

in connection with the surgical lesions of the latter, for which we are largely indebted to Treves for having made it widely known to us, although Scarpa, as long ago as in 1812, and later Bardeleben, in 1849, and other German observers early proclaimed the fact and its value in connection with perityphlitis. This mobility of the cæcum with its perfect peritoneal covering, which is only wanting in about eighteen per cent. of the observed cases, and a nearly similar condition in the sigmoid, where it is limited only by a mesocolon, narrow and of varying length, will explain why so many cases of cæcal and sigmoid hernias have been treated radically without surgical difficulty and with success. Such conditions are not considered here. Moreover, when the colon retains its long mesentery, which is its original development, the cæcum can present itself in a left-sided hernia or, *vice versa*, the sigmoid can show itself in a rupture on the right side of the body. *En passant*, this arrest of development from a long to a short mesocolon additionally permits the understanding of the left-side appendical difficulties which are occasionally encountered, and does away with the need of calling in the transposition of the viscera to help us in such questions. Macready says, concerning the variations of hernias of the cæcum, that in fifty-seven instances, thirty-six were right inguinal, five were right femoral, nine were left inguinal, and one was left femoral.

Most of the cæcal and sigmoid hernias are reducible, which means that they generally have a complete sac and that the intestine rests free as it does in other hernias. Merigot de Treigney, collected an interesting number of cases of hernias of the large intestine, and presented them as follows:

	Inguinal.	Crural.	Total.
Cæcum and appendix.....	8	5	13
Cæcum and end of ileum.....	11	..	11
Appendix alone.....	17	5	22
Transverse colon.....	4	..	4
Totals.....	40	10	50

With such hernial contents this class of ruptures can, as a rule, be readily reduced.

A brief digression may be here made to express clearly the distinction which should be, but is not generally, made between a cæcal hernia and one of the ascending colon, and, on the left side, between a sigmoid hernia and hernia of the descending colon. In reality it is anatomically well known, and it has been already alluded to, that the cæcum should be considered with a few exceptions as entirely surrounded by peritoneum; it is, how-