Professor Eichorst reported a case of myositis with a swollen area 3¼ x 3½ inches. There was no temperature and the condition was present for months. He said that in every case so far observed, the femoral region was involved and that the swelling was due to the gonococcus and not the streptococcus.

We find many cases of cutaneous lesions reported generally in septicæmic conditions, but whether due to gonococcus or its toxine is yet to be proven. Thayer and Lazrier report petechiæ present in one case with ulcerative endocarditis.

A case of purpura of lower limbs afterwards developed into a general condition with myalgia and arthralgia, in which examination showed the presence of the coccus and staphylococcus alba. In another case the skin lesion appeared as a painful red indurated blotch, with a round crater-like ulceration in the centre with sharply defined edges and penetrating the entire thickness of the skin with a sanious discharge. These craters varied in size and numbered 15 in all. On excising a suppurating right testicle, cutting a stricture and treating an infected focus behind this, improvement began at once in the arthralgia and skin lesions.

Phillips in '99, reported a case of chronic gonorrhœa, with an acute exacerbation, purpura rheumatica, macular lesions, irregular and circular in outline, varying in size, deep bluish red in color, not fading on pressure and situated over anterior and inner aspect of the legs and thighs and also over left ankle and wrist. About 12 days later purpura urticous appeared on the lower extremities, bright red in color, not changing on pressure, no itching and normal temperature. There was no previous history of rheumatism, but along with the preceding symptoms several joints were swollen and painful.

Cases of parotitis have been reported, one in which a right-sided adenitis was followed by an orchitis and suppurative parotitis of same side in quick succession. In explanation, the reporter stated that since parotitis often follows a primary lesion in the abdomen or pelvis without any symptoms of pyæmia, and the testicles being in origin and connections an abdominal organ, should be considered under the head of abdominal and pelvic lesions.

The consideration of this subject would not be complete without special reference to the disease and its dire consequences in women. Infection commonly takes place in the urethra, as the pavement epithelium and presence of lactic acid bacteria give the vagina a relative immunity. If the cervix is infected either directly or secondarily to the urethra, we are apt to get a rapid spreading through the whole genital tract, vulvitis, vaginitis, endocervicitis, endometritis,