

And in the second place, while in many cases it appears as though the apposition and adhesion of the omentum had been of the greatest benefit in walling in and localizing an acute inflammatory process, in others, the intervention of the membrane, however great its temporary value, results in serious inconvenience, not to say profound injury. When (to quote one of the examples already given) the omentum passes as a broad band deeply between the coils of the small intestine, to gain an attachment to the stump of the removed uterus or other pelvic organ, it must be admitted that there is serious traction upon and disturbance of the movement of the transverse colon, with grave danger of obstruction to the small intestines. Indeed, Lechtenstern had collected in the seventies no less than 29 cases of internal hernia of the intestines due to omental bands. To quote from Professor Welch's admirable address upon "Adaptation in Pathological Processes," delivered in 1897 at Washington: "We see here, as everywhere, that nature is neither kind nor cruel, but simply obedient to law, and therefore consistent."¹⁵ In the great omentum we have a singularly delicate vascular organ capable of reacting very rapidly to irritation. That is all that it is safe to say. How rapidly it can react is shown by the case already mentioned, in which, in a moribund girl, dying 9½ hours after suture of the perforated stomach-wall, there was already plastic adhesion of the organ over the sutured area. That it becomes adherent to organs so distant from the position in which it is usually found, as are, for example, the anterior aspect of the stomach, the right lobe of the liver, and the cervical portion of the uterus, is an indication of what is scarcely sufficiently realized, namely, that this delicate membrane must constantly

¹⁵ Trans. Congress Am. Physicians and Surgeons, iv, 1897, p. 291.