

It is interesting to note the marked similarity in the clinical histories of almost all the recorded cases. In nearly every instance there has been observed a more or less persistent constipation or other "trouble with the bowels" commencing within the first few days of life—necessitating the use of purgatives or enemata, which treatment is attended by varying success. Following upon this, comes either very early or within a few years, a noticeable abdominal distension—sometimes with frequent passage of flatus, and progressively increasing constipation, resisting more and more the measures employed to evacuate the large intestines. Pain accompanies most of these cases and occasionally there are vomiting and intermittent liquid stools.

Examination of the patient reveals a distended tympanitic abdomen, with occasional localised lateral dullness from impacted fæces, and vermicular movements may often be seen. As a rule there is some pain on deep pressure. In every case, moreover, a rectal examination fails to reveal evidence of stricture, organic or otherwise, and there is never any appreciable obstruction to the insertion of catheters or syringes. It is true that in a few instances the clinician has suspected a spasm of the rectum and anus, but the observations made were never positive on this point. There is often progressive emaciation, though sometimes death is very sudden and unexpected, and the autopsy reveals no satisfactory reason therefor. The suggestion made by Peacock may, in a general way, be taken as satisfactory. "Death resulted from a disturbance of the vital powers in consequence of the mechanical injury of the intestine resulting from its extraordinary distension." The condition, moreover, is rarely associated with the usual symptoms of rachitis.

While as a rule the malady is fatal at an early age, it is nevertheless not incompatible with moderate health for many years, and cases which appear to have been congenital, have persisted for 28 years, as described by Peacock. Idiopathic dilatation of the colon may be present at birth, or appear later on in life, and in many of these latter cases the condition is regarded, though it would seem wrongly so, as congenital in nature. If a condition of dilated colon develop in adult life and the autopsy reveal no apparent cause, it is scarcely justifiable on this basis alone to regard the state as one undoubtedly congenital. Thus for example, in a case reported by Strahan, there was no disturbance of the bowels until adult life, and then within a few years a fatal issue resulted from colitis with dilatation, and no organic lesion was found to explain the origin of the trouble. The patient, however, was a lunatic, and, as was to be expected, disregarded entirely the necessary precautions to improve his intestinal condition, and hence constipation and