

LIST OF PLATES.

xiii.

PLATE XI. Page 176

A lateral view of the same case as Plate X. It shows how the stomach lies in the abdominal cavity from before backwards. This view does not give much valuable information and is not always easy to secure. *Compare Plate XIV.*

PLATE XII. Page 176

A case of "dropped" stomach due to atony. Note how the food has fallen to the lower part of the stomach which is dilated and "baggy." The middle portion is drawn out by the weight of the food, and the muscular coats are unable to hold up the contents of the stomach against gravity. *Compare Plates X and XVI.*

PLATE XIII. Page 176

Young female adult. Showing the effects of a gastric ulcer on the shape of the stomach. The ulcer was situated on the lesser curvature opposite the arrow 1. The irritation set up caused a contraction of the circular fibres indenting the stomach as if it were tied with a ligature at arrow 2. This indentation was permanent, and peristaltic waves were seen on both sides of it, arrow 3. The patient had to be turned a little to her right to show the indentation. *See page 173.*

PLATE XIV. Page 176

A lateral view of the same case as Plate XIII. Note the distortion and puckering of the stomach from spasmodic contraction set up by the irritation of the ulcer. *Compare Plate XI.*

PLATE XV. Page 176

Female age 46 years. Gastric ulcer 10 years ago and more or less constant attacks of indigestion ever since and gradually getting worse. Plate made one hour after the opaque meal was taken. Note how the stomach is divided into sacs with a narrow channel between through which the food slowly trickles. After two hours there was still more than one third of the meal in the upper sac. This may be considered as a fairly typical case, and the condition is found in all degrees of severity from a fairly free communication between the two sacs to an almost complete closure.

PLATE XVI. Page 176

An approximately normal stomach pushed towards the middle line by a tumour, marked x, which could be easily felt through the anterior abdominal wall. The X-ray examination proved that the growth was extra-gastric.