## ABDOMEN.

## ABDOMINAL CAVITY-No. 10.

IN ADDITION TO THE PREVIOUS DISSECTION, THE CÆCUM AND ASCENDING COLON HAVE BEEN REMOVED, AND THE PERITONEUM STRIPPED OFF THE POSTERIOR ABDOMINAL WALL.

This view shows in a very typical manner the anterior relations of the kidneys.

The anterior surface of the right kidney is very largely in contact with viscera—namely, the liver above, the hepatic flexure in the outer part, and the duodenum on the inner side, so that only the lower end is visible, while the left kidney is seen to have the pancreas and suprarenal capsule in contact with its upper part, and the colon along its outer margin, while the termination of the duodenum reaches the hilum. Branches of the inferior mesenteric artery crossing its surface constitute an important relation from a surgical standpoint.

The arrangement of the pelvic colon is noticeable. In a young subject, such as this, it frequently does not descend into the pelvis, which is relatively small, but is entirely intra-abdominal in position. The dilated cæcum occupied nearly the whole of the anterior part of the pelvic cavity.

## The figures indicate—

- 1. Stomach.
- 2. Liver, and ligamentum teres.
- 3. Pylorus.
- 4. Second part of duodenum.
- 5. Superior mesenteric vessels.
- 6. Hepatic flexure of colon.

- 7. Splenic flexure of colon.
- 8. Pelvic colon.
- 9. Left kidney.
- 10. Abdominal aorta.
- 11. Body of pancreas.
- 12. Urinary bladder.



