

SEXUAL NEUROSES



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PREFACE.

In presenting this little monograph to the profession, I have no apologies to offer. My only hope is, that the subject may be as seriously considered as it deserves. Believing that a superabundance of modesty has prevented facts from being duly presented to the profession, and thinking myself endowed with less of that desirable virtue than others, I can but conclude that my reputation will not suffer from reverses such as might ensue from elucidating theories, and maybe fancies, connected with such a delicate topic. But if professional minds are stimulated to a renewed study of these important phenomena, my highest anticipations will be reached.

CHAPTER I.

Introductory.—The term sexual presupposes the possibility of two distinct and perfect beings, yet one is counterpart of the other, distinguished by anatomical features designated male and female; with attributes such as passion, love and reciprocal admiration. Sexually the two beings become united, constituting plurality in unity.

The sequel of such coalescence of the sexes, or marriage legitimately considered, is copulation and reproduction of the species. The summit, or peripheral center of venereal sensibility, is found at the genitalia, and in the male a concentration of nerve-force conducts, as it were, to and unites at the glans penis; and division of the terminal nerves at this point will render erection impossible. In both man and beast, the only mechanical irritation capable of exciting venereal sensibility must be at this point. When the sexual centers are physiologically irritated, from peripheral or centric influences, contentment is only possible (physiologically speaking) when male and female counterparts coalesce, or are in juxtaposition. The sexual attributes also constitute an instructive topic for study, as they become modified by civilization and the development of reason. The procreation of organic life is the sequel of the sexual connection. The living universe has been called into existence, and the perpetuation of its life-spark is only dependent upon the contact of sexes.

The universe, it is said by one theorist, was evolved; by another, who depends upon the Holy Book for a guide, all living creatures were thaumaturgically or miraculously, and “in the twinkling of an eye,” made to exist in full form and shape. This problem will never be settled to the satisfaction of all men as long as theory and faith are at war; and small is the prospect of peace while both parties are redoubling in their forces annually. Then, we can but accept the situation of the human race, as it is, since we have no historical data of its origin, that are beyond controversy and that would be accepted as evidence in a physiological point of view. But we need no ponderous evidence to show the truth of the premise, that animal life is not perpetuated except through sexual congress. Not life *only*, but good and evil of every degree; vice, folly, crime; love and hate; society, social evil and social good: all depend, largely, upon the sexual. It is the bond of our existence; it is the wheel of our fortune; it is our guiding star; and it may be our loadstone to crime and premature death. Passions leading to love, true and gentle, or jealousy, hate, revenge, murder and suicide, all hinge on circumstances connected, directly or indirectly, with the sexual.

Our schools are conducted upon a foundation entirely sexual; educating each of the sexes in the role they are to pursue, with reference to exclusiveness in conduct. The girl is taught to pursue only such vocations, practices and manners as are becoming to her sex; the boy, on the other hand, is instructed not to enact girlish

capers, but to pursue masculine vocations, from the childish toys to settled, adult labors. This all means nothing but distinctive development of the sexes.

The sexual enters our every-day lives, from childhood up; it governs our development; it modulates the voice, the build, the dress, the hair, the fashion of wearing the dress, and even the gait. In all this we can but observe the worship of the sexual; though obscure, yet every manifestation of human existence points to it. The good people of the earth profit by the grand and noble sexual unity in the marital existence, and by the pure, social relations, and chaste affections of the unmarried; but these are but a small part of human society. The masses express their worship for the sexual by debauch, dissipation, vice and crime. The common saying, whenever suicide or murder has been committed, that "*woman was at the bottom of it*," might just as well read, "*man was at the bottom of it*;" as without the one, where would the other have been?

It is the bad use of noble agencies that often constitutes vice. Nothing ignoble, was intended by the Great Designer, should grow out of the sexual privileges, and when nobly appreciated, for moral beings a greater happiness or pleasure has not been instituted. But by long prostitution of these privileges, vices have originated; beliefs have been established; customs have been founded; even religions have been constructed and modified to suit the wishes of designing "sexualists," "free-thinkers," Mormons, etc. Occasionally, dissatisfied members of one sex will establish an innovation, or a revolutionary commotion, demanding rights which they claim have been usurped from them, and sometimes thirsting for prerogatives belonging to the opposite sex. They agitate their cause until their isolated followers establish societies and churches, effecting discord in families, and no good to the world in general, and for themselves an unenviable reputation. Such individuals are often advocating reforms; temperance, charity, etc.; but when good comes out of one, evil grows out of ten. They often take a decided stand against the opposite sex, and when their true history is known, it will be often found that they have been suffering from unrequited love, disappointment in matrimony, deception in society, misplaced confidence, illegitimate pregnancy, etc.; or, they are phlegmatic and passionless; or, hermaphrodites; or wanting in some of the sexual appendages necessary to constitute a perfect man or woman. Then, without the complete sexual system, harmoniously balanced, all is imperfect.

My purpose in dwelling so much upon these mixed relations and disappointments, has been more especially to fully expose the predisposing causes of neuroses and more essentially of the sexual variety. As I shall labor to show that neurosis is the condition throughout our list of sexual diseases, and that all the foregoing changes, excesses and defects, depending upon the sexual, are more or less influential in predisposing human beings to brain and spinal cord disease. No person, so well as the physician, will comprehend, after once meditating upon this theme, the necessity for thorough study and a more rational understanding of the sexual. Medical

writers, with one or two exceptions, have only ventured now and then an isolated paragraph, and left the physician to draw his own conclusion. Among the aboriginal tribes, the sexual appetite is and has always been indulged *ad libitum*; not only in the natural manner, but in every conceivable way, without noticeable harm to the organs themselves, or to the nervous system. In a lesser degree this is true of slaves, sailors and peasantry, and the lower orders of civilization. Sexual endurance diminishes in proportion to the advancement in civilization and intellectual culture. A long-cultured family can not sustain, in sexual indulgence, what to the uncivilized would be a matter of indifference.

Sexual intercourse, when not contra-indicated, may relieve nervous tension and produce sleep in a moderately feeble individual; but on the other hand, if carried to excess, it may produce nervous tension, wakefulness, headache and exhaustion. There are no definite rules to regulate the sexual appetite, more than the stomach for food.

The evils of sexual intemperance are temporary, and if recent, quickly recoverable by rest only.

Says Dr. Briggs, of New York, "The sexual system is notoriously the seat of excitement and depression from psychical and mental influences. It is under the control of the sympathetic nerves, and influenced by the solar flexus. Much of the peculiar sensibility experienced in this part of the body is directly referable to the mind and imagination: the manifestations are controlled by the sympathetic nerves, from the impulse given in this manner. But the mind and will, however intense, have little power over the sexual functions, except through this medium. The emotions are superior."

Predisposition.—The innate or uncaused condition, which is so commonly found among the young, is quite likely congenital and constitutional. There is evidently structural malformation in the neuroglia, or nerve cells proper, which predisposes the child to sexual excitement. This may not be derived from the immediate parent, but far back. In the third or fourth generation, debauchés may be found. Licentious parents commonly predispose their children to morbid sexual desires; and what evidence have we that structural changes do not exist in or about the nerve centres that preside over the sexual functions, and that such changes are not constitutional? Then, with this structural change as a predisposition, the least cause will set the sexual centers into a blaze of excitement. They who are predisposed by many generations, show upon their faces the lines of coarse breeding; that they are the offspring of debauchés; congenital degradation; not but these conditions, under favorable circumstances, may be overcome, by rigidly cultivating opposite nerve centers; but such opportunities are seldom presented, and when presented seldom embraced.

Circumstances are also to be considered as having a bearing upon the sexual "ups and downs" of our human career. With a predisposing sexual cause, a downfall

may occur under circumstances less seductive in character than when no such congenital condition is present.

Listen to the heart-rending stories of girls in the houses of prostitution. Each has her story of circumstantial events to relate. Circumstances of varied gravity have caused the multitudes of “fallen women” to occupy their degraded sphere of shame and debauch. Many of these have never been predisposed to a sexual livelihood by an erotic disposition, and they only stay by compulsion and fear of reproach that must follow if they return to society. The line of social demarkation is drawn, and there is no palliation or chance of redemption by reform—only secret forgiveness, secret repentance, or a nunnery. There are some who follow this life by choice, from the pleasure therein. Such are predisposed: they naturally follow this course: they learn it on the streets, in mere childhood: their ancestors, or some one of them at least, were of this type—mal-constructed—and circumstances are meagre that, as is said, lead them astray. They are not led astray: it is more natural to them than to pursue the path of rectitude and virtue.

These people are predisposed to evil, and it is only, even if guarded from childhood up by constant watching and being kept from every possible circumstance, and taught only the good and pure, to adult life, that any reasonable assurance may be had of their safety from vice. This inheritance is almost indestructible and may crop out after the best of culture, with very slight cause, any time in adult life or in future generations.

Not only the predisposition to sexual desire is congenital, but the enfeebled nervous system that can endure only a limited amount of sexual indulgence. They learn to indulge the sexual appetite at a very early period, and the males grow up effeminate, or half-sexed. The tendency of civilization is toward brain and mental culture. In this we have a cause of nervousness which is wonderful. Our ancestors, who knew very little of brain-work compared to the cramming of the present day—compared to the curriculums of our present school system—were not nervous; they were not excitable, but physically strong. They labored at a variety of toils without machinery, and they obtained physical endurance. Now, the boy is crammed at school and hurried through to professional studies, when he has but just begun life; or he is placed at business, to find that excitement of competition which is the greatest brain-stimulus and the greatest cause of nervousness of the present age. The multitude of collateral sciences that a young man is compelled to read; the books, scientific and novel, that must be perused by every popular student; and the short period of time in which he is expected to pass over this entire field: all tend to change the young man into a habit of nervousness which would surprise our ancestors of one hundred years ago.

The labor that was performed by hand by our ancestors, which was the cause of their physical endurance, is now entirely accomplished by machinery; and the modern man, instead of patiently doing the labor by hand, expends months and years at brain-

work, attempting to construct a machine that will run by steam, water, or horse-power, that he may save physical force, time, and perhaps, in the end, money.

The haste in which Americans live and move, must also become an exciting cause of nervousness. The ancients were patient in obtaining information; in performing works of art, literature, or agriculture. The Greeks did not expect to become proficient in the varied vocations until middle life; but an average American is expected to finish college at twenty-two; to have invented some kind of a machine for the saving of labor, to have made a fortune, married and raised a family of children, wasted his father's fortune, and be prepared to begin life anew by the time he is thirty years of age.

Then, to answer the question, "Why are American people so nervous?" we have but to compare the present with the past; our country with others. The nervousness and mental development of our people, preclude anything but moderation in sexual indulgence; and whenever fast living, brain-working, nervous people indulge to satiety in sexual pleasure, they are in danger of grave consequences, such as our ancestors never knew of, as the results of excessive sexual indulgence. They could cohabit *ad libitum*, and never notice such consequences as nervous people are constantly suffering.

CHAPTER II.

Incidents—Observation—Historical Data, and Sexual Hygiene.—Nature furnishes us a vast field for speculation and inquiry, when even confined within the domain of certainties; and there is an occult line beyond which everything is speculative and imaginary; but there are facts enough in common view to enlighten the seeker after knowledge by simply collecting commonplace occurrences and gleaning therefrom their rich lessons. Observation, by association and comparison, and correct judgment will teach us many things not in the least hypothetical—facts.

To comprehend the obscure relations of the sexual function and the varieties of morbid changes, we must first systematically inquire into a few of nature's designs, and ascertain thereby the true purpose of the sexual organs.

What purpose? is the first point at issue in any observation, and must be answered by the physiologist and Physician in this investigation, as he *only* has the results of abuse, or wrong application, to investigate and correct.

The production of healthy offspring must be nature's only design for the sexual organs. How to accomplish this end, is the great question of scientific observers.

It seems quite axiomatic to remark, that maturity and perfect development *only* can assure perfect reproduction of the species. Again, that pleasure should always attend the act of copulation, otherwise the pain of parturition and the care of rearing the young would always militate against the perpetuation of the race.

With the normal condition of the sexual organs and functions the physician has comparatively little to do; but with their abuses he has all to do. To comprehend the abnormal, he must be familiar with the normal condition of structure and function. Masturbation is a small part of the indiscretions and evils of the sexual; and the lesions growing out of such evils are too numerous to mention. There is no doubt venereal diseases grew out of the evils of repetition of sexual congress, with certain unknown violations of nature's laws, by depraved human beings.

I am credibly informed of an occasion: "A prostitute received the embraces of eleven men in immediate succession: the ninth and eleventh took gonorrhœa, and again gave it; but the prostitute remained free from the disease until two months after, when she took the disease from one to whom she had given it, on the above-mentioned occasion, after which she spread it through a small town in which she lived and also in which she was in the habit of plying her vocation. She was free from disease before this occasion."

It is no more doubted that a male will contract a purulent urethritis from contact with a woman during her menstrual crisis, or if she be afflicted with an infective leucorrhœa; but such a discharge in the male is not generally contagious, and he may indulge freely without giving the disease.

Uncleanliness may be considered a common cause of sexual disease in both sexes.

Masturbation, after the age of maturity is no more injurious, aside from the degradation it leads to, than the same number of contacts in the natural manner; but in the youth the undeveloped organs suffer, as well as the nerve-centers which supply these organs with nervous energy. The youth is inclined to indulge the habit after once initiated, greatly to the detriment of the spinal cord, and through this to the general nervous system. He is inclined to practice the deplorable vice oftener than he could find opportunity to gratify his passion in the natural way. As a rule, to the indiscretions of youth is confined the permanent injury to the nervous system. It is at an early age, when so much injury is done, that the very common practice occurs at schools, when boys club together in squads and go behind embankments of stone-wall, or creek-banks; or a boy isolates himself, as it were, to “shell out a grist by hand.” With such ample opportunities, and with the habit fully established, the acts are repeated with such frequency that exhaustion of the nervous power must often attend this wonderful deviation from nature’s designs.

With all this supposed nervous weakness, I do not incline to the opinion that more injury is done to the sexual organs by this practice, in and of itself, than is accomplished through the impressions wrought upon the brain from reading spermatorrhœa literature of advertising, “private-disease” specialists. I am satisfied that I have seen bad cases recover by putting their minds at ease. The carefully worded little books, that are sent broadcast to drive in those who have been indiscreet, are money-making dodges, and are of great injury to the confiding and simple.

When the injury has become very extensive and the condition of habit very depraved, a young man becomes so attached to his lothly vice that he will refuse the natural way of gratifying the erotic desire. He is not in the least influenced by one of the opposite sex, and prefers his own company, or isolation.

It is not the male only that suffers from masturbation, but girls as well, though not so commonly, suffer from this peculiar sexual neurasthenia and hysteria growing out of sexual abuse. Our opportunities for discovering the extent of such practices in the unmarried female are very limited; consequently, we remain in ignorance to a great degree.

The married woman furnishes the physician the majority of the practice in this class of cases, as she also suffers from a mismanagement of the sexual congress; and it is only to the married woman that the practical physician will need to devote extensive attention, and only through her, in this sphere, can much information be obtained.

In the prostitute, sexual contacts are too promiscuous, and she is too unreliable, to afford any very trustworthy information, further than may be judged by the aspect of one who has followed the business for a decade. It is little to know that her life, as a rule, is short and her social redemption next to impossible, and her entailed ills

irremediable. When the habit of self-pollution is once established by a girl, it is worse than in the male; as a female is not so likely to yield to any sort of a vice as a male, and she will carry it to a greater extreme. Modesty and fear of giving offence will always impede the advancement of knowledge in regard to the sexual functions in the so-called chaste and unmarried.

The married female's sexual life and acts are often brought to the knowledge of her physician. I have often been asked the question, why so many married women become invalids from uterine and ovarian diseases? Not referring to child-bearing, abortions, and many indirect causes of disease which are numerous, but not enough to furnish an etiology for the long category of nervous ailments with which the medical man has to contend, my answer is, sexual abuse; a misunderstanding of the sexual functions; a non-adaptation of two individuals joined in marriage. It is not so commonly excessive venery; or too often repeated coition; but unrequited passion. Man is too likely to forget his duty to his wife and look first to his own gratification. Any sexual embrace not attended with sexual orgasm, is very detrimental and causes disease. With the brutal man and phlegmatic woman this condition is quite likely to occur, and more especially if the man has been a masturbator. Where the latter condition has caused a partial impotency, the sexual orgasm very commonly occurs before or immediately after the intromission of the penis, in which condition beatitude is impossible, and the physician is most likely to be consulted by one of the parties.

It will not improve our knowledge to be too modest on this question. As medical men we have the diseases of the sexual organs and their *sequelæ* to treat, and we must discuss the causes. My suggestion, that a couple should be matched, sexually, seems not out of place; and if this condition is not present at first, it must be obtained by adaptation. My observation has been supplied with a number of instances of once faithful wives, who had forsaken their husbands for this seeming little discrepancy or neglect, and associated themselves happily with more adaptable mates.

These singular facts confront us, and as teachers and scientific men we may, when consulted, if familiar with the causes, suggest remedies. I have many times corrected this discrepancy in domestic felicity by a little careful instruction, and thereby prevented the impending dissolution of the marriage relation.

This might well be termed matrimonial hygiene.

Such grave facts are brought to the knowledge of the family physician, and he has but to listen to find out all: he has only a few questions to put, and the case is before him. No indecency to be indulged in: such cases must be conducted with the strictest sense of honor and decorum, or the bond of confidence and trust will be immediately forfeited.

