

of gonorrhœa were then entered into. Gonorrhœal arthritis, is common especially among men. In nine years Cullerier observed but two or three cases in women; Guerin met one case in four years; Rollet, Diday, Panas, Martineau, never saw one. Why the affection should be so rare among women is not sufficiently explained.

Gonorrhœal rheumatism is rarely polyarticular; so that if a case of acute articular rheumatism is met with in which but one joint, particularly the knee, is affected, we are justified in suspecting gonorrhœa as a cause. Purulent ophthalmia in the adult is very rare except as a result of gonorrhœal infection.

A case of gonorrhœal arthritis was described, occurring in a young married man, who had a gonorrhœa every year for ten years past, and each time followed by arthritis affecting generally the left knee, on one occasion, all the large joints on the left side, and this year the right knee. The discharge, as shown by Fournier does not cease entirely, though it may diminish when the arthritis is set up. Many theories have been brought forward to explain the appearance of arthritis in connection with blenorhagia. Thery, of Brussels, and Guyon look upon it merely as a coincidence, and not as a distinct pathological species. The patient is of a rheumatic diathesis and the blenorhagia acts as an exciting cause. Hunter and Fournier consider gonorrhœal rheumatism as a mere urethral accident, similar to the articular affections sometimes produced after simple catheterism. Barth considers that the articular manifestations are to be considered as infectious pseudo-rheumatisms, belonging to the numerous class of arthropathies of infectious diseases. Paget and Weiss are of the same opinion.

Gonorrhœal rheumatism is therefore to be classed with the articular manifestation occurring in the course of infectious diseases, such as pyæmia and septicæmia.

In fact, as far as regards our knowledge of the pathology of rheumatism, may it not possibly be due to the presence of a microbe? On the 21st Sept., 1886, during the session of the assembly of the German Naturalists and Physicians at Berlin, M. Zimmerman, of Bâle, made a communication in which he held that rheumatism, no matter what its form as the consequence of infection, is amenable to specific remedies. In 1882, Lesitkon ascer-

tained the presence of the gonococcus in the liquid of a gonorrhœal arthritis. In 1883, Petrom made a similar discovery in the purulent liquid of two cases of gonorrhœal arthritis. In 1884, Kammerer found also the gonococcus in the effusion of two cases of gonorrhœal arthritis. Another complication often met with in the course of blenorhagia is purulent ophthalmia, a formidable affection which may accomplish its destructive work in twenty-four hours, if the disease be not cut short at the outset. Neisser has proved the presence of the gonococcus in the purulent discharge of gonorrhœal ophthalmia. This complication is evidently the result of inoculation of the conjunctiva by the virus, carried by means of the fingers or something which has been contaminated by the gonorrhœal discharge, and the partisans of the theory of metastasis now-a-days but weakly defend this antiquated opinion. De Wecker remarks on the comparative rarity of this complication, in spite of the great frequency of blenorhagia and the carelessness of many affected with it. Especially remarkable is the immunity enjoyed by women. Martineau assures us that in the hospital of Lorraine he has not observed a single case in seven years out of two thousand women. This is a point very difficult to explain satisfactorily.

With regard to treatment, the following points are to be observed in all cases:

(1) Absolute absence from alcoholic beverages of every kind, and especially gin; (2) Sexual indulgence must be strictly forbidden, and attention is to be paid to the prevention of erections which may be often done by the patient having a dish of cold water by his bedside in which to plunge the penis; (3) No pressure is to be made on the canal in order to discover whether the discharge is completely arrested.

With regard to medicines. Copaiba and cubebs, with sweet spirit of nitre, linseed tea *ad libitum*, and 1 gr. opium, with 2 of camphor, at bedtime.

The first mentioned remedies of course should not be prescribed until the acute inflammatory symptoms have in a measure subsided. Styptic or irritant injections should not be used as long as there is pain. Bichloride of mercury, 1 to 20,000, is the injection of the future. In fact, this drug was made use of in 1865 by Kuss, of Strasbourg, before the parasitic theory of the disease had been discovered. At present, Fanté, in Italy, Diday,