

## Surgery

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### **Some of the More Rare Causes of the Acute Abdomen.** By MR. WILLIAM HENRY BATTLE, F.R.C.S. (ENG.). *The Lancet.*

Battle deals with acute hemorrhagic pancreatitis, acute dilatation of the stomach, and with some neuroses which may cause symptoms of urgency.

In acute hemorrhagic pancreatitis the symptoms are so urgent and accompanied by so much pain that operation is usually permitted. On opening the peritoneal cavity early there may be nothing abnormal revealed, and the small amount of blood-stained fluid may be overlooked, and there is no fat necrosis as yet.

Fitz wrote: "Acute pancreatitis is to be suspected when a previously healthy person or a sufferer from occasional indigestion is suddenly seized with a violent pain in the epigastrium, followed by vomiting and collapse, and in the course of 24 hours with a circumscribed epigastric swelling, tympanic or resonant, with a slight rise of temperature."

On examination, the abdomen is not rigid, but is more resistant than normal. There has been a diffused superficial tenderness, especially on unexpected light palpation. There has been patchy resonance over the abdomen without evidence of free fluid. The movements during respiration have been good. The pulse is rapid. There is a rise of temperature and an anxious countenance.

The diagnosis is to be made from perforations of the stomach, appendix and gall bladder. From acute intestinal obstruction, acute irritant poisoning, and from such rare conditions as rupture of a liver abscess, embolism of the mesenteric artery, etc.

There are reports of two cases of acute dilatation of the stomach, one of which died. In the first case the stomach had become a mere fluid-containing sac with a thin wall which covered the intestines and gave a dull note on percussion across the middle line.

There is a report of a case of hysterical vomiting of blood. There was vomiting daily, without relation to food of large quan-