and yet in these instances the physical conditions were precisely the same as in those who had masturbated. I have, moreover, been struck with the fact that in those instances where a true stricture was present, as shown by the fibrous and dead white look when seen through the endoscope, that there was very much less sexual disturbance than in those cases where the contraction was due to a puffiness of the mucous membrane. Perhaps in those cases where the congestive condition only was present, if left alone, they might have degenerated into a true stricture, but I think this is merely a surmise, and I do not know that I have anything to offer as proof one way or another.

Another cause which I think oftentimes operates in these cases of sexual debility, is that in addition to this prostatic irritation, etc., an enlargement of the middle lobe of the prostate occurs, which by pressure either upon the urethra or upon the vasa defferentia produces an abnormal excitement upon the slightest occasion; as, for example, when sitting upon a hard chair, upon crossing the legs, or upon straining during defecation, all of these acts being followed by an acute burning sensation in the prostatic portion of the urethra, sometimes with the sensation as though an ejaculation was about to occur, and in some few instances really followed by an involuntary seminal emission. In these cases it is that we find not only premature emissions, but sometimes a total absence of erectile power, so complete as to make the surgeon believe that the patient is really impotent, were it not for the fact that at intervals the patient will have an erection on waking up, which, however, rapidly subsides as soon as he is awake, and which is seldom followed, at least not for a considerable interval, by any further erection.

Varicocele, I am inclined to believe, is frequently the cause of sexual debility, oftener than is at present believed; and in such cases as I have had under observation, I have noticed that as the varicocele increases the sexual power seems to have become less and less, until when the final stage is reached and the testis is atrophied, and nothing is felt in the scrotum but a bunch of veins, the patient is to all intents and purposes impotent, and, under these conditions, probably permanently so. I have, furthermore, noticed in these cases that where the varicocele is seen sufficiently early to warrant an operation for its relief, it was followed by an improvement in the sexual functions and power.

Neuralgia of the testis is another cause which sometimes plays a part, but only, I think, because of the excessive pain which is one of the peculiar symptoms of this disease; the pain being so intense as to preclude a thought of anything else, and in that way producing imperfect erections, for in those instances where temporary or permanent relief is afforded, the sexual functions return, and are to all intents and purposes as good as they were before.

Tuberculosis of the genital tract does not produce any sexual disturbance unless the prostatic portion of the urethra or the testicles are invaded, and in these cases it seems to act less upon the function or erection than it does upon the premature emission, and subsequently by the lack of emission. It is in these instances that we often find the condition of azo-ospermism, and associated with this, under the microscope, the bacilli of tuberculosis are not infrequently found. This, however, is not common. Syphilis and gonorrhœa produce disturbance probably by some organic change occurring in the organs of generation, but in cases of tuberculosis the disturbance is produced probably by the breaking down of tissue either in the glandular portions of the prostate or in the body of the testis, producing either a plugging up of the epididymes or of the vasa defferentia, and so preventing the ejaculation of that portion of the spermatic fluid which contains the spermatozoa.

Syphilis in the earlier stages does not seem to have much influence upon the sexual function, but as the disease progresses and the seminal vesicles and the testicles are attacked with gummous infiltration, or gummata appear elsewhere in the uro-genital tract, we then find that the sexual powers becomes less, and, in some rare instances, may be almost entirely in abeyance, returning again, however, in the majority of cases, after vigorous antisyphilitic treatment. In these instances, not only is sexual debility present, but there is an absence of the spermatozoa in the seminal fluid, so that the patient suffers in a twofold direction, being both impotent and sterile. The same holds true in gonorrhœa, not during its earlier stages, for then the inflammation is such