

a perfect and complete illumination of the canal, and the applications may be made directly to these portions of the urethra which are seen to be the seat of disease.

The causes which I have found playing a most frequent part to this condition of affairs, naming them in the order of their frequency, are:—

1. Urethral hyperæsthesia.
2. Prostatic hyperæsthesia.
3. Stricture.
4. Varicoceles.
5. Neuralgia of the testis.
6. Tubercular affections of the urethra.
7. Syphilis.
- \* 8. Gonorrhœa.

Hyperæsthesia of the urethra and stricture may be included together as one single cause, for in many instances the one is more or less associated with the other; and to this point I shall call your attention more fully further on, when I come to discuss the question of stricture separately. Upon examining patients suffering with this form of disease, I have been frequently impressed with the fact, that there were two points in the canal which were most likely to be affected, to wit, one from two and a half to three inches down; the other at five and a half to six, and these two points were nearly always the seat of congestion more or less pronounced, with or without patches of granular material, and when the examination was made with a bulbous bougie, which is the instrument I use at the commencement of the examination, I have always found an obstruction to the passage of the instrument; an obstruction, however, which nearly always gives way after a few moments' delay. Should the obstruction, however, be obstinate, I then change from the bulbous bougie to the use of the steel sound, of a size which will correspond nearly as possible to the size of the meatus, and in nearly all these instances I have found that where the bulbous bougie was arrested, the sound would go through, showing that there was a spasmodic condition which produced a contraction rather than an organized material blocking up the way. In examining with the endoscope I have found that this condition was associated with a puffiness of the mucous membrane of the urethra, which would admit the passage of the endoscope, and beyond this puffiness the congested and inflamed portion of the mucous membrane was

seated. It is very seldom, indeed, that there is any discharge from the urethra, and if present, it is nearly always thin, mucous and sticky. The same conditions obtain deeper down in the prostatic portion; the congestion and inflammation are more pronounced there than they are in the portions anterior to this part of the canal; and I have furthermore found that this portion of the canal does not yield to treatment so readily as when the congestion is situated about the penoscrotal angle or the bulbous urethra.

Many eminent surgeons have considered that urethral stricture is induced by the habit of masturbation. If by stricture we understand any and every impediment which occurs to the passage of a sound, then, perhaps, their statement is correct, but if we consider stricture merely as those obstructions in the canal due to an infiltration beneath the mucous membrane, blocking up the lumen of the canal and preventing the passage of sounds, then I think some modification must be made of the statement that masturbation produces stricture, and particularly so if we consider for one moment the disproportion that exists between the number of males who at one time or other of their life have masturbated and the number of strictures which occur, I think we will recognize that it is too sweeping an assertion to make, that the one is caused by the other. If, however, we admit that there may be spasmodic contractions in the canal induced by some point of irritation in the urethra, then we shall modify this statement by saying that masturbation may produce a hyperæsthetic condition of the canal which leads to temporary and spasmodic contractions, but not to true stricture, and I have, in a pretty fairly large experience with these cases, come myself to that conclusion, for after the local treatment has been pursued, the puffiness and temporary obstruction in the canal disappear, the hyperæsthesia and inflammation subside, and the canal returns to a more or less normal condition, and with it the symptoms for which the surgeon was consulted gradually improve and entirely disappear. I have noticed the same condition in men who have indulged to excess in the sexual act, and who had not, so far as I could trust their word, masturbated for many years—sufficiently long a time to prevent me from considering that the masturbation had anything to do with their sexual debility.