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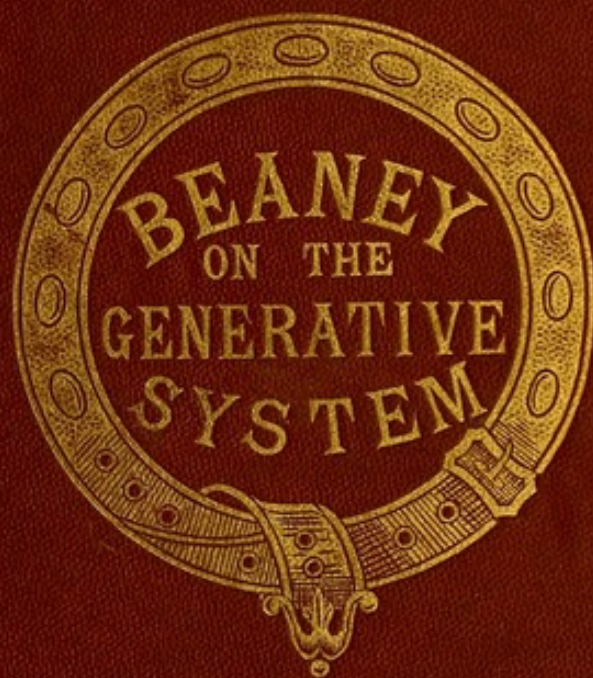
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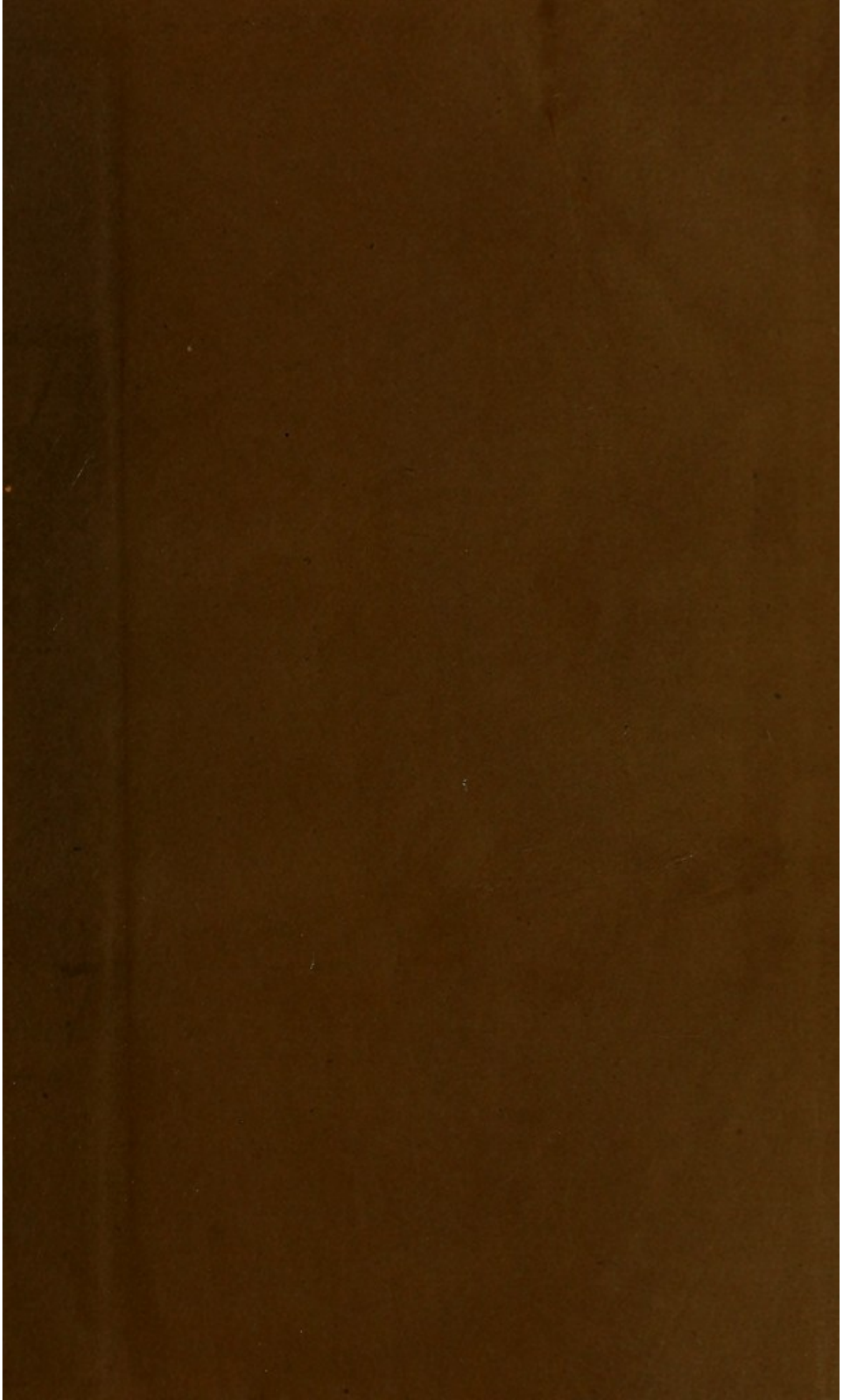


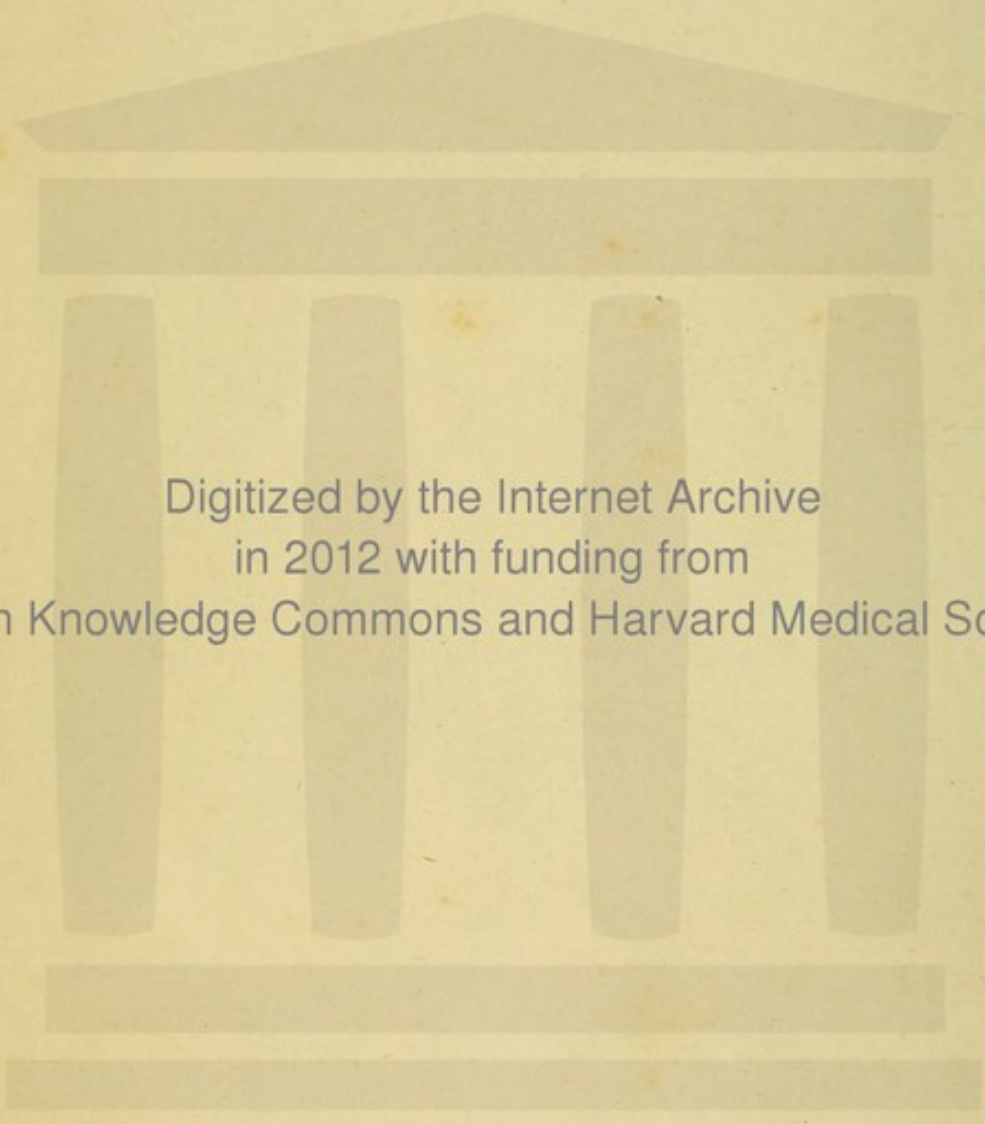
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THE GENERATIVE SYSTEM.

(BEANEY.)

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THE
GENERATIVE SYSTEM

AND ITS
FUNCTIONS IN HEALTH AND DISEASE.

BY
JAMES GEORGE BEANEY, M.D., F.R.C.S.,

SURGEON AND TEACHER OF PRACTICAL AND OPERATIVE SURGERY
TO THE MELBOURNE HOSPITAL;
FORMERLY ON THE MEDICAL STAFF OF
HER MAJESTY'S MILITARY FORCES, AND THE TURKISH CONTINGENT;
SURGEON TO THE PRINCE OF WALES' REGIMENT OF HUSSARS.

"I hold it as an axiom, that it is the duty of every author to inform his species as much as possible, and thereby to give information, diffuse knowledge, dissipate ignorance, and familiarise truth and science."

FOURTH EDITION.

GEORGE ROBERTSON, MELBOURNE & SYDNEY.

1883.

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PREFACE TO FIRST EDITION.

IN attempting to write a work of this description I have been more or less embarrassed by two important considerations:—First, the nature of the subject; and, secondly, the limited time at my disposal. The grave importance of the subject has, however, induced me to devote time and attention to it that I could frequently ill spare, to alleviate much of the misery caused by imperfect knowledge of the functions of the Organs of Reproduction. There has, until within the last few years, been a morbid delicacy in the public mind with reference to books of this kind, caused by the erroneous impression that it was unnecessary to direct the sexes to a knowledge of the physiology of their generative functions, it having been long supposed that the discussion of such questions was of doubtful benefit.

In Europe this state of things has passed away, and, in England especially, the advance of education has been so rapid that the great lights of the medical profession have

felt themselves relieved from the difficulties which formerly environed them in the open discussion of the grave questions affecting the sexual systems of men and women. During the last few years all hesitation has been abandoned, and they have addressed themselves to the cultivation of a class of medical literature which, through false delicacy, had been long neglected by them, and which, consequently, was seized by charlatans as their especial and exclusive province.

Experience has demonstrated that in doing so they have rendered society signal service. More consideration is paid by both single and married persons to the dangers which beset them in the over-indulgence and misdirection of sexual intercourse, and both men and women are becoming aware of the physiological influences of the generative functions, and of the necessity for their intelligent control. On no subject has there been such profound ignorance, nor has that ignorance been in any other direction so fruitful a mother of evil.

The writers referred to have, since the publication of their very interesting works, been more than compensated for their arduous labours, by the avidity with which the educated portion of the people has accepted the advice and information tendered, and the general desire evinced to make good use of them.

Observation has thus unmistakably shown that the course taken by the profession, in opposition to popular jealousy,

has been of untold advantage, and that a vast amount of physical suffering is sure to be avoided, by reason of the general knowledge of the sexual functions and relations, now placed within the reach of every one.

This fact being so clearly demonstrated in England has led me to determine on the publication of a work of the same character in this country. A long-continued and extensive practice has convinced me that there is even more pressing need in these colonies for some such vehicle of instruction than in Great Britain. Climatic influences here have a tendency to intensify sexual expression, and to lead to functional disorders more frequently than in England, with its more temperate clime.

Thus, the argument in favour of professional direction in these important matters holds, at any rate, with equal force in these dependencies of the empire.

In addition to the influence which climate may exercise on the energy of the sexual functions, there is also to be taken into account a still graver element—viz., the social disturbances to which the exigencies and accidents of new colonies necessarily give rise. Society, not being consolidated nor restrained by the long-established barriers of formality which prevail in the polished centres of Europe, has more latitude, and, consequently, more dangers. The freedom of intercourse between the sexes is almost unlimited, and, as a

natural consequence, the checks upon sexual extravagance are, in a great degree, absent.

I think, therefore, that clear and definite information of a physiological character will be found of inestimable advantage, by supplying intelligent guidance in the conduct of sexual life from the advent of puberty to mature age, where experience may be supposed hitherto to have been the only mentor for the ignorant, the indiscreet, and the licentious. The following pages will, partially at least, supply that want.

JAMES GEORGE BEANEY, F.R.C.S.

Melbourne,

November, 1872.

PREFACE TO THIRD EDITION.

THE constant and largely increasing demand for this Work has necessitated the publication of a Third Edition, which will be found to contain all that appeared in the two former editions, together with an additional chapter on "Stricture of the Urethra."

JAMES GEORGE BEANEY, F.R.C.S.

Melbourne, 1877.

PREFACE TO FOURTH EDITION.

IN consequence of the increased demand for this Work, my publisher, Mr. George Robertson, has requested me to publish a Fourth Edition, and in doing so I have added to the Work what I conceive to be of use to society—the outcome of modern thought and experience. I have also considerably added to the article on "Stricture of the Urethra."

JAMES GEORGE BEANEY, M.D.

April 20th, 1883.

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THE GENERATIVE - ORGANS

AND THEIR FUNCTIONS.

First Division.

THE SEXUAL ORGANS, AND THEIR FUNCTIONS, IN THEIR NORMAL CONDITION.

CHAPTER I.

MANIFESTATION AND GRADUAL DEVELOPMENT OF THE SEXUAL ORGANS IN THE FETAL STAGE—THEIR FURTHER DEVELOPMENT IN CHILDHOOD—ABNORMAL GENITAL IRRITATION—NECESSITY FOR VIGILANCE ON THE PART OF PARENTS AND TEACHERS—PRECOCITY IN THE LOWER ANIMALS—SEXUAL DEVELOPMENT IN YOUTH—THE SEXUAL FUNCTIONS, THEIR COMMENCEMENT AND CESSATION—INDICATIONS OF THE APPROACH OF PUBERTY IN THE MALE AND FEMALE—PUBERTY ESTABLISHED, AND ITS EFFECT UPON THE SYSTEM GENERALLY—INSTANCES OF ABNORMAL PUBERTY—EVIL EFFECTS OF MORBID EXCITEMENT AND ABUSE OF THE GENITAL ORGANS—MANHOOD, AND THE ULTIMATE END OF VIRILITY.

IN treating upon this wide and important subject for the purpose of aiding in diffusing amongst the people sounder and more philosophic views of the high purpose of the generative function, I deem it necessary to furnish, as fully as time and space will permit, information as to the develop-

ment of the organs of generation, and their uses in the normal state.

To this end I shall present a brief sketch of the origin of the sexual organs in the foetus, and of their progress to full manhood.

These organs manifest themselves early in foetal life, and materially differ in their structure in the two sexes, the one being the complement of the other, and, in their combination, destined for the continuation of the race. Each sex has its own peculiar form, more or less striking, after birth, but not very obvious in the young foetus, for the genitals of the male and female in early foetal life are not apparently different in appearance, on account of the clitoris^(a) being remarkably large, and the scrotum scarcely formed.

This fact is one that has long attracted the close scrutiny

(a) The *clitoris* has, by Eastern nations, been at all times subject to circumcision, as well as has the foreskin of the male, and it is still an object of solicitude when found to be larger than is considered an average development. Travellers, from the time of Burckhardt and Niebuhr, have given numberless instances of the custom amongst the Arabs, and especially amongst the races on the banks of the Nile, where the excision of the clitoris has prevailed from time immemorial. The wound is so arranged as, in the process of healing, to close the genitals completely, leaving space only for the passage of the urine and the menstrual discharge. This complete barrier is, however, broken through in the maturity of the female, and her approaching marriage. This occurs the day prior to the ceremony, in the presence of the bridegroom. Impregnation has, however, been known to take place, even with such apparent obstacles to its completion.

In the *Medico-Chirurgical Transactions* a case is related of a female of the Oboe nation as having been at an advanced state of pregnancy in Jamaica, notwithstanding that, in consequence of this operation performed upon her when a child, in her native land, a cicatrix extended from the mons veneris to within an inch of the anus, where there existed a small orifice barely sufficient for the introduction of a small female catheter, through which orifice the urine and menses exuded. The delivery was easily accomplished by the incision with a sharp-pointed bistoury through the artificial closure.

of those of the profession who have applied themselves to this branch of study, and from time to time various ingenious speculations, more or less philosophical, have been founded thereon.

Sir Everard Home suggested in the *Philosophical Transactions*, Vol. 89, that "the sex is not determined at the first formation of the individual, but that the parts of generation are originally so situated, and are of such a nature, that they are capable of becoming either male or female organs when the sex is subsequently fixed. He reasoned as follows:—

1. The testes and ovaria lie originally in the same situation.
2. The clitoris is at first of great size.
3. When the female among brute mammalia has inguinal mammæ, so likewise has the male: men also possess breasts.
4. The scrotum occupies in the male the place occupied in the female by the labia, and is of the same structure with them.
5. The nymphæ of the female exactly correspond to the prepuce of the male.
6. Twins are usually of the same sex, as if the same cause had influenced the generative organs of each: when they are of different sexes it is a common remark that one of them does not breed, Nature probably having been disturbed in her operations."

The formation of the parts in the foetus, and their gradual change and growth after birth, up to the time when they attain their full and natural proportion—that is to say, up to the period of puberty—may be traced in the following order:—

The genital organs begin first to be indicated in the foetus about the sixth week. The testes and ovaria are perfectly similar, narrow, oblong, and extending obliquely downwards and inwards. Their prolongations—the vasa deferentia and Fallopian tubes—have the same direction, and unite at an acute angle in a common canal of about the same diameter. The ureters unite similarly to produce the urethra; and the

bladder appears in the eighth week only, empty, and shaped like an intestine. The anal opening receives the orifice of the genital and urinary organs. Before and above it, near the umbilicus, in the sixth week the penis and clitoris appear as a conical body, at the lower surface of which a longitudinal groove forms in the seventh week.

By the ninth week the ovaries are found near and in front of the kidneys, and are longer and narrower than they were. They gradually descend, and, assuming the form of a grape, become horizontal. The vagina is as broad as the uterus, and gradually narrows. The clitoris is comparatively large and contracted; but after the twelfth week ceases to grow so rapidly.

In the tenth week the testes are at the side of the kidneys; in the twelfth immediately below them, shaped like a French bean, and about two lines in length. From their pointed upper extremity the epididymis issues, descending behind and a little outwards, along the testes, after which their prolongation—the vasa deferentia—descend into the pelvis obliquely inwards. The penis is large and retracted; its groove closes and becomes the urethra.

In the fifth month the testes become broader, but not longer. The vasa deferentia pursue a tortuous course to the pelvis, continuous with the vesiculæ seminales, which are tortuous also. The scrotum is more prominent, and its raphé distinguishable. The penis is slightly bent downwards; the prepuce is an annular fold extending towards the gland. The prostate appears as a very small body.

The ovaries in the female become proportionately smaller, and are situated in the large part of the pelvis. The Fallopian tubes are more serpentine, and have larger orifices. The uterus has a straight upper border, and begins to descend into the lower part of the pelvis. The vagina has folds, and the hymen is produced by two lateral elongations.

The clitoris bends in consequence of the shortening of its inferior portion, but is not yet covered by the labia. The mons veneris becomes more prominent.

In the seventh month the testes of the male child are near, or in, the inguinal ring, but a little pressure pushes them back in the abdomen. The prepuce extends over the gland.

In the eighth month the left testicle descends into the scrotum, while the other is still below the ring in the inguinal region. In the female the womb attains its permanent form. White gelatinous mucus fills the vagina, and the vulva is open. In the following month the testes of the male are in the scrotum.

No change of any consequence takes place for some few years, as a general rule, although in this, as in all the processes of nature, there are singular exceptions which deserve a passing notice.

The reader would be naturally inclined to suppose that genital irritation could not take place till the approach of the years of puberty, but there are well-authenticated cases in which, at a very early stage indeed, abnormal activity occurs, and the child exhibits a surprising tendency to sensual indulgence of that character. This I shall consider more fully when treating of the period of puberty, and shall furnish illustrations of the unfortunate precocity alluded to.

There will, as a rule, under judicious care and education, be no tendency on the part of young children to notice sexual impressions. Their time will be occupied in those pursuits which are peculiar to their age, either as amusement or mental culture, and, save under the influence of vicious example, their early years will pass in purity, unconscious of the approach of the emotions which will call hereafter for their consideration and self-control.

That blissful period of innocence which intervenes between the birth and the advent of puberty, as well as the momentous change which occurs at its close, should command the especial solicitude of the parent; for it is during that interesting transition that the foundation of lasting mischief is laid by those whose minds have been already contaminated by evil associations.

The vigilance of parents and school proprietors cannot be too constantly exercised, in order that the existence of conditions suggestive of thoughts and impressions of a sexual character may be prevented. The health of children should be carefully superintended, and plenty of fresh air and exercise should be allowed them, as the best safeguard against the danger which I am alluding to.

It is a matter of regret that, hitherto, too little attention has been paid, both by parents and others having the care of children, to this most important point. Cases are constantly occurring where, through the ignorance and almost criminal stupidity of nurses, the genital organs of children of tender age are stimulated into unnatural excitement, by handling them, and otherwise producing an abnormal condition which the child too soon learns to notice. Did these persons but know the danger of the practice, the incalculable mischief of which they may be laying the foundation, they would carefully avoid anything that could attract the attention of even the youngest children to the parts referred to.

It is not expected that in the child sexual feelings should occur prior to the full development of puberty. It may be the case that in almost all animals of a lower scale, they commence at once to exercise a supremacy over their actions, as is frequently seen in the case of young dogs, &c., long before the act of copulation can be completed; but, as a rule, in children properly reared this is not the case, save where there may be hereditary transmission of special

hypersensitiveness of the genital apparatus. This view of the case is set forth by a modern writer in the following words:—"This purity and ignorant innocence in children are not in any way unnatural. It is true that a different rule prevails among many of the lower animals. For instance, no one can have seen young lambs gambolling together without noticing at what an early age the young rams evince the most definite sexual propensities. Precocity in them is evidently intuitive, as it cannot depend on the force of example. This contrast between children and young animals may be explained by the fact that the animal's life is much shorter than that of man, its growth is more rapid, its office in the world is lower and more material, its maturity is sooner reached, and sexual propensities are therefore naturally exhibited at a much earlier age. In still lower forms of life the sexual period commences yet earlier. In many species of moths, no sooner is the perfect insect produced than it proceeds at once to the exercise of the function of procreation, which completed, its own existence ceases."^(b)

When the child becomes a youth, and the stage of full sexual development arrives, marked by the concomitant change in the voice, the growth of the beard, and the general indications of virility, that full capacity known as puberty fits him for the complete functions of physical intercourse. It should only appear at that time from sixteen to eighteen years of age, although there are thousands of instances where it appears long before the proper period, but these are unfortunate instances of abnormal activity.

The stage from childhood to youth is eloquently described by Dr. Carpenter in his large work on Physiology, where he says:—"The period of youth is distinguished by that

(b) Acton.

advance in the evolution of the generative apparatus in both sexes, and by that acquirement of its power of functional activity, which constitute the state of puberty. At this epoch a considerable change takes place in the bodily constitution; the sexual organs undergo a much increased development; various parts of the surface, especially the chin and the pubes, become covered with hair; the larynx enlarges, and the voice becomes lower in pitch, as well as rougher, and more powerful; and new feelings and desires are awakened in the mind."

In the use of the sexual organs for the continuance of his race, man is prompted by a powerful instinctive desire, which he shares with the lower animals. This instinct, like the other propensities, is excited by sensations; and these may either originate in the sexual organs themselves, or may be excited through the organs of special sense. Thus in man it is most powerfully aroused by impressions conveyed through the sight or touch, but in many other animals the auditory and olfactory organs communicate impressions which have an equal power, and it is not improbable that in certain morbidly excited states of feeling the same may be the case with men.

The sexual functions commence at puberty, and are performed until the arrival of senescence. The generative function is dormant in infancy and childhood, and ceases in old age. The description of the changes which operate on young persons when they are endowed with the prerogative of reproduction is a subject the most difficult and extensive to treat—changes not only in the sexual organs, but in the entire economy and in the intellectual faculties. "We have to notice the vivid sentiment of love, and that train of sweet illusions, sensations, and thoughts, which confuse the human mind." "Next arises puberty, which is justly considered that which is the principle of life, an effulgent

Aurora, the season of pleasure At this age a sudden increase of the whole body takes place, sometimes in a wonderful manner; the voice becomes hoarser in males, the pubes, axillæ, face, and whole body become covered with a whitish down. The genital organs, which were previously small and useless, increase with the rest of the body, and being much augmented secrete a prolific semen, by whose stimulus the youth is incited to the enjoyment of the agreeable gifts of Venus. About the same age at which boys are puberous, girls become nubile; the genital organs are evolved, the pubes appear, and the breasts are developed; a new loveliness appears on the countenance, a new elegance of the whole figure; and if the individual were previously delicate, she often and suddenly enjoys good health; a secretion somewhat similar to the appearance of blood is effused every month from the uterus; and this organ is rendered fit for the formation and nourishment of the offspring. Hence by the laws of nature the sexes are impelled with a desire to be united, whence offspring similar to themselves is propagated.

“At this age—from twelve to fourteen in females, and from thirteen to fourteen years in males—nature directs all her powers of development and vitality to those organs which she has destined for the procreation of new beings. All the other functions of the body are sometimes diminished; digestion, respiration, circulation, the intellectual faculties, the senses, the motions—in a word, nature seems to suspend the growth and functions of all the other parts to give a rapid development to those intended for the perpetuation of new beings.

“There is a determination of blood to the sexual organs; these rapidly increase in size, secrete fluids highly excitant, which sympathetically affect all parts of the body, and are intended to prepare the organs for regeneration of the species.

“When puberty is established an indescribable commotion often agitates the individuals of both sexes; all their functions may become deranged; indigestion, with irregular action of the heart, may follow, accompanied by palpitations; the individuals often find comfort only in solitude; those whom they considered nearest and dearest are looked upon now as objects of indifference; and they experience feelings to which they were hitherto strangers. There is a rapid development of the genital organs. The fecundating fluids of both sexes are elaborated and fitted for the object which nature intended. There results a superabundance of life, which endeavours to communicate and establish itself; there is a new and imperious want developed, which compels the sexes to approach each other.” This want is thus described by Cabanis:—“The new want produces in the young man a mixture of audacity and timidity; of audacity because he knows that all his organs are animated with an unknown vigour; of timidity because the nature of his desires astonishes him, as defiance to them disconcerts him. In the young girl this want gives rise to a sentiment of modesty or virgin shame, of which she was heretofore ignorant, which may be regarded as the hidden expressions of her desires or the involuntary signs of her secret impressions.”

The human body undergoes vast and important changes at the age of puberty, as evidenced by the change of voice, expanded chest, firmness of muscle, and hardening of bone. The brain becoming developed, the intellectual functions are augmented, and man's mind becomes susceptible of its highest conceptions, and with renewed vigour he essays the noble pursuits assigned him by nature. Woman possesses a more delicate organisation. Her brilliant and expressive eyes, added to the graces of her sex and charms of her youth, are indeed lovely to behold. Her passions are

stronger, and her heart beats with tender emotions. At this eventful period nature asserts her rights; there is hypersensitiveness of the organs of reproduction. She experiences an unknown sentiment—the impulse of love.

She never told her love,
But let concealment, like a worm i' the bud,
Feed on her damask cheek : she pined in thought,
And, with a green and yellow melancholy,
She sat like patience on a monument,
Smiling at grief.

SHAKSPEARE.

“Every effort is now made by parents to suppress voluptuous ideas, but the secret thought of amorous pleasure cannot be extinguished. Nevertheless, an enjoyment purely physical or animal is not the object of research; the heart opens to the most tender sentiments, and guides the first movements of the sexes. Until this time they were actuated either by self-love, parental affection, or esteem for the youth of their own sexes; but now parental tenderness or mere affection is insufficient for their happiness. Their well-being exists in another individual, and they think that they cannot enjoy real existence but in the intimate union of their body, soul, and heart, with one of an opposite sex to their own. They meet; their tastes, ages, and sentiments are similar; and now commences the scene of their innocent amours. What delightful reflections are offered to the study of a moral and philosophic mind by the innocent amours of two young persons, who know no other motives for their actions than the pure inspirations of nature and the heart! The strictest chastity presides at their first interviews; a word, a glance, a whisper, the pressure of a trembling hand, is now the enjoyment of happiness. They do not approach each other but with a respectful fear; they dissemble towards each other the nature of the sentiments which agitate them; they think ‘unutterable things.’

“ In proportion as their visits are more frequent, and their physical love is increased—which it is by the excitement caused by their meetings—their interviews are more numerous, the conversations become longer, more delicate, more intimate ; a reciprocal and exclusive confidence is established between them ; the trembling hand reposes longer in that of its admirer ; they embrace ; their hearts palpitate ; a secret fire consumes them ; and they finally vow to taste legitimate pleasure, after swearing eternal fidelity to each other before the altar.

“ This, however, is the age at which the youth of both sexes should act in strict accordance with the precepts of religion and morals, as errors committed now are too often irretrievable. The tender sex, which are the object of the most ardent fire of zealous admiration, and who burn themselves with the same flame, must never yield to the slightest freedom which is contrary to modesty and honour. They must not countenance for a moment obtrusive familiarity, much less the slightest immodest advances, or their ruin and degradation are inevitable.”

In early youth, however strong the desire may be for the mechanical deed, and however able the organs, they are still generally unable to generate. Young girls are occasionally with child, and boys occasionally become fathers ; but the acts of the boy or girl who marries are frequently for a year or two without result.^(c)

“ The external indications of puberty differ remarkably in individuals. There may be a full development of the testes and pubic growth, and but little beard and small calves, as well as imperfectly-developed larynx. In the *Philosophical Transactions*, a boy only six years of age, without any premature growth of the organs of generation, is recorded to have had a beard. Instances are not wanting also of very

(c) Burdach.

early abnormal puberty in both sexes. Some males are reported to have been adult before the completion of their first year.^(d) In the *Medico-Chirurgical Transactions*, there is given the instance of female puberty of a girl who began to menstruate when not three years of age, and soon after acquired large breasts, broad hips, &c. Blumenbach published an account of a Swiss child who procreated at nine years of age.

There are also many instances of late development. Professor Wilson, in his *Lectures on the Male Urinary and Genital Organs*, states that "he knew a man whose penis and testes at twenty-six were no larger than in boys of eight; at this time, however, they began to evolve, he had erections and emissions, fell in love, and in two years, viz., when twenty-eight, they were as large as in other men, and he married and became a father." Some women do not menstruate till between twenty and thirty, just as in others faculties of another kind lie dormant for years. Some children do not speak until they are several years old. One of the most celebrated physicians of Berlin is said not to have been able to ratiocinate or speak at thirteen.

Puberty is known to be retarded in women more than in men, from a variety of causes which operate far less on men, and others peculiar to the female. There is frequently a want of power in the constitution of young women by reason of their more sedentary mode of life. An ailment to which they are especially liable from this cause is what is termed chlorosis, in which they are pale, sickly, and enervated, the vitality of the whole frame being below the proper standard.^(e)

The great climacteric of nature is attained when the voice

(d) Elliotson.

(e) The activity of the chief organs of generation, the testes in the male and the ovaria in the female, is so intimately connected with the changes

is fully developed, the genitals clothed with hair, and the frame has reached its full proportions. Then the procreative powers, which nature has been so long in ripening, are adequate to the great function of reproduction, thus ensuring the continuance of the race.

When there has been no morbid excitement and abuse of the genitals during earlier years, the young man enters upon his era of complete virility with all his powers, both of a mental and physical character, unimpaired, and ready for the duties of social life. He is a fortunate man who, by favourable conditions during the years of childhood and the transitional period, has escaped the many shoals upon which thousands of splendid constitutions have been wrecked, just before they had reached the haven of matured manhood.

The purpose of complete virility is a subject demanding the serious consideration of every thoughtful man; of every

that occur in the rest of them, and in the entire system at the period of puberty, that, if these main organs are removed, the usual transitions in the rest do not take place. When the testes and ovaria have not experienced the changes of puberty, even some of the marks of the other sex, as large breasts in the male, may occur; and if their removal be practised after puberty is established, the system more or less relapses into the former condition, or acquires more or less the characteristics of the opposite sex. Travellers in the East declare that eunuchs there are often the fattest persons they meet, and have many feminine peculiarities.

We have one instance of the castration of a woman. Her ovaria protruded at the groin, and were so troublesome as to induce her to submit to their removal in St. Bartholomew's Hospital. She afterwards grew thinner and more muscular, her breasts shrunk away, and she ceased to menstruate. When the ovaria had been found deficient, the signs of puberty had not appeared. The absence of the uterus only is not attended by any deficiency in the general changes, nor does its removal destroy desire, or give the woman the characteristics of the male; nay, where it only is absent there may be monthly pains, and most severe ones in the pelvis, with all the attendant circumstances of menstruation, as if the discharge were taking place.—

Elliotson's Physiology.

one who aspires to become the procreator of a new being, and the author of a new intelligence. Here there are other elements of contemplation besides those which refer to the gratification of the animal desires. The ultimate end of virility is the approach to the opposite sex for the purpose of fecundation, and in this is embodied much of a social as well as personal character. It is essential to the well-being of the state, as well as of the individual, that sexual union under specific state regulations should exist, and it is equally necessary that it should be accompanied by health and vigour.

It is all-important that the sexual relationships should be based on the highest physical and mental endowments possible to the parties contracting. The well-being of a state is more intimately associated with the condition of its male population in a virile sense than is usually supposed; and those nations which have paid most attention to the laws of sexual vigour and harmony, have been conspicuous for their exalted sentiments and their intellectual endowments, as well as for their warlike capacity.

History affords abundant examples of the decadence of nations where the great purpose of physical congress between the sexes was subordinated to the meaner and sensual considerations and impulses. Where there has been that descent in the intellectual appreciation of the importance of virility and its functions, there has also, in every case, been a corresponding decline in the national character of the people, and the solidity of the state. We have no need to confine our illustrations to the unhappy periods of Roman and Grecian history, but might adduce modern examples which are equally conclusive with those ancient ones.

This view of the case is such as ought to commend itself to all young men, and lead them to consider that even in

reference to their conduct in the indulgence of sexual desire,^(f) they owe some allegiance to the state of which they are members, and should contemplate with calmness the many sources of danger which threaten the integrity of their manhood.

(f) With reference to desire and its causes, the general conclusion of physiologists is, that its seat is in the brain. The cause is usually said to be found in the sexual organs. This error may, without much difficulty, be pointed out. Desire is by no means commensurate with the size of the genitals. Even when the genitals are precociously developed desire is sometimes not felt. Desire is often felt after the removal of the testes, and in old age when the genitals are powerless. It is indeed not unusual for men in middle life, to whom every woman is an object of desire, to be quite unable to bring about the requisite excitement to perform the sexual act. Desire, therefore, must depend upon some other cause than any in the sexual organs, and the part of the human frame in which this cause is found has been pronounced to be the cerebellum. Desire is naturally strong or weak in the adult, not relatively to the size or strength of the body at large, of the genital organs, or of the cerebrum, but in proportion to the size of the cerebellum, whether of the lobes, or the fundamental portion called the vermiform process, which alone exists in birds, amphibia, fish, and insects; whenever I have actually known the natural strength of the sexual propensities in either sex, I have found that the size of the occiput has, without a single exception, corresponded. Before puberty the cerebellum is small; its proportion in size to the cerebrum is, at birth, from one-ninth to one-twentieth, or even less. In the adult it is as one-fifth, or, at the least, as one-seventh, and it acquires its full development between the eighteenth and twenty-sixth years. The breadth and prominence of the occiput are proportional.—*Elliotson*.

CHAPTER II.

ERECTION, ITS CAUSE AND PURPOSE—THE PRINCIPAL EXCITING CAUSE DERIVED FROM THE BRAIN—OPINIONS OF EMINENT WRITERS ON THE SUBJECT—PROCESS OF ERECTION—MUSCULAR CONTRACTION—ERECTION IN MAN AND IN THE LOWER ANIMALS—CHARACTER AND STRUCTURE OF THE PENIS.

THE necessary alteration in the condition of the male organ, to render congress with the female possible, is that which is known as "erection." In the unexcited state the penis is flaccid, but it becomes turgid, elongated and expanded, and rigid, under excitement, arising either from thoughts on venery, or by actual observation of the corresponding organs in woman.

The leading authorities on Human Physiology are Kölliker, Dalton, and Kirkes; from the latter, who has collated all that is required to clearly define the condition of erection, and the laws on which it depends, I shall extract the following words, as it would be impossible to exceed them in lucidity of description:—

"Erection results from the distension of the venous plexuses with blood. The principal exciting cause in the erection of the penis is nervous irritation originating in the part itself, or derived from the brain or spinal cord. The nervous influence is communicated to the penis by the pubic nerves, which ramify in its vascular tissue, and Gunther has

observed that, after their division in the horse, the penis is no longer capable of erection. It affords a good example of the subjection of the circulation in an individual organ to the influence of the nerves, but the mode in which they excite a greater influx of blood is not, with certainty, known.

“The most probable explanation is that offered by Professor Kölliker, who ascribes the distension of the venous plexuses to the influence of organic muscular fibres, which he finds in abundance in the corpus cavernosa of the penis, from the bulb to the glans, also in the clitoris and other parts capable of erection. While the erectile organs are flaccid and at rest, these contractile fibres exercise an amount of pressure on the plexuses of vessels distributed amongst them, sufficient to prevent their distension with blood. But when, through the influence of their nerves, these parts are stimulated to erection, the action of these fibres is suspended, and the plexuses thus liberated from pressure, yield to the distended force of the blood, which probably, at the same time, arrives in greater quantity, owing to a simultaneous dilatation of the parts; and thus the plexuses become fuller, and remain so until the stimulus to erection subsides, when the organic muscular fibres again contract, and so gradually expel the excess of blood from the previously distended vessels.”

Rouget states that “the distension of the vesiculæ seminales is the first cause of natural erection. The latter commences by a species of spasm, which, developing itself in the muscular apparatus of the generative system, is transmitted *de proche en proche* to the bundles of the root of the cavernous body and the bulb, and tends to propagate itself to the whole extent of the penis. The obstacle to the course of blood in the veins of the plexus of Santorini, imposed by the first muscular contractions, has for its immediate effect the dilatation of the areola of the cavernous

bodies by the blood; and the tension of the liquid struggles energetically against the muscular tonicity up to the moment when, ejaculation being accomplished, spasm ceases, little by little, in the same situations where it began; the circulation then becoming free, muscular contraction gets the better of the tension of the blood, and partially drives in this liquid. The organ itself then gradually resumes its natural dimensions."

"In man the act of erection lasts only a short time, but the case is different with many animals. For instance, in the dog, when the penis is introduced into the vagina of the bitch its body becomes suddenly enlarged, and the animal is thus unable to withdraw from connection for a long time. This, according to Richerand, depends upon the absence of vesiculæ seminales in the dog; and as the semen passes only drop by drop, impregnation would not occur had not nature ordained such prolonged copulation. This appears very probable."—*Acton*.

The character of the penis differs widely in the animal kingdom, it generally being so organised as to give unalloyed pleasure; but in many animals there is so singular a formation that it produces absolute torture during the act of coition.

The following extract will illustrate this statement:—"In the guinea pig the penis is strengthened by a flat bone that reaches forward as far as the extremity of the glans, beneath which is the termination of the urethra, but, behind and below the orifice of this canal, is the opening of the pouch, wherein are lodged two horny spikes. When the member is erect the pouch alluded to becomes everted, and the spikes are protruded externally to a considerable length. Both the everted pouch and the entire surface of the glans are, moreover, covered densely with sharp spines or hooklets; and, as though even all this were not sufficient to

produce the needful irritation, still further back there are, in some species, two stout and strong horny saws appended to the sides of the organ. From this terrible armature of the male cavys it would be only natural to expect some corresponding peculiarity in the female parts, but, however inexplicable it may appear, the female vagina offers no uncommon structure."—*Rymer Jones*.

Thus recent researches seem to demonstrate that the muscular contractions, the effect of which is to hamper the venous circulation, play a considerable part in the phenomena of erection; nevertheless, they do not play the principal part, and should not be considered otherwise than as auxiliaries to the act.

"The first phenomenon observed—that by which erection commences, and without which it would not manifest itself—is the dilatation of the little arteries and veins under the influence of the vaso-motor nerves. These are the erector nerves; they arise from the sciatic plexus, and are distributed with the vessels in the side of the bladder and prostate, as far as the membranous and bulbous portion of the urethra, where we cease to follow them."—*Acton*.

CHAPTER III.

THE SEMINAL FLUID—IMAGINARY THEORISATIONS OF PHILOSOPHERS OF THE PAST AS TO ITS NATURE—THE SECRETION OF THE FLUID—QUANTITY EMITTED IN SEXUAL CONGRESS—SPERMATOOZA.

As has been before observed, in all ages has there been, more or less, a belief that excessive coit had a depressing effect on the nervous system, and that there was a close connection between the brain and the seminal fluid.

Hippocrates says:—"The humours enter into a sort of fermentation, which separates what is most precious and most balsamic, and this part, thus separated from the rest, is carried by the spinal marrow to the generative organs."
—*De Genitura.*

M. Parise says:—"Semen is life itself under a fluid form—the vital spirit condensed and perceptible. Comus said it was composed of microscopical brains, directly emanating from the great brain. The ancients considered this liquid as a discharge from the spinal marrow and brain, and called it 'Cerebri Stillicidium.'

"Its importance is demonstrated by the fact that the smallest quantity contains life in activity, and can communicate it; that its presence and its secretion impress the organisation with an extra quantity of force and energy, whereas repeated loss of it enervates and rapidly wears out the body. Nothing costs the economy so much as the pro-

duction of semen, and its forced ejaculation. It has been calculated that an ounce of semen is equivalent to forty ounces of blood.

“According to Bichat, the secretion of sperm is in an inverse ratio to the secretion of fat, and we at once see the reason—semen is the essence of the whole individual. Hence, Fernel has said, ‘Totus homo semen est.’ It is the balm of life—one of the best and most powerful stimulants. That which gives life is intended for its preservation.”
—*Reveillé-Parise*.

These are the imaginary theorisations of the philosophers of the past, who were more prone to theory than to positive science; who believed more in the deductive than in the inductive method of reasoning. They often built up most unreliable explanations of natural phenomena, such, indeed, as in a thousand instances cannot be received in modern days.

Physiology was a department in which these errors were more conspicuous than in any other, and much which then was received with profound satisfaction has to be rejected as inconsistent with the teachings of recorded facts and scientific inquiry.

Mr. Acton gives the following instance, however, which shows that amongst those without scientific knowledge on the subject a similar error exists. He states:—“It is not long since I heard one man of the world coolly assert to another his entire belief that Lord ——, a noted old libertine, was killing himself by inches; that he had long since ceased to emit semen; and that, under unnatural excitement, the substance of his brains was passing away in the venereal orgasm, as was proved by the great nervous depression which was known to follow each sexual effort. The narrator, moreover, asserted most confidently that his lordship was aware of the fact; but, in spite of all remon-

stances, no sooner did the old debauchee recover from the effects of one loss, than he incurred another.”

“Of course, these alarming statements are not such as modern science can at all endorse. Nevertheless, it should be remembered that the semen, as I have pointed out above, is a highly-organised fluid, requiring the expenditure of much vital force in its elaboration and in its expulsion. Even in the strongest adult, and much more in the youth and the weakly man, the whole of the functions connected with it are most vital and important—the last that should be abused.”

“Semen,^(g) when first secreted, is not the same elaborated fluid which we find in the vesiculæ seminales. The com-

(g) Whether the semen is secreted as required, or stored up, is somewhat doubtful. On the whole, it seems to me, after considerable investigation, pretty clear that the semen is stored up and elaborated in the vesiculæ seminales. It is tolerably certain that the testicles do not necessarily go on continually secreting, but cease when there is no further occasion for their action. What makes this very probable is the fact that the vas deferens is generally found empty in men who have been long removed from the society of women. As the semen is secreted in the testes it is, I believe, pushed forward into the vasa deferentia, and thence is deposited in the vesiculæ seminales, and, whilst there, mixed with a secretion of these organs, when it is ready for use at an instant's notice. It is owing, I believe, to its previous secretion, elaboration, and storing up that emission occurs from slight mental or physical causes. If semen were not thus ready at a moment's call, much more excitement than that usually required to produce nocturnal emission would be necessary to cause ejaculation. In many animals this storing up does not and cannot occur, as they have no vesiculæ seminales. But in most of these cases there are means to the same end—the elaboration of the semen—as, for instance, the dilatation of the vasa deferentia.

Thus, in the horse, this portion of the duct is extremely thickened by the occurrence of numerous glandular cellules in its walls, and much the same condition is met with in the bull. In the elephant each vas deferens, when it arrives at this point, enlarges into a cavity of considerable size, which, it is evident, may readily, and no doubt does really, fulfil the function indicated by the words vesiculæ seminales.—*Pittard*.

plete development of the spermatozoa in their full proportion of number is not achieved till the semen has reached, or has for some time lain in the vesiculæ seminales. Earlier after its first secretion the semen contains none of these bodies, but granules and round corpuscles, like large nuclei enclosed within parent cells. Within each of these corpuscles or nuclei a seminal filament is developed by a similar process in nearly all animals. Each corpuscle or nucleus is filled with granular matter; this is gradually converted into a spermatozoid, which is at first coiled up and in contact within the inner surface of the wall of the corpuscle."—*Kirkes*.

"The quantity actually emitted in each act of sexual congress in man amounts to two or three drachms. There has therefore been an addition somewhere. The prostate, doubtless, contributes its share; the tiny glands of Cowper theirs; the urethra gives its mite of mucus. More mucus is waiting in the vagina; and I believe that the vesiculæ are not behind in adding a portion of their ready-formed contribution to the general stock. The spermatozoa, huddled and crowded in countless millions in the vas deferens, are now able to disport themselves at ease in the congenial medium, and the number contained in a few drops of pure semen would be sufficient abundantly to people several drachms of fluid."—*Cyclopædia of Anatomy. Pittard*.

Man possesses the faculty of always producing this secretion, which in other animals is only periodical. It is supplied as rapidly as it is ejected—that is, unless the ejection is far beyond the average rate. It is the opinion of Kölliker that the seminal tubes secrete semen only when the secretion has been partially evacuated externally, either by sexual congress, or by emissions, by which an increased flow of blood to the testes is induced.

This physiological adaptability, by the secretion of the

seminal fluid for sexual congress, causes the claim for consummated intercourse to become a ruling or almost absolute influence, controlling the entire being.

This is the ultimate of human development, leading to the perpetuation of the race, and it demands the highest consideration. At the maturity of the sexes there are thus special physical conditions which prepare them for the union which is destined to eventuate in procreation.

CHAPTER IV.

THE EMISSION OF SEMEN—ITS IMPORTANCE IN ITS EFFECTS ON THE MALE—LAWS AMONGST THE ANCIENTS TO REGULATE SEXUAL CONGRESS—THE FEARFUL EFFECTS OF UNDUE EXPENDITURE—THE QUESTION OF THE LIMIT OF INDULGENCE—SEXUAL EXCESSES AMONGST THE ANCIENTS AND IN MODERN DAYS.

THE emission of semen is determined by its abundance, as this condition varies considerably in individuals, some having the organic development for copious secretion, and a constitution tolerant of frequent congress.

