

disease as briefly as possible, it may be said that he was the subject of a polyarthritides showing involvement of the larger as well as the smaller joints, *e.g.*, wrists, knees, shoulders and smaller joints of the hands. He had suffered conjunctivitis and iritis of the right eye followed by iritis of the left. His temperature curve was irregular, but during the height of joint manifestations it rarely reached a point above 100° F.; occasionally 101°, once 102.3-5°, is the maximum.

Ten days after admission the heart sounds, which up to this time were clear and distinct and without murmurs, became somewhat changed in the muffling of the first sound and a slight accentuation of the pulmonary second. Then an apical systolic murmur was heard, indefinite in character, but after the lapse of a few more days with definiteness. Simultaneously with the alteration of the sound and the development of the murmur, the accentuation of the pulmonary second sound became more pronounced. These symptoms, together with a slight cardiac enlargement, persisted throughout.

Each knee joint became distended with fluid and was aspirated, several cubic centimetres of somewhat turbid fluid being withdrawn from each. Cultures were made by Dr. Bruere which, with the exception of the staphylococcus epidermidis albus in one culture, were negative.

This case showed such a chronicity and intractableness that one was tempted to experiment with antistreptococcal serum, on the supposition that mixed infection was aggravating the condition, and so three such injections of 10 cc. each were given. Whether any good effect can be ascribed to this treatment or not must remain an open question, yet the temperature showed a much more regular course even after the first injection, and after the third settled to about an average of 99.2-5° F. with signs of improvement about the joints.

Polyarthritides, conjunctivitis and iritis, with mitral endocarditis following so closely upon a urethral infection, clearly mark this as a case of generalized gonorrhoeal infection.

*Case V.* F. L., aged 34, male. Eight weeks after urethral infection and after exposure to cold, this patient became afflicted with inflammation of the right ankle, the left thumb joints, the left wrist, the right knee, and the eyes became inflamed. On admission to the hospital his temperature was about 101°, his left wrist and right knee and both ankles were greatly swollen and very tender, with almost complete limitation of movement in these joints, while deep inspiration constantly aggravated the pain felt over the posterior portion of the left lung. On physical examination there was some evidence of left-sided pleurisy.