

nosis of pyelitis was made in one case on the sixth day, in the second case on the tenth day, in the third on the fifteenth day, and in the fourth on the thirteenth day. In each instance the diagnosis was made the first time the child was seen by routine examination. It was difficult to say in each instance how long the condition had existed beforehand. In all four cases it was probable that the pyelitis had existed for some days before its discovery, because the urinary findings were that of a well-established case of pyelitis. In all the cases there was nothing in the symptomatology or in the physical findings that would have led one to suspect a pyelitis, unless it were the absence of anything to explain the fever in the first two cases.

The symptomatology showed wide variations, and practically nothing was seen clinically that would call attention to the urinary tract. In three instances there were practically no symptoms, and in the third case the symptoms which were observed were of the gastrointestinal tract. The clinical picture of none of the four cases was suggestive of a pyelitis. In all four cases there was a slight rise of temperature; in the one instance never above 100 deg., in two of the others it rose to 102 deg. and 104 deg.

Relative to the therapy, the alkaline treatment was entirely successful in each instance. Five grains of sodium bicarbonate, and five grains of sodium citrate, were given every three hours until the urine was alkaline. Then the dose was gradually reduced, keeping the urine definitely alkaline. Of even greater importance was the necessity of giving large amounts of fluid. The beneficial effects of this were seen particularly in one case.

To sum up: 1. Pyelitis in the newborn is probably very much more common than is suspected at the present time. 2. The clinical picture shows the same wide variations that it does in later infancy. 3. the alkaline treatment, together with the forcing of fluids, proved successful in the four cases.—*Bulletin of the Chicago Medical Society.*

A NOTE ON THE X-RAY DIAGNOSIS OF GASTRIC CARCINOMA.

The early diagnosis of carcinomatous invasion of the stomach by the usual clinical means is difficult. Cancer of the stomach gives but few and not characteristic symptoms in its early stage, a palpable tumor and cachexia are evidences of a long standing lesion—a tumor which is incurable. Time was before the Roentgen examination had literally and figuratively thrown a flood of light into this dark field of diagnosis, when the above two findings were the cardinal signs on which the diagnosis was based and which also, when found, meant that the doom of the patient was sealed. In the Roentgen method we have a most valuable means for the detection of gastric malignancy in its incipency.