

In an article on the **Peptic Ulcer.** "Diagnosis and Treatment of Peptic Ulcer,"

appearing in the *Medical Record* for January 1st, Charles E. Nammack says that peptic ulcer is most frequent in chlorotic young women and in men past middle life. Peptic ulcer is not an erosion, but a degeneration of necrosis, associated with trophoneurosis of the stomach, and hyperacidity of the gastric juice, producing autodigestion. Turek believes that there is some toxic status which overcomes natural resistance, and some chemical substances are formed in the intestinal canal which neutralize the protective bodies in the blood. The cardinal symptoms are pain after eating, epigastric tenderness, vomiting of very acid material, hæmatemesis, and blood in the stools. Objective signs show only tenderness over the stomach, and perhaps a palpable tumour. The differential diagnosis in atypical cases is given. Prophylaxis is difficult on account of lack of early diagnosis. Rest in bed is of prime importance, with appropriate light diet, beginning with starvation for a few days. Diet differs according to the practitioner. Most cases should be treated medically at first. If found rebellious after two months they should be submitted to the surgeon.

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Diagnosis of Infections.

A new diagnostic skin reaction in the acute infections is described by Leonard K. Hirshberg, in a recent issue of the *New York Medical Journal*. By his method, the author claims that he has been able to determine the variety of the infecting organism. The method briefly is the following: A number of parallel scarifications are made upon the skin and about 0.1 c.c. of stock vaccines of various germs are

applied. The types of organisms used depend upon the suspected infection. Thus in one case, the colon, paratyphoid, streptococcus and gonococcus vaccines were used; in another, the pyocyanus bac. bulgaricus typhoid, colon and paratyphoid. If the patient is the subject of an infection by one of the organisms, the corresponding vaccination will show local changes, varying from a hyperæmia to œdema and infiltration of the skin. In twenty-two cases in which this method was employed, the reaction appeared to agree with the clinical diagnosis. No more exact confirmation seems to have been made by the author.

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In *American Medicine* for November, John L. Andrews treats of the

salicylic treatment of pneumonia, giving his personal experience with certain drugs in acute lobar pneumonia. He believes that the three conditions most to be feared in this disease are high temperature, cardiac exhaustion or dilatation, and œdema of the lungs, other conditions being distinctly secondary to this trinity of symptoms. Many years ago Dr. A. A. Smith favored the use of salicylate of soda in the very early treatment of pneumonia, with the hope of aborting the disease. It was given with the idea that enough was absorbed by the blood and tissues to inhibit the growth of the pneumococcus. The use of this drug, however, is beset by at least two important disadvantages: first, it frequently disagrees with the stomach; and secondly, it is apt to depress the heart in the later course of the disease. Occasionally, too, the kidneys are irritated by its use. Acetylsalicylic acid, however, seldom disagrees with the stomach, save in patients