

gives relief. The more classic evidences of gastric ulcer, hematemesis and melena, are usually lacking. Perforation may occur at any time, and under any circumstance, and is favored by muscular strain. Sudden intense pain, referred to the umbilical region, gives warning of the perforation. The patient becomes faint and collapsed, has to lie down, and generally vomits. As a rule the passage of flatus ceases, and symptoms

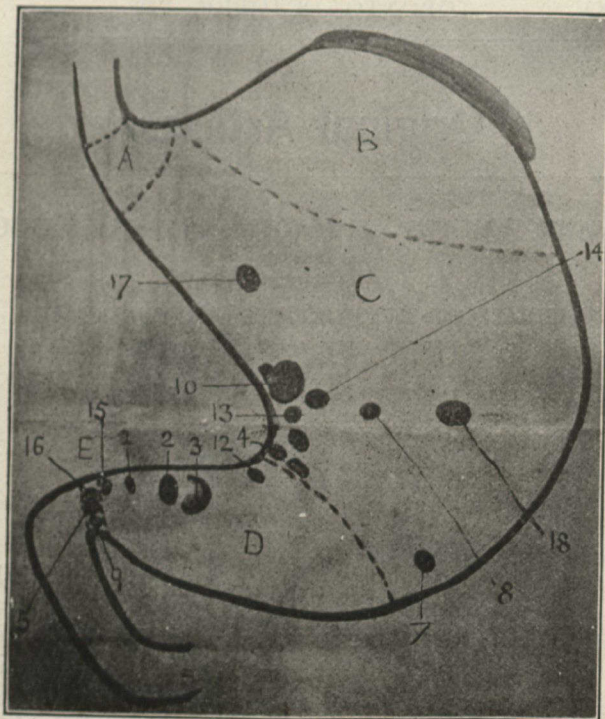


Diagram of stomach to show sites of perforation: A., Cardiac Portion; B., Fundus; C., Middle; D., Pyloric Portion; E., Pylorus. The figures refer to the cases 2, 7, 15, 16 on the posterior aspect of the stomach.

simulating those of obstruction may arise. Occasionally there is a movement of the bowels.

The initial condition of shock varies in degree and prolongation. Generalized abdominal pain is felt; the abdomen becomes board-like and rigid, no longer participating in the respiratory wave. The most useful indication of danger is