On examination, the uterus was found to be low down, very large and fixed, as were also the tubes and ovaries; the appendages filling Douglas' pound with a fluctuating mass the size of an orange. As they were exceedingly tender and apparently full of pus, I advised immediate operation, which was agreed to, and she entered my private hospital for the purpose. While undergoing a few days' preparatory treatment, during which her temperature had been normal, she suddenly developed a very high fever, with severe pain in the first knuckle of the right hand; at the same time her water became scalding and high colored. The operation was postponed for a few days, until the temperature would have come down. Next day the right knee became exceedingly painful. The husband having admitted that he had had gonorrhœa several times, and had had a fresh attack quite recently, the patient was examined and a yellow discharge was observed coming from the urethra and vulvo-vaginal glands. The knee-joint became very much enlarged and swollen, and fluctuation in it was readily obtained. The temperature still continued high in spite of large doses at first of salicylate of soda, and afterwards combined with iodide of potash and aromatic spirits of ammonia. The knee was also vigorously blistered, but with little effect in relieving the pain, which became so acute on the slightest movement that the joint had to be immobilized. Fearing that the joint was full of pus, I made an exploratory puncture with an hypodermic needle, but with the result of finding only opalescent serum. I regret that this specimen was not examined for gonococci of Neisser. After four weeks the pain in the knee diminished so that passive movements were begun, but were ill-borne owing to the severe pain. At the end of seven weeks my private hospital was closed for the summer, and the patient, who had been sitting up for a week, went home. Her joint remained stiff and painful all summer and she returned on the 1st of October for her operation. Her temperature was now normal and she was very anxious for the operation, being convinced herself that the trouble in the knee would only be better when the pelvic trouble was cured. Cœliotomy was performed three weeks ago, when two pus tubes and ovaries were dug out of Douglas' cul de sac with great difficulty, it being almost impossible to find a line of cleavage at which to begin the separating. At last they were extracted, but on cleaning up the cavity which they had occupied, I found pus oozing from the posterior layer of the broad ligament on the right side. This was pressed out and cleaned away as much as possible, the abdomen washed out and a draining tube inserted close to the broad ligament. Little or nothing came from it so that it was removed in two days. The curious feature of the after history is that next day the patient smilingly informed me that she could almost straighten her knee without pain, and on investigation I found a great change in this respect from the condition that was present twenty-four hours before.

Gonorrhœal rheumatism in the female is extremely rare. Foucard, quoted by Bumstead,[1] says: "I have not been able to find a single case of gonorrhœal rheumatism in the female, either in special treaties on the subject or in the medical journals."

Councilman[2] says, first, that gonorrhœal rheumatism is not amenable to treatment with salicylates, and second, that it does not generally cause heart complications. My patient bears out the truth of that statement.

The uterus was large, and I feel sure its parenchyma was infected. It should, therefore, have been removed. My failure to do so is the only regret I have connected with the operation.