Continence, while in itself not an abuse, in any manner, of the sexual organs, yet is a fruitful source of disease. The erotic male may contract troublesome disease, both local and general, by too close proximity with a voluptuous female; and why not as much a cause of disease in the female? It is the condition so commonly caused by

the affectionate and chaste embraces of parties “engaged to be married.” When this condition exists the marriage ceremony had better be consummated as soon as possible, or injury may come to both parties.

The case of a young married couple, lately under observation, is instructive. The wife was stricken with paralysis, from which she was eight months in recovering. During her illness she became much reduced in flesh and will. She recovered in flesh, but remained very neurasthenic for many months. I made use of all methods of treatment by drugs and electricity. I could detect no organic trouble. When interrogating the husband, I ascertained that they had, through fear of doing injury to the wife, remained continent, and, being too modest, had not consulted the family physician on this very delicate subject. I immediately advised sexual congress freely, and the neurasthenia gradually disappeared. She has since remained in perfect health. She was afflicted, as she supposed, with all manner of diseases. She was often too feeble to walk, and required assistance or a cane, to walk across the room. She was irritable and fretful, often crying, and no reason could be given for any trouble, as she was provided with everything asked for. It may seem a venturesome advice to render, yet I can but urge the natural use of the sexual organs when there is a strong erotic excitement, following a long period of continence, when this desire is not a morbid one; which is likely to be the case only in the depraved, after long abuses.

Were it not for mistakes so commonly made by individuals in selecting such imperfect and inadaptable mates, the very poetical words of the old maids and bachelors, “*single blessedness*,” might better read, “*single cursedness*.” With the chances as they now are, it is an important question, whether it is more advisable for a maiden lady to marry or to remain continent and pine.

A loathsome abuse of the sexual organs, not usually recognized by the fastidious, exists, in which one of the individuals, taking a part in this abnormal sexual act, uses the mouth as a vagina. Some of these benighted creatures are males, others females. Houses of prostitution of the present day are so accommodating to their patrons that they keep females who serve degraded males in this manner. I am credibly informed that they prefer this method; that the erotic desire has been transferred from the genitals to the tongue. Any person who may be inclined to exercise a doubt, may easily convince himself of its truthfulness by visiting one of the many low-down “houses of ill fame” in any one of our large cities.

From *The Laws of Life* we extract the language of a clergyman:

“I have officiated at forty weddings since I came here, and in every case save one, I felt that the bride was running an awful risk. Young men of bad habits and fast tendencies never marry girls of their own sort, but demand a wife above suspicion. So, pure, sweet women, kept from the touch of evil through the years of their girlhood, give themselves, with all their costly dower of womanhood, into the keeping of men who, in base associations, have learned to undervalue all that belong to them, and then find no time for repentance in the sad after years. There is but one way out of this that

I can see, and that is for you—the young women of the country—to require, in association and marriage, purity for purity, sobriety for sobriety, and honor for honor. There is no reason why the young men of this Christian land should not be just as virtuous as its young women; and if the loss of your society and love be the price they are forced to pay for vice, they will not pay it. I admit, with sadness, that not all our young women are capable of this high standard for themselves or others, but I believe there are enough earnest, thoughtful girls in the society of our country to work wonders if faithfully aroused.”

Sodomy, or sexual contact of a human being with an animal, is an ancient practice and but little indulged in at the present day; as our laws are very rigid against such *degraded and inhuman treatment of animals*. There has been a civilizing influence, since human beings have organized societies for the “Prevention of Cruelty to Animals.” But it will nevertheless be remarked, that this elevating tendency came about entirely through the respect for animals, and not for human beings. Were it not for love of animal property and legal watch-care over our animals, and plenty of opportunity to gratify the sexual desire in other ways, the habits of the people would be no better than in ancient times, when sodomy so extensively prevailed. This beastiality may have been a cause of venereal disease—syphilis—which can be traced back to ancient times, without a doubt.

In addition to such abuses, there were worships quite as degrading. Phallus was a figure of the virile member, which was carried about at the festival of *Bacchus* as a symbol of the generative powers of nature. The *Athenians*, who refused to show proper respect to Phallus, were punished by Bacchus with a severe disease of the penis. Such may be concluded from the “*History of the Phallus in Greece*.” Priapus is now supposed to have been a venereal specialist, differing in no respect from such modern specialists, to whom, it is said, votive offerings were donated, and his great skill caused him to be worshipped and deified; hence the term priapismus, which is commonly applied to morbid erections, so frequently occurring in gonorrhœa and paralysis of the insane, and which is also applied to the active stage of the condition otherwise known as satyriasis.

CHAPTER III.

Onanism.—I have adopted the term Onanism, more especially to illustrate a class of conjugal sins, and shall not use it, as generally applied, as a synonym for masturbation, but will define the term as it should be used. That the meaning of the word may be fully understood I will quote the two verses from *Genesis xxxviii*, 8, 9:

“And Judah said unto Onan, go in unto thy brother’s wife, and marry her, and raise up seed to thy brother.

“And Onan knew that the seed should not be his. And it came to pass, when he went in unto his brother’s wife, that he spilled *it* on the ground, lest that he should give seed to his brother.”

It must not be supposed that Onan used his hand to facilitate an emission, but that he simply withdrew his penis and allowed the semen to be lost on the ground, to prevent conception. Onanism is practised more at the present day by married males than may at first be imagined. It is the commonest of all means used as a preventive of conception. The majority of so-called society women are wives of men who practice Onanism. The word has come to signify masturbation, or any intentional process of wasting the seminal fluid. But I have preferred its use here as it explains a practice which I have no other word for. The very common practice of withdrawing the organ before ejaculation is often a very hurtful one, as the orgasm is often incomplete, and there are more satisfactory ways of accomplishing what is intended by such a practice. Under the strict signification of the term, a child cannot be an Onanist, until after puberty, but he may be a masturbator. A woman cannot properly be called an Onaness, but she may masturbate nevertheless. To present, in a true light, this conjugal vice, I excerpt, from the *Ohio Med. and Surg. Reporter*, the following most excellent paragraph, which illustrates in the pithy and elegant style that speaks volumes of argument, and should be a lasting hint to cultured and scientific students in the learned profession of medicine:

“The sexual instinct has been given to man for the perpetuation of his species; but in order to refine this gift and set limits to its abuse, it has been wisely ordered that a purely intellectual quality—that of love—should find its most passionate expression in the gratification of this instinct. Dissociate the one from the other, and man sinks below the level of a brute. Destroy the reciprocity of the union, and marriage is no longer an equal partnership, but a sensual usurpation on the one side and a loathsome submission on the other. Consider the moral effects of such shameful manœuvres: wedlock lapses into licentiousness; the wife is degraded into a mistress; love and affection change into aversion and hate. Without suffering some penalty, man cannot disturb the conditions of his well-being or trespass beyond its limitations. Let him traverse her physical laws and Nature exacts a forfeit: dare he violate his moral obligations, an offended Deity stands ready to avenge them. That this law is

immutable, witness, from the history read to you, the estrangement between the husband and wife; witness his ill health and ill temper, and the wreck of body and mind to which she has been reduced.”

Again, from the *Medical Advance* for 1876, we find the following language written by Dr. Arnalt:

“There is one phase of sexual depravity to which I would, in passing, call your attention.

“We are fully aware of the many devices used to avoid impregnation. It may be well to remember that such desires may, under certain circumstances, be excusable; but let us never forget the fact that generally they are conceived in iniquity.

“Of the many ways of avoiding possible conception, there is one so filthy, mean and degrading, and fraught with such fearfully disastrous consequences to health, that I make special mention of it. I have reference to the practice of withdrawing the male organ from the vagina before the completion of the embrace.

“But when man brings to the marriage-bed so foul a nature that he can repeatedly and constantly perpetrate such an outrage upon nature’s most precious gifts, he places himself at once beyond the desert of human sympathy.

“Just imagine, if you please, man and woman in the act of cohabitation; their brain reeling under the powerful stimulus of that all-pervading passion; the heart’s action increased to a high state of intensity; the whole system, with all the energy it is capable of exciting, getting ready for that great act of reproduction; and just as the act is about to be completed, when the soul of the man can almost feel and grasp that of the woman, the evil genius of lust, being more of a fool than a knave, must dash to the ground the chalice filled with ambrosia of purest bliss, if tasted with a pure lip; must turn into the vilest poison the sweetest and holiest gift of nature to man.

“Why, I have wondered, long and often, that man could sink so low, be so foolish. Just conceive of the intensity of such a shock upon the system, and then have this repeated time after time, year after year. Why there are married people who never once, in all their married life, completely and unreservedly finished the act of cohabitation.

“No wonder that nervousness, peevishness, and all kinds of distempers show themselves. No wonder we get spermatorrhœa and impotence in the male, and a perfect host of troubles, insanity included, in the woman. No wonder homes are broken up and human lives made desolate.”

CHAPTER IV.

Masturbation.—Under this caption will I proceed with the topic of self-abuse; as this term more properly covers the vice of both sexes, as well as of childhood.

The small boy, only four years of age, will often titilate his genitals until the prepuce has become inflamed and swollen. In this undeveloped and delicate condition of the genitalia, more harm may be accomplished than could be imagined. Nurse-girls, sometimes, for the purpose of quieting a child, will titilate its genital organs; which is quite sufficient to lead the child to manipulate its own organs as it goes on in age and development. Often a feeble state of health in the child, will cause the mother to consult a physician; and the genitalia will show signs of irritation; and when the true nature of the difficulty is revealed to the mother, it will be much to her surprise, and often, disgust; and she will not be convinced beyond a doubt until by constantly watching, she has observed actions more convincing than the doctor's hints.

Boys at school teach each other to perform this manual pollution; and vile servants initiate small boys at a surprisingly early period. I have often gained the confidence of these little ones, and learned things more astounding than amusing. Not long since a boy only eight years of age convinced me, by his confidential description of his little vice, that he realized passion, erection, and as he called it the "goodie feeling" (orgasm); which was evidently the sensation without emission of semen. No small amount of injury is done to the nervous system by the constant titilation of the undeveloped genitalia; and as the habit passes on to the puberty-stage of adolescence, the novelty of the first ejaculation affords great and frequent amusement to the child, and he pursues it as often as he can obtain an obscure corner. This must be the time that the greatest harm is wrought upon the brain and spinal cord. The first five years succeeding puberty, the vice is carried on with great energy in a vigorous youth. Doubtless, the majority of boys have practiced masturbation, to some extent, some time during adolescence, but as they arrive at the age of discretion, become disgusted; or some influential person frightens them, and they quit the practice. Where it has only been an occasional indulgence, no lasting injury has occurred.

Masturbation is practiced among men, not so much to the injury of their physical structure, but it is nevertheless a common vice. Miserly bachelors, hermits, and often widowers resort to self-pollution when financial affairs prevent their visiting houses of ill fame. I am credibly informed that the vice of self-pollution, by the hand, prevails largely among soldiers, as well as in convents, and public schools.

Pollution Among Females.—This is less common in childhood than in the male. Small girls are naturally more modest than small boys: they will not so readily fall into such vices, as they do not readily submit to having their genital organs manipulated; they therefore remain comparatively free until puberty, and often later; and then the habit is not common, but occasionally exists. With the limited

opportunities for finding out such things, it will undoubtedly be long before an estimate, as to the extent that it prevails, can be made. I cannot better continue this subject, than by giving a case which is typical of many adult cases that I have observed in this peculiar and delicate role of physician; and it is not a “cooked” case, but one in actual life, which cannot be fully portrayed by type or word:

Mrs. X. visited me professionally; aged 28; mother of three children; been married nine years; spare, dark hair and eyes, rather brilliant; small of stature; retiring and confiding of disposition. She was very neurasthenic and excitable; never hysterical; bowels constipated. I prescribed all kinds of treatment for her during the first six weeks, after which time, as I had failed to find out anything that might be a cause for such a peculiar nervousness, I suggested an examination *per vaginam*. As soon as my finger reached the orifice of the vagina, I was convinced that my case was a sexual one, as a nervous, passionate shiver ran over her; but she soon controlled herself, and I proceeded with my examination, with the discovery of only slight general irritation. She then gave me the following account of her married life and condition. She was married at nineteen, a robust, vigorous girl. Her husband was amorous and ignorant of her requirements; would soon satisfy his desires and go to sleep, when she had but just become excited; but when her erotic excitement was aroused she had no control of it: would remain wakeful during the entire night, with the husband sleeping, regardless of her condition. She finally learned to use a clothes-pin, by which means she could appease her burning and bring about an orgasm. She says that she could then sleep. She of late had consented to the advancements of a prominent lawyer; but she was conscience-stricken and desired, if possible, to be a “good woman;” but was satisfied that, to be a virtuous woman, she must remain away from her husband, so that her passion never would be beyond her control. I immediately, after her departure, sent for the husband, and informed him how to perform the marital connection, and that, if he desired that his wife should become a well woman, he must adhere to my instructions. He was glad of the information, and was successful in his efforts. She was soon free from her troublesome neurasthenia, and beatitude prevails to this day; and, I believe, she is as virtuous and worthy a woman as a man deserves.

Women use tallow candles, clothes-pins, and other commodious means, such as friction over the pubes, titilations of the clitoris, etc., for the purpose of exciting erotic energy and sexual orgasm. The nervous excitement which is wrought, is not unlike shock, from general causes; yet, when frequently brought about, may produce an over-stimulation, followed by relaxation and general weakness of the nervous system, or a neurasthenia, advancing to hysteria and organic disease of the nervous system. Various devices have been resorted to to overcome the habit of masturbation. Such things may be of service in children, but in adults moral treatment alone is of any value; and as to any appliances and devices I have nothing new to offer. The old means of blistering, tying the hands, etc., may be resorted to with children, by those

who have confidence in their efficacy. In adults, matrimony will often do good, when the habit is in its incipency; but in an advanced stage it is of little benefit.

The great variety of unnatural ways of gratifying the sexual passion is only an evidence of human depravity; and the entailed diseases must be unreservedly studied, that, as much as possible, these abominable conditions may be confined within a certain limit, which should be legally set apart and licensed, that the chaste and elevated portions of society may find protection.

These conditions all exist: there is no remedy to abort or expunge them; and the numerous diseases, growing out of this great depravity and mismanagement of the sexual, must all be duly considered, by the medical man, as predisposing and exciting causes of neurine maladies. To prevent the spread of disease, should be the chief aim of every humane citizen, and more especially the physician. Much is said in regard to means and legislation to prohibit the spread of venereal disease; but the nervous diseases caused by sexual debauch and mismanagement are of equal importance and as devastating to the race.

If we can give credence to what Dr. S. W. Gross says, in the May number, 1877, *Medical and Surgical Reporter*, of Philadelphia, masturbation has, in his cases, caused fifteen out of nineteen cases of urethral stricture, while four were caused by gonorrhœa. I am not aware of any such proportions reported by any other authority, yet I am thoroughly convinced that masturbation has existed in a great majority of cases of urethral stricture, and in many such cases has been a cause, primarily or secondarily. It is not far from true to say, that a large proportion of masturbators, of advanced age, have a general contraction of the entire urethral canal and a diminished dilatability. Purulent discharges and abscesses are not uncommon along the course of the urethra and prostate gland, followed by follicular disintegration and perforation.

The Effect of Sexual Excesses upon the Neural Axis as a Cause of Organic Disease.—"Sexual excesses and Onanism are certainly of no slight significance, at least in the development of a predisposition to tabes." (Erb.) Again, in speaking of causes in general of spinal disease, the same author says: (P. 147, Ziemssen's Cyclopædia, vol. XIII.)

"Of these (causes) *sexual excesses and irregularities* occupy the first place. * * * I believe we may say that *any gratification of the sexual passions, whether natural or unnatural, indulged in to an excess and for a long time, forms for many men—not for all—a circumstance that powerfully depresses the spinal cord and predisposes it to disease.*" * * * *

"*Excessive natural coitus*, in many persons, certainly produces symptoms which point to a weakness and a diminished functional capacity on the part of the spinal cord; weakness of the legs, inability to stand for a long time, trembling when forcible movements are made, pains in the back, shooting pains in the legs, sleeplessness, etc. This may often be noticed in the newly married, or in persons who have indulged in great excess for a short time. If the cause of these symptoms

soon disappears, the injury may in most cases be quickly repaired; but if the excesses are continued, further injury, or even positive disease, occurs. Any external injury, exposure to cold, excessive walking, etc., may then bring on the worst results.”

CHAPTER V.

Copulation—Physiology and Social Attributes.—With the male, the condition essential to coition is erection of the penis; which is physiologically accomplished by fostering amative thoughts, and by attitudes favorable to the stimulation of the erotic desire; as in close proximity with one of the opposite sex. A voluptuous female figure may excite the erotic instinct of an amative male in vigorous health, even though he be chaste in his intentions and habits. Individuals are isolated whose amative passions are entirely under the will, when in perfect health, of either sex. The act of coition is entirely under the will, in all healthy, well-organized human beings; but it is not uncommon that a man or woman is observed who is not responsible for acts during erotic excitement. Such are either victims of mal-organization or a sexual delirium. Many an act has been committed during such delirium or excitement, on account of which an individual has grieved her life away, or sought the only refuge that could hide her life from shame; the victim's grave, the river: yes, a victim to sexual delirium or uncontrollable sexual passion. This innate desire is the usual instigation of copulation, and has been said to be the index to the presence of spermatozoa within the vesiculæ seminales.

Copulation may take place in the female before puberty or after the climacteric period; but in neither will the sexual congress be fruitful. Then, if the signification be confined to fruitful contact, there would seem to be a marital discrepancy between the male and female; as in the female we observe only thirty years of her existence in which it is possible for sexual congress to be followed by conception; while the male, from puberty to very old age, may be fruitful, if placed in conjunction with a female at the proper age. Nature, being rather wise in this respect, has not deprived the female of her sexual passion and pleasure at the limit of her fructification period.

