

much concerned, having noticed a purulent discharge from the urethra; this discharge appeared the day following the last intercourse. The pain during urination was slight. That the urethritis was not gonorrhoeal was proven by microscopic and culture tests. The short incubation and the disappearance of the discharge inside of a few days without treatment confirmed the diagnosis of a non-specific process. The examination of his wife showed a typical vaginitis with a copious cream-like secretion. In removing the cap, quite an accumulation of pus in its cavity was found. Cervicitis was present, the right parametric tissue infiltrated and sensitive, the right ovary enlarged and painful. The removal of the pessary and antiseptic flushings and the four times repeated cleaning of the cervix with formalin caused the prompt disappearance of all symptoms.

In the second case the husband married after a successful treatment and a cure of chronic gonorrhoea. The wife became pregnant shortly after the wedding, and in due time was delivered of a healthy child. Labor and lying-in period were uneventful, and husband and wife enjoyed perfect health until half a year after the confinement, when the use of a preventive soft-rubber pessary was commenced. After this pessary was in the vagina for about three weeks, the husband was suddenly attacked by urethritis. The accused intercourse took place about twelve hours before the discharge was noticed. Examination of the woman revealed copious discharge from cervix and vagina, erosions on both lips, and a change of the cervical mucous strand to a yellowish mass. Search for gonococci gave a negative result. The discharge from the male urethra proved non-gonorrhoeic, but extension of the inflammation to the posterior urethra and prostate set in the week after the first symptoms appeared, and it took four months to cure the patient. All the time microscopical examinations and culture tests failed to show gonococci. The extension of the inflammation to the posterior urethra and appendages is somewhat similar to the well-known phenomenon, that every time a gonorrhoeal reinfection takes place the posterior urethra becomes involved. This incident proves at the same time how serious even a non-specific purulent infection of a urethra is, which has once been subject to gonorrhoea. The symptoms in the woman were mild and subsided under antiseptic flushings and ichthyol.

In the third case both marital partners have had a chronic gonorrhoea. The husband has shreds in the urine, mostly consisting of mucus and a few pus cells. Gonococci show up occasionally, especially after alcoholic excess. The symptoms in