Positive cumulative phenomena are of great, prognostic significance.

In ureteral catheterization we should be informed on: First, the total renal function without ureteral catheterization; second, the relative function with ureteral catheterization; third, the absolute functional value of each kidney.

The Rountree-Geberty phthalein test is perhaps the best single test for this threefold purpose.

In interpreting the findings from ureteral catheterization, leakage around the catheter should be considered, and it is well, too, to beware of a functional inhibition that may be due to the trauma instant to the passing of the ureteral catheter. It is also important to bear in mind that one may be dealing with an infantile kidney.

Functional tests reveal only the excretory capacity of the kidney. They do not by themselves, positively, make the diagnosis or settle the prognosis.

The X-ray as an Ideal Local Remedy in Eczema.

By J. Willis Ballard. Opelika, Ala. Medical Record, March 27, 1915, p. 523.

Practically a tissue is opaque to the X-ray as its specific gravity is high and the specific effect of the X-ray is exerted at that point in the tissues at which it is absorbed.

The effect of an individual treatment is dependent upon the atomic weight of the tissue, the vacuum of the tube employed, the nearness of the tube to the surface exposed, the voltage output of the exciting medium and the length of time of the exposure.

The explanation of the entire range of X-ray therapy is summed up in a few words: Repeated exposures impair the vitality of all cells situated at that point at which the rays are absorbed and, most important, rapidly growing cells are many times more susceptible than are normal tissue cells. The result is a contraction of cell protoplasm resulting in local anemia and inhibition of cell vitality.

All eczemas consist of a circumscribed or diffuse hyperemia with dilatation of blood vessels; cell infiltration and proliferation. The X-ray, locally, inhibits the congestion and dilatation of blood vessels and slows down the rapid cell metamorphosis, soothing by long exposure to a soft tube, stimulating by short exposure to a hard tube.

Acute Bacillary Ileo-Colitis. By Philip F. Barbour, Louisville, Ky. Journal of the Tennessee State Medical Association, March, 1915, pp. 446-451.

The modern conception of ileo-colitis is that certain organisms either by their own action or through the toxins which they elaborate cause the various forms of inflammation in the small and large intestines. The researches of Flexner show that the toxins secreted by the bacillus dysenteriae cause the inflammation of the mucous membrane in the colon. Our efforts should be directed then towards the removal of the bacteria and the toxins. This is effected best by mild purgation rather than by administration of astringent antiseptics such as bismuth. Antiseptics which are not astringent such as the mercuric salts may be used especially when there is blood in the

stool. A prescription which has proven helpful is as follows:

Olei ricini	one to two drachms
Pulvis acaciae	q.s.
Syrupi rhei aromatici	one ounce
Misturae cretae q. s. ad....	two ounces

M. ft. mist. S. Teaspoonful every 2 hours. This should be continued until feces appear in the stools.

When one is convinced that the bacteria are removed from the small intestines, then bismuth and organic tannic acid compounds may be used to advantage.

There is need of local measures to relieve the ulceration of the mucous membrane in the colon; this can best be reached by an enema which may be of some cereal water or mild alkaline antiseptic, or in severe cases starch and laudanum.

It is important that the diet be carefully resumed: at first barley gruel and soups thickened with barley or rice; milk may then be given greatly diluted and increased according to tolerance; it is often necessary to use skimmed milk or buttermilk.

Exhibition of Case of Cysticercus Cerebri. By F. A. Evans, Baltimore, Md. Bulletin of Johns Hopkins Hospital, March, 1915, p. 87.

This patient has been practicing medicine in Fayoum, Egypt, for the last fifteen years. In March, 1912, he first noticed segments of tapeworm in his stools. He recovered the worm but not head, nor thirteen months later when he again passed a tapeworm. At this time he had his first general convulsion, followed by five others over a period of eighteen months. Some were accompanied by premonitory aura, others were not. Then for three weeks he had epileptiform seizures in his left arm. Fifteen months after he found segments of tapeworm in his stools he discovered a number of subcutaneous nodules which were diagnosed as cysticerci. He has been recently troubled with headache and some visual disturbances.

He suggests that during an attack of seasickness he regurgitated segments of the tapeworm and infected himself. Physical examination was negative; there were no localizing symptoms. The Wassermann was negative. The blood was negative. The differential count showed 35 per cent neutrophils, 3 per cent eosinophiles, 1 per cent basophil, 45 per cent small mononuclears, 11 per cent large mononuclears and 2 per cent transitionals. The eye grounds were normal. Stools showed no parasitic ova. Urine examination negative; notably no sugar. On X-ray examination Dr. Waters described a small shadow in the pineal region, showing three small, dense areas and tapering off in the direction of the sella, giving it a tadpole appearance.

Mess Efficiency. By P. C. Fauntleroy, U. S. Army. Military Surgeon, March, 1915.

To be certain each day of a satisfactory hospital mess, and to be in a position each day to protect the hospital fund from loss and to insure its maintenance at the desired figure, to regulate the savings each month and thus be able to make regular payments on such things as the surgeon may desire to secure for the amusement of the