

Mathews Medical Quarterly. A journal devoted to diseases of the rectum and gastro intestinal disease—rectal and gastro-intestinal surgery.

At last the series is complete! We now have a journal for every specialty. The work in the hand of *fate* seems to be to outline new specialties rapidly enough to supply the demand, and *fate* does her work well. Indeed, medical science is making such rapid strides, and new specialties are cropping up so fast that one must be a ravenous reader in order to keep abreast of the times. We prophesy for the *Quarterly* a large circulation, the progressive specialist cannot well afford to be without it, while many general practitioners with a leaning toward rectal and gastro intestinal work will find in it a trusty friend. Long may it live, and if disaster should come, let us hope it will not be "*Rect*" "*al*" at once.

The Maryland Medical Journal has always been a welcome guest. Since our last issue it has undergone a great transformation and comes to us in an entirely new form. Evidently, having taken a place in the front rank of journalism, it intends to keep it. We wish the managers all success in their new venture.

AN EPITOME OF CURRENT MEDICAL LITERATURE. MEDICINE.

A New Method for the Detection of Tubercle Bacilli in Sputum.—In the examination of sputum for tubercle bacilli, Ilkewitsch (*Centralbl. f. Bakt.*, February 5th, 1894) employs the centrifuge. The following preparatory measures are taken: Sputum 15 c.cm.; distilled water 20 c.cm.; and 8 to 12 drops of a 30 per cent. solution of caustic potash are well mixed with a glass rod in a porcelain capsule, and the mixture is heated until vapor forms. When the sputum is quite dissolved, a little casein (no specific quantity) is added: under the combined influence of heat, stirring and caustic potash (one or two drops of the above solution) this also dissolves, and the translucent fluid becomes of a milky color. It

is then poured into a test tube, and a few drops of acetic acid are added, until the first signs of clotting of the albumen appear. The mixture is now poured into a small brass cylinder (the simple apparatus used by the author is figured), and this is submitted to the action of the centrifuge for five or ten minutes. The deposit which has formed at the bottom of the cylinder is now collected and rubbed between two slides. The two preparations, when dry, are fixed in the flame as usual, stained after Ziehl's method, and examined under an oil immersion lens without a cover slip. In this procedure, all the bacilli present in the sputum are carried down with the clotted casein, and the entire solid material is deposited at the bottom of the cylinder by the action of the centrifuge. Compared with the ordinary method for the examination of tuberculous sputum, this plan has the advantage that a larger amount of material can be examined in a shorter time. The author refers to cases in which he has been enabled by this means to detect tubercle bacilli in the sputum when none could be found after repeated examination by the ordinary method, and when the clinical signs were insufficient to justify the diagnosis of phthisis. —*British Medical Journal*.

Two Cases Illustrating the Difficulties in the Diagnosis of Gastric Ulcer.—The following two cases are of interest, inasmuch as they are examples of the difficulties which beset the certain diagnosis of some cases of stomach pain. Both occurred recently, and were sent to Colwyn Bay with the diagnosis of gastric ulcer, in each case made by more than one practitioner of standing, and at different periods in their course.

Miss X., a thin anæmic lady of about twenty-six years of age, with a strong family predisposition to tubercle, gave the following history:—Till five years ago she was well and strong but then, after exposure to cold, developed an intestinal affection, passing blood, mucus and membrane in the stools. Since then she has been troubled, more or less constantly, with attacks of sickness and abdominal pain, associated with constipation. About a year ago she suffered from severe epigastric pain, coming on immediately after food and lasting some hours, and at the same time often vomited blood (one or two tablespoonfuls, the