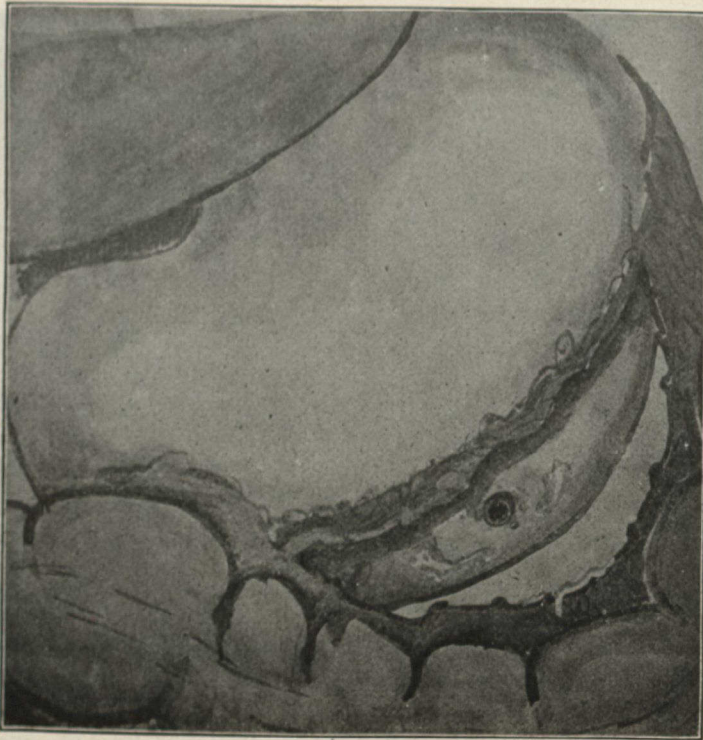


Our treatment at present consists in performing laparotomy, which enables us to prevent the further escape of gastric content. It allows us not only to get rid of what has already escaped, but in addition to cleanse the peitoneum by careful washing out. It enables us to close the rent and to establish free drainage.

To do all this a general anesthetic is required. When once the nature of the case is established it is wise to get free access



CASE 7.—Posterior perforation exposed by opening lesser sac.

by an extensive incision. We are guided in our search for the aperture by the lymph in its vicinity, by the nature of the escaping fluid, and the direction from which it wells. On identification the ulcer may be plugged with iodoform gauze, and we at once thoroughly wash out the abdominal cavity with sterilized salt solution. A counter opening should be made above the pubis and the glass nozzle of a douche introduced while the ulcer is