

irregularities were present which could readily induce the existing abnormalities. Indeed, Van der Kolk, as noted by Hurd, found a slight dilatation of the colon so common in the insane, as to associate the conditions very intimately, and the cause is doubtless that above given. The mere fact that no organic obstruction was found is not sufficient in itself to make one regard the condition as congenital, particularly when no symptoms whatever develop until the patient attains adult life.

It is of course of prime importance to distinguish between purely congenital cases and those which have been acquired at a later date, for dilatation of the colon as a result of (or at all events following upon) koprostasis is by no means uncommon. Many instances are recorded of dilatation of the colon coming on late in life, but these are nearly all associated with some condition interfering directly with the evacuation of the bowels, and are obviously due to chronic constipation with or without constriction of the intestinal lumen. Such for example is the case recorded by Little and Callaway, and that above mentioned by Strahan, while in the same connection may be cited the interesting condition described by Mr. Gay, where as a result of atony of the bowel following typhoid fever, chronic constipation supervened and with it marked dilatation of the colon.

So far as the congenital cases are concerned, it is not an unfrequent circumstance that antenatal stenosis or imperforate condition of the anus will lead to dilatation of the large bowel, either diffusely or in the form of diverticula. Cases of this kind may show equally well a series of symptoms and morbid anatomy resembling those seen in the apparently idiopathic congenital dilatations. Many instances are recorded, such for example, as those by Vulpian, Lacave, Duplex and others; but all these are quite evidently not idiopathic in the true sense of that word. (We understand by the term "idiopathic" in reality a confession of our ignorance, or at all events our inability to find the true organic lesion associated with the morbid anatomical condition present. For if "nothing is that errs from law," there must be some etiological factor to explain every case of abnormal dilatation of the colon).

In endeavouring to differentiate between cases that are acquired and those which are purely congenital in nature, no small difficulty arises, and while some would apply the term congenital to those instances only where the intestine has never from birth acted normally, the definition, it would seem, is too restricting. Several cases for example exist in the literature where within the first few months of life this condition has arisen and the autopsy has