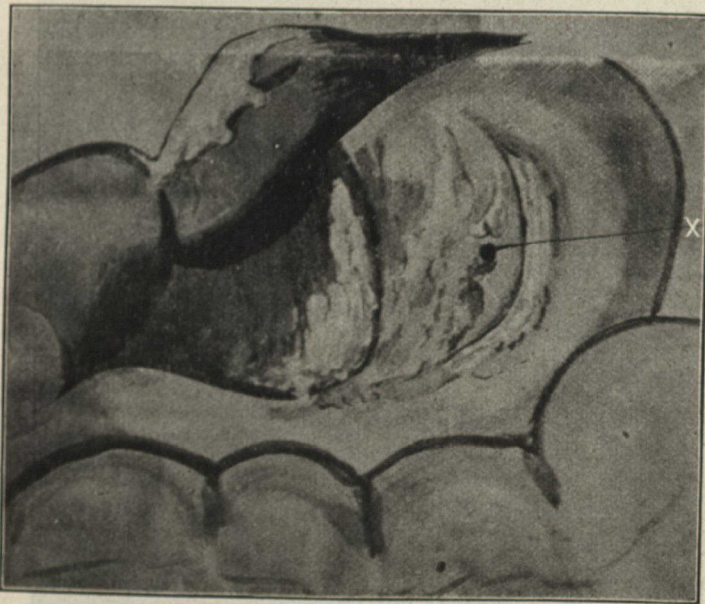


astray. A small exploratory incision may be required to clear up a diagnosis in doubtful cases.

The salient features which determine operation are the sudden onset of painful symptoms, the previous history of gastric ailment, the localized epigastric and supra pubic tenderness, along with the abdominal rigidity and changes in the extent of the liver dullness. To this we may add the progressive frequency of the pulse rate.

Perforations leading to acute symptoms occur mainly on the anterior aspect of the stomach where there is less chance of



CASE 14b.—Liver and lymph raised, exposing the perforation "X."

adhesion to neighboring structures. They are most frequent towards the lesser curvature and the pylorus. There may be more than one perforation. The ulcer varies in type from the characteristic small sharply cut terraced form, with comparatively healthy surroundings, to the large ragged rent in the midst of a chronic indurated perigastritis with edematous serosa.

It would appear that as the acrid acid stomach contents escape into the peritoneal cavity that the whole serous membrane reacts, and a rapid effusion of an alkaline nature takes place