

The man had no urethral discharge when he was under my care, and there was absolutely no pus in the urine. The urethra was subsequently very carefully examined in the surgical ward, and still no gonococci were found, and it was only on the finding of the organism from the joint that the nature of the trouble was apparent. It is probable that the gonorrhoea was an old one; this again is of interest, illustrating the long period which may elapse between the primary disease and its metastases. This feature was pronounced in two cases of malignant gonorrhoeal endocarditis which have come under my notice. In one recently reported by Dr. Ridley Mackenzie there was an interval of two years, and in another reported by Dr. McCrae and myself, an interval of nine months between the infection and the development of endocarditis.

C. P. HOWARD, M.D.—This case very well illustrates the importance of a bacteriological examination in all joint cases, especially those of a doubtful nature. For over a year of my assistantship in Baltimore it was my privilege to do the routine bacteriological examinations in the medical wards, during which I found abundant evidence to convince me of the truth of this statement.

Cases which clinically were considered of purely "rheumatic" origin, were shown by bacteriological methods to be gonorrhoeal; again, cases exhibiting the stigmata of gonorrhoeal arthritis, were in two instances proved to be due to the streptococcus pyogenes. The working clinical classification of arthritis is not an entirely satisfactory one, and the bacteriologist is frequently called upon to determine in an obscure case to which of the various groups a certain case belongs.

C. W. DUVAL, M.D.—This case is very interesting in that the organism was isolated from the aspirated fluid. As a rule, the gonococcus is recovered from the joint only after careful curetting or scraping. The aspirated fluid, in my experience, seldom gives positive results. This case is not only remarkable in that it contains the organism in the aspirated fluid, and in enormous numbers, but also from the fact that the patient is at present free from urethral discharge. Though he denies urethritis, the isolation, however, of the gonococcus from the joint is positive evidence of some former infection elsewhere, and it is more than likely that it occurred at the usual site.

TABES DORSALIS AND ITS RE-EDUCATIVE TREATMENT.

COLIN K. RUSSEL, M.D.—Dr. Russel illustrated his paper by the exhibition of two patients who performed the exercises laid down, with suitable apparatus. The warning note throughout the paper was that in no way must the patient be allowed to tire himself. This should