

moderate amount of carbohydrates allowed to diabetics together with sufficient alkali when needed is better than a diet which excludes all starches and sugars.

This discovery has opened up a new field of investigation, and it is probable that it is not yet fully worked over. Already much light has been thrown upon the questions of the causation, the general management and the treatment of diabetes, and we may expect other discoveries of value along the same line to be made by our learned friends and allies, the physiological chemists.—*Medicus*.

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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PLEURAL EFFUSION OF ENLARGED LIVER.

To distinguish between a small pleural effusion and an enlarged liver or subdiaphragmatic abscess, Henry Jackson (*Boston Medical and Surgical Journal*) determines by percussion the upper line of dullness on the chest wall and then has the patient breathe in deeply and hold the breath. The upper area of dullness will now be found at a lower level if the liver and not the pleura is involved.—*Denver Medical Times*.

THE DIFFERENTIAL DIAGNOSIS OF SMALLPOX AND CHICKENPOX.

In a letter addressed to a contemporary, Dr. G. S. Perkins calls attention to a simple means of distinguishing chickenpox from smallpox, which deserves to be more widely known. He points out that the vesicles in chickenpox are unilocular, whilst in smallpox they are multilocular. The practical result of this pathological fact is that if a chickenpox vesicle be pricked with a needle, its contents can be completely evacuated and the cell will collapse, whereas in smallpox if one makes twenty pricks with a needle the vesicle will not collapse, because, being multilocular, it is