

the tension upon which was evidently due to the prolapsed bowels which were found at the very lowest point of the abdominal cavity and in the pelvis.

A point of importance to be noted was the absolute emptiness of the bowel, it being very thin and ribbon-like, and comparatively very light.

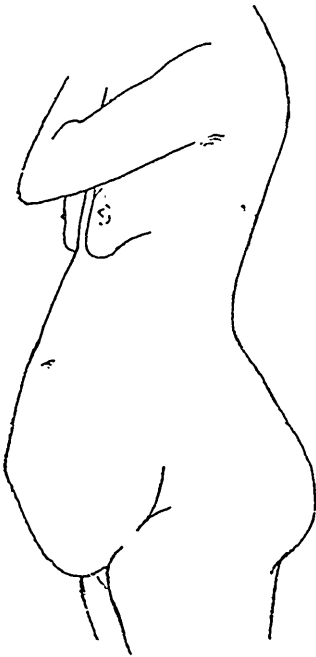


FIG. 2.—A lateral view of a female splanchnopte, a multipara, showing relaxed abdominal walls and umbilicus.

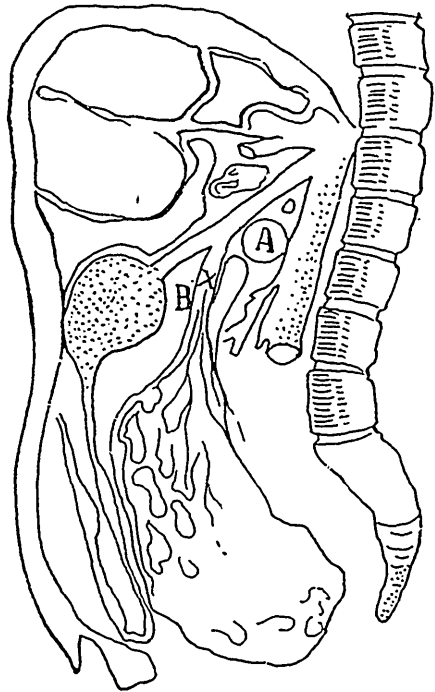


FIG. 3.—A profile view to illustrate how the transverse segment of the duodenum is changed by the sup. mes. art. vein and nerve in prolapse of intestines from relaxed abdominal wall. A. Duodenum, B. Mesenteric vessels. (B. Robinson.)

The condition of the viscera above the obstruction was next examined. The stomach and duodenum were distended with a dark grumous liquid, their mucous membranes thickened, and showed undoubted evidence of long continued irritation. The head and body of the pancreas were enlarged and hard, with greatly distended ducts, and showing a similar condition. The common bile duct, as also the cystic and hepatic ducts, were likewise enormously distended, and presented marked thickening of their mucous membranes and walls, the liver was swollen and hard, the gall bladder was at least five times its normal size, and presented several large pockets, some of which contained enormous stones.