℞. Hydrarg. chlor. corros., gr. iv
Aquæ, ℥j. M.
Sig.—Use as wash, twice daily, to parts affected.

Dr. Jurist recommends the following in various conditions of the *throat* requiring a gargle :—

℞. Tinct. guaiac. comp.,
Tinct. cinchon. comp., āā f℥ij
Potas. chlor., f℥j
Mel dep., f℥j
Aquæ, q. s ad f℥iij
Sig.—As a gargle.

Prof. Bartholow had at his clinic a patient with *hepatic colic*, who was not jaundiced. The stone may be of such a size that suffering is produced by its passage through the cystic duct, while it passes without pain through the common duct, and without obstruction ; therefore jaundice is not produced. To keep the bile alkaline and so prevent the further formation of gall stones, give peristently sodium phosphate.

From a lecture recently given by Dr. Hearn, the following was taken regarding treatment of *gonorrhœa :*—

For first stages, a mild diet ; avoid excesses, especially of drink ; locally, hot-water baths for penis, also hot-water injections, together with the antimonial saline mixture. or—

℞. Potas. citrat., gr. xx
Sodii bromid., gr. xl M.
Sig.—Ter die.

In second stage, resort to copaiba, cubebs, and especially was oil of sandal wood recommended. Copaiba could be given in a mixture of acacia syrup and water, together with citrate of potassium, or in syr. sarsaparillæ with cubebs.

In third stage, use one of the following as injections :—

℞. Plumbi acet., gr. ij
Zinci sulph., gr. j
Aquæ, f℥j M.
Sig.—As injection.

℞. Hydrarg. chlor. corros., gr. j
Liq. calcis, f℥j
Aquæ, f℥xij M.
Sig.—As injection.

If discharge persists, use steel bougies, three times a week.—*Col. & Clin. Record.*

White Swelling of the Knee.—In a paper read before the Med. Soc. of New York, Dr. Judson advocated the doctrine that it was essentially an inflammatory affection, and that an inflamed organ or tissue demanded arrest of function in the treatment, if the best results were to be obtained ; that inflammatory conditions were relieved or removed by arrest of function, wherever it could be secured.

The essential feature of the treatment for diseases of joints should, therefore, be fixation.

Prolonged fixation with disuse of a joint would not produce anchylosis, provided the joint itself was free from disease. Of course, it would be followed by stiffness, but that would yield by persistent passive movements, and was entirely different from anchylosis. The anchylosis which followed joint diseases, and was caused by the final products of inflammation, was best prevented by reducing or removing the inflammation, and to do this most effectually arrest of function was essential.

Fixation applied to a joint would, so far as the joint was free from disease, be powerless to add to the ultimate degree of anchylosis, and, so far as the joint was diseased, it would diminish the ultimate anchylosis by arresting the inflammation and preventing an excess of its products.

On these premises thorough fixation was required in the treatment of articular ostitis. Dr. Judson thought it was impossible to establish the statement that motion was required to prevent inflammation.

In the treatment of joint disease, in the lower extremities particularly, another important function must be considered, namely, that of supporting weight and concussion. Protection of the articular surfaces from pressure and concussion was very important, and to accomplish this most certainly, the best method was to convert the affected limb into a pendent member, putting it into very much the same condition, in this respect, as were the upper extremities.

When these indications had been thoroughly met, Dr. Judson believed that the patient had received the highest degree of assistance which surgery could afford.—*Epitome.*

The Third Corpuscle or Blood-Plaque.—Dr. William Osler, of Philadelphia (*Cartwright Lecture*, published April 3, 1886), defines what is called the third blood corpuscle or blood-plaque as a colorless, protoplasmic disc, constant in mammalian blood, measuring from 1.5 to 3.5 micromillimetres. The number per cubic millimetre in the blood of a healthy adult is about 250,000, but their number varies greatly at different periods of life and with varying conditions of health and disease. The ratio to the red is about 1 to 18 or 20. They are delicate elements, and, like the red corpuscles, tend, on the withdrawal of the blood, to adhere to one another, when they form the irregular granular clumps which have long been known as Schultz's granular masses.

The plaque is colorless, with a uniform grayish-white appearance, homogeneous or finely granular, and presents no differentiation in the delicate protoplasm of which it is composed. So far as his observation goes, it is always colorless.

The shape of the normal plaque, as seen in the