If it be abundant in the vesicles, emission is excited. It is effected by the violent tentigo which obstructs the course of the urine, and throws open the channel for the expulsion of the semen. There is a spasmodic contraction of the vesiculæ seminales; a convulsion of the levatores ani, and of the accelatores urinæ; and by a succussion of the whole system, short and less violent, though almost of an epileptic nature, and followed by depression.

The importance of seminal emission in its effects on the male has for ages been a question for grave consideration. Many, both of the ancients and the moderns, but specially the former, carried their notions of the value of the seminal fluid to singular extremes.

Zeno, the founder of the Stoic school, would naturally be expected to take his stand in an extreme point. This

philosopher is said to have had congress with his wife but once, and then only out of politeness.

The celebrated Zenobia never permitted intercourse by her husband with her, save for the sole purpose of impregnation, and for state purposes. That being accomplished, she sternly rejected his approaches.

Many, if not most, of the ancient nations, in their infancy at least, and before they had become enervated by habits of luxury and intemperance, had laws, more or less stringent, bearing on the question of sexual congress, definite rules being laid down and provision made both for the fulfilment and the restriction of the act of coition as part of the marital contract. Non-fulfilment or infringement of these laws rendered the delinquent amenable to specific pains and penalties by fine, divorce, or even severer punishment.

The importance of semen as a secretion cannot be too highly considered. Its inconsiderate squandering is in an eminent degree prejudicial to the stability of the corporeal system. Swedenborg, in his *Animal Kingdom*, and others pronounce it to be the quintessence of the animal secretions, and state that one drachm of that fluid is equivalent in value to an ounce of blood.

All writers on physiology allow that its undue expenditure tells with fearful effect on both the mind and the body.

Writers differ as to the latitude that may advantageously be given to the act of coition, but all agree that, in the case of most men, it is practised far too frequently, and at the expense of the system.

There are difficulties in the way of determining what should be the limit of indulgence in physical intercourse between the sexes, by reason of the differences in constitution and capacity. There are men to whom frequent coition may be said to be almost a necessity. These men are satyrs in the vehemence of their passions, and cannot

be taken, in any sense, as guides for men in general. What would not materially depress the systems of these men would prostrate others to a serious degree.

There are, on the other hand, thousands of men in every community to whom everything beyond the most moderate indulgence is depressing in the extreme, incapacitating them for both mental and physical exertion.

Between these two boundaries come the great mass of men who oscillate between the extremes, and who act without any intelligent understanding of the nature of the function they are performing in physical alliance with the opposite sex.

1. Sexual intercourse should never be indulged in until there is a natural desire and vigorous impulse; and seldom, if ever, before the adult age.

2. It ought to be avoided whenever it produces more than temporary depression of spirits, or the least debility of the moral, intellectual, or physical states; also during intoxication, mania, and when there is venereal or any other disease of the sexual organs of either party.

3. It ought to be used in moderation when the individual makes much mental or corporeal exertion, or during recovery from any severe disease, when there is a state of debility, or when restorative aliment, &c., cannot be procured.

4. It ought to be entirely abstained from during the presence of the menses, the child-bed evacuation, which continues for nine, twelve, or more days after delivery, and only used moderately and occasionally during pregnancy and suckling. It ought to be avoided in all painful diseases of the generative organs. It is also particularly injurious immediately after taking food, and until digestion is completed, which is from two to three hours afterwards.

Abstinence from venereal enjoyment for a few days or weeks favours fecundity, and invigorates both mind and

body. The ancient classic and philosophic authors held that all great intellectual generations required corporeal continence. Minerva, the goddess of genius, and all the Muses were virgins. Horace lauded the favourite of Apollo for having abstained from women and wine:—"Abstinuit Venere et vino, sudavit et alsit;" and Virgil wrote still more forcibly. Bacon observed that no one of great genius of antiquity had been addicted to women; and it is stated that among the moderns the illustrious Newton never enjoyed sexual intercourse. This fact confirms the remark made by Aretæus, and since verified by all physiologists, that continence, or the re-absorption of the semen into the animal economy, impressed the whole organism with an extreme tension and vigour, excited the brain, and exalted the faculty of thought. From these effects, courage, magnanimity, all the virtues, and corporeal vigour resulted.

The abuse of enjoyment, on the contrary, enervates the body, destroys the memory, extinguishes the imagination, degrades the soul, and renders us stupid. Thus, idiots who abuse this function are excessively lascivious; and eunuchs are remarkably deficient in genius—they want the organs which are destined to secrete the semen, and this plunges the mind as well as the body into a languor and debility almost infantine.

It has also been observed that mental exaltation and madness do not manifest themselves before the age of puberty, nor in old age, but in the adult age especially, by the retention of sperm or ovarian fluid; and hence castration and pregnancy have radically cured maniacs. Nothing is more certain than this, that animals and plants shorten their existence by multiplied sexual enjoyments. It was to secure vigour of mind and body that the founders of certain religions prescribed chastity and celibacy to their ministers. This rule is in some degree accordant with physiology; for

it is well known that our moral and physical powers are diminished by coition, because we impart a portion of our physical and intellectual endowments to our offspring, and diminish them in ourselves.

The dictum of Luther has been hazarded as a proximate guide, and endorsed by many able writers on this subject, but it can necessarily have little influence as against the experience of many men who find that even that advice cannot safely be followed. The celebrated Reformer wrote that, in his experience, twice a week was not injurious either to himself or his wife, and he considered that, as a general rule, it would apply to others.

The commission of sexual excesses is almost as ancient a practice as is the human race itself. Man has, at all times and in all nations, been given to refinements of sexual excess. Even the Scriptures furnish records of the sensuality of the Asiatic and African nations—Potiphar, Absalom, and Solomon—and the hideous orgies recorded at the feast celebrating the worship of the gods of those nations by whom the Israelites were so frequently led into idolatry are too well known to require more than passing mention.

The ancient Egyptians were notorious for their sexual excesses. The Lesbian love, which led to the extirpation of the clitoris—a practice still prevalent in modern Egypt—comes from this region. According to Herodotus, the Pyramid of Cheops was constructed by the lovers of the daughter of that King as a reward for her favours. Of the world-known excesses of Cleopatra whole volumes might be written.

The ancient Babylonians, Medes, and Lydians, were also noted for their debauched manners; but the licentiousness of the Persian kings exceeded everything that history has recorded. The most beautiful and the most fascinating

girls were sent to the Persian kings from every province of their vast empire in order to satisfy their passions.

Hercules is said to have impregnated fifty girls in one night. It is also related that a woman requested protection from the king of Arragon against the passion of her husband, who used her person ten times every night, and that the king limited him to six times. A mountaineer of the inner slope of the Pyrenees married eleven women in the space of fifteen years. He killed them all by coït.

Cabrol, in his *Alphab. Anatom. Observ.* 17, reports the cases of men, who, while under the influence of cantharides, performed the reproductive function forty times in one night, and forty-eight times in two nights, but in my opinion no just conclusion can be drawn even from such cases. It is possible that such instances may have occurred, but it is extremely improbable that the secretion of semen, which is comparatively slow, could become so rapid and superabundant.

It is also recorded that Proculus, a Roman general, deflowered ten prisoners of war in one night. In one of his letters he states:—"Proculus Metiano affini S. D. centum ex Sarmatia virgines cepi. Ex his una nocte decem iniui; omnes tamen, quod in me arat, mulieres intra dies quindecim reddi." (*Flavius Vopiscus.*) This incredible assertion was even surpassed at a trial in Westminster, in June, 1836, in which one of the parties declared that he had deflowered twenty virgin nuns in one night! He also stated that he had fought ninety duels, and shot each of his antagonists in the left eye!! The jury very properly considered that these and many similar statements were incredible, and gave a verdict against him.

There are thousands of men in the present day who approximate in some degree to the extraordinary instances referred to above, and who, in their wild excesses, are

worthy of no other name than human satyrs. It is the example of these singularly-constituted men that has so baneful an influence on young men, and that leads them into the presumption that they may, with equal impunity, indulge to a rather less extent.

By following such vicious examples, multitudes of young men have been brought to premature graves, never even dreaming that the exhaustion of their vitality was consequent on unrestrained intercourse with the opposite sex.

As it is, in the present day and in the present state of society, impossible to establish a code of laws which shall prevent these excesses being carried on to such a lamentable extent and with such deplorable effects, morally and physically, to the present and future generations—it becomes more and more the duty of medical men to point out the ill consequences of excessive venery, and endeavour, if not altogether to avert, at least to modify the evil.

CHAPTER V.

THE GENERATIVE ORGANS IN WOMAN—THE CLITORIS—THE NYMPHÆ—THE HYMEN—THE VAGINA—THE UTERUS—THE FALLOPIAN TUBES—THE OVARIES—THE GRAAFIAN VESICLES—PRECISE DESCRIPTION OF THE HUMAN OVARY.

THE conditions of the male organisation I have considered at some length. I have traced the gradual development, until the full-formed penis and testes appeared, the former by a vascular erythism becoming elongated, tense, and intensified in sensitiveness, and the latter by reflex influence brought into active nervous sympathy.

Then all required for the venereal act is the matured condition in the opposite sex. This is reached at nearly the same period as in the male, but is not so intense in its nervous and physical expression.

The organisation of the female being of a different character, it will be necessary to allude briefly to its structure in order that the reader may arrive at an intelligent comprehension of the function of consummated intercourse for which the male organs are prepared.

It has by many writers been assumed that the difference between the two sexes is far slighter than has been generally credited. The following *résumé* of the sexual development of the woman will throw some light upon that debatable opinion.

The leading difference between the organs of the two sexes is that, whilst those of the male are constituted to

secrete and give, those of the female are adapted entirely to receptivity.

Dr. Elliotson quotes the following from a distinguished continental writer:—"In some parts the organs of both sexes are very analogous to each other in structure. Thus the clitoris, lying under the pubes in the superior commissure of the labia, agrees in many respects with the penis of the male, although distinct from the urethra, and therefore imperforate, and extremely small in well-formed women. It is recorded to have been in some adult females of a comparatively large size, and these instances have probably given rise to most of the idle stories of hermaphrodites. Like the penis, it has its corpora cavernosa, is capable of erection, is covered with a prepuce, and secretes a smegma not dissimilar from the Littrian."

From the clitoris the nymphæ descend, also occasionally of great size, (which has been the source of other idle tales,) and, like the clitoris, possess a high degree of sensibility. They appear in some measure to direct the stream of urine, because the opening of the urethra, which is very short in females, lies under their commencement; and it is frequently ciliated, as it were, with small papillary folds.

The clitoris and nymphæ are compared to the corolla of the flower, while the labia and mons veneris are called the external, and compared to the calyx of flowers.

Under the termination of the urethra lies the opening of the vagina, surrounded by various kinds of cryptæ, which secrete an unctuous mucus.

Across the opening of the vagina the hymen is extended—a membrane generally circular, and found, as far as I know, in the human subject only, of this form and in this situation. The remains of the lacerated hymen form what are called the *carunculæ myrtiformes*, which are infallible signs of the loss of virginity.

The vagina, lying between the urinary bladder and rectum, is lined internally with a very soft coat, and surrounded by what was named by Eustachius the constrictor cunni. The passage is marked by two very beautiful columns of rugæ, which pour forth a mucus into its cavity.

Resting upon the upper portion of the vagina is the uterus, suspended by broad ligaments which are designed to keep it in its place, but which are often so injured as to permit the displacement of the organ. The neck of the uterus is embraced by the vagina, it is perforated by a canal which extends into it, and is lined by rugæ also, similar to those of the vagina, but not known by the same name, being called the arbor vitæ, which also secretes a viscid mucus.

The uterus is a peculiar organ, differing in the form of its tissue from the whole muscular system. Capable of expansion and contraction, it is supposed by some to be muscular, but this presumption of its anatomical structure is questioned by others, such as Blumenbach, Malpighi, and others. There are other great names which might be adduced to defend the doctrine of distinct muscularity. Amongst them Morgagni and Sir Charles Bell are conspicuous; the last wrote an elaborate argument proving this position.

According to Kirkes, "the walls of the organ are composed of dense fibro-cellular tissue, with which are intermingled fibres of organic muscle; in the impregnated state the latter are much developed and increased." Its cavity is very small; in its unimpregnated state its sides almost touch each other.

Right and left of the upper portion of the uterus, which is called its fundus, are two small openings, which lead into two long tubes projecting from its sides, and called the Fallopian tubes; these having the function of conveying

the ovum from the ovaries to the womb. According to Kirkes, the Fallopian tubes are about four inches in length, and extend between the ovaries and the upper angles of the uterus. At the point of attachment to the uterus the Fallopian tubes are very narrow, but in their course to the ovary they increase to about a line and a-half in thickness; at their distal extremities, which are free and floating, they have a number of fimbriæ, one of which, longer than the rest, is attached to the ovary.

“The canal by which each Fallopian tube is traversed is narrow, especially at its point of entrance into the uterus, where it will scarcely admit a bristle; its other extremity is wider, and opens into the cavity of the abdomen, being surrounded by a zone of fimbriæ. Each Fallopian tube is lined with mucous membrane.”

There are yet other structures on each side of the uterus which are of still more importance than any with which they are associated. The ovaries, which are supposed to be in the female the analogues of the testicles in the male, are two oval compressed bodies in the cavity of the pelvis.

Each ovary is attached to the uterus by a narrow cord or ligament, and, by a slighter tie, to the fimbriæ of the Fallopian tube, into which they expand. This body, called the ovary, has imbedded in it a number of vesicles called Graafian, because first discovered by Dr. Graaf, the anatomist. In these vesicles are the ova, or eggs, which are to be fecundated by the semen of the male.

It will be well in this place to give a more precise account of this interesting portion of the female generative organs. “If the structure and formation of the human ovary be examined at any period between early infancy and advanced age, but especially during that period of life in which the power of conception exists, it will be found to contain on an average from fifteen to twenty small vesicles, or mem-

braneous sacs, of various sizes, the Graafian. These are deeply seated in the ovary. As they increase in size they make their way to the surface of the ovary, and, when mature, form little prominences therein on the exterior of the ovary, covered only by the peritoneum.

“The cavity of the follicle, or vesicle, is filled with an albuminous fluid, in which microscopic granules float; and it contains also the ovum or ovule. The human ovum is extremely small, measuring, according to Bischoff, from $\frac{1}{240}$ to $\frac{1}{120}$ of an inch.

“From the earliest infancy, and through the whole fruitful period of life, there appears to be a constant formation, development, and maturation, of Graafian vesicles, with their contained ova. Until the period of puberty, however, the process is comparatively inactive; for previous to this period the ovaries are small and pale, the Graafian vesicles in them are very minute, few in number, and probably never attain full development, but soon shrivel and disappear, instead of bursting as matured follicles do; the contained ova are also incapable of being impregnated. But coincident with the other changes which occur in the body at the time of puberty, the ovaries enlarge and become very vascular, the formation of Graafian vesicles is more abundant, the size and degree of development attained by them are greater, and the ova are capable of being fecundated.”

It has been disputed whether the ova are discharged from the ovaries in the lower animals without sexual intercourse, but the question was set at rest by the experiments of Bischoff, and “many circumstances make it probable that the human female is subject, in these respects, to the same law as the females of other mammiferous animals—namely, that in her, as in them, ova are matured and discharged from the ovary independently of sexual union, and that this

maturation and discharge occur periodically at the epochs of menstruation.

“Thus Graafian vesicles recently ruptured have been frequently seen in ovaries of virgins, or women who could not have been recently impregnated, although it is true that the ova discharged under these circumstances have rarely been discovered in the Fallopian tube.

“The evidence of the periodical discharge of ova at the epochs of menstruation is, first, that nearly all authors who have touched on the point agree that no traces of follicles having burst are ever seen in the ovaries before puberty, or the first menstruation; secondly, that in all cases in which ovarium follicles have been found burst, independently of sexual intercourse, the women were at the time menstruating, or had very recently passed through the menstrual state; thirdly, that although in women sexual connection is not confined to the periods of menstruation, yet conception is more likely to occur within a few days after the cessation of the menstrual flux than at other times; and, lastly, that the ovaries of the human female become turgid and vascular at the menstrual periods, as those of animals do at the time of heat.

“The occurrence of a menstrual discharge is one of the most prominent indications of the commencement of puberty in the female sex, though its absence, even for several years, is not necessarily attended with arrest of the other characters of this period of life, or with unfitness for sexual union or incapability of impregnation.

“The average time of its first appearance in females of England, and other places of about the same latitude, is from fourteen to fifteen; but it is much influenced by the kind of life to which girls are subject, being accelerated by habits of luxury and indolence, and retarded by contrary conditions.

“On the whole, its appearance is earlier in persons dwelling in warm climates than in those inhabiting colder latitudes; though the extensive investigations of Mr. Robertson show that the influence of temperature on the development of puberty has been exaggerated.

“Much of the influence attributed to climate appears due to the custom prevalent in many hot countries, as in Hindostan, of giving girls in marriage at a very early age, and inducing sexual excitement previous to the proper menstrual time. The menstrual functions continue through the whole fruitful period of a woman’s life, and usually cease between the forty-fifth and fiftieth years.”—*Kirkes*.

Thus, then, we have the full development of the conditions of a physical character, which qualify the female for intercourse with the male, and which furnish the impulse for that congress which is the ultimate of human development.

In fine, the conformation of the sexes enables the female always to receive, and never, according to the expression of Solomon, to be satiated (“os vulvæ nunquam, dicit, sufficit”), and therefore sexual enjoyment is considered more delicious and protracted in one sex than the other.

If we consider that the other sex have the nervous system much more sensitive than ours, the skin finer and more delicate, that their feelings are more acute, their mammæ the seat of vivid sensibility from uterine sympathy, the nipples erected during intercourse, we must agree with Delignac, “that their enjoyment is more intense and extended through the whole economy than in man, and that coition or impregnation generally excites in them a universal tremor in all parts of the body.”

It is by the above brief sketch of the progress of development of the sexual organs of the woman, that the reader will be enabled to judge more philosophically of the great

importance attached to the sexual act, and of the absolute moral and physical necessity that excesses should be avoided, and the appetite, which by such excesses has a tendency to become abnormal, be placed under restraint, so that the act may be performed in such a way, and with the effect, for which the natural instinct for coition was implanted within the human breast.

CHAPTER VI.

MUTUAL DESIRE, AND ITS ORIGIN—PRECOCITY—THE CEREBELLUM—COPULATION AND ITS PROCESSES—NECESSITY FOR PHYSICAL GRATIFICATION—RE-ABSORPTION OF THE SEMEN INTO THE SYSTEM—EFFECT OF CASTRATION—CONSTANT SECRETION—INFLUENCE OF CESSATION FROM SEXUAL INTERCOURSE.

I HAVE, as far as is requisite, given an outline of the organs of the two sexes which must come into contact before the act of congress is matured, and the impregnation of the woman secured. There is, then, as a rule, a corresponding amount of desire in both sexes, but most in the male. This desire does not, however, depend solely on the development of the generative organs. Other physical conditions are required, and they are to be found in the cerebellum.

It is in the brain that we must look for the motive power, rather than to the size or full development of the genitals. It has been fully proved that the penis and testes in the man, and the clitoris and nymphæ in the woman, may be enormously developed, without even ordinary desire existing. Instances are on record, where in very early youth, and even in childhood, all the external indications of puberty have become prominent, yet no desire has been evinced.

It has been found in these cases that the cerebellum was not developed to the normal degree. This led to the conclusion that the energy of desire in both sexes is deter-

mined to a considerable extent, at least, by the size of the cerebellum.

Desire has certainly been felt by those whose testicles have been removed; and it is well known that in old age, when the testes are of the usual size, still there is no desire.

To all who have had opportunities of judging, it must be manifest that physical development generally, as well as in the organs of generation, is no criterion as to the potency of desire; spare individuals often exceeding in sexual passion, those of a more robust constitution. The size of the occiput generally is found in all animals to correspond with the sexual potency, and to offer as true a criterion as can be desired.

“Before puberty, the cerebellum is small; its proportion in size to the cerebrum is, at birth, from one-ninth to one-twentieth, or even less; in the adult, it is as one-fifth, or, at the least, as one-seventh, and acquires its full development between the eighteenth and twenty-sixth years; and the breadth and prominence of the occiput are proportional.”

Combe gives a large number of cases illustrative of this fact, and in his translation of Broussais, furnishes a still further list of cases, which appear to confirm the position he assumes.

“The imperfect development of the cerebellum is seen also in the cranium of the young girl of six years. In turning the base of the cranium of a subject below puberty towards us, we see at once that the distance from one mastoid process to the other (which shows the diameter of the cerebellum) is much less than from the one parietal bone to the other. In the adult, on the contrary, their two distances are, in general, very nearly the same.”

When the cerebellum is precociously developed, desire is felt by the child, even though the genitals are not above the ordinary size. Inflammation and irritation of the cere-

bellum are found, by a multitude of dissections, to have existed when great excitement of the genitals occurred before death, and organic disease and injuries of the cerebellum have as frequently occasioned impotence.

The cerebellum of the male is larger than that of the female; the back of the neck and head fuller, and the whole posterior aspect of the head thicker; and if the brains of the two sexes are placed in water, the larger cerebellum—*cæteris paribus*—of the male is very conspicuous.^(h)

There are, indeed, instances to be met with in the practice of leading surgeons where the morbid sensibility of the genitals in women is dependent rather upon local irritation than from a large cerebellum.

This state of things has been induced by early excitement of the organs by depraved nurses, or by the suggestions of vicious example. This local difficulty is more readily disposed of than the constitutional or cerebral one.

Moral suasion, or surgical assistance, if the former be not sufficient, will effectually control it or destroy it. Should the

(h) This sympathy of the cerebellum with the genitals is the reason of the latter being regarded as the seat of desire. If they (the genitals) are removed, desire is generally extinguished; for the cerebellum is not afterwards developed at puberty, and the back of the head and neck remain small—perhaps smaller—than in the female. If one testicle only is removed, Gall invariably observed, in experiments on rabbits, that the opposite half of the cerebellum shrinks, or its substance is in some way altered; and he made the same remark in cases of the removal or injury of one testis in the human subject, or of disease of one ovary. Other experimenters in physiology have discovered similar phenomena. A case is related by an eminent physician of a man who fell on his back against a bank, striking his neck and being stunned. Soon after, his testes became painful and then shrank, and his breasts grew to the full size of those of a woman. He lost all sexual desire and power. The man affirmed that the back of his head had lessened in size, because his hat, put on as rustics wear it, would no longer remain properly on his head, but always slipped down on his poll.—*Elliotson*.

clitoris have been long subject to undue excitation, and exceed its proper proportions, it can be reduced in size by excision, or be completely extirpated. Such a course is undoubtedly the only one at all likely to rescue a woman from the local irritation, which leads her to abuses that tell with serious effect upon her constitution.

Before dilating upon the function of copulation and its processes, it will be desirable to discuss briefly the necessity which may exist in the male for the expenditure of the fluid which nature has secreted at the age of puberty, and which gives rise to sensations such as suggest its expenditure.

Many writers have contended that there is an imperative law which requires that physical gratification should be indulged in for the purpose of expending the seminal fluid. I do not endorse all that these writers in America, France, and England have set forth, inasmuch as, although this important secretion is prepared for a specific purpose, there is no necessity for its control to be withdrawn from the intelligence, or that it should be, of necessity, poured forth without discrimination.

The theory has been advanced that, if not used, it is re-absorbed into the system, and contributes to its vigour and endurance. The opinion is gaining ground that such is the case, and Mr. Acton has lately published his opinion on this subject as follows:—

“ It was some time before I ventured to advocate the doctrine of the re-absorption of the semen into the system. There are, however, many facts which it is quite impossible, as it seems to me, to explain without believing that semen is really absorbed.

“ The effect of castration on the system is almost sufficient alone to lead to the inference that semen is re-absorbed. That semen has an influence on the system is obvious, from the marked differences between castrated and non-castrated

animals. These differences cannot depend upon anything retained in the blood and not excreted. The vigour of the uncastrated animal must depend on the testes secreting semen, that is, taking its element from the blood. This semen is slowly secreted by the testes, and slowly passes along the vasa deferentia towards their determinations, which are dilated, some passing into the vesiculæ seminales; there, and along the course of the vasa deferentia, absorption probably takes place, if at all."

Kölliker treats the question as follows:—"In men the capability of producing semen, assuredly, always exists; although it does not appear to me to follow, from this, that semen is being continually formed, and that what is not emitted undergoes absorption; and, consequently, it seems justifiable to suppose that the seminal tubes secrete semen only when the secretion has been partially evacuated externally—either in consequence of sexual congress, or of seminal emissions—and an excitement of the nervous system has caused an increased flow of blood to the testes."

Kölliker also states that "there are no certain facts in favour of an absorption of the semen when formed, which could only take place in the vasa deferentia and vesiculæ seminales; for what is observed in animals after the rutting season is over, has no reference to this point; and the very circumstance that, in the situations above mentioned, no traces of a disintegration of the semen are ever found, appears to be very much opposed to such a supposition.

"At the same time, however, it is perhaps unquestionable that, without seminal evacuations, a formation of semen may be possible; for it is sufficiently established that a rich, heating diet, and an unsatisfied sexual excitement, often produce a turgescence of these organs, attended with painful sensations, and most probably with a formation of semen. The subsequent removal of this fulness does not, however,

appear to me incontestably to prove any absorption; because a difference in the quantity of blood in the testes, and the passing of the semen into the vasa deferentia, are sufficient to account for the restoration of the usual condition."—*Manual of Histology.*

Few persons will have failed to notice the influence which cessation from sexual intercourse has had on the general tone of their system. Greater vigour is experienced in the muscular system, and the whole frame appears capable of undergoing greater exertion. The voice at once responds to the change, thus indicating that it is beneficial to the general health that a certain portion of the secretion known as semen should be retained in order to maintain a high standard of mental and physical vigour.

In all ages this view has been entertained; Epicurus and Zeno were of that opinion, and the athletæ of Greece would not marry lest their strength should be impaired. The olden Rabbis undertook to prescribe definite rules on this subject, and allowed an extremely limited expenditure of the seminal fluid. They ordered that a peasant should indulge but once a week; a merchant once a month; a sailor twice a year; and a studious man but once in two years. Moses forbade indulgence before a battle. These instances incontestably prove the vast importance that lawgivers of ancient times attached to the procreative function; and it is evident that not only were the morality and social order of the people taken into account, but that considerations of the well-being of the state had also much to do with the formation of the laws regulating sexual intercourse.

Hence it follows that the premature exertion of the genital function, or marriage at too early an age, must not only be highly injurious to the parents in most cases, but also to the constitution of the offspring. It is also a moral and medical precept that both male and female should

observe the strictest continence until the adult age, so that the great end of marriage—the propagation of healthful infants—may be accomplished.

The ancient Germans did not marry until the twenty-fourth or twenty-fifth year, previous to which they observed the most rigid chastity; and, in consequence of which, their offspring acquired a size and strength that excited the astonishment of Europe. “Sera juvenum Venus,” says Tacitus of the Germans, “coque inexhausta pubertas, nec virgines festinantur. Ergo septa pudicitia agunt, nullis spectaculorum illecebris, nullis conviviorum irrationibus corruptæ.”—(*Tacitus de Mor. Germ.*, 19, 20.) Cæsar said that the Germans of his time under twenty years of age were like women, and hence their youth allowed time for their growth, and gave their bodies large dimensions.

Whatever may be the destination of this essential secretion, whether re-absorbed or transformed, it is one of the most valuable in the animal economy, and requires the exercise of due discretion in its expenditure.

CHAPTER VII.

CONTINENCE IN A PHYSIOLOGICAL AND SOCIAL SENSE—THE HAPPY MEAN—VOLUNTARY EMISSIONS OF SEMEN OF ANY KIND NOT CONTINENCE—TEMPERANCE—SEXUAL APPETITE IN MAN AND ANIMALS CONSIDERED—OPINIONS OF ANCIENT PHILOSOPHERS—RELIGIOUS ASCETICISM—PHYSICAL REPUGNANCE TO SEXUAL CONGRESS—COMPULSORY CELIBACY—LAY AND CLERICAL TEACHINGS—IRREGULAR HABITS OF LIVING—“NOBBLERISING.”

THE foregoing observations lead naturally to the consideration of the associated question of continence, which has more than one aspect in which it may be viewed. It is one on which there are existing many erroneous views, and on which much has been written, both of a laudatory and condemnatory character.

In the religious world it is esteemed the highest virtue by many to entirely suppress the claims of the generative organs and their secretions, and to ignore almost altogether their functions. In other quarters there are writers who advocate, on physical grounds, the absolute necessity of moderate indulgence from the time of puberty onward.

The happy mean is between the two extremes. Continence can only be a virtue when sustained by the loftier motives of conformity with natural law, and moral and social obligations. To these influences it must be more or less subordinate, and no other criterion can safely or wisely be admitted.

Continence is not to be defined as the simple abstinence from congress with the other sex. It applies also to the complete freedom from every kind of artificial excitation of the sexual organs. Self-abuse cannot by any stretch of imagination be considered allied in any degree to continence. It is even worse than illicit intercourse. Emissions of semen, from whatever voluntary influence, are the negative of continence, and destroy the claim of any one to be considered as exercising that peculiar degree of control over the sexual functions.

Moralists lay great stress on the necessity for this virtue being rigorously cultivated; and they have, at any rate, this advantage to offer those whom they seek to persuade, that the difficulty in the way of controlling sexual excitation is materially lessened by practice.

It implies, also, temperance in every other physical function. Professor Newman, in his pamphlet on *The Relation of Physiology to Sexual Morals*, gives the following able comment on the subject:—"Moralists have at all times regarded strict temperance in food and abstinence from strong drinks to be of cardinal value in the maintenance of young men's purity. But whatever our care to be temperate, whatever our activity of body, it is not possible always to keep the exact balance between supply and bodily need. Every organ is liable occasionally to be overcharged, and in every *youthful or vigorous nature* has power to relieve itself.

"Considering that in man the sexual appetite is not, as in wild animals, something which comes only in short seasons, and then imperatively demands gratification, but is, on the contrary, perennial, constant, and yet is not necessarily to be exercised at all, his nature cannot be harmonious and happy unless it can right itself under smaller derangements of balance. But this is precisely what it does; and I cannot

but think it of extreme importance not to allow a bugbear to be made out of that which, on the face of the matter, is God's provision that the unmarried man shall not be harmed by perfect chastity.

“That it is ever other than natural, normal, and beneficial, I never heard or dreamed until I had passed the age of fifty. The Roman poet Lucretius, in a medico-philosophic discussion, speaks of this matter quite plainly, and treats it as *universal to mankind*. He imputes it to strength and youthful maturity, not to weakness; and while his description is tinged with epic extravagance, the thought of its doing any one harm evidently does not cross his mind, much less that it has an evil effect, and is a disgraceful stain from previous vice. Now that I learn so many men to be unacquainted with it, except as something immoderate, and thereby depressing and dangerous, morbid and alarming, I have thought it a duty to make inquiries, where I could possibly do so, from persons of whose true purity from early life I am thoroughly persuaded, and all that I elicit, direct or indirect, confirms me in what I have all my life believed.

“A clergyman reminds me that the ceremonial regulations in the books of Moses comment upon it, and so does Jeremy Taylor; dates, countries, and races (says he) distant enough; he adds his belief that it is perfectly healthful, and tends to be nearly periodical.

“A traveller to Jerusalem tells me that he found one of the superior monks ‘unclean’ for the day on account of it; and an inferior monk alluded to it as an ordinary matter. On gathering up what I know, what I have read, and what I believe on testimony, I distinctly assert, first, that this occurrence is strictly ‘spontaneous’—that it comes upon youths who not only have never practised, but have never heard of such a thing as secret vice; that it comes on with-

out having been induced by any voluntary act of the person, and without any previous mental inflammation; next, that it occasionally comes upon married men, when circumstances put them for long together in the position of the unmarried; moreover, even when they become elderly it does not wholly forsake them under such circumstances. My belief is that it is a sign of vigour; at any rate, I assert most positively that it is an utter mistake to suppose that it necessarily weakens or depresses, or entails any disagreeable after-results whatever. I have never so much as once in my life had reason to think so. I have even believed that it adds to the spring of the body, and to the pride of manhood in youths.

“Of course, there is an amount of starvation (at least I assume there is) which would supersede it; but to overdo the starvation, even a little, may be an error on the wrong side. Again, there is probably an amount of athletic practice which will take up all the supplies of full nutriment in the intensifying of muscle or of vital force, and leave no sexual superfluity. But labour so severe is stupefying to the brain, and very unfavourable to high mental action.

“Plato is not alone in regarding athletes as unintellectual. Aristotle deprecates their system of over-feeding and over-working; and, after all, you will not succeed in exactly keeping the balance, whether you try by starvation or by toil; and the over-careful effort will but produce either a valetudinarian, or else a religious ascetic, who is terribly alarmed lest nature inflict upon him a momentary animal pleasure. A state of anxiety and tremor is not mentally wholesome; we must take things as they come, observing broad rules of moderation as wisely as we can, but without nervous alarms about details. The advantages of vegetarian food I have learned only late in life; I now know that I might have been wiser in my diet. With better knowledge

I should have done far better as to the quality of food; but I do not easily believe that a more scrupulous dread of satisfying my appetite, lest it cause some small sexual superfluity, would have conduced either to mental or to bodily health at any time of my life, unmarried or married."

Continence is a virtue, the preservation of which entails upon men, in many cases, moral resolves of great firmness, and taxes to the utmost their endurance. Differences in constitution materially influence it. One man may be so constituted as to pass through life with scarcely any knowledge of the existence of the sexual force. He may, in many cases, have no desire whatever, and, indeed, have a physical repugnance to women. Such persons I have met with.

Continence to such men is no virtue. They are so happily constituted for their own peace that the sexual instinct never, under any circumstances, becomes dominant. Its expression is so feeble as to be scarcely appreciable, and never such as to divert the mind from other subjects on which it may be intent. From such men we never expect charity for or sympathy with others differently organised. They plant the Procrustean bed, and at once impale mankind thereon, insisting that all men should feel and act as they do. To tell such men as these that there are thousands of their fellow-men who endure much mental and physical misery from the intensity of sexual sensations would be simply waste of words. Continence in the two cases would have no relationship whatever in a moral or mental sense. The one would have to struggle painfully with an almost overpowering passion; the other would not feel that there was any tax upon his virtue.

There are multitudes of men with small cerebellums and imperfectly developed sexual organs who pass through life with but a feeble tendency to sexual indulgence, and are little beyond the negation of it.

This is not to be assumed as the standard of continence. It is to be found in the harmony of all the conditions requisite. Perfect sexual expression must be possible, and commensurate control inevitable. This is the position of many estimable men, whose high moral sense keeps them in a state of perpetual siege. Physically fully developed for the most complete sexual congress, and with all the emotional influences necessary, they still hold to that continence which they believe to be right, and concerning which I am now writing. When speaking of continence, it is not to the several kinds of spurious congress that I allude. It is to that which, under the most perfect physical conditions, is still found to be possible.

It will be necessary in another place to speak of it in its abnormal relations; here I am endeavouring to show that under the most perfect conditions it is still attainable, but painful and difficult to maintain.

Mr. Acton speaks of cases which, to a certain extent, illustrate what has just been stated. He says:—"I will quote the statement of my friend, Dr. ———, who is constantly attending, for serious diseases of the womb, the wives of clergymen, as well as of dissenting ministers, in whose cases, for months together, marital intercourse is necessarily forbidden. He tells me he has often been surprised at the amount of sexual suffering—the result of their compulsory celibacy—endured by the husbands of some of his patients, men in every other relation of life most determined and energetic. Indeed, it is not wonderful that it should be so, if we consider the position of such men, who for years may have indulged, with moderation, the sex passion, as we have described it, untrained to mortification in the shape of food or exercise, or marital intercourse, the secretion of perfect semen going on in obedience to the healthy course of a married man's existence.

“Conceive them raised up suddenly, as it were, and bidden to do battle with their instincts. Religion and morality prevent them, more than others, from having connection with strange women; intense ignorance on the subject of the sex passion in general, as well as misapprehension of the effects of the disease of the generative organs, only aggravates their suffering. Conceive all this, and it is not difficult to believe that affections of the brain may supervene.”—*Reproductive Organs*.

These cases clearly exhibit the difficulty which environs the individual who, with fully developed sexual powers, which have been more or less indulged, seeks to establish the habit of continence.

They show that abstinence from sexual indulgence is more difficult of adoption, after it has been enjoyed, than it would be from the first, prior to marriage. Hence it is not unworthy of consideration on the part of young men, who desire to keep special control over their sexual instincts, that they will succeed better by absolute than by partial continence, and that their sufferings will be less.

This question of continence has been the subject of much discussion in all ages, and amongst all people, and is being treated now in England with considerable freedom by most of our great thinkers, both lay and clerical.

As would be naturally expected, the former have been the bolder in their treatment of it; the others have, however, some of them, almost entirely overcome their repugnance to facing the question, and have treated it with commendable freedom.

This is one of the signs of the times which purports good, inasmuch as, when recognised teachers take upon themselves to direct public thought to these important though delicate questions, confidence is inspired, and a wider knowledge disseminated of the physiology of life in this its most momentous aspect.

There is, however, considerable disparity between the teachings of the two. They argue from separate standpoints.

The lay writers—many of them, at least—look upon the sexual functions as being an expression of a physical want which is necessary to the healthy harmony of the organism. Viewing the question from such a standpoint, and contemplating the physical disabilities alone, regardless of their relation to the body politic, or social arrangements, they urge that the want should, at all hazards, be gratified irrespective of moral considerations. This view of the case had, up to recent years, been confined chiefly to the professional ranks of the European continent, and was generally regarded by English practitioners as a latitudinarian course, scarcely warranted by the exigencies of the case.

Of late years a considerable change has taken place, and we now find the English practitioner as bold and questionable in his counsel to the male sex, at least, as his *confrères* across the channel. It is now plainly stated, by Mr. Acton and others, that many of the members of the medical profession unhesitatingly counsel physical intercourse as a remedy for the evils of continence; but the course thus pointedly indicated is not endorsed by him, nor would it be advisable, on many grounds, that it should be by the profession generally.

There are many writers, who, like Carpenter, deny the necessity for such counsel as I refer to, and point out that there are legitimate methods by which continence may be maintained without difficulty.

An eminent physiologist, when referring especially to this subject, states:—"The author would say to those of his younger readers who urge the wants of nature as an excuse for the illicit gratification of the sexual passion, 'Try the effects of close mental application to some of those ennobling

pursuits to which your profession introduces you, in combination with vigorous bodily exercises, before you assert that the appetite is unrestrainable, and act upon that assertion.' Nothing tends so much to increase the desire as the continual direction of the mind towards the object of its gratification, especially under the favouring influence of sedentary habits; whilst nothing so effectually represses it as the determinate exercise of the mental faculties upon other objects, and the expenditure of nervous energy in other channels."—*Carpenter*.

Continnence is rendered much more difficult by the irregular habit of living so commonly practised in the colonies. Eating and drinking are much too freely indulged in, and tend, as every one knows, to the engorgement of the system. There can be no doubt about the influence which habitually drinking the common beverages must have over the sexual functions, exciting them to undue activity, and thus unnecessarily increasing the difficulty which naturally stands in the way of their control.

The absurd practice of nobblerising, which enslaves old and young alike to an extent which is felt by the whole community to be an intolerable burden, is a direct impediment to that continence which it is desirable to cultivate.

It is at all times questionable whether young men require stimulants of any kind beyond the simplest forms in coffee and tea. If in perfect health they have sufficient vital energy and physical activity to render anything of a foreign or adventitious character absolutely superfluous. There will generally be an exuberance of animal spirits which requires rather the exhaustion of great physical exertion to expend it, than the exciting influence of the spirituous dram. Young men who desire to avoid plunging into the free intercourse which prostitution with its thousand dangers affords, will find that indulgence in dram-drinking

will seriously militate against the carrying out of their resolves.

Diet, therefore, may be confidently assumed to be an important auxiliary in the preservation of continence. It has in all ages been recognised as such, and in these days especially deserves serious consideration. There probably was never a period in the world's history when civilised life so far exceeded the actual wants of the human system, in the character and quantity of food consumed, as now. The universal practice is to pamper the appetite with the richest food attainable rather than to treat it with rational consideration, and to supply only that which is actually required for the supply of inevitable waste.

This inordinate supply of solid and fluid food, so commonly practised, is a conspicuous source of sexual excitation, and very materially augments the apparent necessity for physical relief.

This fact has not been lost sight of by the priesthood either of Pagan or Christian nations, and has led to the introduction and perpetuation of those austerities which so much astonish the rest of the world by their severity, but which have a high and eminently useful purpose—the complete control of the genital influences.

This suggests to laymen the possibility of so regulating the diet and employment, as to materially aid in maintaining complete continence.

Far more is to be achieved in this direction than is generally admitted or even suspected. The nature and quantity of the food taken will, if observed, be found especially to exercise most important control over the genital functions.

Continence, therefore, is not an impossibility. The young man is not without aids to enable him to achieve it, should he find it difficult under ordinary circumstances. He has

the gymnasium for the expenditure of physical force, and the various channels of literary occupation for the exhaustion of a superabundant nerve force. By recourse to these always available and really efficient expedients for preserving the equilibrium of the system, young men need never become enslaved to courses of dangerous demoralisation.

Any channel of knowledge which will contribute to the education of young men in the nature, use, and abuse of their sexual appetites and passions, is desirable, and ought by all means to be instituted by those who have the charge of the rising generation. Knowledge, properly communicated, is, in this sense, truly power, inasmuch as it enables the youth to discern at an early period, before time for mischief has been allowed, that there is a law of nature, the violation of which brings after it the most terrible penalties.

CHAPTER VIII.

PROMISCUOUS INTERCOURSE—THE DISEASES OF ABSTINENCE IN MAN AND WOMAN—WASTING OF THE TESTES—THE ARGUMENTS OF MODERN WRITERS WHO DEFEND PROMISCUOUS INTERCOURSE ON PHYSIOLOGICAL GROUNDS CONSIDERED—EXAGGERATION OF THE EVILS OF CONTINENCE—MARRIAGE A REMEDY FOR SEMINAL LOSSES—THE NEW DOCTRINE OF FREE LOVE—FUNCTIONAL DISORDERS ARISING FROM MENSTRUAL SECRETION—CHLOROSIS—THE LAW OF EXERCISE AND MODERN SOCIETY.

THE evils of continence have, I think, been unnecessarily magnified, and many derangements imputed to it which, if more closely examined, would have been found to have their origin in other conditions. A work on *Social Science*, which, from its extreme candour, has been given to the world with an anonymous authorship, gives certain ailments, as the result of continence, which might fairly be put to the credit of other causes.

In treating on, as he designates it, a special subject—the law of exercise—the author proceeds to say—“The evil effects of prolonged abstinence on man are equally certain and indisputable as are those in woman. They are not, indeed, so often seen in man as they are in woman, nor do they manifest themselves so strikingly to the careless observer.”

There are some reasons for this. Abstinence is by no

means so generally practised by the male sex as by the female, and its effects are very frequently obscured and complicated by abuse or venereal diseases. By the peculiarity of his constitution, moreover, and the less unhealthy mode in which he is educated, man is not so subject to the dominion of the emotions, and can better repress their vehement manifestations. He has also a wider sphere of activity, and more facilities for mental distraction.

But, though the evils of abstinence are thus often obscured, and to some extent contracted, they are equally undeniable.

Indeed, to admit them in the case of woman, as is done by all physicians who have attended to the subject, is, in fact, to admit them in the case of man also; for there is a thorough and universally recognised analogy between the laws of the two sexes.

“ Notwithstanding these complicating circumstances, however, the diseases of abstinence in man are palpable to the attentive eye, and are universally acknowledged by impartial observers. Though not, perhaps, so frequent as in woman, they are extremely common, and cause an immensity of suffering. They consist chiefly in the baneful effects of arrested emotion on the bodily and mental functions, including indigestion, nervous enfeeblement and irritability, constipation, numbness and torpor of the brain; and mental anxiety, restlessness, hypochondria, shyness, and embarrassment; a confused intellect and an irresolute will; with a morbid persistency and undue prominence of those feelings whose natural expression has been denied.

“ These effects are, in part, owing to the want of a normal outlet for the reproductive or seminal secretion, and, in many cases, also, to spermatorrhœa or involuntary seminal losses, which grievous disease, as MM. Lallemand, Ricord, Serrurier, and others assert, is liable to be produced by

sexual abstinence. Their experience is borne out by the fact that, when once spermatorrhœa has been brought on by such causes as self-abuse, abstinence proves in many cases an insuperable barrier to its removal.

“Other evil effects on the reproductive organs produced by abstinence are such as arise from want of normal exercise—namely, wasting of the testicles, and, more or less, of generative debility or impotence.”

The following quotations may be given in confirmation of these statements:—

“It is well known,” says Dr. Beatty in the *Cyclopædia of Practical Medicine*, “that a state of inaction is often attended by atrophy of the testicles. In this state of decay, impotence is the final result.”

“In some instances,” says Dr. Copland in his *Medical Dictionary*, “prolonged disuse of this function is followed by wasting of the testes,⁽ⁱ⁾ and, consequently, permanent

(i) WASTING OF THE TESTICLE.

To the Editor of the “Medical Times and Gazette.”

SIR—I shall feel obliged if any of your readers will give me the benefit of their experience in cases similar to the following:—

At the beginning of January, W. J., aged twenty-four, stonemason, consulted me for “shrivelling of the testicle.” He tells me that when seventeen he practised masturbation daily for twelve months, but finding his health failing at the end of that time he ceased to do so. Ever since he has been subject to nocturnal emissions. He has never had gonorrhœa or orchitis. Eighteen months ago he got a severe cold, had swelling of cervical glands, with dull aching pain in left testis, but no redness or swelling; lancinating pain in groin and down thigh. After a week’s rest in bed and the use of fomentations and purgatives the pain gradually subsided, but from this date he has observed a softening and gradual decrease in size of the left testis, with occasional darting pain. He has all the desire for intercourse, but is unable to effect his purpose, as the erection is imperfect, and seminal emission so speedy and scanty, an oozing continuing for some hours subsequently. On examination I found the genitals well formed, but left testis is only of size of hazel-nut, and very soft; right testis not so firm and large as natural. Manipulation causes no pain in left, and only slight in right. He

impotence is the result. These organs, like others of the economy, are strengthened by moderate use, and weakened by abuse, their functions being often entirely lost by protracted disuse."

In the articles on Chastity, Continence, Celibacy, Seminal Losses, and Semen, contained in the *Dictionnaire des Sciences Medicales*, and written respectively by MM. Sedillot, De Montegre, Marc, Serrurier, and Devilliers, there is but one opinion expressed as to the pernicious effects of abstinence in both man and woman. "Nature," says M. Sedillot, "in commanding all beings to fulfil the great function of reproduction, is often opposed by the established usages of human society; and she punishes, sometimes with extreme severity, those who are rebellious to her laws." Among the consequent diseases, he mentions nocturnal pollutions, insanity, hysteria, chlorosis, &c. "It is not always by severe diseases that the man who is strictly abstinent is punished for his disobedience to the immovable laws of nature; he lives alone on the earth, often sad and melancholy, and is neglected in his old age. Everything bears witness to the error he has committed against the physical and moral laws of the human constitution."

"It is not with impunity," says M. de Montegre, "that the wants of nature are denied; there is an age when the physical gratifications of love become necessary to every well-organised being, and it is never without injury to the health, and to the tranquillity of the whole life, that a prolonged continence can be observed."

