that erections are unpleasantly frequent and associated with great pain, but it is in the later stages, and especially after the disease has lasted for some time, inducing stricture, that the sexual functions become affected, and if a gonorrhœal epididymitis has ensued, which must, however, be double, then azo-ospermism is the result, and of all of the varieties of azo-ospermism this is the one which promises the least results from any method of cure, and the longer the blocking up of the epididymes has occurred, the less chances of fruitful semen. In these cases, apart from the irritation produced by the stricture, there is no debility; the patients are often as vigorous as ever. They have what seems to be a normal ejaculation, save and except that the semen is devoid of its functifying principle—in other words, these patients become sterile but are not impotent.

One other cause may sometimes induce sexual debility, and that is an affection of the rectum, whether it be hemorrhoids, which is not an uncommon cause of temporary debility, but long and deep fissures of the anus, which by irritation will produce reflex irritation of the urethra, and so result in premature emissions, and, in some rare cases, will induce a weakening and lessening of the powers of erection.

In enumerating these purely physical causes which I believe to be most frequent as pathological factors in this disease, I do not by any means intend to decry the mental or nervous effect which is produced upon patients. It is often most pronounced, and in many instances seems to be the most prominint feature in the disease, but I believe that the error which has been made by surgeons in laying too much stress on the nervous part and too little on the physical, has worked to the detriment of both patient and surgeon, and has driven the former into the hands of the charlatan, when the surgeon could have given better and more permanent relief, and I have trespassed on the time of the Society in order to call the attention to the physical causes which I have found in the cases that I have had the opportunity of examining and treating for sexual debility, the majority of which I believe to be perfectly curable at the hands of the surgeon.

The short time at my disposal has not allowed me to make more than a hurried sketch, calling your attention to the salient points in as few words as possible; and now a word in regard to treatment:

For the first three, to wit, hyperaesthesia, stricture and varicocele, the treatment must depend largely upon local methods and not upon internal medication. Applications made through the endoscope, I believe, are far the best, and those applications range from nitrate of silver down through the various astringents to those which are purely sedative, such as cocoaine and the like. I believe that the most serviceable treatment in the majority of instances is by the solution of nitrate of silver, from ten to thirty grains to the ounce, and even stronger. Sometimes I have used fifty grains to the ounce. The pain when this application is made to the deeper part of the canal, provided the solution is not allowed to run out towards the meatus, is very slight indeed, sometimes none at all, and I believe that the local application through the endoscope is preferable either to the method of applying nitrate of silver by the porte-caustique or the syringes of Ultzman, Keyes, and others, because the application can be made directly to the part, the superfluous moisture can be soaked up by the cotton tampons at the end of the application, and no obstruction occurs. I do not believe, from my experience, that solutions of nitrate of silver, even when strong, produce stricture, certainly not when made through the endoscope. Nitrate of silver has received a bad name, and I think, in some instances, undeservedly, for, when properly used, I am satisfied that it is a very valuable adjunct in the treatment of uro-genital diseases. In addition to this, the various solutions of zinc, the permanganate among others, tannin either of an aqueous solution, or better with glycerine, are frequently valuable adjuncts, and should be resorted to as occasion requires.

In cases where stricture or a spasmodic contraction is present, the question comes up with regard to operation or the use of sounds, and in these instances where the stricture, or rather the contraction, is of the congestive and purely irritable type, I much prefer the use of sounds, of the fullest size that the canal will admit, passed at intervals of from three to ten days, and I believe not only does it have the effect of dilating the canal, but it has a sedative action upon a nervous and irritable urethra. I should not be inclined in these cases