

this simple method of testing kidney functioning; the test is complete in half an hour. He has two sets of 10 test-tubes, in which he pours from 0.06 to 0.6 c.c. of urine in turn and then to each tube he adds salt solution to bring the total contents of each to 1 c.c. He then adds to each tube 2 c.c. of a 1 to 1,000 solution of "soluble starch." The stands with the tubes are then set in the water bath at 38 or 40 C. for half an hour after which 1/50 normal iodine solution is added to each tube, a drop at a time, until the tint changes permanently. The findings are obtained by comparison of the action of the diastase according to the concentration of starch in the different tubes, each set containing the urine from only one kidney, segregated by catheterization of the ureters. The urine does not have to be filtered, and it can also have served previously for determination of the freezing-point; a little blood does not affect the test. In health, both human beings and dogs seem to eliminate approximately equal proportions of diastase with both kidneys. In a typical case reported, the freezing-point was 1.28 in the right urine and 0.53 with the left; sugar 1.6 per cent. with the right, and 0 with the left; indigocarmin test: green after 7 minutes and blue after 15 with the right urine, the left urine still colorless; the index from the diastase test after 30 minutes was 10 in the right kidney and 3.33 with the left; after 24 hours, 25 with the right and only 8.3 with the left. The findings with all these functional tests thus harmoniously agreed, while the diastase test is even more sensitive than the indigocarmin and phloridzin tests, as it often gave positive findings when the other tests were still negative.—*J. A. M. A.*

---

#### **A Possible Differential Sign Between Cardiac Dilatation and Pericarditis with Effusion**

W. J. Calvert (*Journal of the American Medical Association*) says that extreme dilatation of the heart is often difficult or impossible to differentiate from large pericardial effusions, and he gives a possible differential sign. In patients with large hearts the sternum is depressed, the entire liver is depressed, the right lobe of the liver is relatively elevated as to interspaces, the right lung is elevated and pushed outward and backward, thus giving a high position of the liver with a narrow band of lung-liver relative dullness. In pericarditis with effusion the liver is depressed, the right lung is pushed outward and backward more than upward, thus giving a low position of the liver with a nar-