THE ANATOMY OF THE INTESTINAL CANAL AND PERITONEUM IN MAN

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The Anatomy of the Intestinal Canal and Peritoneum in Man by Frederick Treves

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FREDERICK TREVES

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Hunterian Lectures, 1885.

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By

Frederick Treves, F.R.C.S.,

Hunterian Professor at the Royal College of Surgeons of England;
Surgeon to and Lecturer on Anatomy at the London Hospital.

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THE following Lectures were delivered at the Royal College of Surgeons of England, in February, 1885.

A verbatim report of them appeared in the *British Medical Journal*, and from that report the present volume has been printed, with a few additions and corrections.

CONTENTS.

The Anatomy of the Intestinal Canal and Peritoneum in Man.

I.

THE account of the intestinal canal and peritoneum in man that is here presented is derived from the systematic examination of one hundred fresh bodies. Through the kindness of my colleagues, Drs. Sutton and Turner, the pathologists to the London Hospital, I was enabled to open, before the performance of the usual necropsy, all the bodies of patients who had died of other than abdominal disease. The bodies, therefore were quite fresh, and, in many instances, still warm. I had long been convinced that a study of this part of anatomy was rendered liable to many fallacies when conducted in dissecting-room subjects in whom decomposition had advanced, and in whom one could expect, for various reasons, some displacement of parts.

Certain questions as to vascular-supply I have followed out in injected preparations. I have also derived considerable information from the dissection of a number of fœtuses of various ages.

Moreover, through the kindness and courtesy of Mr. Beddard, the Prosector to the Zoological Society, I have been enabled to make a detailed examination of the viscera of many of the Mammalia, the examination including the dissection of forty different species. This latter work has been of the greatest service in throwing light upon many obscure points in human anatomy.

2.—Length of the Intestinal Canal.

The first question that may be considered is that which concerns the length of the intestinal canal in the human subject. I have made careful measurements in every instance, but the results, although voluminous enough, have been somewhat barren in interest.

I find that the average length of the small intestine in the adult male (between the ages of 20 and 50) is 22 feet 6 inches, the extremes being 31 feet 10 inches in one case, and 15 feet 6 inches in another. The average length of the same part in the female is 23 feet 4 inches, the extremes being 29 feet 4 inches and 19 feet 10 inches respectively. The average length of the colon in the same set of subjects, is 4 feet 8 inches in males, and 4 feet 6 inches in females, the measurement being taken from the root of the appendix, or tip of the cæcum, to the point where the meso-rectum ended. The extremes were, for both sexes, respectively 6 feet 6 inches and 3 feet 3 inches.

I have convinced myself that the length of the bowel is independent, in the adult at least, of age, of height, and of weight; nor is the ratio between the measurements of the small and large intestine constant. A very long small intestine may be associated with a very short colon, or *vice versâ*; or both segments may be unduly long or unduly short. Moreover, advancing age appears to have no influence upon the length of the intestine. The measurements of the bowel in subjects above the age of 50 years, are practically identical with those that have been just detailed.

I think, therefore, that it must be allowed that the differences in the length of the intestine—differences that, in the lesser bowel, may actually reach to no less than 15 feet—depend upon physiological, and not upon morphological, data. It is not unreasonable to assume that the nature of the food, the vigour of the digestive process, the activity of the abdominal nervous centres, will have more concern in determining the length of the bowel than will the height and age of the individual; and it may be that a time will come when physiologists will be able to express the value of certain alimentary functions in feet and