as to cause very great enlargement and lengthening of the veins, so that they pass or drop below the testicle and reach down the thigh a number of inches. Such an exaggeration is not common. Ordinarily, the mass is of moderate size, not accompanied by pain, and having no effect on the virile powers of the individual. However, cases are met with in which the pain is quite severe, and in many instances the mental worry is considerable, and in some excessive. Varicocele of the left side is very much more commonly met with than that of the right, the proportion being about seven per cent. for the right and ninety-three for the left side, whilst about nine per cent. of all cases have varicocele of both sides. The reasons given for the greater frequency of the affection on the left side are, first, the greater length of the vein, and therefore a longer and heavier column of blood to support on that side; and, second, that the left spermatic vein opens into the left renal vein at right angles to that vessel and to its blood current. The veins on both sides are probably equally pressed upon at the inguinal canals by the abdominal muscles during exertion or in coughing. The left vein is also pressed upon by the loaded colon, which may act as an etiological factor. The right vein is shorter, and it opens into the inferior vena cava, not at right angles, as does the left, but more in the direction of the blood current. The length of the left vein and the manner of its connection with the renal vein are, I believe, the most active factors in causing the varicosity. The absence of valves in the left spermatic vein has not been so fully demonstrated as to warrant the opinion that that is an important cause.

Varicocele is most common during the period of the greatest activity of the sexual organs—from fifteen to thirty-five. At this period of life a freer supply of blood is necessary for the performance of the sexual functions. Constipation, much standing, and any violent exertion which calls into play the abdominal muscles predispose to the disease. Owing to the slowness of development and the absence of pain, the veins may become considerably enlarged before the change is noticed, but later on there is a sense of weight, dragging, and uneasiness in the testicle and cord. The dragging pain extends up the loin, and this position is aggravated by long standing, or by very active muscular exertion. As you see in this case, there is a flaccid condition of the scrotum, and the testicle hangs lower than normal. In this first case you can see the veins, like whipcords, occupying the region of the spermatic cord, and in this other case the dilated and tortuous veins descend below the testicle. In the case before us the dilated veins can be easily seen and felt, are soft and elastic to the touch, and their feel is usually compared to a bag of earthworms. When the patient lies down the veins diminish in size, and fill up with great rapidity when the erect position is assumed. I ask this patient with the greatly enlarged veins to cough, and on placing my hand over the scrotum I can feel an impulse transmitted to my fingers, but not so marked as we get in hernia. The majority of the cases of varicocele met with in practice are not large or painful. Yet you will rarely meet a person suffering with this condition to whom it is not a source of great mental worry and anxiety, with the constant fear before him that he may become impotent at some time. Indeed, a large number who come under my observation fancy that the virile power is not as active as it should be, and for that reason alone (in the main, a fancy) they seek the advice of a physician. Many of them fall into the hands of charlatans, who seek to confirm their fears in order to extort money.

The diagnosis of varicocele ought to be made without difficulty, yet it has been mistaken for hernia. The reliable test in arriving at a diagnosis is to make the patient assume the recumbent position, when the veins will empty themselves, or the hernia, if reducible, will recede; then press the finger firmly over the inguinal canal while the erect position is assumed. If it is a varicocele, the veins will speedily fill; if a hernia, the tumor will be retained by the finger pressure. The history of a hydrocele is that the scrotum commences to fill from the bottom; is smooth and elastic; palpation develops fluctuation, and it is translucent, and does not diminish when the patient lies down.

The treatment of varicocele consists of the palliative measures and the operation for the radical cure. The former plan includes the constant wearing of a suspensory bandage.