

roughly divided into three groups, mild, moderate and severe. Doctor Schloss demonstrated by means of charts that there was an association between the increased blood sugar and the presence of sugar in the urine. As a rule the cases with melituria showed hyperglycemia. As to the nature of the sugar in the urine, in most instances the percentage ranged from 0.05 to 0.1 per cent. In such cases a determination of its nature with any degree of accuracy was impossible. In twenty-seven cases the urine at some time contained one per cent. or more of sugar, and tests made to determine its nature showed that it was usually galactose or dextrose. Lactose occurred, but not alone, being always associated with galactose.

The important facts brought out by this study were: Melituria was always accompanied by an increase in blood sugar and the sugar in the urine was not a monosaccharide. These results indicated that a gross lesion of the intestine was not a direct cause of the melituria, but that the direct cause was a lowered tolerance to sugar. Definitely to determine this tolerance, tests were made, the results of which showed conclusively that there was a lowered tolerance to sugar in the nutritional disorders.—*New York Medical Journal*.

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#### PRACTICAL POINTS IN ABDOMINAL SURGERY.

Dr. T. Kennedy Dalziel (*Glasgow Medical Journal*) considers ulceration of the stomach a serious condition and fatal hemorrhage occasionally follows it. He is of opinion that operation is indicated in recurrent hemorrhage. Temporary hyperacidity of the stomach may follow indiscretions of diet and this condition is intensified by undue retention of the food in the stomach. Alkalies and modification of diet have helped some cases. Tumors of the stomach are for the most part malignant, sarcoma being rarely seen. The symptoms of carcinoma may be extremely vague. There may only be a slight loss of appetite with a gradual inability to take much at any time, accompanied by a gradual loss of weight and strength. The treatment is surgical and should be as radical as circumstances will permit. Chronic interstitial enteritis is characterized by violent colic, vomiting, occasionally escape of blood from the bowel, and constant presence of mucous in the stool. These symptoms recur at intervals and during the attacks of pain there may be a slight rise of temperature. The prognosis is bad and the condition demands surgical interference, resection of the part of the intestine chronically inflamed and thickened being performed. The cases somewhat resemble tuberculous enteritis, also Johne's disease, in which an acidfast bacillus similar to the tubercle bacillus has been found but