

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 post abdominal wall. This band contained, upon dissection, the superior mesenteric artery and vein, the tension upon which was evidently due to the prolapsed bowels, which were found at the very lowest point of the abdominal cavity and in the pelvis. The point of importance to be noted was the absolute emptiness of the bowel, it being very thin and ribbon-like and comparatively very light.

The condition of the viscera, above the obstruction, was next examined. The stomach and duodenum were distended with a dark grumous liquid, their mucous membranes thickened and showed undoubted evidence of long-continued irritation. The head and body of the pancreas were enlarged and hard with greatly distended ducts and showing a similar condition. The common bile duct, as also the cystic and hepatic ducts, were likewise enormously distended and presented marked thickening of their mucous membranes and walls, the liver was swollen and hard, the gall-bladder was at least five times its normal size, and presented several large pockets, some of which contained enormous stones. 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 have seen several others.

Not later than a few months ago, in company with Dr. Fraser, whom I assisted in doing a post-mortem, did I see 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 condition 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 very few.

It is very interesting to note that Dr. Ochsner, during his operative work, has noted a similar condition of obstruction, for in the 1905 February number of the *Annals of Surgery*, 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