

patient about his eyes in treating a "first" attack of gonorrhœa.

In giving a "first" case of gonorrhœa copaiba, always warn your patient of the possibility of the eruption.

Never neglect, in treating gonorrhœal rheumatism to cure the discharge as speedily as possible.

In examining the cause of a knee synovitis of a young man never omit to examine the penis for gonorrhœa or gleet.

In inquiring into a history of syphilis do not hastily judge of the statement of the patient that a rash was syphilitic; inquire about copaiba.

Never use an injection if there is much pain, scalding, or inflammation, unless it be cocaine.

Never forget many gleans are due to slight contractions of the canal, and may be cured by a steel bougie.

**HAND AND FOOT.**—Do not forget that it is wiser, in cases of supposed needle in hand or foot, when the patient is not suffering much inconvenience, not to cut down unless the end of the needle is felt.

Never estimate the amount of flat foot when your patient is *sitting*, because the weight is taken off the arch.

Do not forget that the foot may be amputated for supposed strumous disease of the tarsus when, on examination, the affection might have been proved to be limited to one of the tarsal bones, and the patient might have been cured by a less extensive mutilation.

Do not despise or neglect corns, bunions, or ulcers of the leg in the aged, or diabetic. They often start gangrene.

(To be continued.)

**GNORRHEAL CEREBRO-SPINAL MENINGITIS.**—Dr. Stiénon (*Jour de Méd de Bruxelles,—Med. Rec.*), relates a case of cerebro-spinal meningitis in a young man, which, according to the author's views, was due to the location in the cerebro-spinal meninges of gonococci from a urethritis which was found present, just as the germs of epidemic cerebro-spinal meningitis, typhoid fever, erysipelas, acute rheumatism, etc., are capable of vegetating in this region and developing their effects. The occasional production of arthritis, peri- and endocarditis, periostitis and neuritis, from the presence of this microorganism, plead in favor of the author's

hypothesis and permit the conclusion that while meningeal manifestations from gonorrheal infection are very rare, they are by no means impossible.

In connection with this subject the following will be of interest: In the Johns Hopkins Hospital Bulletin for May, Dr. W. T. Howard, Jr., reports the case of an infant operated upon for imperforate anus in which the rectal wound suppurated. The child died in the second month, of purulent ependymitis, meningitis, and encephalitis, and a bacteriological examination of the pus from the inflammatory area showed the presence of a micrococcus and of the *Bacillus coli communis*. The child had atresia of the pulmonary orifice of the heart and patency of the foramen ovale and of the ductus arteriosus, and the reporter thought the feebleness of the circulation had favored the mixed infection by means of the suppurating rectal wound. He calls attention to Netter's bacteriological examination of twenty-five cases of simple meningitis, in which the *Diplococcus pneumoniae* was found present in fifteen; the *Streptococcus pyogenes* in four; an intra-cellular diplococcus in two; a short, active bacillus, the bacillus of Friedländer, and a slender, small bacillus, respectively, in the three remaining cases. Monti also found the *Diplococcus pneumoniae* in the pus of four cases of meningitis; and the frequency of the presence of pneumococcus is explained by the fact that meningitis is so often secondary to pneumonia and otitis media. Besides these micro-organisms, Dr. H. M. Biggs, reported, at a recent meeting of the Section in General Medicine of the New York Academy of Medicine, a case of meningitis in which he had found the bacillus of anthrax, although there had been no local focus of that disease on the body. It is interesting to note the varieties of micro-organisms that may cause meningitis.

**NEW TREATMENT OF ASTHMA.**—Dr. B. O. Kinnear (*N.Y. Med. Jour.*), holds that asthma is a nervous disease, the circular bronchial muscles being chiefly affected. The pneumogastric nerves and their congestive centres are mainly responsible for the asthmatic paroxysms. By excluding the blood from these centres, their function is rendered normal; consequently the muscles about the bronchi expand, and the swelling of the mucous membrane subsides. This