to pass the instrument cold; on the contrary, I am in the habit of using it as hot as the patient can conveniently endure. They can be passed either alternately or within a few days after the local applications are made, but that will vary, of course, with the individual features of each case, and with the surgeon's belief of what is required.

Should varicocele be the cause, operative proceedure is the only method that offers any chance of success, and in these instances, I much prefer the operation by ablation of a portion of the scrotum rather than any attempt to tie the varicose veins. In these cases where tuberculosis, syphilis and gonorrhea play a part, of course the internal treatment appropriate to these varieties of diseases is the only method that can be pursued, and in these instances the local treatment can be of little service.

The internal treatment I think plays a purely secondary part, and in instances where there seems to be a debilitated condition of the patient, a tonic may be, and undoubtedly is often, of service. As regards the so-called aphrodisiacs, I frankly confess I am somewhat skeptical of their value, and yet I have seen cases where I had reason to believe that good results followed, especially from the use of carefully prepared preparations of cocoa (erythroxylon coca) ergot, either alone or with iron, and occasionally damiana. all instances when prescribing these preparations, it is well to have them made up by some responsible house, as so many worthless preparations of both coca and damiana have been put on the market, that unless the surgeon exercises some care in the selection of his drug, he is apt to be disappointed. I have for the past year tried fluid extract of Sabal Serrulata (the saw palmetto), and without committing myself to a positive opinion upon the subject, I have thought some patients were benefited by its use; but whatever the method of treatment be, it must be remembered that these people are a class who will try the patience and good temper of the surgeon, almost more than any other. I do not except cases of chronic urethritis. They are patients who should really be commiserated, should be treated with the utmost kindness, and be encouraged in every possible way that the surgeon can honestly and legitimately do.

To make a brief summary as a termination of this paper, let me state:

- 1. That the cases of sexual debility which are marked by imperfect erections and by premature emissions, are usually, if not entirely due to hyperæsthesia of some portion of the urethra.
- II. That masturbation has very little, if anything, to do with it, beyond the fact that if indulged in to excess, it may induce a tendency towards this hyperæsthetic condition, but this is no more marked in masturbators than it is in those persons who indulge to excess in the venereal act.
- III. That organic stricture has little, if anything, to do with it, but that associated with this hyperæsthetic condition, there is an irritable condition of the canal which produces spasmodic contractions of the urethra upon attempt to pass instruments, oftentimes during the first act of micturition and at the time of connection.
- IV. That varicocele plays no unimportant part in these cases.
- V. That neuralgia of the testis, if a cause of this disease, induces it merely as a secondary consequence to the pain which is one of the distinguishing features of this disease.
- VI. That tuberculosis, syphilis and gonorrhoa may also play their part, and should all be reckoned with in summing up the causes which may induce this peculiar and depressing condition of affairs.

THE USELESSNESS OF A MYDRIATIC IN EXAMINING AN EYE FOR THE PURPOSE OF PRESCRIBING GLASSES.\*

BY D. B. ST. JOHN ROOSA, M.D., LL.D., Surgeon to the Manhattan Eye and Ear Hospital; Prof. in the New York Post-Graduate Medical School.

In 1876 I wrote a paper, which was read before the International Congress of Ophthalmology, on the relation of blepharitis ciliaris to ametropia. It was stated in that paper that many cases of this disease were connected with, and caused by, errors of refraction, and that the condition in such instances could not be cured unless the refraction was first corrected. This view caused some discussion, but I believe that its conclusions were

<sup>\*</sup> Read by title before the Medical Society of the State of New York, February 7, 1894.