

It has been noted that such attacks of conjunctivitis usually came on after excessive sexual indulgence, and that these patients were as a rule men whose prostates or seminal vesicles or both, were infected, although in the majority of instances they presented no external signs of any latent disease.

The popular impression is that when the discharge ceases, the patient is cured, and I am sorry to say that this erroneous impression is not limited to the laity alone. These cases still harboring infection are allowed to go about, and later develop articular pains or other conditions which are the after results of this systemic infection. Two cases of periarthritis that I had showed no external evidence of disease, and yet a pure culture of gonococci was isolated from the joints.

I would like to ask Dr. McKee if he has had any experience with the anti-gonococcus serum manufactured by Parke, Davis & Co. I have used it in a series of twenty cases with fairly satisfactory results, one of these cases was characterized by the presence of a very marked conjunctivitis, and incidentally I could find no gonococci in the smear I made from the conjunctiva although on massaging the prostate gonococci were found in the secretion so expressed.

The most important point in this communication to my mind is that Dr. McKee has been able by careful work and application, to demonstrate the cause, possibly a remote one, but nevertheless with every necessary assurance, of this condition and if it does nothing more it should serve to impress us with the importance of carefully attending to every case of gonorrhœa that comes under our observation, in view of the far reaching effects that so often attend these cases.

TYPHOIDAL PERFORATIONS.

W. G. RIELLY, M.D., F. R. ENGLAND, M.D., A. G. NICHOLLS, M.D.—The patient, aged 26, was taken ill October 11th with a series of chills. Several days later she complained of more or less colicky abdominal pain, particularly so on the 18th. She was admitted to the Western Hospital October 19th, when, on examination, a diagnosis of typhoid fever was made. There was some diarrhœa, many rose spots, palpable spleen, and the blood gave a positive Widal reaction. The temperature ranged around $103\frac{3}{4}^{\circ}$ for quite a few days, but nothing unusual was noted until November 3rd, when it was noted that the spleen was very tender on palpation. On November 4th and 5th she had two slight hæmorrhages for which calcium lactate and opium in small doses was given. She seemed to be doing well until November 9th, when she complained of severe pain along the course of the descending colon. By midnight