Sources of Error in Gastric Diagnosis Charles Sumner Fischer, writing in the *Medical Record* for May 23, says that exploratory laparotomy is not always to be used to solve the question of diagnosis of abdominal diseases. Gastroenterostomy that gives immediate relief may not end in permanent relief, since the same faults of digestion remain, and sometimes the direct passage into the intestine is not a permanent advantage. Carcinoma of the stomach cannot always be diagnosticated by the cardinal symptoms, since emaciation and cachexia may not occur until late in the disease. A lack of ambition in a middle-aged person previously of active habits is a valuable sign. Most sources of error in diagnosis involve conditions of the pylorus. Presence or absence of a tumour is disguised by incomplete infiltration. Such conditions exist in small nodular growths at the pylorus, tubular infiltration of the pylorus, spasmodic reflex contractions, and duodenal obstruction just beyond the pylorus. Among remoter influences that may affect the pylorus and cause obstruction are sudden mental irritations, atmospheric changes, and hysteria. Two conditions near the pylorus may cause doubt of its normality—distention of the hepatic flexure of the colon and prolapsed kidney. The author gives differential diagnosis and tests for atony and gastric catarrh.

Bacteriology of General Paresis. The following editorial from the *New York Medical Journal* for May 23, may be assumed to represent with fair accuracy the opinion generally held by American psychiatrists upon the etiology of general paralysis: "Of all the mental diseases, general paresis stands out as the most distinct and the most hopeless. From the days of Bayle to the present time steady advance has marked the progress in our understanding of this disease process, and in the comparatively recent monumental work of Alzheimer and Nissi it would appear that, from the pathological standpoint at least, this disease has found a firm underlying foundation and an anatomical interpretation for all time. Ætiologically, however, the view is still troubled. Notwithstanding the general conviction—founded on the insecurities of statistical analysis and the more thorough and apparently definite findings of Wasserman and Plaut relative to the presence of a syphilitic antibody in the cerebrospinal fluid of most paretics—that syphilis is the fundamental ætiological factor, there still remain difficulties in the way of interpreting this disease solely in the light of its being a syphilitic final product acting on nervous tissues.

"It is for this reason that the studies of Ford Robertson and the discovery of his so-called *Bacillus paralyticans* have aroused considerable interest and given rise to protracted discussions, the latest of which took place at a recent meeting of the American Medicopsychological Association.

"The scientific world has not accepted the Ford Robertson findings, nor yet is it prepared to accept the therapeutical results alleged by him and his followers in this and other countries; yet the contentions are entitled to be heard and the evidence reviewed. At the meeting in question, Dr. John D. O'Brien, of Massillon, Ohio, reported some further observations on the ætiology and treatment of general paresis, in which he reasserted his belief in the causal relation of the pseudodiphtheroid *Bacillus paralyticans* to paresis, and