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Original Communications.

CASE OF GONORRHŒAL SALPINGITIS AND GONORRHŒAL RHEUMATISM.

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Mrs. X., young married woman, with one child, a year and a half old, and nearing the end of her second pregnancy, called at my office on 14th April, '90, complaining of severe pains all over her body, which were especially marked about the region of the bladder. On being questioned she stated that she had a profuse yellow discharge; she was also obliged to pass water very frequently, and it scalded her while doing so. Her temperature was 103 ° F. I gave her antipyrin, 10 grs. every four hours, and ordered her to syringe with hot water. On calling next day at her house I found that the powders had afforded her no relief; the pains increased in severity, while hypodermics of morphia made her much worse, although alkalies and hyoseyamus relieved the bladder troubles. On the 17th April the pains which had been general over the whole body became distinctly localized in the joints, the wrist and knees especially becoming very much inflamed, and she could not bear the slightest movement. It was clear that I had a case of acute rheumatism

to deal with. I placed her on 10 grs. of salicylate of soda, 5 grs. iodide potash and 10 min. aromatic spirits of ammonia every two hours, assuring her that within three days the pains would be gone. In this I was disappointed, for in spite of this treatment the pain extended to other joints and also to the heart, necessitating the application of sinapisms over the precordial region. It was not until the 26th April—twelve days from the beginning—that the pain was controlled and that she was able to move the affected joints. On inquiring I ascertained that the occupation of her husband was that of conductor on a sleeping car. This coupled with the discharge above mentioned, made me suspect that the case was one of gonorrhœal rheumatism, and this was the reason why it had so long resisted a treatment which I had never known before to fail in ordinary cases of rheumatic fever. On mentioning my suspicions to her she confirmed them by saying that her husband was under treatment with another doctor, which necessitated the use of a syringe. I had him call at my office, where he acknowledged the truth? On the 28th April she was prematurely delivered of a dead child. She was frequently douchèd both before and after delivery. Nevertheless, the infection seems to have spread up the uterus, through the right tube into the peritoneal cavity, for