The general tenor of these observations is, in my opinion, to slightly exaggerate the evils of continence. It is not, however, my intention to deny that, in the male sex espe-

has the appearance of a vigorous young man, with a plump ruddy countenance, but is highly nervous and imaginative. He is of steady and temperate habits.—*Medical Times*, April, 1865.

cially, there are instances in which strict continence subjects the individual to extreme inconvenience, and often to physical disorders of more or less magnitude.

They are, generally, diseases of a nervous character, assuming the type of hyperæsthesia, and reflex derangement of several functions. Marriage has been, in multitudes of instances, known to cure many ailments of that character which had defied every effort of the physician's art.

Hippocrates recommended, and physicians have ever since his day recommended, marriage to young women who have been the subjects of hysteria, and with the best results. Lallemand recommends marriage or physical intercourse as the best remedy for seminal losses.

The advice now tendered by so many physicians of the present day to patients suffering from seminal losses, requiring sexual relations to be established, is only to be recognised contingent on its being demonstrated that continence is so tremendous an evil as some would fain have it understood to be.

Professor Miller, of the Edinburgh University, controverts that position in the following terms in his valuable work on *Prostitution*, which is not without grave faults from a scientific standpoint. He says:—"We have good reason to know that a popular delusion as to the physiological bearings of sexual indulgence on the part of the male sex, widely prevails amongst high and low, young and old, fraught with the most pernicious consequences. It is supposed that occasional sexual indulgence, after the age of puberty, is essential to health, and not only may, but ought, to be transacted on purely physiological requirement. . . . To show the folly of this physiological heresy, a short statement will suffice. God made man's body perfect. The organs, in their working, and with their appetites, are from

His hand. They obviously are meant to be indulged under certain restrictions, and these restrictions are specified—they are those of Wedlock.”

The Professor lays great stress upon the moral regulations which society has accepted as its criterion of right, rather than on the physical conditions which environ the question.

He is evidently writing in express antagonism to the views of many moderns, who argue that the “law of exercise” is the only one which has any legitimate claim upon our consideration.

I am of opinion that the elements of the discussion are of exaggerated dimensions, and that the combatants are not dealing rationally with the question. To ignore entirely, as he does, the physical trials which continence in many men necessarily engenders, is indicative of a temper of mind quite unfit for discussing the subject scientifically.

It must be admitted that there are men to whom continence is extremely irksome and destructive to health, from special causes; but these exceptional cases cannot be taken as characteristic of the condition of continence in the whole sex.

The question has assumed such important proportions in England of late years, that it is warmly debated whether a medical man is justified in advising young men, suffering from physical disorders, consequent on continence, to indulge in illicit or unmarried intercourse.

Into this controversy I shall not enter. Neither time nor space will allow it. It trenches so extensively on the broad domain of social ethics that a volume would be required to do justice to the discussion. It involves so many elements of a physical and social character, that even those who are indoctrinated with the theory of the “law of exercise,” will seldom venture on the latitudinarian prescription. The sagacity of the physician will rarely be sufficiently at fault

to divine some amelioration of the miseries of continence, which will not infringe on the prescribed boundaries of sexual relationship.

The new doctrine which has been so boldly enunciated, and which has called forth the opposition of Professor Newman, tells, with painful effect, on the female side of the question. It is, indeed, doubtful in the highest degree, whether, in English society at least, the practice of free love will ever be accepted as a hygienic remedy for the many ills of a uterine character, or proceeding from uterine derangement, to which women are liable.

It is beyond question that the advent of the menstrual secretion introduces the subject to a variety of functional disorders which are often very distressing, but I am not prepared to say that the long array of disorders is entirely attributable, and necessarily so, to the existence of menstruation. It is generally the case that the young woman becomes more or less an invalid from utter inattention to the laws of health, and from the practice of habits which are so peculiarly conducive to constitutional derangement, such as high living, late hours, irregular dieting &c.

I do not think, with M. Villenné, in the *Dictionnaire des Sciences Medicales*, that "nine out of ten cases of hysteria are owing to sexual abstinence." I am free to admit that, in some instances, marriage is a prompt cure for that distressing disorder, but I also must confess that, in equally numerous cases, it has failed to put an end to it.

The case is put in the following form in reference to *Chlorosis*, another very common disease in young women:—
"It is said to be frequently owing to abstinence and disappointed desires. It consists essentially in a watery state of the blood, and is easily recognised by the deadly pallor, whence the name is derived. It proves, not unfrequently, fatal, by leading to consumption. Dr. Ashwell, after

enumerating, as predisposing causes, the various debilitating and unwholesome habits in which girls are reared, mentions as the exciting causes circumstances which depress the mind and keep the feelings in a state of painful suspense or delay, unrequited affection, attachments opposed by relatives, &c.

There is no reason for disputing the facts as stated. Every medical man is aware that cases of such a nature come under his cognizance. But who will dare, amongst English physicians, save the writers of *The Elements of Social Science*, and kindred works, to propound "the law of exercise," which is no other than unrecognised intercourse?

It is extravagant in the extreme for these innovators to declare that "the truth of the law of exercise is established."

It is only presumably and partially sustained by the great writers who have treated on the causes and phenomena of hysteria; therefore, to aver that "the law of exercise cannot be denied, without ignoring the instincts of nature and the plainest indications of science and common sense," is to leap at conclusions with the wildest temerity.

However lightly continence in man may be regarded, one thing is unquestionably true, that, in relation to the other sex, the verdict of society is inexorable. The public mind is not yet prepared to relax the stringency of its prescriptions on female continence.

I am not prepared to deny that the sexual difficulties of the female sex are often such as to embitter existence, and induce more or less functional disorders. Every physician meets daily with patients complaining of symptoms of disease which he at once recognises as the immediate result of sexual disturbance, and he frequently finds himself severely taxed, both as to treatment and prognosis. Knowing the best remedy to be of a sexual character, he is obliged to

content himself with efforts of a mitigating character, in the form of medication and judicious hygiene.

The great majority of medical men would, under no circumstances, follow the suggestions of the advocates of "the law of exercise." To do so would be to sap the very foundations of modern society, and introduce a laxity of conduct which would be eminently objectionable.

There is, however, not so cogent an argument on the side of the innovators in this colony as in England, where the proportion of unmarried women is so large as to be a source of considerable solicitude to social reformers. The great disproportion of the sexes in England has been one of the chief considerations in the discussions of sexual disability in its relation to women.

In this colony that great evil does not yet exist; hence its discussion, so far as concerns the women of this country, is premature. The whole is narrowed down to the proposition of "the law of exercise" being admitted as an expedient in the treatment of sexual disturbances in the unmarried.

However true it may be that physical evils might in this case frequently be combated successfully by physical processes of a perfectly natural character, it is nevertheless clear that society is only safe in the negation of that doctrine, and that the views of Professor Newman, in antagonism to the new social science proposition, are those which all conservative minds will endorse.

CHAPTER IX.

MARRIAGE A SECURITY AGAINST THE EVILS OF LICENSE—
RECIPROCAL DESIRE—REQUIREMENTS FOR MARRIAGE—
BEAUTY AND OTHER PHYSICAL ATTRACTIONS—INSTINCT
OF THE LOWER ANIMALS AS TO PERFECTION IN FORM
—THE FEMALE SEXUAL ORGANS AS FITTED FOR THE
PROCESSES CONSEQUENT ON THE MARITAL CONTRACT.

CIVILISATION has prescribed rules for the sexual relations which are deemed necessary as security against the evils of licence, and the controlling one is the institution of marriage, which brings under the regulation of the State, to some extent, the union of the sexes.

The joys of marriage are the heaven on earth,
Life's paradise, great princes, the soul's quiet,
Sinews of concord, earthly immortality,
Eternity of pleasures.

FORD.

The marriage union is the most important of any we are capable of forming in this life, and it is not our own happiness alone, but that of others also, which is affected by our conduct in it. It is a union, not merely constituted with a view to the reciprocal benefit of the two individuals who contract to form it, but exercising likewise a paramount influence on the manners and happiness of society at large. It is, therefore, a matter of the deepest importance that the duties and obligations of our domestic and social relations should be accurately defined, and duly impressed on the

hearts and consciences of mankind. It is on a due understanding, and a faithful discharge of these duties, that the happiness of the parties themselves, and the prosperity and welfare of the present and future generations, depend.^(k)

“ Mercenary considerations, in many instances, lead to the contracting of this holy union. How often is the decrepitude of age, with a large estate and a handsome settlement, preferred to the manly vigour of youth, and to virtuous conduct, when unconnected with a weighty purse? How frequently is the titled libertine a more favourite lover than the virtuous commoner? Nay, have we not, in our own day, seen the glitter of a coronet, by its false glare, rendering mental imbecility and depraved passions considerations of no consequence compared with the attainment of high rank and ample fortune?

“ If the distinctions of rank, or the adventitious circumstances of fortune, could shut out the oppressive cares of life, if the pride and pomp of worldly distinction could lull the pains of disease, if the splendour of high life could shed one gleam of hope over a dying pillow, or dispel the gloom which broods over ‘the house appointed for all living,’ if, in fact, human calamity, and suffering, could be averted by the

(k) Oh! surely marriage is a great and sacred responsibility. It is a bark in which two souls venture out on life’s stormy sea, with no aid but their own to help them; the well-doing of their frail vessel must in future solely rest upon themselves; no one can take part either to mar or make their bliss or misery. From her husband alone must henceforth flow all the happiness that the wife is destined to know; he is the only being she must care to please; all other men are now to be to her but shadows glancing on the wall. And he—what is his share in the compact? How does he fulfil his promise—redeem his pledge? For does he not swear to guard and cherish, and look leniently on the faults of the gentle girl he takes to his heart? And in return for all her duty and sweet obedience, be true to her in sickness and health, in wealth and in poverty, for ever and for ever? And blessed are the unions in which these feelings are fostered and preserved.

—*May Hamilton.*

sacrifice of feeling, affection, and honour, at the shrine of human vanity and human greatness—then, indeed, but not otherwise, would we extend forgiveness to the guilty trafficker.

“From these observations we are unwilling that it should be supposed that we advocate marriages deferred till fortune shall have been acquired, or rank attained. On the contrary, we believe that such marriages seldom realise the anticipations which are formed of them. If an age must be stated below which marriages ought not to be contracted, we would fix it at twenty-five for men, and twenty-one for the female sex. This would find each party in the full vigour of all their energies, with some moderate acquaintance with the world, and with some experience and discretion in the management and guidance of family affairs. When marriage is unreasonably deferred, the heart, losing the elasticity of youthful ardour and hope, becomes blunted by the vexations and disappointments of life, and is seldom the subject of disinterested love and genuine affection. The tastes, habits, and feelings, then become settled and fixed, and are little disposed to accommodate themselves to the peculiarities of others.”

I have hitherto briefly traced the progress of those organic changes which ultimately lead to sexual functional expression. In both sexes the period of puberty arrives, and that is the culminating point of sexual development. There is then a reciprocal desire between the sexes for the formation of alliances which shall meet the demands of the newly discovered energies. The young man, in the consciousness of his virility, seeks, by means of legitimate union, to satisfy the claims of his nature, and attach to himself one of the opposite sex, who shall be the partner of his joys, and assist him, by her consolations, to wrestle bravely in the battle of life. The young of both sexes, after puberty, look to mar-

riage as the fructification of their life, and are generally prepared to accept its conditions without demur.

Emerson, when writing of Montaigne, as one of his representative men, says:—"Is not marriage an open question, when it is alleged that, from the beginning of the world, such as are in the institution wish to get out of it, and such as are out wish to get in?" The satirist may indulge his vein at the expense of humanity in the married state, but it is tolerably certain that, were all polled, there would be found but a small proportion of them disposed to "go out" of the wedlock into which they had entered. The cynic may find ample material for his gibes in the casual matrimonial differences which occur here and there, but he is, as a rule, utterly at sea in his estimate of humanity, in its sexual relations. The tie of sexual association, when the result of special and judicious selection, is seldom capable of severance, even under the most trying conditions; and only breaks, in the majority of ruptures, when sexual confidence has been violated.

Of all temporal evils, an unhappy marriage is the greatest. It is the source of confusion, misery, and vice; of a bad education of children, of bad citizens, and of a violation of every duty. No one, therefore, ought to engage in this contract without the most mature deliberation and a virtuous intention.

One marries for love of sensual gratification, which he imagines will be perpetual; but this passion is soon subdued or extinguished, if founded on beauty or other fading qualities. Another embraces this state for fortune, splendour, title, and so on; and he too will, in general, be disappointed. Most persons expect happiness, pleasure, wealth, &c.; but disappointment is the commonest result. Marriage, unless based on religion, virtue, and nature, is seldom happy.

A marriage, without mutual love, is the most unfortunate ;

for a perpetual cohabitation with one whose person and conversation are disagreeable, and who is an object of aversion, conjoined with the thought that a divorce only or death can be the deliverance, renders such a union much more uneasy than can be expressed or described.

It is useless for us to deny that the majority of marriages, which are apparently based on real love, are almost always the result of our servile and involuntary obedience to the imperious voice of our sexual organs. Everything that presents to our minds the idea of vigour, of a fine figure, and sufficient ardour, always influences us unconsciously.

Woman can never deny that she has a particular predilection for a fine figure, a noble gait and manner, a broad chest, the head elevated and furnished with a luxuriant growth of hair, the eyes full of fire, the manners amiable, and the gallantry polite. In the same manner, man is always desirous to meet in her whom he selects for his wife, superior mental and corporeal endowments, a fine graceful figure, good eyes, and general development. Many prefer a woman of high moral worth to all other considerations; some allow wealth, titles, and evanescent temporal insignificances to influence their choice, but conjugal unions based on such motives are generally both infertile and unhappy. It will be found upon reflection that the superior qualities of mind and physical beauty are the concomitants of great genital vigour.

If men regard only personal attractions, it is not impossible that the consequences so much paraded by the satirist may follow, for it is as true now as when Addison wrote, in 1700, that—

Beauty soon grows familiar to the lover,
Fades in his eye, and palls upon the sense—

when there are no mental or emotional elements to fall

back upon. Sir Lytton Bulwer says, that "a man wants a companion—not a singing animal, nor a dancing animal, nor a drawing-room animal—and yet these three last accomplishments have cost many women years of painful toil to acquire, and they often marry men who cannot appreciate any of them."

Beauty is an undoubted and recognised charm, which certainly occupies the second place in point of importance to the young, and is, according to Mr. Acton, not to be ignored in the calculation. He says:—"A tolerably large acquaintance with domestic histories of men, in all ranks of life, has shown me that, next to a good disposition, nothing in a wife is so likely to insure domestic happiness as good looks, especially if they are of a lasting kind, not mere bloom or prettiness.

"We all must acknowledge that good looks are amongst the best passports in the world. Even children, the most unprejudiced witnesses possible, frankly admit that they like so-and-so, because she or he has a nice face.

"It is unwise to undervalue, or pretend to undervalue, the woman's advantages of comeliness of face and form. A woman with a good *physique* starts with advantages that other women cannot acquire. She is spared a thousand and one temptations—jealousy, and other low feelings supposed to haunt occasionally the female breast—with which her less favoured sisters have to contend.

"Physical attractions, again, help to tide over many of those little domestic differences which will occur in married life. Man's sexual sense will be aroused by beauty when all other influences have failed to move him. It would be a curious inquiry, perhaps worth pursuing, whether, even amongst the lower classes, a comely-looking woman was ever ill-used by her husband, except when he was drunk.

"In a state of nature, we find that animals select the

most perfect form for their mates—thus instinctively providing for the perpetuation of as perfect species as possible. It would be well in many respects if this example were more closely followed by human beings.”

It is very difficult to define in what beauty consists. It is more a kind of pleasure conveyed to the mind of the beholder, than any special personal attraction of form or figure. All nations and ages agree in worshipping beauty of some sort or other. We see it portrayed in pictures and statues; and one of the great reasons for supposing that it is considered desirable in the eyes of men is, that where it does not exist, women frequently try to supply its place by artificial means.

It is said that Madame de Staël would have given up all her fame and renown to have been as beautiful as her friend, Madame de Rocca; and I doubt very much whether we should have felt the same degree of pity for Mary, Queen of Scots, had she been as ugly as her illustrious rival, Elizabeth.

Beauty is seldom associated either with a distempered mind or an unhealthy organism. *Mens sana in corpore sano* is an absolute requisite for beauty, which is the outward expression of the harmonious co-ordination of every faculty, mental or physical.

It is true that there may be fine facial lines, giving to the face the perfection of form, associated with infirmities of body and mind; but it requires something more than mere outline to constitute the living charm which fascinates all men.

A woman may be modelled by nature according to the rules which artists have discovered to determine the lines of the Penthellic marble; she may still be physically and mentally constituted so as to disappoint, most completely, the expectations or hopes of her *fiancé*.

Mr. Acton, when writing on this subject, says :—" I have been often asked, ' Shall I (other things being equal) marry for beauty ? I answer, ' Yes, if you can get your beauty to accept you.' Let ugly people talk as they may about intellect and the evanescent charms of mere outward comeliness, still some degree of beauty is, if not the first, certainly the second requisite, in most cases, to a happy married life.

" That I do not exaggerate the importance of bearing these and similar considerations in mind in choosing a wife, is tolerably self-evident. I may, however, refer those who require an authority to the *Republic* and the *New Atlantis*, to show what minute care Plato and Bacon recommended, in their ideal commonwealths, in the selection of those who were to be mothers and nurses of the citizens."

Marriage, to be happy and conducive to mental tranquillity, and to be a permanent safeguard from the many sexual miseries which are often endured by the unmarried and continent, should depend on so many important contingencies that I shall allude briefly to some of them. I shall first, however, give a sketch of the female sexual organs in their normal condition at the period of puberty, and fitted for the processes consequent on the marital contract.

According to Kirkes, the vagina is a membraneous canal, six or eight inches long, extending obliquely downwards and forwards from the neck of the uterus (which it embraces) to the external organs of generation. It is lined with mucous membrane, which, in the ordinary contracted state of the canal, is thrown into transverse folds.

The anterior extremity of the vagina is embraced by an orbicular muscle, the constrictor vaginae ; its external orifice is, in the virgin, partially closed by a fold or ring of mucous membrane termed the hymen.

The external, or more apparent, organs of generation consist of the clitoris, a small elevated body—the analogue

of the penis in man—situated above, and in the median line, constructed, like the male penis, of two erectile corpora cavernosa, and surmounted by an imperforate gland and prepuce; of two folds of mucous membrane, termed labia interna, or nymphæ; and in front of these, two other folds, the labia externa, or pudenda, formed of the external integument, and lined internally by mucous membrane.

Between the nymphæ, and beneath the clitoris, is an angular space, termed the vestibule, at the centre of whose base is the orifice of the urethra, which is very much shorter in woman than in man.

The hymen, of which mention has been made, is a membrane which sometimes forms a complete septum; preventing the discharge of the menstrual fluid, it gives rise to a good deal of inconvenience, and is then called an imperforate hymen.

The hymen must not be considered a necessary accompaniment of virginity, for its existence is uncertain. When present, it assumes a variety of appearances: it may be a membranous fringe, with a round opening in the centre; or a semilunar fold having an opening in front; or a transverse septum, having an opening both in front and behind; or a vertical band with an opening at each side. When it is ruptured by physical intercourse, a fringe of papillæ is left around the opening of the vagina; these are called the *carunculæ myrtiformes*.

Marriage involves the free intercourse of the male and female in a physical sense, and is, as a great moralist says, "the metempsychosis of woman." The functions for which the genital organs are given, are—conception and the propagation of the species, the phenomena of which are the most important of the many within the arena of animal life.

The rupture of the hymen by the male organ, and the emission during the sexual orgasm of the seminal fluid into

the uterus, constitute the matured act of physical sexual intercourse between the sexes, which is always possible in the marriage bed, where the man has not enfeebled himself by unnatural excesses. The great majority of those instances where it is found difficult or impossible to consummate the marital contract are those depending on *previous abuse of the virile functions*.

How important it is that men entering into this contract should be perfectly assured that they are not only physically capable of performing the special functions of married life, but that they should carry with them no taint to the bridal couch!

Whenever medical practitioners are consulted as to the propriety of marriage, they ought to reflect that they touch a delicate chord of affections; that man is more than a machine, so that they should combine moral with physical medicine—that science of the heart and mind with which all the learned and well-informed of the profession are well acquainted.

There are many infirmities which are not sufficient to prevent married persons from affording each other mutual succour, and are no bar to conjugal union; but there are others which totally disqualify persons from engaging in this contract, such as malformations and incurable diseases of the genital organs, of which I shall treat in another chapter.

Every individual who entertains a doubt as to his capabilities for generation is anxious to obtain medical advice on his condition; and it is much to be regretted that it is too often the practice of the profession to treat the matter with levity or derision. Hence few of the faculty are consulted, an unreserved disclosure of the symptoms is seldom given, and the inquirer is often fearful that his condition may be made known to his acquaintance. Every duly educated physician is bound to secrecy, in all delicate matters, by an

oath ; and so far from treating his patient with levity or carelessness, should consider his case as attentively as any other that may come before him. Were this line of conduct generally adopted by the medical profession, an immense number of the public would not be driven to seek advice from low, ignorant, and unprincipled empirics, who not only defraud them of immense sums of money, but also destroy what is far more important—their health.

The period has at length arrived when sexual diseases obtain as much attention as any other class of infirmities, and when the most distinguished medical practitioners devote themselves to their study and treatment.

There are no terms of opprobrium or censure too severe for the man who contracts marriage conscious of imperfection or constitutional taint. Impotence is rare, but it is to be feared that in reference to the other fault there are thousands who do not hesitate to join in marriage with an innocent and unsuspecting woman, and convey to her the germs of pollution which will, perhaps without external expression, embitter her whole life. This branch of the subject I shall treat of more fully in another place.

CHAPTER X.

COPULATION IN HUMAN BEINGS, AND IN THE LOWER ANIMALS—MENSTRUATION, ITS NATURE AND FUNCTIONS—THE ACT OF CONGRESS—FORMATION OF THE MALE AND FEMALE ORIFICES—IMPREGNATION—ACTION OF THE UTERUS.

As is well known, copulation in human beings differs widely in its condition from those of the lower animals—menstruation in the latter having far longer periods, and the female not permitting the approach of the male save at those periods, whereas in the human being any period is favourable to physical congress.

The only check to this contact is the monthly flow known as menstruation, at which times the uterus becomes turgid, and gives off from the inner wall a fluid, which in nearly all respects resembles blood, but which for various reasons does not readily coagulate.

Formerly the notion that it would not coagulate was more decided than at present. "It has the properties," says Mr. Brand, "of a very concentrated solution of the colouring matter of the blood in a diluted serum." It was said to have less film, less azote, and more carbon. Hence it was often retained in the uterus for years in cases of imperforate hymen, and its stains on linen were more readily washed out than those from blood.

It was said to putrify far more slowly than blood, if the

air were excluded ; and it might be kept liquid and undecomposed for years, though, if the air were admitted, it absorbed ozote, lost carbon, and putrified rapidly.

Dalton, in describing the menstrual period, says :—"The blood which escapes during the menstrual flow is supplied by the uterine mucous membrane. If the cavity of the uterus be examined after death occurring during the menstrual period, its internal surface is seen to be smeared with a thickish bloody fluid, which may be traced through the uterine neck and into the vagina.

"The Fallopian tubes themselves are sometimes found excessively congested, and filled with a similar bloody discharge.

"The menstrual blood is discharged by a kind of capillary hæmorrhage, similar to that which takes place from the lungs in case of hæmoptysis, only less sudden and violent. The blood does not form any visible coagulum, owing to its being gradully exuded from many minute points, and mingled with a large quantity of mucus. When poured out, however, more rapidly or in larger quantity than usual, as in cases of menorrhagia, the menstrual blood coagulates in the same manner as if derived from any other source."

The blood corpuscles are found in their natural state as to development, colour, &c.; but the acidity of the vaginal mucus tends to prevent their coagulation as well as the general dilution. ^(l)

(l) In women the median organs—the oviduct and uterus—are more developed, and more peculiar in structure, than the internal or external; in man the internal and external, the testes and penis, more than the median. The lower degree of the median male organ is shown by the vas deferens being continuous with the testicle, while the oviduct is distinct from the ovaries ; by the median male organs at their highest development possessing appendages, while the median female organs lose them at their highest.

The median male organs serve merely to conduct, and that but in

Ruysch describes the act of congress in the following words:—"When a woman receives a man, and both burn with that animal instinct which is superior to all others in universality and violence, the uterus, swelling with a kind of inflammatory orgasm, draws in, as it were, the semen ejaculated by the male, and appears to pour forth a fluid of its own against it. The tubes become rigid, and their fimbriæ embrace the ovaria, in one of which a ripe Graafian vesicle bursts like an abscess, and its albuminous drop of

one direction; the female to develop or form, and to conduct in two directions.

The purely conducting part—the oviduct—is therefore absolutely much shorter than the male corresponding part—the vas deferens;—and shorter, relatively, to the uterus than is the vas deferens to the vesiculæ seminales; while the reservoir—the uterus—is of very great size. The uterus, being the predominant part, has a round ligament, while the testis has its gubernaculum, converted, indeed, into cremaster and cellular envelope.

The lower we descend amongst animals, the less difference do we observe between the male and female median organs, and the greater analogy of both to the other organs of the system.

Sometimes the oviducts have a common opening with the digestive and urinary organs, termed cloaca, as in most insects and in birds. The female genitals terminate in a distinct and proper external apparatus in mammalia only. The vagina has muscular fibres, both longitudinal and transverse, in brutes; but its mucous membrane has far less range than in woman. Its length bears a greater proportion to that of the uterus, and greater accordingly as the perfection of development is less.

Fish and birds have a clitoris, though destitute of vagina; and the lower the mammal brute the more does the clitoris resemble the penis. In the marsupials and the ornithorhyncus, all which have a bifid penis, the clitoris is bifid: and in the bear, lion, cat, and most rodentia, it has a bone as well as the penis.

The nymphæ exist in but few mammalia, such as the elephant, lion, and porcupine. Birds are the first animals in which labia are found.

When sex exists, the products of the organs of generation may be frequently renewed, and in lower animals having but one cavity for the formation and elimination of the ova; while, in the male, semen may be secreted at seasons only; in man only does its secretion and discharge continue all the year round.—*Burdach*.

fluid, being absorbed by the abdominal opening of the tube, is conveyed to the womb."

That the semen is intended to enter the uterus is highly probable, even from the circumstance that the male and female orifices together form a cross—that of the male urethra being vertical, and that of the uterus horizontal—an arrangement that gives every chance for the semen to enter. Had they both been horizontal, circular, or vertical, the chances against their being exactly opposite would have been very great. Their different form makes their opposition certain, however much the glans or os uteri may incline from the centre during emission.

Harvey could never detect semen in the uterus after copulation; nor De Graaf in the vagina.^(m)

(m) Verheyen found a large quantity in the uterus of a cow six hours after copulation. Galen always discovered it in the uteri of brutes after copulation. Ruysch found it not only in the uterus, but in the Fallopian tubes of two women killed soon after connection. Other physiologists affirm that they have found it in the uterus. Fallopius is said to have frequently found it in the tubes which bear his name. Haller very justly remarks that some of those who believed they saw semen in the uterus, probably saw mucus only; he inclines, however, with almost all physiologists to the opinion that the semen does enter the uterus. The length of the penis, the force of emission, the peristaltic action of the vagina during the heat of some brutes, the existence of a bifid glans with two orifices in the penis of the males of some species, the females of which have two osa uteri:—this was stated in Sir E. Hume's *Account of the Structure of the Wombat*.

The remarkable fact of the os uteri being horizontal, while the opening of the male urethra is vertical—which must give every chance for the male urethra to enter into the uterus—are circumstances of no little weight in favour of the opinion that the semen does penetrate, at least into the uterus. Ruysch again remarks that if we consider the impetus with which the semen is emitted, and, as it were, swallowed by the uterus, and how small a quantity is proved, by experiments in brutes, to be sufficient for impregnation, we shall be able to explain those well-established cases of conception where the hymen was imperforate—cases commonly brought forward to support the theory of the existence of a seminal aura.

Experience has proved that it only requires an exceedingly small portion of the semen in the vagina to impregnate. Even where the great strength of the hymen has prevented admission, the semen has been known to enter the vagina through the opening or aperture left for the passage of the menstrual fluid.

It has also been asserted that impregnation has taken place, on the ground that the most minute portion is sufficient to impregnate. This opinion was strengthened by the experiment of Spallanzani, who mixed three grains of frog's semen with a pound and a-half of water, and with a little of this fluid fecundated the numerous posterity contained in the threads taken from the female.

The peristaltic action of the uterus, which is stated to exist, is said to draw the semen from its anterior position upward, into the uterus, and thereby cause impregnation.

Several experiments have been made by various physiologists and anatomists in order to ascertain whether or not the semen does not travel along the Fallopian tubes and impregnate the ovaries. The weight of evidence, however, goes to prove that, as a rule, it is necessary for the semen to reach the uterus during coition, but its passage along the Fallopian tubes is rare, if not doubtful.⁽ⁿ⁾

(n) Certain operators, to prevent semen from passing along the tubes, divided one of them in virgin rabbits, and, after the wound was healed, admitted the animal to the male. The ovarium on this side contained yellow bodies, which appeared after the vesicles had burst equally with the other, proving that the Graafian vesicles had burst, although the semen could not possibly have reached the ovarium. No fœtus was discoverable in any instance; on the other side—in the rabbit the uterus is double—fœtuses were found equal in number to the yellow bodies, or corpora lutea.

It has been thought by some that the bursting of the vesicle is the sympathetic effect of the semen in the vagina or uterus: that the semen first stimulates the vagina, os uteri, cavity of the uterus, or all of them. By sympathy the ovarian vesicles enlarge, project, and burst. By sympathy the

By whatever process the seminal fluid reaches the uterus and blends with the ovum, great and important changes at once take place. Immediately after impregnation the uterus begins to grow more soft, vascular, and turgid. Its inner surface soon pours forth a quantity of soft matter, which at length becomes organised into false membrane precisely as happens in the case of inflamed serous membrane, so that in about a fortnight the internal surface becomes lined with plastic lymph, which forms the decidua of Hunter.

The Fallopian tubes and the cervix become blocked up; the formation of the several membranes for the preservation of the ovum and for foetal development commences, and fecundation is fully established. There is then a cessation of the successive crops of eggs which are continually forming during the non-pregnant condition.

“It was formerly supposed that the germ was formed in the body of the female only as a consequence of sexual intercourse. This opinion is altogether unfounded. The egg, immediately upon its discharge from the ovary, is ready for impregnation. If sexual intercourse happen to take place about that time, the egg and the spermatic fluid meet in some part of the female generative passages, and fecundation is accomplished. It appears, from various observations of Bischoff, Coste, and others, that this contact may take place between the egg and the sperm either in the uterus or in any part of the Fallopian tubes, or even upon the surface of the ovary. If, on the other hand, coitus do not take place, the egg passes down the uterus unimpregnated, loses its vitality after a short time, and is finally carried away by the uterine secretions.

tubes incline to the ovaria, and, having embraced them, convey the rudiments of the foetus into the uterus. By sympathy the uterus makes the necessary preparation for perfecting the formation and growth of the foetus, and by sympathy expels the same.

“It is easily understood, therefore, why sexual intercourse should be more liable to be followed by pregnancy when it occurs about the menstrual epoch than at another time.

“This fact, which was long since established as a matter of observation by practical obstetricians, depends simply upon the coincidence in time between menstruation and the discharge of the egg. Before its discharge the egg is immature and unprepared for impregnation, and after the menstrual period is passed it gradually loses its freshness and vitality.

“The exact length of time, however, preceding and following the menses, during which impregnation is still possible, has not been ascertained. The spermatic fluid, on the one hand, retains its vitality for an unknown period after coition, and the egg for an unknown period after its discharge. Both these occurrences may therefore either precede or follow each other within certain limits, and impregnation be still possible; but the precise extent of these limits is still uncertain, and is probably more or less variable in different individuals.”—*Dalton*.

I know of several married persons who, not desiring to have children, never have intercourse until the fourteenth day after the cessation of menstruation, and then indulge with impunity without the slightest fear of impregnation, and they have followed this plan for years successfully without a single mishap. Thus, with these persons a most satisfactory method of preventive intercourse has been hit upon.

CHAPTER XI.

HERMAPHRODITISM, OR DOUBTFUL SEX—THE MEANING OF THE TERM HERMAPHRODITISM NOT AN ABNORMAL ARRANGEMENT OF THE SEXUAL ORGANISATION—THE VARIOUS KINDS OF HERMAPHRODITES—LEGENDS AMONGST THE ANCIENTS—INSTANCES IN MODERN MEDICAL PRACTICE—DOCTRINE OF THE ABSENCE OF THE PROSTATE AND THE UTERUS CONSIDERED—EDICTS AMONGST THE ANCIENTS FOR THE DESTRUCTION OF CHILDREN OF DOUBTFUL SEX.—THE PROPRIETY OF SURGICAL OPERATION DISCUSSED.

THIS is a branch of the general subject which stands, as it were, midway between the two divisions. It can scarcely be designated as normal, yet it is by no means allied to those numerous abnormal conditions which constitute the diseased phenomena of the generative apparatus. The hermaphrodite is born with all the tissues healthy in tone and structure, but the several sexual organs displaced, inverted, or defective. The most familiar forms of this erratic development I shall consider at this stage, prior to entering upon the division which will treat of diseased and disorganised structures.

Hermaphroditism is the term used to denote the existence of organs, in the same individual, representing both sexes. There are two kinds of hermaphroditism—one where the double sex exists without union, and another where the opposite organs are more or less united.

As is well known to the botanist, the former kind exists naturally in the majority of plants, and especially in the most perfect, or dicotyledons; it is also seen in natural history amongst the entozoa annelidæ and mollusca. "In the latter kind, the orifices of the organs may open into a common cavity, as in some mollusca, or into one duct, as in others; or the canal of one genital organ may penetrate into the other genital organ, so that the organs are more or less mingled or fused. In the *Clio borealis* amongst pteropoda, and in the *doris* and *triton* amongst nudibranchia, the oviduct runs altogether to the testes, and similarly with many others, amongst which are the earth-worms.

"Distinction of sex begins to appear amongst plants in the class polygamia only; and in it the plant has even hermaphrodite, as well as male and female flowers.

"In the class dicecia the distinction is still greater; the male and female flowers are each on separate plants; but there are no general differences in any of the particulars of the form and function of the plants themselves; hermaphrodite flowers, also, are frequently seen in them; many are monocotyledonous, and some marked by the highest vegetable organisation.

"Sexual distinction becomes permanent in insects, arachnida, crustacea, and the vertebrata. It is, however, most complete in man."

Hermaphroditism is, therefore, scarcely to be designated as an abnormal natural arrangement, but, rather, as a condition of the sexual organisation determined by arrest of development.

"Swift makes Martinus Scriblerus, in his *Annus Mirabilis*, December 29, 1722, render his prophecy of the mutual transformation of the sexes probable. Because, first—it was an ancient doctrine of philosophy that Adam was an hermaphrodite, and had no female mate till he had lost his

innocence by a *faux pas*. Second, two transformations have occurred, one well attested by Montaigne, and another by a late Bishop of Salisbury. Third, every smatterer in anatomy knows that a woman is but an introverted man."

The degrees of apparent and real monstrous hermaphroditism have been classed thus by Burdach:—

"*a*. In the external organs only.—1. Gynandria—*i.e.*, a penis without urethra, or with a mere groove; or a blind cavity, formed by division of the perineum or scrotum; or the continuance of the testes within; or the development of the mons veneris, or of the breast. 2. Androgyni—*i.e.*, a clitoris with an urethra, or a vagina opening into the urethra; extreme smallness of the vagina, or extreme largeness of the clitoris.

"*b*. In the median organs only.—1. Gynandria—testicles, but the vesiculæ seminales transformed to an uterus. 2. Androgyni—the ovaries united with the vasa deferentia and vesiculæ seminales.

"*c*. The internal organs.—An ovary on one side, and a testis on the other, in their natural situation or in another; or two testes and two ovaries."

The ancients possessed countless legends, which were founded in most instances probably upon conjecture, but, in many, upon some singular phenomenon which was handed down from age to age with more or less garnishing; and on this subject they had many which were of a most singular character. One of them, in which the term applied to this subject is founded, relates that a celebrated personage, of the name of Hermaphroditus, once lived, in whose person were united the organs both of the male and female.^(o)

(o) Hermaphroditus was the son of Mercury and Venus (Hermes and Aphrodite), who, while bathing in a fountain of Curia, smote the heart of its presiding nymph, Salmacis. He rejected her entreaties, and she, endeavouring

The legend gained credence for centuries, and has really not faded completely out of the imaginations of men. The broad fact of the existence of the double and complete organisation is not admitted by the anatomist or the physiologist, but there is sufficient evidence accumulated to show clearly that the legend might have had considerable ground for its presumption.

I shall be able to establish the existence of such singular deviations in sexual arrangement as almost to warrant the existence of the popular error, of imperfectly developed organs of both sexes appearing in one person.

In Beck's well-known *Medical Jurisprudence*, instances are furnished especially illustrative of this compound organisation, or, "individuals exhibiting a mixture of the sexual organs, but neither of them entire.

"Examples of this kind are rare; and even these, when closely examined, show the predominance of one or other sex. Dr. Baillie mentions a case which was communicated to him by Dr. Storer, of Nottingham. 'The person,' he observes, 'bears a woman's name, and wears the dress of a woman. She has a remarkably masculine look, with plain features, but no beard. She has never menstruated; on this account she was desired, by the lady with whom she lived as a servant, to become an out-patient in the Nottingham Hospital. At this time she was twenty-four years of age, and had not been sensible of any bad health, but only came to the hospital in order to comply with the wishes of her

to obtain her wishes by force, closely embraced him, and implored the gods to make them one body. Her prayers were heard, and the characteristics of each sex were preserved.

Mercurio puerum diva Cithereide natum,
 Naiades Idæis enutrivere sub antris;
 Cujus erat facies, in qua materque paterque,
 Cognosci possent nomen quoque traxit ab illis.

OVID, *Metam.* ix. 288.

mistress. Various medicines were tried without effect, which led to the supposition of the hymen being imperforate, and of the menstrual blood having accumulated behind it.'

"She was therefore examined by Dr. Wright, one of the surgeons to the hospital, and by Dr. Storer. The vagina was found to terminate in a *cul-de-sac*, two inches from the external surface of the labia. The head of the clitoris, and the external orifice of the meatus urinæ, appeared as in the natural structure of the female, but there were no nymphæ. The labia were more pendulous than usual, and contained, each of them, a body resembling a testicle of moderate size, with its cord. The mammæ resembled those of a woman. The person had no desire or partiality whatever for either sex."

The following is an instance from the same author, in which the opposite sex predominated in its expression. "The Memoirs of the Academy of Dijon, communicated by M. Maret. Hubert J. Pierre died at the hospital in October, 1767, aged seventeen years. Particular circumstances had caused a suspicion of his sex to be entertained, and these had led to an examination after death. His general appearance was more delicate than that of a male, and there was no down on his chin or upper lip. The breasts were of the middle size, and had each a large areola. The bust resembled that of a female, but the lower part of the body had not that enlargement of the hips which is usually observed at his age. On examining the sexual organs, a body four inches in length, and of proportionate thickness, resembling the penis, was found at the Symphysis pubis. It was furnished with a prepuce to cover the glans, and at its extremity, where the urethra usually opens, there was an indentation. On raising this penis, it was observed to cover a large fissure, the sides of which resembled the labia of a

female. At the left side of the opening there was a small round body like a testicle, but none on the right; however, if the abdomen were pressed, a similar body descended through the ring.

“When the labia were pushed aside, spongy bodies resembling the nymphæ were seen; and between these, and at their upper part, the urethra opened, as in the female, while below them was a very narrow aperture, covered with a semi-lunar membrane. A small excrescence placed laterally, and having the appearance of a *caruncula myrtiformis*, completed the similarity of this fissure to the orifice of the vagina.

“On further examination the penis was found to be imperforate; the testicle of the left side had its spermatic vesicles and vas deferens, which led to the *vesiculæ seminales*. By making an incision into the semi-lunar membrane, a canal, one inch in length and half an inch in diameter, was seen, situated between the rectum and bladder. Its identity with a vagina was, however, destroyed by finding, at its lower part, the *verumontanum* and the seminal orifices, from which, by pressure, a fluid resembling semen in all its properties flowed.

“The most astonishing discovery was, however, yet to be made. The supposed vagina, together with the bladder and testicles, was removed. An incision was made down on the body noticed on the right side. It was contained in a sac, filled with a limpid and red coloured liquor. From its upper front on the right side a Fallopian tube passed off, which was prepared to embrace the ovarium placed near it. It seemed thus proved that the body in question was an uterus, though a very small and imperfect one; and, on blowing into it, air passed through into the tube.”

A more remarkable instance still is the one so fully and accurately described by Dr. Handyside, in the *Edinburgh*

Medical and Surgical Journal, vol. xlii., and which was copied into the *American Journal of Medical Sciences*. The individual referred to was exhibited at Liverpool, in July, 1834. He was a native of Saxony, with the voice and features of a man, a light beard on the upper lip, and the breasts not developed.

He was then thirty-four years old, and was considered at birth a female, and dressed as such until about a year before his examination at Liverpool, when he was told by Blumenbach and Tiedeman that he was a man. He then assumed the male attire. The scrotum was divided along the median line, resembling the female labia, and each of these contained a testis.

On separating them, the glans penis, resembling a clitoris, was seen; it was covered with a prepuce, and had a fissure, but was imperforate. About an inch below and nearly half an inch to each side of the raphé, were two very small orifices, through which at the period of excitement the semen flowed. Still lower was a canal three inches long, impervious, except at a narrow orifice, through which the urine passed. He had at the same time strong sexual desires.

These are cases which amply sustain the probability of the ancient legends being founded on the existence of individuals who possessed, to all appearances, the indications of a double sex, and they would have been sufficient in themselves to have led people of a less scientific age to give full credence to the assumption.

There remain, however, still more remarkable evidences of peculiarity in structure, which complicate the investigation to such an extent as to render it extremely difficult to determine the sex. External formation is often of so singular a character as to constitute no absolute sex, dissection alone after death revealing the absence of internal organs essential to one or the other.

“The proof amounts almost to a certainty that the prostate is the only male organ not accounted for in the hermaphrodite.” This dictum is laid down in an able paper in the *Edinburgh Medical and Surgical Journal*, vol. iii., and nothing has since occurred to alter it as a general rule. There are many reasons which would lead to such an inference, independent of actual dissection. It may, therefore, for the present at least, be accepted as a leading phenomenon in hermaphroditism that the prostate is absent. The same may be said in reference to the absence of the uterus.

The following is, however, rather rebutting evidence against the universality of the above dictum, inasmuch as it clearly exhibits the fact of even a gravid uterus where the external forms of hermaphroditism existed. “The late Dr. Hardy, of New York, in a letter to Dr. Edward Miller, dated at Lisbon, in 1807, stated that he saw at that place a Portuguese, twenty-eight years old, of a tall and slender, but muscular, figure. The penis and testicles, with their common covering, the scrotum, were in the usual situation, of the form and appearance, and very nearly of the size, of those of an adult. The preputium covered the glans completely, and admitted of being partially retracted.

“On the introduction of a probe the male urethra appeared to be pervious about a third of its length, beyond which the resistance to its passage was insuperable by any ordinary justifiable force.

“There was a tendency to the growth of a beard, which was kept short by clipping with scissors. The female parts did not differ from the most perfect sex, except in the size of the labia, which were not so prominent, and also in that the whole of the external organs appeared to be situated nearer the rectum, and were not surrounded with the usual quantity of hair.

“The thighs did not possess the tapering fulness common to the exquisitely formed female, and the breasts were very small. In voice and manners the female preponderated. She menstruated regularly, was twice pregnant, and miscarried in the third and fifth months of gestation.

“During copulation the penis became erect. There seems never to have existed an inclination for commerce with the female under any circumstances of excitement of the venereal passion.”

Another instance of a still more complex character was noticed in the *London Medical Gazette*, vol. xviii., by Dr. Mayer, and pronounced by him to present characteristics of both sexes—the withered testicle, the penis, and the prostate gland indicating on the one hand the male; and, on the other, the uterus, vagina, Fallopian tubes, and ovarium-like body, thus characterising the female sex.

So fully developed were the different organs in this person that the most eminent anatomists of the day differed in opinion as to the sex. Kopp, Lömmering, Cooper, Lawrence, Green, and the medical faculty of Paris pronounced him during life a malformed male; Hufeland, Gall, and Brooks, a female.

This last case is almost analogous to one which came under my own notice in the year 1863. A young person was brought to me by her mother on purpose to be examined that I might give an opinion as to the propriety of a contemplated marriage. The mother could not understand certain malformations, and thought that an operation of a surgical character would dispose of the difficulty.

On examination I found almost a perfect penis, with glans and prepuce. The penis was about two-thirds the usual length, and became erect on handling it. On introducing a probe into the opening representing the urethra I found that it penetrated about three inches. The scrotum,

which was small, contained the rudiments of testicles, and was wider laterally than in depth. Beneath this the labia and nymphæ appeared, but in imperfect development. The hymen had been ruptured, and on examination with the speculum the uterus was found to be present, but smaller than usual.

On asking whether she had menstruated I was informed that she had not, although occasionally a slight discoloration had been noticed on her underclothing as having exuded from the vagina.

On exploration per anum there appeared to be the rudiments of a prostate gland. The urethra opened into the bladder in the situation common to the female sex. Very little hair appeared on the organs of generation; more about the root of the penis than anywhere else.

There was hair on the upper lip. The mammæ were well formed and fully developed. The physique was more robust than is usual in the female sex, and the voice harsh. I could not learn satisfactorily whether any attempt at union with the female by means of the rudimental penis had taken place, although my impression was that it had.^(p)

(p) In Piscottie's *History of Scotland, Edinburgh, 1778*, is the following strange story, which was copied into the *Edinburgh Medical and Surgical Journal*:—"In the year 1458 there was a bairn which had the kinds of male and female, called in our language *a scareht*, in whom man's nature did prevail, but because his disposition and portraiture of body represented a woman, in a man's house in Linlithgow, he associated in bedding with the good man's daughter of the house, and made her to conceive a child; which being divulgate through the country, and the matrons understanding the damsel deceived on in this manner, and being offended that the monstrous beast should set himself forth as a woman, being a very man, they got him accused and convicted in judgment for to be burnt quick for this shameful behaviour."

"A German was recently exhibited to the Royal Academy of Medicine of Paris by M. Baëly. The scrotum had a deep furrow on each side of which

In ancient days it was a fatal misfortune for any one to come into the world with such a condition of the sexual organs as to render the sex doubtful, or as would stamp him with the hateful name of hermaphrodite, as it was the common practice to destroy such children.

Edicts were promulgated, and enactments passed, specially designed to deal with such abnormities. We are told that at a very early period of Roman history a law was enacted that every child of this description should be shut up in a chest and thrown into the sea; and Livy gives an instance where, on some difficulty arising as to the sex of a child, it was directed to be thrown into the sea as a base prodigy.

The Jewish and Canon Laws treat of hermaphrodites, and Lord Coke says—"Every heir is male, female, or hermaphrodite—*i.e.*, both male and female; and an hermaphrodite, which is also called an androgynous, shall be heir as male or female, according to the kind of sex which doth prevail, and accordingly ought to be baptised."

The ancients always looked upon persons with this double or irregular construction of the genital organs as ill omens, and put them to death. Eusebius says that "the Christian emperor Constantine once ordered them for destruction, because the Nile did not overflow so much as usual."^(g)

was contained a testicle. There was an imperfect penis, an inch and a half long, and below it a passage leading to the bladder, and through which the urine flowed. The urethra had become thus enormously distended in consequence of repeated acts of copulation, to which he had submitted in consequence of supposing himself a female. When informed that he was a male he assumed the proper dress, but found himself impotent."

