

secondary to gonorrhœa. There was also a purulent exudation into the knee joints, and associated with all these lesions he found organisms which he considered were gonococci.

Leyden has reported a case of chronic gonorrhœa with arthritis, which terminated by the development of an ulcerative endocarditis. In the exudation on the cardiac valves, organisms corresponding to gonococci were found. In a review of the literature of the subject up to date, he says that some of these cases run a chronic course and are partially cured, while others end fatally.—(*Deutsche Medicinische Wochenschrift*, Sept. 21st, 1893.)

A case has been reported by Bordone-Affreduzzi, where a young girl was assaulted by an individual with gonorrhœa. Some days after, she developed a polyarthritis, and later a double pleurisy, with symptoms of endo and pericarditis. Cover slips from the pleural exudate showed organisms not to be distinguished from gonococci, which conclusion was afterwards confirmed by cultures.—(*Gazette Medicale de Paris*, Oct. 5th, 1895.)

Thayer and Blumer (*Archives de Médecine Experimentale*, Nov. 1895) publish the report of a case of gonorrhœal septicæmia with ulcerative endocarditis, in which gonococci were isolated from the blood stream during life, and were found in, and cultivated from, the vegetations in the cardiac valves post mortem.

The literature of the subject contains many other cases; so it may now be taken as an established fact that general infection of the system, causing grave lesions in distant parts of the body, may supervene during the course of an attack of gonorrhœa, producing the most serious symptoms, or even fatal results.

AN APPENDIX ABSCESS PERFORATING THE DIAPHRAGM, AND DISCHARGING THROUGH A BRONCHUS, ALSO PERFORATING AN INTERCOSTAL SPACE.

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Adam G., aged 40. An agent. Of good personal and family history. On January 1st, 1895, he had an attack of colic, the pain being in the right inguinal region, extending towards the umbilicus, and lasting about one day. In two or three days he felt as well as usual, and remained so until February, when he had a second and more severe attack, from which he did not fully recover. He was conscious of discomfort in the inguinal region; there was a tendency to stoop towards the right side, and jarring was unpleasant, if not painful. He is not certain as to the existence of swelling or induration at this time, but in March, he says, a well-defined tumor had formed.

In April he had a third attack of colic, more severe than the previous ones, and with this there was a local swelling and considerable general tympanites. He improved gradually, and the tumor grew smaller. In