ROBERT W. LOVETT, M.D. "Remarks on the Infections of Joints."

Boston Med. and Surg. Jour., May 24, 1906.

Acute joint infections fall in four groups: Acute ostcomyclitis of the articular end of the long bones involving the joint secondarily, acute suppurative synovitis or joint abscess as a result of direct infection as in wounds and also in the course of many of the infectious diseases, acute plastic synovitis leading to joint obliteration as in gonorrhea, and acute serous synovitis. Tuberculosis and chronic joint disease are not included in this classification. The first three divisions are now well understood, but the latter, generally classed under the name of articular rheumatism, is exciting a great deal of interest at the present time. The case now stands as follows: the synovitis of acute rheumatism does not differ clinically or pathologically from the synovitis of infectious diseases, except that it is more benign. It can be produced by the injection of cultures of pyogenic organisms, and pyogenic organisms have been found in the joint effusions. The specific character of these has not been accepted. No satisfactory explanation of rheumatism has ever been offered, and the history of late years shows a steadily larger number of "rheumatic" cases constantly being classed among the infections. It cannot yet be regarded as a specific infectious disease, but the evidence rather tends to identify it as an "attenuated pyamia." The evidence is not yet conclusive and the fact that the symptoms are so readily controlled by salicylic acid in many instances is not in accord with what we know of infections. Acute infections of the joints of undoubted bacterial origin occur in all grades of severity in connexion with many infections. As a rule, any one of two or three types of joint inflammation may occur in connection with any one infection. In many cases the source of infection cannot be established, and in such cases the importance of remembering the function of the tonsils and the presence of pyogenic organisms in the mouth as a ready source of infection is of importance.

W. L. B.

MEDICINE.

UNDER THE CHARGE OF JAMES STEWART, F. G. FINLEY, H. A. LAFLEUR AND W. F. HAMILTON.

Boas, T. "On the Prophylaxis of Gastric Hamorrhage." Deutsche Med. Woch., No. 18, 3rd May, 1906.

The author lays much stress upon the recognition of preliminary hamorrhage probably of small amount, preceding a serious hamorrhage in