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Stomach.—The rugae were particularly well marked, and the mucous membrane was covered with a somewhat thickish layer of mucoid matter; the mucous membrane was also in an extremely congested condition, accompanied by small haemorrhages, particularly in the smaller curvature of the organ, the whole amounting practically to an acute gastritis.

Intestines, small.—There were broad areas, often several inches long, of marked hyperaemia of the mucous coat throughout the whole gut, from the stomach to the cæcum; Peyer’s patches were distinctly visible and uniformly hyperaemic, but not tumefied; the mesenteric glands corresponding to the small intestine were swollen to the size of haricot beans, particularly in the neighbourhood of the jejunum. The solitary follicles were distinctly visible in the last ten inches of gut, and in the intermediate neighbourhood of the ileocoelic valve they were not only swollen but discoloured; the cæcum was also hyperaemic as to its mucous coat. The colon and rectum were normal.

Urinary bladder.—Was somewhat hyperaemic internally, but was otherwise normal.

Thyroids.—Attached to these were the apparently normal parathyroids.

Tongue.—The lymphatic tissue at the base of the tongue was markedly enlarged and hyperaemic.

Brain.—On opening the dura a considerable quantity of bile-stained fluid escaped; over left, the dura was lined by a thin smear of recently precipitated lymph; the pia arachnoid was lifted from the surface of the brain by a quantity of clear fluid; the pia mater was also thickened, and in several places, particularly near the vertex, partially attached to the dura by some perfectly white fibrous tissue arranged in lines and presenting numerous minute pin-head elevations. The brain generally was extremely anemic.

REPORT ON SEVEN CASES OF GONORRHEAL RHEUMATISM TREATED BY ANTI-GONOCOCCUS SERUM (BURROUGHS WELLCOME AND CO.)

By Major F. J. W. Porter, D.S.O.
Royal Army Medical Corps.

(1) Driver N., admitted February 21st, 1906, with gonorrhoea (gonococcus present in urethral discharge). On February 24th, 1906, the right metacarpo-phalangeal joint was found much enlarged and painful, and also lower lumbar spinal, and both shoulder-joints. On February 28th, 1906, both plantar fasciae and the left knee-joint were painful, but with little swelling or redness. The temperature, with the exception of one or two slight rises, had been normal. On March 5th, 1906, the following parts were affected: Right thumb, both shoulders, joints of lower spine, left
plantar fascia, left knee. On this date 25 cc. anti-gonococcus serum (Burroughs, Wellcome and Co.) were injected in one flank. It caused a good deal of local reaction and a rise of temperature to 101.2° F. On March 9th, 1906, the temperature was normal. There was no pain in the left knee, though yesterday it was so painful that he could not bend it. Left plantar fascia, back, and left shoulder were much better; right thumb same; right shoulder bad. Second injection of 25 cc. serum caused rise of temperature to 102° F. The same dose of serum was injected on the 10th and 14th. The whole of the joints cleared up absolutely, and he was discharged to duty on May 5th, 1906.

(2) Private G., admitted April 27th, 1906, with gonorrhoea (coccus found in pus). May 4th, 1906, the right thumb was swollen. May 5th, 1906, left ankle-joint very swollen, red and shiny. It appeared as though it was going to suppurate. Subsequently both wrists, back, both shoulders, both elbows and several finger-joints became affected. Six doses of anti-gonococcus were given, viz., on May 8th, 9th, 10th, 11th, 19th and 20th. The urethral discharge ceased on May 22nd, and he was discharged to duty on May 25th.

(3) Private S., admitted August 26th, 1906, with conjunctivitis and inflammation of right hip and right ankle. Gonorrhoea present and coccus found. 25 cc. anti-gonococcus serum injected on September 6th, 7th, 8th and 9th. Rapid improvement resulted, and he was discharged to duty on September 26th, 1906. In this case a good deal of urticaria followed some of the injections.

(4) Private B., admitted November 1st, 1906, for synovitis of knee, which he stated he had hurt on the 18th ultimo, but he had done his duty up till day before admission. Temperature normal; profuse urethral discharge. The joint was aspirated and gonococci found in fluid. Four injections of anti-gonococcus serum, 25 cc., on November 1st, 2nd, 3rd and 4th. No other joints became affected, but he had a relapse about December 25th, for which two more injections were given, and he was discharged to duty January 11th, 1907. Urticaria was present after one of the injections, and it was noted that the urethral discharge disappeared more rapidly than usual.

(5) Lance-Corporal C., admitted November 22nd, 1906, with profuse urethral discharge, containing gonococci. Left ankle became much swollen and painful on November 29th. The right wrist and left knee became affected soon afterwards. On November 30th, 1906, and three following days 25 cc. serum were given. On November 13th, 14th and 15th three more doses of 25 cc. were given. Patient became very anemic and much wasted. There was a good deal of mental depression and an obstinate catarrhal ophthalmia affecting both eyes. The discharge ceased on December 16th, and under massage and liberal diet he gradually recovered and was discharged to sick furlough with perfect movement of all his joints on February 28th, 1907.
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(6) Private L., admitted December 18th, 1906, with a profuse urethral discharge and stiffness and swelling of left hip, left shoulder, right knee and left ankle. Temperature normal. 25 cc. anti-gonococcus serum given on 20th, repeated on 21st, 23rd, 24th, 26th and 28th. The right knee was aspirated on the 26th, and gonococci found in the fluid. The symptoms improved fairly rapidly, but he got a relapse about January 12th, 1907. 25 cc. of serum were again given and acted like a charm on his pains. From this date he began to get a rise of temperature and a painful condition of several joints. He became very thin and anemic. Under ordinary treatment he recovered, and was discharged to sick furlough on March 14th, 1907, with perfect movement of all his joints. Urticaria was produced by several of the injections.

Case reported by Captain H. O. B. Browne-Mason, R.A.M.C.

(7) Private H., admitted to Rochester Row June 20th, 1906, with gonorrhœa. Acute inflammation of left shoulder, elbow and wrist July 1st. 20 cc. anti-gonococcus serum given on July 5th. It was noted next morning that the temperature was lower and pain less. July 8th 20 cc. given. Distinct improvement resulted, with less pain, and the discharge became much less profuse. July 9th, third injection, 25 cc.; temperature has fallen to normal. 13th, fourth injection, 25 cc.; pain much less. I consider the case was much benefited by the serum, though the last injection produced marked feverish reaction, lasting forty-eight hours.

Considering the large number of cases of gonorrhœa which come under treatment in the Army, cases of gonorrhœal rheumatism are by no means plentiful. The disease is very apt to be followed by permanent and disabling stiffness of the joints affected. It appears rather striking that no less than six consecutive very severe cases of this disease occurring in the one hospital should have been followed by complete recovery, and that in four cases recovery was very rapid. The diagnosis in all these six cases was confirmed by the microscope, and I have no doubt that the seventh case was also genuine.

I think, in the light of the experience afforded by these cases, one ought to start the injections immediately on the first appearance of joint trouble, and give them daily, in severe cases, for at least five or six doses. For cases in which chronic joint changes have occurred, I do not think the serum is of the slightest benefit.

It was noticed in most of the cases that the discharge diminished, and in some cases disappeared, long before it usually does.

Urethral injections, by means of a syringe, were used in all the cases, in addition to the serum injections.