

We then cut the duct between the 2 threads, which are carefully raised. At this point the Bursa of Fabricius is isolated from direct contact with the cloacal materials, and is gently lifted in such a way that, though the connections with the lateral vascular stalks are integrated, it is also possible to enter the space between the 2 organs. In this space an inert diaphragm (Silastic, 5 mm thick obtained from Dow Corning Corporation USA) is introduced to ensure that the separation of the 2 organs is a lasting one. Finally the edges of the cut on the skin are sutured.

This experimental model is obtained with minimal surgical damage; it allows us to effect a complete and sure interruption of the intestinal flow between the Bursa of Fabricius and the cloaca. Furthermore the blood circulation is practically not modified since the operation does not involve the large vessels of the Bursa of Fabricius. They remain topographically outside the point of operation. The survival rate of the chickens operated on at hatching is very high (85%).

After the operation the animals feed normally and in a short time they acquire normal vitality. On the 15th day after the operation the Bursa of Fabricius takes on a spherical shape and it becomes slightly larger in size than the Bursa of Fabricius in control animals. This fact is explained by the accumulation of a viscous PAS positive and sterile liquid in the Bursa itself. It is not possible to see the residual duct of the Bursa applied to the cloaca. Histologically the pattern of the Bursa of Fabricius does not differ from that in unoperated controls.

- 1 J.H. Thompson and M.D. Cooper, *Transplantation* 11, 71 (1971).
- 2 A.P. Müller, H.R. Wolfe, R.K. Meyer and R.L. Aspinall, *J. Immun.* 88, 354 (1962).
- 3 V. Pintea, Gh.M. Constantinescu and C. Radu, *Acta vet. hung.* 17, 263 (1967).

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