

"Prof. Wenzel Gruber reports a giant sigmoid of 41 inches in length, and he remarked that when he exposed the viscera by an abdominal incision, only colon and a small portion of the bladder was observed—the giant sigmoid almost completely occupied the abdomen."

I have also the following communication from Dr. Klotz based upon his autopsy experiences:

Observations made on the sigmoid in a great number of autopsies reveal to the pathologist the great variation that may be present in this organ. These variations consist mainly in the site and size of this part of the bowel, and attention is attracted to them by the frequent distension (gaseous and otherwise) of the entire colon. There is one type of sigmoid which possesses in its lower portion a very short mesentery, so that the bowel is closely tied down to the brim of the pelvis and the sacrum. In these cases the mesentery may not be more than an inch in length; in others again, in which the sigmoid is to all appearances normal, the mesentery may exceed ten inches. It has been noted in this latter type of mesentery that an exceedingly long mesentery does not necessarily allow the sigmoid to be twisted on itself. In those cases in which the base of the fan-shaped mesentery is broad and does not converge to a point, the sigmoid, although lax and able to stretch across the abdomen to the cæcum, does not readily become twisted. On the other hand, where this mesentery converges to a common centre so that the first part of the sigmoid is in close relation to the first portion of the rectum a twist can readily be produced artificially.

Slight variations in the site of the mesenteric attachment occur frequently and a dextro-position is occasionally met with.

In three cases of malignant disease of the pelvis obstructing the rectum the dilatation of the sigmoid and colon was especially noted. With this enlarged sigmoid there appeared in each case a lengthened mesentery. In two cases of pernicious anæmia an abnormally large bowel, including the sigmoid, was present, and in two children a similar condition was noted.

From the observations made in the general run of autopsies an enlarged colon and sigmoid is frequently noted among those giving a history of chronic constipation. These enlarged sigmoids usually lie above the brim of the pelvis and are commonly found lying towards the cæcum on the right. The mesentery in these cases is unduly lengthened. When, however, the sigmoid is collapsed it is found coiled up in the cavity of the pelvis.

The causes of excessively long sigmoid are partly congenital and partly acquired.