

found in the shabby, rapidly quickening, pulse. Respiration increases and the temperature has a tendency to rise. On palpitation the abdominal wall is hyperesthetic, and marked local tenderness is evinced in the epigastric region and above the pubis. There may be diminished liver dullness. Rectal examination sometimes reveals tenderness, but there is rarely bulging in the Pouch of Douglas. There is not any difficulty or pain experienced during micturition. Careful notes should be taken when the patient is first seen. On re-examination it may be



CASE 14a.—Mass of lymph, uniting liver and stomach; perforation hidden.

found that the liver dullness has entirely disappeared. More especially is this noticed after the patient has been lifted or moved. The general symptoms tend to become rapidly aggravated and merge into those of general peritonitis.

Perforation of gastric ulcer, acute appendicitis, acute pancreatitis, and the rupture of carcinomatous ulcers of the intestine may mimic each other. Influenzal gastric pains, and the gastric colic associated with adhesions have occasionally led the surgeon