(g) With a bulky clitoris, which is common in the Mandingo and Ibbonations, especially if accompanied by coherent labia, or by no labia, an opening at the same time existing under it, and leading to the urethra and vagina, a female may be carelessly mistaken for the male; but the clitoris is imperforate, and has no preputium at the lower part, and consequently

Much discussion has from time to time taken place as to the propriety of surgical interference in the case of the hermaphrodite. Many have contended that it is expedient at an early period of life to excise those organs which would subject the patient at puberty to the influences and conditions of sexual passion, inasmuch as it would be obviously useless towards either the gratification of the individual or the procreation of the species.

There are certain states of hermaphroditism which might with some apparent propriety be dealt with by the surgeon, such as those in which the female organisation is almost perfect, and upon which is superinduced the male organisation in the rudimentary state. In such a case as this the operation of excision would remove the leading external expressions of hermaphrodite deformity, and thus save the sufferer from much annoyance and chagrin.

In my opinion these are the only cases in which surgical interference is fully justifiable. Radical excisions of the clitoris, penis, and testicles—although they are imperfect or irregular—cannot be justified without the full consent and desire of the patient, and this could only be obtained at maturity, any opinion of the patient at an earlier stage being valueless in the case.

no frænum; and a probe passes at once into the bladder, whereas in ambiguous males it may have far to go.

The age of extirpation in reference to these unfortunates is past, and in lieu of violence laws are enacted in almost all countries for their advantage. The Chinese still hold to the sage regulations of the Hindoo Institutes of Menu, which direct that as the inheritance of a son is a whole, and that of a daughter a half, the portion of a hermaphrodite shall be half of the one and half of the other, or three-fourths.

They have always been excluded from holy orders on account of their deformity, and they have equally been denounced as unfit for judicial appointments, "because they are ranked with infamous persons, to whom the gates of dignity should not be opened."

Professor Simpson, of Edinburgh, gives a very remarkable and pertinent case bearing upon this phase of the question in the *Cyclopædia of Anatomy and Physiology*. It is as follows :—“ A case of malformation of the sexual organs came under the observation of Professor S. D. Gross, in which both penis and vagina were wanting ; but in the place of the former there was a small clitoris, and instead of the latter a *cul-de-sac*, covered with mucous membrane, the urethra occupying the usual situation in the female. The nymphæ were unusually small, but the labia were developed, and contained each a testis quite as large, consistent, and well-shaped as they ever are in boys of three years of age.

“ Castration was performed by Professor Gross, the propriety of this operation being concurred in by Professor Miller, of Louisville, who saw the child in consultation. The patient had always been regarded as a girl, having been so considered by the accoucheur ; but at the age of two the feelings and dispositions of a boy began to be manifested. The operation was performed with the humane object of preventing the development of sexual desire at the age of puberty, which, under the circumstances, could only be productive of evil. Taking this view of the matter, the parents were solicitous for the operation.

“ The motives of Professors Gross and Miller in the treatment pursued in this case cannot be questioned ; and looking solely to the future happiness of the child, the propriety of the practice would admit of, to say the least, a warm defence.

“ Other considerations are, however, involved. The question arises whether we have a right to deprive a person of the sexual propensity, admitting that insuperable difficulties in its exercise are incident to that formation, and that the possession of it cannot fail to lead to painful consequences.”

It is in the main questionable whether such interference,

as is described in the above case, is commendable. There may, it is true, have been special considerations which arose out of the exceptional nature of the case, and by which the surgeons engaged were swayed to yield to the importunity of the parents. It can scarcely be admitted that, as a principle of abstract right, we are justified in depriving any individual, however unfortunate or inferior in development, of all sexual feeling.

I have refused to perform operations which would insure such complete privation, although I have not hesitated to remove the superfluous organs of one sex when those of the other were tolerably perfect. ^(r)

(r) The instances on record are so numerous of the double function of coition in one person that there exists no doubt of its having frequently occurred. History tells us that Cæsar himself bargained away his virtue to Nicomedes, King of Bithynia, who was designated as the husband of all women, and the wife of all men.

It is not long since that in Europe the most absurd notions were prevalent, and fully believed by the educated as well as the vulgar. What could be more preposterous than the general impression that ladies could breed without gentlemen, and that demons could draw semen from the loins of a man, and convey it to the womb or vagina of a woman? It was also long held that gentlemen, as hermaphrodites, could breed by self-impregnation; and Dr. Fletcher, in his *Rudiments of Physiology*, states that an unfortunate monk was executed in France so lately as the year 1478 for getting himself with child.

Second Division.

THE GENERATIVE ORGANS, AND THEIR FUNCTIONS, IN ABNORMAL CONDITIONS.

CHAPTER I.

MALFORMATION OF THE SEXUAL ORGANS IN CHILDHOOD—
THE HARE-LIP—THE BLADDER—ATROPHY—EXCESSIVE
DEVELOPMENT—PRECOCITY—THE EVILS OF VICIOUS
TRAINING—NECESSITY FOR VIGILANCE IN SCHOOLS—THE
INFLUENCE OF SIMPLE HOME-LIFE ON THE YOUNG—
HEREDITARY PREDISPOSITION—CAUSES OF HYPERSENSI-
TIVENESS—CIRCUMCISION.

THE initial period of life is not without its perils, any more than are the subsequent ones. Dangers that are often terrible and permanent in their consequences beset the young being during its uterine existence. Deformities and monstrosities wait on its existence, and track its path through every stage, ready at any moment to spoil the original design. Deviations in the direction of lines of growth, or arrest of development, frequently occur, and transform what should have been a perfect and symmetrical being into a monster, abnormal in formation, and repulsive in aspect. Fissures occur, leaving cavities uncovered that ought, in the order of growth, to be completely concealed.

In addition to the common hare-lip, which is an indication of abrupt cessation of development, the spina bifida (or division in the spine), and that form of umbilical hernia which is the deficient growth of the margin of the umbilical opening, there is also that very serious and irremediable defect—the appearance of the bladder in front, without the usual protection of the abdominal wall, with many other sexual abnormalities.

Sometimes the penis has been seen in the abdomen in the median line, and the testis in the groin. “When the anterior part of the urinary bladder and corresponding integuments are absent, the ossa pubis not conjoined, and the front of the bladder projects between the recti-abdominis muscles, forming, by its mucous lining, a soft, red, sensible protuberance on the lower part of the abdomen, contiguous at its circumference to the common skin, with the ureters opening upon it, and constantly allowing a free passage to the urine, there is really a case of deficiency so far as respects the bladder, integuments, and ossa pubis, and of misplacement of the recti muscles. The termination of the rectum in the bladder or vagina, or its termination without an opening, are instances of unnatural formation.”

The question of malformation has been very freely discussed in the last chapter of the First Division, under the designation of hermaphroditism; but there are other conditions of development which depend upon defective or excessive supply of material. Often it is seen that there is extreme atrophy of the organs; and in this case there is no remedy, nature having withheld the necessary volume of force required for their full development. These are the cases of congenital impotence which are occasionally met with by the accoucheur in large practice.

There are, on the other hand, instances where the genital formation is undoubtedly in too great prominence for the

age of the child, indicating extensive hypertrophy of the testes and penis.

An instance of this kind came under my notice a few years ago, in which the child's genital organs were so enormously developed as to produce manifest deformity. The child was also of a densely strumous constitution, a fact which was palpably manifest in the aspect of the patient. As would naturally be expected with so depraved a constitution, the general health of the child was always at a very low standard, and, as a consequence, death overtook it after eleven miserable years of existence.

In this patient the scrotum reached half-way to the knee, and was filled proportionately with well-formed testes, which indicated to the touch and by free palpation general soundness and normality of structure. The penis was developed in the same extravagant proportions, and was perfectly formed. The early death of this child came as a relief from physical misery, and deprived it of an existence which must have been, under any circumstances, one of perpetual embarrassment and suffering.

There are, however, between the two extremes just mentioned many cases where there is, without any diseased condition or special malformation, too active a development of the genitals, giving rise in very young children to apparent excitement, which is too frequently encouraged by depraved nurses. These instances are fortunately not so frequent as some writers state them to be, but they are common enough to warrant reference to the subject, so that the parent may not omit to exercise due vigilance wherever any special development of the external organ is apparent.

As a rule, the child is, for several years, entirely free from any knowledge of the sexual functions, or indeed of the existence of any sensation of pleasure in connection with them ; and this will be found to be almost invariably the

case where children are properly and carefully reared. Amongst those children who have been educated at home by high-minded parents, and not allowed to associate with children who have undergone the contamination of certain schools, I have constantly noticed that perfect purity of mind in reference to the genital organism was constant.

But I have to state that I have met with hundreds of quite young children whose parents have been amazed to discover in them the most complete theoretical knowledge of the character and purpose of their sexual construction. And what is eminently more disastrous, these children, in the schools they have attended, have frequently been caught in the act of teaching others to play with their genitals. Thus a few viciously trained children—who have learned their first depraved lessons from the herd of immoral servants who infest the houses of the colonists—will contaminate the children of a whole neighbourhood.

Much has been said about the carelessness of the moral control in our public and private schools, and much well-deserved censure has been visited upon those whose business it is to see to the moral as well as the intellectual training of those confided to their care, and I am prepared to endorse the charges brought against the schoolmaster. There is manifestly too little vigilance over the child in the playground, and during its hours of idleness. Nor is this indifference or neglect to be charged upon the common or national schools alone; it is with justice to be brought against many private schools, where, to my knowledge—from the evidence of the children themselves—no care whatever is taken of the moral training, and circumstances which inevitably lead to contamination are allowed to occur.

I am not finding fault so much with the mixing of the sexes in the schools as with the neglect of proper supervision. Mr. Acton put the case with his usual clearness in

his late work on *The Reproductive Organs* in the following words:—"During a well-regulated childhood, and in the case of ordinary temperaments, there is no temptation to infringe the primary law of nature. The sexes, it is true, in most English homes, are allowed unrestricted companionship. Experience shows, however, that this intimacy is, in the main, unattended with evil results.

"In the immense majority of instances it is, indeed, of great benefit. At a very early age the pastimes of the girl and the boy diverge. The boy takes to more boisterous amusements, and affects the society of boys older than himself, simply because they are rougher, or, in his opinion, manlier playfellows. The quieter games of girls are despised, and their society is, to a considerable extent, deserted.

"This apparent rudeness, often lamented over by anxious parents, may almost be regarded as a provision of nature against possible danger. At any rate, in healthy subjects, and especially in children brought up in the pure air, and amid the simple amusements of the country, perfect freedom from, and indeed total ignorance of, any sexual affection is, as it should always be, the rule. The first and only feeling exhibited between the sexes in the young should be that purely fraternal and sisterly affection, with all its softening influences on the after life, which it is the glory and blessing of simple English home-life to create and foster."

Fortunately for the youth of this country, we are not without the "blessing of simple home-life" in Victoria; but it is painful to have to assert that observation demonstrates its greater rarity, in proportion, in this country than in England. The youth of this colony know far less than they ought to do of the softening and purifying influence of high-toned home-life. They are credited with a precocity

which is too apparent, and which is eminently detrimental to their future manhood and womanhood; and this is engendered in the unwise latitude of the colonial home.

It is to be hoped that, as colonial society becomes consolidated, and the necessity for a loftier character of education is generally felt throughout the community, the charge made against our youth of both sexes will be gradually more difficult to sustain; but the change must take place in the parents and teachers before any marked alteration for the better can be expected in the children.

The same able writer to whom I have just alluded states it as his opinion "that with most healthy and well brought-up children no sexual notion or feeling has ever entered their heads, even in the way of speculation. I believe that such children's curiosity is seldom excited on these subjects, except as the result of suggestions by persons older than themselves."

Every medical man knows how true this is, and in his wide acquaintance with the colonial family circle can discern the absence of that grand safeguard to the child to which Mr. Acton alludes. Sexual precocity amongst children in this colony—and it may be the same in all the colonies—is painfully apparent, and must be attributed to the absence of those checks which operate so admirably in English home-life.

There are also predisposing causes which will account for accidental early sexual development, and, amongst them, the most prominent may be that of hereditary predisposition. It is indisputable that the peculiarities of form, temperament, and mind are transmitted by the parent to the offspring, and often with singular fidelity; hence it does not unfrequently happen that sexual intensity becomes hereditary also, and shows itself at an earlier period than is natural.

"I believe," says Mr. Acton, "that as in body and mind,

so also in the passions, the sins of the fathers are frequently visited on the children. No man or woman, I am sure, can have habitually indulged their own sexual passions to the exclusion of higher and nobler pleasures and employments, without at least running the risk of finding that a disposition to follow a similar career has been inherited by their children. It is in this way only that we can explain the early, and apparently almost irresistible, propensity in generation after generation to indulge in similar habits and feelings. No doubt vicious tendencies are frequently, perhaps most frequently, acquired. But I firmly believe that moral as well as physical diseases, when acquired, can be transmitted to the progeny."

This is a pregnant charge which so accurate an observer of these questions makes against the progenitors of children, pointing out for the serious consideration of parents the possibility, if not the probability, and in some instances certainty, of transmitting passions of ungovernable intensity to their offspring. This reflection is certainly one of considerable gravity, and is not without some claim to consideration.

The sexual passion, being the strongest in the animal economy, is always sufficiently powerful in its normal condition to call for restraint; therefore any circumstances which would intensify it for a lifetime in the child should demand the consideration of the parent. Hence if parents desire that their children should be born with such sexual force as shall not overmaster them as they reach puberty, they should, during their married life, exercise a judicious continence in their marital intercourse.

There are circumstances in the early life of children which are not without significance, in respect to the intensification of sexual ardour, and which are not unnoticed by vigilant and careful mothers. At a very early period of childhood

some children are very prone to handle their privates, and the habit, if unchecked, becomes permanent and injurious.

But the habit of touching the genital organs acquired in infancy often continues to the age of puberty, when these parts become more developed and highly sensitive, and render it almost inevitable. In other, and unfortunately in most cases, this habit is learned by example or intuition, more especially by allowing grown persons or adults to sleep with children, or by the depravity of some who have the care of children and youth, as servants, ushers, or tutors in schools or families, or those contaminated by it. The bad effects of it on health, on the mind and body, and especially on the source of human existence, have been forcibly described by physicians of all ages and countries.

There is not a mother or a nurse who must not have observed the virile member of male infants in the cot or cradle capable of erection, from the presence of urine in the bladder, or by the slightest physical irritation of that organ.

Again, we observe children before the age of puberty, and when no sexual desire can exist, instinctively manipulate certain organs, and some who even make attempts at sexual approach; and hence it is an established custom in all well-regulated families and schools not to allow those of the same or opposite sex to sleep together.

Genital irritation may arise from a variety of causes. There are conditions which render it sympathetic, rather than a direct local irritation. For instance, it not unfrequently occurs that intestinal disturbance, from the existence of ascarides or thread-worms in the rectum, will induce the hypersensitiveness of the penis. Vesical irritability has also been known to do the same thing; and the removal of these two sources of disorder has been followed in many cases by a cessation in the child of the habit that had given so much uneasiness.

It should, therefore, be the immediate duty of the nurse, on discovering the habit in the child to which I refer, to call for medical supervision, with a view to the investigation of the causes to which the habit may be attributable. Any neglect under such circumstances would be more than censurable, knowing how much the interests and happiness of the child are involved in the complete integrity of the sexual organism.

It is, however, at puberty^(s) that the genital organs suddenly and astonishingly develop, that touches and manipulations are instinctively practised, and lead to masturbation and self-pollution.

The natural excitement of the organs at this age is succeeded by the secretions of semen and the menstrual fluid, which produce the most extraordinary physical and moral changes. All the characters of childhood are lost; there is great amorous impulse, and those who have already experienced it, too often initiate children in the delightful but baneful habit of artificial excitation. This is most prejudicial to children, adolescents, adults, and, in a word, at every period of life. The habit is indulged to excess, and then enfeebles both mind and body. It may be practised almost at all times, both day and night, and produces much more debility than natural enjoyment at the adult age, while it induces a host of diseases.

This unmanly vice often excites in young persons the greatest antipathy and disgust to natural enjoyment, until

(s) It is lamentable to observe the gross immorality of children on the approach of puberty. In August, 1836, four boys, each of twelve years of age, were accused at the Mansion House of theft, and each had his concubine. Such boys present themselves almost daily at our hospitals and dispensaries labouring under venereal infection; and we see abandoned female children on the town, apparently no more than ten or twelve years of age. (See *Reports on Prostitution in London*, 1839.)

the adult age renders reason more mature and perfect. The bad effects of unnatural excitement will be more fully noticed hereafter ; and I have been repeatedly consulted by adults who were initiated as early as the sixth year by servants, whom they censured in the strongest terms.

Another very important circumstance which tends to produce morbid sensitiveness in the penis is the extreme length of the prepuce, which is not only a cause of irritation in childhood, but which becomes one of considerable embarrassment at puberty.

The Asiatic, for thousands of years, has remedied this common evil by circumcision, and it is, in a scientific sense, an error in Christendom that the practice, once universal, should have been abandoned. That it was, and is, in the East a practice of great physical advantage every one who has travelled in hot countries is prepared to endorse, and whenever in remote ages it became the custom—doubtless from the necessities of the case—it was from a sense of profound wisdom that the laws of the several states enforced it.

Beneath the prepuce which covers the glans in the child there are often causes of irritation. Secretions collect beneath it, which should be removed, and not left, as is commonly the case, as a source of mischief.

“Irritations of the glans penis arising from collection of secretion under the prepuce is another cause which should not be neglected. Since the time that my attention was first called to this subject I have had abundant evidence that the influence of a long prepuce in producing sexual precocity has not been sufficiently noted. In the child the prepuce entirely covers the glans penis, keeping it in that constantly susceptible state that the contact of the two folds of mucous membrane induces. We must recollect, however, that the child has never been taught to draw back the foreskin ; and, although the smegma is but sparingly, if at

all, secreted in early childhood, yet that it may under excitement make its appearance is evident, and if so, ought to be removed, as in the adult, by daily ablution."—*Acton*.

So valuable has circumcision been found by travellers and Europeans who have taken up their abode in the East that they have, for their own personal physical comfort, undergone the operation; and there is practical wisdom in the course they have pursued. It is well known that many Europeans with long foreskins suffer serious inconvenience by reason of the great difficulty they experience in getting rid of the greater quantity and more irritating quality of secretion which an extremely hot climate induces.

In a volume of the *Chirurgical Transactions* I notice the following observations bearing upon the question:—"This smegma, in young men especially, when they are heated, is well known to accumulate readily, and to form acrimonious caseous coagulum. The inhabitants of warm climates are particularly subject to the inconvenience, and the chief use of circumcision appears to be the prevention of this accumulation. We know that for this reason Christians in the scorching climate of Senegambia occasionally cut off the preputium, and that uncircumcised Europeans residing in the East frequently suffer great inconvenience." In the middle of the fourteenth century circumcision was still a very common custom amongst the Christians, as well as amongst the Jews and Saracens.

It is well known that in surgery we are often practically obliged to do for Christian men that which is to some extent analogous to circumcision, and with amazing advantage to and great future comfort of the patient; and the operation is sought for much more frequently than formerly on purely hygienic grounds. It is to be regretted that so valuable a preventive against many sexual disabilities should have been envired by sacerdotalism.

A gentleman whose case is especially typical of the subject in hand called to consult me some months ago. He had what was, of course, a congenital difficulty in the extreme length and rigidity of the prepuce, which extended almost an inch beyond the glans. He had for many years suffered a variety of inconveniences from this enlargement, and, above all, the almost absolute impossibility of keeping the membranes beneath sufficiently clean to prevent irritation.

I at once counselled circumcision. The bare mention of the word appalled him, and made him look upon me as advising a course of a very unusual and questionable nature. On further conversation, however, he began to discern that the question was really one of a purely physical and hygienic character, and that any name might be employed to represent an operation designed to relieve very considerable physical suffering. He also saw that no other course was open to him than an excision, at any rate analogous to circumcision, if not that operation in actual detail.

The operation requisite to freely expose the glans was made, and the state of the mucous membranes was found to be such as fully to justify the resolve of the patient. A large quantity of old secretion was imbedded behind the glans; the membranes were congested, and tending to the ulcerative stage. The result of the shortening and expansion of the prepuce was in an eminent degree satisfactory to the patient in point of physical comfort and cleanliness, and he naïvely stated that "if the operation—whatever it might be called—had made him a Mahomedan or a Jew, he was right glad of the transition."

Referring back to the causes of hypersensitiveness in the genitals of children, from which the observations on circumcision have briefly drawn our attention, the nurse should, if possible, cleanse the prepuce of the child every morning at least. It is not a matter of indifference that this should be

done, for it is generally admitted that the collection of smegma or other secretion between the prepuce and the glans is necessarily a source of irritation.

Many persons object to the direct allusion to the sexual organs of children, and urge that they should be left, under all circumstances, to the chapter of accidents, lest the mind of the child should be prejudiced, by directing its attention, in any form, to what it is supposed not to recognise. This view of the case, however, is not defensible, when the advantages of interference so frequently preponderate over any imaginary evil which is advanced. The time has passed away when maudlin sentiment is to stand in the way of the appliances and teachings of medical science.

The case is put, with his accustomed boldness and vigour, by Mr. Acton in the following paragraph, which is so cogent that it merits general attention:—"This vague alarm that we must not allude to these sexual matters because, forsooth, some ill consequences may arise, has no longer any influence on me. Daily experience teaches me that much prejudice has long existed on these questions. I am fully convinced, from the acknowledgments of patients, that the effect of advice to young men has had no such tendency. Even if the dreaded evil should arise, the same boy who had received such recommendations, supposing the advice were followed by any morbid sensations, would come to the same medical friend and state the consequences, in the full assurance that he would receive sympathy, and any further advice that might be necessary.

"I am convinced of the fact that when any such irritation or derangement exists, if the proper steps (of which cleanliness is the most effectual) are not taken to check it, the child will, in ignorance, handle the organs, and the dangers arising in this way are much greater than those attendant on mere ablution, especially in cold water."

If children are found prone to the handling or manipulation of their sexual organs, it will be a *primâ facie* indication that some exciting cause or other exists which induces the attention to be drawn in that direction, rather than in others of a more natural and childish character; we may rest assured that if no such irritation exists, the child will scarcely be cognisant of the existence of the sexual instincts. Therefore, it is quite safe in the parent or nurse to at once confront the evil in the child, and take all the necessary steps, both surgical, hygienic, and admonitory, to overcome the cause of the bad habit.^(t)

(t) At the London Infirmary for Epilepsy and Paralysis, Dr. Althaus made the following remarks:—“Congenital phimosis has been observed in eleven out of twenty-five consecutive male cases of epilepsy admitted at the Infirmary. That such a frequent complication of epilepsy should hitherto have remained unnoticed can only be explained by the circumstance that epileptic patients seldom come under the eye of surgeons, and that physicians usually neglect to examine the sexual organs. The effects of congenital phimosis on the system are usually quite disregarded, although there can be little doubt that this malformation *has a considerable pathological importance*. There is always an accumulation of sebum between the prepuce and the gland in such cases, and herpes and balanitis may be the consequence. *This irritation often leads to great sexual excitement about the period of puberty, and to masturbation, with all its consequent evil effects*. Frequent emissions of semen at night may also be traced to the same cause. A variety of cerebral symptoms may then be induced, such as pain in the head, giddiness, noises in the ears, eructations, sickness, &c., which, where they depend only upon this condition, may be entirely removed by circumcision. Whether actual epileptic fits are ever the consequence of phimosis seems doubtful; yet the propriety of the operation in cases of that kind cannot be questioned, as all sources of irritation should, on principle, be removed in convulsive disorders. Several of these cases which were admitted at the Infirmary have been operated upon by Mr. Solly and Mr. Spencer Wells. In no instance, however, have the fits ceased immediately, consequent upon the operation; so that a relation as between cause and effect could not have existed between phimosis and epilepsy. Yet, Dr. Althaus said, it generally seemed as if the convulsive disorder, after circumcision in such cases, yielded more readily to the remedies employed than it had done before.”—*Lancet*, 16th February, 1867.

CHAPTER II.

VICIOUS TRAINING BY DEPRAVED SERVANTS—DANGERS IN THE NURSING PERIOD — THE LOW MORAL TONE OF THE SERVANT CLASS GENERALLY IN THE COLONY — INDIFFERENCE AND RECKLESSNESS OF SOME MOTHERS TO BE CENSURED—INJURIOUS CUSTOMS OF NURSES ON THE CONTINENT PREVALENT HERE ALSO—INSTANCES OF THEIR EVIL EFFECTS—REMARKS ON FEMALE IMMIGRATION—CHIROMANIA — PALPATION—MASTURBATION — PREVENTION BETTER THAN CURE—DUTY OF PARENTS AND SCHOOLMASTERS.

We are not worst at once ; the course of evil
Begins so slowly, and from such slight source,
An infant's hand might stem its breach with clay ;
But let the stream yet deepen, and philosophy—
Aye, and religion too—shall strive in vain
To turn the headlong torrent.

OLD PLAY.

THIS is a portion of the general question which is deserving of especial attention, inasmuch as it presents to us the initial step in the vicious course which has eventuated, and is still operating mischievously, in the ruin of thousands of the young of both sexes, but especially so in the male sex. The dangers with which the nursing period is fraught to the child are multitudinous, but none are so disastrous as the conduct of vicious servants, which I am about to consider.

We have in this colony also an element in the case which lends to it an aggravation that cannot be ignored. I allude to the low moral tone of the servant class, which is so manifest as to be apparent to every one, and which is a subject of deep and serious complaint on the part of all respectable householders. So glaring is this fact, that the relationship between the mistress and servant is daily widening, and it is found impossible to look upon the domestic servant in general as anything more than a depraved hireling, who enters service from no other motive than to discern what special advantages it may offer her for pilfering, or for personal comfort.

To these women the mothers of families have to confide their children in their earlier years, and to leave them, more or less, at their mercy and discretion.

In many cases the whole life of the child is spent in the company of the nurse, and it obtains all its impressions—whether good or bad—from her. It is powerless in her hands, and, from the force of association, looks up to her as its guardian. This, of course, applies only to those cases—of which, by the way, there are vast numbers—where the mother abdicates her true position to the nurse, and leaves her children entirely to her direction.

Every medical man who has had much family practice, can attest how often the coarseness, and even the depravity, of a nurse is reflected in the children under her care, and would be prepared to endorse the most emphatic censure on those mothers who are so reckless and indifferent as tacitly to countenance such a state of things.

Under social conditions such as we are obliged to endure as colonists, there are many reasons why the habits of the family circle cannot safely be formed after the English model.

Our servants are, as a rule, of a very inferior order, and

the standard of morality amongst them is infinitely lower than it is in the British Isles. In addition to this, the relationship between the servant and her employers is of an absolutely different character. In this colony the domestic does not seek a home where she may stay, and associate her interests with those of the family. Perpetual change is the order of the day ; hence the confidence usually placed in the nurses of the English families cannot be safely applied here, where the servant is utterly unknown, and where the tenure of her position in the family is fitful and uncertain.

It is to this condition of things that Australian mothers submit their children—some willingly, many unwillingly. It is in this that the gravamen of the danger which is to be discussed in this chapter lies ; and I hope that the observations of the authorities I may quote in the support of my own opinions will lead to a consideration of the question by colonial mothers.

I stated in the last chapter that hypersensitiveness from local causes would induce children to turn their attention to the existence of their sexual organs at a time when they really ought to be scarcely cognisant of their existence. In this matter I shall show that, where no such diseased conditions exist, the feelings of the child are acted upon by external influences proceeding from the conduct of nurses.

In the *Annales d'Hygiène Publique* it is stated that a custom prevails amongst nurses and mothers on the Continent of Europe of soothing the children to sleep by tickling the genital organs. It is unfortunately not confined to Europe ; it is almost as prevalent here, and is a practice that cannot be too severely reprobated. To say that it can do the child no harm is simply to deny the influence of any bad habit. Sufficient instances are on record to prove beyond question that it leads, at a very early age indeed, to serious mischief.

Parent Duchâtelet gives the case of a child which, from the age of four years, was in the habit of abusing its powers with boys of from ten to twelve, indicating that at how extremely early an age the tendency to sexual irritation may be induced.

In my own experience, I have been consulted by parents who have discovered in their children of either sex, at from six to eight, a constant tendency to secret retirement for the sake of sexual irritation, which had been taught them by depraved servants. In some of the cases the evil was directly traced to the constant manipulation of the children's sexual organs by the servants to whom they were entrusted night and day.

In one family of little boys and girls this state of things became a subject of serious alarm when first ascertained, the discovery being made at my suggestion.

About the guilt of one domestic there was no doubt, the act having been sheeted home to her, without possibility of escape. The only remedy the parents had was the instant dismissal of the culprit, but the stain was left behind in the minds of the children, only, perhaps—unless extreme vigilance should be exercised—to be revived on the advent of another strange woman on the scene.

Is there any cause for wonder that we find children of tender years, and young boys in particular, giving way to practices which are absolutely fatal to their mental and physical stability? Can we reasonably express astonishment at the discovery that a boy of ten or twelve has commenced to masturbate when his childhood has been tainted by the unnatural barbarity of sensual and unprincipled servants?

It is customary to express amazement, as though so great an evil could be spontaneous; but the slightest consideration ought to lead every one to conclude that children could not,

and would not, drift into such unseemly and unchildlike habits unless previous teachings had been given by vicious and older hands.

It has been set forth by some that children will of themselves break in upon habits such as those to which I am referring; but, with very rare exceptions, I totally dissent from this view.

From the close observation I have paid to this subject, and the frequent facts which have been brought to me, in reference to the vile conduct of many domestic servants towards children, I am fully convinced that, in the large majority of instances, where the minds of children are poisoned, and their sexual organs brought under their notice prematurely, we have to go to the nursery and the kitchen for the root of the evil.

This is not the place in which to enter fully into the great question of "servant-galism" in Victoria. The magnitude of the evil, and its remedy, must be left to the social reformer of the liberal school. The physician has but to point out the physical evils he meets with as the *sequelæ* of a system of immigration which has been of doubtful benefit to the colony. Not that there was ever a redundancy of female labour; on the contrary, there has always been too little; and now there is an absolute want of a copious stream of well-chosen women.

Hitherto the selections made at home have not been such as were likely to benefit the colony. If their morals were not bad, they were so utterly untrained in the duties of domestic service that their *entrée* into a colonial family was a calamity rather than an advantage.

More than this, the great proportion of the best servants who were introduced a few years ago are married, whilst those who are left are, in the majority of cases, worthless and good for nothing, spending half their time in the

registry offices; some, indeed, as is well known, alternating between prostitution and occasional service.

Such is the vile stream from which parents have to obtain what, by a singular euphuism, are called "helps," and with whom their children in tender years have, more or less, to associate.

Fortunately there are some admirable exceptions to this general rule. I could point to several families where truly high-minded girls are to be found—girls who are treasures to any house in which they may live, and with whom children of all ages would be perfectly safe. It is sad to have to think that such instances constitute a decided minority.

I have thus plainly stated the case about the depravity of servant-girlism in its influence on childhood in order that the widespread evil, which I am aware exists, may be known and seen face to face by those parents who confide their children solely to nurses. The bad practices of these girls must be stamped out if the children are to grow up in that virgin purity which we all expect in those of tender years.

The evil result to which I especially refer is known as *Chiromania*, and implies or embraces all those practices which, by the use of the hand, tend to the excitement of the sexual organs. It is not expected that emission should take place, which is obviously impossible in very young children, it being only necessary that excitation should be produced by the palpation of another person.

Palpation is commenced by the depraved nurse in the nursery, and continued by the child when it is old enough to recognise the consequence of its own independent action. The evil continues year after year, with more or less influence as the boy grows up, until it develops into positive masturbation, with its exhausting *sequelæ*.

The confessional of the consulting-room reveals too truly the origin, progress, and evil consequences of the habit which I designate *Chiromania*. It accumulates a mass of evidence which is absolutely overwhelming in its confirmation of the statement that much of the lamentable and widespread evil of spermatorrhœa has its origin in the early stages of childhood from causes which have been stated above.

The remarks which I have thought it necessary to make on this subject suggest to parents, guardians, and all having the charge of young children, the necessity for vigilance in watching their habits in the earlier years. "Prevention is better than cure" is an old saw, and it is well to consider that it is in this case specially applicable, for it is far easier to steer the young child safely through the dangers besetting its path than afterwards to cure it of practices already acquired.

Mr. Acton, when writing on this branch of the question, has the following very pertinent observations:—"I cannot but think much of this evil could be prevented by wisely watching children in early life; or where a sexual temperament, or suspicion of the practice having been only recently indulged in, or other circumstances, render it desirable, by pointing out the dreadful evils that result from the practice, and kindly, but solemnly, warning them against it. I have noticed that all patients who have confessed to me that they have practised this vice have lamented that they were not, when children, made aware of its consequences; and I have been entreated over and over again to urge on parents, guardians, schoolmasters, and others interested in the education of youth the necessity of giving their charges some warning, or some intimation of their danger.

"Almost all sufferers coincide in the opinion that, at the early age at which these practices are learnt, it is generally

mere curiosity which prompts to them. And it is often only when it is too late that the adult finds out that the idle and ignorant trick of the child has resulted in seriously impaired health, if not in calamities that embitter his whole after life. It is not to be denied, however, that there are great difficulties in the way of carrying out this protective method. I find, for instance, that the parents of boys about to be sent to school are, not unnaturally, most unwilling to speak of these matters to their sons.

“In addition to the instinctive shrinking which every right-minded person must feel from putting ideas of impurity into a child’s innocent mind, a parent’s pride leads him to hope that his boy will not indulge in any such mean and disgusting practices, while he trusts that, at any rate, he can leave these matters to the master, whose interest, as well as whose duty, it is to check such evils.

“The schoolmaster, on the other hand, is just as disinclined to interfere. Till it is positively forced upon his notice, he will, most naturally, affirm that the practice has never existed, nor ever will be countenanced in his school.

“Many masters feel and say that such things are no business of theirs. They hint at the delicacy of the subject, and ask how can they even allude to matters of this kind, which do not come properly under their supervision. They say, as we might expect, that it is a parent’s task, and that if proper care be taken to see that boys are well brought up, they will not fall into dirty habits of any kind, least of all into one so filthy as that of masturbation.

“And, indeed, it is a good deal to ask of a schoolmaster. He naturally feels that when he has done all he can in the way of supervision and management to prevent his boys from indulging in evil propensities, the responsibility of warning them against habits which he hopes they have never heard of, and which might be put into their heads if

he were to broach the subject at all, is greater than he ought to be called upon to bear. If he were, he says, to discover any boys practising, or inciting others to practise the evil habit, they would, of course, be severely punished, or even expelled; but never having discovered such offenders, he does not believe the habit is indulged in at all, and declines to interfere.

“My own impression formerly was that it would be a pity to poison the mind of a high-spirited lad with any cautions about such debasing practices; but my opinion has been altered by listening to the confessions of many, who, in ignorance of its sad results, have, by the examples of others, been led to practise masturbation.

“I believe that, in many cases, a parent *should* at least hint to his son that he may very possibly have to witness unclean practices, and conjure him to at once manfully resist and oppose them, pointing out, at the same time, the consequences to which they tend.

“There may be risk of tainting an ingenuous mind by broaching such a subject, and by unfolding before it this distressing page in the book of knowledge of good and evil; but when it is needful a father ought, in my opinion, to accept the grave responsibility, and not to face the greater unknown ill of dismissing his child to the probability of contamination without an attempt to save him.

“I esteem it a false delicacy and a wrong that a parent should hesitate to warn his boy, when, at the most, he can only anticipate by a few days or weeks the office of a youthful schoolmaster in vice, as ignorant of consequences as the pupil, and unable to administer the antidote with the poison.”

The whole of that able comment on the duties of parents and others in reference to the sexual dangers of childhood goes to show that the source of the evil under consideration

is in the earliest years, and imposes on parents the imperative duty of carefully superintending the training of the child in the nursery.

It may be safely affirmed that, if the child can escape the perils of the nursery, and those of that period in which there is necessarily close association with the servants, his chances of being contaminated will be very materially reduced.

He then enters upon a phase of his life where there are undoubtedly dangers sufficiently imposing, but he does so with a certain development of the moral sense, and the power to act independently. He can reflect on the nature of the practices brought under his notice, and can estimate in some degree the propriety of the proposals made to him. He may or may not have sufficient sense absolutely to resist the influence of certain vicious examples, although this will very much depend upon the mental and moral standard of the boy, and the value of the counsel which may have been given to him.

Be it as it may, should the ante-school period have been passed without contamination, there is room for hope that the ordeal of the boarding-school may be passed without it also. This, therefore, should be an additional incentive to the parent to keep a most watchful eye on the conduct of vicious servants who may, from sheer necessity, have the care of young children confided to them.

CHAPTER III.

DANGERS ASSOCIATED WITH THE ADVENT OF VIRILITY, THROUGH IGNORANCE OF THE NATURE AND IMPORTANCE OF THE SEXUAL FUNCTIONS—ADVANTAGE OF THE STUDY OF PHYSIOLOGY BY CHILDREN—PERTINENT SUGGESTIONS OF A CLERGYMAN—EVIL EFFECTS OF INACTIVE EMPLOYMENT—SELF-GOVERNMENT, ARISING FROM A FORESIGHT OF RESULTS, ONLY TO BE ATTAINED BY INSTRUCTION—REPORTS OF PRURIENT DETAILS IN THE PUBLIC PRESS DISCUSSED.

I am fearfully and wonderfully made ; marvellous are Thy works ; and that my soul knoweth right well. My substance was not hid from Thee, when I was made in secret, and curiously wrought in the lowest parts of the earth.—PSALMS.

HITHERTO there has been an almost insane repugnance amongst even educated men to introduce their children to the study of physiology, lest the knowledge of their organic structure should have a tendency to demoralise them, or to lead them to the consideration of questions which are said to be better left for the knowledge of adult age. It is not, surely, necessary to argue the absurdity of such a position, nor to demonstrate that, in this case at least, "ignorance is not bliss."

Fortunately, an important change has taken place in public opinion, and it is now by many considered essential that the elements of physiology shall constitute a part of a liberal education. Nay, more, it has been embodied in the

admittedly superior series of scientific school-books of Angell and Buckmaster prepared for public schools. Thus there is, at last, some possibility that children of all classes may obtain a complete knowledge in a popular form of the human body, with its multitudinous functions.

The introduction of these popular school-books will break down sooner than anything else the old objections to the familiarisation of children and young persons with the laws of life, and open the path to judicious instruction as to the use and importance of the sexual organs. From this fact we may confidently anticipate that the many great evils which have hitherto resulted from ignorance will diminish in frequency and intensity, and that the perils of virility will be correspondingly lessened.

Still, although the initiative has been taken, there is but little progress made as yet in public opinion. Whenever the subject is mentioned, even in the consulting-room of the surgeon, there is more or less hesitancy in admitting the utility of direct and practical education on sexual physiology. This fact lies at the bottom of the whole difficulty, and stands as a material obstacle in the way of that enlightened progress which the subject demands.

The necessity for substantial reform has undoubtedly been fully admitted by many able men, both lay and professional, in England, and much has been written in defence of introducing into schools a sufficient amount of physiological training to meet the requirements of the case.

The difficulties with which the subject is environed have led many persons to devise a method by which instruction could be imparted in as little suggestive a form as possible; and several plans have been proposed with more or less success. As a matter of course, from the great prominence with which Mr. Acton has so long treated questions of this nature, he has been called upon frequently to indicate

plans of operation by which the sexual question could be cautiously presented to the child without exciting too much its curiosity.

He does not, however, give any formula of his own, but satisfies himself with quoting the suggestions of a clergyman, whose name he withholds, but whose hints are worthy of being transcribed. I shall therefore take the liberty of presenting them to my readers as pertinent to the case, and more suited to the occasion than anything which I might say, although endorsing every word.

He proceeds to state that "advantage could and ought to be taken of the opportunity when a boy says his catechism to explain to him the meaning of some of the terms therein mentioned. When a child is taught 'to keep his body in temperance, soberness, and chastity,' it would not be difficult to explain to him what chastity is, instead of leaving him to find it out as best he may.

In thy fair brow there's such a legend writ
Of chastity that blinds the adult'rous eye.
Not the mountain ice,
Congealed to crystal, is so frosty-chaste
As thy victorious soul, which conquers man,
And man's proud tyrant, passion.

DRYDEN.

"He might be given to understand that it does not merely mean that all indecency and foul language must be shunned. The child might be told that he must keep his hands from meddling with his secret parts, except when the necessities of nature require it; and that any emotions he may experience in those members must not be encouraged, and that all thoughts which originate them must be avoided. And when he grows older every boy should be taught that chastity means continence; that if he would be chaste he must not by any act of his own, or by the indulgence of

lascivious imaginations, cause the fruit of his body to be expended. He should be taught that all such expenditure is a drain upon his whole system, and weakens the powers which God has given him to be employed only in the married state. He may be sure that 'his sin will find him out;' and if he marries with his powers undermined by unlawful gratification it will be visited upon his children also.

"If he be old enough to understand the subject, the youth entering upon puberty might have explained to him some of the mysteries of life. Probably it would not be incompatible with his age to explain to him that the life of the animal and vegetable kingdoms is continued and increased by the power of reproduction, with which the Creator endowed the whole produce of the earth. It is the nature of every living thing to be fruitful and multiply. This power of reproduction, or of generation, constitutes the very essence of life. To enable this vital function to be fulfilled, every plant and every animal is furnished with organs of reproduction.

"As it has organs of respiration for breathing the air, organs of motion, organs of digestion for assimilating its food, so has it organs of reproduction for handing on the life it has received, and reproducing itself in its offspring. This is the most important function in the whole vital economy of every living form.

"We might further explain to him that our life is bound up with the reproductive organs of the body. Now, what every young man, and boy also, ought to know about himself is this:—The two appendages of the body of which we are too modest to speak, but which the Scriptures call 'the stones,' and medical men the 'testes' or 'testicles,' form the laboratory of the human body, where, by a process of which we are quite unconscious, the blessing given to man at the creation is being fulfilled, and out of the system

a vital fluid, which is the very 'essence of life,' the source of Being (*a life and being derived from God*), is being constantly produced from the time of puberty, to be employed when he reaches maturity, not in the gratification of the lusts of the flesh, but in the procreation of children.

"The boy might be taught the immense importance to the human constitution of this vital substance, the seed of man, which is elaborated by the organs of reproduction; and it should be made clear to him how terrible the consequences must be if the life be continually flowing away from his body.

"He might be further informed that many of the sicknesses to which we are subject might be traced to this cause, and that many of those complaints set down as nervous debility, much languor and loss of spirit, much feebleness of mind, much dimness of sight, much loss of manly bearing, to which we must add many cases of the loss of reason, and an imbecile and drivelling old age, are the inevitable result of the expenditure of the vital forces in sinful gratification.

"I would further instruct a youth that this degrading practice obtains such a hold upon any one indulging in it that he seems unable to free himself from its grasp. Again and again he yields to its importunity, and life ebbs away from him, mind and body become undermined."

The good sound sense which pervades the whole of the above extract is a sufficient warrant or excuse for its embodiment in this chapter. It boldly lays bare the dangers and responsibilities of the development of the sexual functions, and clearly points out the course to be taken in drawing the mind of the youth to the consideration of the nascent evidences of virility as they manifest themselves.

A flippant or coarse treatment of the question would be

eminently censurable, but the careful and logical plan laid down by the writer just quoted commends itself to the reader as specially suited for causing the boy to entertain rational views on the subject, and to estimate it as one of vital importance, demanding the highest consideration. He thus comes to understand that the directions given him form a part of his moral and physical training, and values them accordingly.

Being previously furnished with intelligent explanations of sexual phenomena as they occur, he is not surprised by their advent, and is able to make them subservient to the knowledge he has acquired. The process of seminal secretion and its occasional excitation of the penis are understood, and the evil consequences of its augmentation by palpation are already known.

To any impartial and unprejudiced mind it must be apparent that a child so tutored starts in the race of life with immense advantages over those who are left uninformed to cope with the new and powerful emotions of virility. If he have a full share of moral resolution he is master of the situation by the force of the knowledge which he has acquired; if he be deficient in that great desideratum he still has the advantage, from the necessary check which foreknowledge gives him, of the tendency of the follies in which he may indulge.

The great danger which the young man without education or instruction of any kind has to confront as virility approaches cannot be exaggerated, especially so if he be not induced by the force of example or association to occupy his time in active exercises of an athletic character. A complete devotion to the many ceremonies of muscular Christianity is one of the best safeguards against undue attention being paid by boys to their sexual development, and should be encouraged by parents and schoolmasters to

the utmost, as it may safely be affirmed that great activity in the games of boyhood is not generally found to be concomitant with secret abuse of the sexual organs.

Thousands of boys are saved from the initiation of bad habits by athletic exercises, and by earnest devotion to vigorous games; but there are thousands who are so situated as to be either without the favourable associations for leading them into active and constant exercise, or who are left much to themselves, to saunter about in listlessness and idleness. Others are taken from the playground too early, and placed in situations which are presumed to give them employment, but which in reality condemn them to the most complete inactivity, and injure them both in body and mind.

The fact is one which may be recognised as very common. In this city it is everywhere apparent, boys of a very early age being employed—if such a term may be used—in doing little more than “keeping the office” in the absence of the principal. Amongst these youths there is known to be a greater tendency to vicious habits of a sexual nature, induced or fostered by idleness and by that lower standard of health which such an inert kind of life induces. They are a class of boys who have been taken too soon from school, under the preposterous excuse that their education, such as it is, will be completed by what they will learn in an office. They, as a rule, have had no guidance whatever in questions of morals, beyond what they may have gathered in the Sunday-school, or in a place of worship; much less have they ever heard a word on the physiology of human nature, and the use of the sexual functions.

To this large proportion of the young, ignorance on all these points is the common heritage; hence they are launched upon the stream of life under the most unfavourable circumstances, utterly unprotected against the force of

bad example, and the novel influences which sexual development brings into play. They are the victims of social delinquency and neglect, and are placed at a disadvantage which, if a proper system of education existed, would not be their lot.

The consequences of this national mistake in the education of the young are seen around us, in the various physical defects, which indicate that there is a wide latitude given to early sexual excess.

No observant eye, accustomed to recognise the physical indications of secret sexual abuse, can avoid seeing on every hand the evidences of its existence. The stunted growth, the ill-developed *physique*, the pale and cadaverous countenance, the listless eyes, and the absence of youthful energy, portray too vividly the abuse of the sexual apparatus.

The foundations of the constitution are often sapped, and, although marriages may be contracted without any palpable check, there will always be a low standard of health, it being almost physically impossible to restore the system to the normal standard in after life when it has once been seriously enervated.

Some remedy will sooner or later have to be provided for this, and the only one that can be expected to meet the requirements of the case is a good system of education, in which physiology of a thoroughly practical character shall be a prominent element. Herbert Spencer refers to it in the following extract, taken from his essay on *Moral Education*:—"Remember that the aim of your discipline should be to produce a self-governing being, not to produce a being *to be governed by others*. As your children are, by-and-by, to be free men, with no one to control their daily conduct, you cannot too much accustom them to self-control while they are still under your eye. Aim, therefore, to diminish the parental government as fast as you can substitute for it

in your child's mind *that self-government arising from a foresight of results.*"

May I govern my passions with absolute sway,
And grow wiser and better as life wears away.

WATTS.

In this expression is embodied all that is sought to be attained by a sound popular education. "Self-government arising from a foresight of results" is only to be attained by instruction such as shall make the boy conversant with the results of a depraved use of his sexual functions. Self-government cannot be complete and absolute unless he be made familiar with the origin, purpose, and dangers of his growing virility. There can be no intelligent "foresight of results" without instruction.

