

testine. To put the matters briefly, the upper alimentary tract is specialised for aseptic absorption of food and the colon for bacterial destruction of the residue. The indirect changes are those that result from the lower resisting power of the tissue to the invasion of organisms produced by auto-intoxication and can hardly be separated abruptly from all those conditions described as being caused directly by it.

First.—The most obvious are pyorrhœa alveolaris, second tubular infection when not produced by direct inoculation, third rheumatoid arthritis. This like tubercle can not develop in the presence of effective drainage of the gastro intestinal tract. Fourth, infection of the genito-urinary tract, either directly or indirectly through the blood streams, by organisms other than tubercle producing nephritis, cystitis, pyelitis, endometritis and salphingitis. Fifth, development of changes in the thyroid gland whether an adenomatous tumors or general enlargement of the thyroid gland or exophthalmic goitre. Sixth, Still's disease. Seventh, infection of the skin of a pustular nature. Eighth, infection of the large intestine by organisms which produces several varieties of mucous and ulcerative colitis. Ninth, ulcerative endocarditis.

I have chosen them merely a few obvious typical indirect results of the auto-intoxication of C.I.S., the point of practical interest in conclusion with these indirect results of stasis in that the resisting power of the tissue of the body is such that they can destroy the organism or the poison which produced the condition if not too advanced or if cancer has not developed.

In regard to radiographic finding I wish to refer to an article published by Dr. James T. Casem, Battle Creek, Mich., where he claims with symptoms formerly attributed to prolapsus we are now finding more tangible lesions such as Chronic appendicitic disease constricting membranous bands along the ascending colon, veils about the hepatic flexure, adhesions attending gall bladder disease, torsion and twisting of the transverse colon, due to omental adhesions and especially spasticity and adhesions in the iliac and pelvic colon may be revealed by the X-ray examination.

It is important to repeat here an expression by Dr. Alfred C. Jordan, a noted authority on X-ray work, he distinctly emphasizes the fact that at the bottom of the case generally disease can always be revealed by a complete radiological investigation of the alimentary system and it is just this contention which should stimulate radiologists to make careful and painstaking investigations along the lines laid down by Lane.

To Dr. Bainbridge I am greatly indebted, for he has given me a clear view of the essential facts of C.I.S. When in New York last those cases he presented and operated on were most convincing. I saw many cases,