On the 18th, the throat was as before; he complained also of great pain in the lumbar region of the back, aggravated by the slightest movement.

On the 20th, the swollen tonsils had commenced to diminish in size without having suppurated. He had great pain in the right wrist, which was found to be slightly reddened and swollen. Copious sour-smelling perspiration had come on during the previous night. The heart was examined for the first time, and was found to be free from murmur, and with a normal superficial dulness. He was ordered salicylate of soda.

On the 22nd, the throat was perfectly well; but, during that and the following days, the left wrist, both ankles, and the knees were successively attacked with pain, redness, and swelling; the pain in the back continued, and there was also pain in the anterior muscles of the thighs. The case during this period presented the typical appearance of acute rheumatism; the patient was sweating copiously, was restless and sleepless, and every movement gave pain in the parts affected.

Upon auscultating the heart on the 22nd, a very faint systolic murmur was to be heard at the apex, in an area about two inches in diameter, extending only as far as the left mammary line. He complained of no pain in the region of the heart. There was no cough. He continued in this condition until the 25th, with the temperature moderately high; the joints affected as above.

On the 25th, the fever, pain, and sweating began to abate. The systolic apex-murmur was still present, and the pulmonary second sound was found strongly accentuated. The superficial cardiac dulness remained unchanged, the apex-beat was in the fifth interspace within the mammillary line.

On the 29th, the systolic murmur at the apex and the accentuated pulmonary second sound were as before. On October 3rd, a second murmur became audible, systolic in rhythm, with its maximum intensity at the aortic cartilage. It was conducted down the sternum towards the ensiform cartilage, and towards the left nipple as low as the third interspace, at which place it was lost, leaving a distinct interval between it and the apex-beat, where the mitral murmur was to be heard. The area at which this latter murmur was audible was as contracted as before. It could not be heard at the back. The second sound was reduplicated, and the accentuation of the pulmonary second sound, though still present, was not so marked. The fever and pain having entirely subsided, he discontinued the use of the salicylate of soda. On October 4th, he got up.

On October 5th, the gonorrhœa, which he had not noticed at all during his illness, returned with a copious purulent discharge.

On October 22nd, after having used an injection assiduously, the gonorrhœa had almost ceased. On auscultation of the heart, the murmurs were found to have disappeared, but the accentuation of the pulmonary second sound was still audible, as also the reduplication above mentioned. The superficial cardiac dulness was still unchanged.

I should not have brought forward this case in contradiction to the statements of Senator and Rosenstein, were it not for the fact that the gonorrhœa seems to have been intimately connected with the rheumatism. The occurrence of the latter at a comparatively late period of the gonorrhœa by no means contradicts this, for it is acknowledged that the limited and subacute rheumatism, which is the usual form taken by this complication when it occurs, makes its appearance most frequently when the discharge has been in existence some time. The abeyance of the discharge during the acute attack, and its reappearance in full force upon recovery, appear to me to point to some intimate causal relation, though what that may be I do not pretend to say, between the two phenomena.

As regards the heart-symptoms, I believe that the apex-murmur was the result of valvulitis affecting the mitral opening; and, although both murmurs have disappeared, it is extremely probable, from the continuance of the accentuation of the pulmonary second sound, that some slight chronic change in the mitral valve is still taking place. The occurrence of this murmur within a week after the commencement of the rheumatic fever points to the conclusion that it was due to endocarditis rather than to anæmia. The absence of right hypertrophy does not affect this supposition, as this is not usually met with in the early stages of mitral disease, but creeps on in the course of time.

The aortic systolic murmur may, perhaps with reason, be ascribed to anæmia, since it occurred at the end of a fortnight's illness.

If the view I have taken of the case be accepted, and subsequently supported by other cases of a similar character, it will certainly give a more serious aspect to an attack of gonorrhœa than we have hitherto supposed possible.

A SUBSTITUTE FOR THE OPERATION OF PLUGGING THE POSTERIOR NARES, AND AT THE SAME TIME APPLYING PRESSURE AND COLD TO A LARGE PORTION OF THE NASAL TRACT.

By W. L. CHESTER, M.B.,
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In a case of hæmophilia, which recently came under my observation, and in which there was severe and persistent epistaxis, the posterior nares was several times plugged, causing very great distress to the patient, and only affording temporary relief. I devised the accompanying appliance, but regret that, owing to the fatal termination of the case, I was unable to test it practically on the living subject. I did, however, test it on the dead subject, having previously made "Bichat's" section, and found it, apparently, fulfil all the required conditions admirably. When collapsed and oiled, it is inserted without the least difficulty. The only point on which I have any doubt is as to whether it would exert sufficient pressure to check the hæmorrhage; but, if the India-rubber bag were made of thicker texture, any desired amount of pressure could be obtained. The materials and construction are very simple. The end of a gum-elastic catheter, four inches long; a piece of India-rubber tubing; an article of "French" manufacture, in common use, but usually applied to a less laudable purpose; and an ordinary clamp, are all that are required.

If pressure alone be required, it can be simply inflated. If the application of cold be required, the tube should be attached to a water-bag, only partially filled, and kept in a vessel with ice, when, by opening the clamp, relaxing, and then compressing, the water-bag, freezing water can be applied to the nostril, and changed as frequently as desired. The drawing shows the instrument in use, with the bag inflated.

EXCISION OF THE SCAPULA.—At the Alfred Hospital, Melbourne, on March 19th, Dr. Blair, with the assistance of his colleagues, removed the entire scapula from a man who had previously had his arm amputated for disease of the shoulder-joint, and in whom the disease of the bone had subsequently extended. The *Australian Medical Gazette* for April reports that the patient was doing well. It believes that this is the first time of performing the operation in Melbourne.