

infected in the urethra. After this his left knee was inflamed and swollen. In 1897 a similar attack of urethritis was followed by another arthritic attack, when the left knee and the shoulder and the back were involved. In 1899 he had another rheumatic attack. In 1901 a third attack of "rheumatism" was largely confined to the back, left knee and heels, and remained very obstinate in the back, heels, in the lumbar region, the neck and both shoulders. In his attack of rheumatism in 1894 he had iritis of the right eye.

While a man of 33, his appearance was that of a man of many years older. He was stooped and quite unable to take an erect posture and walked limpingly through the wards. He had signs of aortic endocarditis (regurgitant). Under treatment in the hospital he improved considerably, was somewhat less troubled with pain, and increased in weight. His temperature was subnormal throughout a stay of two and a half months.

The chief interest in this case lies in the fact that with fresh gonorrhoeal infection in a rheumatic subject, the arthritic manifestations were present, while the fascial involvements were most marked.

*Case III.* B., aged 31, male. He became the subject of urethritis about July 1, 1901, and about six weeks after he was the subject of severe pain about the hips and of weakness. He was in the hospital for about three weeks in September and was somewhat improved, but on going out he became rapidly worse. The hips, the left knee, and the ball of the right foot were painful, and there was considerable soreness in the calf muscles. He was readmitted towards the end of September in this condition, but still afebrile. About two weeks after admission the back of his neck became painful and his left knee was swollen and tender with considerable distension of the synovial sac. At this time, for about five days, the course of the temperature was irregular with excursions from  $97^{\circ}$  to  $99.1-5^{\circ}$  and once to  $100^{\circ}$  F. Thereafter it remained normal throughout a subsequent stay of five weeks in the hospital. The knee joint was aspirated and cultures made by Dr. Bruere of the clear fluid withdrawn, with negative results.

This patient illustrates, among other points in this disease, how slight may be the febrile disturbance even in the presence of active synovial inflammation. Of the frequent negative findings in cultures made from joints affected in gonorrhoeal infection, one also finds an example here.

*Case IV.* B., aged 21, male, showed signs of arthritis on November 17, 1899, about two and a half weeks after urethral infection. He had never had acute rheumatism. Sketching the course of this patient's