This instruction has to commence in the home, and must be completed in the school; and until this is universally the case there will be no material lessening of a vice so widespread, and baneful in its consequences, both on single and married life, as self-abuse.

Much has been said, both in England and in this colony, on the freedom with which the exposures of moral delinquencies in the courts of law, in the form of trials for divorce, &c., are reported by the press. On both sides of the question are arrayed men of standing and ability, who defend with firmness opposite opinions. The majority of society—if current gossip is to be taken as any criterion—are disposed to question the wisdom of publicity, and act generally in such a way as indicates that they deem it dangerous to the morals of the young that they should read the reports. Paterfamilias, as a rule, hides or burns the journals containing the prurient details.

In this colony we have sufficient pabulum of that kind to call for consideration, for, during the last few years, and even months, there has been more than the average quantity

of such exciting literature. So much so, that the common question has of late been everywhere put, with more or less sincerity, "Is it right to give publicity to all this?"

The question is certainly one of national interest and importance, and most people decide in their own minds *pro* or *con*.

As I before said, the question is debatable; and some light may be thrown upon it by the following extract from the writings of the late Rev. Mr. Robertson, of Brighton, England. He said:—"I would far rather that there was much less of censorship of opinion. I know that millions of books, infidel and bad books, swarm out of the press, and yet I would not wish to see them stopped by force, except, of course, such as are shocking to public decency. Great as are the evils of unchecked license in publishing and reading, the evil of permitting any person to restrict either authoritatively would be immeasurably greater. It is a part of our moral discipline. I would not have that exotic virtue which is kept from the chill blast, hidden from evil, without any permission to be exposed to temptation. That alone is virtue which has good placed before it, and evil, and seeing the evil, chooses the good."—*Addresses*.

This great and lamented writer and moralist fearlessly seizes the question, and places it in its only true and philosophical aspect. He deprecates the undue timidity and cowardice which would suppress all publications save those presenting the moral side of life, and which would but give to the young a one-sided view of human nature. He insists on human life being seen in all its phases, so that, by such instruction, the otherwise latent virtues may be brought into play, and allowed to mould the character.

My own opinion is in perfect accord with that of this gifted teacher, and I consider that the freedom of journalistic reports in reference to sexual and marital difficulties tends

rather to consolidate the character of young readers than to effeminate them, especially where there has been any care whatever in their education at home and at school to point out to them the folly of yielding to vicious examples.

Several gentlemen, and amongst them clergymen, who have paid some attention to the subject, and have seen the importance of judicious teaching, have freely discussed with me the best methods of conveying the necessary instruction. Few have opposed the proposition to open the question to boys, but the great difficulty with all has been how to approach the subject in such a manner as to attract serious consideration.

My own opinion is that there is less difficulty about it than seems to be apparent. A teacher who possesses the confidence of his pupils, by reason of his age, character, and attainments, could, when imparting instruction in physiology, very opportunely, but delicately, dilate upon the importance of the sexual functions, and the dangers attendant on and following vicious tampering with them.

An ignorant and indiscreet teacher, for whom the pupils entertained no high respect, might certainly do more harm than good by the inappropriateness of his allusions, but it is to be hoped that such a person would refrain from entering upon ground so delicate, and would rather leave the matter to some prudent clergyman or superior teacher, whose knowledge and judgment would be equal to the occasion.

It is, however, admitted that the neglect of physiological education in schools is to be condemned, on the ground that it deprives boys of material information which would be of eminent value to them in the perilous period of approaching puberty, and there can be no question that if information of the kind referred to could be imparted in such a manner as, whilst it laid bare the many evils arising from the indis-

cretions of youth, would not shock the moral feelings nor tend to blunt the sensitiveness naturally felt concerning such matters, it would not only dispel the cloud of ignorance and misapprehension as to the nature and functions of the sexual organs in the minds of the young, but would promote a healthier and manlier tone in the breasts of those who, knowing the value of their generative functions, would be the more careful to conserve them.

Any channel of knowledge which will contribute to the education of young men in the nature, use, and abuse of their sexual appetites and passions is desirable, and ought by all means to be instituted by those who have the charge of the rising generation. Knowledge properly communicated is, in this sense, truly power, inasmuch as it enables the youth to discern at an early period, before time for mischief has been allowed, that there is a law of nature, the violation of which brings after it the most terrible penalties.

CHAPTER IV.

PRIAPISM, OR PERMANENT ERECTION—ITS NATURE, CAUSE, AND EFFECT—DANGER OF DELAY IN SEEKING MEDICAL ADVICE AND ASSISTANCE—CONSEQUENCES OF NEGLECT—LOSS OF SEXUAL POWER, AND OF MOTION IN THE LOWER LIMBS.

THIS is a very distressing and perplexing affliction, which occurs under all conditions of the sexual apparatus, and without any apparent cause. It is met with even where extreme abstinence is observed, and also where there has been great latitude in sexual indulgence. It occurs in the robust and in the delicate alike. In some cases it is induced by the slightest stimulus—a stimulus so trifling even as the friction of the trousers; in others it appears accidentally, without any apparent cause, and continues for hours, without any possibility of reduction.

In both cases it is probable that it occurs from hyperæsthesia of some portion of the cerebro-spinal axis; indeed, the highest authorities have concluded that it is in the abnormal condition of the spinal cord and brain they have to search for the cause of this distressing symptom. It is still a question of physiological dispute whether the lesion is in the upper or lower portion of the cord.

“It is to the state, then, of the spinal cord and brain that we must look for the source of priapism. These, after all, are the primary sources of sexual excitement, and on them

depend the entire processes of erection and ejaculation. Lallemand relates a case in which a patient could produce ejaculation by striking his hands with his knuckles. Dupuytren has long since shown that lesions of the spinal cord produce priapism. I have witnessed several such cases, but ejaculation did not necessarily follow. It is a curious fact that this state of priapism co-exists with loss of motion and sensation in the lower extremities, and that as the power in the limbs is regained the priapism ceases. It is, however, an anomaly, and Lallemand thinks it shows that priapism does not depend on irritation of the lower part of the spinal cord; though, as he justly observes, injuries to this part of the spinal cord generally produce diminution, if not annihilation, of the virile power of the generative functions."^(u)

Whatever the cause may be, there can be no question that the effect is one which cannot fail to produce, not only a great amount of continual discomfort, but also an uneasy feeling of the presence of danger, and a perpetual dread that sad and serious consequences may follow the unnatural excitement of the organ, and the observations of Lallemand referred to show, as is indeed well known to all medical men who have paid attention to the subject, that the inevitable consequence of priapism, unless it be speedily checked, will be to inflict such an injury on the system as will need all the care, skill, and patience of a professional man to counteract.

There are few symptoms which are more suggestive of serious lesion, or which should sooner cause the patient to hasten to his medical adviser for assistance. Should they be allowed, through carelessness or false delicacy, to continue long without medical treatment of a radical character, irremedial conditions will follow that will lead to permanent

(u) Acton.

impotency. It is not unusual for patients to visit me suffering from this distressing affliction, and, in most cases, I have found that it is the result of undue indulgence in sexual intercourse.

In the case of a married gentleman, it was distinctly traced to excess in venery. He had been accustomed to hold sexual intercourse with his wife nearly every night, and, as a consequence, painless but troublesome erections became frequent—especially so when he lay on his back—without desire, or without the power to emit semen, even when sexual congress was attempted. This state of things lasted until the patient became alarmed, and sought advice. The treatment was entire cessation, for a limited period, from any attempt at sexual intercourse, cold sitz-baths, and tonic treatment. After two months' rigid adherence to the prescribed rules the nervous centres regained their tone, and the ominous symptom disappeared. The patient was then enabled to resume his sexual relations, and has not since been subject to any inconvenience.

It will thus be seen that frequent erections—especially with married men, and those past forty years of age—are no criterion of the power to complete the sexual congress, nor of the wisdom or propriety of indulging. Many married men have done themselves almost fatal mischief by allowing the existence of priapism to mislead them as to their capacity for intercourse, and have united with the other sex in vain to reduce the erection. Another danger which should be pointed out as an additional incentive to watchfulness on the part of the patient is the probability of loss of motion in the lower extremities following the long continuance of priapism, and the abuses often associated with it; and it is to the danger of this last terrible consequence that the attention of those who, from ignorance of the cause and nature of permanent erection, may treat the first symptoms with

neglect, should be more especially directed, inasmuch as, this terrible calamity once having befallen the victim, the chances of a radical cure will be in many cases doubtful, and at the best must entail a long term of stringent abstinence, and unremitting attention to the treatment prescribed by a medical adviser.

CHAPTER V.

NOCTURNAL EMISSIONS—NOT NECESSARILY A PROOF OF DISEASE—ENGORGEMENT OF THE TESTES AND VESICULÆ SEMINALES—EXTERNAL INFLUENCES ON THE DREAMING STATE—CONTROL BY THE WILL—IMPOSTURES BY CHARLATANS — QUESTIONABLE ADVERTISEMENTS — DIURNAL EMISSIONS WITH BLOOD—MICTURITION AND DEFECATION —FLOW OF PROSTATIC FLUID—IMPORTANCE OF HYGIENE —NECESSITY FOR TRANQUIL SLEEP.

INVOLUNTARY emissions, which form the subject of this chapter, may be classified into nocturnal emissions and diurnal emissions with blood. The former of these, which I shall treat of first, occur under varied circumstances, and are known by the common appellation "wet dreams." They are annoying, and generally give rise to apprehension that something is wrong. This, however, depends very much upon circumstances. It may be that there is no disease; that the person subject to the accident is in robust health; and that the emission, occurring perhaps once a fortnight, is simply the escape of seminal fluid from vessels that are engorged. Under these circumstances, there need not be any great alarm, although its continuance for any great length of time would render it necessary to consult a surgeon.^(v)

(v) Blumenbach has not been able to discover that nocturnal pollution happens to any animal save man; but a person who had been a keeper of the beasts at the Surrey Zoological Gardens for twenty years informed me

Many persons addicted to extreme continence are liable to periodical emissions, which may continue for three or four years without leading to symptoms of a character indicating morbid conditions of the sexual organs. Several such patients have consulted me in reference to the occurrence of these wet dreams, in whom I have found nothing requiring special treatment beyond a few hygienic directions, designed to check in some degree the secretion of seminal fluid.

It is as well to state that this engorgement of the testes and vesiculæ seminales occurs in men who, having a horror of masturbation, and dreading, from religious and personal motives, congress with prostitutes, still indulge in lascivious thoughts, and allow their minds, when in bed and before going to sleep, to dwell on genital considerations. Thus nervous energy is directed to the organs, and an undue

that he had often seen male animals, chiefly of the feline and canine kind, agitated in sleep, and woke up with an emission, and had seen seminal discharges where they had slept; and that they (especially the canine, as well as the great elephant Chung, which was shot) would onanise by striking the penis on the ground, or rubbing it against something, and some by shaking themselves. At Turin the keeper of the animals in that city informed Dr. Elliotson that the great elephant onanised continually against the ground in March and April. Monkeys, it is well known, masturbate.

"The semen," according to the celebrated surgeon, John Hunter, "first discharged from the living body is of a bluish-white colour, in consistence like cream, and similar to what is found in the vasa deferentia after death; while that which follows is somewhat like the common mucus of the nose, but less viscid. The semen becomes more fluid upon exposure to the air, particularly that first thrown out, which is the very reverse to what happens to secretions in general. The smell of the semen is mawkish and unpleasant, exactly resembling that of the farina of a Spanish chestnut; and to the taste, though at first insipid, it has so much pungency as, after a little time, to stimulate and excite some degree of heat in the mouth."

During lasciviousness the testicles swell, and, if the semen be not discharged, become painful; in coition it may be added that they are drawn forcibly by the cremaster against the pubes, as if to assist the discharge of their contents at the period of emission.

natural stimulus given, which would be readily disposed of were legitimate opportunity given for sexual intercourse, but which, where no such facilities are available, tends rather to induce diseased conditions. As a consequence of this thoughtlessness, the dreams are often of an erotic character, and the slumberer finds on awaking in the morning that nature has relieved herself of the superabundant supply of seminal secretion which had been induced.

In allusion to external influences on the dreaming state, Dr. Carpenter, in his *Principles of Human Physiology*, has the following:—"But the sensibility to external impressions may not be suspended in dreaming, and it is curious that, even where sensations are not recognised by the mind of the dreamer as proceeding from external objects, they may affect the course of its own thoughts, so that the character of the dreams may be in some degree predetermined by such an arrangement of sensory impressions as is likely to modify them. This is especially the case in regard to the dreamy state induced by certain narcotics, such as the hachisch (a preparation of *Cannabis Indica*), employed for this purpose in the East; for the emotional condition of the individual under its influence is entirely under the control of external impressions, so that those who give themselves up to the *fantasia* take care to withdraw themselves from everything which could give their delirium a tendency to melancholy, or excite in them anything else than feelings of pleasurable enjoyment.

"Moreover, there are certain forms of ordinary dreaming in which the whole succession of thought and feeling (which is made manifest by the words occasionally uttered, or by the play of countenance, or by the more active movements of the dreamer) may be governed by external suggestion—as, for example, in the well-known case of the officer who amused his friends by acting his dreams during his

expedition to Louisburgh, the course of those dreams being capable of direction by whispering into the sleeper's ear, especially if this were done by a friend with whose voice he was familiar."

This illustrates the condition which I have stated as existing in the patient who, by his concentration of the mind upon sexual circumstances, disposes it to create images of a pleasurable character, that lead to the apparent consummation of the sexual act, evidenced in the emission of seminal fluid.

There is another element in this question which has to be taken into the account, namely, habit. I have met with several instances in which the difficulty—if such it may be called—has assumed the peculiar character of rotation, so that, at a regular period, the usual emission may be expected without the mind being specially directed to it. These cases are generally such as occur in persons whose health does not seem to suffer any apparent diminution.

Such cases are rather more difficult to treat than those which occur irregularly, as the direct result of lascivious reflection, and, from continence, induce temporary engorgement of the vesiculæ seminales.

Alluding to the influence of the will in these instances, Mr. Acton says:—"Now, the modified power of control by the will does, I believe, almost invariably exist in lascivious dreams; not that, after the orgasm itself has commenced, the will has much power to check the continuation of the muscular spasms, and the ejaculatory efforts of the vesiculæ, though even over these it has, when honestly exerted, no little control, being able to shorten, as well as prolong, the ejaculatory act.

"But to put an entire stop to it, when once commenced, is apparently impossible. That the mere convulsive act itself is neither dependent on nor subject to the control of

the will appears from the singular fact that criminals who have been hanged frequently have an emission, probably arising from the violent shock to the medulla oblongata.

“It is an error, as I have said, to suppose that the will has no control in these cases. It entirely depends upon how the will is exerted. In waking moments every man who has not debased and enervated his will is perfectly able to keep his thoughts quite pure. It is of his own free will that he sins. Hardly less is his power of keeping his dreaming thoughts pure if he go the right way to work. Not at all less is it his duty and his true profit to endeavour to do so.

“Patients will tell you that they cannot control their dreams. This is not true. Those who have studied the connection between thoughts during waking hours and dreams during sleep, know that they are closely connected. The *character* is the same, sleeping or waking. It is not surprising that, if a man have allowed his thoughts to rest upon libidinous subjects during the day, he will find his mind at night full of lascivious dreams; the one is a consequence of the other, and the nocturnal pollution follows naturally, particularly when diurnal indulgence has produced an irritability of the generative organs. A will which in our waking hours we have not exercised in repressing sexual desires cannot, when we fall asleep, preserve us from carrying the sleeping echo of our waking thoughts further than we dared to go in the daytime.^(w)

(w) A curious circumstance is the direction given to dreams by the character of the exciting cause. When they arise from uneasy sensations they are disagreeable; and if the cause of dreams be disagreeable, all the feelings excited will be disagreeable, and the images also. Even a strange bed, though soft and warm, may make us dream, simply because it is not that to which we have been accustomed. If there be any discomfort, mental or physical, sleep may be interrupted, the moment after it has begun, by a sudden and perhaps violent start, or by a sensation of a blow or push, or of a loud noise; and it

The information which I have almost always tendered to patients suffering from "wet dreams," or nocturnal emission, is that the matter rests a great deal with themselves. The surgeon may administer what he considers conducive to their abatement, but it is scarcely possible for any independent treatment on the part of the medical adviser to be of important advantage unless there is the full co-operation of the patient.

There is far more to be done by the patients themselves than they generally allow. Their moral sense and resolution are important elements in the treatment of the malady. Fixed resolve to avoid by every possible means the application of the mind to sexual thoughts, especially on retiring to rest, and a determined endeavour to obtain the pre-occupation of the mind on subjects of a totally different character, should be a *sine quâ non*.

In those cases where the emission is associated with rigorous continence this may and must be done, and will be found materially to facilitate whatever medical and hygienic measures may be recommended. Indeed, as before stated, without the mental discipline alluded to, the patient may give up all hope of mitigating the unpleasant nocturnal affection.

A French writer of considerable note, when alluding to

may not be till this has occurred more than once, that the person settles into sleep. Some always experience this on first losing themselves, and then go to sleep for the night.

Aristides dreamt that a bull attacked him, but only struck his knee; on waking a small boil was there. Dr. James Gregory, having applied a hot bottle to his feet on going to bed, dreamt that he was walking up Etna, and found the ground insufferably hot. One, with a blister on his head, dreamt that he was being scalped by Indians. One, in a damp bed, dreamt that he was being dragged through a stream. A gouty man, when beginning to feel his pain in his sleep, dreams sometimes that he is suffering torture before inquisitors.—*Elliotson*.

this subject in his work on *Onanism*, says:—"Occupied with ideas relating to the pleasures of love, given up to lascivious dreams, the objects which the brain paints for itself produce on the organs of generation the same movements which would have been produced during our waking moments, and hence the ejaculatory act is physically produced instead of being so only in imagination." It is this condition of the brain which the patient can induce or suppress according to the energy and disposition of his will. If he be of feeble resolve, of course the evil is perpetuated, and the mind becomes habitually disposed to lascivious impressions. On the other hand, should he be deeply impressed with the gravity of the question, and determine that the mind shall be kept under sufficient control, there will be little difficulty in bringing about a restoration to health.

It would be an important omission not to refer at this stage of the discussion to the barefaced impostors who are now thriving on the credulity of this community by their fraudulent announcements in reference to genital disorders. These charlatans exhaust their ingenuity to devise something novel, no matter how absurd, that will attract the attention of the credulous, and drag the unwary into their vile meshes. Amongst the multitude of these impositions the latest development is what is called by the contriver the "Electro-Galvanic Vital Restorer."

This wretched instrument, dignified by so high-sounding a title, is simply a piece of jagged zinc, which is designed to embrace the penis during its flaccid state, and by its torture during the enlargement of the organ in sleep to rouse the patient before the emission takes place. The pain induced by the penetration of the teeth of this metallic band is certainly sufficient to awaken the most profound sleeper, but it must be confessed that the expedient adopted is an extremely vulgar one.

The addled brain which hit upon so clumsy a scheme for cajoling the public of Victoria surely knows, that the simple end which his cruel and injurious torture produces has been attained for years, by a thousand expedients of a far more convenient and successful character

The astonishment excited by the crude imposture referred to is only equalled by that which is induced when considering that it succeeds in impressing a sufficient number of people to render the fraud profitable. Everyone knows that credulity is the leading defect in invalids, and especially so in those who suffer from disease of the sexual organs; but we were not prepared to believe that such a transparent imposition as this so-called "Electro-Galvanic Vital Restorer" would find a victim anywhere, save in a lunatic asylum.

There is another, but far less grovelling expedient, put forward as a cure for all genital disorders, which has one undoubted merit—viz., that it is a medicine utterly inert, and incapable of doing either good or harm. It is flaunted before Australian notice under the assumed name of Ricord, the great French surgeon, and is advertised in the columns of the several journals as "Ricord's Essence of Life." All the world knows that the great Ricord never descended so low as to parade nostrums, much less such a brazen imposture as "essence of life." But quacks and their impostures still flourish in the nineteenth century.

I have heard they are the most lewd impostors,
 Made of all terms and shreds; no less beliers
 Of great men's favours than their own vile med'cines,
 Which they will utter upon monstrous oaths;
 Selling that drug for twopence ere they part,
 Which they have valued at twelve crowns before.

BEN JONSON.

A moment's reflection on the part of the most desponding hypochondriac would convince him that such a title stamps

the nostrum as a fraud, inasmuch as it expresses an unknown quantity in the problem of life, and practically means nothing at all. How near the "essence of life" is to the "water of life," or "eau de vie," may be seen by the accompanying analysis made by the Government analyst.

TECHNOLOGICAL MUSEUM,

27th May, 1874.

The mixture called "Ricord's Essence of Life" is a mixture of alcohol, water, and sugar, with some flavouring matter to hide the taste of the spirit. The solution is quite harmless.

(Signed)

J. COSMO NEWBERY.

Thus this pretentious swindle, which has so audaciously seized on the honoured name of Ricord to conceal its grossness, is proved to be nothing more than spirit diluted, sweetened, and flavoured. The public have, therefore, the consolation of knowing that they can enjoy the luxury of spending their money on a nostrum which chemical analysis has demonstrated to be valueless.^(x)

(x) ADVERTISING ETHICS.—The public cannot have forgotten the excitement which a year or two ago was got up by the *Age*, the *Argus*, and a few other journals, on the subject of the burden inflicted on the public morality by a certain class of medical advertisements. Nearly all the available wit of the literary world of Melbourne at the time was pressed into the service of morality, and awful were the philippics, and scathing the satire, which advertisers and their nostrums had to undergo. Sensational meetings of the Medical Society were called, at which reverend gentlemen, who themselves had never been scandalised, admitted that the world at large must have been, by the pathology of filth and the pruriency of humbug. The editor of the *Medical Journal* greatly distinguished himself on the occasion, was indefatigable, in fact; and the *Age* and *Leader* newspapers were lifted into the seventh heaven of adulation. Never before had virtue been so triumphant; never had Ananias looked so perplexingly simple and beautiful; never had the press so covered itself with glory. But, alas for poor human nature, these same journals do not now hesitate to insert most questionable advertisements, and among them one of a notorious quack medicine—"Ricord's Essence of Life!" A high price is exacted if the advertisement is inserted in the "special" column, and, we need not say, it is cheerfully

These preposterous devices of the charlatan are directed especially against the ailment discussed in this chapter—viz., seminal losses at night; because it is one which is extremely common, and about which much unnecessary alarm has been generated in the public mind by that class of men, who are, in nearly all cases, uneducated and unqualified. For many years they were left undisputed masters of the field, and during that time used their opportunity, by means of prurient books, pamphlets, and advertisements, to spread a species of terrorism over the civilised world.

That domination has, however, been effectually overthrown by the powerful and determined assertion of many distinguished men in the profession, such as Hutchinson and Acton, who have had the moral courage to wrest this formerly tabooed branch of the profession from these medical

paid. So that, after all, the virtue of these immaculate journals is as frail as that of the rest of us, and may be purchased for a given amount of £ s. d. Let the quack but pay for his footing, and the doors of *Argus* and *Australasian* fly open at his approach. But further, it is not unknown to the editors of these papers that this same "Ricord's Essence of Life" has been publicly advertised as a "swindle." They have even, so we understand, been written to on the subject, and reproached for their *quasi*-patronage of the objectionable nostrum. For the benefit of the public and of the editors, we give an analysis of it, forwarded some time since by the Government analyst:—"Technological Museum, 27th May, 1871. A mixture of alcohol, water, and sugar, with some flavouring matter to hide the taste of the spirit. The solution is quite harmless. (Signed) J. Cosmo Newbery." We ask, what can now be said for the immaculate and incorruptible *Argus*? Already its advertisements have been scrutinised and commented upon by the *South Australian Advertiser*, and the shameless manner in which it does not hesitate to make money, properly exposed; *pecunia non olet*, we suppose. We have also seen, quite recently, how it allows its columns to be availed of as media by self-advertising correspondents who may possess the ear of the editor. But when, by advertising a notorious "swindle" such as "Ricord's Essence of Life," it knowingly assists in humbugging the public, we ask, how does it dare to attack this journal for the perfectly legitimate claim which it puts forward for the Government advertisements?—*The Times and Mines*.

pariahs, and to protect the public, for the future, from their frauds and mischievous influence.^(y) As a consequence, the absurd dread so long engendered is gradually subsiding, and more confidence in the profession becoming universal.

Thus, the many persons who have emissions of a simple character are not now filled with apprehension, but knowing—through more enlightened and truly scientific information having been of late years disseminated—that they are in no such danger as these charlatans announce, appeal, as in other disorders, to their medical attendants, and are duly relieved.

There are, therefore, instances of nocturnal emissions about which there is no especial danger, but which are magnified into the most threatening evils by the designing men above alluded to. These are such as I have mentioned in the early part of this chapter, and often arise from the necessity which impels the engorged organs to relieve themselves from pressure. The conscientious surgeon would at once discern the nature of such emissions, and disburden the patient of the unnecessary alarm which his imagination had conjured up.

Diurnal emissions, with blood in or instead of semen, constitute a symptom which is not very frequent, but which, under peculiar circumstances, sometimes makes its appearance. It is always a cause of anxiety to patients, and in many instances (especially in highly nervous subjects) throws them into that state of trepidation which fits them eminently for a plunge into the meshes of the charlatan

(y) A feeling appears to prevail in the minds of medical practitioners that it is degrading to their calling to extend their scientific researches into a certain class of what are called "secret" diseases. In this feeling we cannot participate. As long as the profession turns away from this branch of practice, the horde of impostors who infest this metropolis, and whose filthy advertisements blacken and disgrace our domestic papers, must prosper. The sole object of the quacks is extortion.—*Lancet*, 12th April, 1872.

tribe. There are but few circumstances under which it is likely to occur ; hence there are not many opportunities for examining its conditions.

The most frequent occasion under which it has been brought beneath my notice is where there has been excessive coition. On several occasions during the last few years patients have informed me in great alarm that they have emitted blood instead of semen, and in each case I found that it was the direct result of inordinate sexual intercourse. One instance was that of a young man of twenty-one years of age, who, on the night prior to his visit to my surgery, had indulged nine times in coït. It was on forcing another ejaculation of seminal fluid that he discovered he emitted blood. This case was almost identical with all the others to which I have referred, and indicates that by such licentious abuse of the sexual functions, this, amongst the many highly abnormal conditions, may also be brought about. It has been affirmed on high authority that the same symptom occurs from the very opposite cause—viz., from ungratified sexual excitement, and I have had many instances within my own experience which enable me to endorse the statement.

Referring to diurnal pollutions of a normal character, they are affirmed by Lallemand to occur both in micturition and defecation. That such is the case has been disputed by others, but there can be no doubt whatever about the often observed fact that a fluid resembling in colour and consistence the seminal fluid does escape under the conditions named. It may, or may not, contain spermatozoa, but in my opinion it does in the majority of cases. When prostatic fluid is secreted in excessive quantities the prostate gland is in an abnormal condition.

Diurnal loss may also, and, indeed, frequently does, occur from the slightest causes, such as the presence even of the

opposite sex, the friction of the trousers in walking, and other trifling sources of irritation. These phenomena are, however, indications of serious disturbance of the nervous centres on which the sexual organs depend for their supply of energy. They are demonstrably indicative of a severe course of self-pollution having been followed, which has enervated the organs and brought about the extreme hyperæsthesia, causing an emission from such trivial causes.

Between this last stage, which I may safely call the extreme one, and that which I have above treated as of slight importance—being but a spontaneous effort of nature to relieve surcharged vessels—there are several stages of seminal feebleness which are of great moment to the sufferer, and which require prompt attention. While it is my intention to convey to the reader that every mucous flow from the urethra is not necessarily dangerous, still, with the exception of such as occur normally in connection with a full standard of health, every flow of apparently seminal fluid, unconnected with physical congress, is such as should be put a stop to by the recognised methods of philosophic medication.

The patient here also has much in his own hands in relation to his cure. A strict attention to the hygienic rules laid down by his medical adviser is essential to his restoration, because they constitute a very important element in the process of restoration. All irregularities of life must be abandoned, and the whole conduct reduced to method. The pleasures of the table must be subordinated to the requirements of the system in its disabled state. Spirits, wines, condiments, and all rich exciting diet must be subjected to prohibition, or to such restrictions as shall prevent their being used indiscriminately. All aliment must be selected for its physiological value as a nutritive agent, not for its piquancy, or power to gratify a depraved appetite.

Another very important item is the regulation of the food taken during the later hours of the day. It would be indiscreet and injurious for the patient suffering from nocturnal emission either to eat or drink late. As a matter of course such things as "nightcaps," in the shape of grog before retiring, are amongst the "expurgatorii," and must be rigorously excluded from the dietetic formula. After the evening meal it will be well not to take any fluid save water, and of that no more than may be necessary to quench temporary thirst.

There are certain constitutions which from habit, or from some idiosyncrasy, always have more or less a sense of hunger at bedtime, by which I mean ten or eleven o'clock at night. It would be unwise to ignore this peculiarity in patients whose disorder is the subject of this chapter. To them must be conceded the privilege of taking something to allay that nervous irritation which calls for some supply of aliment, but it must be of the simplest character, such as a crust of bread. The *rationale* of this carefulness so urgently demanded is that the patient who suffers from seminal losses in the night as well as the day is so susceptible of both direct and reflex nervous influences upon his sexual organisation, that indigestible food in the stomach, or the irritation and stimulation of alcohol flowing through the blood-current, and bringing into undue irritability the nervous centres, will almost inevitably set up in the diseased plexus of the generative process sufficient excitation to produce emission.

The sleep of the patients should be of the most tranquil kind, and to secure this every care should be taken, every effort directed. The great difficulty which often stands in the way of curing chronic cases is the want of attention in the patient to this very important circumstance. When, however, the patient has had the wisdom and the moral

courage to secure that great desideratum by obedience to instructions, I have never known failure to occur in my efforts to bring about a radical restoration. One thing the patient must constantly bear in mind—viz., that he incurs far greater danger of seminal loss in the morning or second sleep than in the first or longer one—and it should be his care to avoid this by all means. Hence, early retirement and early rising form a necessary portion of the hygiene to be observed.

CHAPTER VI.

SATYRIASIS, AND ITS NATURE—INSTANCES IN ANCIENT AND MODERN WRITINGS—EFFECT OF THE MANIA ON THE PASSIONS—THE DISEASE AMENABLE TO MEDICAL TREATMENT IN MOST CASES—SINGULAR RETICENCE OF VICTIMS OF THE MANIA ON PRURIENT SUBJECTS—TERRIBLE POWER OF SATYRIASIS OVER THE ENTIRE ORGANISM—NYMPHOMANIA IN WOMEN—TERRIBLE EFFECTS OF—CASES ILLUSTRATIVE OF.

THE disease known by the name of Satyriasis is one which, fortunately, is not very common, although there are many persons who border on its condition. It is, in some degree, allied to the state which forms the subject of Chap. IV., Second Division, of this work, but has this important and serious addition—viz., that whilst, in ordinary priapism, there may not be any great desire for copulation, in satyriasis there is an overpowering impulse in that direction. The subject of this frenzy, for frenzy it is, subordinates every consideration to its dominion, and seeks by all means, legitimate and illegitimate, the gratification of his passion.

“ Now, by heaven,
My blood begins my safer guides to rule ;
And passion, having my best judgment choler'd,
Assays to lead the way.”

SHAKESPEARE.

The legends of ancient writings are filled with instances of this peculiar mania, nor are modern works without equally

striking examples of its existence. The well-authenticated story of the Swiss mountaineer, whose wife appealed to the authorities against his inordinate desire for sexual intercourse, is one of the kind referred to. This man insisted on physical congress twelve or fourteen times daily; against this the wife sought protection from the law courts, and the authorities only interfered so far as to limit the man to six times in the twenty-four hours.^(z)

(z) Satyriasis is a term employed to designate that peculiar condition of the brain and genital organs, characterised by incessant erections, an ungovernable desire for sexual indulgence, and an erotic state of the mind bordering upon delirium. It is, in fact, a species of insanity, essentially similar to nymphomania. Fortunately the desire, so revolting in its nature, and generally so deplorable in its consequences, is exceedingly uncommon, otherwise society might find it difficult to protect itself against the assaults of its subjects.

Men of the most virtuous habits are not exempt from attacks of this kind. Priests and penitents who, in obedience to their vows, have all their lives scrupulously abstained from sexual intercourse, and practised in all respects the most perfect self-denial, have been known to suffer most frightfully from satyriasis, despite their best directed efforts to prevent and counteract it. In general, however, the subjects of satyriasis are men of dissolute habits, debauchees, and onanists, who in early youth abandoned themselves to practices of the grossest immorality.

The causes of this complaint reside either in the brain, or brain and spinal cord, in the genito-urinary apparatus, or in a defective state of the general health. The disease may also be provoked by the inordinate use of cantharides, administered for medicinal purposes, or designedly to excite the sexual appetite. However induced, the mind is speedily involved in the venereal affection.

The worst forms of satyriasis nearly always depend upon some disorder or other of the cerebellum. The intimate connection between this organ and the genital apparatus, demonstrated long ago by Gall and Spurzheim, has been placed in a very satisfactory light by clinical observation. Numerous instances of injury have occurred tending to show that, when the cerebellum is seriously affected, the patient is often seized with the most desperate priapism, attended with an erotic state of the mind, and such a degree of salacity as to render it unsafe for any female, even a member of his own family, to be in the same apartment with him.—*Samuel D. Gross, M.D.*

Such men are subject to continual, or almost incessant erections, but experience with it a most inordinate desire. To them a woman occupies no other place in the world than to contribute to the gratification of their sexual appetites. They are destitute of all consideration for the reciprocal feelings of the other sex, and deal with women as mere machines, specially destined to afford them enjoyment. They dwell, in their solitude, on images of libidinous import, and lay their plans for giving to them a living reality. All other questions receive but casual and passing notice, sexual congress being the controlling and dominant idea of their minds.

Married women have occasionally consulted me about this condition in their husbands, deeming—from the unbridled lust indulged in—that something abnormal existed to lead to such unusual excesses. One case which came under my notice about six years ago is now fresh in my recollection. The man was a shoemaker. His wife informed me that he was regularly in the habit of insisting on physical congress four times every night, and, in addition, often demanded her acquiescence in the daytime. His manner was rather morose and sullen. There appeared no intensity about his character save when there was genital excitation. Then his eyes glistened; his manner became determined and his temper relentless. It was of no avail to reason with him, or to oppose his will. This only intensified the passion and rendered him dangerous.

After making every necessary inquiry as to the history, constitution, and habits of this man, I advised his wife to induce him to call upon me. This she had a reasonable excuse for doing, as he suffered a good deal from vesical irritation, which was a source of great discomfort to him in his trade—requiring him to leave his stool too frequently—and for the relief of which he had tried many expedients. In

the course of two months from the date of his wife's visit he made his appearance in my surgery; and, by inadvertency on his part, gave me a clue by which I recognised the victim of satyriasis. I treated him for the symptom which, to him, was the all-important one—viz., frequent micturition—and found on examination that he was also suffering from prostatic engorgement.

After repeated interviews I was enabled to draw him into a conversation bearing upon his morbid propensity, and he eventually admitted the powerful influence which the sexual passion exercised over him. He expressed astonishment that it might be amenable to treatment, and reluctantly permitted me to prescribe for him to that end. My prognosis was favourable to the probability that I might in some degree relieve, if not cure him, from the fact that, as the vesical and prostatic difficulties gave way, the satyriasis was perceptibly influenced. His wife had informed me that since his health had been improved with regard to abnormal micturition she had observed that the desire for congress had neither been so uncontrollable nor quite so constant.

By the daily and continued use of the cold sitz-bath, and by constitutional treatment, the satyriasis became so far modified for the better that it was only under special irritation that the dominancy of the passion exhibited itself.

The result tended to demonstrate that the disease is often amenable to treatment where it is simply the result of hypersensitiveness of the sexual nervous plexus. When, however, it is the consequence of organic lesion, as is frequently the case, there is but little hope of any treatment being brought to bear successfully upon it.

Many are the extraordinary stories in reference to the disease under consideration which are related by some of the *demi-monde*, who have, in the pursuit of their strange

calling, resigned themselves to the mad frenzy of these human satyrs. So wild sometimes is the conduct of such men that it even disgusts the easy virtue of the unfortunates who yield to their passion.

Not that the victims of the mania are obscene or prurient in their conversation; as a rule they are not. It often happens that they are reticent and precise in their manners, and rather object to conversation on sexual subjects with either men or women; but their propensity is only satisfied by inordinate and frequent congress, and is so vehement that it must be gratified at all hazards. It is often the case that, under the frenzy of this disease, men perpetrate those acts of violence on women and children which so frequently disgrace the records of our law courts.

No one can ever imagine the terrible power which satyriasis exerts over the entire organism, mental and physical. None, save those who have heard it—as I have—from the lips of the sufferers themselves, can for a moment conceive the desperate nature of the struggle, where the man is conscious of his misfortune, and is desirous to control it. “I seem as if I were possessed,” was the language of a gentleman who formerly held a high and honourable position amongst us. He stated that after exciting food, or brief abstinence, he felt the progress of the power which his sexual desire was gaining, and by no course of reasoning could he resist its dominancy. He was compelled, do what he might to restrain its impulses, to seek the society of the courtesan. During the past year I have been visited by at least six apparently healthy men, who have implored me to castrate them on account of their intense lust.

As I said before, there are means of relief, both hygienic, medicinal, and surgical, of which such persons should avail themselves. The case of the gentleman just referred to is

corroborative of this statement, inasmuch as, after several months' persistent treatment, he obtained absolute control over his passion, and secured a tranquillity of mind to which he had been for years a stranger. There was, in this patient, a very important auxiliary to my management of his case, in that he was conscious of his misfortune, and that he had the strength of mind to co-operate with me, and assisted to the utmost of his power.

Having portrayed the feelings and symptoms of satyriasis in the male, I feel it is my bounden duty (although a painful one) to record in these pages the fact that it is more commonly met with in women than in men, and it is then termed Nymphomania.

“ Oh! she has passions which outstrip the wind,
And tear her virtue up as tempests root the sea.”

CONGREVE.

Women suffering from this insatiable malady have been known to rush from the house into the street and implore the first man they saw, no matter what his rank or station, to gratify their lustful feelings. I well remember a medical friend being nearly torn to pieces in his carriage by a lady whom he was taking to the asylum. She was suffering from nymphomania in its worst form, and it was deemed necessary to put her under proper restraint. On her way thither the *furor uterinus* was so violent that by the time they reached their destination scarcely a button was left on her conductor's garments.

I have been called upon to treat many such cases since I have been in practice in Victoria, but, for obvious reasons, I will be silent respecting their symptoms and treatment, and content myself with giving illustrations of cases and treatment occurring in the practice of an eminent member of the profession in America, and which I now transcribe.

CASE I.—*By Horatio R. Storer, M.D., one of the Physicians to the Boston Lying-in Hospital. Read before the Boston Society for Medical Observation, July 21st, 1856.*

Mrs. B., American, aged twenty-four, of under size, gross habit, pale and pasty complexion; is in easy circumstances; was married at seventeen, seven years since; no children, and has never miscarried; has enjoyed, she thinks, on the whole, tolerably good health. Bowels are now, and have been, freely moved daily; appetite is, and has been, constantly good.

Menstruates regularly; has just done so; discharge continuing nearly a week, very scanty; attended on the first day or two after it commences with more or less aching pain in the back and head, and frequently throughout the period in the right iliac region. At times pains under the left breast, and frequently palpitation. Abdomen inclined to bloat; sudden tumefaction, and as sudden subsidence.

Has constantly trifling leucorrhœa, but hardly sufficient to require napkin. Has during past three years been under the care of several physicians, one of whom thought necessary for a long time to apply nitrate of silver to cervix twice weekly. The probable effect, not an unfrequent one of this treatment, may easily be conceived from the further history.

Some little dysuria; scalding at and after flow.

For several months has been troubled by bad dreams, excessively lascivious in their character. Can hardly meet or converse with a gentleman but that next night fancies she has intercourse with him. Has frequently such thoughts by day, sometimes when in conversation; though, thinks she would at once repel an improper advance on part of any man, and is not conscious of having ever shown to such what was passing in her mind. Is much afraid that if further increase of malady, may not be able to restrain herself.

At such times is conscious of a "spasm" within genitals, and of the emission of a mucous jet—one or more drops—which stains linen. This emission did not occur at first, but now always takes place, whether awake or asleep—in the latter case awaking her—whether in bed or abroad, whether alone or with others.^(aa)

Husband has been a wine merchant, and is still interested in the business; is a high liver, and has twice had attacks of apoplexy; is much older than herself. Does not think he has missed having connection with her a single night since marriage, even at times of menstruation (this assertion repeated). Has frequently come to her three times in a night, and always with a seminal emission (this assertion also repeated). Has of late complained that he found physical obstruction to intercourse on her part, though she thinks it rather an increasing failure by him in erection.

Has herself always lived well, by his orders—meat three times each day, brandy at dinner. Enjoys intercourse greatly; is conscious of excessive local excitement, so great that she not unfrequently faints during penetration; this, however, being no check to husband. Has, with him, always desired children, and thinks from that longing arose present excess.

Has not told these points of her history to former physicians; knew that she should, but such questions were not asked; though, as the answers prove, they were necessary to a correct understanding of the case.

Is sure that if husband should restrain himself, and keep from her, she could not keep from him; has tried it.

Did not begin menstruating till just before marriage;

(aa) The questions on this point were asked in consequence of a previous conversation with Dr. John P. Reynolds upon Duverney's glands, and similar occurrences in patients of his own. Dr. Herrick has since related to me another very interesting case.

was then ignorant of sexual matters and innocent of impure thoughts. Had never masturbated, but was conscious of undefined but strong desire, which often led her to clasp in embrace her brothers more fervently than usual. Was on this account early married, by advice of her mother, who herself acknowledges similar warmth and precocity.

Has never had impure companions; has not been in habit of reading impure publications of any sort; has contributed tales, &c., to magazines, but has not overstated any of her symptoms in this history. Generally spends evenings at home; does not keep late hours, both having same desire to retire early.

Upon examination, heart and lungs apparently without disease; no tenderness along spine, nor in any part of abdomen.

Heat of vagina rather above standard; its size good; no obstruction. Uterus somewhat enlarged; this also evident by rectum; no displacement; cervix much elongated, and moderately thickened; signs to touch of slight abrasion. Os almost imperforate, not admitting sound; anterior lip much the larger. Speculum not used, because not needed.

As in the other case, not the slightest enlargement of clitoris. Excessive irritability in its neighbourhood; gentle touch causing her to shriek out, not with pain, as she herself said, but with excitement. She now acknowledges constant itching in that region.

This first interview with the patient was had on May 16, when the following treatment was prescribed, at the same time giving her fully to understand that if she continued her present habits of indulgence, it would probably become necessary to send her to an asylum:—

1. Total abstinence from husband; if not possible otherwise, by temporary entire separation.

2. Meat but once in the day.
3. Brandy and other stimulants not at all.
4. Novel-writing to be given up.
5. Hair pillows and mattress in place of feathers.
6. Cold sponge-bath morning and night.
7. Cold enemata at night.
8. Frequent lotion of anterior vaginal commissure, with solution of borax.
9. Two-drachm doses nightly, of equal parts, of the tincture of henbane, valerian, and lupulin; the last, as the others, given merely as a hypnotic, and not as an anaphrodisiac, its alleged effects in this respect being afterwards recalled to my mind by Dr. Read.
10. Iron; gr. iss. of the sacch. carb. thrice daily in pill.
11. Exercise, fresh air, and occupation of mind by more and cheerful friends.

Mrs. B. saw me next on May 30th, two weeks later. Abstinence in accordance with my advice proving otherwise impossible, the husband had at once left the city. Patient found the change a hard one, but was endeavouring to follow out faithfully all my other directions. As yet no marked alteration, but thinks she is better.

June 17th.—Accompanied by sister, from whom I was able to verify her accounts of general health, &c. Now a little over a month since commencing treatment. Has had, within a week, a slight attack of dysentery; this now past.

Husband still absent. The lascivious dreams have not occurred for several days, nor the sudden vaginal emissions. The local irritation and heat have also much diminished, and, as regards these most troublesome symptoms, she feels greatly relieved. Since last visit her appetite for food, which was formerly voracious, has lessened; but the leucorrhœa has increased, the discharge being thinner and less

tenacious. Is now compelled to wear napkins constantly. For this, ointment pessaries were directed, each to contain fifteen grains of oxide of zinc.

Has again menstruated, more freely and with less pain. To continue course formerly prescribed.

This patient is still under treatment. I now consider the case much more hopeful as regards the mental symptoms, which, however, will for some time require decided enforcement of very strict laws. Both the wife and the husband must be taught moderation, which done, there seems no very good reason why—after dilatation of the os, and perhaps, if it should be needed, application of potassa fusa—the patient should not realise her hopes, and get with child.

Most writers seem to consider that nymphomania must be attended, as cause or symptom, by ungovernable pruritus, though this I do not believe to be always the case. It was present as such in this case, and in the immediate neighbourhood of the clitoris. It is also present in case II., but in a different situation, and of rather different type, though to an equally great extent, "pricking," but here only far within the vagina, at its very end, and in the immediate neighbourhood of the bladder; the sensation, moreover, being that of all others which would have been expected from the peculiar bodies introduced. In both cases the effect of unnatural or excessive stimulus became itself worse stimulus still, and so an active cause.

Apart from their furnishing different manifestations of but one and the same disease, these cases are of value as bearing upon two interesting questions.

They both go to prove Duchatelet's opinion, based upon frequent examination of prostitutes, to be correct—that excessive sexual appetite, and excessive sexual indulgence, are by no means necessarily attended in the female by a clitoris at all enlarged; while this case is a marked instance

of that peculiar and forcible emission, still denied by many, of mucus from the female genital canals, during and under mental excitement alone, which, when occurring during intercourse, gave origin to the old and fanciful idea of a true "semen muliebre."

7 *Chester-street, Boston, August 1st, 1856.*

CASE II.—*For this case I am indebted to Dr. Sprague.*

Margaret Murphy, aged twenty, from Ireland, is of middle height, thick set, excessively plethoric. Countenance dull, unintelligent. Is shy and reserved, answering questions with great reluctance.

March 25th, 1856.—Complains of cough of three years' standing, leucorrhœa, dysmenorrhœa, and dysuria, with constant pricking in region of bladder. Thinks she has at times prolapsus uteri.

Is unmarried. Commenced menstruating at fourteen, since which time has always had more or less leucorrhœa. Recurrence of catamenia at first irregular, but of late less so. Always excessive pain at time of discharge, which usually lasts but a day, and is scanty. Character of discharge generally normal, sometimes clotty, never membraneous. Has never had rheumatism. Has severe headache before catamenia, sometimes during intervals.

While a child, was strong and healthy, and continued so till 1850—previous to her arrival in this country—when she had several fits, which were pronounced by her physician to be epileptic; these extended over a period of three months.

In 1853 she entered the Massachusetts General Hospital, coming under the care of Drs. Bigelow and Perry, for uterine hæmorrhage, consequent, as she then alleged, upon lifting a heavy tub of clothes. She subsequently re-entered the hospital in 1854 for cough and leucorrhœa, and was then

treated by Drs. Shattuck, Bowditch, and Storer, sen., getting cod-liver and fusel oils, her cervix touched with nitrate of silver, and with relief from neither.

Cough troublesome, but little expectoration. Has raised blood frequently, florid and frothy; still does so at times, not at menstrual periods. Upon auscultation and percussion, no evident signs of thoracic disease.

Appetite is capricious. Bowels free; relieved daily. Great difficulty in micturition; a small and interrupted stream, attended with urgent desire, and followed by excessive scalding. The pricking sensation already spoken of is constant. No tenderness about spine.

