fessor Flexner) was "gonococcal septicemia; subacute gonorrhea; subacute vegetative and ulcerative tricuspid endocarditis, caused by the gonococcus; subacute splenic tumor; chronic passive congestion of liver; subacute hemorrhagic and glomerular nephritis; acute sero-purulent pleurisy and pericarditis, caused by gonococcus; pulmonary infarct."

Summary of conclusions, based upon the study of thirty-two cases:

1. An acute gonorrheal urethritis may be the starting point for a grave general septicemia, with all its possible complications.

2. These infections may be mixed or secondary, due to the entrance into the circulation of organisms other than the gonococcus, or they may be purely gonococcal in nature.

3. Endocarditis is an occasional complication of gonorrhea.

4. This endocarditis may be transient, disappearing with but few apparent results, or it may leave the patient with a chronic valvular lesion, or it may pursue a rapidly fatal course with the symptoms of acute ulcerative endocarditis.

5. The endocarditis associated with gonorrhea is commonly due to the direct action of the gonococcus, but may be the result of a secondary or mixed infection.

6. Pericarditis may also occur as a complication of gonorrhea, but is less frequent than endocarditis. It may, as in the case of the latter, be the result of a pure gonococcal or of a mixed infection.

7. Grave myocardial changes, necroses, purulent infiltration, embolic abscesses are common in severe gonococcal septicemia.

8. In instances of gonococcal septicemia the diagnosis may, in some cases, be made during life by cultures taken from the circulating blood according to proper methods.

The Bacteriology of Noma of the Vulva.

Freymuth and Petruschky (*Deut. med. Woch.*) report a case in a child aged three years, in which the diphtheria bacillus was found, and which was treated with the serum. The child was admitted on February 2nd with recent measles. There was much hoarseness and considerable dyspnea. On February 5th an extensive noma was observed in the external genitals. Cultivation experiments revealed, besides other microbes, one exactly resembling the diphtheria bacillus. The dysphagia, along with the laryngitis, rhinitis, and noma, suggested a mixed infection of measles and diphtheria, and therefore anti-diphtheritic serum was injected. The child gradually improved, the slough separating from the vulva. It received in all 6,000 immunity units, and made a good recovery. Freymuth states that previous researches have shown noma to be due to various