

His stay in the hospital, which extended over thirteen weeks, was marked by temperature curve rarely above  $100^{\circ}$ , persistent pain for many weeks in the left arm and shoulder (over the left scapula), with tenderness in the muscles and marked wasting, so that by actual measurement the left arm was from 1 to 1 1-8 inches smaller than the right. Conjunctivitis recurred frequently throughout his stay in the hospital. No definite areas of induration occurred in the muscles indicating myositis, and it seemed to us who saw much of this patient that the atrophy was not unlike that following neuritis. It may have been, in part at least, due to the disuse, incident to the arthritis of that side.

*Case VI.* L. H., aged 24, female, was admitted complaining of a amenorrhœa for two months, with pain in the pelvic region and some morning sickness, headache and nervousness. She had occasional "cramps" in the stomach, and sneezing or coughing was painful. She had never had rheumatism or chorea. Admitted on the 7th, she aborted on the 10th of March. The discharge from the genital tract showed diplococci characteristic of gonococcus. On the third day after the abortion she began to complain of pain in the right shoulder and the right side of the chest. The temperature, which on admission was subnormal, rose gradually on the second and third days to  $99^{\circ}$ , and on the third and fourth days abruptly to  $102^{\circ}$ , when it fell again to subnormal. Emaciation was rapid, sweating was profuse and irregular in its occurrence, sometimes in the morning, sometimes in the afternoon, and sometimes in the early evening. There were no chills. A careful examination of the pelvic viscera revealed no evidence of retained products of conception, of abscess, or of widespread cellulitis.

Her case was regarded as one of generalized gonorrhœal infection and from the course of her illness this diagnosis was amply confirmed. She had signs of pleurisy in both right and left sides. From the right side on April 5th a small quantity of blood-stained fluid was withdrawn, and on the 11th yet more fluid was withdrawn from the same side, clear in character.

There were recurring and most distressing symptoms giving evidence of peritonitis, *e.g.*, severe abdominal pain and vomiting, dorsal decubitus with knees drawn up and extremely rigid abdominal walls, pinched countenance and thready pulse.

On the 7th of May, a mild attack of arthritis began; the left shoulder and elbow became painful and somewhat hot; on the morning of the 8th pain was felt in the left ankle; on the 9th, pain in the right wrist, and in the metacarpo-phalangeal joints, in both shoulders, in the left ankle, and in the outer side of the right knee. On this day also nu-