

Among the diseases of the genito-urinary system that have been known to be instrumental in the production of the above disorders with their attendant train of symptoms may be mentioned *gonococcic urethritis*. In the author's opinion it is the most frequent causative factor in the province of venereal diseases. Of less importance in an etiological sense are the diseases of the urethral adnexa, namely, that of the prostate, seminal vesicles and epididymis. This article does not attempt to encroach on the territory of the purely psychical, pertaining primarily to the sexual domain. It only intends to discuss the neuroses and psychoses coincident to or following the various inflammatory conditions of the urethral canal, and prominently to that due to the invasion of the gonococcus. Every physician is liable to meet with cases of urethritis accompanied by some form of mental disturbance during the acute, subacute and chronic stages of the affection. But there are well authenticated cases on record, and their number is not inconsiderable, where, even after the total destruction of the micro-organisms as ascertained on microscopical examination, and after the complete cessation of the discharge and the disappearance of shreds and flocculi from the urine, in fine, after the patient is apparently cured he will absolutely insist that he does not feel well and express the opinion that he is not absolutely free from his gonorrhœa. The train of subjective symptoms that he enumerates is very uncertain and ill-defined. He will admit that he can detect nothing abnormal in the urinary stream; he experiences no pain or burning sensation on micturition; there is no "morning drop," but there is a peculiar, piercing or darting pain in the glans penis of a very evanescent character coupled by indefinite painful sensations in the vesical and hypogastric regions, and occasionally in the back. But it is the shooting pain in the glans that makes him apprehensive. Urinary examination will reveal nothing of importance; the urethroscope likewise will only elicit negative results, and still the patient keeps on clamoring for relief. If the latter is not accorded to him, he will invariably drift into other hands with similar success and will eventually become an inveterate melancholic or hypochondriac. The above is the only symptomatology that can be obtained on a close and careful examination of the patient. There is nothing pathologically palpable in his make-up. We have solely to rely upon his own subjective interpretation of his condition. To illustrate the above the author desires to append three cases taken at random from his record, as follows:—

Case 1.—S. F., æt. 29; single; family history negative. Past history: Had a gonococcic urethritis three years ago and fully recovered from it in about six weeks. St. pr. Specific urethritis contracted five months ago. No discharge on last examination, three weeks after the cessation of all symptoms referable to the urethra; no gonococci demon-