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FATAL PERFORATING GASTRIC ULCER.

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C. C., aged 38, labourer, was admitted to the Montreal General Hospital on December 7th, 1906 at 9.15 p.m. complaining of pain in the abdomen and obstinate constipation.

The illness began December 6th, at 5.30 p.m., 28 hours before admission, with a sudden, severe pain in the upper abdomen after lifting a heavy bale of jute. Patient stopped work, walked home and went upstairs. He took tea and vomited it, also some bright red blood. Pain continued, growing more severe; bowels refused to move in spite of drachm doses of magnesium sulphate every hour and numerous enemas; the injections were quite ineffectual, except that with some of them a little dark blood was passed. No more vomiting, no chills. Increased abdominal distension during last twelve hours. Patient sent to hospital for laparotomy as a case for possible intestinal obstruction.

*Personal History.*—Always strong and healthy; no previous attacks like present; no history of "indigestion" or "stomach trouble." Does not use alcohol to excess.

*On admission.*—Well nourished muscular man; restless, evidently suffering considerable abdominal pain. Temperature  $102\frac{1}{2}$ ; respirations 28; mucous membranes and nails blanched; hands and feet cold; no pulse felt in either radial; heart sounds only faintly heard with stethoscope. Patient apparently moribund, facial expression rather one of hæmorrhage than peritonitis; considerable struggling for breath and use of extraordinary muscles of respiration; orthopnoea at times. Tongue parched and covered with brownish coat. Abdomen greatly distended, symmetrical, generalised resistance; no rigidity; general tenderness. Movable dulness in flanks and lower abdomen, distinct fluctuation wave; spleen not palpable. The case was considered to be