

none other than an intra-abdominal catastrophe, such as a perforation. Acute gall-stone colic, acute obstruction of the bowel, a renal calculus, or an acute pancreatitis could be responsible for some of the symptoms here depicted, or for some of the symptoms manifested in a much less marked degree; but nothing other than an acute perforation would produce the intense severity of the pain, appearing as it did without the slightest warning, the rigidity, and, above all, the characteristic facial expression of despair.

Taking into consideration the previous history, together with the suddenness, location and intensity of the pain, a tentative diagnosis of perforated gastric ulcer was made and immediate operation advised. To this the patient demurred, but after some hours finally consented to go to the hospital. At 4 o'clock, as above stated, the pulse was 82 and the temperature 96. At seven the pulse had risen to 120 and the temperature to 101 3-5, with the severity of the pain somewhat diminished, while at 10 p.m. the pulse and temperature had both fallen much, the former to 84 and the latter to 99, while at the same time the pain had partially subsided. The boardlike rigidity of the abdomen remained, some distention was perceptible, and the pinched and drawn facial expression confirmed the belief in some serious peritoneal damage due to perforation.

On opening the abdomen at 11 o'clock p.m., just ten hours after the initial symptoms, free gas escaped from the peritoneal cavity, and on rapidly surveying the surface of the stomach, a perforation the size of an ordinary lead pencil was discovered on its lesser curvature, about 1½ inches from the pylorus. Around the perforation the tissues were very friable and easily torn. The base of the ulcer was about the size of an ordinary shilling. After closing the opening as thoroughly as possible with a double row of Lembert sutures, a posterior gastro-enterostomy was performed by the suture method, and the abdomen closed, leaving only a small cigarette drain to the seat of perforation.

Recovery, with the exception of the fourth day, was uneventful. On this day he had complete retention of urine, and the presence of an old stricture effectually precluded the passage of a catheter. As the bladder became more distended urethrotomy had to be done, which gave instant and complete relief. After this there was no trouble whatever.

Within five weeks this gentleman was absolutely well in every particular. Where heretofore he invariably suffered pain after every meal, he now had none. He could eat anything and everything without producing the slightest discomfort. No doubt the old ulcer was entirely healed.