

of the ribs, could offer no resistance to the repeated traction of the diaphragm, and the centre being without the arch support, which saved the sternum in the 1st case, would yield to the repeated acts of rarification. It is to this I attribute the concavity of the chest wall, produced no doubt on the same principle that Zeim collapsed the nasal fossæ of his animals, and Collier twisted and curved the septa of his many patients!!

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"GONOCOCCUS" PYEMIA.—Under this title, a paper by Dr. E. Finger appeared in the *Wiener Wochenschrift*, 1896. It is generally acknowledged that many complications of gonorrhea, such as arthritis, tenosynovitis, bursitis, periostitis, endocarditis, and pleuritis, are dependent upon the presence of gonococci, the organisms being carried from the point of local infection to distant parts. Yet it is not generally accepted as proved that the gonococcus rarely excites superficial inflammation of the mucous membranes, the micro-organism acting far more frequently as an exciter of metastatic inflammation and suppuration in company with pyogenic cocci, streptococci, and staphylococci. Nevertheless, Shon and Schlaginhauser have shown that the morbid processes produced by the gonococcus are not at all dissimilar in some respects to those caused by the pus-cocci. The behavior of the gonococci in and towards the affected tissues is, however, somewhat different from that of the pus-cocci, in that the latter rapidly permeate the tissues and cause rapid breaking down of the same, whilst the gonococcus is least active and takes only paths of least resistance through the fissures and lacunæ of the epithelium and connective tissue. Again, the reaction of the tissues is somewhat different. The inflammation caused by the gonococcus is entirely purulent; the formation of granulation tissue is early and abundant. All facts go to show that the gonorrheic process tends to the formation of connective tissue and scars,—in the urethra as stricture, in the prostate as destruction of the gland, in the suprarenals as thickening of the organs, and in the joints as ankylosis. Finally, the gonococcus is destroyed when exposed to a temperature of 103° or 104° F. for several hours, whilst the pus-cocci are far less susceptible to such a temperature. From these considerations it follows, as has been already known clinically, that the gonococcus is less energetic in its action and is more easily destroyed than the pus-cocci, and that the lesions produced by the former tend to run towards recovery more readily than those produced by the latter.—*Univ. Med. Mag.*

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ENURESIS NOCTURNA.—Dr. A. S. Wilson, Buffalo, N.Y., writing, says: "This was a case of a girl nineteen years of age suffering from irritable bladder, and who had wet the bed nightly from childhood. She was compelled to avoid company and the usual social life, on account of frequent micturition. One bottle of Sanmetto overcame the irritation to such a degree that for the first time in fifteen years she passed a night without wetting the bed. She is still using the remedy in hopes of complete recovery."