature of the growth, the concluding sentence of the pathological report is as follows:—"The specimen must be regarded as adenoma of the rectal mucosa undergoing change into colloid cancer."

With regard to the frequency of the occurrence of carcinoma in the rectum, I may be permitted to quote Mr. Bland Sutton's statement, (Tumours innocent and malignant) that "of every one hundred cases of carcinoma of the intestine seventy-five occur in the rectum," and it must be borne in mind that this does not include invasion of the rectum by epithelioma extending from the anal margin (a lesion which is not to be confounded with the one under discussion). The