While the uro-genital tract is primarily infected in the great majority of cases it is now well recognized that a generalized infection may follow gonorrhœal ophthalmia. Poncet, in 1881, observed two attacks of arthritis follow inoculation of the conjunctiva for the cure of granular ophthalmia. Joint affections secondary to purulent ophthalmia in infancy and childhood have been reported in considerable numbers since 1885. Twenty-three such cases have been collected, eighteen of which were in the new-born, while five were found in older children. It was noticed in several cases belonging to the former class that ophthalmia developed upon the third day and was followed by arthritis in from the second to the third week. According to the conclusions based upon three series of cases reported by Besnier and Julien, Gresolle and Gricolle, a generalized gonorrhœal infection results in from 1.5 to 2.8 per cent. of cases; while from a review of the literature upon the complications of gonorrhœa, it appears that from the skin to the endocardium no tissue of the body enjoys immunity.

The surgeon has to deal chiefly with the acute local disorder, then with periurethral abscess, prostatitis, urethral stricture, cystitis, pyelitis, surgical kidney, not to mention lymphangitis and adenitis. The gynæcologist sees the infection manifest in vaginitis, cystitis, adenitis, salpingitis, and peritonitis. The obstetrician finds abortions and post partem septicæmias following as a result. To the ophthalmologist, conjunctivitis, iritis and optic neuritis appear in the wake of such an invasion; while the general physician deals with arthritis, pleurisy, endocarditis, etc. Dermatologists have been pleased to attribute to a general gonorrhœal septicæmia certain erythematous and hæmorrhagic eruptions. The neurologist finds an occasional explanation for sciatica, multiple neuritis, meningo-myelitis, and meningitis, in previous gonorrhœal infection; while the muscles and bones, with no clinical aspirant to mark them out as his special study, are frequently the seat of intense pain though but rarely of the products of visible inflammation. Yet, as Ullmann has recently shown, gonorrhœal osteomyelitis must be recognized; and the combined evidence of Eichhorst, Treves, Ware and others, upon gonorrhœal myositis must be regarded as conclusive. With this evidence before us of such widespread infection, we turn to the pathologist for an explanation of these complications which in the degree of severity and frequency scarcely take second place to those of typhoid fever. We are told that there may be :—

(1) A direct infection with the gonococcus itself,

(2) A toxin—the gonotoxin,