

nature of a sphincter, it is difficult to conceive how normally it could act as an obstruction. On the other hand, the obstructive effect of pressure by the superior mesenteric vessels on the third portion of the duodenum can be readily seen and demonstrated, namely, by either pressure from above by bands or corsets, or by tension from below, as adhesions or enteroplosis, which latter, in itself, is amply sufficient to produce considerable pressure and obstruction, even when the bowels are absolutely empty, as I have seen many times.

The fact of the matter is, the only obstructing element that can be shown to exist in this region physiologically, or otherwise, is the superior mesenteric vessels with their immediate surrounding mesenteric tissues.

We have here strong evidence that the cause of the obstruction is the band referred to, and this in turn to be due to the weight of the prolapsed intestines.

The next question naturally arises, "Why do the intestines prolapse?" Evidently from weak supports. The mesenteries are not the natural supports of the intestines, but, as Byron Robson has so ably put it, they are but "neuro-vascular visceral pedicles." True, they offer considerable support, and the degree of that support is readily demonstrated in that condition of relaxed abdominal wall termed by the Germans "hanging belly," where, on opening the abdomen we find invariably in my experience well-marked visceral ptosis, with the various pathological conditions which necessarily follow in its train. Upon close examination of the structure of the abdominal walls they will be found elongated and separated muscular elastic fibres throughout all layers, the linea alba will be very much widened, thinned and relaxed, the entire abdominal wall offering but comparatively poor support to the contained viscera.

Any one doing careful P. M. work cannot but verify the correctness of the above findings, but the great source of error into which those who do P. M.'s, and those who write for the directions of others have fallen, is that they completely ignored the belly wall as a factor in disease, and have consequently by one grand sweeping incision from ensiform to pubes alighted upon the poor innocent viscera and accused them of the entire sin, much as do a good many respected citizens in laying upon the shoulders of the Devil the blame for misdemeanors for which they, and they alone, are responsible.

For one moment let us consider the normal structure and formation of the abdominal wall, and then ponder over the calamity which has befallen the individual with a belly wall as above described.

Taking into consideration the complete muscular boundaries of the abdominal cavity, with the variety of directions of the muscular fibres