ulcer of the stomach. This, he declares, is the necessary point of departure in attaining a prophylactic treatment. In fifteen months, he saw in private practice, 82 certain and 60 probable cases of ulcer of the stomach. In 58 per cent. of these blood was found in the stools, and in 74 per cent. of a large series of cases reported by Siegel. The question arises, Do these slight hæmorrhages lead in the majority of cases to later manifest hæmorrhages? From experience directed to this question for five year, Boas answers unhesitatingly, Yes! These slight hæmorrhages appear only by the dark colour of one or two stools, and are generally described by the patient as such. Such evidence is not sufficient; but should, Boas says, be the indication for a closer watch for the repetition of it that will likely occur. For the recognition of blood, the guiac-turpentine, the aloin of the spectroscopic test will answer perfectly well. When blood has been recognized, treatment will be directed first, to stopping the hæmorrhage, and, secondly, where possible, to cure the underlying cause of the hæmorrhage. Rest in bed is at once enjoined, save in cases where gastric or intestinal carcinoma is present; in these, only when the hæmorrhage is severe. Milk diet is strictly enjoined, and in severe cases injections per rectum of 10 to 20 per cent. calcium chloride solution. The author doubts if this effect is by reason of its being a hæmostatic, but considers it useful. In all these cases of hæmorrhage injections are preferable to purgatives to obtain movements of the bowels.

RIVALTA. "On the Differential Diagnosis between Exudates and Transudates by Dilute Acetic Acid. *Policlinico,* 1905, October and November.

The author states that a sure test between exudate and transudate fluid is obtained by dilute acetic acid; it requires but a moment and can be done with a minimum quantity of the fluid to be tested. A white colouring is obtained with exudate, as also with blood serum, while the transudate is unchanged. The reaction depends on the existence of the two globulins and in spite of the existence of the globulin in transudates, the latter gives no reaction. It is true that after repeated paracentesis a slight reaction is obtained, which the author states, reasonably enough, is caused by the presence of exudate with the transudate. Blood does not spoil the accuracy of the test, unless present in considerable quantity. After death, the efficacy of the reaction is said to be lost.

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