Perfect coitus is not essential to impregnation; as many authenticated cases are on record in which intromission had not taken place, as evidenced by an unruptured hymen, where only it was possible for the semen to come in contact with the sphincter vaginæ; and impregnation and conception followed. Only by contrasting natural with abnormal coition, is it possible for us to comprehend how much one subject has to do in causing nervous diseases; and not to advocate that normal coition—which refers to time as much as manner—produces many permanent morbid changes.

Copulation, practiced in moderation, is conducive to domestic felicity only when both parties to the marriage contract are in a state of health sexually. This excludes sexual contact in too close proximity to the menstrual crisis, and whenever the female is not in a condition to appreciate the act, and that her condition and will should be considered and respected, and man at all times should consult her pleasure.

For further information on the physiology of copulation, I must refer the reader to *Flint's Human Physiology*, where it is treated of in an exhaustive manner. But there

are many points of interest that are not alone physiological, that may well be discussed and belong especially to our subject.

There seems to be a chosen time for fruitful coition with all animals. With the human race this is only partially true. The female, it is said, begins her period of breeding usually at fourteen and discontinues at forty-five; yet there are intermediate periods when copulation will not usually prove fruitful, viz., that period beginning the fourteenth day after menstruation, and ending with the next menstrual flow. This rule is not valid; as many times, in my own observation, have I known women to conceive at any and all times during her period of breeding. Even cases have occurred where the period of menstruation was not confined to the usual time of life; or the "second life" may appear, as in the following case which came under my observation some years since:

A Mrs. H. ceased menstruating at 52, was free from menstrual flow until 71 years of age, and then menstruated regularly (a perfect menstrual flow), every 40 days, until she died at the age of 76. She possessed the erotic desire and enjoyed coition. Her husband died two years before she did. She became confused in religious doctrines after her husband's death; was melancholy and fond of isolation; committed suicide by hanging herself to her bedpost. I assisted in cutting the scarf and learned all particulars of her past life from friends and her physician.

Many cases are on record of females menstruating at very early periods. As to these discharges being indicative of the reproductive stage, much doubt may be expressed. It is very common for the male to retain his virility to a very advanced age. I am acquainted with an octogenarian, who married a young girl of nineteen, whose copulation was fruitful and the child healthy. This is doubtless not so very uncommon, in proportion to the circumstances offered for a test.

We would naturally conclude that, on account of prostitution and debauch, it was necessary that marriage become a legally organized institution. There is no evidence that in early history marriage was any more than a choice, the consummation of which was simply the invocation of a superhuman or divine watch-care; that they were bound in wedlock, not by statute law, but by a superstitious belief and natural selection. Natural selection was more cultivated and was a better guidance than in modern times, when law governs the joining and casting asunder. Copulation is the key to morality and society. So certain bonds of restriction and moral government of a social character exist, and they are made to restrain human beings and to control and limit copulation to a legitimate sphere; viz., man and wife. Any deviation from this legitimate course has long been denominated prostitution, which exists in public and private.

The vice of changing partners has become so open and for such trivial causes that laws have been enacted, of the most rigid character, and then divorcing and remarrying are carried on to an alarming extent. These are only the attributes of copulation and erotic desire.

Natural copulative affinity constitutes the bond of chaste affection that holds together a man and wife in harmony and love. Parties, male and female, have existed just as happily during life, when marriage vows had never been solemnized and legalized by other than natural copulative affinity. This sexual affinity constitutes more than mere admiration, or transient passion or erotic anxiety: everlasting contentment and felicity will follow such natural adaptation. Some are contented in wedlock, as they possess submissive dispositions, who are not adapted by copulative affinity.

Society is partial in her endowments and liberties bestowed upon the sexes. The male enjoys favors at the hands of society not permitted the female. For this, on account of her innate propensities, the female is responsible. She will expunge a female from her circle of society for that for which she will sustain the male. She will encourage insults from man, and cry for woman's rights, and against masculine maltreatment. She will receive, with open arms, the young father of a prospective bastard, and commit the equal participant, and prospective, victimized mother, whose sins can only be equal to those of the father, to a dungeon, or permit her to accept a life of shame by refusing her entrance at the threshold.

If these are the privileges of modern society *now*, what would women do with the fallen ones of their sex had they things as they so much desire, in "woman's rights" circles? Every female who had made a mistake (that should become known) would be tortured at the rack, or murdered; and few would there be left to tell the tale. The moral beginning must be with woman. She must not offer premiums for male licentiousness, and must encourage her fallen sisters to "sin no more." She must protect her own sex by showing forgiveness, as well as censuring. So far as effecting any change, moral teaching is of the greatest vanity. But these things are not looked upon in their true light. Sexualists discuss these subjects, who do not appreciate the first principles of sexual physiology; who do not comprehend that the sexual relation in itself is the very essence of deception, as of secrecy. The cunning devices of both male and female are exhausted by efforts at assignation and debauch. The greater the legal restriction the greater the deception. The more common, open and generous our society becomes, the better will be its constituents.

CHAPTER VI.

Nymphomania.—The most deplorable condition of all, to which the female is subject, is the uncontrollable, maniacal, erotic desire, called nymphomania. The disease is fortunately rare, and commonly makes its appearance at, or soon after puberty, but has been observed in adult and married women. Of the six cases that have come under my observation, one was a married woman, the mother of children, four were girls at puberty and one, which will be hereafter reported, aged 19 years.

In the commencement the sufferer is a prey to perpetual contest between feelings of modesty and impetuous desires. At an after period she abandons herself to the latter, seeking no longer to restrain them. In the last stage the obscenity is disgusting; and the mental alienation, for such it is, becomes complete. The cause is often obscure, but when known has been undue irritation, by titilation of the genitals, or anything that would cause turgescence. The disease is apparently local in the beginning, but seems to affect the entire nervous organization, through reflex excitation.

The clitoris, by some, is supposed to be the seat of irritation, and has been amputated or cauterized, but without generally effecting any relief. The disease is not generally confined to any particular locality of the genitals. If allowed, the patient will take the hand of the male and place it upon the *mons veneris*, and it is only by force that she will allow it to be taken away. She cannot locate the seat of pleasure, but will say that the entire surface touched contributes to the venereal excitement. Another peculiar feature is, that she obtains no satisfaction from venereal orgasm; but on the contrary it adds to her maniacal conduct and obscenity. She is not in any manner responsible for her conduct, and no punishment will cause her to desist. Everything is sacrificed that is feminine, for that which is disgusting and vulgar. The more modest she has been in health, the more obscene she is likely to become in her venereal frenzy. What the final result would be, without treatment, I have never witnessed, but must conclude that lunacy would soon be prominent and probably suicide. There is no tendency to recovery, but to continue from bad to worse, until publicity is no restraint to the obscenity and indecent conduct of the victim.

Case.—Nymphomania, with nocturnal involuntary orgasm. Miss U.—She was aged 19, very small in stature, only weighing 90 pounds, of very respectable family and herself perfectly respectable. She was refused by her probable “intended,” who had discovered signs entirely unnatural for her, in whom he had placed implicit trust. When the condition was first manifested in her, the intended, not thinking of anything wrong on her part, attempted to gratify her morbid erotic desire by coition, which only made her, as he said, “nearly crazy.” She had heretofore been modest and distant, but now she was on his lap, and all over him or leading him to a place of decumbiture. When she visited my office, and imparted to me her whole confidence, my first treatment toward her was so rigid and distant that my examination revealed the parts

before orgasm had taken place; but as soon as I touched the nymphæ; they became lubricated with a thin viscid fluid which was profuse. At first the clitoris and nymphæ were red, dry and hot; but as my digit came in contact with the soft parts, she forgot the rough treatment and my cold conduct toward her, which I had assumed to prevent, if possible, her venereal crisis, and she became unmanageable for the time, until she had passed three or four orgasms, as I supposed, one immediately following the other, when she became more governable. To carefully portray in words what she said and did would be shocking to a fastidious doctor. With a speculum in the vagina the os uteri would contract and dilate in alternation, and undergo orgasms in rapid succession, with only a few seconds interval. She begged of me not to withdraw the instrument, but when I had completed my examination she was partially exhausted and docile. I could discover a mucoid fluid emitting from the os uteri which evolved a strong venereal odor.

She informed me that she had voluptuous dreams nightly—as many as three in a night. Her figure is small and round, eyes black, hair coal black, countenance very sallow and chlorotic. She seemed to know that this condition was not right, but her modesty was entirely gone, when in company with a male. The presence of a woman restrained her. Her own mother had not determined the true nature of her difficulty, only noticed that something was peculiar with her daughter. The patient had judgment enough left to go out of the room and isolate herself when a man would come about. The advent of this disease she says was first known by a peculiar thrill at the sight of a male, which became more aggravated from day to day. Now, one year has she suffered from this intolerable mania.

To pass over and not give the treatment would leave the case quite incomplete.

Treatment.—I directed monobromated camph., in two gr. pills, one every 4 hours, with formula No. 1, as directed; ice-water to the vulva nights, with daily applications of Faradisation by placing a wetted sponge upon a chair with the patient seated upon it, to which the negative pole is attached; used the positive in my left hand, with my right hand applied to the head and down the spine. Improvement took place from the beginning, and in forty days she was quite herself. She was improved in flesh, color and strength. In two months she was so modest that I could scarce gather courage to ask her if she was yet troubled with any signs of her old affliction. I could not obtain consent to make another physical examination, and she remains well, but is continuing to take the medicine, from formula No. 1. She has strength of will, I am informed by her “intended,” to refuse any degree of proximity. He says, “It seems like a dream. I am learning to court her over again, and succeed very slowly. She is so distant.”

The two cases reported by Prof. S. H. Potter in the April number of *Am. Med. Journal*, 1876, do not overdraw the picture, any one will testify who has had a few of these perplexing patients to manage.

“Miss M. T., age 18 years, of sanguine temperament, quite corpulent for her age, a wealthy farmer’s daughter, distinguished for her modesty, intelligence, prudence and good social qualities.

“*History.*—In the hot weather of August, the writer was called 15 miles to consult with Dr. A., the family physician of Mr. T. About three weeks prior to this, Miss T. had suddenly exhibited paroxysms of uncontrollable desire for coition. When any young gentleman chanced to call upon the family, she would elevate her apparel under her arms, approach and attempt an embrace in the most lascivious manner, until forced to desist by the interference of the overpowering strength of the persons present. At first these scenes were at intervals, with intervening times of great dejection, gloominess and silence. The father being of rather a superstitious nature, thought her ‘possessed of the devil,’ and resorted to repeated and severe flagellations without effecting any perceptible reform. During the last week her excitement had been almost continuous, and she had been confined to and locked in her room. It may well be supposed that the case had excited the entire neighborhood to wonder and amazement, and in some of the more thoughtful, deep sympathy, and through their advice the physician was called.

“Examination with a glass speculum showed an irritating fluid oozing from the os uteri; the whole surface of the vagina, the nymphæ clitoris and the vulva were suffering from active congestion. Exalted general sensation was apparent, and the slightest touch of the internal labia or clitoris produced the most exquisite amorous excitement—an uncontrollable mania.

“*Case II.*—Was called to see Mrs. F., of this city, September last, age 30, a grass widow by third marriage. Found her in violent hysterical spasms, with usual accompanying symptoms. Her aunt, with whom she was then visiting, gave the following:

“*History of the Case.*—For some time past she had exhibited lasciviousness; had to be kept under surveillance; to-day the aunt had ‘been out shopping;’ on coming home she found her niece in a sequestered place with exposed nudity quite shocking, and using persistent artifice to effect coition with a canine Newfoundlander. The aunt so rashly interposed, that the niece ‘went into alarming and persistent spasms.’”

Dr. Potter further says that examination showed this case to be one of nymphomania, relying upon the turgescence of the clitoris and nymphæ and ichorous discharge from the os uteri as diagnostic.

It may be remarked that such turgescence not uncommonly produces an exalted erotic desire which is analogous to turgescence of the urethra in the male, manifested in gonorrhœal priapism.

Such irritations are not always peripheral in origin, as may be supposed, but more commonly a general neurasthenia, or at times a spinal turgescence, which qualifies the genitals for any disturbing titilations that come along. This may seem more evident,

when it is once considered, that a hyperæmia of the nymphæ and clitoris may and has often existed and no nymphomania; and if the peculiar centric condition does not first exist, there will be no local venereal turgescence of the genitalia.

Ovarian and uterine disease may produce first, a determination of blood to the cord, and then, by slight irritation of the vulva, the condition, nymphomania, may be established. Such is perhaps the most common cause; and the more have we reason to conclude so, from the fact, that the majority of these cases appear soon after puberty, when the first crisis of femininity has wrought its effect upon the uterus and ovaries. At such times is self-pollution most likely to produce a striking impression upon those organs, and most likely to bring about nervous shock by calling a superabundance of liquor-sanguinis to the developing genitalia and reproductive organs. This shock is sometimes so apparent that fainting results and alarming symptoms follow. To relate a case will the better illustrate what may sometimes occur.

Case.—Miss E. H., under the following peculiar circumstances, I was informed, needed my services, as it was known that I was the physician of her family. A young man, whom I well knew, came after me and returned with me to the house, and during our ride, he related the following story, to which I had reason to give entire credit:

The young man and the patient were “sitting up” with a sick lady. During the night, when all was quiet, the young man had taken the liberty to place his hand upon the genitalia of Miss H., when he noticed that she rolled her eyes in rather a peculiar manner which he considered only submission, as she leaned toward him in a very passive manner. He took her in his arms and placed her on a couch, replaced his hand, introducing his finger into the vagina, when he became alarmed at seeing her froth at the mouth, with slight muscular twitchings of the eyes and mouth. He attempted to arouse her, but failed and, becoming still more frightened, called the family, and hastened to my office.

I found the patient, Miss H., who was aged 18, fleshy (her weight was 150 pounds), had been a very healthy girl, of an excellent family, and rather pleasant in disposition. She had always been very modest and retiring; had rosy cheeks, black hair and eyes. She was then in a very delirious state, with pupils contracted, face flushed, no cramping, feet cold; head very hot, with occasional epileptiform movements of the eyes and mouth; biting the tongue and frothing at the mouth; twitching of the facial muscles and sphincters. I informed an old lady that I suspected some private trouble and invited her *only*, to remain in the room while I made an external inspection, which only gave me the satisfaction of knowing that nothing was the matter with her genitals, and that the young man had not deceived me and effected intromission, as the hymen was perfect.

A large dose of chloral hydrate produced quietude for the night, and I ordered her to be taken home as soon as she was rested by sleep.

I visited her the next morning at her own home. She was conscious, with pulse at 120; temperature, 102; pupils contracted, and face flushed; skin dry; tongue dry and

red; asking for water often; head drawn back; throbbing of the carotids, with spasms of the dorsal and posterior cervical muscles.

She had never been sick, and she had never been of a nervous habit; and such a condition was entirely unexpected. There was no epidemic of such a character, and no accountable cause except that given. Her case was of an inflammatory type and lasted twenty-one days.

Treated by large doses of gelseminum, veratrum viride, and quinine when safe. The case was a sthenic one throughout, a meningitis without a doubt, and no cause but venereal shock.

When she recovered I asked her if she remembered what occurred during the night of her falling sick, and she flushed, but finally confessed knowing when he put his hand upon her genitalia, when she thought she fainted; but casually remarked, "I don't understand it, but I had no power to prevent him doing so."

The young man again informed me that his hand was upon the vulva, perhaps a minute, when he noticed a strange expression on her countenance.

The shock did not occur at or near her menstrual period, and she menstruated during convalescence, which her mother informed me was a period six weeks from her previous time. She never entirely recovered her mental vigor, and remained single till three years ago, when she married, and all has gone well.

The shock can only be attributed to that susceptibility to nervous impressions so common to the female reproductive organs in the stage of development. There is a strong probability that had this nervous shock been less impressive in character and more prolonged, a nymphomania might have occurred.

CHAPTER VII.

Satyriasis.—Not the female *only*, suffers from an ungovernable venereal desire, but the male also is, at times, the subject of a disease, analogous to nymphomania of the female. Such is the disease termed satyriasis. A young married man says to me, in the following forcible language, “My penis is stiff all night. I can’t let my wife rest, and she is nearly dead, and I am tired out myself; but as soon as I see a woman, my penis rears up like the proud standard of Wellington. What shall I do?” His penis became erect while I was examining it. I could not see anything unnatural, only it was enormously large. He had not been a debauché, neither had he masturbated to any degree of injury. There was no spermatorrhœa. He said that it required a more than ordinarily long time to bring about venereal orgasm, after which erection would remain in situ until he went to the hydrant and drenched his penis in cold water; but as soon as he went back to bed with his wife his penis would become erect immediately. He had suffered a month in this manner. He had not been a very amorous man before this, but confessed having obtained and enjoyed a usually temperate allowance previous to marriage. This patient had always been of a robust appearance, but when he consulted me was beginning to look worn and anxious, with sunken eyes from want of sleep and mental unrest. He suffered from pain in his back, head and through his lumbar spine. Deep pressure revealed tenderness over sacrum and last lumbar vertebra. His general symptoms were those of spinal hyperæmia.

Treatment.—Bromide potassium, grs. xx, 3 times a day, with general Faradisation and central galvanization (after the method of Beard & Rockwell), soon gave him relief, and after ten applications no more difficulty was experienced; but a number of months was required before his general health was restored.

The symptoms of spinal hyperæmia were very prominent in this case, viz., pain in the cord, not affected by digital pressure, increased by lying down and diminished by sitting. His erections were not troublesome, only when he was in bed lying on his back: this point it will be well to remember. Many of the symptoms so commonly existing in spinal hyperæmia are absent.

