

the open end of the posterior tibial for union with the larger opening in the popliteal artery, these two are united by suture, the arterial current is allowed an uninterrupted course from the popliteal into the anterior tibial through the connecting portion of the posterior tibial. The conservation of the anterior tibial current seems to have been sufficient with the poor collateral circulation, because a good result followed and the patient returned to work.

**The Spirochetal Content of the Spinal Fluid of Tabes, General Paresis, and Cerebrospinal Syphilis.**—WILE (*Am. Jour. Syph.*, January, 1917, p. 81) says that the question of the spirochetal contents of the spinal fluid is a matter of very great importance not only for the bearing it has on the pathology of the disease, but also from another standpoint. The spinal puncture has today become a routine measure in all well regulated hospitals and is performed, or should be at least at some time during every syphilitic's lifetime. It not infrequently happens in withdrawing the stilette or in collecting the fluid that more or less is spilled over the operator's or attendant's fingers, and in the laboratory the possibility of the fluid being a source of infection is customarily entirely disregarded. If spirochetes are present in spinal fluid the same great care should be used in examination as is employed in the examination of other syphilitic products and secretions. During the past year Wile has inoculated the spinal fluid of eight cases of acute cerebral syphilis, general paresis, and tabes dorsalis, into the rabbit testis. He concludes that the spinal fluid from cases of early syphilis, of tabes and of paresis, contains spirochetes as demonstrated by transplantation into the rabbit testis. The spirochetes may be present in moderate, or even large numbers in the rabbit testis without producing the classic gumma or chancre of the testis. In some cases slight enlargement of the testis itself may be noted. In still others spirochetes were demonstrated in which no increase in size of the testis was noted. In no case in this series were spirochetes demonstrable in the fluid itself before inoculation. The spinal fluid, at least in cases in which the nervous system is involved, must be regarded as infectious, and as such should be handled with the same care as other syphilitic secretions.

**The Present Status of Roentgentherapy in the Management of Deep-seated Malignancy.**—CASE (*Surg., Gynec. and Obst.*, 1917, xxiv, 581) says that the use of the roentgen rays and radium, at least for the present should be restricted to pre- and postoperative irradiation and to the treatment of inoperable malignancies. Radiotherapy does destroy cancer cells. This destruction can be brought about without serious injury to the neighboring normal tissues. The destructive effect is a deep one, both for radium and the roentgen rays. The ideal method is to employ a combination of radium and roentgen therapy in all cases of tumors affecting the cavities of the body. There is no question about the possibility of effecting a local cure of cancer in the human body. We lose our patients in the end because of inaccessible metastases. But in the way of palliation of suffering, prolongation of useful life, and, in a few unexpected cases, clinical cure lasting a decade or longer, there is no known therapeutic agency that can equal the results of radiotherapy.