

air during simple speech. The tiny drops that are expelled during speech, coughing, etc., can readily be rendered visible by being caught on a mirror held about 30 cm. from the face. Flügge's important researches render it apparent that disinfection of the sputum alone is not sufficient to prevent the spread of tuberculosis, and the author, in order to deal with the germ-bearing fluid particles, proposes that phthisical patients should wear a mask day and night, which should be removed only during eating or to expectorate. On the inside of 26 out of 52 masks worn by patients tubercle-bacilli were found. In order to induce patients to wear the masks, the gauze which covers them, was moistened with pine-needle oil or peppermint-oil, so that they might think the mask had also a therapeutic purpose. The oils do have, the author adds, a value in the latter direction. At the present time a compulsory wearing of the mask is out of question, but everywhere where tuberculous and healthy persons are constantly in the same room, the former should be induced to wear the mask. The only objection to the mask in Fränkel's eyes is that it renders its wearer conspicuous.—*Phil. Med. Jour.*

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**Gonorrhœa, Septicemia, and Heart Disease.**—Not very long ago it was thought that gonorrhœa was a serious local disease in the male but relatively trifling in the female. Then it was found that women often suffered from grave local complications. General infection is fortunately rare in either sex, but it may occur. Drs. Thayer and Lazear have published an important monograph on Gonorrhœal Septicemia and Ulcerative Endocarditis in the January number of the *New York Journal of Experimental Medicine*. It contains much original work and a well-prepared table of thirty-two cases. The authors conclude that an acute gonorrhœal urethritis may be the starting point of a grave general septicemia, with all its possible complications. The infection may be mixed or secondary, due to the entrance into the circulation of organisms other than the gonococcus, or they may be purely gonococcal. Endocarditis, an occasional complication of gonorrhœa, may be quite transient, or may result in a chronic valvular lesion, or may pursue a rapidly fatal course with the symptoms of acute ulcerative endocarditis. The complication is generally due to the direct action of the gonococcus, but may be traceable to a secondary or mixed infection. The same applies to gonorrhœal pericarditis, a rarer complication than endocarditis. Grave myocardial changes, necroses, purulent infiltration, embolic abscesses are common in the severe gonococcal septicemias. In instances of this special form of blood poisoning the diagnosis may in some cases be made during life by cultures taken from the circulating blood according to proper methods. There is reason, when we remember the evidence already referred to about chronic valvular lesions, to suspect that cardiac disease may be more often a result of gonorrhœa than is usually supposed.—*Brit. Med. Jour.*