

## THE EARLY DIAGNOSIS OF TUBERCULAR JOINT DISEASE.

L. W. Ely, in the *Medical Record* of December 16, 1899, says that the late recognition of tubercular disease of a joint is comparatively simple, but an early diagnosis is essential if the case is to be cured with a return of function. In no class of disease does the axiom that the eyes should be used first and most and the hands last in diagnosis apply so well as in these affections. A good history is needed also in arriving at certainty in diagnosis. Tubercular disease is usually characterized by gradual development, and the beginning cannot be, as a rule, definitely fixed. With slight ameliorations it gradually grows more severe ; there is frequently a history of trauma. Pain and stiffness are two important symptoms. Pain is rarely located in a certain spot, but in indicating it the hand is usually passed over a certain region. It is worse on motion, and is apt to come in paroxysms at night, when the muscles holding the joints quiet are relaxed. Stripping the patient is of the utmost importance ; this rule knows no exception in men and children, and in women it should be modified but slightly. Next, the attitude should be observed, then the deformity and change in contour.

The joints most liable to tubercular disease in the order of frequency are the spine, hip, knee, ankle, elbow, wrists, and shoulder. This study is based on 453 cases of tubercular joint disease observed at the Vanderbilt Clinic between January 1, 1895, and January 1, 1899. The history of these cases was negative in 309, in 76 heredity is not mentioned, but in 68 a positive tubercular family history was obtained. Sacroiliac disease, of which much has been written, is very rare ; but one case appears on the record of the Vanderbilt Clinic for four years. The author considers the symptomatology of tuberculosis in the joints.—*Medicine*.

## THE WAYS OF TREATING GONORRHEAL JOINTS.

It will be admitted by most physicians and surgeons that the treatment of gonorrheal joints is most unsatisfactory. The diagnosis is not always clear, but practitioners of experience will generally bear out the assertion that the sudden development of inflammation in a single joint, if accompanied with a urethral discharge, or even if the latter has been for some time suppressed, is sufficient to induce a strong presumption of the specific character of the inflammation. Two lines of treatment seem to offer fair results. One is strictly