

A SIMPLE METHOD FOR THE IMMEDIATE QUANTITATIVE ESTIMATION OF URIC ACID IN URINE.

Ruhemann (*Berliner klin. Woch.*, January 20, 1902,) after briefly reviewing the literature of the means of estimating the uric acid in urine, explains his simple, quick and practical method. For this he titrates with a solution of iodine, 1.5 gm.; potassium iodide, 1.5 gm.; alcohol, 15 gm.; and distilled water, 185 gm.; in an instrument of glass, called uricometer. On the bottom of this sulphuric acid is placed, then the iodine solution is added, and the urine is dropped, one drop at a time, shaking, after each addition, until the solution is pale pink. This, upon the last shaking, becomes milk white. Detailed explanations of this reaction are given. The sides of the uricometer are marked, the level of the mixture showing the amount of uric acid in the urine.—*Philadelphia Med. Journal*.

PNEUMOCOCCUS ARTHRITIS.

Jas. R. Herrick. *American Journal of the Medical Sciences*, July, 1902.

Herrick concludes his article on this subject as follows :

1. It is a rare affection, found oftener in men, sparing no age.

2. It appears oftenest during or shortly after croupous pneumonia, sometimes as late as the third week after the crisis.

3. It may be primary in the joint, and severe, and even fatal, constitutional symptoms may result from the toxemia thus induced. In these cases of primary pneumococcic arthritis pulmonary localization may or may not occur.

4. Previous damage to a joint, as by trauma, rheumatism or gout, favors the localization.

5. The lesions may be limited to the synovia or may be more extensive, involving the cartilages and bones. The subacute cases are sometimes highly destructive to the joint, and the same is true of some of the acuter ones.

6. The lesions are usually monarticular (61.5 per cent.), the larger joints being oftenest involved. The knee is the joint most frequently affected. The joints of the upper extremity are affected a little oftener than those of the lower, but the difference is insignificant.

7. The condition is recognized by the ordinary signs of an acute or chronic inflammation of a joint. Exploratory aspiration, with bacteriological examination of the fluid, is the only means of recognizing the pneumococcic nature of