

2nd. The duodenum, as the point of origin of the infection from below the portal vein, as the source of infection from above.

3rd. Abnormal duodenum, as the normal duodenum is practically free from infection.

4th. Obstruction and stagnation, the necessary requirements for infection, as free drainage cures.

5th. The point of obstruction, being where the sup. mes. vessels cross the 3rd portion of the duodenum.

6th. Tension, upon vessels the cause of the compression as the duodenum is thereby gripped between the vessels and the post. ab. walls.

7th. The intestines, supplied by these vessels as the cause of the tension, their weight, irrespective of contents, being the sole factor.

8th. Insufficient normal support being reason for vessels having to support the weight.

9th. Abdominal walls, being normal support, must contain pathology, which is responsible for above conditions.

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 gall-stones 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."