monoarticular arthritis with effusion from which the organism is recovered in only 50% of cases.¹⁰

The increasing incidence of gonococcal infection will lead to an increased occurrence of all the manifestations of this infection including the usual ones. When it presents as a monoarticular arthritis the diagnosis is often unsuspected due to lack of coincident genitourinary symptoms, the lack of a contact history on superficial enquiry, the relative paucity of clinical signs, and the difficulty of obtaining positive cultures. These difficulties are compounded if, as in the case described, the symptoms and signs are superficially those of a deep venous thrombosis rather than a septic arthritis.

In a condition that is best treated early a trial of appropriate antibodies may be justified when the diagnosis is suspected but is unable to be confirmed. Our experience emphasises not only that a gonococcal septic arthritis of the knee may masquerade as a calf deep venous thrombosis, but also that synovial fluid from any joint must be specifically examined for gonococci in young people if effective treatment is to be given promptly.

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Clinical vignette

A test for carpal tunnel effusion

Firm pressure is applied with the thumb for about half a minute to the volar aspect of the wrist. This squeezes out any circumarticular oedema. If the test is positive releasing the pressure shows a thumb print and also the invariable veins of this region which were hidden by the surrounding oedema.

E G L BYWATERS

(Readers are invited to submit brief accounts of new or little known physical signs in rheumatic diseases – Editor)