Many cases occur of a peripheral origin, from inflammation of the mucous membrane of the urethra or prepuce. Gonorrhœa commonly causes a peripheral satyriasis; but this soon passes away and is of minor importance compared to the disease which is intended as the premise of this chapter. Morbid erections appear without erotic desire, and peripheral causes commonly give rise to this condition. It may not be properly considered a disease, as it is so commonly symptomatic of spinal hyperæmia. And never, as yet, have I observed this morbid exaltation of the amative desire without spinal symptoms, with the usual diagnostic signs of spinal hyperæmia of the posterior columns. The treatment, to be followed by success, must be of such a character as will relieve any centric local hyperæmia, and as such treatment seems to

give relief is additional evidence of centric turgescence. As a treatment for the disease, bromide of potass and ergot must be administered in large doses, with the addition of galvanism alternated with Faradisation. Cleanliness of the genitalia is indispensable, as well as the removal of any morbid condition or irritating influence.

Satyriasis may exist as a very troublesome reflex condition in many painful affections of proximate regions; indurations, hæmorrhoids and cancer of the rectum, irritation of the bladder or prostate gland, or by caluli in either bladder or pelvis of the kidney.

Case.—Jno. C. consulted me on numerous occasions for troublesome erections. His kidneys were painful under a mild Faradic current; his water was high-colored and urethra contracted in calibre, with follicular inflammation periodically appearing, and giving great annoyance by the discharge produced. Dilatation of the urethra to full size has finally given permanent relief from the most troublesome morbid erections, and other reflex nervous manifestations.

In such cases, no agent controls reflex irritations like bromide potassium; but it must be given in large doses. When causes cannot be removed, the satyriasis may or may not pass away by appropriate management, or it may be controlled temporarily and return again. I have more than once known this condition to appear and reappear in cancer of the rectum and testes, which was a troublesome feature, with intervals, during the existence of the patient.

The local causes, if possible, must be removed.

For the treatment of spinal congestion, [see page 92](#).

CHAPTER VIII.

Sexual Neurasthenia.—Another and more general aspect of the results of the sexual mismanagement will be studied under the above heading. The general weakness, nervousness, general debility, general nervous exhaustion, proceeding from sexual excesses, will be considered from another stand-point than those, subsequently, which are considered and named, more from the more attractive phenomena, than from an understanding of their pathological anatomy. A generalization of signs, symptoms, and conditions of sexual weakness, covers a multitude of manifestations found under other names, but calculated more especially to assist in the study of a weakness not depending upon observable organic disease.

Sexual neurasthenia differs from neurasthenia of other origin, in that the former is always coupled with weakness of the genital organs, which is not necessarily the case in neurasthenia of mental origin. Again, the genital weakness is always traceable to sexual excesses or juvenile pollution.

The most troublesome form of neurasthenia is the sexual. There are but few symptoms in common with neurasthenia from any cause that do not appear in this variety.

The diagnosis, or line of demarkation between sexual neurasthenia and the variety of actual organic diseases, is not always well defined. It undoubtedly forms a stage beyond which is structural disease of sexual excess, or the cause is perpetuated. I cannot admit that true impotence and spermatorrhœa are concomitants of neurasthenia, as they are phenomena of structural changes; but a threatened condition may exist. In this, I believe, I am at variance with some modern writers high in authority.

For the most satisfactory description of this disease, and the application of the term, neurasthenia, the profession is indebted to Geo. M. Beard, who has given the subject a most thorough review in periodicals and in Beard and Rockwell's *Medical and Surgical Electricity*. In 1869, Beard published an article in the *Boston Medical and Surgical Journal*, giving illustrations of thirty cases treated principally by electricity; and again, with a better understanding of the cerebral and spinal forms, he presented a paper before the *New York Neurological Society*, in 1877, which was published in the *New York Medical Journal*. Other papers, by the same author, have appeared, which evince a careful study of nervous weakness. Erb has given also a very excellent treatise in vol. XIII of Ziemssen's "Cyclopædia." Authors have not, thus far, given due credit to the sexual organs as a cause of neurasthenia. Erb treats of the disease in a confused manner, in portions of his treatise, compared to his clearness on other subjects, evincing more book theories than facts from clinical observation. In generalizing he is clear, but in classifying, he is not particular enough in pointing out

the different signs of neurasthenia originating from the brain, from that form belonging to the spinal cord.

The most common form of nervous manifestations is such as would lead one to think of exhaustion of the forces usually attributed to the structures of the cord: the nervous energies are very much depleted. They seem, at times, to be duly supplied, but the forces may as quickly depart and leave the system languid and depressed, without power to coordinate the muscles. This more especially applies to a certain class of cases which assimilate organic trouble in the nervous structure. No change observable takes place in the circulation, yet it must stand to reason that the replenishing power of the nerve-matter is deficient. This must be impaired nutrition, and a lower order of nerve-structure organized, not capable of evolving so perfect a function or force—nervous energy. This suspension of nervous energies is only transitory when a fair degree of activity is established. This would seem to be caused by depriving the nerve-tissues of elements demanded to supply natural waste; which is, in all probability, the true nature of this exhaustion.

We have neither spermatorrhœa nor impotency, in the strict sense of these terms. They perform the sexual function well, but lack power to repeat the act as often as healthy people are wont to do. Sometimes they cannot control their ejaculation during various conditions of excitement, fear, or fright. It is in this condition that a lack of confidence in the sexual ability is had at certain times when copulation would be the most desired. It is in such cases that a young man complains of chagrin and embarrassment. Many a time have young men described their afflictions in the language more forcible than elegant, describing such opportunities with voluptuous “sylphs,” saying, “he went back on me.” This is a weakness of the genital organ, having lost its innate power to become erect, in which all the powers of mind and will, concentrated upon the act, are required to establish the erect posture. Whenever any great mental effort is required to procure an erection, either there is local weakness, or there has been too often repeated sexual contact, which has not been followed by proper rest; or the female has not a fascinating influence over the male.

The general weakness, so much the cause of alarm in young men, and yet not of the least danger, is the typical case of neurasthenia. The young man consults a doctor, with a long discourse of his symptoms: he has read a book on indiscretions of youth; feels badly; has had erotic dreams once a month; is “nervous,” feels languid, and apprehends danger.

Medical students, when listening to lectures graphically picturing disease of the genital organs from sexual debauch, all have each and every form, with the rare and peculiar sequelæ. They consult the professor in whom they repose the most confidence, only to receive the assurance that nothing is the matter, only a little weakness which will soon of itself subside.

In treating of sexual neurasthenia I can but confine myself to that functional derangement caused, directly or indirectly, by the supposed lack of endurance of the genital organs and the coëxisting nervous weakness.

The fact that nearly all young men have at some period polluted, gives them a cause to fear that any nervous debility discovered may be caused by their early indiscretions. In this they are deceived, and only putting their minds at ease will dispel, often, the cause of this perpetuation. I am often consulted by literary men, who only need rest to be free from this languor. A zealous divine consulted me, with the impression that he was afflicted with some organic nervous disease or brain disease. After examining him closely, and assuring him that he had only a nervous weakness of a functional character, he thought best to confess all by saying that he had been “wild” in his youth, and he was laboring under great fear that he was beginning to feel its latent influence upon his brain. I again assured him that it was entirely impossible for him to become in any manner afflicted with a brain disease.

The transitory character of all neurasthenic symptoms is quite sufficient to distinguish this from organic disease. On one day the patient feels badly, with some signs of organic neurosis; but the next day he has forgotten that group of symptoms, and another is complained of; or he may be free and light, and in bright spirits; but whenever he feels weak and languid, the first thing he thinks of is his early indiscretion.

Neurasthenia Caused by Sexual Excess and Domestic Infelicity—Case.—Mrs. M., the mother of two children, passed through four abortions, came lately from Chicago to this city and, perchance, became my patient, when I learned her history. She had sustained a fracture of the left parietal bone and suffered some from compression. The specula was removed in Chicago. The injury was caused by a heavy glass, hurled by her husband in a fit of jealous rage. She is fleshy, weighing 135 pounds, and rather short; has some time been given to drink, to cover domestic infelicity; her face is florid, and on the least excitement becomes purple and ecchymosed in spots; she feels, sometimes, as if she would faint; often has vertigo, tingling in feet and hands, sickness at the stomach; she never cramps, but often cries, feels languid all the time, and lies in bed the most of the day; pulse normal, sometimes a little intermittent; tongue natural and bowels regular; no belt sensation; no tenderness in the cord; no bladder trouble.

Her husband compelled her to submit to his embraces three or four times on Sunday and every night during the week; and this had been practiced, with only menstrual intervals and when too sick to submit, for six years. She is peevish and fretful, and suffering from general exhaustion.

There are many manifestations of neurasthenia, when the cause has been from the sexual; prominent among which is irritability, exhaustion, and sleeplessness following sexual congress; nervous headache with black line under both eyes the next day; creeping sensation and itching of the skin, without any abnormal appearance to

cause it; formication, numbness of the hands and feet, flushed face, tenderness and pains that are transitory: all without any detection of organic disease; not but what such symptoms exist in organic disease, but they are more permanent, when they do exist, and can be associated with some assurance. I have had my mind on the point of naming and searching for numerous organic and spinal and cerebral affections, when the patient would multiply antagonistic symptoms so rapidly that I have often concluded that my patient had a new and serious combination of lesions.

Organic disease generally has a set of signs and phenomena entirely in accordance with structures involved; but neurasthenic symptoms are most commonly such as are antagonistic to any two forms of neurosis.

A greater variety of symptoms exists in neurasthenia than any organic disease. Symptoms of one organic disease are common one day, and of another the next day; and though the two organic manifestations were wholly different, the patient on the third day will perceive them all combined and aggravated.

Not all cases of neurasthenia can be attributed to the genital organs. In my experience cases, arising from sexual irritation and other causes, are very evenly divided. I have often been convinced of genital irritation being caused from neurasthenia; but as I have intended the more to discuss sexual neurasthenia, in Neurasthenia from Genital Irritation, I shall be compelled to leave the subject with only having mentioned its bearing on sexual irritation as a cause.

Neurasthenia does not differ, when of a genital origin, from the same disease of other origin; only that the genital irritation antedates the neurasthenia.

It has been said that neurasthenia usually confines itself to the nervous diathesis. If we only had a definite condition, known as the nervous diathesis, that could be relied on, much would be gained. Some of the most troublesome cases of neurasthenia have appeared in persons whom no one would point out as possessing a nervous diathesis. Beard says, "Among the chief signs of a nervous diathesis are fine, soft skin, fine hair, delicately cut features and tapering extremities."

These are often marked features in nervous women, but neurasthenia has existed in persons coarse, dark, thick-skinned, clump-fingered, and very uncomely in shape; often large and fleshy.

In attempting to show the relation of neurasthenia to the genitals in both male and female, it will lend information to relate a few cases:

Case.—Jno. B. wishes to know what makes him so "fidgety and good-for-nothing." He says he has visited his intended, to whom he is "engaged to be married," twice a week for nearly two years. "We are very intimate and kiss and embrace: I think too much of her to do anything wrong. My penis is up all the time I am with her; and when I go home my testicles are sore, and I lie awake all night." This is typical, as a cause from continuance; and if the female is as amorous as the male, she will also become nervous and irritable. The restlessness, following the protracted turgescence

of the genitals, is a fruitful cause of neurasthenia. Yet all will gradually pass away after marriage, which should be advised speedily. With nymphomania, there commonly exists a neurasthenia that long remains after all signs of any organic disease have disappeared.

Mrs. M., aged 26; the mother of one healthy child; rather adipose; short and firm of organization; flushed face; weight, 140 pounds; apparently a very vigorous woman. She cannot endure any muscular effort of any kind, as she becomes exhausted; dizziness, formication, sickness at the stomach, one day; coldness of feet and hands, with paresis of first one side then the other, tingling of the tongue; no hysterical manifestations, cramping or fainting, at any time. Uterus is normal; no tenderness along the spine. Sometimes a local hyperæmia of the brain exists, but only lasts a short time. Her heart-sounds are normal, and pulse regular; bowels perfectly regular at all times, and menses regular. Within a period of two years' time, she produced four abortions upon herself. Each time at third month, and each time did so well that no physician was called. She informed me that she became more and more nervous after each abortion. I have not benefitted this case by any manner of treatment, as yet, and still there is no manifestation of any organic disease.

If ever a physician is perplexed, it is when he is called on to advise a patient whom he calls "nervous." This is more commonly the case with the general practitioner, as he is looking for something to be the matter, and finds nothing but phenomena which he illy comprehends.

These cases are of vast interest to the neurologist, as he is in an expansive field for study, and he feels a pleasure with his work; not as to the rapidity with which he expects to see these manifestations pass away, but in the assurance that these most troublesome phenomena are harmless.

Treatment.—In the management of these peculiar nervous appearances, many agents may become necessary; but to obtain rest is the all-important consideration. To aid nutrition is the next in importance, and thereby build up the structure of the nervous system, improving tone by assimilation. All causes, of course, must be removed. The medical treatment will consist of agents that stimulate evolution of nerve-forces. Tinct. pulsatilla, bromide ammonia, dil. phos. acid, are agents which act excellently, given one after the other, changed in a manner to perpetuate their influence. With determination of blood to the face and head, small doses of gelseminum or bromide potassium, for temporary relief, and ergotine continued in grain doses.

When the hands and feet are inclined to become cold, the hypophosphites should be given.

As a tonic in these conditions, and especially when the patient is not often seen, formula No. 1 will act in a majority of cases very kindly.

Electricity must be resorted to for the permanent relief of nearly all cases. General Faradisation will be the most generally useful, used often and by short sittings.

The general bathing, resorted to in bath-houses, is often very injurious; as no selection of cases as to the peculiar necessities, and no adaptation, is made; but proper douching is a most excellent remedial measure, and must be conducted with special care and judgment, as regards the adaptation of kinds to each and every condition and temperament.

CHAPTER IX.

Pseudo-Spermatorrhœa.—A male, enjoying the best of health may, under certain influences, have an involuntary discharge of seminal or prostatic fluid; but as the latter will be treated in full below, I shall first consider accidental discharges of semen as a pseudo-spermatorrhœa. Impressions are wrought upon the nervous system, sometimes of a stimulant character—other times like a shock—that are followed by involuntary losses of semen. It is not uncommon for semen to be found in the clothing of criminals hanged by the neck; or for soldiers to ejaculate semen at the time of entering an expected battle. Involuntary discharges as often occur from the bowels under similar influences.

But mental shock is not essential to the production of such relaxation of sphincters. I have on numerous occasions produced an ejaculation of seminal fluid by the strong currents of electricity passed through the genitals, localized.

A cold bath has not been uncommonly the cause of such losses, in perfectly healthy subjects. I was once riding, in company with a friend, through the country on horseback. My friend had suffered some rheumatic pains, for which I gave him opium and quinine in large doses which, under the influence of the friction of the saddle, caused an ejaculation of semen without erection or erotic thoughts. He was a robust fellow, and knew nothing of sexual weakness of any kind.

Young men sometimes, and married men that have been continent a long time, and bachelors commonly, are subject to spermatic ejaculations involuntary, without genital debility. It has been stated by authors, high in authority, that seminal losses two or three times a week were only physiological. From this I must dissent. I do not wish to be understood as saying that occasional seminal losses are always injurious, but I do not on the other hand believe, as do some, that even occasional losses are really and always physiological.

To think that the disease exists entirely in the act of involuntary emission, is as great an error; as it would seem only rational that, if a larger quantity of semen was manufactured than the vesiculæ seminales could hold, the natural result would be an evacuation. Again, I have known males to live continent and have involuntary losses for ten years, as often as weekly, and no evidence of any general or local debility. Yet I believe this to be an exception worthy of note. It is quite useless to attempt to effect a cure in some of these cases of pseudo-spermatorrhœa, as no real disease exists. Some of them will continue: others are only transitory, and need only to be assured that no wrong exists. Even if it is not physiological or desirable that such things should exist, yet it is not actually pathological.

Again, so-called mental spermatorrhœa partakes partly of this character; especially when a young man is so pathophobic, from mere book-reading fright, derived from specialists and impostors, whose main business is to scare a young man

to pay out his money and be humbugged. If he has not had emissions oftener than monthly, and he is of a confiding turn of mind, a troublesome mental disease may be founded. If no marked physical disturbance follows these occasional losses, I generally inform the young man that he has been mistaken as to the gravity of his troubles; thus putting his mind at ease, and the patient in a position for self-recovery.

Case.—Not long since, a young man was under my care who was pathophobic; his mind constantly dwelling upon what he had read; and the occurrence to his mind, that he had losses of semen as often as once in six weeks—although he was a vigorous blacksmith—caused him to imagine himself suffering with all the usual bad feelings of an advanced case of nightly seminal losses. He appeared in good health; was able to do a day's work, and to work well; but, nevertheless, he was neurasthenic, and at times very feeble; or, at least, he thought he was. When once he could be made to forget his imagination, he would be as strong as ever. The simple assurance that he would recover with simple treatment was unavailing; but when persuaded to think much was being done, and that his medicine was very potent, he soon ceased to be troubled with his worry and was quite well, although he had taken only a simple bitter. He finally became afflicted with a sore upon his prepuce, which was of a herpetic nature *only*, and for which he consulted a score of doctors, as the sore would appear from time to time. All informed him of the harmless nature of the eruption, but he had faith in no one until a venereal specialist reduced his purse to vacuity, when he returned to me for advice. He was simply syphilophobic, and demanded only a deceptive treatment, with assurance that his trouble was of a local character and never could grow upon him; but shortly his herpetic trouble ceased to appear, and something else victimized his imagination. Such is the mental predisposition of the nervous, imaginative class who *only* suffer, to any extent, with what to them appears to be disease.

