

endured in granular healing, erections being the cause of pain.

Papillomata should always be a cause for the operation, especially when the prepuce cannot be retracted. The moistened condition is always favorable to the development of such growths. If the prepuce cannot be retracted, owing to these growths, as is the case with the soft chancre, the lateral incision should be made and the flaps allowed to care for themselves. In this way the glans may be thoroughly cleansed at frequent and regular intervals. After the storm has passed, and the tissues are free from the possibility of infection, the flaps may be removed by a secondary operation.

The result of many hard and soft chancres is contraction of the prepuce to such a degree that it cannot be retracted. The *cicatrices* in these cases can only be treated by an operation.

Inflammatory thickening demands in almost every case the Cloquet operation, as does elephantiasis, also. The latter, however, is very rare.

Nevi, when upon the prepuce, should receive the same treatment.

Epithelioma, in the majority of cases, has progressed to such a degree that the glans has become involved, but when this is not the case immediate and radical circumcision should be made. I think that many of these cases of epithelioma can be entirely cured, like epithelioma of any other part of the body, if excised in its earlier stage of development. Why not?

Gangrene does its own work, as a rule, but should there be an irregular border it would be best to make it symmetrical.

Tuberculosis is not infrequently found upon the foreskin, showing that, like venereal lesions in general, it may infect any portion of the body where an abrasion exists. In point of fact, I think any lesion upon the prepuce demands its immediate removal.

Prepuceal calculi are not so frequently found among our people as among the Chinese, who are proverbial for the great number and enormous size of these calculi. They are not allowed to become so large among civilized people, but whenever found should be removed by means of the operation.

Onanism many times is due to an irritable glans, caused by the accumulation of smegma and urine salts, especially with children, and once the habit is formed it does not matter what is done, the habit will continue to a greater or a lesser degree. In consequence thereof, I always advise and make the operation.

Seminal emissions, as a rule, are diminished 75 per cent. in frequency by this operation alone. I have never seen it fail to benefit patients suffering from this trouble.

Enuresis, dysuria, and retention are invariably

benefitted, if not cured, in childhood, by removal of the foreskin.

General nervousness, where no cause can be assigned, is frequently due to penal irritation, and many times have I seen great relief given, and in a few cases a cure brought about, by this simple operation.

Impotence I find very much benefitted by the operation. I also find that in some cases the mental effect is good, that alone with a few justifying the operation.

Convulsions I have found to be in several cases due to a tightened, adherent or an elongated prepuce. My experience has taught me that immediate relief can be given by the operation.

Hystero-epilepsy I think is a result found in girls and boys alike. No girl or boy baby should be allowed to become one month old without a thorough examination of the genitals having been made. In many of these cases in girls, or even women, adhesions, growths, or malformations are the source of the irritation, and should receive immediate and radical attention.

I do not mean to report in detail all of the operations; merely those which I think will be of the greatest interest—those which have afforded me more information upon this subject than all that I have read.

I wish to say right here that I make it a rule to remove the prepuce in every case of gonorrhoea I treat. This is one of the requirements that I make. If this is done no complication with the phallus will arise. Cleanliness can better be secured and more perfect drainage obtained, which surely lessens the possibility of cystitis and orchitis.

REPORTS OF CASES.

A. is twenty-nine years old, and was circumcised at the age of ten years by the family physician, who removed the prepuce by twisting a wire upon it, actually tearing the skin asunder, claiming to the patient that he was afraid of fatal hemorrhage if he did otherwise. The result was that the inner skin became adherent to the glans throughout its entirety. After injecting three grains of cocaine into the adherent tissues, above which was a light rubber band, I removed enough skin to bare the glans, which was cauterized, so as to prevent the reuniting of the surfaces. A good recovery ensued, leaving the glans entirely bare.

B., aged forty-eight years, fair habits except excessive venery. Impotence for two years. Cocaine; removal of an elongated prepuce eighteen months ago; condition improved 75 per cent.

C., a widower fifty-four years old, impotent and much debilitated from constitutional causes (syphilis); no erection for ten weeks; circumcision with cocaine and Cloquet method; improvement marked. I find in such cases as these the condition most