Upon digital examination by the vagina and rectum, an excess of heat in vagina, its calibre large. Uterus somewhat enlarged; no tenderness on pressure in its neighbourhood. Cervix rather broad and short, slightly abraded. Os largely fissured. In other respects genitals normal. Abdomen marked by parturition.

Upon asking patient to account for the puerperal signs, she acknowledged having got with child shortly after leaving the hospital in 1855. Was confined at Bridgewater seven months since; labour a very tedious one, lasting seventy-two hours, and delivery being effected by forceps. The child, a boy, died at four months of small-pox.

Menstruated for the first time since confinement on March 7th, a little over a fortnight ago; as much pain as ever.

April 3rd.—Closely cross-questioned. States additionally that, while at the hospital, she was several times etherised by Dr. H. J. Bigelow; for what she pretends ignorance. Vaginal examination now repeated without further result. Her complaints of dysuria being still very great, the bladder was carefully sounded (without the use of ether), and nothing found. At one time an impression was given of

the presence of a foreign body, but the sensation was only momentary. Sounding attended with great pain and shrinking. Patient was then shown to Dr. Hobbs, at my office, and sounded by him, with equal ill success.

The urine under the microscope gave no pus, no crystals, and but few epithelial scales.

Her statement concerning the etherizations sent me at once for further information to my father, from whom I learned that, while under his care at the hospital, suspecting stone or the like, he had requested one of the surgeons—Dr. Bigelow—to examine her, by whom several foreign bodies—pins and hair-pins—were removed from the bladder.

9th.—At Lying-in Hospital, in consultation with my colleague, Dr. Dupee, ether was administered; the urethra was found free throughout its entire extent, but a foreign body was at length discovered in the cavity of the bladder. This, after some manipulation, was removed by Dr. Dupee. It proved to be a long piece of copper wire, broken and twisted upon itself several times, and seemed to have been imbedded in the anterior wall. It was without incrustation, and had the appearance of having been originally taken from the neck of a bottle, as indeed, she afterwards acknowledged, was the case. The operation was followed by considerable hæmaturia.

16th.—Patient complained bitterly of being so soon again subjected to operation, asserting that, at the other hospital, she was allowed a much longer interval. This, however, did not now seem necessary; ether was given, and, by a previous arrangement with Dr. Dupee, of alternation, I removed the greater portion of a hair-pin twisted upon itself.

23rd.—Again etherised, and another fragment of hair-pin removed; this time by Dr. Dupee.

29th.—Again etherised, and bladder carefully sounded.

After prolonged examination, both by Dr. Dupee and myself, nothing was detected, and her other symptoms—the cough, leucorrhœa, &c.—having much improved, and menstruation having taken place more naturally than, by her account, ever before, she was, by arrangement with Dr. Walker, transferred the next day—on the 30th—to the lunatic asylum at South Boston, there being reason to fear that she might, unless restrained, do herself serious injury.

Her treatment while under my charge was sufficiently simple. I soon learned that her distress was, in part at least, overrated, some of it probably feigned. The cough, which, during her early visits to my office, was very constant, severe, and racking, and which then resisted a succession of expectorants, seemed immediately to yield after I had admitted her into the Lying-in Hospital, strangely enough showing a marked and sudden decrease with every removal from the bladder; the improvement was undoubtedly owing to her change to the warm moist atmosphere of the hospital. She certainly raised blood; this occurred more than once after her entrance, but I am inclined to think it was from her throat, and that, as was certainly the case with the hæmaturia, she overstated the quantity; in which opinion I am confirmed by an auscultation made of the patient by my friend, Dr. Borland, on April 27th, his results agreeing with my own.

The leucorrhœa, which seemed previously to have been treated in vain, at one time by merely constitutional measures, at another by local injections, was much benefited by vaginal suppositories, at first of oxide of zinc, and afterwards of alum and catechu, of each gr. xv. to the ball. In so plethoric a patient, it did not seem advisable suddenly and entirely to check the discharge, and this was not attempted.

The dysmenorrhœa was lessened, perhaps partly by passage of the sound at the preliminary examination, although I have no doubt that the low diet on which she was placed contributed to the result. The diet for nearly a month was gruel. She several times eagerly desired to be bled; but I preferred keeping her on low diet, as equally likely to lessen her chance of peritonitis, and more so the chance of her persisting, if at all malingering.

Before my suspicions of the true state of the bladder were aroused, I endeavoured, as frequently with success, to allay the dysuria by throwing chloroform vapour into the vagina, and afterwards by a flexible catheter into the urethra and bladder itself; but the pain was not relieved.

The urinary tenesmus had been excessive; and I have no doubt that long-continued expulsive efforts had at times produced a partial prolapse and protrusion of the anterior wall of the vagina, which she had supposed, as already remarked, to be prolapse of the uterus. It was noticed at every sounding of the bladder (the patient being thoroughly etherised) that in a short time most energetic contractions of the fundus vesicæ were invariably produced, as indeed had occurred at my early and unsatisfactory examination, when ether was not used; which action, had the urethra been at all dilatable, as it was not, even under the stimulus of a powerful sponge tent, would have threatened partial inversion of the organ. These expulsive efforts, suggesting a transference of labour pains, were accompanied by a profuse flow of limpid urine, which was secreted with remarkable rapidity, or had else, though hardly probable, been collecting in the ureters, the patient generally passing but little in the twenty-four hours.

The hæmaturia subsequent to each operation was but slight, and lasted but a few hours; a fact rather remarkable, when the sharp points of the foreign bodies are taken into

consideration, they all having apparently embedded, not merely entangled, themselves in the mucous membrane, and the difficulty of bringing such a body through an urethra, whose diameter—though its coats had naturally become somewhat hypertrophied—was not above ordinary size.

For the twenty-four hours immediately succeeding each operation, she complained of considerable abdominal pain and tenderness. At first I had some fear of peritonitis, but soon found, upon experiment, that assafoetida, to which she had the usual repugnance, at once allayed her complaints and pain; this proved invariably the case. My suspicions, hence, that these were rather the pains of hysteria, were strengthened by her general behaviour, and subsequently, by learning of her convulsive seizures in 1850, and the details of the so-called peritonitic attacks at the Massachusetts General Hospital.

The pulse was generally somewhat quickened during the first day, but on the second used to sink to her usual standard, about 84.

The removal of the hair-pins and wire was in each case effected by ordinary dressing forceps, and in each case only after much manipulation. They were not easily detected by the sound, or catheter, or forceps, particularly after the muscular contractions, which were very easily excited, had begun getting lost between or covered by folds of the mucous membrane. When found, they were not easily dislodged from their position, and evinced a constant tendency to catch athwart the urethra before entering it, or having entered to get entangled in some portion of its course.

From the outset she resolutely denied having introduced anything into the bladder subsequently to her discharge from the Massachusetts General Hospital, and asserted that what we removed had been introduced previously to that time and previous to her confinement, introduced merely to

dilate the urethra for dysuria, and had slipped from her hand against her will. Neither of these statements can, however, be true. How she could ever have introduced such irregularly-shaped masses into the bladder, and how, once having had them removed, she could have dared to repeat the experiment, are mysteries which mental disease—a decided *furor uterinus*—can alone explain. It is impossible that so thorough a surgeon as Dr. Bigelow could have left anything in the bladder. It is impossible that she could have undergone so tedious a labour under these circumstances, instrumental as it was, without some one of the varieties of vesical fistula having been produced; and it is improbable that the alleged lapse of months, not to say years, would have left no incrustation.

The previous medical history of the patient, dating from her arrival in this country, is not uninteresting. The greater part of it she endeavoured to suppress; but, from chance words she let fall at various times, it became possible to ascertain her whole story from the several physicians who successively had charge of her; and, upon subsequently informing her of these discoveries, she acknowledged their truth.

On September 2nd, 1853, she called upon Dr. Salter, then complaining of severe expulsive pains, and stating that she had introduced a cork into the vagina some time previously, which, having forced it up by a bed-wrench, she was now unable to remove.

This cork Dr. Salter could not discover either on that or on the following day. A third examination, however, on September 13th, was more successful, and the cork was then removed. It was situated high up in the vagina, very near the os, a little back of, and in contact with it, the smaller end being uppermost. "A strong effort was required to start it from its bed." The cork is now in my possession, and is of the size to fit a large jar.

Subsequent to this operation the leucorrhœa, which had formerly been profuse, continuing, and there being some symptoms of metritis, she was advised by Dr. Salter to enter the Massachusetts General Hospital, and did so, October 14th, 1853. She then stated, according to the hospital record, as already quoted—entirely suppressing the fact as related to me by Dr. Salter—that, having previously strained herself while lifting, she had felt something give way in lower abdomen, followed immediately by escape of blood from vagina. At her entrance, just a month after the operation by Dr. Salter, she was flowing, but not profusely, and had great pain in head, back, and limbs, with both dysuria and incontinence of urine. Abdomen full, tympanitic, exquisitely tender on pressure; but pulse only 92, and rather feeble. She left the hospital in November, 1853, not relieved, and sought a female friend, by whose advice “instruments” were introduced, which she found herself unable to extract; and shortly after, December 9th, she entered Deer Island Hospital, where she was relieved.

Dr. Moriarty writes me that at entrance she was suffering with pleurisy, and that, when convalescent, three pieces of German silver spoon, the “instruments” alluded to, were removed from the upper part of her vagina. She left Deer Island on April 8th, 1854, the leucorrhœa and dysuria still continuing, and re-entered the Massachusetts General Hospital, June 13th. All that time, according to her account, the urine had for several months regularly been withdrawn by catheter. While in the hospital caustic was repeatedly applied to her cervix uteri for leucorrhœa.

On August 24th a hair-pin and ordinary pin were removed from the bladder by Dr. Bigelow.

On September 3rd, another hair-pin, this operation being followed by symptoms of peritonitis; and, on October 2nd, a fragment of a third hair-pin. These specimens were at the

time exhibited by Dr. Bigelow to the Society for Medical Improvement.^(bb) She was discharged November 5th, few of the symptoms having abated. For some time after leaving the hospital she continued under Dr. Bigelow's care as a private patient.

In June, 1855, she re-applied at the Massachusetts General Hospital as an out-patient, and was treated by Dr. Abbot, who did not sound her bladder, but auscultated abdomen, and from this diagnosed pregnancy, which at first she stoutly denied, but she afterwards admitted that her last catamenia had been in December, 1854. Dr. Abbot at one time discovered large vesications on the inner side of each thigh, which he supposed had been purposely caused, for purposes of excitement, by blisters, though this was also denied.

She was confined in September, 1855, at Bridgewater, as already said. She next applied to Dr. Herrick, who, however, advised her again to enter the hospital; and finally, early this spring, she placed herself under the charge of Dr. Sprague, who prescribed expectorants for the cough, and introduced an indiarubber pessary; the pressure of which, however, upon the bladder she was not able to endure.

As previously stated, the patient was sent to the lunatic hospital, at South Boston, on May 30th; but, to my surprise, she again appeared at my office on June 21st, asserting that she had that day been discharged as "not insane." She again complained of pricking in the neighbourhood of the bladder, which was not the case when I last saw her. From this, my expectations that she would return to her old habits seemed confirmed. I now refused to deal further with her,

(bb) Extracts from Records, &c., Vol. II., p. 139; *American Journal of the Medical Science*, January, 1855, p. 57. Dr. Bigelow at the same time described a new method of operating; he had turned the points by vaginal manipulation. This, in 1856, I was unable to do.

believing that merely palliative treatment without proper restraint would be useless. She then put herself under the care of Dr. Hobbs, who, it will be recollected, examined her with me at the outset on April 3rd, and I have since heard that she has lately been seen again among the out-patients at the Massachusetts General Hospital.

Each step in the above history but goes to confirm the very evident opinion that, if we forget her having imprudently got with child, "she is"—to quote from a characteristic note by Dr. Bigelow—"a good girl, unfortunately biassed by genito-urinary proclivities."

I am inclined to think that she masturbates, though, as is usual, she denies it; her manners are those of that habit. Her expression, when unconscious of being observed, is at times decidedly lecherous. She expressed great dislike of the various gentlemen who had previously had charge of her, and of those who saw her with me; but yet, though she acknowledged that the catheter was not always necessary, and that she could pass it perfectly well herself, she was constantly asking that it should be done by others.

Her clitoris was not at all enlarged.^(cc)

(cc) It would be difficult to decide upon the original exciting cause of irritation in this case. It has been ingeniously asked me by Dr. Buckingham, if she had been troubled by ascarides previously to her first experiment upon herself, a question that the patient would probably have been unable to answer, and which I carelessly neglected to put; although irritation of the vagina from the presence of ascarides in the rectum, both sympathetically and by actual transit of the parasites, is now recognised as not uncommon, and a case illustrative of the latter class happened to be under my care at that very time.

CHAPTER VII.

ILLEGITIMATE INTERCOURSE WITH PROSTITUTES A COMMON MEANS OF RELIEF FOR SEXUAL DISTURBANCES—CONFLICTING OPINIONS OF SOCIAL REFORMERS ON THE SUBJECT—REASON OF THE EXTENSION OF PROSTITUTION—THE DOCTRINES OF MALTHUS DISCUSSED, AND THE OPINIONS OF SOCIAL AND POLITICAL ECONOMISTS THEREON CONSIDERED—MISREPRESENTATIONS OF THE WORKS OF MALTHUS BY INTERESTED WRITERS, AND CONSEQUENT PREJUDICE EXISTING AGAINST THEM IN THE PUBLIC MIND—SPREAD OF THE MALTHUSIAN DOCTRINES—GROWING FEELING AGAINST EARLY MARRIAGES—ITS RESULT THE INCREASED SUPPORT OF ILLICIT INTERCOURSE—THE PERILS OF THAT INTERCOURSE—THE SUPPOSED EVIL OF REPRODUCTION AND ITS ANTIDOTE—DISEASES ENGENDERED BY PROSTITUTION—TENDENCY OF MODERN DAYS TOWARDS THE INCREASE OF PROSTITUTION ONLY TO BE CHECKED BY THE EDUCATION OF THE MASSES IN PHYSIOLOGY AND POLITICAL ECONOMY—CONTROL OF THE FUNCTION OF PROCREATION—THE DOCTRINE OF PREVENTION—UTERO GESTATION TABLE.

THOUSANDS of men who are the subjects of the functional disturbances briefly discussed in the previous chapters, believe, and act upon the belief—that the only panacea for their many sexual inconveniences is to seek illegitimate intercourse with prostitutes. They naturally conclude that the most appropriate remedy for inordinate desire is to

gratify it by exhaustion in congress with the other sex, and, in lieu of marriage—which is seldom contemplated in the early years of manhood—they rely upon that inevitable institution of modern civilisation, the social evil, and use it accordingly.

It is, as I have before stated, a subject of discussion in Europe amongst what are termed social reformers, whether sexual disabilities are to be met by illegitimate association between the sexes. Many reason that, as the reproductive capacity is not a mere endowment, but a powerful natural tendency, it is not only expedient but necessary that it should be allowed its full play; and that if it be restrained the constitution will suffer. Looking at the question from this standpoint alone, irrespective of the moral and social machinery of society, it might claim some consideration, but when it is made subservient to that machinery, it completely breaks down as a theory capable of practical application.

Nevertheless, although society does not see fit openly to avow its belief in the “law of exercise,” as a controlling and directing influence, it acts in such a way as to lead to the conviction that that law is an article of its faith. On all sides, and in all classes of society, the “social evil” finds its supporters, and there is no probability of its being less generally sustained. There are powerful reasons which during the last quarter of a century have contributed to the augmentation of prostitution, and which are likely to foster its extension beyond all previous limits.

The Malthusian theory of population and labour, which during the lifetime of the reverend author met with such fierce opposition, has of late years received that recognition which it deserves. The leading economists of Europe have felt it necessary to discuss it with seriousness, inasmuch as it is the most influential element in social statics. The celebrated Professor Hegewisch, the translator of Malthus,

wrote an *Essay on Population*, which, for profound thought and logical acumen, is equal, if not superior, to anything extant on the subject, and has rendered it impossible for the opponents of Malthus to controvert his theory with any probability of success.

Say, Sismondi, Bastiat, Dunoyer, Rossi, and J. S. Mill, with many others, have bent their great intellects to the solution of the question, and the result of their investigations has been to endorse the opinions which Mr. Malthus so wisely espoused and so boldly enunciated.

M. Charles Comte, the friend of Bentham, and formerly secretary for life to the Academy of the Moral and Political Sciences, says in his eulogium on Malthus—which was read to the academy after the death of the latter in 1834—“There are few works so celebrated as the *Essay on the Principle of Population*. There are few which have been more discussed, and upon which even educated people have entertained, and still entertain, more erroneous opinions. The misrepresentations of this work which were published some thirty years ago, by writers interested in depreciating it, have spread abroad among society, and have become, in the minds of a certain number of persons, inveterate prejudices. One often hears, with surprise, men who, without ever having read his work, and without being acquainted with any of the attacks made on it at the time of its appearance, repeat with confidence, as universally received truths, the most groundless accusations which were then brought against it.”

The words then used by that profound social and political philosopher are as appropriate now as they were then, with this difference, that whereas, at that time, there were but few who accepted the Malthusian doctrines, there are now thousands, in every section of society, who embrace them, and who, in one way or other, regulate their sexual life by them.

The growing feeling amongst men is, that marriage entails too many responsibilities in the direction of reproduction, and that, as the average fecundity of a woman is from ten to fifteen children, there is, in the present day, sound reason for hesitation before committing themselves, and individuals of the opposite sex, to an alliance which might lead to pecuniary embarrassment. This fear is at the bottom of the increased support which illegitimate intercourse obtains, and which drives young men to the courtesan, rather than to a permanent union in marriage with a virtuous woman.

In Europe and America the influence of this feeling is conspicuous, and the upper classes of the large cities have got into the habit—which habit has been imitated by the commercial and other classes—of postponing marriage until middle life, and then guarding themselves against having large families by the several methods of “prevention” which are available for avoiding procreation. As a matter of course, this postponement of marriage leads to the encouragement of women of the prostitute class, which is everywhere on the increase.

Malthus discovered what was undoubtedly true in political economy, and exposed a tremendous evil in social life; but the promulgation of the theory which he so warmly espoused has had a twofold influence on society. His teachings—sustained by the inexorable logic of facts—have been accepted as plausible, and, in a certain degree, true, and those who were disinclined to follow him on his social and political disquisitions, have applied them to the question of early or late marriages.

They have solved the difficulty of increase, so far as they are concerned, by postponing marriage, and forming temporary alliances with the courtesan.

The dangers of this course are innumerable, and are of such a nature as to call for the utmost caution. But they

are braved by very many, rather than meet the requirements of nature by marriage. Mill is in some degree responsible for this, by reason of the extent to which his valuable essay on Population has been circulated and read. Malthus has had few expositors more devoted to his cause than Mr. Mill, who says—"If a man cannot support himself without assistance, those who assist him have a right to demand that he shall not bring beings into the world to be maintained by the charity of others."

This view of the case is in parallelism with the common notion that prevails amongst young men that they cannot marry because of the responsibilities and expense which marriage entails. The men who act in accordance with that opinion forget that while Malthus, Mill, Whately, and M'Culloch all agree in asserting that reproduction is in excess of the capacity for employment and the supply of food, the same writers furnish with the evil its antidote, by pointing out to married men the reasonable and practicable methods of checking the reproductive powers, and bringing them so under control that they shall be in perfect harmony with the conditions under which they operate.

If this were fully understood, the great stream of prostitution need not have attained such gigantic proportions. An author, who has almost exhausted the subject, writes the following:—"Prostitution is the mode which has been adopted in all old countries to palliate in some measure the evils of want of love; and to treat of it without the knowledge of this, as is generally done, is perfectly useless."

"Had it not been for the extraordinary, and still imperfectly explained fact, that promiscuous intercourse tends powerfully to hinder, if not wholly to destroy, the reproductive powers in woman, mankind would, long ere this, have been driven to utter desperation from the want of love, as well as of food. This must be admitted. It is not

understood by those who treat of prostitution that its increase hitherto has lightened the other necessary checks to population, moral restraint, and misery; and has, therefore, been one great cause of the longer average of life, and the comparative rarity of famine, &c., in modern times."

While this is true to a very considerable extent, there is also, as a counterpoise to it, the incontrovertible fact that, though life in one direction may have been saved and prolonged, it has, in a certain proportion, and in another direction, been lessened. Diseases, in forms of the most terrible kind, have been generated and distributed throughout the populations of the world, and have annually claimed their victims by thousands. The germs of those evils which have their source in the ranks of prostitution have penetrated all grades of society, and, in the experience of every medical man, often meet him as a lurking and insidious enemy under various disguises.

Syphilis, with its protean phases, confronts the young man in his resolve to relieve his sexual embarrassments in the arms of the courtesan. He may be sufficiently well informed to know that such danger awaits him, or he may not. As a rule, he is not fully aware of the risks he runs.

Knowledge of such perils, of course, induces a certain amount of caution, but it is by no means a guarantee against taint. He has, indeed, no criterion by which to determine his safety or otherwise; hence he is obliged to venture in the dark, trusting to the chapter of accidents for escape from the evils which he knows to be imminent.

There are thus two deterrents operating upon the young man in his sexual relations. One bears upon his natural inclination to marry; the other upon his intercourse with the courtesan. The indirect influence of the Malthusian theory, causing him to dread the responsibilities and embarrassments of a large family, acts as a deterrent to the

formation of a pure and permanent alliance ; and the fear of contamination, while it does not absolutely prevent the majority of men from seeking an illicit intercourse with prostitutes, has still some influence in inducing a certain amount of restraint over the sexual passion.

Between these two states young men are constantly oscillating, and it is manifest that the tendency in momentum is towards the more objectionable condition, viz., that of prostitution, which keeps so many of both sexes, in Europe and in these colonies, in a state of forced continence which is almost always prejudicial to health. Morality societies and legislative enactments are powerless to control, much less to suppress or prevent it. There can be no alteration for the better in the physical relations of men and women, until they learn to manage their sexual instincts in accordance with the laws of nature and their social conditions.

Marriage will not always be the bugbear it now is. The time is not far distant when the sexes will be able, by reason of being better educated, to form earlier alliances by marriage than they now do, without the dread of uncontrolled procreation. The great masses of population are lamentably ignorant on this point, and their profound ignorance is the parent of the twofold evil which we have just mentioned. But when the elements of physiology, as well as of sound political economy, are commonly taught in the public schools and in the lecture-room, the people will look with less prejudice upon propositions appertaining to their sexual relations.

It may be reasonably asked why the function of procreation should not be under control in the marriage state, as well as in the unmarried ; and why it should not be made to accord with the aims and competency of the individual concerned ? The issues are of far greater moment than any other, yet they are least considered.

This inconsistency can be attributed to no other cause than want of consideration and lack of information. Prudence alone would naturally suggest the propriety of giving so grave and momentous a question some consideration ; but prudence never enters into the sexual contract; at least, if it do so, it is only in extremely rare cases. Children are born without calculation, and their conception is left to a hazard. In questions of far less import reflection is uniformly allowed to operate, and the element of chance is ignored as far as possible, as being an unreliable principle. Why, then, should the working man, or the professional man struggling with the world, overweigh himself, by being the father of more children than he can sustain, by neglect of that system of forecast which serves him in all other conditions of life ?

I discuss this question of marriage and its consequence on the Malthusian basis, in order to show, if possible, that the dangers of the "social evil" may be avoided by the most legitimate and natural procedure, without the deterrent influence of the fear of a large family operating at all.

In pointing out to the young man the folly and risk of allying himself, in sexual relationship, to prostitution on the advent of his virility, it is necessary to show him that he is not inevitably condemned to so dangerous an alternative. It is imperative to instruct him how to constitute marriage to himself and his wife an agreeable association, without the bugbear of a large family. It may, by the thoughtless, and the illiterate pietist, be considered impious to talk of controlling the number of a family, or determining how many children shall be born ; but the moral and social science philosophers of the present day have set themselves to indoctrinate the ignorant of all classes in reference to their duty to themselves, their children, and the State, touching the sexual question. They have not only pointed out the errors

of forced celibacy, and the unsound position on which it is founded, but have laid down rules or courses of action which, if followed, would permit earlier and happier marriages, and lessen to an enormous extent the necessity for illicit association with the prostitute and its manifold perils.^(dd)

Having noticed the tendency of the Malthusian doctrine to operate unfavourably on society, although true from the standpoint of the author, it is necessary to grapple with the difficulty which such divergence creates, and to present the remedy which naturally and fully meets the case. This phase of the sexual question has been long understood in America and on the European Continent, and in the countries of the latter the more intelligent of the lower classes have become acquainted with its importance, and allow it to exercise more or less influence on their married lives.

The argument that marriage need not necessarily lead to procreation is that which lies at the base of the whole dis-

(dd) "The remedy which Mr. Malthus proposed for the evils of over-population was of itself such a frightful evil that all men recoiled from it, and loaded with invectives the man, the *only man*, who had shown them the true difficulties of their lives. Rather than adopt his remedy, rather than renounce, *as he advised*, all sexual intercourse till a comparatively late age, they were content to remain sunk in the mire of poverty and hard work, and to palliate their miseries by the old routine of prostitution, masturbation, and other morbid sexual outlets. The great error in Malthus's reasoning was that he, like most of the moralists of his and our own age, was unaware of the frightful evils of sexual abstinence. The ignorance of the necessity of sexual intercourse to the health and virtue of both man and woman is the most fundamental error in medical and moral philosophy."

The above embodies the views of many modern writers; still it cannot be received without modification. The doctrine of Malthus would not meet all the evils of over-population, nor those of the sexual difficulty which clash with it. The necessity for sexual intercourse may be accepted as a law in nature, yet having exceptional conditions, which, many will contend, qualify the presumption of necessity.

cussion. It breaks in upon the prejudices and false teachings of ages, and embodies a truth which, however much it may have been neglected, will, ere long, inevitably be received as incontrovertible. It is a question of vital importance to every individual, and demands his attention because of its special bearing upon his relationship to society. The more it is considered, the more profound is the basis on which it rests.

Marriage is the great act of being ; to continue the species, and to labour in the vast field of social duties which it involves. It stands at the top of the sexual ladder ; the courtesan and her uses at the foot. The one meets the demands of sexual necessity without the responsibilities of procreation ; the other is usually deemed to have but one main purpose—procreation. In this is to be found the root of the great sexual difficulty—“Why should not marriage meet both requirements of our nature ? Is there anything in the social compact which can reasonably stand in the way of that double function in marriage if the possibility be presented ? Why should not both the sexual instinct and procreation be under control ? Is it wise to assume that physical congress ought of necessity to lead to gestation in the female ?” It should certainly be within the province of a married couple to determine whether they shall have one or ten children, and at what periods they shall produce them.

It is supremely absurd that all intelligent reflection should be abjured in this, the highest of all duties of social and married life. There are a thousand considerations which enter into the question, and confront man and wife in their new relationship. Their circumstances may be such as to offer a rigid protest against the increase of their responsibilities. The health, or mental and physical constitution, of the wife may stamp her as utterly unfit to perform the

functions and duties of a mother. The process of gestation and parturition may be fatal to the wife, from malformation or other lesion of the system.

I know that there are multitudes of people so Bœotian in their mental composition as to set all these considerations aside, and persist in offering woman, body and soul, as a holocaust to their passions, regardless of the thousand ills which may follow. To these people I have little to say; indeed, argument to them would be futile.

I regret that there are many persons conspicuous for their profession of religion who countenance the indiscriminate and unrestrained procreation of children, regardless how they are to be situated when they come into the world—whether they shall be well-reared citizens or abandoned felons. I unhesitatingly say to these people that they are the most persistent supporters of prostitution; that they render it, with all its attendant horrors, necessary as a safety-valve in the body politic. They may deny the accusation, but I am convinced that, if they will but give the question due consideration, they will see that if marriage inevitably brings with it uncontrolled procreation, it deters men from forming permanent and legal alliances. The consequence of such influence necessarily is association for sexual purposes with the casual prostitute, or *femme de convenance*.

There is but one possible way of surmounting the great evils associated with marriage and prostitution, and of securing a greater amount of happiness in human society, and removing the vast pall of misery, selfishness, and injustice which hangs over us, and that is to educate the people to the conviction that their happiness depends upon their treating the sexual functions, not as unreasoning animals do, but as beings should who have the power to control them so as to prescribe limits to their operation and consequences.

The great evils of a physical character which often befall

men from clandestine intercourse with the courtesan never can be abated, but must go on increasing, unless the people are taught how to manage the married state so as to meet the sexual want, and so regulate its indulgence and operation that the production of children shall depend on forethought, calculation, and prudence. The reader will naturally ask the questions: "1. Is it possible, and in what way? 2. Can it be done without causing moral and physical evil?" To these it may be answered emphatically, Yes. The methods about to be suggested have long been in use by a few of the most intelligent of all classes, and are now in constant operation by thousands and tens of thousands of all grades of society. So general is the opinion prevailing amongst the better classes in Europe and America that it is a common thing to charge a man with imprudence, who, on a limited and narrow income, surrounds himself with a numerous family.

It would be a great advantage to society if this applied censure were practised and felt more generally, so that the reckless procreators of beggars, larrikins, and felons—as many such must be—might feel that their imprudence or recklessness was a matter of observation. It is true that a man with ten or twelve children, whom he has been the unthinking means of bringing into the world, may not add a single individual to the ranks above-named, but if he does not, it will be by reason of special qualifications in himself and the woman for rearing and directing children in their entrance into active life. There are honourable instances where men with small means have reared large families with credit to themselves and advantage to the community in which they lived, but these are the commendable exceptions to the rule which stand out in favourable relief. The converse stares us in the face wherever we turn. Thousands of men are producing children whom they cannot clothe, feed, or educate properly. Our law courts and public institutions

furnish abundant evidence of this, and if we require a wider field to see the evil in larger proportions, we only have to walk through the less prominent portions of the city and suburbs, where we see children in profusion, left to the accidents of street life, and evidently looked upon by their parents as serious "encumbrances." The moralist surely cannot endorse what he sees of that phase of life in large communities, and ought, if he reflect at all, to charge the mischief on sexual recklessness.^(ee)

(ee) The *Examiner*, in a recent able article on *Physiology and Morality*, took Professor Newman to task for his published opinions on Celibacy, and his depreciatory observations on Marriage. It says:—"He is greatly perturbed because Mr. Thomas Beggs said, in a paper read before the London section of the Social Science Association, that 'Celibacy, prompted by whatever motive, leads either to disease or vice.' He would, of course, object as strongly to the statement made by the late Sir Benjamin Brodie, at the Birmingham meeting of the Social Science Association, that 'the evils resulting from celibacy were so great that they fully equalled those resulting from prostitution;' or to the assertion of Mr. H. Coote, the surgeon to Bethlehem Hospital, 'that contagious diseases were *less dangerous* than the habits fostered by celibacy, and which landed the celibate too often in the wards of Bedlam.' Mr. Newman is also most indignant because Mr. Mill has classed the production of large families in old countries like ours with drunkenness and other physical excesses. 'Children,' according to Mr. Newman, 'are born, not indeed without the concurrence of their parents, yet certainly through causes beyond their will. Therefore, in spite of Malthus and his followers, it has been felt, and will be felt, that parents who bring up a family to be virtuous and robust citizens are benefactors to the state, and the larger the family, if the quality be good, the greater the parents' merit.' This view of the matter proves that Mr. Newman has a political economy, as well as a physiology, of his own. Of late years it has been considered by many that Ricardo, Senior, the Mills, Chalmers, Whately, Garnier, and others, had made a science of political economy; that the chief axiom of that science was that over-population was the economical evil we had most to dread; and, as a necessary deduction therefrom, that *morality was incompatible* with the production of large families. Mr. Newman seems in a confused way to admit part of the theory, but he hates the deduction; and he thus overlooks the difficulties which he has to encounter.

The view which I am now pointing out is the *only* remedy for the so much discussed social evil—viz., married

“We prefer to follow Mr. Newman’s opponents. The lights of science are now too brilliant to allow of men continuing in the belief that by celibacy (or the single state) it is possible to obtain nobility of character; or, indeed, anything that is useful to mankind. Of course, when monks and nuns believed that to remain single would secure to them a crown of glory after death, it was not strange that they should endure the privations of La Trappe, or of the howling desert, with all its horrors. But it must be confessed that the promises of *post-mortem* rewards or punishments are not as vividly realised by the present generation as they were by the population of Europe in former centuries; and we are sure that, unless some practical reason can be given for celibacy (or a single life), that state is too full of *real dangers* and terrible privations to be submitted to. Mr. Lecky, in his work on the history of morals, has shown that celibacy was revered by our forefathers, not solely, if at all, from utilitarian considerations, but from the intuitive but sentimental idea, that virginity was something far nobler than any kind of marriage. This is perfectly true. The avoidance of pork by the Jews and Mahomedans was not merely a hygienic precaution, as some would have us believe. Pork was the flesh of an ‘unclean’ animal, and that word ‘unclean’ was quite sufficient to banish the nourishing food from the table of the Jew. In the same way, the Jewish and other nations seem to have held the very uncomfortable and unkind belief that somehow women were dangerous, wicked, unclean, and under some especial curse.

“The light of science has dispelled, or is dispelling, all these views; and we, modern heirs of all the ages, are in a position to have our theory concerning even that difficult problem of morality—the relations between men and women—upon certain and positive knowledge. The facts now admitted by competent authorities are twofold. In the first place, all who have studied political economy admit that large numbers of children in European states can only vegetate in low wages and shallows; and, secondly, there can be no doubt in the minds of all who have humbly studied human nature, that celibacy (or single life) is *a condition fraught with the deepest agony, and dangerous to the very existence of civilised society*. We are not as yet in a position to pronounce dogmatically as to the logical conclusions which society will accept from these two undoubted axioms of social science. But of one thing we may be convinced, and that is, that the views held by Mr. Newman and his adherents—the Catholic clergy in general—are destined to speedy oblivion.”

life, regulated by social conditions and ordinary foresight in reference to the consequences of sexual intercourse, leads to the consideration of the first of the questions above propounded—"Is it possible, and in what way?"

There are many writers of eminence in Europe who have essayed to answer the question, of whom one makes the following observations:—"In marrying girls in our climates, at from twenty to twenty-four years of age, we leave them from twenty-four to twenty-six years for reproduction. Let not the length of the period terrify the disciples of Malthus. Science has now the means of reassuring them. She can offer them means capable of arresting in time a rapid increase of population in each family which is menaced by it.

"These means are but the consequence of the progress in knowledge of the physiology of the species. It is no longer with the destruction of living beings, nor the forced abortion of beings ready to live, that we have to do. Remedies of this kind are destined to remain for ever in the hands of barbarous nations, inaccessible to the lights of the Christian religion and of philosophy. The proper means is to adopt a certain order in sexual intercourse. It results from my investigations that, though there may not be periods, as M. Vouchet has lately asserted, when conception is physically impossible, there are, nevertheless, periods when it is infinitely less likely to happen than at others. Thus I have found that in one hundred women, we cannot reckon more than six or seven at the outside, who become pregnant at periods considerably distant from the menstrual epoch. In most women conception dates from intercourse either during menstruation, or a few days before or after it. Hence, it results that in abstaining from intercourse from the second or third day before the menstrual epoch till the eighth day after it, one may be certain to diminish considerably the chances of reproduction.

“ M. Bischoff, the celebrated German physiologist, is nearly of the same opinion. He says that the egg escapes from the ovary in woman, when menstruation is just about to cease, and that to be impregnated, it must meet the semen in the oviduct; hence, he says, sexual intercourse, to be fruitful, must take place within from eight to twelve days after the menstrual period. Professor Naegele, who is acknowledged to be, perhaps, the first living authority on midwifery, is accustomed to reckon the duration of pregnancy at nine months and eight days since the last menstrual period; and he says that in normal cases he has never been wrong in his calculation.^(f) Very many other physiologists and physicians hold the same views, which, indeed, may be said to have much the greatest weight of evidence on their side.”

(f) TABLE FOR CALCULATING THE PERIOD OF UTERO-GESTATION.

NINE CALENDAR MONTHS.			TEN LUNAR MONTHS.	
From	To	Days.	To	Days.
January 1 ..	September 30 ..	273	October 7 ..	280
February 1 ..	October 31 ..	273	November 7 ..	280
March 1 ..	November 30 ..	275	December 5 ..	280
April 1 ..	December 31 ..	275	January 5 ..	280
May 1 ..	January 31 ..	276	February 4 ..	280
June 1 ..	February 28 ..	273	March 7 ..	280
July 1 ..	March 31 ..	274	April 6 ..	280
August 1 ..	April 30 ..	273	May 7 ..	280
September 1 ..	May 31 ..	273	June 7 ..	280
October 1 ..	June 30 ..	273	July 7 ..	280
November 1 ..	July 31 ..	273	August 7 ..	280
December 1 ..	August 31 ..	274	September 6 ..	280

The above Obstetric “Ready Reckoner” consists of two columns, one of calendar, the other of lunar months, and may be read as follows:—A patient has ceased to menstruate on the 1st July—her confinement may be expected at soonest about the 31st March (*the end of nine calendar months*);

In addition to the judicious hints thrown out by the writers from whom I have quoted, there are also simple and effective means by which impregnation may be prevented even *during* what is said to be the *dangerous* period. The first question is confidently answered in the affirmative, and it behoves all persons to be acquainted with the answer that they may be able to exercise some control over reproduction, while, at the same time, satisfying the legitimate sexual appetite. The application of cold water and other simples under medical direction will, if adopted at the proper time, do all that is necessary to save the female from undesired impregnation. This is certainly a desideratum which most persons will recognise, and when it can be so easily satisfied, without giving either moral or physical uneasiness of the slightest kind, it should be the duty of all persons to consider it.

I say without moral uneasiness, because there is, in my opinion, and that of all moral philosophers of the day, a well-founded charge of crime against that portion of society which practises indiscriminate procreation. There can be no wrong in making the passions subservient to the reasoning faculties, and assuredly none in a married couple waiting until their means will allow it, before they commence to embarrass themselves with a family. I have nothing to do with popular prejudices. They are the drags on philosophy, science, and common sense. They perpetuate follies and crimes that keep humanity crawling miserably in the old grooves of antiquity and custom, which ought to be effete. It behoves the medical man to disregard them *in toto* when discussing

or at latest on the 6th April (*the end of ten lunar months*). Another has ceased to menstruate on the 20th January—her confinement may be expected on the 30th September, plus 20 days (*the end of nine calendar months*), at soonest; or on the 7th October, plus 20 days (*the end of ten lunar months*), at latest.

questions affecting society in its physical conditions; and it is gratifying to discern that the assault on many of the absurdities of society has become vigorous and determined, as also that the victory will certainly be on the side of science.

I have purposely given certain prominence to the question of marriage with prevention, so that it may come to be considered whether it is not infinitely to be preferred to the dangerous practice of promiscuous intercourse. It is useless to speak of the courtesan as a person to be guarded against by reason of the physical dangers that are often associated with her calling, unless it can be shown that there is a legitimate and rational resource. This resource is in the suggestion I have advanced, and is available by all who have the wisdom to adopt it.^(gg)

(gg) There is good reason to believe that in the human female the sexual feeling becomes stronger at the period of menstruation, and it is quite certain that there is a greater aptitude for conception immediately before and after that epoch than there is at any intermediate period. Observations to this effect were made by Hippocrates, and were confirmed by Boerhave and Haller; indeed, coitus immediately after menstruation appears to have been frequently recommended as a cure for sterility, and to have proved successful. This question has been made the subject of special inquiry by M. Raciborski, who affirms that the exceptions to the rule—that conception occurs immediately before, or after, or during menstruation—are not more than 6 or 7 per cent. Indeed, in his latest work on this subject,* he gives the details of fifteen cases, in which the date of conception could be accurately fixed, and the time of the last appearance of the catamenia was also known, and in all but one of them the correspondence between the two periods was very close. Even in the exceptional case, the catamenia made their appearance shortly after the coitus, which took place at about the middle of the interval between the two regular periods. When conception occurs immediately before the menstrual period, the catamenia sometimes appear, and sometimes are absent; if they appear, their duration is generally less than usual. The fact that conception often takes place immediately *before* the last appearance

* *Sur la Ponte des Mammiferes.*

The courtesan can meet the claims of the sexual instinct, but she frequently imparts a taint which undermines the constitution, and often carries its victims to the grave—a disease which, in its outward expression, gives to the sufferer a hideous aspect; which remains for life as a latent poison in his system; which, in after years, appears in his progeny, and gives to the child the inheritance of a life shortened by a disease that—being congenital—often defies the most profound skill of the physician. In addition to this, there is that common painful disease gonorrhœa, with its concomitants and *sequelæ*, such as blenorrhœas and stricture, the latter of which is one of the most horrible afflictions of the genital organs. Such are a few of the probabilities surrounding congress with the courtesan, and which should, if duly considered, lead to the choice of marriage with prudence in intercourse.

of the catamenia—and not *after* it, as commonly imagined—is one well known to practical men. Numerous cases have been collected by Mr. Girdwood, Dr. Robert Lee, MM. Gendrin, Negrier, Raciborski, and others, in which the menstrual period was evidently connected with the maturation and discharge of ova.—*Carpenter's Principles of Human Physiology.*

CHAPTER VIII.

MARRIAGE AND ITS PHYSICAL EMBARRASMENTS—IMPOTENCY
—INABILITY TO CONSUMMATE THE MARITAL CONTRACT—
GROUNDS FOR CLAIMING A DISSOLUTION OF MARRIAGE
—RECENT CASE IN MELBOURNE SUPREME COURT—AB-
SENCE OF DESIRE—DESIRE WITHOUT POWER—TOO BRIEF
ERECTION—ORGANIC DEFECTS IN THE PENIS—PREMATURE
EMISSION—OBSTRUCTION TO EMISSION, STRICTURE, ETC.—
INFECUNDITY OF THE SEMINAL FLUID—SPERMATORRHŒA
—VARICOCELE AND WASTING OF THE TESTICLES—TREAT-
MENT OF AND ORIGINAL OPERATION FOR PROSTATORRHŒA.

They call'd it marriage ; by that specious name
To veil the crime and sanctify the shame.

OLD AUTHOR.

THE entrance into wedlock is, in a physical as well as a moral sense, very often “a leap in the dark.” The genital organs, being concealed from view by reason of the customs and the innate modesty of a high civilisation, may be more or less imperfect, and unfit for the congress which the matrimonial alliance is intended to sanction. To both men and women there is an element of risk, inasmuch as unfitness may exist in either sex. In some instances the defect is not known: in others it is known, but not avowed. With woman there may be radical defect without her knowledge, and indeed there are many organic difficulties in woman

which would, as a general rule, be quite unknown to her prior to the attempt at physical intercourse, and which would be found to interfere eventually with fecundation, even if the conjugal act were fully consummated.

All disqualifications for matrimonial union may be divided into classes. First, those caused by defect of mental power; and, secondly, those caused by defect of sexual organisation. The disqualifications are, therefore, moral and physical, and are usually expressed by the terms impotence and sterility. These terms are often used synonymously, though widely different. *Impotence* consists in the incapacity for copulation, or in the impossibility of exercising the venereal act; *sterility* consists in the aptitude of the organs for procreation, without the power of reproduction. Thus a person may be impotent but not sterile, and *vice versâ*. Some writers apply the term impotence to the male, but such a distinction is arbitrary and unscientific. The female may be impotent from malformation, and the male sterile from excessive venery, onanism, self-pollution, and diseases of the testicles. A man who is impotent is necessarily sterile; but a woman may be impotent and not sterile. I need scarcely remark that sterility does not afford a just plea for the nullity of marriage. The manifest causes of impotence, in both sexes, may be divided into physical and moral.

Moral Causes.—There are no facts which so evidently prove the influence of the moral over the physical state of man as the phenomena of erection. A lascivious idea will arise in the midst of our gravest meditations, the virile organ will answer to its appeal, and will become erected, and fit for the function which nature has confided to it; but another thought arising will instantaneously extinguish, with the most frigid indifference, all amorous transport.

This statement is well exemplified by the effects of the passions. Chagrin, inquietude, and debilitating passions

influence the whole economy ; jealousy and profound meditation impede the faculty of procreation. Thus, at the very moment when enjoyment is about to be commenced, too eager desire, the excess of love, the fear of not being loved, timidity, respect, doubt of capability, the fear of being surprised, the shame of excessive modesty on being in the presence of witnesses, antipathy, the ecstasy on beholding the attraction of a beloved or fine woman, the continence imposed by real and true love, the sudden knowledge of some physical defect in the female, aversion from filth, odour, and pre-occupations of the mind, are sufficient to oppose erection, and to abate it most suddenly. But who can enumerate all the moral causes capable of impeding or abating erection ? A sigh doubtfully interpreted, a recollection, an equivocal word, are sufficient to destroy the illusion.

In going through the several divisions of this chapter, which will deal especially with the defects in the male organs, it will be seen that there are a great number of conditions which may exist in man as direct impediments, and may absolutely disqualify him for entering into the married state, where procreation is looked forward to as a result of the concerted union. It will be seen that, although there are so many forms of unfitness, the majority of them are such as are brought on by neglect, or by excesses. The first that I shall deal with, is that very prominent one which so often enters our law courts as a question affecting the validity of marriage.

I am of opinion that, when a woman seeks to have the marriage with her husband annulled on the ground of impotency, she should prove herself to be a virgin to the entire satisfaction of three eminent medical practitioners. If she fails in so doing, the trial should not be proceeded with. In a case which recently occupied the attention of the Supreme

Court, a woman who had been married twelve years, sought to have the marriage dissolved, in consequence, as she swore, of the impotency of her husband. The medical gentlemen who examined her declared the hymen to be RUPTURED, and also that there was evidence of *astrigent lotions having been used*. The husband swore that he had performed the act of copulation twice on the night of their marriage, and had continued to cohabit with his wife regularly since. On the face of this testimony the jury considered the marriage ought to be declared utterly void!! and it was decreed so accordingly.

A case occurred in France, 1653. The Marquis of Langey, aged 25 years, married a lady between thirteen and fourteen years of age. They lived happily as man and wife for four years, and a short absence from home induced the Marchioness to express great anxiety and tenderness of affection for the return of the Marquis. Soon after this the wife accused the husband of impotence, and declared herself a virgin. The Marquis, piqued at this, demanded the custom then sanctioned by the laws of his country—trial by congress. The judge ordered it; the lady appealed, but the decree was confirmed. A jury of five physicians, five surgeons, and five matrons was empanelled. They filled their reports with the most obscene details, and gave their decision against the Marquis. The marriage was declared to be void on the 8th of February, 1659; the husband decreed to pay all the costs, to return the fortune he received, and he was ordered not to marry; while the Marchioness, now Madlle. de St. Simon, was left at liberty to do so.

The Marquis submitted a legal protest against the decision that he was impotent, and declared his intention to marry. The lady married the Marquis of Boisle, by whom she had three daughters. The Marquis likewise married, and had seven children.

In fine, the Marchioness of Boisle explained, on her death-bed, the stratagem which she employed to annul the marriage.

