The treatment of fractures in children, by these methods, is in most cases attended with excellent results, both as to the speediness of recovery and the restoration of function.—*Medical News.*

Varicose Ulcers Successfully Treated by a New and Painless Method.—Mrs. B., aged 56. History of struma during childhood. Is the mother of two children. General health fair. Veins much dilated from knees down, with very poor cutaneous circulation. Has suffered from chronic ulcers for many years. Was first seen by the author, December 8, 1893; at that time she presented one or two ulcers that had not been healed for five years, and others of more recent date. The manner in which these ulcers appear is as follows: First, a macule, which soon becomes papular, and later capped by a vesicle, which soon ruptures, liberating a bloody serum. The mass continues to enlarge, forming an ulcer the size of a quarter of a dollar, or even larger. During the formation and growth of this ulcer it is highly sensitive and constantly painful. At the time of my first visit, after cleansing the ulcers with a solution of soda bicarbonate, I applied a solution of methyl violet—care being taken to bring it in contact with the entire area of the base and margins. After allowing it to dry, each stained ulcer was covered by a small bit of absorbent cotton. Mechanical support was furnished by Martin's elastic bandage. This entire procedure was repeated every morning. On the second or third day it was evident that the healing process had begun. At my first visit a new and very painful ulcer was forming on the left leg. This I treated for a few days with subnitrate of bismuth, boracic acid being tried and found too painful. No benefit was derived from either. Pain was constant. On the third or fourth day I painted it with methyl violet, and to my great surprise and the patient's comfort, the pain at once ceased. After two or three daily applications the sensitiveness had so far subsided as to render bandaging of that part of the leg possible. All of the ulcers were thenceforth dressed daily. At the appearance of any new vesicle I applied methyl violet, which prevented further development. Internal treatment consisted of potassium iodide, grs. x. to xv. t.i.d. The patient continued her duties as housekeeper, and at the end of six weeks only cicatrices remained to mark the site of her former ulcers. An ideal solution, as used by Dr. M. F. Coomes, of Louisville, Ky., in the treatment of lupus, is made by using Merck's methyl violet, grs. v., aqua destillata, ℥ ij. This forms a harmless and entirely painless application. I would not hesitate to use it on any chronic ulcer. The bandage has been worn most of the time, and to this date there has been no return of the ulcers. To put at ease the mind of anyone who may think the internal treatment and bandage are deserving all the credit, I will state that both had been used, with the accepted local treatment, with but little success by other physicians, at intervals, for several years. Also ulcers that began forming under the bandage were invariably arrested in their course by methyl violet. Its action we believe to be germicidal and highly astringent.—J. W. SUMMERS, M.D., in *Medical Record.*

Cancer of the Kidney.—Alm (*Hygiea*) publishes the following case: A man, aged 39, had for six or seven years been subject to recurrent attacks of hæmaturia, at first only a few times yearly, but during the last three years oftener. The attacks came on independently of exertion or any other cause, and were not, as a rule, preceded or followed by any pain. Between the attacks the urine had been normal, but it had during the last years shown a trace of albumen. Only once, a few years ago, had he passed a small stone, the size of a pin's head. No tenesmus, not even during the attacks. Three years ago a hardening began to be felt under the right costal margin, and this has gradually increased in size until a year ago, since which time the patient thinks it has increased more rapidly. The tumor has never been tender, but on examination there has been slight pain. As the attacks of hæmaturia have become more frequent, the patient's general health has been reduced. The tumor, which could be felt midway between the costal margin and Poupart's ligament, was hard and almost round, the size of a man's fist. It was freely movable, and could be pushed up so that its upper part disappeared under the costal margin. Its surface was somewhat uneven. The ascending colon ran obliquely across it. Nephrectomy was performed,