

## ORIGINAL CONTRIBUTIONS

## INTESTINAL STASIS.\*

F. N. G. STARR, M.B., (Tor.)

Associate Professor of Clinical Surgery, University of Toronto. Senior Assistant Surgeon, Toronto General Hospital.

IN order to appreciate in a more or less intelligent manner the subject of intestinal stasis and its causation, one must revert for a moment to a brief survey of the development of the alimentary canal.

From the foregut there is derived the oesophagus and the stomach. In early foetal life the stomach lies, with what is to be its lesser curvature, looking directly forward. As it descends it rotates on the fixed duodenum and the left lateral surface becomes the anterior, and the lesser curvature becomes the superior border. The stomach absorbs some water and may absorb alcohol if it gets the opportunity.

From the midgut is derived the small intestine, the caecum, appendix, and most of the colon. The small and the large intestine continue in practically a straight tube from the lower or pyloric end of the stomach, attached to the posterior wall by a primitive mesentery, from which all the mesenteries, peritoneal folds, etc., are developed.

From the hindgut is derived the rectum and possibly the descending colon.

The small intestine grows in length more rapidly than the large, and out of all proportion to the growth of the belly cavity; consequently it early begins to form coils. This early formation of coils in the small intestine goes on simultaneously with the rotation of the stomach mentioned a moment ago. This rotation of the stomach on an already partly-fixed duodenum may cause the duodenal tube to twist upon itself. At about the fourth month of foetal life a great thickening of the mucous membrane occur (1), which absorbs later. It is possible that cases of atresia (2) of the duodenum, sometimes seen in infants, may be due to failure in this absorption. It seems to me also possible that this twist of the duodenum—together with only partial absorption of this thickened mucous membrane—may be responsible for some of the cases of duodenal ulcer occurring in later life.

The great growth of coils of small intestine crowds the large bowel into its anterior position. The caecum is first seen in the lower part of the belly cavity, and to the left. Gradually it is crowded upward and to the right, and folds over upon itself—the caecum and appendix, at

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