I was called in to operate and reached the patient about 9 a.m. and found him moribund. Did not operate.

I found the patient distended and rigid, with loss of liver dullness and in a state of extreme collapse. The nearest I could come to a diagnosis was rupture of some internal organ. The patient died about 4.30 p.m.

Post mortem, performed by Dr. Routley. No inflammation of peritoneum, just slight redness in spots. Found some fluid in the abdominal cavity. The small intestine was broken through on its free border about half way down to the mesenteric attachment. This was about eight feet from the caecum. The other abdominal contents were normal.

Although a great deal has been written in text books and medical journals, and although discussions have been free and frequent in our societies, still the general profession has been slow to learn the lesson that in many acute abdominal conditions early recognition and prompt action means life, and that delay means death. The late Lawson Tate once said, "Absolute accuracy of diagnosis is often far from being possible. Only the ignorant assert that it is, and only the fool waits for it. This does not mean that we should not exhaust every means to be accurate in diagnosis, but it does mean that if we have for example diagnosed positive intestinal obstruction we must not waste valuable time in trying to decide whether it be from volvulus, intussusception or adhesive bands, we must operate without delay.

Stanmore Bishop says, "An intense, sudden, tearing, rending pain in the abdomen, often severe enough to produce collapse, and usually associated with sharp vomiting is common to a comparatively small class of cases. These are:—

1. Rupture of ectopic pregnancy.
2. Rupture of pyosalfinx.
3. Rupture of appendical abscess.
4. Rupture of gastric ulcer.
5. Rupture of duodenal ulcer.
6. Rupture of gall bladder.

Note that these are all ruptures of important internal organs, permitting the escape of irritant fluids into a healthy peritoneal cavity. All of these conditions require immediate operation.

We must not criticize the attending physician too severely in these cases, for frequently the patient and his friends will not consider consultation or operation until impending death reveals to them the seriousness of the condition, all too late to have the advantages of surgical help.