The "American Text-book of Surgery,"[6] in speaking of gonorrhœal rheumatism or urethral arthritis, says: "Joint affections of several kinds are frequently found associated with gonorrhœa. There may be often only a more or less severe intermittent arthralgia, which soon passes away; or there may be a chronic inflammation with abundant effusion into the joint cavity, chiefly that of the knee or an acute sero-plastic arthritis or a suppurative inflammation, which is comparatively rare. For a long time the disease was called gonorrhœal rheumatism, and even now it is generally so named. The joint affection, whether characterized by intra-articular effusion by articular and peri-articular exudations or by the presence of pus, is not rheumatic, though a patient with gonorrhea may have rheumatism and a rheumatic joint, because of such antecedent disease may be more susceptible to the toxic action of the gonococcus or of the mixed gonorrhœal and pyogenic infection. The more carefully the gonococcus of Neisser has been sought in the fluids and tissues of the affected joints, the more frequently it has beenfound, and in cases in which it cannot be detected, there is good reason for believing that its ptomaines are the exciting cause of the metastatic arthritis. When joint disease of somewhat similar character is developed in non-gonorrhœal urethral fever, as, *e.g.*, after the passage of a catheter or sound, it is possibly due to the taking up from the injured mucous membrane of the urethra of the common pyogenic cocci; or it may be due indirectly to their chemical products. The affection very rarely attacks women. It may appear at any period in the course of the disease, but occurs much more often in the third and fourth week than later, especially in its acute form. Any articulation may be its seat, though in nearly one-half of the cases it is the knee; and in about two-thirds, the knee, the ankle or the joints of the fingers or toes. Generally it is mono-articular, rarely more than two-thirds of the joints being attacked either at the same time, or in succession."

In the treatment of gonorrhœal, as in that of other forms of arthritis, rest is of prime importance. As long as there is any inflammation present, the joint should be kept immobilized. Blisters, mercurial applications, fomentations, cauterizations, all of which have been employed again and again, can accomplish but a fraction of the good that results from the quietude and equable compression secured by the plaster of Paris bandage. The immobility of the joint must not be maintained for too long a time, lest ankylosis, to which, as has been stated, there is a strong natural tendency, be established. If, on the other hand, passive motion is too early resorted to, the inflammation will be lighted up again. The only safe rule to take is to keep the parts quiet until all inflammatory symptoms seem to have subsided, and then gently to move the joint. If the pain which follows disappears spontaneously, within a few hours—twenty-four at the outside—no harm has been done, and the motions may be continued and increased. If the pain continues, the parts should be again immobilized, for a time. An exhausting hydrarthrosis may be aspirated, and carbolic acid injections used. If suppuration occurs, aspiration and thorough antiseptic irrigation may be employed, and the joint then immobilized, with a fair prospect of success. If such

1. Bumstead. 1870. Page 202.
2. Councilman: *American Journal Medical Sciences.* Sept., 1893.
3. Longstreth: "Rheumatism, Gout and Some Allied Disorders." 1882. Page 240.
4. Morrow: "System of Genito-Urinary Diseases." 1892. Vol. I., page 237.
5. Whittaker: "Theory and Practice of Medicine." 1893. Page 320.
6. "American Text-book of Surgery." 1892. Pages 393 and 859.