## Special Selections.

# ON THE TREATMENT OF THE SLIDING HERNIAS OF THE CÆCUM AND SIGMOID FLEXURE*

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The natural looseness of the peritoneum in the iliac regions of the abdomen allows not very infrequently the slipping or sliding of portions of the large bowel into a hernia, and thus makes a decided variation in the ordinary contents of a hernial sac. For instead of this sac being formed by the pushed-out parietal layer of the peritoneum, in which rests, ordinarily, free or adherent omentum, small or large intestine, in these slipped hernias, the "*hernies par glissement*" of the French authors, there is found an important variation in these usual conditions. It is, that the proper peritoneal sac is imperfect, usually on its postero-lateral aspect, where, instead of passing around the included bowel, the loose peritoneum rises up and passes over the herniated bowel to its other side. In other words, the protruded bowel is still outside the peritoneum. Figs. 1 and 2 show this more clearly than words can do. In these it will be seen that the bowel has been forced down, carrying with it a fold of loosened peritoneum into the scrotum, just as is done in the descent of the testicle. And, indeed, the congenital form of cæcal hernia is produced by the same agent that helps the descent of the testis, for the gubernaculum testis is included in the duplication of the peritoneum that contains the cæcum, and hence the bowel, from its action, is occasionally drawn down in the wake of the testis. A similar occurrence, although more rarely than with the cæcum, may happen on the left side where the gubernaculum ends under the sigmoid flexure.

Not every case, however, of cæcal or sigmoid hernia is of this kind; on the contrary, most of the cæcal variety and many of the sigmoid ruptures are found to have complete sacs owing to the fact that they are generally covered all around by peritoneum in their normal condition. This is particularly true concerning the cæcum and appendix, and it is a point of supreme surgical interest

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