reflex disturbances made manifest through psychic derangement.

3. Spermatorrhœa, azoo-spermia, limited impotence, urethral irritation and vesical incompetence are not unusual concomitant conditions, and in all protracted cases, the testicles are consecutively the seat of organic changes.

4. The pathologic mutations which give rise to the most concentrated distress, are a localized phlebitis, periphlebitis, tension and pressure on the medullary and sympathetic nerves, which are sometimes as pronounced in the incipient as in voluminous varicocele.

5. As this condition is not uncommonly associated with rupture, present or impending, the relief of this is something of the highest import, even by operative procedures, as a truss only aggravates the condition, if it does not sometimes induce it. Bathing, massage, electrolysis and support should be always thoroughly tried, as curative agents first; then, if pain still persist, ligation, excision, or divulsion under cocaine, is prompt and effective as a radical cure. In all but unusual cases the patient remains at his usual occupation.

SHOCK AFTER ABDOMINAL OPERATIONS AND HOW TO PREVENT IT.*

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The inspiration to write this paper was derived from a remark made at our last meeting by one of our most distinguished surgical members that we did not know exactly what shock is. As my own views as to the nature of shock have assumed a very definite form during the last year or two, I now place them on record with the hope that they may lead to a better general understanding as to what shock really is, and how best to prevent it. If by so doing my own or some other operator's death-rate should be reduced by even one per cent., I would feel quite satisfied that my labor had not been in vain.

As I mentioned at the meeting referred to, the word

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