granules was indicative of the uric-acid diathesis in its widest sense, including gout, lithiasis, muscular rheumatism, leukemia, Hodgkin's disease, neuralgia, neurasthenia, diabetes, gastro-intestinal derangements and nervous asthma. He also held that the presence of the granules in the blood of tuberculous subjects was of favorable prognostic import.

Simon suggests the following questions: "1. Are Neusser's granules found in the blood under normal conditions? 2. In diseased conditions, are these granules confined to the blood of patients suffering from the uric acid diathesis? 3. Does a constant relation exist between the presence of these granules in the blood and the elimination of uric acid, xanthin bodies, or both? 4. Is the presence of the granules of any prognostic import in tuberculous subjects?"

From a carefully conducted series of examinations, in which the urine of each subject was examined quantitatively for uric acid and xanthin bodies, on the same day that the blood was taken, Simon comes to the following conclusions in answer to these questions: 1. That the granules are present (in varying numbers) in the blood of all healthy subjects, and their absence in a supposedly healthy individual may be regarded as presumptive evidence of some morbid process. 2. That in diseased conditions the granules are not more marked in the blood of those suffering from the uric acid diathesis than in that of those suffering from other diseases. 3. That a constant relation between the presence of the granules and the elimination of uric acid and xanthin bodies in the urine does not exist. 4. That the presence of the granules in tuberculous subjects is not of favorable or unfavorable prognostic import.

Gonorrheal Septicemia and Ulcerative Endocarditis.

In a highly interesting paper, in the *Journ. of Experimental Medicine*, January, 1899, Thayer and Lozear record a case of the above, occurring in the Johns Hopkins Hospital, and in which, fortunately, they were able to demonstrate the character of the disease—so far as its cause was concerned—by means of cultures from the blood during life, and from exudates and blood after death. This case of Thayer and Lozear is perhaps the only one in which the proof of the gonococcal origin of a septicemia and, finally, of an ulcerative endocarditis as the terminal accident of the septicemia, is quite beyond cavil. Thayer and Blumer had already put a case upon record in which the proof is, to most readers, conclusive enough, but Fränkel takes exception. None can be taken in this second case. "Clinically the case presented the features of a grave, acute nephritis with anemia, anasarca, ascites, and finally uremic coma." The anatomical diagnosis (p.m., made by Pro-