I.—IMPOTENCE.—This is the term known to represent an incapacity for sexual intercourse. It may arise from a great variety of causes, several of which I shall mention. They may be congenital, produced, or arising from senility. The subject is one of great importance, and has always been considered so, affecting, as it does, so many questions of a socio-legal character.^(hh)

Various writers have described the causes of impotence, and amongst them Foderé, who has classified them under the heads absolute, curable, and accidental. “The absolute causes of impotence, or those for which there is no known relief, principally originate in some malformation or defect in the genital organs, and these may be either natural or

(hh) “The Christian law declares marriage to be indissoluble; and Justinian, legislating on this principle, was the first monarch who prescribed the mode of obtaining divorce by law, who, at the same time, promulgated statutes as to impotence. He ordained that if the imbecility continued for two years after marriage (which period was afterwards enlarged to three years) the female should be entitled to a divorce. We are informed that it was not until the twelfth century that this jurisprudence came into general use. The canon law under which these cases were judged always desired (at least in practice) that the defect should be shown to have existed before marriage; and that, after its celebration, a certain period of time should have elapsed before a complaint could be entertained, in order to ascertain whether the impotence were absolute or only accidental. These dispositions of the canon law were adopted into the civil law of ancient France, and many *arrêts* of Parliament have admitted the plea of impotence, and dissolved marriages of eight, twelve, or even fourteen years’ standing. Accidental impotence, however, in the sense I shall hereafter define it, was never deemed a just cause of divorce by any of these tribunals. In 1759 the Parliament of France refused the application of a female, whose husband had been declared impotent during his first marriage, on the principle that at his second nuptials, several years after, the physicians declared that he appeared to be cured of his disease.—*Beck’s Medical Jurisprudence.*

artificial. To this class we refer the following :—An absolute want of the penis. Cases are frequently met with in medical works, where it is stated that the ureters were found terminating in the perinæum, or above the os pubis. Foderé observes that he cured a young soldier of incontinence of urine, in whom there was a fleshy excrescence like a button in the place of the penis, and at which the ureters terminated. The testicles were well formed. Many cases are on record of the penis being impervious. Sometimes it will be found that the ureters will terminate in a fungoid tumour at the lower part of the abdomen, with the testicles in each groin ; the penis an inch long, and imperforate.”—*Beck's Medical Jurisprudence.*

There may also be impotence without any of these organic defects. It may exist with a perfect complement of the associated organs. The penis may be there, and the testicles, yet to all intents and purposes for congress with the female the man may be completely impotent. There are more of these cases than is generally supposed. There are many men so constituted that from having a very small cerebellum, and but little functional activity in the genital organ, they feel scarcely any inclination towards alliance with the opposite sex. These men seldom have any desire to marry, and the long inactivity of the seminal secretions renders them quite unfit for consummating congress whenever by accidental circumstances they are induced to leave the bachelor state. They imagine that because they have the organs of procreation externally developed they are therefore competent, when legitimate occasion arises for physical union, to satisfy all its requirements.

They are generally wofully deceived, and deplore, with heartburnings, the step they have taken. Several such cases have come under my notice, and they have as a rule been extremely difficult to treat. The patients were always men

of very little sexual expression. Excitement to the least extent was scarcely possible. The cerebellum was small, and the physical force of the system much below the ordinary standard.

They informed me that they were seldom disposed to think of the other sex; that such tendency, although only occasional, was so feeble in its character that they felt no difficulty in setting it aside; and that it never reached sufficient intensity to induce them either to masturbate or have intercourse with the prostitute.

Among the causes of want of erection we must reckon a frigid or apathetic constitution, a total insensibility to sexual desire, and this is said to be of a profound lymphatic temperament. Descourlitz describes persons of this temperament in these words:—"The hair is white, fair, and thin, no beard, countenance pale, flesh soft and without hair; voice clear, sharp, and piercing; the eyes sorrowful and dull, the form round, the shoulders straight, perspiration acid; testicles small, withered, pendulous, and soft; the spermatic cords small, the scrotum flaccid, the glands of the testicles insensible, no capillary growth on the pubes; a moral apathy, pusillanimity, and fear on the least occasion, are symptoms of anaphrodisia, or impotence, or sterility; and any one having the majority of these signs is incapable of copulation or generation."—*Propositions sur l'Anaphrodisie*.

Cases are recorded in which impotence was caused by a feeling of hatred and disgust on the part of the husband.

This position is well illustrated by the case of the Earl of Essex and Lady Frances Howard, which occurred in 1613, in which the marriage was declared void by the King, though the Archbishop of Canterbury was against granting a divorce. The Earl admitted he was impotent with his wife, but not so with other women. The following are the particulars of the case:—

The Countess transferred her affections to the royal favourite, Carr Viscount Rochester (afterwards Earl of Somerset), and, being desirous of a divorce, complained that her husband was impotent. She deposed that for the space of three years they had lain together, and during that time he had repeatedly attempted to have connection with her without success. She also stated that she was still a virgin, and several peeresses and matrons, who were directed to examine her, corroborated this statement; although it is mentioned that she substituted a young female of her own age and stature in her place during the examination. She was pronounced to be well fitted for having children.

The Earl, in his answer, admitted his inability to know her, while he denied his impotence as to other females, and insinuated his belief of her incompetency for copulation.

One instance was of a different complexion. This gentleman stated that his sexual efforts were of so feeble a nature, that he could not succeed in holding physical congress with his wife, who was a person of a cold and passionless temperament—at least such was her manifestation towards him, which might arise, as he thought, from a knowledge of his deficiency. He, however, was able to consummate connection with some prostitutes, or with women who were more ardent in their nature, and who, by reciprocity of emotion, roused his almost dormant sexual energies.

Such are some of the modes in which impotency presents itself. It thus may be partial or absolute. In whatever condition it is to be found, it is destructive of connubial happiness, and frequently leads to most disastrous results. When partial, it is of course curable, but the victim unfortunately does not wait to consider whether it is so or not, but assumes, in his despair that his case is hopeless, and often plunges into the dark shade of suicide to escape his mental torments.

An illustrative instance occurred in our courts of law only a few years ago, in the case of "The Queen v. Elton." This man was charged with the murder of his wife's child. Prior to his marriage, suspecting himself to be unfit for the step he was contemplating, he consulted me as to the propriety of his entering into wedlock. After examining him and learning his history, I did all I could to dissuade him from taking such a step, until he had, by suitable medical treatment, been restored to virility. I pointed out to him clearly the absurdity of his making such an attempt as to marry with the expectation of consummating the marital contract. I showed him the early prospect of his cure, when he might carry out his engagement with safety and satisfaction to himself. He was, however, imprudent enough to disregard my advice. He married. The result was as I had predicted. His misfortune weighed so enormously upon his mind, that he lost his mental balance. He cut the throat of the child which his wife had had by a former husband, because he could not himself beget one. The circumstances under which he perpetrated the foul deed were horrible in the extreme. He was tried and sentenced to death, but through my evidence, his life was spared, and he was sent to the Lunatic Asylum, where he is condemned to end his days.

Many instances will occur to my Melbourne readers of a similar character. A few years ago a man jumped overboard from one of the intercolonial steamers, near Queenscliff, and was drowned. On investigation it appeared that he had been married a week before, and found that, from some cause or other, he was impotent. The untoward event had so disastrous an influence over him that he gave up all hope, and thus lost the chance of recovery: had he but braved it, and sought medical aid, there is a high probability that he would have been restored. He, however, did

not do so, but determined on self-destruction as the only release from his mental agony, which he effected as above stated.

Not long ago a man was found dead, suspended from a tree in one of our parks, he also having committed suicide. It was found that he was married, but impotent, and had allowed the defect so to prey upon his spirits that life became unendurable.

Rumour tells of an eminent tragedian, well known and much lamented by the Australian public, who not long ago,

Stabbed by a white wench's black eye,

married, and found in the marriage bed his manhood fail him. His fate is well remembered, and is attributed to the remorse and chagrin which the terrible discovery produced on his sensitive mind.

These are but a few instances, but they are sufficient to attest the calamitous influence which impotence produces on the mind of the man who makes the sad discovery. It is evident that in the majority of cases men give way unduly, and unreasonably, to despair. Many have plunged out of time into the darkness of eternity, who might easily have been cured of their malady, had they possessed sufficient control over themselves to brave the misfortune for a short time, and seek relief at the hands of a competent surgeon. Unfortunately, this general hopelessness which we notice amongst the impotent is seriously augmented by the conduct of the charlatans who for years have preyed upon society by their impudent professions to cure such diseases. The sufferers from the malady now under discussion have been long the victims of these vultures, and the common result has been, that money has been filched from them without any physical relief ensuing as compensation. This disappointment has had the tendency to destroy all hope of relief from medication, and thus the good which might follow from

the exercise of the true physician's art, is lost to many of the sufferers from impotence, and, under the burden of a disordered mind, they end the life which might have been prolonged in connubial happiness.

Mr. Acton, writing on the subject of impotence of the character just referred to, says:—"We find that some men reached adult age without having experienced any sexual desire at all. That complete sexual quiescence which we have noticed as being the proper condition of childhood, continues in cases such as we are describing, during the period of youth, and even in adult age.

"In some it is only at an unusually late period that the natural sexual desire commences; this delay in the development of the reproductive powers gives rise to a variety of surmises, but, curiously enough, the patient himself is the last person alarmed at the delay in the appearance of sexual feeling, and it is often only accidentally that a medical man is consulted about it at all."

This able writer on subjects of a sexual character also states, for the consolation of those who may be so unfortunately situated as to be impotent from such a cause, that "it does not necessarily follow in such cases that the existing impotence is anything but temporary. In the case described above, there may be a late development of the organs. Instead of the young man being precocious, circumstances may simply have delayed the structural and functional maturing of the testes, which, under proper treatment, may still be perfected."—*Acton*.

Before entering upon the discussion of impotence arising from diseased conditions, it may be well to consider some other phases of what has been very aptly designated "false impotence." Into this branch of the question Mr. Acton has entered with great fulness and clearness, and has enumerated most of the states which come into the category of

“false impotency.” Amongst them may be noted the effects of continued and excessive study; temporary dislike to the female from mental causes, such as idiosyncrasies; indifference between a man and a woman, and but a slight emotion of a sexual nature in the one operating as a deterrent upon the other.

Bearing upon the influence which intense study is found to have sometimes on the genital functions, he says:—“A young man has been continent all his life. When his studies are completed, and his university career is drawing to a close, he forms an attachment which is every way desirable, but he dreads or thinks he has reason to believe himself impotent. If the patient be occasionally subject to nocturnal emissions, or if he pass some slightly tenacious fluid when going to the water-closet, or after passing water, he imagines that these are signs of impotency, and he further errs in thinking that his happiness is marred—that he is incapable of marriage. Of course, this state of things must be arrested by skilful treatment, or permanent impotency *might* ensue. If, unfortunately, he has been guilty, as a boy, of self-pollution, the conviction comes home to him that he deserves all this personal chastisement now heaped upon him; and, with all the self-sacrifice of the youth, he deems himself unworthy to have a wife, and proposes breaking off the engagement, declaring that, whatever his own sufferings may be, he never will sacrifice those of the woman he had selected to be his partner. It is well, if such a man, in this despondent mood, consult a competent and judicious medical man. In too many instances pride, or his stricken conscience, or ignorance, or the fear of entrusting his secret to any human ear, brings about a state of mental and bodily prostration that must be seen to be appreciated. No one but those who have witnessed the condition of the sufferer can form any idea of the hell upon earth which

these conscience-stricken penitents carve out for themselves.

“I can testify to the enormous number that annually consult us, and well it is for them if they do not resort to the quacks. It is such sufferers as these who furnish funds for the advertising firms that fill the pages of some of our country and London journals with their trashy advertisements. These harpies fatten on the ignorance and prejudices of such patients, humour their fears, increasing and exaggerating the supposed consequences, and only turn them adrift when they have emptied their pockets. If, however, a sympathetic and competent medical man be consulted, he can conscientiously inform them, that a youth who first falls in love is often beset by these alarms, which I have classed under symptoms of false impotency; and that a little sympathy on the part of the surgeon, with some confidence on the part of the patient, and proper treatment, will effect a cure, and enable him to marry; when all his alarms will cease by the proof that his sexual powers have been unimpaired, and that, without care on his part, the patient may rather be in danger of giving way to marital excesses.”

Occasionally it happens that a man marrying late, who has been generally, if not absolutely, continent, finds that he is unable to hold physical congress with his wife, and at once falls into a state of despair. He takes it as a matter of course that marriage would, by some magical process, at once develop his energies, or, he never thinks at all of the dormant condition of his powers. Patients like these are amongst the most miserable of those who consult the medical man, yet, in almost all cases, a favourable prognosis may be held out. An instance of this kind came under my observation at the beginning of the present year. The patient was a man of some means, and was about forty-five years old. He married a lady about his own age, one of a cold tem-

perament, so far as sexual expression was concerned, she having been guided, in her acceptance of his proposal to marry, from motives of a worldly character rather than from those of affection.

He found on the night of his wedding-day that he did not obtain an erection, and that, although he was desirous to perform the act of consummation, he was unable to do so. Night after night there was a similar defect in the way, and at length it became hopeless by reason of the state of nervous depression into which he allowed himself to fall. He made the fatal mistake which almost all commit, who, under the circumstances, have not the moral courage to look at the difficulty with calmness and hopefulness. After the lapse of a week or ten days he presented himself at my consulting-room, pale, dejected, and much reduced in *physique*. I had known him by sight for some years as a hale and well-developed man. He at once informed me, without much prelude, what was the nature of his complaint, and, with great earnestness, asked, "Doctor, tell me if there is any hope of my getting better." He was evidently astonished when, after a few questions, I told him that he would most assuredly be cured of his sexual debility. This gave me to understand more distinctly the depth of despondency into which he had fallen.

By cold salt-water sitz-baths, alternating with the shower bath, together with musk, followed by phosphorus and plenty of nitrogenous food, he was so much improved that in a month and three or four days he called upon me to inform me that he had, during the previous night, been able perfectly to consummate his marriage. This was a bad case, because of the disadvantage he laboured under in having married a lady who was almost destitute of sexual emotion, and who did nothing in the way of affectionate expression to stimulate similar emotions in him. Under such

circumstances the treatment was unaided. He had to be nerved to such a standard that even the sexual indifference of his wife would not be a drawback to his success. I found in this case that the use of phosphoric acid, strychnine, and faradisation, had a marked influence in restoring tone to the cerebro-spinal axis and the genital plexus. To this treatment I attribute the success I attained in this as in many other cases of a similar character.

There is often an accidental attack of impotency, even amongst married men, which gives uneasiness in all, but which in some creates genuine alarm. It may happen to any one who is not very robust in the sexual region, and who has to undergo severe brain-work. With men after forty years of age it is by no means an unusual circumstance. Physiologically speaking, there is some special analogy between the constituents of the brain matter and the vital secretions of the testes, inasmuch as the exhaustion of brain power appears invariably to exercise a correspondingly depressing influence on the generative functions.

At this period of life men have commonly to bear the greatest amount of mental strain in the social conflict, and at the same time there is, on the other hand, the natural tendency to lessening vigour in sexual emotion. It is not to be wondered at, therefore, that during periods of mental wear the sexual powers should give way, nor that there should not be the usual response in the organs to the stimulus of emotion or desire as it occurs.

There need not in these cases be any serious alarm. It is seldom that, under such circumstances, permanent impotency sets in, unless there are lesions of a serious nature super-added to the mental exhaustion to which I am alluding as one of the causes of false or temporary impotence.

A few days ago a gentleman about forty-four years of age entered my consulting-room, and appeared much dis-

tressed in his mind. On interrogating the cause of his grief, he told me he had been married several days, and had been physically unable to consummate the marriage. I learnt that he had not essayed the sexual act for nearly three years, and also had been doing a good deal of brain work. His testicles had nearly wasted away (atrophied). It was a most painful case, but I assured him all would be right. Faradisation of the *veru montanum* and of the lumbosacral portion of the spinal cord and testicles found its appropriate sphere of action in this case. Strychnine and musk, followed by phosphorus and the phosphates, together with generous living and the cold douche, soon effected a cure.

Abstinence from intellectual exertion, and perfect rest for a short period, combined with attention to suitable hygienic conditions, and judicious medical treatment, generally restore the jaded energies to their former power, and relieve the patient from all apprehension of permanent loss of virility. Many patients have consulted me on this point, and the usual impression with them has been that they were entering upon the state of absolute impotence. This error I have, in all cases, been able to dispel at once, and indeed it is the first duty of the medical adviser to undeceive the unfortunate sufferer, or the process of cure will be materially retarded. From what I have seen and heard, I am persuaded that there are many married men, forty years of age, who are enduring impotence which they unwisely deem to be permanent, and which they are too delicate to confide to their medical attendants, who would soon advise them to the contrary.

There is another cause of false impotency which it is necessary to notice. Sometimes it happens that a man discovers, on the marriage night, that his wife is a woman with a positive dislike either to physical intercourse, or to him as an individual. The effect produced on a sensitive young man

who happened to be a patient of mine, was, that it produced temporary impotency. On this occasion the lady would not, for more than a month, yield to the caresses of her husband. He gradually lost his sexual energy, so that when on the part of his wife there was some slight inclination to concession, he found himself unable to complete the desired congress. This case is by no means an isolated one; there are many such instances, and they come within the category of false impotency. The sexual function is one which depends upon so many conditions for its integrity, and is so amenable to nervous influence, that, in the case of thousands of persons, it is impossible to perform it where the mind is in the slightest degree influenced by adverse or irrelevant thought.

This phase of the subject is thus commented upon by others:—"Among the married we sometimes find men taking a dislike, or even a disgust, to their wives, and, as a consequence, there is an entire want of desire. A first failure will so annihilate men's sexual appetite that they are never able or anxious to attempt connection a second time. In many cases this arises from wounded *amour propre*, as they succeed with other women. Early excesses in married life will, in a certain number of cases, occasionally produce temporary impotency later in life. Want of sympathy, or want of sexual feeling on the woman's part, again, is not an unfrequent cause of apathy, indifference, or frigidity on the part of the husband. Lastly, there are cases of amiable men who carry their consideration for the women they love to such an extent, as to render themselves practically impotent for very dread of inflicting pain. A singularly agreeable and gentlemanly, but very mild-looking man, once called on me, saying that he had been lately married, and had not succeeded in performing marital duties. I treated him in the usual way, and he got

better, but still the act was not satisfactorily performed, and my patient said enough to induce me to believe that the failure was not to be attributed to him alone. After some hesitation, the lady consulted me. I found her a pretty, pleasing, but excessively nervous and excitable person. At first the mere application of cold water to the generative organs could not be borne, but after some time, and after a good deal of careful management, an astringent lotion was used, and the irritability subsided.

“When the morbid excitability was somewhat reduced, the hymen was found not only entire, but very tough, presenting the appearance of the finger of a kid glove on the stretchers. Division of the hymen and dilatation of the vagina at length accustomed the parts to bear contact, and a permanent cure was effected.⁽ⁱⁱ⁾ I have reason to believe that cases of supposed impotence arising from this cause are not uncommon; cohabitation is, under these circumstances, not likely to be followed by impregnation, when the husband has been previously continent, and while his natural disposition renders him particularly unwilling to distress or hurt his wife while she is in this state of unnatural and morbid sensitiveness. It is not improbable that divorces have taken place before now, from such causes as these,

(ii) I well remember an educated gentleman rushing wildly into my consulting-room, about three years ago, saying that he had married a deformed woman, and asking what he was to do? I questioned him as to what shape the deformity assumed, and he replied that he could not perform the act of sexual congress. (He had then only slept with his wife one night.) I told him I had no doubt about his being able to accomplish the act in a night or two, and to keep his mind easy about the matter. In three days afterwards he again called upon me, and said he would sue for a divorce, as he was sure she was deformed. I desired him to bring his wife to me, and he did so. On examination, I found the hymen thick and unyielding; I therefore divided it with a bistoury, and dilated it with Weiss' dilator. The next day he grasped me most excitedly by the hand, and said it was “all right.”

particularly when interfering friends have exaggerated and envenomed the painful difference between the young couple."*(kk)*

These observations, by one who has had such enlarged experience in the two greatest capitals of Europe, sustain most conclusively the remarks I have made upon the cases which have come under my own cognizance. The causes of temporary and false impotence, without disease or serious lesion, are very numerous, and are, all of them, amenable to prompt and successful treatment. Hence, no man should permit the occurrence to remain, without reference to a medical man in whom he may have confidence. Impotence is a circumstance of such vital consequence in a social aspect that it is of the utmost importance it should exist for as brief a period as possible. The issues are often of so widely extended and serious a nature, that any delay in being rescued from such a state may be perilous in the extreme.

The relationship of families; the peace of individuals; the life-long happiness of the two parties most concerned; their status in society; the conditions of property; and the hopes of family descent, are all involved in this great question: hence, it is imperative on the professional man, when writing on kindred subjects affecting the sexual relations of men and women, to give as much prominence as possible to impotence in man.

In 1869, a gentleman, apparently healthy and muscular, called upon me, and, with tears in his eyes, and a most melancholy aspect, informed me that he had been married three months, and had never had an erection sufficient to consummate the marital contract. He had the desire for sexual intercourse, but not the physical qualifications for that condition. His wife, he said, was in good health and

spirits when first married, but since, she had lost flesh, had become low spirited, and suffered from hysterical fits. I soon learned that the cause of the whole trouble was masturbation, and he had not indulged in sexual congress for more than two years. I told him to be as cheerful as possible, not to attempt sexual intercourse unless the penis was rigid, and to take a sea-bath every morning, and a cold sitz-bath at night, to drop smoking, to have a generous diet, together with galvanism and faradisation. I also gave him the phosphate of zinc, phosphoric acid, and sulphate of strychnine, in a mixture three times a day. This was followed by phosphorated oil at bed-time, and quinine, iron, and strychnine, morning and noon. In three months he called to request my attendance on his wife, whom I found to be suffering from the vomiting of pregnancy.

Absence of desire is sometimes almost the normal condition of a man, without any known predisposing cause. I have met with one who—although the penis and testes were perfectly formed—stated that he had no desire for physical intercourse, yet he would like to marry because it was the custom, and for the sake of association. On my asking him if he thought himself justified in entering into the married state, he said he thought “it did not matter much.” I was then treating him for disease of the liver and kidneys. His genital organs were smaller than usual, and his cerebellum was unusually small. He entertained some imperfect notion that married life would be an improvement in his comfort, and that it had no difficulties which should deter him from entering it. This man took the step he contemplated, and as I informed him beforehand, was quite unequal to the claims of connubial life. He is still in the same state, and his married life is one of a most unenviable character. I have no doubt in my own mind that this person might have been restored, in some degree, to sexual capacity, had he, at

the onset, put himself under proper medical treatment for his genital defects.

There is another stage of impotence which occurs with young men, and with men who have been some years married, which is, too brief erection when performing the sexual act. This arises, in both cases, from exhaustion of the vital forces. With single men the cause is generally self-pollution; with married men it may arise from too free indulgence in marital congress. This symptom is very common, if we may judge from the number of men who have consulted me on the subject, and there must have been an equal number amongst the patients of other practitioners. The symptom should be noted, and the circumstances attending it watched. It may, under certain conditions, have nothing abnormal about it, but may arise from either the hesitancy of the male or the indifference of the female.

Erection may be perfect for a limited time, and much beyond that which is absolutely necessary for perfect coition, yet, by delay, it may be insufficient for its purpose. It must not be expected by those who are advanced in years that erection will continue long. Age has an important influence on this function; and when imperfection in erection makes itself manifest, it indicates, as a rule, that the general constitution is declining in vigour, or that there is local debility of the genital organs, which should act as a warning to the subject of it that temperance in sexual congress should be practised.

Young men can only be subject to this defect when they have previously been habituated to self-abuse, which is eminently calculated to produce debility. When, therefore, it occurs, it should lead them at once to abandon the habit which has induced it, and seek promptly the aid which their medical advisers can render. Like all other sexual defects, it has its moral influence on both parties, and should be

remedied as soon as possible. Should it be allowed to remain it may embitter a whole lifetime. The wife may be highly organised, and so delicate and affectionate in her nature as not to attach much importance to the defect; but its influence on the husband may be so disastrous in producing infirmity of temper that the union may be embittered on grounds quite irrespective of the sexual defect. In the young man there is always legitimate hope of recovery, but in the man of advanced years there is scarcely any chance of improvement, save in abstinence or moderation in congress, with proper medical treatment.

There is another form of impotence, arising from the too active secretion of fatty matter, which generally expresses itself in the form of corpulency. It is now a well-recognised physiological fact that the deposition of much fat in the system is inimical to the sexual energy in man, and to gestation in women. This coincidence has also been noticed by careful observers in the breeding of cattle. As a rule, fat stock do not breed so regularly as those which are in moderate, or even lean, condition; and it is a matter of consideration with breeders of stock, how far they will allow the fattening of cattle to go, where it is desirable that there should be a large increase of progeny.

There are many men and women to whom this is a matter of importance, standing in the way of the sexual energy which is desired. There is, however, in most cases, reasonable ground for believing that proper hygiene and suitable dieting would effect considerable physical change of a character favourable to procreation. I have known several instances during the last few years of very fat men who were almost impotent from that physiological difficulty, yet who, in the course of a few months' rigid adherence to prescribed rules of conduct, have experienced an entire change. It is by no means a difficult matter to produce a perceptible

weekly difference in the weight, and with safety (save in those cases where there is actual organic disease), by careful regimen.

There are, in addition to the above forms of impotency—which are generally curable—others of a more serious character, which offer no reasonable prospect of cure, even under the most skilful treatment. These are generally of an organic rather than a functional character, involving defects in form. Amongst the most simple defects may be noticed that in the penis itself, which is indicated by a lessening of its diameter at its root or junction with the pubes. When this is the case the organ hangs upon the scrotum, pendent and flaccid, having apparently no contractility. This is a defect in the condition of the erectile tissue, which is, as a rule, congenital, although it may occur from sexual abuse. When the male organ is found to be narrower at its base than elsewhere, and the glans is much larger in diameter than the corpora cavernosa, which is considerably elongated, it may be assumed that the virility of the patient is deficient in energy, if not actually inert.

“In some instances there is an arrest of development in the external organs, and with it there is generally an absence of sexual desire. Mr. Farr met with a case in a man aged forty-two, in whom the sexual organs remained undeveloped and in an infantile state. There was some difficulty in finding the testicles, in consequence of their small size. On examining the glans microscopically no spermatozoa were found. This person’s voice was effeminate, and he was devoid of hair on the skin and pubes.”—*Medical Gazette*, vol. lx., p. 857.

It is not, however, always to be inferred that a male with imperfectly developed organs is incurably impotent. The following case is quoted by Mr. Curling:—“A gentleman, aged twenty-six, consulted Mr. Wilson on the propriety of his

entering into marriage. His penis and testicles but little exceeded in size those of a youth eight years of age, and he had never, until this acquaintance with his intended wife, felt the desire of sexual intercourse. He married, and became the father of a family, and at the age of twenty-eight the organs had attained the full development of those of an adult."⁽¹¹⁾

“Some diseases appear to have a specific influence on the development of the sexual organs; and although not influencing the nervous system—not affecting the sexual organs directly, nor leaving any trace of constitutional disturbance—

(11) Sometimes the defect is merely connected with the urethra. Thus the orifice may be on the dorsum of the penis, and in other cases underneath the organ, so that the urethra may terminate at a variable distance from the glans penis. Those labouring under the former defect are said to have *epispadia*, and under the latter, *hypospadia*. The power to have fruitful intercourse will, in either case, depend on the situation of the urethral aperture. Rüttel knew an instance of a hypospadian having several children. Some doubt has existed respecting the virile powers of those who are affected with hypospadia. In September, 1850, a lad, aged seventeen, was summoned before the magistrates of Kidderminster on a charge of affiliation, in reference to the pregnancy of a girl aged eighteen. The defence was that he could not be the father of the child, because there was such a malformation of the penis as to prevent prolific intercourse. On examination the urethra was found to terminate on the under surface of the penis, about an inch and a half from the glans, by a small elliptical orifice, which allowed the urine to pass, but with some difficulty. One medical witness gave it as his opinion that it was not impossible, but highly improbable, that the defendant should possess procreative power; another freely admitted the boy's capacity, and the case was decided against him. This decision was physiologically correct. When the urine can pass, the seminal fluid can pass also; and the only question is, whether the intromission can be such as that the misplaced orifice should come in contact with any part of the vagina? This must depend on the situation of the orifice. Similar remarks apply to epispadians. These malformations are sometimes remediable, but whether remediable or not, they are not, under any circumstances, to be regarded as absolute causes of impotency.—*Taylor's Medical Jurisprudence*.

they lead to an arrest of sexual development, and therefore to impotency and sterility. One disease has been especially noticed as possessing this influence — namely, *cynanche parotidea*, or mumps. Sir Astley Cooper was accustomed to state in his lectures that on the subsidence of this disease, when it attacked adolescent males and females, the testicles in the males, and the breasts in the females, became occasionally inflamed. The organs shrunk, and slowly withered; their development was arrested, and in the male incurable impotency was the result."^(mm) Others have pointed out cases in which strong and healthy men have been rendered incurably impotent after an attack of mumps.

It will be seen from what has preceded that there are many forms of impotency which are not beyond the art of the physician and surgeon. Most of them, indeed, have been known to yield to judicious treatment, only a few of the more serious organic malformations defying assistance. I may, therefore, counsel every one who discovers, or is suspicious, of the existence of impotency, to lose no time in seeking medical assistance. As a matter of course, the earlier application of that kind is determined upon, the greater the probability of restoration. It not unfrequently happens that an early appeal to a competent medical adviser has resulted in a very rapid and astonishing cure. By prompt attention to the defect much mental suffering is avoided, as well as serious marital complications.

In addition to the several causes of impotence which have been detailed above, there is one which does not come under that category, but stands alone, from the singular nature of the defect. It is not associated with organic defect, nor with loss of function. It is rather a too rapid reflex excitation of the vesiculæ seminales, by which the seminal fluid is

emitted at too early a stage of the sexual act. Many men experience this difficulty. It generally arises from abuse, and is the first stage of that more prominent disorder in spermatorrhœa, where the semen is emitted without any voluntary act. A man in this condition attempts physical congress, and finds that he has scarcely entered the vagina before emission takes place, and the act is deprived materially of its pleasures, and almost certainly of its impregnating power. It is in some cases so marked that the mere contact of the glans with the vulva produces the emission, which circumstance obviously acts practically as any other form of impotency. The prognosis in these cases is by no means discouraging, as I have found in all instances which have come under my notice that the cure was safely to be predicted, and was as certainly brought about.⁽ⁿⁿ⁾

How frequently do we find by reason of erroneous opinions of the physician's art that men, on the discovery of their misfortune as impotents, give way to despair and melancholy, and act as though they no longer were closely associated with society. The singular reflection overpowers them that their manhood was the only link which united

(nn) When we remember the variety of complex and consentaneous actions which perfect sexual congress requires, it seems really astonishing that impotence should not be more common than it is. To make coition complete there must be:—1. Excitement of the glans penis. 2. Suffusion of blood through the organ. 3. Contraction of the bulbo-cavernosi and ischio-cavernosi muscles. 4. Welling back of the blood of the bulb in the corpus spongiosum urethræ. 5. Compression of the dorsal vein of the penis by the anterior portion of the bulbo-cavernosi muscles. Now, if any one of these phenomena be checked or prevented, practical impotence is the necessary result. Thus, if the venous plexuses which make up the spongy portion of the urethra present varicose tumours, or if the muscle be enfeebled or paralysed, the blood not arriving in sufficient quantity at the glans, the primitive excitement will not exist, and the erethism will not occur, and as the sensibility of the glans ceases the erection will subside.—*Acton on the Reproductive Organs*, p. 128.

them to their race, and, feeling that they have lost their virility, they ignore all the other qualities of their nature. The mental dejection to which some men descend under such circumstances is one of the most painful psychological phenomena which come under the practitioner's notice. I am fully of opinion that this unfortunate tendency in these patients is due to ignorance on the one side, and want of confidence on the other. It is surprising to find how widely extended is the idea or belief amongst men that, although medical aid may act successfully with most diseases, it is feeble in its power to grapple with sexual difficulties. This is the outcome of years of disappointment experienced at the hands of uneducated quacks and charlatans.

I have already (at page 148) shown the valuelessness of the so-called "Ricord's Essence of Life." I now append Mr. W. Johnson's—the Government Analytical Chemist—analysis of a yet more useless, but certainly harmless, mixture that has been extensively foisted upon the gullible portion of the public under the name of "Dr. Bright's Phosphodyne."^(oo)

It was absolutely a necessity that such men as Lallemand, Thompson, Acton, Hutchinson, and others should have boldly written on these genital questions in order to restore or establish public confidence in the profession. From the

(oo) GOVERNMENT ANALYTICAL LABORATORY,

MELBOURNE, *April* 21st, 1873.

SIR—I have examined the contents of a sealed bottle, labelled "Dr. Bright's Phosphodyne," delivered to me by yourself a few days ago for analysis. The only substances I can detect in it are 7 per cent. real alcohol, about 3 per cent. burnt sugar, a little bitter infusion—apparently quassia—a trace of an iron salt, probably sulphate, and a flavouring ingredient derived from caraways. I applied Dr. Day's test for ozone, advertised as present in phosphodyne, but could not find a trace of it. There can be no doubt of the perfectly harmless nature of this preparation.—Yours,

WILLIAM JOHNSON.

advices we receive from Europe, and the tone of the medical works bearing upon this important question, it is manifest that the greatest possible good has resulted therefrom, and that these gentlemen, who first dared the odium of old professional prejudices, have been, and are, amongst the greatest benefactors to society.

I shall now treat briefly of obstructions to emission as a cause of impotency, in the sense of the patient not being able to project the seminal fluid into the vagina. Amongst such obstacles, the most important is stricture of the urethra, which is frequently of such a nature as completely to prevent the passage of the semen, which consequently regurgitates into the bladder, after having arrived in the urethra. This terrible organic disease is often so severe as to involve a considerable portion of the urethra, and effectually prevent anything more than a very small portion of the prostatic fluid passing out.

The average total length of the urethra in the dead subject is eight and a half inches, but during life, from the observation of Mr. Briggs, formerly of the Lock Hospital, London, it may be computed at from seven and a half to seven and three-quarter inches. This extent is divided, proceeding from before, backwards, into—

1. The meatus or orifice.
2. The spongy portion, six inches in length.
3. The membranous, three-quarters of an inch.
4. The prostatic, one and a quarter inches.

In the normal condition of the urethra, however, when quiescent, the walls of the canal are in close apposition, but will dilate to a considerable extent for the passage of the urine, &c.

Strictures arise from gonorrhœa; the employment of instruments in the treatment of diseases of the urethra; and traumatic injury. Their effect being to cause, in most cases,

almost absolute retention of the urine, it is manifest that a thicker fluid, such as the seminal fluid, will be much less readily passed. Men need not be surprised that, under such circumstances, their sexual congress is unfruitful. Most surgeons meet with the fact amongst their stricture patients, of non-impregnation during the existence of the obstruction; and, as often, notice that on the removal of the stricture, the impregnation of the female has been completed with ease. In my own practice many cases of the kind might be cited, but as the occurrence is so well known it needs no special illustration. I will, however, furnish one case.

A gentleman residing in Melbourne had suffered for eighteen years with organic stricture of the urethra. He had been married seven years without issue. He determined at last to get cured, if possible, and consulted me in reference thereto. I operated upon him under chloroform, administered to him by Dr. Girdlestone, with the best results. His wife became pregnant immediately afterwards, though, unfortunately, she died during childbirth, at which I did not attend.

Infecundity of the seminal fluid is worthy of notice also, as an occasional cause of impotence. In the former division of this work I have briefly described the physiological condition of the seminal fluid in its normal state; it will be, therefore, unnecessary here to go over the same ground. I shall content myself with describing those abnormal alterations in its conditions which cause it to be devoid of fecundating qualities. This is a frequent cause of impotence and sterility in man, and requires to be especially noticed because it may, and does, generally occur when the organs themselves are well formed and fully developed. It has frequently occurred that, in instances of the absence of issue in marriage, the physical defect has been unjustly charged upon the

woman, when, in fact, it actually existed in the man. Recent researches have rendered it highly probable that this fault of non-fecundative semen is far more frequent than is generally supposed, and have suggested the propriety of hesitation before throwing the blame of sterility upon the female.

M. Liegeois, surgeon of the *Hôpital du Midi, Paris*, says:—"Of the many differential characters which the semen, altered in its constitution, and compared with normal semen, may present, there really exists but a single one, known up to this moment at least, and that is the absence of spermatozoa—indispensable element of fecundation. In the physiological considerations, therefore, which I shall offer first of all, I will leave aside quantity, quality, odour, and consistency of this fluid, for these may vary in different individuals, in health or in disease, and the variations are, in the generality of cases, but of little value. Of the different notions which exist as to the various forms, sizes, and anomalies of configuration which the spermatozoa may present—a study of pure curiosity, and here of no practical importance—I shall say nothing. The only question truly useful which I have to put is this—Can the spermatozoa be absent in persons enjoying good health, and in whom the internal genital organs are perfect? Not many years ago such a question would have been answered in the negative; but more recently some authors—Casper, Hirtz, and Mantegazza—have published quite a number of facts calculated to shake the opinion so long adopted by all physiologists.

"Casper, in his treatise on *Legal Medicine* (1862), speaking of the examination of spots of semen, cites thirty-one cases which had been submitted to him for legal investigation, where the microscopic characters of semen, taken from the seminal vesicles, had been studied. In those thirty-one cases the author had noted the presence of spermatozoa twenty-

one times, and ten times their complete absence. These last were as follows:—(1) a man, aged 54, died from pyæmia; (2) aged 54, drowned; (3) aged 63, crushed to death; (4) aged 35, hanged; (5) aged 33, asphyxia; (6) aged 14½, pneumonia; (7) aged 30, drowned; (8) aged 44, asphyxia; (9) aged 43, asphyxia; (10) aged 35, hanged. These cases show, says Casper, that the semen of man does not always contain spermatozoa. Further research will decide if a long illness or venereal excesses can influence these productions. And our observations, adds Casper, would suffice to prove in practice that the spots certainly come from semen when the microscope shows that they contain spermatozoa, but also that the absence of animalculæ cannot prove that these spots do not come from semen. In 1871, Professor Hirtz, of Strasburg, published in the *Medical Gazette* of that city a work entitled *De la Sterilité chez l'Homme*. The author there gives the history of two robust men, several years married and childless, yet presenting no apparent disorder of the genital organs. In these subjects coition was not only performed normally, but with more than ordinary vigour, and yet, neither one nor the other possessed traces of spermatozoa. 'A remarkable thing,' says the author, 'and one upon which both have insisted, is, that the ejaculations are never followed by that sense of fatigue which is so generally experienced in the physiological state.'"

Hirtz treated these patients with oil of phosphor, nourished them on truffles and fish, but in spite of this regimen, neither the one nor the other had children. The author concludes, therefore, that there may be persons deprived of the fecundating elements, while the general health and the local state of the genital organs furnish no explanation for such a peculiarity. In these cases, Hirtz remarks, sterility is idiopathic.^(pp)

(pp) M. Liegeois, in alluding to the probability of excessive venery having a

M. Mantegazza, Professor of General Pathology at the University of Pavia, says:—"In certain obscure cases of sterility during marriage the fault may be in the man, though the development of his genital organs should cause us to look at the wife for the cause of infecundity." That the semen may, under certain circumstances, be deprived of its fecundating quality is by no means doubtful, inasmuch as actual observation has demonstrated such to be the case; and there is an analogous ground for the inference that this secretion is equally liable, with all others, to defective composition as well as to deficient quality.

Excessive exercise of the genital function is one circumstance which has considerable influence in deteriorating the quality of the secretion, as thousands of instances attest. Liegeois says:—"One of the most instructive observations in this respect which I have gathered is the following:—A student, after having had three to four connexions daily for ten successive days, asked me to examine his semen. Out of seven or eight preparations which I made I could not discover any spermatozoa. There existed no lesion of the testicle. Some months later the same person brought me a new sample of spermatic fluid, but this time after three weeks of sexual abstinence. I then found spermatozoa in enormous quantity, covering nearly the whole field of the instrument."^(qq)

tendency to lower or destroy the fecundating property of the seminal fluid, and thus account for failure in causing pregnancy, says, that after collecting facts which might enable him to combat successfully the views of Casper, he came to the conclusion that there were anatomical conditions and physical changes produced in the subjects examined, from the mode of death, which materially interfered with the accuracy of his observations. And he states in reference to his own experiments, "I have never met with a single case of aspermatozie"—*i.e.*, absence of spermatozoa—"with the exception of one which occurred under circumstances of ill-health."

(qq) "After these observations, which manifestly prove the depressive in-

In my own experience instances have occurred which, in every sense, substantiate the statement of the last-mentioned physiologist in reference to the influence of excesses upon the seminal secretion. One patient, especially, consulted me on account of the disappointment he felt in not having been able to impregnate his wife. The ardent desire which he felt to bring about that consummation of their mutual wishes led him into inordinate excess in his marital congress, and his spermatic secretion was consequently thin, and very deficient in spermatozoa. For some time I did not deem it necessary to insist upon less frequent intercourse, but relied chiefly upon good dieting, plenty of exercise, and judicious bathing. This, however, did not alter the state of things. I then—continuing at the same time the prescribed course of hygienic treatment—induced him to abstain from physical congress with his wife for two months, to which he acceded, under the persuasion that the hopes of success which I held out would be realised. After the termination of this period of retirement he returned to his wife with a state of vigour, in point of general health, far higher than he had experienced for years. The result of this privation and submission to general treatment was crowned with success. His wife became pregnant immediately. After the knowledge of this I requested him to abstain from intercourse for a fortnight, and then allow his semen to be examined; when I subjected it to the same power, in one of my best microscopes, as I had used on former occasions in his case, and I found that the spermatozoa were in considerable numbers.

fluence of venereal excesses upon the secretion of the gland, it is reasonable to suppose that the influence of venereal excesses upon the secretion of the gland is depressive, and that the cases of M. Hirtz owed their sterility to an abuse of the sexual functions, and that they could have been remedied without oil of phosphor and fish diet."

This case is one of many which may be taken as evidence leading to the theory that there are many cases of apparent sterility, which may be accounted for on the supposition that there are women who are not so readily impregnated as others, and that deficiency in the number of the spermatozoa—which will also be accompanied by low vitality in them—may be one cause for the apparent sterility.

The cryptorchide, or person with the testicles hidden, is another instance in which impotency may occur, from the non-existence of spermatozoa in the seminal fluid. Many cases of this kind, given by undoubted authorities, are on record, which certainly appear to establish the fact.

In my own practice I have seen two only. One of these was a hale man, rather tall, of a nervo-sanguine temperament. He was well formed, vigorous in constitution and in his sexual engagements, differing from the accounts given by authors of the physical characteristics of cryptorchides. The scrotum was ample, and the penis well developed. His voice was good, and his intelligence above the average. He called upon me in reference to the disappointment he felt in not having any children as the product of his marriage, and was anxious to know whether the fault lay with his wife or himself. On examining him I found he was a cryptorchide, and, in order to make a good use of an opportunity to examine the semen of such a case, I requested him to bring me a little. In the course of a day or two he returned with sufficient to permit a satisfactory investigation. It was opaline and normally viscous. I found under the microscope that it did not contain any spermatozoa. There were numerous creamy granulations, and epithelium cells, with phosphates. The examination was long, and was carefully made, and every precaution practicable against error was taken, but by no possibility could any animalcules be discerned. This case was so con-

clusive that semen can be secreted without the existence of spermatozoa, that I am fully convinced their absence may be, and frequently is, an unknown cause of impotence or sterility.^(rr)

Chronic disease has also a marked influence in rendering a man impotent or sterile. Tuberculous and cystic diseases of the testicle, as well as cancer of the organ, tend to prevent the secretion of the spermatozoa. As the testicle is the organ which alone possesses the function of secreting spermatozoa, it is highly probable that any severe chronic lesion of its substance will materially interfere with the fertility and quantity of the secretion.

Epididymitis is also another condition under which semen is secreted and ejected that is unfit for fecundation. Godart, in the note adjoined to his work on the monorchides and cryptorchides, gives an account of thirty-five subjects attacked with bilateral epididymitis, in all of whom spermatozoa were absent. He also noticed the disappearance of the indurated portion of the testicles, and yet the individuals remained unfit for fecundation.

This form of sterility may arise from a variety of causes, such as excessive coition, masturbation, blows upon the testicles, and the several diseases to which they are subject. In the great majority of cases this defect is amenable to treatment, and recovery takes place sooner or later; hence there is every reason to believe that there are many married couples despairing unnecessarily over their childlessness,

(rr) The cryptorchides are generally of the middle stature, a little *embonpoint*, of pale colour, sandy hair, and without beard. They are not so strong as other men, and their voices are feeble; they seem younger than they really are; they are timid, have no energy, and rather occupy themselves with work appertaining to women. Lastly, the cryptorchides are potent, but their semen is deprived of animalculæ, and is consequently sterile.—*Godart*.

where the fault lies in the non-fecundating power of the semen.

This fact is being more generally recognised, and the existence of aspermatozie is a subject of more frequent supposition. Even in very bad cases cures have been brought about by skilful treatment. Liegeois says:—"If to the published cases"—referring to those of other writers which he had collated—"of blennorrhagic epididymitis in which a return of the spermatozoa has been noted, I join the two of my own, and compare them with the cases which resulted in azoospermia, we find:—

Gosselin	..	25 cases	..	5 returns of spermatozoa.
Godart	..	35 "	..	1 " "
Liegeois	..	23 "	..	2 " "
		—		—
Total	..	83 "	..	8 " "

From this record it is evident that even very severe cases may, under favourable circumstances, terminate in the restoration of the vital quality in the spermatic fluid. Many men are disinclined to believe that, while they possess considerable virile power, their seminal secretion is imperfect in its composition; nevertheless, it is an established fact that after epididymitis the generation of spermatozoa ceases, although the fluid is secreted in the usual quantity. It also appears from the researches of the ablest physiologists and microscopists, that the fluid is, as a rule, seldom deficient in any of its other qualities.

The writer last alluded to says:—"I have found in the semen all the elements which it normally contains, excepting the spermatozoa, in case the spermatic outlets were obliterated. Fatty granulations of the prostate gland, pavement epithelial cells, crystals of phosphate of magnesia, and ammonia, existed in most cases. I have also met with symplexions. These elements, little known, and first de-

scribed by M. Robin, generally present themselves in the shape of irregular plates of greyish colour, and of variable forms, sometimes spheric or elliptical. Their origin as yet remains unknown; they are not dissolved by acetic acid or ammonia—proof that they do not come from concretions of mucus—but they are easily dissolved by the liquid which is secreted by the glans of the urethra, and this is the reason why the symplexions rapidly disappear if the semen is agitated.”^(ss)

(ss) With reference to the influence which the diseased testicle exerts over the functions of the other, “All authors agree that patients attacked with epididymitis of one side only, the other remaining healthy, are potent and fertile; consequently their semen contains spermatozoa. But what is the degree of activity of the healthy testicle? Nothing is said of it! Not knowing, therefore, at the onset of my researches that the examination of the seminal fluid in unilateral epididymitis could offer anything worthy of interest, my patients in whom I have investigated this matter are only sixteen in number. The seminal fluid of each of the thirteen patients contained but a small quantity of spermatozoa—from one to thirty and forty—only one of them possessed 100 to 150. The facts just cited scarcely agree with what was to be expected. We should naturally suppose that the obliteration of one of the testicles ought only to diminish by one-half the number of spermatozoa, and which would still leave us several hundred of them. What may be the cause of this great diminution of the spermatie elements? Two suppositions can be made: either involuntary excretions of semen take place during the disease, which clear the spermatie channels of a portion of their contents, or else the inflammatory process existing in one of the testicles lessens the secretions of the other gland. In order to satisfy myself as to the truth of my first hypothesis, I questioned a certain number of patients attacked with unilateral epididymitis, and who, it is well known, are not wanting in the Midi Hospital. I found, in fact, that this affection acts as a very efficient cause in producing nocturnal pollution. The knowledge of this particularity gave me the solution of a problem which had always puzzled me. It was this, How is it that individuals attacked with bilateral epididymitis dating from fifteen to twenty days, no longer present spermatozoa in their seminal fluid? What had become of those which previously existed in the seminal vesicles? Surely they had not been dissolved, for of all anatomical elements, none probably resists

I now come to the consideration of that most common and most fatal enemy to marriage and sexual happiness—SPERMATORRHŒA^(tt)—which is more conspicuous than any other in its influence on mind and body, and which extends its dominion from childhood to old age. Owing to its grave importance as an element of weakness in the section under consideration, I shall enter somewhat fully into its nature and influence, and shall adduce copious evidences from the writings of others, as well as from my own experience, to warrant so much attention being devoted to it. I am of opinion, from many years' experience of its widespread influence and destructive consequences, that it should be a very prominent subject of observation amongst medical men in their intercourse with society, so that they may be able to detect it wherever it exists, and to deal with the causes that give birth to, and sustain it.