Such a case of pseudo-spermatorrhœa would not irritate, in body or mind, any person of good reasoning capacity; but, unfortunately, such persons are not as common as may be supposed; hence, the deceiving specialist has many willing victims.

Prostatorrhœa, may exist as an independent, uncomplicated and local disease, or in conjunction with spermatorrhœa. My experience leads me to remark, that the latter seldom exists without the former, but that prostatorrhœa commonly exists as an independent disease; and when the flow of semen does not amount to sufficient, in frequency, to consider it a cause or a consequence of disease. In my judgment, this flow of glary, viscid fluid is most commonly observed while straining at stool from constipation. Young men very commonly apply to specialists and exhaust their funds and return to the less pretentious family doctor for a more satisfactory and truthful statement. Even with this little discharge of prostatic fluid, and when no sign of spermatorrhœa existed with it, the young man may experience all the phenomena of true and long-standing spermatorrhœa. His mind suffers, as well as his body, with

imaginary nervous phenomena too numerous to mention. But in these conditions it is not uncommon to find very troublesome disease of the prostate gland, brought on by gonorrhœa, sexual excesses or masturbation, existing alone or with true spermatorrhœa.

An examination will reveal enlargement and tenderness of the gland, commonly irritation of the neck of the bladder. If we make inquiry, the history of prostatic inflammation will be obtained, and gonorrhœa or venereal excesses. Pressure upon the prostate, through the rectum, will not uncommonly cause a discharge of prostatic liquid, which is followed by a smarting sensation. Copulation and ejaculation are sometimes followed by a burning pain in the prostate gland, which lasts sometimes a few hours—commonly a few moments. Prolonged erection is followed by a discharge of viscid fluid, not ejaculated, but simply flowing away. When the bowels are constipated, as scybala pass the gland, a viscid fluid is pressed out and drips from the end of the penis with a smarting soreness, prolonged in the gland. The fluid is not hurled forth, or ejaculated in jets, like semen, but a thin glary fluid. The disease is commonly only local, and needs very little constitutional treatment.

The tinct. staphisagria, so highly recommended by many, will often act very kindly as an adjunct, but will not cure the disease. Cascara sagrada must be used for a long time, to regulate the bowels and digestion. Faradisation, localized and general, is the only agency that may at nearly all times be relied on for permanent relief.

When the disease exists with true spermatorrhœa the above treatment is none the less essential, and only needs modification to meet special indications.

The manner of using electricity for the relief of prostatic disease is very simple. My experience has led me into the habit of placing the positive pole as closely in contact as possible with the gland. I sometimes introduce an electrode into the urethra—other times into the rectum—connecting the anode, and with the cathode and large wetted sponge stroking the lumbar and sacral regions, especially over the origin of the hypogastric nerve and plexus. If there be tenderness over any part of the spinal cord, I change the poles and apply the anode to the spinal tenderness. Such tenderness is very common over the sacral plexus. Again, it is important in the way of ascertaining causes, to know which antedates the other, the prostatic tenderness or the spinal tenderness; and the anode should be applied to that irritation which is found to be the most ancient; as, commonly, upon the spinal tenderness the prostatic irritation depends. But this rule is not always tenable, yet will answer very well in a new case until an electric test, as it were, is obtained.

Whenever unrest, pain or fulness follows the use of one pole to the gland, it is safe to change; as such is not the desired effect. There is no one thing so needful in the use of electricity as familiarity with the physiological effects wrought. Every electrician has marked out the management of a patient, and the course proper to pursue, only to find an entire change necessary, after the first application. Many cases

are plain, but many more are wonderfully obscure; and only after repeated practical tests, do we find the proper current, intensity and quantity adapted to a given case.

CHAPTER X.

Spermatorrhœa.—That special form of sexual neurosis, which has for its most common phenomenon the premature and involuntary ejaculation of seminal fluid, has been the great catch-all of fakirs and venders of popular sexual literature. Not a town of any size in any country is without an advertising spermatorrhœa doctor, who cries his vocation and writes up his fraudulent certificates of thousands of cases cured, and the great danger of millions more sinking into premature decay. Strange that laws are not made to prohibit this wholesale deception of a confiding and innocent class of young men. Spermatorrhœa does exist, but in proportion to the effects of masturbation and sexual debauch, grave injury is exceedingly uncommon. Not because spermatorrhœa is a commonly grave disease, do I insert this paragraph; but because of the unpopularity of the subject, the isolated cases that are really bad, and the still more isolated ones that fall into the hands of the legitimate physician.

The term, spermatorrhœa, has been too loosely applied to a class of cases which the author has chosen to describe under *pseudo-spermatorrhœa*, and also to a class of cases more properly called sexual neurasthenia; when the weakness of a nervous character is only noticeable in a minor degree, or in contradistinction to centric structural changes. But the term is useful to describe such losses as are involuntary, and of frequent occurrence; or, as it were, such as occur without intentional friction of the glans, or without undue nervous shock from accident or fear of injury. To such emissions should the term be confined. Healthy young men sometimes have emissions before or soon after the intromission of the penis, and such occurrences are not uncommon; but with the individual such an occurrence rarely happens: such should not be called spermatorrhœa—only a sexual weakness—neurasthenia. Again, after prolonged sexual excitement, when the organs are simply weak and the erotic energy intense, an emission is not sufficient to declare such a diagnosis.

When it is customary for a male to ejaculate immediately after intromission of the organ, he may have, and quite likely has, a spermatorrhœa; but this is not in itself diagnostic of anything further than mere weakness; and he must at other times than these lose semen, to constitute that real flow which is the true signification of the term. When a male commonly ejaculates before venereal friction of the glans has taken place, and in successive attempts at sexual congress has been baffled, he most certainly has spermatorrhœa, as well as partial impotence. Whenever an involuntary emission is followed by weakness, headache, wakefulness, heat of the skin, there is certainly great sexual neurasthenia; and, if such losses are continuous, the diagnosis of spermatorrhœa is without a doubt. It is necessary that these points should be duly understood, in order that our future study of the disease may not lead to confusion in the study of the conditions of the nervous system leading to such phenomena.

In common cases of the disease, the losses of semen are as often as two or three times a week; not uncommonly, every night, for a week or two; and then an interval of a week, when the nightly ejaculations occur with a dreamy, erotic pleasure, with the patient half sleeping. The young man wakes up and finds his linen soiled: he remembers his dream and is highly disgusted, and soon visits or writes to a traveling or standing venerealist, who sends him a circular containing the thousands of cases treated and cured, with a poetical description of the ten years hence, and perhaps a Marriage Guide, and the price required to cure such a case. He feels all the many things pictured in the book, and if the fee is within reach he is sure to send it, and only too soon finds how badly he is victimized. Not every case is troublesome enough to visit a specialist; or the young man is wise enough to first call upon the family doctor, or a friendly physician, when he is sent home with an opposite kind of discouragement; or he is treated by the latter M. D. (?), who has not booked himself on such matters, and the poor fellow is left to himself and the "*specialists*."

It is a fact, that the common practitioner is so fastidious on this subject, that he has neglected to obtain the familiarity due his own patrons; and if he attempts to treat a case, he will be as likely to fail as to do good. This lack of familiarity is the great cause of such confusion, and in the application of the term so loosely to conditions.

That the subject may be better understood, I shall arrange my treatment of it, that view may be had from the several points necessary to perfect comprehension.

Causes.—The vice of masturbation is perhaps the most common cause. In youth, the sexual organs being in an undeveloped state, local weakness is very commonly produced, and that even before puberty, by the titulations taught the child by accident or by a designing nurse. The novel sensation, followed by the profuse flow of semen, commonly surprises the youth, and through curiosity and a desire to reproduce the new pleasurable sensation, he continues this very common cause, masturbation. Ignorant of the consequences that may follow, he pursues the practice with intense vigor, until the sad effects are wrought, and too late to repent, he learns the evil of his vice.

Boys of the effeminate type suffer first and most from this vice, for the reason that they practice the habit more persistently than phlegmatic children and, it is a fact, that they are willing victims and their nervous system is much more susceptible to impressions. Premature development predisposes a child to manipulate the genitals, as the curiosity is excited in finding such conditions which should only accompany a more advanced age. Any handling of the genitals may indirectly give to the child the knowledge of that sexual sensation, or excite precocity of the genitals.

Boys of a vigorous habit of body are not inclined to play with their genitals; on the contrary, are often markedly disgusted at an attempt of a schoolboy to instruct them in the vice. They are therefore not easily made victims of, and commonly grow up free from, this vice; but they are the most willing participants in prostitutional debauch, in a more natural way. With the irritated and excited condition of the tissues

of the genitals at puberty, then passing the first sexual crisis, what an opportunity for local and general injury must necessarily be present! The nutrition, so essential to growth and development, constantly demanded to compensate for the vicarious and premature waste, great neglect in the natural developments of other portions must necessarily be a result, which is most likely general in character.

As the boy grows up, during the years from fourteen to twenty, the attention he pays to his virile member, and the frequency of his seminal emissions, would be astonishing to one not acquainted with the possibilities.

In the above we have the most common cause of spermatorrhœa. I venture to say that the disease is rare in subjects who never practiced the vice till after maturity or adult age; but it is nearly as rare to find an adult male who has not, at some period of his adolescence, practiced the vice of masturbation.

In addition to the vice of boyhood, the debauch of sexual congress in the natural way, indulged in to enormous excess, produces a state of weakness and loss of general health, with actual impairment of the grey matter of brain and spinal cord, which are reflected upon the genitals in the form of involuntary seminal losses.

Spermatorrhœa is only a symptom of a disease, and must be studied as a neurosis. This diseased condition is generally wrought by frequently repeated erotic crises and sexual orgasms, for a long period of time, in conjunction with habitual spermal losses, during the period of development. The frequent repetition of sexual orgasm so completely destroys the erotic sensorii, that the long practice of masturbation destroys the venereal orgasm, and an emission is produced without even a pleasurable sensation; and even the glans penis becomes so anæsthetic in venereal sensibility that the mental effort *only* produces a venereal excitability enough to bring about an erection. In copulation, such persons do not enjoy a venereal thrill, only by fresh novelties and different females. The subsidence of the venereal thrill, and the loss of erotic sensibility and intensity of enjoyment at sexual crisis, or during sexual orgasm, is evidence that structural changes have occurred and that the disease has become located.

Not until structural changes are wrought in the nervous system, is it probable that involuntary seminal losses will continue, or should be corrected as a disease.

Sexual congress may, under favorable circumstances, when indulged in to great excess, become a cause of such organic changes in the nerve-centers as are followed by spermal losses. A few such cases have come under my observation, that were of an unmistakable character. The report of one case, which is a typical one, will suffice.

Case.—Chas. B., a rather gentlemanly fellow, consulted me for spermatorrhœa, with the following history: When he was a small boy, some twelve years of age, a servant girl was his room-mate, with other small children; his parents thinking him too small to interfere with the servant girl, and did not change his room until a year or more after she taught him the significance of his erect genital organ, by coaxing him to an attitude favorable to her own gratification. Thus she cultivated her new-found

pleasure, as he grew up and developed. After his room was changed, he found no impediment to nightly visits to the servant's bed. He was soon able to comply with all demands, and nightly they indulged in sexual congress to satiety, and grew up together. She, being much older than he and knowing all the probabilities, exercised her vigilance and precaution, and all went well until he was twenty-two years of age; when he found that, upon leaving home and undergoing a few weeks' deprivation from sexual contact, an involuntary discharge of semen occurred two or three times per week, in his sleep, accompanied by a lascivious dream. The constant and profuse discharge of semen and prostatic fluid had passed from his glans penis, for which he had often sought advice in vain. These cases are not very uncommon, although many a young man has passed through similar experiences with unimpaired virile powers. I opine that, if a young man passes to the age of twenty without much sexual excitement, he will not be likely to suffer with any form of sexual weakness; but if he has the predisposition spoken of elsewhere, he will not be likely to pass to the age of eighteen without being fully aware of his sexual instinct, and the pleasure that may be derived from sexual indulgence or masturbation.

The great author, Lallemand, has given as causes a list of organic troubles, a great portion of which are, instead of causes, produced by the genital irritation and spermatorrhœa. He overlooks the general phenomena which point directly to neurine pathology. As causes, Lallemand gives, among various organic troubles, prolonged erections, excited by erotic ideas or lascivious publications; the use of diuretics, of ergot, of cantharides, etc.; the abuse of alcoholic drinks, coffee and tea; constipation; ascarides in the rectum; hemorrhoids, fissures of the anus; heating and irritation of the anal and perineal regions by habitual sitting, or prolonged horseback riding.

Notwithstanding the eminent authority, it must appear quite impossible for any of the above conditions to cause spermatorrhœa as a disease. The few seminal emissions that may occur from such causes are in isolated cases, and of short duration. Even when spermal losses have seemed to arise from such causes, I should think grave reasons present for the suspicion of self-pollution or sexual excess. The simple denial would not be reason to attribute so permanent a disease to such trivial causes.

It cannot be disputed with tangible evidence, that Lallemand's causes may develop a morbid sexual instinct, by reflex excitation, and act as a predisposition by exciting sexual desire and self-pollution, and thereby spermatorrhœa; but the innate condition must be present also in every case.

While it is well known that various morbid anatomical changes are found in the genital organs, on careful dissection, yet scarce any can be said to act as a cause, but rather as a result of long debauch by pollution and venereal diseases; and as commonly, such changes have been found in the genito-urinary organs, when spermatorrhœa never had been suspected.

Roberts Bartholow, in opposition to the views of Lallemand as to causes, says:

“To place this question beyond controversy, I have lately made a most careful dissection of the sexual apparatus of a young man, dead of double pneumonia, who was known to have practiced masturbation in an extreme degree for many years. Besides a catarrhal condition of the mucous membrane of the seminal and prostatic ducts and of the *vesiculæ seminales*, there were literally no lesions of these organs. I therefore reject this position of Lallemand as untenable, and as leading to improper methods of treatment.”

I can but conclude the cause of spermatorrhœa with one definite remark: That the frequently repeated sexual orgasm, continued for a long time, causing to be evolved so rapidly the great amount of nerve-force which must each time be lost forever, must be the only direct cause of that obscure neurosis upon which spermatorrhœa invariably depends.

Moral Effect.—There is a moral effect wrought upon the mind of every person suffering from an inflamed imagination. The constant dwelling of the mind upon the sexual organs, or the imagination of a future cohabitation, must stimulate the free flow of seminal fluid to the overflowing of the *vesiculæ seminales*. Old debauchés frequently feast upon the virgin countenances that pass street corners, and constantly stand in wait for an expected girl, to be secured by a procuress, that they may feast upon her ruin. The cultivation of such morbid imaginations is an effect, rather than a cause, of long-practiced sexual debauch, and grows out of a cultivated or congenital grossness of the sexual instinct.

Elsewhere, the effects of unrequited passion have been fully elucidated, as cause and effect of local neurasthenia.

Symptoms.—The physiognomy of a spermatorrhœa patient is often very striking; especially one who has been an extensive masturbator, and has been led to think that any physician has but to behold his countenance to judge of his entire condition and its cause. He bears the aspect of one who has been convicted of a shameful vice. This is the picture of an advanced case, yet not beyond the threshold of reason. As he realizes his condition, he is embarrassed that he is compelled to converse on the subject and confess his shame. The face is commonly pallid: the eyes are sunken, with dark lines beneath: the lips are anæmic: the corners of the mouth are drawn down, and haggard lines are deep-cut about the face. He looks much older than he is, and his beard is tardy, isolated and of a dirty color. The general aspect of hunger is marked upon his entire figure: he is often lean and wan. He trembles with slight exertion, and complains of fatigue: his muscles feel doughy, and an unpleasant odor is emitted from his body, strong, like a goat or a pig, and his voice is feeble. He speaks low, as if he desired to be very quiet and secret, even when his subject has nothing in it of a secret character. In common conversation, his voice is reduced almost to a whisper. He often has pustules on his face—acne. A young man may have spermatorrhœa with very few of these symptoms present; but when he has advanced far in the disease—in the nervous lesions—the above symptoms are only the common

manifestations noted by close observation. Yet all these symptoms may exist from other causes, and the patient may be free from spermatorrhœa or pollution. Then, only by the history and physical signs connected with the general aspect, can we hope to effect an exclusive and conclusive diagnosis. He relates his history, which is only a confession of his vice and the story of his spermal losses nightly, with languor, bad digestion, pains and aches too numerous to mention. His tongue is coated, breath fœtid, appetite poor, circulation feeble, and heart-sounds feeble and irregular. Often, a dull aching is located in his back-head, forehead and eyes, with asthenopia, anthropophobia, agoraphobia, astrophobia, monophobia, syphilophobia, nocturnal ephidrosis, palmar hyperidrosis, and neuralgia of different localities and of varied intensity.

