A Rapid Clinical Test for Hyperglycemia.—GITLOW and HOROWITZ (*Biochem. Bull.*, 1914, iii, 272) have attempted to devise a rapid clinical method for the detection of hyperglycemia, especially one which can be applied to very small quantities of blood and one that is as useful to the practicing physician as the Fehling's reaction. The reagents employed are sulfuric acid, water, alpha-naphthol and alcohol, as used in the test originally devised by Molisch. The reagents are best added in the following order: alpha-naphthol; the solution to be tested; water and sulfuric acid; the latter two must be in the same amounts in all the tests. It is possible that a modification of this method which is not described in detail in the present paper may be applied to quantitative examination of sugar in the blood. Gitlow and Horowitz feel that the test is excellent and that the difference in color between tests performed on normal and hyperglycemic bloods is very marked and very readily detected.

The Origin and Development of Crescents.—THOMSON (*Annals Trop. Med. and Par.*, 1914, viii, 85) deals with a study of crescents made on living individuals and in autopsy smears from cases dying in the Panama Canal Zone. The general deductions as the result of the observations made may be summarized as follows: Crescents require about ten days for their development into the adult state. This development takes place chiefly in the bone marrow and spleen. During all stages of its development the protoplasm of the crescent stains a greenish-blue and often a yellow color as compared with the deeper blue of the asexual schizonts. On the other hand the chromatin stains more faintly than in the latter, is less abundant and more granular and never breaks up into masses such as are seen in the segmenting forms. As regards the pigment in developing crescents, this appears very early and remains scattered until the adult stage is reached. Thomson was able to find adult crescents in autopsy smears in spleen and bone marrow after eleven days' treatment with quinin. No evidence was obtained of parthenogenesis in crescents. From observations made upon crescents found in the peripheral blood the following conclusions are drawn: (1) Crescents are produced from ordinary asexual spores which develop somewhere in the internal organs and appear suddenly in the peripheral blood. The period of development is about ten days and the period of life in the circulating blood not more than a few days. The occurrence of crescents in the peripheral blood over long periods of time is due to the fact that they are constantly being replenished from recent asexual forms. Fresh broods of crescents appear in the blood every day, every other day, or at irregular intervals, depending upon the asexual sporulation. It would seem that quinin has no direct destructive action upon crescents either during their development or after, but it destroys the asexual spores, the source of supply. Further observations tend to show that crescents tend to become spherical in about four minutes after the blood is drawn. This appeared to coincide with the time of blood coagulation. This spherulation is probably the result of osmotic changes and this in turn stimulates flagellation. There is no evidence, however, to support the idea that crescents ever flagellate in the circulating blood.