

LIVING CASES.

1. GONORRHEAL ARTHRITIS OF THE HIP. 2. CHARCOT'S JOINT OF THE FOOT.

W. G. TURNER, M.D. This first case is of interest to the Society, after the discussion last meeting on chronic rheumatism. Seven years ago the patient began to complain of pain in the right hip. This gradually grew worse until the patient had to lay off from duty as a policeman for weeks at a time. He was on night duty, and usually after two or three hours walking would be obliged to give up. There was limitation of abduction and rotation, flexion and extension were normal. At first sight it appeared to me to be the general onset of osteo-arthritis, but after careful questioning we elicited the fact that there had been a Neisser infection, pretty severe, but from which the patient thought he had been completely cured. He was put at rest for two or three weeks, and on finding some threads in the urine we put him on vaccine, and started giving him 50 minims once a week. After the third injection the patient was very much improved, and since then until ten days ago he has been practically well. The injections were given once a week for over three months. The slight recurrence of pain was due to cessation of the vaccine, owing to his absence from town, and to the fact that he was exposed to rain during a long drive, and on getting out of the carriage gave a severe wrench to the hip. There is nothing in the hip to examine, the patient has returned to his duties, and shows no sign of the typical walk or the difficulty in rising from a chair, which four months ago was so marked. The X-ray picture shows a rather dense bony shadow which is really the thickening of the edge of the acetabulum.

The next case was referred to me by Dr. Russel from the neurological clinic, and is of great interest as showing a condition of the metatarsal joint as described by Charcot. The patient at the age of 20 contracted lues, and five or six years after began getting lightning pains in the right leg and also right knee. He had followed treatment very thoroughly in Paris, but the pain came on very severe, and this kept on until he came under the neurological clinic for treatment. Early this spring he noticed that his left foot was weak and stiff, and thinking that it probably was only stiff he jerked it rather violently, and he has had this disability ever since. It is a typical picture of a Charcot joint, which was probably aggravated by this last wrench. The X-ray shows very typically the Charcot joint on that side. This is a rather unusual site for this condition. The last one I saw was with Dr. Russel, and the patient was a bricklayer, and the exciting cause was the fact that he