Lack of time prevented further examination, which I greatly regretted, as I had never before, nor have I since, seen such marked pathology. Before this I had seen several such cases, only not nearly so well marked, and since then have seen several others.

Not later than a few months ago, in company with Dr. Fraser, whom I assisted in doing a P.M., I saw the same condition in a lady 53 years of age, who had died from acute alcoholism. Dr. Fraser remarked at the time the condition of the large flabby stomach, and when I pointed out the conditon of the duodenum, which was at least twice the normal size, and the cause of the trouble, he remarked, "Gracious, what a weight that band is," as he lifted it on his hand.

I mention these two cases as they were examined by two local men besides myself, and although the same condition has been written on by others, yet the importance of it pathologically has evidently been appreciated by but few.

It is very interesting to note that Dr. Ochsner, during his operative work, has noted a similar condition of obstruction, for in the February number of *The Annals of Surgery,* for 1905, in a discussion on gall-stone surgery, he remarks, "Upon opening the abdomen it would be found that the duodenum at its upper end was greatly distended, and that the pylorus was wide open. When one lifted up the transverse colon and examined the small intestine, the jejunum, where it passes through the mysentery was contracted. It was empty, while the duodenum was open. Enlarged glands were found along the duodenum. This could only be explained in this manner, that there was a physiological obstruction opposite the entrance to the common duct into the duodenum, and for that reason the duodenum was distended with gas above, and was closed lower down. In a large majority of these cases he had found either gall stones or sand in the gall bladder, and, furthermore, in many cases he had found pancreatitis, due to physiological closure, at a point behind the stomach, a little below the entrance to the common duct."

He would like to have other surgeons observe this condition in operating, as to whether, in many cases, they found a dilated duodenum, a wide pylorus, and a contracted jejunum down below.

This statement is exceedingly interesting, as it shows the location of the obstruction to be practically the same as I have already given, with the explanation of its being a physiological obstruction, whatever is meant by that.

Dr. Ochsner has since explained the nature of this obstruction. He has demonstrated the existence of a sphincter muscle surrounding the duodenum at a point midway between the entrance of the common duct and the duodeno-jejunal junction. This, however, being of the