Spinal Congestion.—This is one of the varieties of disease-pictures that call for a deviation in management, and is, perhaps, as common as any of the special types, and may be recognized by the following symptoms: pain in the back, as if from long stooping, not increased by pressure; also a dull, aching sensation, as after prolonged exercise. This pain is aggravated by the recumbent posture; hence the sleeplessness so common in many of these cases. Fainting sensations are produced by standing long upon the feet: a misstep, or a sudden jolt in a wagon or car, causes much suffering. Intense burning is often felt along the cord and base of the brain, which is not influenced by pressure; hyperæsthesia of the skin of one or both legs and feet, and the scrotum; testes and penis are often too sensitive to touch; at times, neuralgic pains in the genitals, with herpes præputialis, periodically appearing; great tenderness of the anus, with herpetic eruptions *ab margine ani*. Again, anæsthesia may take the place of exalted sensibility, with formication—or tingling, or sensation of “pins and needles”—of the feet and legs. Sometimes they complain of a sensation of fullness of tissue, as if they were swollen, with no signs of any puffy or œdemic condition present. I have often observed both anæsthesia and hyperæsthesia at the same time, in different localities, upon the same patient. Shooting, neuralgic, or knife-cutting pains often emanate from the spinal cord and pass into the limbs, testes or penis. Sometimes a tight belt is felt constricting the limbs, thorax or abdomen; again a choking sensation, as in globus hystericus, with a sensation of drawing in the spermatic cord and testes; pain in the heart, lungs, abdominal viscera and genitals, is of common occurrence. Irregularities in cardiac movements are not uncommon, with troublesome erections of the penis in the morning, even when erections were impossible at night. Such erections are commonly without erotic desire, and with the bladder empty. They are more troublesome after lying upon the back during the night, which seems to aggravate the engorged spinal cord. As these cases advance paralysis may intervene, more or less profound, generally in the form of paraplegia.

The above, under treatment, will be referred to as the congestive type of spinal cord disease, where the direct adaptation of agents to conditions will be pointed out,

founded on the only principle that can lead to ultimate satisfaction—"specific medicine and specific diagnosis."

Spinal Anæmia.—That form of spinal anæmia caused by the sexual differs from spinal irritation of other causes only in the more usual beginning at the lower portion of the spinal cord—sacral and lumbar regions. In this we have a group of symptoms of spermatorrhœa that is not by any means rare; not always diagnostic yet, coupled with the necessary history, they afford a condition to which too little attention has been given. Spinal tenderness is always present, increased by pressure, relieved by the incumbent position and aggravated by walking. Unless these symptoms be present, no case is to be considered anæmia of the cord.

Where spermatorrhœa and spinal anæmia are associated, and sexual debauch has evidently been the cause of the latter directly, it will be observed that sexual excesses have existed a long time before the latter, or before constitutional disturbance had in any way manifested itself. Spermatorrhœa, when associated with spinal anæmia, appears only secondarily, as a phenomenon of the disease thus caused.

As spinal anæmia advances and other tender points appear in the cord, the eccentric symptoms also change and the phenomena are various in accordance with the location and symptoms coincident with such phenomena when the causes have been other than sexual.

The lumbar tenderness is generally accompanied by neuralgic pains in the lower limbs, back, abdomen and rectum, cramps in the bladder, with difficulty in urinating; at other times incontinence.

In one case, which was under my care two years without any benefit, the whole spinal cord was tender to the touch, and the patient was epileptic and very feeble in mind.

When the dorsal region is involved and tender, as might be supposed, there will appear gastric troubles; acidity, pyrosis, nausea and vomiting, gastrodynia; again intercostal neuralgia and rheumatism, cough and dyspnœa, palpitation, fits of fainting and epileptiform convulsions.

Case.—Mrs. P., in addition to unmistakable symptoms of spinal anæmia, with dorsal tenderness would, at the sudden closure of a door, complain of great pain in her abdomen, stomach and uterus. On several occasions she had had involuntary evacuation of fœces and urine during a thunderstorm. Her skin would be covered with cold sweat (hyperidrosis). Medicine had very little influence in this case; but electricity applied daily for three months—a mild current of Faradisation—effected a very satisfactory improvement. This was a case of sexual origin and a result of fifteen years' sexual excess in her early life; after which she married well to enjoy the remainder of her life in wedlock under the care of a physician constantly.

The cervical region is not uncommonly affected and may be very tender, which may produce pain in the stomach and nausea, rejecting everything swallowed, at times. Sleep is nearly always deranged: sometimes sleeplessness, and again, in the

same patient, profound coma of long duration is observed, and somnambulism is also likely to occur in such cases. Twitching of muscles, contraction of flexor tendons, hiccough, aphonia, vertigo, head-pain through the top, tinnitus aurium, disturbance of vision, asthenopia, and mental derangements, as the last stage of the disease, when the brain and entire nervous system are in a feeble condition: all follow, in rare occurrence, the sexual debauch, and are symptoms of the entailed conditions, viz., sexual neurosis, of which spermatorrhœa is only one of the numerous symptoms, yet perhaps the most attractive.

As these foregoing types or conditions advance, they become complicated and even change in essential features; but if not remedied, the result must be toward paralysis, insanity, tabes dorsalis, epilepsy and imbecility; all of which can best be studied as special diseases in numerous volumes on diseases of the nervous system.

Cerebral Sexual Neurosis.—That form of neurosis, brought on by masturbation in adolescence and sexual excesses, does not exist independently of other portions of the nervous system, and only as the spinal cord becomes impaired by excessive sexual shocks and evolution of nerve-force, which is expended in orgasms during sexual excitement, does the brain become involved, and its tissues fail, by feeble perpetuative force, to evolve healthy intellect. When the formative forces fail to construct as perfect a brain-structure as has existed, renewal is required more and more often, which cannot be brought about by the impaired nerve-forces, and softening must, necessarily, follow or, at least, a mal-renewal and mal-construction of cells and neuroglia, too unnatural to evolve the elements of healthy mind.

That there is a connecting link between the intellectual and the sexual there can be no doubt, and that for the sexual to be appreciated, without the assistance of the intellectual, would be only animal and should not be considered advisable for human beings, but that the intellectual should not only predominate, but preside over, all sexual conditions.

Thomas would have us believe that the cerebellum is the seat of amative desire, and that that organ presides over the sexual function. Again, an opposite claim has attempted to overthrow such doctrines, by experiments to prove that the cerebellum presides over coördination of muscular movements.

I am not prepared to accept the doctrine of either as true, but only can see evidence that both may be disturbed or lost for a time by pressure upon, or section of, a part of the cerebellum, and that this organ perhaps tends to effect an equilibrium of the nervous forces between the cerebrum and cord, and also as a generator of nerve-force. We do know that coördination of muscular movements is interfered with by any structural changes in this organ; but it would seem that, if the sexual was so much depending upon the cerebellum for force, or there was such an intimate relation between these organs, muscular movement would be oftener impaired or disturbed by reflex irritation, owing to the frequency of impotence and other genital diseases, through the close relations supposed to exist between the genitalia and cerebellum.

The coördination of muscles is seldom interfered with by sexual diseases directly, but only as a secondary issue, by first producing chronic impairment of the nutritive forces, and thereby effecting the changes in nerve-cells.

The sensitive nervous organizations are of themselves predisposed to morbid changes, from too often repeated shocks of pleasure or grief; such persons are first to suffer mentally through shame, from having indulged in such vices, and secondly, from actual structural changes that have occurred.

The vice, commenced at puberty or before, interferes greatly with the development of the brain, and only a feeble intellect is possible as a product of such feeble brain-structure. The mental powers often yield, as it were, when the genital organs possess the power to copulate *ad libitum*. This is not an uncommon occurrence. Lunatics frequently possess such genital vigor, when their lunacy has been produced by masturbation and other sexual debauch.

Roberts Bartholow has, in his monograph, recorded a paragraph worthy of mention:

“It is to be remarked that the mental phenomena of spermatorrhœa are not always in proportion to seminal losses. In the cerebral form, in addition to those lesions of the sexual spinal system, of the digestive apparatus and of the circulation, described under the genital form, there are certain disorders of the mind. That spermatorrhœa will produce, in one class of cases, mental disorders, and not in another, indicates either that some predisposition to these disorders existed, or that the habit of self-pollution was merely an expression of mental alienation. The lascivious images which pervade the minds of boys, possessed of the highly developed nervous organization of masturbators, are those of delusional insanity. In one case the spermatorrhœa is a symptom of mental disorder; in the other, the spermatorrhœa is an exciting cause—the predisposition already existing.”

The general anæmia that so often occurs in spermatorrhœa, caused by impaired digestion and spermal losses, is secondarily the cause of the cerebral anæmia, and tertiarily of softening. The digestive powers, so much impaired by frequent draughts on the vegetative centers, must be a cause for a great disturbance in the nutritive supply of the brain. The vicarious expenditure of nerve-force upon the exaggerated secretory power of the testicles must be a source of great waste, as well as the actual loss of elements, necessary to the structures of a body losing annually by decay. The tendency of local spasm is of no little importance as a cause of local anæmias. Centric irritations, such as influence the *vaso-motor* centers, without a doubt, cause local spasms of the *vasa vasorum*, capillaries and supplying arterial trunks of organs; and the vessels of the brain are the most likely to be influenced in such a manner, and the tissues of the brain the most likely, of all tissues, to suffer from such a condition.

The brain-symptoms do not end with feeble intellection or insanity, but impairment of the special senses and motility is not unfrequently present, as a phenomenon evolved from structural changes in the brain. Asthenopia amblyopia,

diplopia, dilatation of the pupil and hyperæsthesia alternated with anæsthesia of the visionary apparatus, aphonia, perversion of the sense of taste, with loss of smell and deafness, are rare yet occasional complications.

The usual catalogue of symptoms bears closely to one of two forms, the hyperæmic or anæmic, local or general, of the cerebral substance.

The profound impressions wrought upon the minds of these patients by popular sexual literature must greatly exaggerate the structural changes, but are not sufficient of themselves, as a rule, to produce anything but morbid emotions until after enfeeblement has first been organized.

The records of the State Asylum, at Utica, N. Y., show five hundred and twenty-one cases admitted directly attributable to this vice; and Dr. Jno. P. Gray, the able superintendent, thinks this greatly understated.

Sexual excesses, pollution, and other mismanagements of the sexual functions have received too little attention, and are too seldom mentioned in the etiology of nervous and brain lesions. Too little effort has been put forth to ascertain the proportion of mental diseases caused by the sexual and reproductive organs. A greater number of brain-lesions occurs, in which the sexual function has been a remote cause, than any author, as yet, has ventured to affirm. Statistics of any degree of accuracy are impossible to obtain; but supposition, imagination, and guess-work only can be found to assist in making up a statement of the most important of all causes of disease.

Clinical Illustrations—Case.—Mr. X. came from the South with his brother to consult a physician in St. Louis. I found the patient, who was aged 24 years, feeble and wan. He wore a thin, scraggy beard, about an inch long, over his chin and under his maxilla, but the side of his face contained only a little furze. When I entered the room it was not necessary to inquire which one of the young men had come to consult me, as his general aspect told me that he was a sick man. He was cadaverous in looks, staggering in gait, anæmic and haggard. He had been a masturbator, and practiced it as long as he could obtain erection, which had been until within a year; although I learned that for five years previous his erections had been only occasional and feeble. His semen was wasting nocturnally and his genitals flabby, cold and damp: his scrotum especially was relaxed and pendant. The spinal cord was very tender to the touch, giving great pain upon examination, over the lumbar, dorsal and cervical vertebræ. He complained of a sensation of constriction (girdle) around the body, painful digestion, constipation of the bowels, and talked incoherently. His mind wandered: he had no wishes to go home, or to stay, or to live, and became quite passive. He failed fast, and I soon lost sight of him, as he was placed in an insane asylum. All treatment failed to benefit him.

I might enumerate scores of similar cases, in which it is impossible to see any cause but abuse of the sexual function, in which spermatorrhœa and impotence blend in a very obscure manner, but combined with other phenomena prove, beyond a doubt, the existence of a sexual neurosis, peculiar to itself, which needs study as to

pathological anatomy; when it will be discovered that more than mere cause for general neurosis is found in the sexual abuse so lightly spoken of by authors in treatises on diseases of the nervous system. It will not require an accurate observer to discover signs of myelitis and softening in the above case; but his symptoms had been, long before, markedly those of anæmia, as related to me by his brother. Many cases selected for this section are in the advanced stage that I may the better show the termination of some of these cases. The majority of the cases that I have observed have been wanting in these distinctly organic features, *only* for the reason that they were not so far advanced, and their indulgences had been limited to a more careful habit of pollution and sexual congress.

The usual course of lesions appears in the following order after sexual excesses and pollution: Nervous weakness (neurasthenia), anæmia or congestion, myelitis, and softening. These may point either to the brain or spinal cord, or both associated, in any given case, in accordance with compatibility of lesions and conditions.

A most striking condition of sexual neurosis is not uncommonly observed, that is not confined strictly to a locality, but shows a general breaking down of the conductors of nerve-force, both motor and sensory, as well as the nerve-cells, with a tendency to softening of both brain and spinal cord.

Case.—A marked case of impaired conductivity is now under my observation. The patient is a masturbator, and I have thus far failed to disrupt the vice.

In addition to many symptoms, not of general interest, is the impaired condition of the sensory conductors. When he is touched, it is a second before he feels. He sees the finger placed upon his hand or foot, but does not feel it for one or two seconds: sometimes it is quicker than at other times. When he is spoken to, he does not receive the idea for ten or fifteen seconds after he has heard the sound. He comprehends that such is the condition. He says he does not desire to practice self-pollution, but simply performs the act because he can't help it. He is sensible and strong-minded on some things, and very feeble on others. He is agoraphobic, but has no pathophobia. He is not anthropophobic, but even foolish after female society, and still has no inclination to copulate. He prefers to masturbate, rather than to accept of coition when accessible.

The motor nerves and centers are rarely, but sometimes, involved directly. When paralysis does occur, it is from advanced complications and need not be mentioned here; but sometimes an unnatural class of movements is produced by this variety of neurosis, generally of a spasmodic character and located in the involuntary sphere. I wish only to record, in this place, the fact that such is a lesion of sexual neurosis, and take it up elsewhere with greater precision.

Tabes dorsalis has not been uncommonly caused by sexual abuse, in proportion to the frequency of the disease. Loss of sensibility is also exceedingly rare, but impairment is not uncommon. The loss of venereal sensation is a very common consequence and will be spoken of elsewhere.

Paralysis of some of the muscles of the genitals and bladder is of frequent occurrence, especially those connected with urination; the bladder is often parietic and micturition is frequent, and the quantity very small: often the natural warning as to time is wanting. The mental symptoms are often very prominent: loss of memory; conversation difficult; language incoherent and ideation very imperfect; insanity, idiocy, imbecility and epilepsy.

Hitzig says, under *Etiology of Paralysis of the Insane*, "Probably the combination of excessive labor with excesses in *Baccho et Venere* is the most common cause. The influence of sexual excesses can be recognized in females also."

Case.—An epileptic gentleman, æt. 24, consulted me for his fits. He had practiced masturbation from childhood to twenty years of age; was losing semen nightly; often without erection; had been epileptic four years. At first the fits were as frequent as every four months, but now they are weekly. His face was of a venous color, as if a venous stasis was the constant condition. His eyes and hair were black. His face was expressionless and covered with acne; memory very poor. He was a fine penman, and had been a book-keeper. He had felt no *aura*, and always had his fits during the day-time. All treatment failed in this case to produce any impression upon the fits. The bromides at first could not be used, as dangerous symptoms followed three successive attempts. Electricity, if any thing, aggravated his general condition. I cast lots for general treatment, in an empirical manner, but very little benefit followed: his general condition was downward, and the epilepsy continued to grow more frequent. Large doses of bromides benefited him and increased the interim, but finally four drachms a day failed to control or to modify them. Galvanization and Faradisation, both singly and conjointly, were tried in vain. Ergot also was tried, and many agents of lesser prospects, as he staid with me three years, growing feebler in body and mind constantly, until he is now nearly imbecile. Four cases so nearly alike have come under my observation, that the one will answer as a typical case of them all; not a single one recovering: two have ended up in the insane asylum: the other two I have lost sight of, but not until they had passed into a state of dementia.

Case.—Jno. W. My attention was called to this patient by Dr. M., who was the attending physician. The patient was in bed, very much emaciated and feeble; form originally tall, bony and muscular; dark hair and eyes. The Doctor informed me that he had passed through the hands of a number of physicians, without relief. His pulse was feeble and averaging 100: his venous circulation was feeble; a livid appearance of the skin: the redness would disappear upon pressure and return very slowly. There was profuse nocturnal hyperidrosis, with great morning prostration and general coldness. He was exceedingly irritable and profane; appetite poor, and what little was eaten was digested with pain; bowels constipated; urine high-colored and of high specific gravity, containing blood and pus. The spinal cord was so tender, during its whole extent, that the slightest pressure produced intense pain. His rectum was indurated and very tender to the touch. The urethra was diminished in calibre to a No.

8 catheter, and that was passed with great pain. The prostate gland was enlarged and hyperæsthetic. He complained much of the girdle sensation, which placed the diagnosis beyond a doubt as chronic myelitis of the posterior columns. There were no lesions of motility, but lesions of sensibility were present throughout the body and lower limbs; anæsthesia of the skin and hyperæsthesia of the mucous membranes of the rectum, urethra and bladder. All treatment proved futile, and he died after a year of most distressed suffering.

He was a debauché, given to extreme sexual indulgence and wine; was a victim of early indiscretions, and to a great excess: spermatorrhœa was present up to six months of his death; but was only impotent after he took his bed from general exhaustion. He was thirty-three years of age when he died.

Gull's case of paralysis reported must be quite exceptional, as paralysis generally found, which has been caused from a sexual neurosis, has not differed in any manner from the same paralysis from other causes; and I can only see the sexual neurosis as a cause of paralysis, and not as a special variety. The same may be said of an anæsthesia of the skin, or a hyperæsthesia; that the sensory nerve-roots are influenced by either anæmia or turgescence, and the phenomena are manifested at the periphera. The phenomena do not differ, when these conditions are caused by the sexual, from phenomena when conditions are wrought by other causes; and conditions causing identical phenomena are in themselves identical, but not as to their cause; hence so many forms of sexual neurosis, and so many conditions.

