

diplomacy, however, on the part of the young doctor, who told the sleeping girl he was the young man from whom the card-case had been taken, and not to fear telling him where it was, she gave the detailed account of having stolen it, and told where the card-case was to be found. Dr. Marié immediately went to the spot indicated, where, sure enough, the stolen article was found.—*Paris Cor. New York Herald.*

THE TREATMENT OF ACNE.—LASSAR recommends the following paste for all forms of acne:

B naphthol.	10 parts.
Precipitated sulphur	50 "
Vaseline or lanolin	25 "
Green soap.	aa 25 "

This is to be spread upon the skin to the thickness of the back of a knife-blade, and left on for fifteen or twenty minutes, when it will cause a little burning. It is then to be wiped off with a soft cloth, and the skin powdered with talc. The skin soon becomes inflamed, then turns brown, and finally peels off. The desquamation can be hastened by the application of Lassar's paste with two per cent. of salicylic acid. When the desquamation has ceased, the acne will be found to be greatly benefited.—*Therap. Monatsh.*

ALMÉN'S TEST FOR SUGAR IN THE URINE.—Dr. Norderling, of Rockford, Ill., in referring to the defects of Trommer's test for saccharine urine, sends the formula proposed by Professor Almén, of Upsala, which, he says, possesses many advantages. It is reliable, and will keep unchanged for years. The following is the formula:

R. Caustic soda, Gm. 8 (3ij.) in water Gm. 100 (3iij.)	
Potassio-sodium tartrate	Gm. 4 (3iv.)
Bismuth subnitrate	Gm. 2 (3ss.)

The urine is first to be tested by heat and nitric acid for albumen, and, if any is present, it is to be separated by filtration. In testing for sugar, one part of the solution is used to ten parts of urine. By means of this bismuth solution, Dr. Norderling affirms, sugar may be detected, when present in the proportion of only .05 per cent. The preparation of the solution should be intrusted only to a competent chemist.—*Med. Rec.*

A PATHOGNOMONIC SYMPTOM OF TUBERCULAR MENINGITIS.—In a paper read before the Chicago Pathological Society, Dr. Skeer called attention to a symptom which had not been mentioned in the literature on tubercular meningitis. The symptom is a small circle which forms in the iris, near to and completely surrounding the pupillary edge. It is very indistinct at first, but in from twelve to thirty-six hours, the whole margin of the iris will be involved, having become of a whitish or yellowish-brown color, and appearing irregular, thickened

and somewhat granular. This cloud-like appearance is in some cases very evanescent, which makes it necessary to examine the iris at every visit. If it can be established that this symptom is co-existing always and only with tubercular meningitis it will be of great diagnostic value, for it is exceedingly efficient, and not less important to diagnose the tubercular from simple meningitis in the acute stage of the former disease.—*New Eng. Med. Month.*

POINTS IN THE TREATMENT OF GONORRHOEA.—It will be well to paste the following recommendations of Dr. Otis in your hat, that you may have them always handy for reference:

1. Fully explain to the patient the inefficiency of popular remedies, and the dangers attending their use.
 2. Secure absolute personal cleanliness, thereby preventing infection of other parts, and insist upon as nearly perfect rest in bed as the exigencies of the case will permit.
 3. Soak the penis frequently in water as hot as can be borne, but more especially during the act of micturition.
 4. Recommend milk as a diet, and prescribe alkaline diuretics and mineral waters as internal medication.
 5. Secure absolute freedom from sexual intercourse and from thoughts associated therewith.
- Perfect faith in and obedience to these simple formulæ, he insists, will insure a successful ending of all uncomplicated cases before the seventh week.—*Med. and Surg. Rep.*

TRANSPLANTATION OF HUMAN BONE IN A CASE OF UNUNITED FRACTURE.—Professor A. Poncet, of Lyons, reports the case of a man of forty-three years who suffered from an ununited fracture of the tibia, the ends of the bones being atrophied and 35 mm. to 40 mm. apart. He removed the first phalanx of the great toe, on a limb recently amputated, sawed off the articular ends, and split the bone in two. One of these halves, 26 mm. long, was fastened between the freshened ends of the broken tibia, with due antiseptic precautions. Fibrous union took place at one end, osseous at the other. There was no necrosis.—*Med. Rec.*

IN THE BRONCHO-PNEUMONIA of children the treatment in Paris is ipecacuanha to the extent of vomiting the patient occasionally, the use of the bromide of potassium to quiet the cough, and the free use of alcohol. No opium is given. Mild forms of counter-irritation are applied to the chest. In croupous-pneumonia the treatment is expectant, and alcohol is used, though Professor Jaccoud gives tartarized antimony in the early stages when the patient is robust.—*Paris Correspondent of the Chicago Medical Journal.*