

from it in about six weeks. St. pr. Specific urethritis contracted five months ago. No discharge on the last examination, three weeks after the cessation of all urethral symptoms; no gonococci demonstrable; normal and painless micturition. Flocculi and shreds absent from the urine on three glass tests examinations with and without primary flushing of the urethra (confirmatory three glass tests.) Urethroscopic examination—anterior and posterior—negative. Complains of vague and migratory painful sensations in the hypogastric and in both inguinal regions.

He believes he is not entirely well from his urethral trouble. Attempts to convince him of the contrary proved unsuccessful. Nervines and tonics seemed but little to influence his condition; neither was suasion of any particular value in ridding him of his imaginary trouble. He commenced to lose weight rapidly and refused to be treated any longer, all the time vehemently begging for relief from his urethral disease. He left for the East to visit his parents. Their family physician informed the author later that his patient contracted the fulminant type of phthisis pulmonalis and is rapidly dwindling away. This case illustrates the far-reaching effects of gonococcic urethritis indirectly, and the possible consequence of this to some people trivial affection of the urethra.

Case 2. M. B., aet. 20; fruit vendor, unmarried. Family history negative. Past history: Has had repeated outbreaks of herpes preputialis and two years ago multiple chancroids. St. pr. Prepuce considerably elongated. Gonococcic urethritis for the first time. All urethral symptoms have completely disappeared, save for a few thin, curly and twisted shreds in the urine in the canal. Microscopic examinations of the deposit (procured on centrifugal 4 c.c. of urine) by Gram's stain was devoid of any positive results. He complained bitterly of pain in the back and hypogastric region. Urine normal; no pathological constituents, save indican. Sp. gr. 1024. Temperature and pulse normal. He attributes these painful sensations to the uncured urethral disorder, and he persistently maintains he is not perfectly well as yet, although the most scrutinizing urethroscopic examination in addition to the above evinces the contrary. The pain in the lumbar and vesical regions is getting worse from day to day; his mind unceasingly ponders over his imaginary condition, which he regards as serious. Internal medication intending to improve his general and nervous tone, supplemented by proper hygiene and diet, utterly failed. At present the patient is still under surveillance, but it is difficult to foretell at the present juncture how this case will terminate. In this case a circumcision was performed with a view to diverting the patient's morbid attention.

Case 3. L. G., aet. 23; single; clerk. Past and family history