into the mouth and form a coating on the tongue. In these cases the condition of the tongue may fairly be assumed to represent that of the gastric mucosa.—*Interstate Medical Journal.*

The Early Diagnosis of Gastric Carcinoma.

D. Maragliano (*Rif. Med.*) returns once more to the early diagnosis of gastric carcinoma by means of the method of precipitins. In view of further experiments and greater experience the method is becoming more clearly defined. One of he difficulties has been the variety of precipitates which may be obtained, and hence the necessity of fractional precipitation by which the non-specific and non-essential precipitins are excluded. In the first place, it is essential that the gastric juice should be rendered neutral; if it is acid, precipitation occurs readily. Broadly speaking, the various precipitates likely to occur when an immunized serum is added to the gastric fluid may be divided into four chief groups: (*a*) Albuminoids common to the organism as a whole, and corresponding to those contained in the blood; (*b*) albuminoids coming from the secretion of a wound, no matter of what nature; (*c*) albuminoids peculiar to the stomach, and due to epithelial desquamation or to inflammation; (*d*) the specific albuminoids of cancerous tissue. Obviously, therefore, the aim is to get rid of the groups (*a*), (*b*), and (*c*) by means of fractional precipitation and deal with group (*d*), which alone is of value in the diagnosis of cancer. The author then goes into details as to the exact method of preparing the immunized serum (goats are better for this purpose than rabbits), and the precautions to be observed in applying it for diagnostic purposes. Clinically the test has proved useful, and only requires wider application and further experience to estimate its proper value. The author believes that it is as likely to be useful as the Widal reaction in typhoid, and will give positive results long before the cancer could be certainly detected by the means at present at our disposal.—*British Medical Journal.*

Abscess of the Kidney in Convalescence from Typhoid Fever.

F. Stinelli (*Gazzetta degli Ospedali.*)—A man had typical typhoid fever. While delirious he fell out of bed and struck the ground on his right loin without injuring the skin. When convalescent, about the twentieth day of apyrexia, he began to feel a little pain in this spot. High fever followed and lasted two days. The fever recurred five days later and took a remittent form, rising to 104 degrees in the evening, with chills, and followed in the night by sweating. Two weeks after the onset