Surgical Significance of excessively Long Sigmoid:—The sigmoid flexure has received much attention from surgeons in recent years, and the conditions known as sigmoiditis, mesosigmoiditis, diverticulitis, and diverticula of the sigmoid, are well known.

The length of the sigmoid is also a very important factor in planning a radical operation for cancer of the rectum.

I do not propose, however, to refer to any of these conditions but only to discuss the conditions illustrated by the cases reported viz.:—"Hirschsprung's Disease," and obstruction from volvulus of the sigmoid due primarily to its extreme length. In both conditions the only satisfactory treatment would seem to be removal of the sigmoid. This at first sight may appear to be a somewhat radical recommendation, but in my opinion, it is fully justified by the seriousness of the conditions. Quite recently Mr. Arbuthnot Lane, of London, has published a series of 39 cases in which he had removed a part or the whole of the large intestine for constipation of a chronic and obstinate character.

In Case No. 1, operated upon 12 years ago, the operative measures adopted were of a palliative character and the child died. To-day I have no hesitation in saying that the proper treatment for such a case is the removal of the enlarged and overloaded sigmoid and the re-establishment of communication between the descending colon and the rectum. It would appear to be useless to hope for the restoration of function in the sigmoid in such a condition, even if it could be unloaded and kept evacuated for a considerable period of time.

With regard to the second condition, it is almost a surgical axiom that from one half to two thirds of the cases of intestinal obstruction from volvulus are due to volvulus of the sigmoid; also that recurrences are common and that they are probably common in direct proportion to the excessive length and mobility of the sigmoid.

Moreover, no device hitherto adopted for anchoring the sigmoid so as to prevent this recurrence has proved satisfactory.

In Case No. 2, I recommended after the first operation and before the second, the excision of the sigmoid, but the patient would not consent to it. It will be noted that this patient had three attacks of volvulus within three or four years, the last of which was fatal before operative relief was obtained.