

intestine, the jejunum, where it passes through the mesentery, 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, *i.e.*, whether in many cases they found a dilated duodenum, a wide-open 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 opening of the common bile-duct and the duodeno-jejunal junction. This, however, being of the 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 sup. mes. vessels on the third portion of the duodenum can be readily seen and demonstrated, by either pressure from above, by bands or corsets, or by tension from below, as by adhesions or enteroptosis, 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 sup. mes. vessels with their immediate surrounding mesenteric tissues.

We have here demonstrated the cause of the obstruction to be the band above 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 mesenterics are not the natural supports of the intestines, but as Byron Robinson 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