My article provides evidence that the so-called superior mesenteric artery syndrome is due to Ochsner's sphincter dyskinesia because of hypersecretion of hydrochloric acid. Secondly, a decrease in the aortomesenteric angle and the distance between these vessels, based on which patients with symptoms of dyspepsia are operated on, only indicate the thinness of these patients. The new ideas I have described about the etiology and pathogenesis of this disease radically change diagnostic methods. Pathogenetic treatment should be aimed at suppressing the secretion and neutralization of already available hydrochloric acid. The operations are not only senseless, but also harmful, since bypass anastomoses deprive the small intestine of protection from the damaging effects of hydrochloric acid. This function is normally performed by the duodenum due to the coordinated contraction of functional sphincters.