

gonococcal infection did not occur in this instance; but as the patient, who was intelligent and straightforward, persistently denied it, it seems unreasonable to assume its presence, and, looking at the case in the light of recent experience, I now regard it as one of some other infection, although here, as in preceding cases, what the agent was—whether the pneumococcus, the streptococcus, or some other—I cannot say.

CASE 5.—A man, aged 29 years, was admitted into St. Bartholomew's Hospital in whom all the large joints of the lower extremities had undergone ankylosis, after an illness attended with fever of thirteen weeks' duration. As to the nature of this illness no trustworthy information could be obtained, but apparently there had been no gonorrhea. I think there need be no hesitation in pronouncing this case is one of infection; but what the infective agent was must remain uncertain.

CASE 6.—A lady, aged 35, was suddenly attacked with swelling and severe pain in the left ankle, which became uniformly and considerably swollen. Pain in the next three days increased to great severity. The temperature was 101-102 degrees, and the skin was red and shiny, as if suppuration would occur. The joint was carefully supported in a poroplastic splint, and covered with warm boric fomentation. As the patient had had gout on a previous occasion, this attack was at first considered to be of this nature, and colchicum was prescribed. No improvement followed, and sodium salicylate also failed to give relief. Morphine was used hypodermically for seven or eight days to relieve the severity of the pain. The symptoms slowly subsided. Three months later the patient could walk on the foot, but the joint became firmly ankylosed. The source of the infection, which I cannot doubt was present, was quite obscure.

I have felt compelled, even at the risk of being wearisome, to state the clinical evidence which has led me to believe that scattered about in everyday practice, are a number of cases which have hitherto been regarded as rheumatic, but which are really infective. Many such cases, it is true, when they are taken singly, present no distinct resemblance to what is usually regarded as the typical form of infective arthritis. When, however, they are massed together, and their features are compared, and when they are studied in connection with observations which have recently been made in bacteriology, their real nature appears to admit of scarcely any reasonable doubt, and I venture to anticipate that in the future their comparatively common occurrence will be generally recognized.