

obstruction which cannot be recognized at the time of the operation, and can only be determined by bismuth and X-rays, I call the "simple static variety." I use this term as opposed to the more obvious variety in which the bowel is controlled by an acquired band or by an appendix, either of which is readily recognized when the abdomen is opened, though the extent of its effect on the effluent can only be gauged by bismuth and X-rays.

Since with an apparently uncontrolled ileal termination the delay in the effluent may be very considerable one can readily see how a structure which by strain or pressure exerts apparently but a comparatively slight constricting influence on the lumen of the bowel may affect very materially the passage of material through it.

In early life the duodenum ends vertically in such a manner that its effluent can be controlled by the exercise of a vertical downward traction upon the jejunum.

I believe that to obviate this mechanical disability the commencement of the jejunum becomes attached progressively to the posterior abdominal wall by its evolutionary process, so that, in the highest state of development, having become attached to the under surface of the transverse meso-colon in a direction from left to right this portion of bowel is fixed in the form of a semi-circle.

Between the normal condition at birth and this high evolutionary type all grades are found, each presenting a varying degree of disability. I have indicated diagrammatically what I believe to be the normal condition at birth; then we have the condition commonly present in advanced duodenal obstruction in chronic intestinal stasis. We must note the acquired ligament, which represents the crystallization of lines of force, which is frequently present and which is evolved to take strain off the termination of the fixed bowel; and in the fully -developed fixation of the jejunum to the under surface of the transverse meso-colon. Then there are acquired mesenteric bands which are evolved to fix the bowel in this situation in order to obviate angulation at its termination and consequent interference with the effluent. The advantageous mechanical arrangement afforded by this last type may be imitated by suturing the jejunum to the under surface of the transverse meso-colon after the division of any such bands should they exist. It would seem impossible to eradicate from some minds the idea that these acquired bands and mesenteries are inflammatory in origin.

I do not propose to discuss here the details of the several operative procedures which I employ, as I have done so on very many occasions.

We may differ widely in our opinions as to the causation of the