

duodenal loop. When the duodenal loop was cut out in segments and each segment kept alive in Locke's solution the rhythm or beat was fastest in the segment from the commencement of the second part and slowest in the segment from the end of the loop. On Keith's theory the upper segment had the greater amount of nodal tissue and was therefore the pacemaker of the duodenal rhythm. Alvarez found that the first segment of the jejunum had a slightly higher or faster rhythm than the last part of the duodenum, but that from the first part of the jejunum to almost the last part of the ileum the rate of rhythm decreased. At the last part of the ileum, if a piece of the ileocecal junction were left attached to it, the rate actually increased; but only if the ileocecal junction were left attached. This was explicable if Keith was right in regarding the ileocecal collar as a nodal center, as a pacemaker for the cecum and ascending colon.

Keith does not think either mechanical conditions or even derangements of sphincteric mechanisms can give an adequate explanation of all the phenomena of enterostasis. But when we transfer from the heart to the alimentary tract not only the anatomical and physiological data relating to its nodal and conducting system, but also our knowledge of cardiac pathology of heart block, or auricular fibrillation, of extra systole, and of delay in conduction, we seem to reach a more rational explanation of the motor derangements of the alimentary tract.

Keith does not agree with Lane in his explanation of enterostasis as the "drag, band, and kink" theory. In the first place Keith brings into the foreground the musculature of the alimentary tract, which is recognized as the sole propelling power in the intestinal wall. In Lane's theory a defect in the musculature of the bowel takes a very minor part in the causation of stasis. Further, Keith is of the opinion that his theory is the more in harmony with the appearances observed by clinicians and pathologists, and because it rests on a better basis of anatomical and physiological fact, he believes it will finally be accepted.—*Medical Record*.

CALCIUM IN PHTHISIS

An interesting clinical report on the use of calcium chloride in the treatment of tuberculosis, by Dr. Thomas Beasley, of Indianapolis, Indiana, appeared in the January, 1915, issue of *Indianapolis Medical Journal*.