Local Structural Changes.—Structural changes in the genital organs, in a chronic case of spermatorrhœa, are not a little interesting to the student of pathology. The scrotum is pendant, baggy and relaxed. The penis is flabby, cold and pallid. The veins are dilated and tortuous, and the organs are in a condition of anæsthesia or hyperæsthesia; and as irritability often exists, causing unnatural attention of the patient, and he finds much difficulty in dressing to suit his genitals. The spermatic cord is hypertrophied, and the epididymis enlarged and baggy. If the examination can be obtained when there is an erection, tenderness will be observed, along the entire course of the urethra. The urethral mucous membrane is thickened, and the canal is strictured throughout its length. The prostate gland is changed and tender to touch, congested, and its ducts relaxed. ([See Prostatorrhœa.](#)) The anus is sore to manipulate, and at stool, when scybala pass over the prostate gland, a sensation of pain is felt, and fluid is forced out of the ducts into the canal and drips from the end of the penis. The veins of the spermatic cord are varicose, the erections are deficient in power ([see Impotence](#)), and seminal fluid is thin and watery. The spermatozoa are deficient in size, shape, and amœboid movements. The urine is of a low specific gravity and contains a superabundance of urates. The orgasms are feeble and often imperceptible, and the proportion of spermatozoa to fluid is not great.

Spermal Changes.—The only known detection of spermzoons is by the microscope, which only can detect the seminal from the prostatic fluid in this stage of

disease. The reason that spermatozoa have not been detected oftener in the urine of spermatorrhœa patients, is simply from the fact that the urine was not examined more than once, perhaps twice. When I have watched for ten days, making daily observations, before discovering spermatozoa, I have then found them daily for as many days. The first object to be determined is, is the patient strictured, or has he a general narrowing of the calibre of his urethra? If so, then this is a good reason to suppose there may be spermatozoa in his urine, providing that he is losing semen; as the fluid is thin, and the walls of the canal are clumsy in performing those wave movements which are so essential in ejaculating semen or expelling the last drops of urine; therefore regurgitation may take place, and semen be found in the next discharge of urine. When nocturnal losses occur, a large portion may be expected in the urine at the next micturition. This is commonly the case in aspermatism, and may act as a cause of sterility.

The married, as well as the unmarried, have involuntary discharges of semen when every possible opportunity is present for an emission to take place in the natural way. The newly married, after the novelty period has subsided may, from excessive indulgence, have an involuntary emission, which occurred during a lascivious dream, when no desire for cohabitation preceded his going to sleep. When the cause producing these involuntary emissions is not transitory, the young man must have indulged extensively in his boyhood. Such a discharge, if followed by the usual depressing effects, is invariably pathological; yet with proper rest, self-recovery is probable when the cause is transitory.

Sequelæ.—The common results of spermatorrhœa and sexual excesses become noticeable, either shortly before or soon after marriage. The young man well knows his defects, and he consults a physician to ascertain the magnitude of what may occur to him on account of his indiscretions. He informs us that sexual orgasm occurs very soon after intromission, on account of which he is grieved, and fears that his buxom, voluptuous bride will not be satisfied with such tantalizing as he may be able to afford. A few months' tonic treatment encourages him, and he makes a trial of his condition before entering wedlock, that he may be sure not to disappoint his fresh, true and virtuous maiden. Again, the matrimonial rites have been consummated, and the young man fails to reach the expected goal of marital adaptation and aptitude: the wife is of course unsophisticated, and thinks there is nothing wrong; but the husband is well satisfied that he is not what will be expected, or what is necessary to promote marital felicity; and he consults his physician. Perhaps he was not a little disgusted, upon the first attempt at intromission, at ejaculating his semen either upon her linen, thighs, or vulva; she of course being innocent and not knowing the why such was not the natural procedure, he could excuse himself and thereby palliate his embarrassment.

Others, less sensitive in organic construction, do not understand these shortcomings, and are not *quantum sufficit* for a healthy female, as ejaculation follows

a moment's rapid copulative movement, leaving the female aflamed with erotic passion, and physiological turgescence of the sexual apparatus. These are only the *sequelæ* of seminal weakness, such as pertain to the neurotic origin and character of this disease. The grave and less common results are, as the symptomatology illustrates, spinal anæmia and congestion, cerebral anæmia and hyperæmia, insanity, epilepsy, tabes dorsalis (progressive locomotor ataxia), paralysis, impotence and structural disease of the heart and blood-vessels.

Treatment.—The treatment of spermatorrhœa, with its associate phenomena, demands careful investigation of the lesions and conditions of every case. The results and character of lesions are so varied that often a diagnosis as to condition is not an easy task. To know that spermatorrhœa exists is but a small part of the diagnosis necessary to arrange a treatment that may rationally result in benefit. As has been shown, seminal losses may exist when opposite conditions are present; and only can benefit be rationally expected from equally opposite methods of treatment. Any physician of experience has, and always will have, much difficulty in treating and controlling these cases, as they are hard to manage when even doing well, and only an intelligent and positive course can succeed in managing them during any great length of time.

A positive code of government, rigidly followed, is indispensable; as well as perfect confidence in the managing physician.

The nasty drugs of our old-fashioned *materia medica* will not cure these cases. The bringing about so-called tonicity, by tonics and nervines, only needs to be tested for a short period to convince any practical physician how useless is such a procedure, and how soon his patient will find another attendant. Drugs are often useful but bad ones, selected for a tonic principle *only*, will as often do harm. Only with a definite object in view, should we expect to accomplish such changes as can result in positive relief. The list of nasty tonics for indefinite purposes, or such as “have been used in such cases,” the author has resolved not to, in any manner, refer to, and at no time will he direct an agent or combination of drugs on so-called “general principles,” but with definite expectations only.

Spinal Congestion.—The group of manifestations pointing to spinal congestion will first receive attention. The remedies are bromide potassium, bromide ammonium, ergot and belladonna, with electricity.

These are selected also with reference to conditions only; yet the reader can evidently see that their ultimate effects are aimed at, as all of this list of agents affect the calibres of capillary blood-vessels; therefore, the engorged spinal vessels are unloaded by contraction, perhaps, of capillary *parietes*.

By this effect of drugs we aim at relief of the long compression of the cord, and liberation of nervous energies and forces supplying the organs of nutrition and assimilation.

It is pre-supposed that all sexual excesses and vices are under control; otherwise, all treatment will be useless.

Numerous are the contrivances to control or prevent seminal emissions. They have all failed, and nothing is lost; as only the effect is looked upon in their construction, and not the true nature of the disease; therefore, to prevent spermal losses is not the first object to accomplish, but to relieve the nerve-centers, which preside over the manufacture of semen, of these abnormal structural changes; and the loss of semen will abate. No instrument will then be required; and if this centric improvement cannot be effected, the patient is beyond help. No mechanical contrivance will relieve the centric lesions; therefore, such appliances are useless. The loss of semen is not a disease, only a manifestation or a phenomenon of centric lesions; and as we have said heretofore that spermatorrhœa is not even a cause of such lesions; but sexual shocks, often repeated for a long time, are the cause of the neurosis through which we have spermal losses—true spermatorrhœa. This reiteration is made that no mistake may be made in interpreting the means of relief, which are all aimed at the lesions instead of their phenomena.

When the patient is not too much debilitated, chloral may be administered to produce sleep; but very commonly the ergot or ergotine will allay all nervous irritation and bring on perfect rest. Large doses are demanded, as much as two grains of Beaujon's extract three times per day, or one drachm of Squibb's fld. ext. or an ext. of equal strength should be used. Belladonna should be used by commencing with small doses and gradually increasing until asthenopia is produced, when small doses should again be used: by this means the extent of tolerance may be ascertained, and that dose should be continued which does not affect the eye. When the bladder is involved and urine is voided with a lack of expulsive energy, or the urine dribbles away, ergot and belladonna are the remedies. Where there is extensive hyperæsthesia the bromides are better agents, and also to overcome any reflex irritations.

Hot applications to the spine are often followed by very excellent effects, as the relief of pain and other troublesome symptoms.

Cold water to the hands, feet and genitals is often followed by surprising results, and should be used night and morning for a long period of time—many months. Tonics do great injury in this class of cases. Quinia, strychnia, phosphorus and iron should never be used in any form.

Electricity.—The downward, constant current, alternated with Faradisation, is indispensable to satisfactory results in the majority of the cases of the congestive type; using the galvanic one day, and the induced the next day, with general Faradisation, if it be followed by pleasant effects and relief of unpleasant nervous symptoms.

Stimulating food, as well as alcoholic and malt liquors, should be proscribed; yet a generous diet is at all times indispensable. Opiates should not be administered, even for the relief of pain.

The Anæmic Form.—When this type of spermatorrhœa is satisfactorily diagnosed, the treatment is plain and the agents quite positive in their course of action, when the case is not so far gone that relief could not reasonably be expected. But if there be a doubt as to diagnosis, on account of mixed symptoms—and such is not unfrequently the case—if we are not well satisfied whether there is anæmia or congestion of the cord, the administration of 1/60 of a grain of sulph. strychnia will decide the matter, which will produce some of its physiological effects if there be congestion; but if anæmia exist, there will be no noticeable change, at least no unpleasant effects. With this point clear, we then direct a treatment which is intended to stimulate a free circulation of blood in the cord—*spinal stimulants*. Strychnia, phosphide zinc, cantharides, pulsatilla, phosphoric acid and collinsonia, are such agents.

Cold spinal and genital douche, with hot foot and hand bathing morning and night, are highly important agents, with strychnia 1/60 gr., three times a day. The author has for many years almost entirely depended upon formula No. 1, not on “general principles,” but as a combination that applies directly to the anæmic condition of the cord and its consequence; and knowing its effects, as he has, so long, could not well do without it in the treatment of these complicated cases. If there be general anæmia, as well as local, chalybeates may be of service, but not until the patient is eating and digesting moderately well: then we prefer the citrate in port wine. Stimulants in moderate quantity are admissible, especially wine and malt liquors. Opium may be administered to allay pain, but chloral is better.

Any agents, used for their stimulating effect upon the cord, must not be expected to act too rapidly. Patience is the all-important motto after the diagnosis is well made.

Counter-irritation will always be of great service, and the cantharidal plaster is the most desirable form. The seaton has in a few instances been of service, but we prefer the emplastrum canth.

Electricity is indispensable, and should be applied daily. The anode should be applied to the tender spots in the cord, and the cathode to the genitals, in the form of a large sponge placed in contact with the perineum, scrotum and penis. Faradisation may be alternated with the constant current daily. General Faradisation may be applied best by a large foot-plate covered with a wetted sponge, and the operator, holding the anode, may place his other hand on the patient’s head, back of his neck and along his spine: the hair of the patient will of course be moistened as the dry hair is a non-conductor of electricity.

A highly nutritious diet should be always advised, and plenty of open-air exercise, even to fatigue; as the mind is thereby employed, and not so much time is found to brood over these physical conditions. The very common and exceedingly troublesome constipation may be overcome by rhamnus purshiana, in teaspoonful doses of the fluid extract, morning and night.

When extreme sleeplessness prevails, grain doses of svapnia have acted excellently; also ten-grain doses of chloral hydrate.

I do not prescribe for seminal losses under any consideration: I simply ignore them during the whole course of treatment. Where the general health improves, and with that the nerve-symptoms, the seminal losses become less frequent and finally cease. As the involuntary discharges diminish, we may conclude the central lesions are improving.

Cerebral Sexual Neurosis—Treatment.—The most prominent feature of the cerebral manifestation is mental asthenia, or feeble-mindedness, from real exhaustion of all the forces; a general lack of power.

To impart vigor to the general nervous system must be the first indication. For this purpose dil. phos. acid may be administered. If the extremities are cold the hypophosphites are of positive benefit, and must be continued for a month or more. Tinct. nux vomica imparts tone to the nerve-centres. When active symptoms are present the bromides act very kindly, and may be combined with ergot, or the latter may be used separately with most excellent results. But the physician must be certain that he has a case of hyperæmia, before such agents are resorted to, and then they should be given in large doses.

Electricity, in the form of general Faradisation, seems to be of the most service, and must be applied daily for several months. Only a feeble current should be used.

The structural changes that have occurred in the genitals always demand attention.

Chronic turgescence of the prostate gland will best be treated by the internal use of tinct. staphisagria, large doses of bromide of potassium, and the introduction of catheters increasing in size until the urethra is fully dilated.

Electricity should be used as recommended under [Prostatorrhœa](#). The organic stricture, which is so commonly present, should be treated by dilatation with suitable bougies or catheters. The bougie must be used as often as twice a week, until the full size and elasticity of the urethra are obtained.

Injections are sometimes useful. A solution of nitrate of silver, ten grains to the ounce of water, used only once, and followed by a solution of brown sugar (sacch. communis), morphine and rose-water, will answer a most excellent purpose. After the acute inflammation has subsided the bougies must always be resorted to, and used persistently until the object for which they are used is accomplished. Any ulceration may be relieved by injections of permanganate of pot., not stronger than one-half grain to the ounce.

The glans and prepuce should be closely scrutinized from time to time, and if the prepuce be of undue proportions, or if the patient is filthy, permitting accumulations to form beneath the folds and creating a local irritation, circumcision should be performed without hesitation.

Reflex irritations have often prevented recovery, and even produced grave manifestations. Cases of epilepsy have been reported from such peripheral causes, and cured by relieving the cause, or circumcision. The division of the sensitive nerves, which occurs in the operation of circumcision, often prevents involuntary seminal losses, and even permits such patients to perform normal copulation as had even ejaculated previous to intromission. Such little causes must not be overlooked. It is often in attending to little things that great results are accomplished; and in this we have no exception to the rule.

There is no room for a doubt in my mind that the Jewish rite was first established from hygienic motives *only*; and as “cleanliness is,” and always has been, “next to godliness,” circumcision would seem a very natural sacred rite for any religious sect to adopt.

We have no history of anything more ancient than the operation of circumcision. The Egyptian priests were practicing circumcision nearly 5,000 years ago. A translation of Herodotus informs us that such hygienic measures were in existence amongst the Egyptians in the most ancient of periods; and it is quite reasonable to suppose that the Jews obtained this rite from the Egyptians.

Dilatation of the Anus—Anal Plug.—A very troublesome complication of the genital structural changes occurring in spermatorrhœa is induration of the mucous membrane and sub-mucous tissues. Where such a condition is present, little benefit should be expected until relief is obtained from the local difficulty.

The dilatation should be accomplished by suitable means; such as by bougies, or a bi-valve rectal speculum. An anal plug may be constructed that is self-sustaining, polypoid in shape, which will be of more service than compression of the anal surfaces. The troublesome pruritus, and hemorrhoidal tumors, and indurated anal tumors, will gradually subside under such management. Suppositories of iodoform are also of invaluable service in reducing indurated conditions of the anus and rectum, as well as enlargement of the prostate gland. The old-fashioned stretching of the sphincter ani for spermatorrhœa, so highly recommended by Trousseau in his clinic on this subject, from indiscriminate use, is neglected, when it is really a most important means, deviating the reflex current from the genitals as well as relieving actual structural change in the anus. Roberts Bartholow has dwelt upon this subject without pointing out definitely such cases as it has actually relieved, leaving the reader to guess or find out for himself. The failures from its use have been so numerous, and the cases in which benefit has followed so few, that it is no wonder that it is not in better repute as a remedial means.

Whenever this dilating process is restricted to thickening and induration of the mucous membranes of the anus and rectum, much benefit will follow its use.

Many peculiar means have been recommended and are resorted to, many of which only need a condemnatory mention, which seems the more necessary that they are in almost general use. The most prominent is *the porte caustique*, which was

probably introduced by Ambrose Paré, and improved and so highly recommended by Lallemand. Other prominent supporters of this manner of medicating the urethra and prostate gland were Wiseman, Hunter, Amussat, and Everard Home. The supporters of this manner of cauterizing the openings of the vesiculæ seminales were under the impression that spermal losses constituted the essential cause of the disease, instead of the habit the testicles had taken on by a hyper-supply or vicarious evolution of nerve-force.

We do not hesitate to say that this method is seldom followed by beneficial effects, and often by irreparable injury.

Bartholow advises its use in exceptional cases; “those in which,” he says, “the moral effect of the application is desirable.” From this I must dissent; as any superabundance of attention demanded may be bestowed by cauterizing or vesicating the perineum, obtaining an excellent moral effect and even accomplishing, by way of counter-irritation, physical improvement.

We might suppose that these harsh means of treatment, owing to the elevated character of their supporters, were in good repute; and that a work on this subject would be incomplete without a full detail of them; but a better success without than with them has led me to discontinue their use, and conscientiously speaking of the treatment, I can but manifest my disapprobation of all caustic applications to the urethra or prostatic ducts.

CHAPTER XI.

Impotence.—Some misapprehension as to the signification of this term is prevalent, owing to the extent of weakness and the morbid conditions to which it has been applied. The wrong application has been very common; *i. e.*, in using it to describe a condition of sexual neurasthenia and temporary suspension of the sexual powers, from moral shock. A young man who exercises a doubt as to his ability to copulate may, upon the occasion, be unable to procure an erection; and yet he may, after a time, secure his own confidence; or, when he the least is thinking of it, be in full possession of his potency. The first attempt at coition, after matrimony, may be unavailing for this reason, and no trouble occur at any time afterwards.

The penis may be erect at first, and become flaccid before intromission can be effected. Even this does not constitute, but may be only a result of, nervous shock or impression produced upon the mind and sexual instinct, from embarrassment, that may occur to any young man who is not self-confident, and is no evidence of any permanent disease.

