

- Fig. 6. (a) Omentum attached to ascending colon.
(b) Attachment of omentum to abdominal wall, across ascending colon, causing considerable constriction.
(c) Attachment of omentum to ovary and tube.
(d) Attachments of omentum to bladder and fundus uteri.
(e) Appendix angulated and adherent to under surface of mesentery.
- Fig. 7. (a) Appendix, forming a cavity in which was situated an abscess.
(b) Inflammatory adhesions.
(c) Bands of fixation of cecum.
- Fig. 8. (a) Mobile cecum, with band from great omentum over head of colon,
(b) Same band constricting terminal ileum.
(c) Thickened band from omentum over to ascending meso-colon.
(d) Greater curvature of stomach, which when patient was in upright position, caused a pull on the head of colon.
- Fig. 9. (a) Distended gall-bladder,
(b) Dilated duodenum,
(c) Constricting band.
- Fig. 10. (a) Attachment of great omentum to cecum.
(b) Attachment of great omentum to pelvic wall.
- Fig. 11. (a) Great omentum lifted up, adhesions out and tied off
(b) Raw surfaces on ascending colon covered over by suture.
(c) Ileopelvic (Lane's) band.
(d) Greatly distended ileum.
- Fig. 12. (a) Prolapsed transverse colon.
(b) Pericolic membrane (Jackson's membrane).
(c) Patent ileocecal valve.
- Fig. 13. (a) Thickened edge of omentum, adherent to abdominal wall, extracted to show scar on liver (c) where irritation by this band caused changes.
(b) Retractor holding back omentum to show scar on liver.
(c) Scar on liver.
- Fig. 14. (a) Malignant strictures of transverse colon.
(b) Band of thickened omentum from greater curvature to sigmoid.
(c) Dilated ileum.
- Fig. 15. (a) Thickened gall-bladder.
(c) Beginning cancer of liver.
(d) Fundus of gall-bladder before opened.