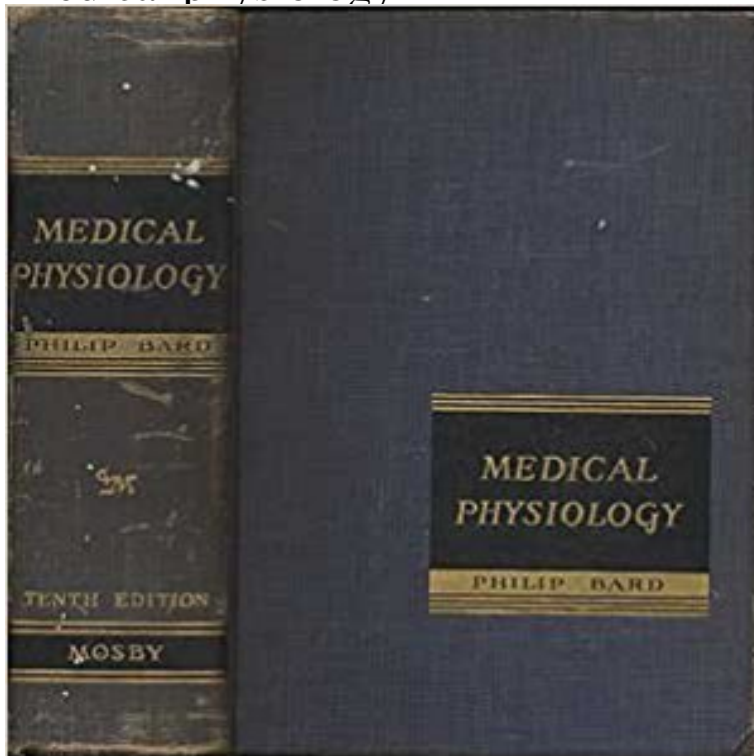


Medical physiology



This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1922-01-01 Excerpt: ...become filled, peristaltic waves are seen to take their origin about the middle of the body of the viscus, and to course toward the pylorus. The region above the origin of these waves--that is, the cardiac half of the body of the stomach and all the fundus, often called the cardiac pouch--is free from peristaltic waves but is the seat of a tonic contraction which as digestion proceeds presses steadily with increasing force upon the mass of food and delivers it slowly to the lower and more active portion of the stomach. As the food passes into the lower part of the stomach, the cardiac pouch becomes gradually reduced in size until finally when the stomach is empty its outline, as revealed by radiographs, departs from the pyriform shape characteristic of the full organ to assume a more or less tubular form. From this description it is evident that the function of the cardiac portion of the stomach is to serve as a reservoir for the food which by a slow contraction of the gastric wall is gradually delivered into the lower and more motile portion of the stomach. The motor phenomena of this portion are of a complex nature and will now be considered. Cole,³⁰ by the employment of serial x-ray photographs taken at short intervals has shown that this portion of the stomach undergoes a succession of rapid changes in shape (Fig. 156), due to the peristaltic waves which course over this region toward the pyloric sphincter. The waves Fig. ISA.--Schematic outline of the stomach. At C & the cardia; F. fundus; JA, incis r.i angularis; H. body; PC, pylor c canal; P, pylorus. The antrum s the portion from IA to PC inch sive. (From Cannon.) in their passage do not progress as an

unvarying band of constriction but exhibit alternately phases of increased and diminish...

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