

10th. The pathology of the abdominal walls is the result of the so-called predisposing causes of disease of these organs.

11th. Preventive treatment must be directed to condition of structures of the abdominal walls and similar tissues throughout the body during the course of and convalescence from these diseases.

12th. The serious nature of abdominal section for trivial causes and the almost criminal nature of so-called "exploratory incision."

The fact of infection being the cause of disease of these organs, and also that the infection is primarily of duodenal origin is so widely accepted that any comment would be superfluous, and I shall therefore limit the discussion of the four first points to quotations from a few well-known authorities.

Deaver, in Vol. III, p. 106, *International Clinics* of this year, says, "Pancreatitis, either acute or chronic, accompanies gall-stone disease in many instances, and for the reason that in both diseases the same factors operate. Infection and obstruction of the excretory ducts of the pancreas and biliary tracts are responsible for the lesions of those organs." Again, on page 107, "It can be emphatically stated that gallstones are always the result of precipitated salts and tissue debris, following in the wake of bacterial infection, mild or severe in degree. Furthermore, the complications of chronic gall-stone disease, adhesions, ulcerations, fistulæ, liver and pancreatic disease, etc., are also due to infection."

Mayo Robson says, speaking on catarrh of the gall bladder and bile ducts. "An extension from the duodenum is probably the usual cause, and as the common bile duct traverses the walls of the duodenum very obliquely, it is to be expected that the narrow terminal portion of the duct will be the first to suffer and be the seat of the primary obstruction. Chronic catarrh of the gall bladder and ducts is the sequel of above, with dyspeptic symptoms due to associated gastro-intestinal catarrh."

In discussing the etiology of pancreatitis, he says, "Pancreatitis is probably always a secondary disease, and usually dependent on infection spreading from the common bile duct or duodenum."

Ochsner, pp. 159, 161, of his work on *clinical surgery*, says of pyloric obstruction, cholecystitis and pancreatitis, "It is plain that each one of these conditions can only be relieved by securing perfect drainage for the cavities involved, and that stomach surgery is instituted to a very great extent for the purpose of overcoming faulty drainage of this organ."

Mayo Robson further says, "Though well recognized, I think it has not been sufficiently grasped that the essential cause of peptic ulcer if of a septic nature, and in many cases the source of the trouble