CHARCOT-LEYDEN CRYSTALS.—Dr. David Riesman, in *Philadelphia Polyclinic*, September 12th, describes a case that came under his observation suffering from severe paroxysmal cough. The sputum was scanty, tenacious, greyish-white, and frothy. The sputum under examination yielded the Charcot-Leyden crystals. These are sharp-pointed pyramids joined at the base. They vary in size and numbers in different specimens of sputum. These crystals were detected by Charcot in 1856 in a case of catarrhe sec, and by Robin in 1853 in the spleen. They have been found in the blood of leucæmic patients. They are most abundantly found in cases of asthma and emphysema. It cannot yet be be asserted that these crystals stand in the relation of cause and effect in asthma, though this is held by some good observers.

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POST-TYPHOID BONE LESIONS.—H. C. Parsons, late of Toronto General Hospital (Johns Hopkins Hospital Reports, Vol. V.), records six cases, in five of which a bacteriological examination was possible. In one Eberth's bacillus was associated with the staphylococcus pyogenes citreus, and in the remaining four it was found as a pure culture. In one case a post-typhoid node appeared and subsided twice without suppuration. The lesion is more frequent in men and is not influenced by age. It appears from one to sixteen months after the fever, and from an examination of literature the author found but one case forthcoming in which it had occurred during the fever. Any bone may be affected, but the tibia is most often involved, while the hands and feet are especially free. The ribs and costal cartilages are often affected. The typhoid spine is probably neurotic and not, as has been thought, due to organic change. Pain is the first symptom, and is usually localized to the seat of subsequent necrosis; in character it resembles that of secondary syphilis. Swelling follows. Resolution without necrosis may occur, or, on the other hand, there may be exacerbations and recurrences. Fever is absent, and the clinical course is very chronic. Trauma may, by lowering the vitality of the bone marrow in which typhoid bacilli can remain latent, be a causal factor, but a history of injury is often absent. Keen has shown that overstrain or muscular exertion may give rise to necrosis of bone after typhoid fever. Sinuses left after opening abscesses may remain open for long periods and the discharge be quite free from any micro-organism except the typhoid bacillus. The most satisfactory treatment is complete removal of all the diseased tissues. The prognosis is good.