

A CASE OF CÆCAL HERNIA.

SYMPTOMS OF STRANGULATION; HERNIOTOMY; WOUND OF THE
BOWEL; SUTURE; RECOVERY.¹

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CASES of cæcal hernia are sufficiently rare to be of interest, many surgeons having passed through a long course of hospital practice without ever having seen a case of cæcal hernia. It is seen more commonly in children and is usually of congenital origin, being covered completely by peritoneum and lying in its own sac. In other cases, especially where the hernia is of the acquired form, it follows a pre-existing enterocele, the sac of which enlarging and growing downwards, tears away the peritoneum from the iliac fossa, and later, if the enlargement continues, partially deprives the cæcum itself of its peritoneal covering at the same time displacing and drawing down a portion of it. Such was the course of events, I imagine, in the case I am about to relate. These cases cannot be readily diagnosed before operation, and to the surgeon they offer great difficulties in operating for the radical cure. They are not easy of reduction and are often of large size.

Case. H. H., *æet.*, 53, door-porter, was admitted into the wards of the Montreal General Hospital, on April 18, 1891, suffering from strangulated inguinal hernia.

History. Has been a soldier. For the last eleven years has had a right inguinal hernia, for which he has from time to time worn a truss. Occasionally the hernia comes down, but he has always been able to return it. Two years ago, whilst lifting

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