Also another very significant statement is that *the duodenum in its normal condition is practically free from infection.*

It is quite evident, even to the superficial observer, that it is immaterial whether the infection is an ascending one, as stated above, or descending, namely, by way of the portal vein, through the liver.

The essential point necessary for infection of the tissues being stagnation of contents by obstruction.

We are then led to look to the duodenum below the entrance of the pancreatic and common bile ducts for the pathological lesion responsible for the above wide spread infection. The exact location of this lesion I have demonstrated, and have had demonstrated many times to my own satisfaction and that of others.

Dr. Byron Robinson, of Chicago, first drew my attention to the condition some five years ago, while doing post-graduate work there. He, so far as I know, is the first American surgeon to make a study of the condition. The departure from normal lying at the point where the superior mesenteric vessels cross the horizontal portion of the duodenum, and is due to compression of this part of the bowel between the vessels and the posterior abdominal walls. I have seen this condition many times, post-mortem and otherwise, and was prompted to this report by the investigation of a very marked case which I examined in conjunction with Dr. Bolton. The subject was a young man, of some 30 years of age, who had come under the treatment of Dr. Bolton some two or three days previously for tuberculosis of the lungs. His previous history was somewhat meagre, although we learned he had been living the life of a bachelor, for a considerable time in a cabin alone, doing his own cooking, etc. For the last few months of his life he had been noticed standing on the street corners for hours each day, and was eventually taken up by some humane society and placed in the Royal Jubilee Hospital, where he died some two or three days later.

The following day we made a post-mortem. Upon opening the abdomen, nothing presented but an enormously distended stomach, reaching from the ensiform cartilage to the pubis, and from side to side of the abdomen, and, above and to the right, the duodenum presented and was distended to ten times its normal capacity. Upon raising the stomach the remaining intestines, small and large alike, were found to be absolutely empty. At this point, one of the three medical men present remarked on the decided pyloric obstruction. It required, however, but a second's examination to see that the pylorus would readily admit the entire hand and arm. The point of obstruction was sought, and was seen to be due to a tight band which produced enormous pressure of the bowel between it and the posterior abdominal wall. This band contained, upon dissection, the superior mesenteric artery and vein,