

from the blood, and that massage effected a cure by regularly emptying the retention pouch and producing the ordinary circulatory reactions.—*British Medical Journal*.

The Diagnosis of Carcinoma of the Stomach.

J. Sigel considers the means at disposal for rendering the diagnosis of gastric carcinoma certain, and states that neither the absence of free hydrochloric acid nor the presence of lactic acid, nor yet the absence of digestion leucocytosis, nor the proof of obscure hemoptyses are quite reliable signs, and even when they do point to the disease this has generally passed the very early stages when the diagnosis is of greatest importance (*Berl. klin. Woch.*, March 21st and 28th, 1904). In more recent time four methods have been suggested. The first is the tryptophan reaction, which consists of the appearance of a reddish-violet color body when the proteinochrome produced in the disintegration of albuminous compounds is treated with either chlorine or bromine. The red-violet color is said to appear in carcinoma of the stomach when the contents is gained by a "trial breakfast," and is treated with chlorine. The results obtained by various observers differ largely, and Sigel therefore tested this reaction in 15 cases of cancer of the stomach, and only in 2 cases was it distinctly positive. The second method has been introduced by Salomon, and depends on the determination of the amount of albumen in the gastric secretion. This observer found that gastric carcinomata always exude an albuminous fluid, and therefore considers that this may be made of use in diagnosis. The patient is given only fluids during the morning; from 2 p.m. the diet is fluid and free from albumen, nothing is taken during the night, and next morning the stomach is washed out with 400 c.cm. of physiological salt solution very thoroughly. The albumen is estimated by Esbach's test and the amount of nitrogen in the fluid by Kjeldahl's test. Distinct flocculent precipitation by Esbach's reagent and a value of nitrogen exceeding 25 mgr. in 100 c.cm. of the fluid speak for carcinoma of the stomach. Sigel tested this method in 20 cases, and comes to about the same results as Salomon. But just in those cases in which a differential diagnosis is most difficult the method is not to be relied upon. The cases quoted are those of benign ulcer of the stomach and malignant ulcer of the lesser curvature. The results in simple gastric ulcer vary within wide limits. However, he considers that the method should be practised, and in certain cases it may assist in clearing up a doubtful diagnosis. The third method is that of Gluzinski, and depends on the suggestion that the acid catarrh of gastric ulcer changes into a mucous catarrh either if the ulcer becomes malignant or when fibrous healing takes place.