ABDOMEN.

ABDOMINAL CAVITY.—No. 9.

THE SMALL INTESTINE HAS BEEN REMOVED BY DIVIDING THE MESENTERY NEAR ITS ROOT, AND THE GREAT OMENTUM AND TRANSVERSE COLON HAVE ALSO BEEN REMOVED.

This view, from the same subject as No. 8, shows how the stomach is supported below to a great extent by the intestine.

The form and position of the stomach are highly characteristic, and it will be noticed that the pylorus has moved somewhat to the right of the mesial plane of the body.

The condition of the large intestine is of great interest. Following upon distension of the proximal part of the colon, the cæcum has become dilated, and so altered in its shape and position as to resemble a second stomach situated in the hypogastric region.

The termination of the ileum enters this dilated chamber almost vertically, and the appendix vermiformis is seen lying behind and above the cæcum. This is another of the numerous positions which it may assume, and it may be said in this case to lie more in the left than in the right side of the body.

The descending colon, as is almost invariably the case in subjects prepared with formalin, is firmly contracted, but the large loop of the pelvic colon shows a moderate degree of distension.

The figures indicate:—

1. Left lobe of the liver.
2. Antero-superior surface of stomach.
3. Pylorus.
4. Duodeno-jejunal flexure.
5. Termination of ileum.
6. Appendix vermiformis.
7. Cæcum.
8. Hepatic flexure of colon.
9. Descending colon.
10. Pelvic colon.
11. Urinary bladder.
12. Splenic flexure of colon.

SECTION V CARD No. 13