produced typical membranous colitis by irritating the intestine with solutions of astringents, especially tannin (1 to 2 per cent.), nitrate of silver, alum, and acetate of lead. This result is most often observed when the enemata are given to patients suffering from ordinary colitis, with diarrhea; typical membranes are passed a few days after the beginning of the treatment and persist as long as the injections are employed, but disappear when they are discontinued. The writer thinks, therefore, that the addition of apparently harmless substances, such as borax, bicarbonate of sodium, glycerine and soap, to the water of enemata, or even water itself, if used at improper temperatures, may increase the secretion of intestinal mucus, or even produce catarrhal colitis. Possibly also certain astringents or purgatives may produce membranous colitis when taken by the mouth; they certainly may produce ordinary catarrh. The most constant symptom of membranous colitis is obstinate constipation. Colic is frequently present. The characteristic membranes are passed alone or mixed with the feces; they often alternate with structureless mucus, so that there are all gradations between ordinary mucous and membranous colitis. In cases in which there are suspicious symptoms, and, apparently, no membranes, the bowels should be irrigated; this often brings away membrane. The large intestine should be palpated for tenderness, and enteroptosis should be excluded. The hysterical and neurasthenic condition of many patients with membranous colitis is, according to the writer, merely a common complication and not a characteristic symptom. The course depends on the degree of intestinal atony present ("Review," p. 494). If normal intestinal activity can be established, the evacuation of membranes ceases. The obstinate character of the disease and the frequency of relapses, prove how difficult it is to permanently cure habitual constipation. This should never be treated by drastic purgatives, which are probably themselves a frequent cause of membranous colitis.—*Med. Rev.*

APICAL PULMONARY CONGESTION.

Samocovlieff points out the importance of careful diagnosis between certain forms of apical congestion and phthisis (*Thèse de Lyon*). In many instances apical congestion exists as an independent condition, while in others it is secondary to some other lesion of which it is a complication. Thus, in the first case, it is met with in gouty and rheumatic subjects, and arthritic congestion of the apex, with or without hemoptysis, is well recognized, and many cases are now on record. On the other hand, as a pathological condition related to some other disease, it may be met with in the course of typhoid, acute articular rheumatism, influenza, measles,