

"We're all here, dad—all the kids and Henry and Edith, and David, too," and John placed an arm around him as Edith hastened to her father's embrace.

"Well," he chuckled, "I guess Old Doc is going to have a Christmas after all."

THE CLINICAL FEATURES AND TREATMENT OF ACUTE PERFORATING GASTRIC AND DUODENAL ULCER

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A most interesting paper on this subject is begun in the April number of *Annals of Surgery*. One could wish that space would permit the reproduction of the entire paper; but failing that, an attempt will be made to single out the salient points, at least, of this comprehensive discussion. Free quotation will be made from the original article.

SYMPTOMS.—Dr. Eliot says, "the perforation is usually preceded by a more or less well-defined history of gastric disturbance, which in many instances does not differ materially from that of a chronic dyspepsia; exceptionally the perforation may occur without the slightest premonition at any time of day or night in a patient who, up to that time, has enjoyed perfect health. The onset of the perforation is marked by severe pain. This is undoubtedly the most constant subjective symptom."

Character of pain is mostly knife-like, epigastric in location and is frequently borne by the patient only with the greatest difficulty. "The pain is usually increased by inspiration, by turning from one side to the other, or by raising the body, unassisted by the elbows, to a sitting posture, and possibly by the flexion of one or both thighs."

"Vomiting, although by no means constant, is, next to pain, the most important subjective symptom." It occurs in from half to two-thirds of all cases of acute perforation, shortly after the advent of the pain, and may recur with increasing frequency as the peritonitis becomes further advanced. The character and quantity of the vomitus naturally vary according to the nature and amount of stomach contents at the time of the perforation. If stomach be quite empty at the time of perforation, vomitus will