even to the size of fœtal head, being mistaken for an ovarian tumor or a malignant growth of some abdominal organ. The most common part of the colon to become enlarged is the sigmoid flexure and the cæcum. Accumulations can occur in any part of the colon. The ascending colon is much more often filled in life than the books would lead us to believe; indeed, it may be said that chronic accumulations are oftener to be found in the ascending, than the descending colon, which is also contrary to the assertions of the authors. When the accumulations are large, the increased weight of the colon tends to displace it; then the transverse colon may descend even into the pelvis. The colon may be filled in an adult so as to present a circumference of fifteen inches. These accumulations vary in density; they may be so hard as to resist the knife, and thus be mistaken for gall stones.

The mass may be so enormous as to press upon any organ located in the abdomen, interfering with its functions; thus we may have pressure on the liver that arrests the flow of bile; or upon the urinary organs crippling their functions. Reported cases of accumulations almost surpass human credulity. Enough has been gathered from the colon and the rectum to fill a common-sized pail. Of course such enormous amounts occur only exceptionally; it is not to these that attention is particularly drawn in this paper, because where they are so excessive, any physician can detect them by palpitation. It is to the minor accumulations particularly that I wish to draw attention, the accumulations that we see in the majority of patients who visit our offices. Such patients assure us that the bowels move daily, but the color of their complexion, the condition of their tongue, and, above all, the color of the feces, are enough to assure us that they are the victims of costiveness.

Daily movements of the bowels are no sort of a sign that the colon is not impacted; in fact, the worst cases of costiveness that we ever see, are those in which daily