Impotence, as it should be defined and considered, is the manifestation of a disease in which there is permanent and actual impairment of the nerve-centres and, as a phenomenon of such centric changes, inability to procure an erection of the penis, at any and all times, sufficient to perform the act of coition. This is a chronic malady, of slow advent, and when once established there is very little tendency to recovery. The chagrin manifested in a man who is impotent is at all times striking. He feels that to be impotent is to be worse than dead. Men pride themselves on their ability to perform coition, and feel the loss of sexual power more than mind. Money and time are, therefore, expended exorbitantly to recover this lost power, that they may feel themselves men once more.

The flabby organ is the centre of attraction. He handles it, and dotes upon what has been in by-gone years, and mourns over his misspent fortune only for the possibility of his obtaining relief from his genital affliction through its influence.

The disease is complicated with spermatorrhœa at nearly all times, and may be considered only an advanced period of the same neurosis. The same conditions and types of diseased manifestations are to be studied in impotence as in spermatorrhœa. Then, to spermatorrhœa we add the phenomenon, impotence, and the accompanying changes, and we quickly comprehend the position.

The condition is a loss of excitation-power of the nerve of Eckhard, whereby all physiological irritation becomes impossible. This nerve arises from the sacral plexus, any irritation of which, in a healthy state, causes a flow of blood to the corpus cavernosa and spongiosa of the penis; but the constant stimulation of this nerve produces a loss of irritability and paralysis of the parietes of the arterioles of the erectile bodies of the penis, and no relaxation of their valves occurs at any time: a

perfect vascular inactivity is the result. These arterioles anastomose with corporal venules which are very tortuous and sacculated and supplied with very large openings and very small outlets compared with the magnitude of their calibres; but the often turgescenced condition of these venules causes a dilated condition of the outlets, and any blood that may be conveyed into the corpora through the arterioles will flow out so fast through the dilated venule outlets, that the turgescence necessary to produce erection is impossible. Again, the innate contractility of the trabecular substance must antagonize, to a considerable extent, the erectile tendency of surrounding tissue.

Then there is another condition so closely connected with impotence that a mention of it will not be out of place. Impotence consists in a lack of power to effect an erection; but there is a condition, not always impotence, where the person has lost all desire for copulation, and will not make an effort to obtain an erection. He does not attempt to concentrate his will-power, and does not desire any relation whatever with the opposite sex, although he may have been a debauché in his early life. When such a condition has been congenital, there would be reason to suspect deformity or congenital defect. Such person may not be impotent, and if the desire returns it manifests itself in the genitals as soon as the mind is allowed to dwell upon erotic thoughts; and if erection does not occur impotence is present.

The loss of semen often subsides in the aged, and atrophy of the testes is not an uncommon result; but some people live to be very old, and are never troubled with senile-impotence.

The penis is at all times flaccid, if impotence be complete. Often partial impotence will reveal itself, deviating peculiarly in its character. Sometimes a man will, while entertaining erotic thoughts, have an erection of the penis which is perfect in all appearance, and when brought in contact with a female cannot sustain or even procure the erection, and yet the erotic desire be just as intense as if he be able to perform the act in a proper manner. These cases are practically impotent, but the disease has all to do with the mind; and as soon as the mind can be so corrected that self-control may be exercised as well as self-confidence, just so soon will the impotence disappear; and once the act is performed normally, the trouble will be at an end. But there is a condition in which all the powers of mind and body, exercised to control, will not impart either the power of erection or the erotic desire—only a longing for that once felt erotic desire exists. The condition often exists in which the patient cannot control the mental impressions, so as to effect that peculiar concentration of the nervous force which gives energy to the sexual organs; and yet there may be no disease of such nerves themselves. It is the same condition that will cause the mental operations to fail during any course of anxiety, or turbulence of the emotions. A speech-maker may fail in his efforts at first, even after he considered himself prepared for every emergency; but as soon as allowed to collect his scattered mental evolutions, he may compose himself.

Inability to perform the sexual act while suffering from any mental derangement, or misunderstanding one's own mental elaborations, is not impotence; but there must be impairment of the integrity of the nerve-substance that evolves the force that sustains the sexual organ in its erect attitude, and also supplies the so-called physiological irritation. If we attempt to name this peculiar disease from other stand-points, we shall become confused; as it would only demonstrate a function-disease, which is an impossibility and leads to confusion.

I have seen cases of so-called impotence from intestinal worms: while impotence is not generally considered a symptom of worms, yet this is a case which recovered as soon as the worms were expelled. I have known two cases that supposed they were permanently impotent, both of which obtained relief after the expulsion of a *tænia solium*.

These were cases of symptomatic impotence; which only means phenomena that may exist in remote structural disease, or by mechanical pressure, as from foreign bodies, lumbricoide, tapeworms, etc., pressing or directly or indirectly infringing upon the nervous track that conveys the force which supplies the erectile tissue of the penis. This is a paralysis of the vaso-motor variety, in which the impotence is only a symptom: the disease must be studied under nervous diseases.

To comprehend and study true impotence, the student will be attracted to the brain and spinal cord; as there only can the pathology be carefully comprehended.

Nearly all the descriptions of this perplexing malady have been confined principally to the chronic flaccid penis and the general nervous phenomena most likely to co-exist. I must say that our knowledge is very limited beyond the superficial sources of information; and we have to content ourselves with simply describing the appearance, for the real disease itself; not but what structural changes exist in the sexual organs, worthy of note, but such changes are only secondary.

Depending upon organic disorganization of the nerve-substance, we have all grades of loss of sexual power, from the simple chronic premature ejaculation to advanced and perfect paralysis of the organ. Any male who, from exhaustion of nervous force, cannot perform the act of copulation in a normal manner, may be said to be in a degree impotent. If he be able to effect intromission and then unable to complete the act, from premature ejaculation—providing this is a common occurrence—he may be said to be impotent. The continent may undergo premature ejaculation and not be impotent. Neither is flaccidity likely to follow ejaculation from such cause.

The more advanced cases of impotence are not even capable of procuring erections; and often semen is discharged in the flaccid condition without the knowledge of the patient: such may be the result of spermatorrhœa and impotence combined.

The long-continued and frequent indulgence of masturbation must be a most frequent cause of impotence. I have only observed a very few whom I knew to have

brought upon themselves this condition without the habit of masturbation; and even then I am not positive in knowledge. Yet they were rare debauchés, with money to squander and appetites so salacious that the almost constant contact with women was their custom. On the other hand, it seems that a male human being is constructed for endurance of his sexual organs. A notorious polygamist in practice, once living in the city of Elmira, New York, was known to lavish his smiles on his “kept women,” whom he numbered by scores, and still he was potent till he died in advanced life. We must have a most excellent example in the famous President Young whose wives, we are inclined to believe, must have kept him on the *qui vive*, as his children bear evidence, as well as the fascination and attractiveness of his young wives.

The exciting cause of impotence must combine a constant and long-continued sexual debauch with the depraved chain of thought that must necessarily accompany such degradation; and the practice of self-pollution must be the most fruitful of all causes.

Treatment.—In the management of impotence, the patient’s persuasive influence must not in any way change the intentions of the physician, or the fast hold of his mind, which is so indispensable to a cure, will be lost. The patient is always in great haste, and constantly urging the physician to make rapid progress. Too great firmness cannot be exercised, and promises of speedy cure will invariably fail. Time is one of the most important of all elements in the treatment, as opportunity is afforded for the recuperative powers of nature or physical forces to become poised.

Perfect confidence in the medical adviser is prerequisite to success, as by this alone can the patient’s mind be manipulated, and his hope constantly stimulated. If he has been much exercised in mind about his case, from reading “self-abuse” literature, moral treatment will be required to dispel from his mind the pictures there wrought. Not always can the virile organ be restored to its normal vigor, but elevating the general health should be first considered, and the patient’s mind kept constantly thinking about his improving physical condition, instead of watching for the first erection as he will most naturally do.

When the foregoing conditions cannot be secured, no benefit will result to the patient. In no disease has mental influence so much to do with recovery, as in impotence; and I do not hesitate to say, where I can control my patient’s mind, that I can always effect a very satisfactory relief. Employment is indispensable, and must be persisted in. The patient should have no time to play, or brood over his disease, but must be engaged so constantly that he will be even fatigued after he has finished his day’s toil, and will sleep long and soundly from his exhaustion. The most nutritious diet should be selected: meat, eggs, oysters, milk, etc. Cold bathing at night, before retiring, is a very important measure; as, first, it washes the parts of a cold, clammy sweat, and the chill from the water after reaction, produces a naturally warm feeling, and his attention is not attracted to the parts by their otherwise doughy, unnatural feeling; and secondly, the tonic properties of cold are of lasting benefit. The bathing

should extend to the back, perineum, scrotum, penis, and down the thighs. Such constitutional measures should be resorted to as will favor any of the imperfect processes in the body. The means should favor assimilation of food and normal excretion, and the avoidance of stimulating diet and alcoholic liquors.

For the neurosis upon which impotence depends, I have accomplished very much by a single combination of medicine ([see formula No. 1](#)), that this preparation has been, as it were, a “stand-by” for many years; the patient gradually improving under its use, in nearly every case. I can affirm that it has been tested in hundreds of cases, in a great majority of which marked improvement has taken place, and many have been permanently cured. Many were cured before I became familiar with the importance of electricity in the treatment of such cases; but since having extensive experience with the various methods of applying electricity I confess I could not do well without it.

As to the beneficial results following galvanism and Faradisation, there can be no question; but as to which of these forms should be applied, I am not always able to say. I have used galvanism without benefit, a certain length of time, and changed to Faradism with immediate improvement; and *vice versa*.

I do not opine that either form, if used mildly, will often do harm; and where improvement does not follow after a reasonable length of time, I would advise a change. When the patient is wakeful and restless, a pleasant effect is produced by Faradisation, which is often a favorable sign, and may be continued with exalted expectations. In very advanced cases, the galvanic current will oftener establish an improvement, when a change to the Faradic current will continue the improvement. I consider no means of the physician demanding so much judgment and experience as electricity; and in the skilled operator’s hand much good may be realized from its use.

A very natural manner of applying Faradisation in impotence, as well as other forms of sexual neurosis, is to seat the patient upon a large wet sponge, to which the negative is connected, bringing the scrotum and perineum well in contact with the sponge, and stroking the spinal column well with the positive, also using a wet sponge. The operator will be governed by the patient’s sensibilities, as to time of sitting and strength of current. The current should not be painful or very unpleasant; and if twenty minutes produces any uneasy sensation, the next application should not be continued longer than ten minutes.

The galvanic current may be used in a similar manner.

Beard & Rockwell’s method of general Faradisation is a most excellent one for alternate applications.

A troublesome complication is often constipation of the bowels, which may be overcome by the judicious use of *rhamnus purshiana*. Not too much general bathing, but local bathing, as directed above, with stimulant friction, is always beneficial.

Turkish baths, so often ordered, must be avoided, as great general debility and languor often follow their use. No undue warmth can be made use of, either in

dressings or bathing, as the neurosis, upon which all these unnatural phenomena depend, is aggravated.

The general treatment of neurosis, in impotency, differs very little from that in the neurosis of spermatorrhœa, as the conditions are very similar if not identical; only degrees of the same organic cerebro-spinal changes. The beginning is perhaps only a neurasthenia, but gradually increasing in intensity to spinal anæmia, or congestion, finally softening.

Any changes of the genitals must be treated according to principles mentioned under treatment of structural changes of the genitals.

Clinical Illustrations.—It must not be expected that all cases will be confined to one definite condition, or to one combination of phenomena that may be grouped together and named. No one will so fully comprehend this as the practical physician. Cases are constantly under the care of the medical man, suffering with conditions too numerous to mention, complicated with many strange lesions. Every case must necessarily be studied from its own merits, in and of itself, or success will not follow.

It is not uncommon to come in contact with spermatorrhœa and impotence, both together, also complicated with organic disease of testicles, prostate gland, and anus or rectum. At the same time the brain and spinal cord may be drawn upon by a variety of organic lesions. By this we shall see that a report of clinical cases will bear more upon the practical than the theoretical, as regards adapting doses to nosology.

Case.—J. S. consulted me in '74. He was suffering from spermatorrhœa and partial impotence. He had tenderness over last lumbar vertebra and sacrum, anæsthesia of the genitals, dyspepsia, bowels constipated, and at times very languid; was brooding over his loss of power and involuntary discharges of semen, which were nocturnal, generally accompanied by lascivious dreams. The urethral sound revealed tenderness along the urethra and extreme soreness of the prostate gland. His semen was thin and spermatozoa scanty and imperfect. He was thin in flesh, and anæmic. His erections were imperfect, and he could not perform the act of coitus. He was a masturbator. I directed pills, formula No. 2, and continued until bowels became regular; also No. 1, which was continued one year without change, with cold local bathing and brisk friction over bowels, back, perineum and scrotum. His recovery has been very satisfactory.

Case.—J. W., when he first visited my office for examination and advice, was emaciated, pallid, with his eyes sunken. He was careworn and haggard in his expression, suffering from pain in his back and limbs, almost constant pain through the top of his head; palpitation, with accelerated pulse; formications over his back and in his finger-ends; bowels constipated, and urine smelled strong like a horse's; tender spots along the spinal cord. The testicles and scrotum were doughy and constantly moist and cold. His scrotum was long and pendant: his penis was blue and flabby. He could only obtain partial erections, very occasional. He lost semen often. His urethra was very tender, also the prostate gland. He was restless and wakeful during the night.

I directed local cold bathing, Faradisation, formula No. 1, for his general neurotic condition; pills—formula No. 2—for constipation. He took chloral every night, to produce sleep, for 3 months; tr. staphisagria, small doses, for prostatic irritation, and occasional opium suppository. I discharged him after sixteen months, when he married, and now has a healthy child.

Case.—R. confided to me his history, which was, he had been a debauché and masturbator. He was tall, slender, anæmic, beard thin; was suffering from too much medicine, which he had received from unprincipled specialists, as he had been three years in their hands. There was spinal anæmia, judging from the spinal soreness, and fornication at times. He thought he would become paralyzed, as his hands and feet often became numbed. He was impotent, and often lost semen. His urine contained spermatozoa. As soon as his mind could be put at ease he began to improve, under formula No. 1, with cold local bathing, as directed, with Faradisation. I discharged him after thirteen months.

Aspermatisms.—Since Roubaud's description of this condition, and especially the application of the above term, much has been said in regard to the causation and true nature of this peculiar deficiency. Whenever sexual orgasm occurs in the male, after puberty, without ejaculation, the condition known as aspermatisms may be said to exist, and may be considered as a symptom of disease. This may be partial or complete. I have known a number of individuals who failed to ejaculate semen at the time of sexual orgasm, and the semen would pass away in jets some time after the penis had become flaccid. These cases exist where there is no sign of organic stricture of the urethra, or any other organic trouble within the prostate gland or ejaculatory ducts.

Dr. Van Buren is the author of a paper which appeared in the *New York Med. Journal*, November, 1868, in which he attempts to establish the cause as a spasmodic condition of the urethra, forcing the seminal fluid, by reflux action, into the bladder. I can not, at present, think that this is always the case. Only a little attention to physiology will familiarize any person with the calibre-contractions that follow a column of urine from the bladder to the meatus. This same muscular contraction exists in the veins, and is what constitutes the venous wave. The same wave exists in the ejaculation of semen; and where the muscles that perform accelerating movements are paralyzed, the natural consequence must be, that the fluid will remain in its reservoir until its place is supplied by new, and a portion is forced out along the urethra, which drips away when the penis returns to flaccidity. Then, I can but regard this condition, often, as one of paralysis, in which are affected the muscles of ejaculation and acceleration. This condition often exists where the genitals are not impaired as to potency. That such a condition is present, should not be declared until after bougies have proven, to entire satisfaction, the absence of organic stricture or spasmodic contraction.

When such a lesion has come on gradually and is of long standing, the prognosis is very unfavorable; as relapses will most generally occur with the slightest indulgence. But when the condition has made its advent suddenly, from inflammatory causes, the prognosis is very favorable. A gonorrhœal orchitis will often produce this condition, which is only transitory, or of a few months' duration. This is only symptomatic, and very much unlike the true aspermatism of a neurotic origin.

A very extraordinary case has of late engaged my attention and curiosity. No case of the kind have I been able to discover, in medical literature or in the practice of my medical friends.

Case.—A young married man consulted me with an affliction (as it were), much to the discomfort of himself and to the great injury of his wife. He never had passed the sexual orgasm, nor ejaculated semen during coition. He is very erotic, and has no difficulty in performing the marital act, but it is followed without the slightest satisfaction. He continues in the act of coition until exhausted, and retires with the wife very much in the same condition after repeated sexual orgasms. He informs me that one hour is not an uncommon length of time for him to occupy in the act of coition, participating in the sexual beatitude during the entire period, until gradually becoming exhausted, when the pleasure dwindles away, but his penis remains erect for some time after. He says that he has often applied cold water to facilitate flaccidity.

After the organ has been reduced he sometimes can detect semen, or prostatic fluid, on the glans and meatus, and he is very soon ready to perform the act again. I have often discovered spermatozoa in his urine. His testicles are well formed, and his penis is normal in appearance. He has never had a venereal disease, and has no stricture. Treatment has given no relief as yet. It will be observed that satyriasis is prominent in this case.

Galvanism will often be found of great service as a paliative measure, with phosphide zinc and nux vomica. If a few years' continence can be obtained, a better prospect for recovery may obtain. When galvanism is used, an insulated electrode should be passed to the orifices of the ejaculatory ducts, with the anode attached, and the cathode applied to the cord with wet sponge. I have derived some benefit from localized and general Faradisation, after the manner heretofore mentioned.