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## TUMORS OF THE SIGMOID.

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From the foregut we get the stomach and duodenum to a point below the common duct, and the liver and pancreas. These organs derive their blood supply from the cœliac axis, and all are concerned in the preparation of food for absorption but do not themselves absorb. From the midgut we get the duodenum below the common duct, the jejunum, ileum, cœcum, ascending and transverse colon, all of which derive their nourishment from the superior mesenteric artery, and are concerned in the absorption and assimilation of food.

The derivatives of the hindgut are the descending colon, sigmoid and rectum. These organs are nourished by the inferior mesenteric artery and are concerned in the temporary storage of intestinal waste for convenient evacuation. This storage function is greatly aided by an antiperistalsis which exists here except during defacation.

The sigmoid is the natural fæcal container and is a later development showing the effects of this short heredity in the variations in size, shape, and length, as well as in function. Constipation largely concerns the sigmoid. The anatomical descriptions of the sigmoid by the Americans differ from those of English anatomists in three important respects: First, the English divide the sigmoid into two parts; the iliac which is six or seven inches in extent and closely attached to the iliac bone, having little or no mesosigmoid, and the pelvic sigmoid, sixteen or seventeen inches in length which passes across the midline of the body into the right pelvis before reaching the rectum. This portion usually has a long mesosigmoid and permits of great mobility.

The second important point of variance between English and American anatomists, is that the English include as part of the sigmoid all

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