

a tube coiled and repeatedly doubled on itself. When this is unravelled it is found to be from four to six inches long, and from this tube there are, as a rule, several short diverticula. The duct of each seminal vesicle, about half an inch long, joins the vas deferens of its own side, just at the base of the prostate, to form the common ejaculatory duct. This common seminal duct tunnels the substance of the prostate gland and opens into the neck of the utricle, a pouch-like dilatation from the floor of the anterior portion of the prostatic urethra. Thus we have the continuity of the mucous lining of the vesicula seminalis established, on the one hand, with the urethra, through the common ejaculatory duct, and through the same channel with the vas deferens, which leads back to the epididymis. The epididymis which surmounts the testicle presents characteristics in its anatomical structure very similar to that found in the vesicula. It, too, is formed of a long convoluted tube, in which terminate the efferent ducts of the testicle; in direct continuation of the convoluted tube of the epididymis being the vas deferens, the excretory duct of the testicle, which is nearly two feet in length.

We have thus a long continuous stretch of mucous membrane lining the urethra, and the ducts which I have described in relation to the male generative organs. The arteries of the vesiculae are derived from the inferior vesical branches of the internal iliac; the veins pass into the prostatico-vesical plexus; the lymphatics are very numerous, and end in the middle hypogastric glands. The nerves belong to the sympathetic system and come from the hypogastric plexus.

Functionally, we have to consider the system of tubes as composed of two factors. First, that portion of it which belongs solely to the genital apparatus, and, secondly, that portion of it which is common to the urinary and genital systems. The urethra is frequently being flushed out by the passage of urine; on the other hand, the tubular system which belongs purely to the genital apparatus is not subjected to the same flushing process. The urethra may be the seat of an acute inflammation, and yet the passage of urine goes on, unless, indeed, there be retention; on the other hand, the genital ducts when acutely inflamed are not subjected to the same process.

In gonorrhoeal epididymitis, it is probable that the inflammation travels from the urethra along the ejaculatory ducts and vas deferens. When we consider the path it takes, the long course from the prostatic urethra to the epididymis, we must necessarily expect that other structures nearer at hand and in more intimate relation to the prostatic urethra would take part in the inflammatory process. We would therefore expect to find the prostate or the vesiculæ seminales frequently implicated, and, in fact, more frequently the seat of secondary infection than the epididymis. As a matter of fact, the frequent occurrence of prostatitis is said to be perhaps the commonest complication of gonorrhoea; the ducts of the prostate gland open into the prostatic sinus in the floor of the prostatic urethra, and no doubt along these ducts the inflammation may travel. It would, indeed, be curious if the ducts proper to the prostate should be selected by the inflammatory process and the ejaculatory ducts escape.

It is worthy of note that the symptoms of acute inflammation of the prostate would present characteristics very similar to those presented by inflammation of the vesiculæ seminales: this is accounted for by the intimate anatomical relationship existing between the structures. Their position and their relation to the neck and base of the bladder are almost identical; the effect produced and the referred pain caused by the contracting bladder would be the same in the case of inflammation of either structure. To a certain extent this is accounted for by the common source of the vascular supply and the similarity of the nerve and lymphatic connections of these structures. It would therefore be difficult to diagnose, between the two conditions, and it is probably on this account that inflammation of the vesiculæ seminales is seldom, if ever, recognized. Further, we may look for conditions in which both prostate and the vesiculæ seminales are affected at the same time; this is possible, and probably occurs. Under such circumstances the physical signs would be those present in ordinary prostatitis.

Inflammation of these structures at the neck of the bladder is often very persistent, the pain is intense, and is greatly exaggerated after the