

The *genito-urinary* functions, on the contrary, are frequently deranged. Genital troubles possess an importance which serves to characterize one of the forms of the neuroses, the "*sexual neurasthenia*" of the Germans; we have explained heretofore that one might consider, in a certain number of these troubles, a cause or a consequence of neurasthenia, according to the theory adopted.

In the female, it is not uncommon to observe lesions of the uterus or its appendages, lesions whose reaction on the nervous system displays complex causes (persistent pains, sterility, despondency produced by the consciousness of a sexual infirmity), and which in their turn are unfavorably influenced by the general asthenia.

In the male there has been noticed, previous to neurasthenia, or to its origin, symptoms of genital excitement (excess of coitus, onanism), and later, a complete impotence. Any perturbation in the genital system strongly pre-occupies the patient. "Neurasthenics, writes Mathieu, are always very much affected by the existence of a genito-urinary affection, by blenorrhagia in particular, they are really smitten in their virility, in their self-confidence. When the discharge has almost totally disappeared, they are not released from their disquietude. They live in contemplation of their urethra. They pass hours in trying to express a drop of muco-pus. They dote upon the presence of some spirals, of some whitish filaments, in the first urine passed. Willingly they have recourse to injections, to catheters, to remedies of various kinds, often advised by persons of doubtful competence. By these means they augment the affection, they maintain the prostatorrhoea, which has left behind it the blenorrhagic discharge. Neurasthenia is the consequence of that permanent condition of inquietude among neuropaths 'by profession.' A genital trouble often associated with neurasthenia is spermatorrhoea, the involuntary and frequently repeated discharge of sperm. In slight cases the seminal fluid flows on the least provocation from the beginning of an attempt at coitus under the influence of lascivious dreams; later, the evacuation of semen is produced during defecation or micturition. The urinary system is generally least affected, however, some troubles of the bladder of cystalgia have been pointed out; and on the other hand, the frequency of displacements of the kidney, of

which we speak later. In short, Beard and Rockwell have mentioned the abundance of urates, of phosphates, and of oxalates in the urine of neurasthenics.

(To be continued.)

ANOTHER UNIQUE CASE.

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About 4 p.m., on December 21st, Mr. O. called me in great haste, and on our way to his residence, informed me his wife had been in labor for twenty-four hours, and was in a critical condition.

On the previous night, they had called the family physician, and he was still in attendance. A consultation had been suggested, because of the delay and a suspicion of mal-presentation.

A nurse was in charge, the baby wardrobe was warming before the fire, and there was present every circumstance of the usual lying-in chamber.

Dr. B. briefly outlined the history of our patient: the cessation of menstruation nearly *ten* months previous to date, gradual enlargement of abdomen and breasts, and, in short, an ordinary gestation in all respects other than time. The woman was about 45, rather stout, and quite healthy in appearance, and years ago had two children.

The powerful expulsive efforts suggested advanced labor. And I was informed that the waters had escaped hours before. My *confrère* asked me to examine her. While doing so, the husband ominously inquired if the child were "crosswise."

Meantime, I outlined the usual landmarks carefully, and noted a full flow of "waters" at the moment. But my finger was in contact with an undilated os. The cervix uteri was normal in size; the uterus was small and freely movable. The "waters" were being expelled from the bladder. In a word, she was not pregnant, and had not been; a piece of information which, when imparted to the family, caused them to look on me with suspicion as to my capability in such diagnoses.

However, with the consent of Dr. B., I gave her a little chloroform, and presently, not only did the bearing-down cease, but the abdomen collapsed.

And only then, and not too gracefully, did they accept my decision and relinquish their purpose of increasing the family forthwith.