

ful palpation, percussion and auscultation, determination of the size and location of the stomach by distention with gas or water, and the use of Turck's gyromele, chemical and bacteriological examination of the gastric juice, etc. The test for HCl, which appears at present to be the most convenient and sufficiently delicate for practical purposes, is a half per cent. alcoholic solution of dimethyl-amidoazobenzol. A few CC. of the filtered gastric juice is poured into a test tube and to this is added a few drops of the solution. In the presence of HCl a rose-red color is developed. The urinary segregator, as used by Harris, is a valuable method of obtaining the secretions from the individual kidneys.

The instrument consists of a double catheter, which is introduced into the bladder, and a lever, which is introduced into the rectum in the male or the vagina in the female. The two parts of the instrument are then approximated in such a way that the floor of the bladder is divided into two parts by a central elevation. This elevation prevents the urine from one ureter mixing with the secretion flowing from the other. Harris gave us a demonstration of the use of this instrument on the male. It was quite successful and apparently less painful than would be imagined. This gentleman also gave a very interesting demonstration of the diagnosis of abdominal tumors. Instead of following the old landmarks, as laid down in Gray's Anatomy, he divides the abdominal cavity into the following regions according to their relations to the colon. 1. Central—all the space surrounded by the colon, including the pelvis. 2. The region above the transverse colon. 3 and 4. The two latero-posterior regions, behind and to the side of the ascending and descending colons. The position of the colon is said to be easily outlined by inflation with air. This is the first time I ever heard of this division, and it struck me as being a very natural one and probably of real benefit in the diagnosis of abdominal troubles. Exploratory incision, however, has still to be frequently resorted to. Thus I saw one surgeon open an abdomen, and before doing so he remarked that the patient had some abdominal trouble. It might be recurring appendicitis, gall-stones, or cancer. After the opening was made it was found to be a case of cancer of the stomach, with secondary involvement of the liver.

Movable kidney is a subject that receives considerable attention at the clinics. Systematic examination shows that it is a very common condition among women. Like deflections of the nasal septum, it has been variously regarded as being of no importance on the one hand, and on the other as being the cause of the most alarming and varied symptoms. Since coming home I have been a little surprised to find it in four or five patients in whom I had not previously suspected it. In scarcely any of these, however, do I feel confident enough that the movable kidney is the