

ing occupied in the development of the initial stage of a specific urethritis.

(3) The time at which the orchitic developments took place.

(4) The arthritic and cardiac phenomena.

(5) The patient's known intimacy with his servant girl, who had been treated for gonorrhoea a few weeks before the onset of the patient's urethral and vesical symptoms.

The case is important for two reasons. First, it unfolds a most interesting system of regular morbid developments; second, it illustrates the dangerous characters a clap may assume.

Note.—One year after treating the foregoing case I visited a gentleman who had been taken ill three days before my arrival. He had been seized with chills, severe pains in the chest and a general aching of the body. At the time of my visit the patient complained of pain situated half an inch to the left of the nipple. The pain, although sharp and stitch-like, was continuous. It was rendered most acute by deep inspiration. The temperature registered 104°F. The patient was at times markedly delirious.

Auscultation over the point of pain revealed a to-and-fro friction murmur that was continuous when the patient ceased breathing and slightly intensified by a quite deep respiration. In making a general examination of the case I observed that the patient's penis was carefully wrapped in cotton, and then learned that he was in the purulent stage of an acute clap. I also ascertained that four days before the onset of the chest symptoms (pleuro-pericarditis) he had been catheterized.

It is now six years since this patient was afflicted with his pleuro-pericarditis, but his medical attendant tells me that to this day the patient complains of frequent stitch pains in the region of the left nipple and that his left knee joint is partially ankylosed. In all cases of acute pleuritis or acute pericarditis it might be well to investigate the condition of the urethra or vagina.

A Case of Death during Chloroform Anæsthesia.

G. A. B., aged 47 years, had been the subject of chronic hip disease for 43 years. When four years old he fell from a fence and, he told me, dislocated the head of his right thigh-bone upwards and backwards upon the corresponding ilium. He further stated that no reduction of the dislocation was made and that he suffered during many years of invalidism. Finally, fixation of the head of the thigh-bone in its abnormal position developed, and, till within one year of his death, he had experienced no inconvenience save that arising from lameness and occasional pain in the region of the displaced femoral head.

In March, 1890, intense pain in the head of the femur and œdema in