“Spermatorrhœa,” observes Bryant (*Practice of Surgery*, Vol. 2, p. 227), “consists in the discharge of spermatic fluid containing spermatozoa with the urine without sexual desire or sexual excitement. It is commonly associated with some derangement of the digestive organs, constipation, and rectal irritation, spasmodic action of the levator ani acting on the vesiculæ seminales and prostate gland. In its most com-

longer molecular disaggregation than the spermatozoa. They can be preserved for entire months in putrefied liquid, and years in acetic acid or ammonia; and the most energetic nitric or sulphuric acid does not destroy them. This is a remarkable fact when we remember that the most innocent fluid in appearance—the fluid of the ovule—has the power of rapidly dissolving them.”—*Liegeois in “Medical Times and Gazette.”*

(*tt*) Spermatorrhœa is another form of spinal weakness, and depends upon a weakened or irritable condition of the lumbo-sacral portion of the spinal cord, and the spinal nerves supplying the vesiculæ, veru montanum, and neighbouring parts.

plete form it is associated with an absolute loss of sensation about the *veru montanum* on the passage of a sound, a patient thus affected allowing the introduction of an instrument without flinching ; while the worst cases are associated with wasting of the testicles and varicocele. It is at times without doubt due to excess of venery, but more commonly to masturbation. It commences almost always with nocturnal emissions, which gradually become more frequent. These are at first attended with erotic sensation, although not so subsequently, and at last occur without erection. If copulation be attempted, the ejaculation takes place at once, often before the introduction of the organ. It ends in the total loss of sexual inclination and power. Lallemand says that 'seminal emissions supervening during micturition are the most serious.'

"He holds that 'spermatorrhœa is nearly always dependent upon irritation of the prostate gland and its ejaculatory ducts ; and believes that in most cases this irritation, which also exists in the neck of the bladder, is the result of chronic inflammation of the urethra in the prostatic portion of the *veru montanum*. An old attack of urethritis is the most frequent cause of the seminal emissions, and these emissions are often related to stricture of the urethra."

"Trousseau, however, while admitting the force of these observations, believes that spermatorrhœa, or incontinence of semen, is due to some imperfection in the nervous system of organic life, since it is so commonly found in men who have had incontinence of urine in childhood. He looks upon the masturbation as an indirect proof that there is a bad state of the nervous system, and the subsequent impotence, insanity, or paralysis as an aggravation of a nervous condition, of which masturbation was only the first morbid manifestation. (Trousseau, *Clin. Med.*, vol. iii.). This latter view is supported by the fact that in some cases of injury to

or disease of the spinal column, spermatorrhœa is a common associate."

As I have elsewhere stated, the loss of semen, abnormally, is a source of much physical derangement, bringing in its train many ailments which usually do not direct attention to it as a cause. How many patients of the male sex consult their medical advisers about feelings of depression, loss of appetite, inertness, and disinclination to mental or physical effort; and how frequently do the most careful physicians overlook, at first, the actual source of mischief, simply because there is nothing which prominently associates the functional derangement with the sexual system! Medical men also well know how often their best efforts at disposing of the prominent symptoms have failed, until they discerned that there was a far more serious derangement to be cured first.

In what, for lack of a better word, is called Spermatorrhœa,^(uu) there is always more or less enervation from the

(uu) *Symptoms of Abnormal Emissions.* (a.) *Nocturnal Emissions.*—These were met with in 140 of the 155 cases. In 100 of these the normal genital orgasm manifested itself in the form of dreams and erections, and in 61 there was no venereal orgasm. (b.) *Day Emissions or Spermatorrhœa.*—These occurred in 33 instances from psychical or sexual excitement (as by the presence of women) of the genitals, generally with, but sometimes without, erections. In 25 they occurred, almost always without erections, during the passage of fæces, especially when indurated. In 19 they succeeded the passage of urine. In 4 the discharges occurred without any exciting cause, and in 8 from different and varying causes. In 9 cases semen was unexpectedly found in the urine. In many cases the nocturnal emissions existed alone; but the day emissions were usually accompanied by nocturnal ones, constituting an advanced degree of the latter affection. The different forms of day emission mentioned above were variously combined with each other and with the nocturnal emissions; and, indeed, any one form was seldom observed alone.

The diseased functional performance of the male sexual organs exerts a very manifold reflex action upon the general economy; and this action is

loss of seminal fluid at periods and in a mode which are not under the control of the will, but which loss is entirely due to hyperæsthesia of the nervous currents that supply activity and energy to the complicated organs of secretion and ejaculation. The subjects of this ailment may be found under all circumstances, and at all ages, from puberty upwards.

It is, however, seldom a spontaneous occurrence, but derives its existence as a rule from abuse of the sexual function, either directly or indirectly. The common cause is

much less dependent upon the nature and degree of the disturbance than upon certain innate dispositions, the vulnerability of the nervous system being the chief of these. The author exhibits the various local effects which abnormal seminal discharges exert upon the genito-urinary apparatus, and the general effects upon the various functions of the body, with great detail. For these we must refer the reader to the paper itself.

Etiology.—Abnormal seminal emissions are a disease of the young, occurring especially between the 20th and 21st years. The causes which give rise to it are very different, St. André enumerating as many as 21 occasional causes. In the author's view of the disease, two circumstances are necessary to its production—a peculiar innate disposition of the ejaculatory apparatus, and occasional causes, which may be very different. Of these occasional causes onanism is the most frequent; but its influence differs much according to the topical disposition of the ejaculatory apparatus. Various affections of the genito-urinary organs have been from time to time thought to play an important part in the production of this disease by Lallemand, St. André, Eisenmann, and others. In some cases these suppositions may be true, but the author's cases do not confirm this view. In his opinion it is a diseased condition, having its site in the muscular and contractile tissues of the ejaculatory apparatus. The proximate cause is an increased irritability of the reflex apparatus of the ejaculatory organs, and a diseased disposition of the muscular portion of these brought on by frequent repetition, whereby insignificant causes, which usually are without effect, give rise to ejaculation. The more this morbid disposition increases, the less energetic does ejaculation become, as is well seen in spermatorrhœa. Among the 155 cases masturbation was confessed to in 109, and in 69 there was a disposition to indulge in erotic mental representations.—*Medical Times and Gazette.*

over-stimulation of the ejaculatory system of the nerves, by which a much larger drain is called for from the reservoirs of semen than is normal, or than nature provides. This excessive withdrawal of semen from the vesiculæ seminales involves the necessity of concentrated vital energy upon the function of seminal secretion ; hence more of this valuable fluid—the mainstay of the system—is drawn from the blood than the body can bear without derangement of other functions, generally the most vital ones.

The chief cause of this undue discharge of semen without the intention of the patient is abuse, and this abuse may be practised in a single and married state. The single man by masturbation utterly ruins the nervous equilibrium of his sexual system, and he is then at the mercy of the least excitement ; indeed without any apparent irritation the unnatural and debilitating flow may take place. The married man may so abuse the advantages which unlimited congress gives him, as also to enervate himself and subject himself to involuntary losses. When this state of things is established the whole constitution sympathises. The mind gives way ; the breathing is less full and elastic ; the appetite fails, and digestion of food is imperfect ; a feeling of languor is almost constant, and general ill-health is established.

Associated with the existence of this unnatural drain is a species of hypochondriasis, which aggravates every sensation, and not only makes the unhappy patient discontented with his lot, and causes him to despise even life itself, but, by his altered aspect, renders him often an object of pity and sympathy to his friends. It can be clearly seen that when men arrive at this stage of physical and mental depression they are in just the condition for receiving with the utmost credulity the pretentious proposals of medical charlatans. Never at any time is it so necessary that a man should confide in his own qualified medical attendant, who will not

only allay his fears, but will console him with reasonable hopes of restoration, and give him confidence.

Here I wish to say to the lay reader a word which I think of great importance. It is this. Patients of the character under discussion are generally ashamed of their malady, and endeavour to screen it as much as possible from their friends and associates, and even from the medical men whom they ordinarily consult. Under these circumstances they are thrown by their own stupidity into that very volcano of imposture and fraud which should by all means be avoided. This extreme folly should be abandoned. To such men I would say—Remember that there is no friend more sincere and considerate under such painful circumstances than your own medical attendant. Your secrets are his secrets; you are his constant care until your malady is disposed of, and amongst all conscientious physicians their *amour propre* is gratified by successful treatment: hence the advantages to be derived from an appeal to your qualified and familiar adviser are not to be compared for a moment with the loss, disgrace, and danger which are always allied with the unprincipled quacks and charlatans.^(vv)

(vv) Dr. Dicenta states that for several years he has made this subject one of especial study. It is a well-known fact, he observes, that the bulk of persons liable to seminal emissions become the victims of fleecing quacks; while those of them who resort to regular practitioners frequently meet with no correct appreciation of their case, or satisfactory treatment. The comparative rarity with which these affections come under the notice of individual practitioners, and the necessity of solid practical experience for the effectual management of a complaint exhibiting so many varieties and such obstinacy, sufficiently explain why this is the case. Sometimes the account given of themselves by these patients is very defective, and important points may be omitted unless they are questioned and examined by one who has full practical acquaintance with the matter. There is a general prejudice prevailing that these persons are hypochondriacs, and that their sufferings are mere creatures of the imagination; but the author, although commencing practice under the influence of this idea, has not

After this digression, it is necessary to return to the brief notice of a circumstance which, amongst students and men who are compelled to much mental application, is of some importance, namely, that during the continuation of high-pressure brain work, physical congress should be very moderate indeed amongst married men, and avoided altogether by the young student. Not only will the double drain materially deteriorate the mental and sexual powers, but the continuance of such exhausting processes together would be followed by permanent evils. There are not wanting instances where spermatorrhœa has been the consequence. Mr. Acton gives the following case as an illustration, which will serve better than most which my case-book records. He says:—

“A patient called upon me in June, 1860, complaining that he was labouring under spermatorrhœa. He stated that he had recently been studying hard at the University, and admitted also having had connection about four times in the month, without feeling any great desire, and without experiencing any great pleasure; erection and emission had, however, taken place. I found he was engaged, but from pecuniary circumstances the marriage was postponed. He complained of nearly all the symptoms which constitute

found it confirmed. Patients suffering anxiously are frequent enough, but hypochondriacs, in the proper sense of the word, are seldom met with. The literature of the subject is barren, if we except a vast number of popular writings, which only feed the patient's anxiety. Individual opinions, derived from ill-understood or misinterpreted facts, take the place of a well-assured experience; and the disturbances of the functions of the organs of generation have become the arena for the exhibition of more adventurous proceedings than any other portion of the human pathology. How it must fare with the therapeutics may be judged of from such a condition of the pathology of the organs in question—blind empiricism, barrenness, and uncertainty being the general characteristics.—*Medical Times and Gazette*, January 23rd, 1858.

spermatorrhœa, and was naturally alarmed at his state ; this I could and did assure him was temporary. After contrasting the condition of the continent and incontinent man, I think I succeeded in convincing him that the only danger he had to dread arose from continued venereal excess ; that, if he remained continent, the temporary result of vigorous mental exertion would pass away, leaving him none the worse ; but that the double strain on both the brain and the generative system—against which nature herself appeared to take this means of appealing—would most certainly deteriorate, if not ruin, both.”

The great importance of early attention to symptoms of spermatorrhœa cannot be urged too strongly, on account of the social difficulties which often overwhelm the subject of it, and others with whom he may contemplate forming, or may have formed, family relationships. The existence of this drain upon the system for a considerable time tends to establish temporary if not permanent impotency. A case in point was brought a short time ago prominently before public notice in our Supreme Court, and fully reported in the press, in which a lady sued a gentleman for £3000 damages, on account of his refusal to carry out an engagement which had been made in a neighbouring colony to marry her. The reason stated by the defendant for the breach of promise was that he was not in a fit state to marry, having recently made the discovery that he was IMPOTENT. About the correctness of this defect existing there could be no doubt. The defendant had placed himself under my care, and I came to the conclusion that he was suffering from complete impotency. My evidence given before the Chief Justice was precise and positive on that point, as was also that touching its being of recent date. The verdict was nominally in favour of the plaintiff. Nothing can be more trying to the feelings of either man or woman than to find their sexual

difficulties the subject of public comment; nevertheless, under such legal proceedings as are taken in cases of breach of promise, it is not improbable that impotency or spermatorrhœa may be the legitimate reason for the breach. Hence the danger of carrying such cases into our law courts. It is not to be expected that a man will inform his affianced that his hesitancy to marry is owing to the existence of sexual defect, and thus a law proceeding may often be under such circumstances extremely unjust.

Had the unfortunate subject of the late action, instead of waiting year after year for the spontaneous cure of the spermatorrhœa, promptly applied to a qualified member of the medical profession for assistance, it is certain that he would have retained his virility, and the painful exposure would never have taken place. No case could be more fitting to show the dangerous consequences of neglect in the treatment of spermatorrhœa. The disease is insidious, and eminently injurious to the vital forces; and, as in the case just quoted, impotency may follow it as a *sequela* at any moment. It is not always easy to determine the actual cause of spermatorrhœa, but there is little difficulty in determining its existence and nature when it does appear, whether it be false or true in its character. When that is done, no time should be allowed to elapse before seeking medical assistance.

In my work on SPERMATORRHŒA, I have entered more at large upon the various branches of this subject than space will allow in this book, which deals with the whole generative question in a concise form. There I quoted from those admirable *Lectures of Trousseau, published by the New Sydenham Society*, his definition of Spermatorrhœa, which is so clear and accurate as to warrant its reproduction. He says:—"By involuntary seminal emissions, or spermatorrhœa, we understand those losses or evacuations of

seminal fluid which either take place without any, or with inadequate erotic excitement. In the normal state of a properly constituted person, the emission of seminal fluid requires not only that the venereal orgasm should be carried to a very high degree, but also that a series of acts should be repeated for a longer or shorter time; there is required the mechanical act of copulation, or the use of some other analogous means. Amorous desires, be they ever so keen, occurring even in the strongest and most continent persons, do not in general cause spontaneous ejaculation of semen; nor is ejaculation brought about by mere contact with the object of desire.

“When ejaculation occurs, independent of the erotic excitement generally required, there is an involuntary loss of semen. Almost always, if not always, spermatorrhœa, properly so called, begins with nocturnal pollutions. They have, in the first instance, been the result of erotic dreams; they recur frequently; through habit the frequency increases to such an extent that they take place not only once every night, but several times in the same night.”

The above is a statement of the case which indicates that there must have been special causes at work to produce such serious consequences. This cause, in nine cases out of ten, is masturbation, and, in dealing with spermatorrhœa, this fact must not be evaded, either by the patient or the physician. It is generally difficult to obtain from the sufferer a frank confession of the cause of which he himself is the author. Society revolts against the habit in others whilst it practises it, hence shame prevents an honest and frank disclosure in many cases. The medical man, however, having first gained the confidence of the patient, will generally succeed in eliciting the truth. It is always desirable that the patient should fully admit the practice, for I have found that those who do admit it are more readily

cured, inasmuch as the fact of having "made a clean breast of it," gives them an access of moral courage which is very useful to them in facilitating their cure.

If a patient obstinately refuse to admit the truth when there are palpable collateral indications of masturbation having been practised by him, it is, as far as my experience goes, morally against his hearty concurrence with his medical adviser in the treatment, and his entire abandonment of the habit. Spermatorrhœa is one of those diseases in which there is absolute necessity for the most rigid carrying out of the instructions prescribed. Any continuation, in the smallest degree, of the practices which led to the establishment of the disease, will retard, if it does not absolutely prevent, restoration.

There can be no better description of the disease under consideration than that of J. L. Milton, who designates it as having three forms or great types, and describes them as follows:—"Foremost among the disorders which may be referred to this group stand involuntary seminal emissions, which constitute a large proportion of the cases we are consulted about by spermatorrhœa patients, and to which I think the name spermatorrhœa ought to be confined. Next we have gleet of the seminal vesicles, in which, especially when accompanied by straining on account of constipation, we may find occasional expulsion of a few spermatozoa. Thirdly, there may be an imperceptible draining away of semen, in which, without any effort, a small quantity of this fluid gradually makes its way into the bladder, and is found in the lowest layers of the urine. Mr. de Meric, then president of the Harveian Society, in a discussion on a paper on spermatorrhœa by Mr. Gascoyen, clearly stated that he considered this disease to be spermatorrhœa, and that whatever might be said to the contrary, the disease (spermatorrhœa) did exist, and in this form; but inasmuch as

seminal emissions are a real, serious, and sometimes obstinate disease, while this affection is slight, and never likely to affect either the health or the vital powers, I submit that the classification above is the better one. Whatever objections may be made, I think the word spermatorrhœa ought to be restricted to involuntary seminal emissions. They form not only by far the greatest number of the cases of this class, but they are infinitely of more importance than all the rest put together. The name has been objected to, and we have been told that the term ought to be applied to cases in which the semen trickles away insensibly—a disease of the rarest nature, and to which the term spermatorrhœa is not a whit more suited than it is to emissions, the verb $\rho\epsilon\omega$ expressing quite as much the force of a stream as a trickling. Lastly, the arrangement I have suggested offers the advantages of collecting several allied and often contemporaneous disorders into one focus, with a prominent and easily recognised affection as a centre round which they may be arranged." (ON SPERMATORRHŒA, by J. L. Milton, p. 12, 1881.)

The inflammation of the vesiculæ seminales, which occasionally occurs, is a rather more severe form of genital derangement. It has a tendency to assume the chronic form, and when it does so, its influence on the constitution is of a depressing and specially injurious character. When in an abnormal state it exercises a powerful sympathetic influence on all the neighbouring organs of the genital apparatus, affecting injuriously the bladder and the rectum. One prominent result of the inflammation of the vesiculæ is that a very marked increase in the fluid which they secrete takes place, and it is accordingly expelled under very trivial causes of excitement, and constitutes an important spermatorrhœic symptom. In this case also the fertilising germs are in small numbers.

Inflammation sometimes increases the exosmosis of the fluid through the thin and fibrous coats of the organ, and by that means the fluid portion of the secretion is more rapidly removed, the consequence being the inspissation of their contents to a degree amounting occasionally to almost complete solidification, and this occurs more rapidly in proportion as any difficulty arises in the ready excretion of the mucus. When this inspissation happens to any great extent, and the cellules of the vesiculæ become much distended, their structure is liable to undergo destructive absorption, with obliteration of these sacs.

A less degree of inflammation often occurs, by which the secretion, instead of preserving its pure and transparent condition, assumes the appearance of pus. A degeneration to this extent generally precedes some of the most serious evils with which the vesiculæ can be affected; and often foreshadows a condition of structural injury which, if it does not prove fatal, has, for its result, the destruction of these organs themselves.

When the chronic form is established, we then have exhausted vital power. The secretion, instead of exhibiting its normal consistency, is thin and watery, and is perpetually leaving the reservoirs and flowing along the urethra. As a matter of course, this stage of the disease is one of serious import, and is accompanied with much constitutional disturbance. At the same time the fluid emitted is almost, if not entirely free from spermatozoa.

Prostatitis is the third disorder in Good's classification, and has much to do with the phenomena of spermatorrhœa. The prostate gland, from its situation at the neck of the bladder, and the great importance of its function, is liable to many disturbances. In spermatorrhœa it often plays an important part. When subjected to inflammation there is pain—often very considerable—in the perinæum, or that

part between the scrotum and the rectum. The bladder is sympathetically affected, and frequent micturition is occasioned by irritation of its neck; at the same time there is more or less pain in performing the act. A milky discharge sets in, of a consistence varying in thickness. By reason of the general disturbance which inflammation of the prostate sets up in every portion of the genital system, its own secretion is supplemented in its passage along the urethra by abnormal supply from the vesiculæ seminales, and from the urethral secretion, which is, under the circumstances, excessive. When the chronic condition is reached, the prostate becomes altered in structure, and the irritation of the neighbouring organs becomes permanent, so that considerable lesions often occur. There is then, as a matter of course, a discharge from the urethra, which constitutes a very troublesome form of spermatorrhœa.

We have, in addition to the above, inflammation of the urethra, or urethritis, which also bears a part in the production of those discharges which are found to comprise the phenomena of spermatorrhœa. Inflammation of the tube may be of a reflex or direct character. It may arise from disease in the associated organs, which has communicated the inflammation along the continuation of the mucous surface. It is, however, more frequently the result of direct irritation, from poisonous contamination, and is a source of great inconvenience and suffering. The prominent symptom which occupies the attention of the patient is the tendency to frequent and very painful micturition. When the channel is thus involved, it almost always causes corresponding irritation of the bladder, which sympathises readily with any disorder of the urethra.

The discharge which then escapes from the urethra is always considerable, and soon—unless arrested—passes into the chronic stage, and assumes a variety of phases depend-

ing upon its complication with the excretions of the neighbouring organs. It will sometimes have the appearance of transparent mucus; at other times it will exhibit all the characteristics of pus, both in colour and consistency. There is a very common form of spermatorrhœa existing as a consequence of urethritis, which gives no pain, but is specially troublesome on account of the discharge, and the morbid influence which it appears to exercise over the bladder and its contents. It is seldom that the discharge remains purely urethral. The prostate and the vesiculæ both become involved in the disturbance of function, and chronic spermatorrhœa of a positive nature is established. This is especially the case when the chronic form is fully developed; then every associated organ is involved, and it becomes impossible for the several secretions to be retained. Indeed, such is the case, more or less, whenever any portion of the genital apparatus is the seat of irritation or lesion. The sympathy or nervous connection is so complete that one organ can scarcely suffer in any degree without involving the rest. Hence the frequency and variety of the several forms of what is generally known as spermatorrhœa.

When the disorder has become fully developed, the general health becomes at once subject to frequent perturbations, and finally assumes a condition of permanent debility, or *malaise*. The function of digestion is imperfectly performed, so that the already diminished supply of food—which occurs from decline in the appetite—is imperfectly assimilated, and, consequently, the general system does not derive the full amount of support required. A variety of symptoms set in, indicating the fact of imperfect assimilation. Flatulency, uneasiness, and pain in the region of the stomach and bowels, and all the protean forms of dyspepsia, follow in inevitable sequence, and the unfortunate sufferer becomes a confirmed invalid.

The advent of the disease will generally be indicated by too frequent and troublesome erections at night, with erotic dreams and emissions. Occasional emissions—as I have stated before in the chapter on emissions—may sometimes occur, without any abnormal condition of the genital apparatus beyond slight engorgement of the vesiculæ seminales. When, however, irritation or inflammation of any of the associated organs sets in, the external excitation is more pronounced, and the discharge from the urethra is more frequent, copious, and exhausting.

“Voluptuous ideas are constantly occurring in this excited state of the organs, which no watchfulness or effort of the mind is capable of banishing entirely, and after every such cerebral excitement, emissions as constantly follow, albeit slight in degree. When this condition has become permanent, the patient is alarmed at finding that his capabilities are inferior to his desires; in fact, that there is an unaccountable debility of the genital organs at the moment when he might have imagined his power to be greatest. This frequently is the symptom which first arouses in his mind the idea that there must be some serious change taking place in his constitution.

“After a continuance of the disease for some time, the emissions not only increase in number during the night, but begin to make their appearance in the day, giving rise to the diurnal emissions first described by LALLEMAND. The patient experiences a sensation of weight and fullness in the rectum, with a tendency to bearing down at the anus. There is a good deal of muscular contraction in the passage of the fæces, and during or immediately after these contractions there will be observed an occasional escape of seminal secretion. This state of excitement gradually increases until the patient rarely goes to stool without suffering a more or less abundant emission; and as the disease progresses, the

excitement of riding or walking is sufficient to bring on the same occurrence. As the disease advances further the erections cease, though there still exists an irritable condition of the vesiculæ seminales, with atony of the ejaculatory prostatic ducts. The consequence of this atony is, that from the patent orifices of the ejaculatory ducts, the secretion of the seminal organs is constantly oozing. This loss acts with fearful effect upon the constitution, the mental and bodily powers diminish rapidly, and the most alarming exhaustion becomes established." (*Wilson.*)

The above is a concise sketch of the progress of this depressing and destructive disorder, but although it alludes to the declination of mental power, it does not include in its description the still more terrible consequence which sometimes follows continued spermatorrhœa. I allude to the complete overthrow of the reason, and the consignment of the unfortunate patient to the ranks of the insane. The number of instances wherein this fatal *denouement* has taken place is considerable.

This state is well described in the deservedly celebrated work on *Mental Disease*, by J. L. C. Schroeder Van Der Kolk, Professor of Physiology in the University of Utrecht, which is translated by J. T. Rudall, Esq., F.R.C.S., of Melbourne. In Section 6 of the *Therapeutics of Sympathetic Mania*, which treats especially on *Melancholy proceeding from the Sexual Apparatus*, we have the following minute detail:—"This form of melancholy corresponds in many respects with that which proceeds from the colon, and the two forms are often in connection with one another. Nevertheless, the two forms are for the most part clearly distinguishable from each other by definite signs.

"I have already remarked on the close connection of the blood vessels and nerves of the left colon with those of the uterus and vagina in the female, and with those of the

vesiculæ seminales in the male, and have accordingly referred it to this, that congestions of the large intestine and of the left colon may give occasion to onanism, as, conversely, onanism may again induce congestions of the colon, strictures of it, and sluggish bowels, with all the consequences of the latter. The affection of the sexual apparatus, *especially onanism*, exercises a decided influence on the whole course of the melancholy, and in a therapeutical view deserves the fullest regard."

When pointing out the tendency to religious mania in the onanist or masturbator, he goes on to say:—"This peculiarity I have, in my long experience, so often and so constantly observed, that I venture to express my conviction, that we *should rarely err, if in a case of religious melancholy we assumed the sexual apparatus to be implicated either through onanism or other causes.* In youthful individuals suffering from religious melancholy, I have frequently discovered the previously practised, and still persisted in, onanism, although on the first interrogation of the parents, or even the patients, the thing was absolutely denied. . .

"Religious melancholy displays itself somewhat differently in different individuals, according to age, sex, and diversity of cause, by which the affection of the sexual apparatus was called forth; *but the keynote is everywhere the same. Much the most frequent cause is onanism*, of which we cannot be too mindful, and we must take good care that we are not put off the right scent by audacious denial.

"If one perceive in a young man a certain shyness, and an evasive and cast-down look, a dull irresolute character, which are soon accompanied by *stupidity and confusion of head, and weakness of memory*, then one must be mindful of this sad vice. In addition to this there is an inconsistency of character, and an inconsistency of demeanour, according as the unhappy tendency is indulged without restraint, or

as in some degree a check is put to it. All onanists like to lie in bed in the morning. Also, fear of man often arises; they think that every one on the way looks at them; complain of it; allow themselves to be misled by all kinds of suspicions and perverted imaginations. If there occur, moreover, fanatical notions, and self-accusations, then we can have scarcely a doubt as to onanism. One finds generally also an irregular circulation; the hands cool, yet bedewed with sweat; the head hot, especially the neck and back of the head or the vertex.

“The imbecile condition, or the dementia from onanism, moreover, displays itself differently from the similar condition after idiopathic mania and meningitis, and the distinction is of importance. I have seen dementia occurring from onanism disappear in a considerable degree, as soon as the exciting cause was stopped by proper treatment. Very often hallucinations also come on, especially of the hearing, as consequences of onanism. If they appear at the commencement of the illness, when they are generally more rare, then the prognosis is very unfavourable.”^(ww)

In a former chapter of this work I have mentioned instances where the continued drain of the spermatic fluid has so enervated the patient, and disturbed his reason, that he has fled from his miseries by suicide. Several cases of that nature have come under my own immediate cognisance, and I have observed in these patients the gradual but certain progress of mental wreck, and, in one instance, so seriously was the balance of ratiocination disturbed, that the patient predicted his own death, and was deaf to the hopes which I endeavoured to inspire in him, and the reasoning by which I sought to change the current of his thoughts. This is an eventuation of

spermatorrhœa which is not frequent, although occasionally met with, and is one which may be treated successfully if there be full concurrence in the patient with his medical adviser, and if he should absolutely discontinue the masturbation which gave rise to the disorder.

It is often remarkable that it should be so extremely difficult for the unfortunate victim of habit to abandon the practice which he has discovered to be so pernicious in its consequences, both to body and mind. He may have learned prior to consulting his medical adviser, that masturbation is the sole cause of all his physical misfortunes, and the testimony of that adviser may confirm all his conclusions, and still further enlighten him as to the danger which he has incurred; yet, in defiance of all counsel, it will in some cases happen that he will continue to destroy himself by the exhausting practice.

For such patients as these cure is out of the question. Nothing but an early grave or dementia can be predicted. It is futile to consult a physician for the purpose of restoration. However skilful he may be, and however philosophic his treatment, all will be in vain unless the evil habit be absolutely abandoned. To secure this is one of the difficulties the practitioner has to contend with, and which will give him far more trouble and uneasiness than the formidable nature of the general symptoms.

Dr. Tanner, in his celebrated *Practice of Medicine*, states that the more frequent and uniform phenomena attending spermatorrhœa as a consequence of masturbation are—
“Mental depression; a desire for a dreamy kind of existence, rather than a wish to follow any active occupation; the digestive organs become disordered, as is indicated by flatulence and constipation; the sense of hearing, as well as of sight, becomes dulled; there is loss of memory and an inability to fix the attention; while attacks of palpitation,

giddiness, shortness of breath, headache, and neuralgia are far from uncommon. In extreme cases, I believe, the final result may be epilepsy,^(xx) phthisis, insanity, and impotence."

Dr. Tanner goes on to say, "I could prove that these views are not imaginary, by the recital of cases which have fallen under my own observation. But I have met with none where there has been a more striking appearance of cause and effect, than in the following:—

"For several years I have attended a family of four persons—two brothers, and two sisters; all were single, and would now (1865) be above thirty-five years of age. Both the brothers were brought up to the Church. One of them died a few months ago from phthisis, the other is an inmate of a private lunatic asylum. One of the sisters is a confirmed invalid, always suffering from some form of hysteria, or from neuralgia, or from great mental and physical prostration. She lives alone, and persists in doing so. These three members of this family have not only confessed to practising masturbation, but have regarded it as the origin of all their troubles. The second sister enjoys tolerably good health, though she has a fibrous tumour of the uterus, of which I can say nothing."

The largest class of persons who consult the surgeon, in reference to what they deem to be spermatorrhœa, are those who suffer from deranged and morbid sensibility of the

(xx) In 1861 Dr. Rooker, of Casterton, Indiana, U.S., castrated a man who had become a confirmed victim to the vice of masturbation. Every repetition of the act induced a fit of epilepsy, so that the individual was utterly unable to work. Since the time of the operation, says Dr. Rooker (*Cincinnati Lancet and Observer*), there has been but one attack of epilepsy, whereas there used to be one a day, and the man has increased in weight from 120 lbs. to 160 lbs. Dr. Rooker's act was naturally much called in question, but he thinks the end has justified the means.—*Medical Times and Gazette*.

nervous system, with more or less mental and physical depression, associated with a variety of anomalous symptoms, that are sufficiently prominent to give anxiety; all of which the patient attributes to voluntary or involuntary seminal emissions.

There is a general consciousness that their sufferings are to be attributed to the baneful habit of self-abuse, for they cannot but be sensible of the actual connection between the phenomena and the cause to which they attribute them.

There are certain physical indications that incontestably point out the relationship between the previous habits and the present condition. These have been clearly set forth above, and are infallible indications of the pernicious practice from which they proceed.

A case occurred about a year ago, which is apposite to the observations just made. A gentleman called upon me with his son, who was about eighteen years of age, requesting me to take him under my care, as he feared that a rapid decline in the boy's general health had taken place, which might be of serious moment.

On the youth presenting himself, I at once saw reasons for suspecting the nature of the disorder I should have to treat, although the father did not in the least suspect the cause of his son's ailment.

The boy was much emaciated; his throat was painful, and the tonsils were much swollen. His appetite was bad, the bowels were constipated, and his sleep disturbed. He was soon fatigued when walking, and had no inclination for any exertion whatever, either mentally or physically. His nights were disturbed with dreams, he suffered from palpitation, and he had to get out of bed every night for the purpose of micturition.

On questioning him privately, I learned that he had been

in the habit, for two years, of masturbating, which practice he had been taught at school, and that he was still addicted to the habit.

He told me that he found, on waking in the morning, there were signs of seminal waste having taken place during his sleep, and he supposed that it also occurred involuntarily during the day.

The poor boy soon became convinced that all his physical sufferings arose from the bad habit in which he had unfortunately indulged so long, without being aware of the evils that would follow; and at once stated that he would cease to practise it.

His chief anxiety was that his parents should not be made acquainted with his vice, of which he appeared to be heartily ashamed. With this desire I acquiesced, on condition that he at once finally abandoned it; that he abided rigorously by my instructions, and carried out to the letter the hygienic arrangements determined on.

I instructed his parents to place him on a hard mattress at night; to call him every morning at daylight; to see that he took a cold bath on rising. I advised him to take a walk before breakfast, weather permitting. A generous diet was prescribed, with suitable medicines, of which phosphorus, strychnine, and lime, were prominent constituents. A cold sitz-bath was ordered to be taken every night before going to bed.

The result of this physical treatment and moral suasion was that, in the course of three or four months, this poor emaciated victim of masturbation became strong and vigorous, both mentally and physically.

Another instance was that of a schoolmaster, who waited upon me in 1868, to consult me about what he distinctly announced to be spermatorrhœa. He was so weak that he felt quite unfit for his daily duties; he was sleepy and inert

in the extreme, and found that all mental exertion was distressing to him.

He had for years been guilty of the habit of masturbation, or self-abuse, and it so weakened his genital organs, that night and day he had, what he called, spermatic discharges from the urethra. I was enabled to examine some of this fluid, and, by the aid of a very powerful Ross's microscope, found spermatozoa, but very few. In the majority of the examinations which I made I found no spermatozoa, but I concluded that the discharge was prostatic chiefly, as he evidently suffered from irritation, if not congestion, of the gland. The patient was much emaciated, and evidently extremely nervous about his health and future prospects.

He seemed to view life in the most gloomy aspect, and was gradually drifting into a state of mind which must have led to self-destruction or insanity. By encouragement, and active hygienic treatment with suitable medicines, and by a change of scene for three months, he was able to master the habit and regain his health.

The nervous system was, in this case, evidently much disordered, and, from the frequent excitation of the genitals, the entire cerebro-spinal system was in a state of hyperæsthesia; reminding one of the condition described by Handfield Jones, in his *Functional Diseases*, where he says:—"It seems a well-ascertained fact that the nervous tissue, both in the centres and in the peripheral extensions, becomes more excitable and mobile in proportion as its power becomes weaker. The motor nerve is more readily thrown into action, though the impulse it communicates is weak, and cannot be long sustained. The sensory nerve is alive to the least impression, and becomes, in certain cases, gifted with almost preternatural acuteness. The brain is highly impressible, but incapable of any continuous effort; and headache is easily induced."

The cases of spermatorrhœa vary much in importance. They occupy all possible intermediate gradations between the pale and emaciated subject, who suffers from continuous nightly pollutions, and severe gastric and cardiac symptoms; and the plethoric subject, whose weekly nocturnal loss is an expression of a necessity of his sexual nature.

EPILEPSY^(yy) is another serious consequence of the habit alluded to, as producing such grave results. Its general causes are exotosis, tumours, syphilis, alcoholic poisoning, urea in the blood, or other matters; anæmic state of the brain, disease of the hemispheres; sudden fear, and *masturbation*. The latter cause is the one now to be

(yy) CASTRATION IN EPILEPSY.—Dr. Mackenzie Bacon reports the following:—“In the *Practitioner* for June, 1869, I mentioned a case in which I had removed the testes of an epileptic lad in whom I had reason to think the fits were mainly due to sexual excitement, kept up by his bad habits. At the time I wrote, six months had elapsed since the operation, and a marked improvement had been observed.

“It may be interesting to give the sequel, as eighteen months have now passed by, and this period is probably sufficient to test the influence of the operation on the epileptic state.

“The results are as follows:—The lad has improved in health and general condition; is fat, and weighs 11 st. 4 lbs., as against 8 st. 9 lbs. eighteen months before.

“He has considerably improved in intelligence, and is able to make himself useful in simple work.

“He has ceased to masturbate, and seems to have no sexual inclination, but there is no apparent effeminacy of character. He used to have the fits several times a week, but since the operation the frequency of his fits has been diminished thus:—In January, 1869, he had 2 fits; February, 2; March, 1; April, 2; May, 4; June, none; July, none; August, 3; September, 4; October, 1; November, 1; December, 2. January, 1870, none; February, 2; March, none; April, 1; May, 2; June, 1.

“In my opinion the above facts are enough to prove that the operation was in this case successful, and I remain convinced, for the reasons I gave in my former paper, that it is one which might be performed with vast benefit on a number of the insane epileptic class.”

considered, and it will be found to be by no means an inconsiderable agent in the production of the epileptiform fit.

That the epileptiform fit is not an unusual accompaniment of the sexual orgasm is established beyond contradiction, as many persons are known to experience it in a modified degree during the completion of sexual congress.

The great Napoleon is said to have been especially subject to it at that time, and general practice furnishes instances which sufficiently attest that it is a condition of nervous disturbance allied to sexual indulgence, and capable of being produced by excess in that direction. In my own practice I have met with several cases, where I have been satisfied that masturbation was the chief, if not the sole cause, for the accession of that very troublesome disorder.

The following is worthy of note as illustrative of its influence :—

CASE.—*Masturbation ; epileptiform convulsions. Cured.*

A gentleman from New Zealand came under my care in August, 1870, complaining of being frequently attacked with fits, which the doctors said were epileptic, and from which he had suffered for three or four years, completely incapacitating him from attending to his business. He said he acquired the habit of masturbation at school, when only fourteen years of age, and practised it excessively for ten years, when he began to suffer from fits. He described his condition as very weak and nervous, with mental failure. I had only treated him for two days when I was hastily summoned to him. On my arrival I found him lying on the floor in a state of profound insensibility. He was foaming at the mouth, and his head was turned to the side. He had passed water involuntarily, and had bitten his tongue. In a few minutes he recovered consciousness, and said his head

ached, and he felt sleepy. He spoke thickly for a few minutes, but that soon passed away. I cleaned out the bowels with a brisk purgative, applied a blister to the nape of the neck, and gave him the bromide of potassium internally. Everything seemed to go on in a most satisfactory manner for ten days, when he was seized with another violent fit, but of short duration. I therefore changed the treatment altogether. Shower-baths were ordered every day; strychnine and phosphoric acid were administered. Galvanism was also applied to the cervical sympathetic, and through both mastoid processes. From this time he improved rapidly, and had no return of the fits. He was then ordered the syrup of quinine, strychnine, and superphosphate of iron, with a liberal diet and claret, and he soon returned to New Zealand quite cured.^(zz)

(zz) Galvanism has been used with great success by Drs. Althaus and Meryon in the Infirmary for Epilepsy and Paralysis of London, in the same form as that which I have found to answer so well. The description given in the *Medical Times and Gazette* is so clear and precise that it is advisable to give it in full. "The mode of Galvanisation is either 'central' or 'peripheral,' while in certain cases both methods are combined. It may be described as follows:—(1) The current is sent through the head, the positive electrode being placed to the forehead, and the negative to the occiput, or one electrode to the right and the other to the left mastoid process. (2) It is directed to the cervical sympathetic, the positive electrode being placed to the transverse processes of the cervical vertebræ, while the negative is alternately applied to the ganglion cervicale superius in the stylo-mastoid fossa, or to the ganglion inferius near the manubrium sterni, at the internal edge of the sternomastoid muscle; and finally (3), the current is applied to those peripheral nerves in the domain of which an aura is frequently or occasionally exhibited. Where the aura starts from a mucous membrane, the negative electrode is applied to it, the positive being at the same time placed in such a position as to facilitate the transmission of the galvanic influence right through the nervous district which appears to be deranged; but where the aura starts from the skin the position of the poles is reversed. In certain cases it has been found useful to apply two or even three of these proceedings together.

CASE.—*Epileptic fits from masturbation ; the aura starting from the epigastrium. Cured.*

W. R. G., a miner from the Beechworth district, unmarried, called to consult me in September, 1865. He complained that he was subject to fits, which were always preceded by severe and sudden pains at the back of the head and in the epigastrium. He stated that his sensation was as if a vapour "rose from the pit of the stomach and got into his head, giving him pain there." When this symptom came on it was seldom many minutes before he was overcome by the fit which always followed. His life was a burden to him, by reason of the frequency of the attacks, which occurred about twice or thrice a week, and, from his calling, often placed him in great danger.

He was a man of extremely sober habits, and exhibited no special phenomena to warrant the presumption that he was constitutionally an epileptic. He had not been subject to fits in early life. They had made their appearance first when he was twenty-two years old, and had gradually increased in frequency and intensity. On close inquiry, I found that he had for six or seven years been habituated to masturbation, and that the fits often immediately followed the act, and that, although he had become alive—from failing health—to the injury he was sustaining, he still continued to practise the vice. He had been under medical treatment for the fits during twelve months, without any reference to the sexual cause. I took for granted that he had brought on the fits by self-abuse, and proceeded accordingly to advise and treat him in harmony with that conclusion.

In addition to the hygienic and dietary regulations laid down for him, I gave him potass. bromide gr. xxv. ter. die, which was taken for a week with manifest improvement. Not only were the fits less severe, but the discharge from the urethra was less in quantity, and the emissions were not

so frequent. There was then an apparent cessation of improvement, which induced me to employ daily galvanism to the nape of the neck and the epigastrium as well as to the lumbar region. In conjunction with this I gave acidum phosphoricum for a fortnight. The result was that improvement set in again, and the fits occurred only once a fortnight. The weekly alternation of potass. brom., with musk and galbanum, and acid phosphor., with the galvanic current at widening intervals, gradually restored him to health. His spermatorrhœa disappeared; his spirits and energy of mind and body returned, and he had the moral courage to discontinue masturbation. I believe that he married some months afterwards, in perfect health.

CASE.—*Early habit of masturbation; epilepsy. Cured.*

A gentleman, twenty-four years of age, fair complexion, and of spare habit, called upon me early in 1871, and gave the following history of his state of health:—He had enjoyed good health when at school until the age of fourteen, when he was initiated into the practice of self-abuse or masturbation, which abominable habit he indulged in to a great extent, until about a year prior to his visit to me, at which time he had a violent fit of epilepsy. The fits recurred regularly about every ten days. For some time he had been under medical treatment, but with little or no abatement of the fits. He stated that frequently between the fits he had what he termed “shocks,” which indicated that he was suffering also from *petit mal*. His memory was bad, he was very nervous, and easily excited. His sleep was disturbed and unrefreshing. The pupils were large, and there was venous stasis in the background of his eyes.

After paying some attention to the functions of the skin and digestive organs, I ordered him shower baths with hot pediluvia every morning; and I gave him phosphates with

strychnine, together with galvanism and faradisation. He was allowed a generous diet, with light bitter ale for dinner; horse exercise; and plenty of fresh air. After about a month's treatment marked improvement took place, and in three months from the date of his first visit he was perfectly restored. The spermatorrhœa—which formerly was excessive—had ceased. The firmness and contractility of the external sexual organs had returned, and he was gradually increasing in weight. In this case, galvanism and strychnine were singularly useful, and with the occasional introduction of potass. bromid., were quite sufficient for the requirements of the case.

CASE.—*Severe epileptiform convulsions brought on by masturbation. Cured.*

Mr. —, aged twenty-five, of healthy parentage, said that he had been a confirmed masturbator during the past ten years. For the last two years he had suffered from epileptic fits, occurring twice a week, and always during the day. He did not bite his tongue when in the fit. He was pale, and his pupils were rather dilated. He had lost flesh, and his sleep for a long time had been unrefreshing. His memory was bad, and he had no desire for sexual intercourse. The heart, liver, kidneys, and optic discs appeared to be normal. Discharges of a spermatic fluid from the penis were extremely frequent and exhausting.

He was, in the first place, ordered a substantial diet, with dry sherry for dinner; and a shower bath every morning. Phosphorus was given at noon and at night; and strychnine, quinine, and iron, in the morning. Galvanisation and faradisation^(a¹) were also employed twice a week; and smoking

(a¹) Faradisation is a term proposed by Duchenne, of Boulogne, for electricity of induction, or the localised application, therapeutically, of induction.

was strictly prohibited, by reason of its peculiar influence upon him. He was also ordered to sleep on a hard mattress. This patient was under medical treatment for about three months, when his general appearance and health had materially improved, and he had no return of the fits. Some time afterwards I saw him again, when he informed me that his health was quite restored, and that he had not been again troubled with epilepsy. He also stated that he contemplated a visit to Europe.

I may here state that it is important to discriminate between the two forms of epilepsy which make their appearance. In the one which occurs as the consequence of masturbation, there is the absence of that erithism which accompanies hereditary or idiopathic epilepsy, and requires a different kind of treatment. Especially when it is intended to employ galvanisation and faradisation, it is necessary to be extremely careful that nervous action is not diminished when it should be exalted. Many grave mistakes have been made in the use of galvanism, by the operator not knowing the different kinds of polarity. An increase of nervous action is required in the anæsthetic form of epilepsy, and it is attained by applying electricity of the same polarity as that which is active in the part. An increase of electric nervous action is necessary in treating impotence of the chronic form, and the epilepsy which arises from it yields to precisely the same conditions.

The most useful mode of treating these cases with galvanism is by the electric brush, and the electric moxa of Duchenne. I have found also great benefit in impotence by applying the negative pole to the occiput or back, and the positive to the perineum; and continuing the current for twenty minutes daily; but were any mistake made by imperfect recognition of the etiology and diagnosis of the disease, and were the galvanisation improperly directed,

there would be every probability of augmenting the severity of the disease.

So far as my experience has gone, the therapeutics of spermatorrhœa consist in the use of galvanisation and faradisation to the cerebro-spinal system, as circumstances direct. The Turkish, galvanic, sea, shower, and nitric acid baths, are also severally useful in special cases. Internally I have used the hypophosphate of soda, and pepsine ; valerianate of zinc, and quinine ; hypophosphate of iron, phosphate of zinc, belladonna, hypophosphates of soda and potash, and nuxvomica ; tartrate, and perchloride of iron ; steel, and cocoanut oil ; phosphate and lactate of iron ; strychnine,^(a²) beberine, phosphorus, salacine, quinine, phosphates of zinc, and lime ; nitric acid, phosphoric acid, bromide of potassium, bromide of ammonium, hot and cold douche, musk and lacto-phosphate of lime.

These comprise all the leading agents which I have found of any value in the treatment of spermatorrhœa with its varied complications, and have found it to be a repertory sufficiently extensive to meet all the requirements of the case, even when they have been most alarming in their character. Spermatorrhœa asserts its chief power in prostration of the nervous system, with paralysis and mental aberration. In both these nervous conditions the resources above mentioned have been of signal service, and recoveries

(a²) With reference to strychnine, which plays an important part in the treatment of epilepsy, Walter Tyrrel, Esq., M.R.C.S., when writing on the subject to the *Medical Times and Gazette*, states that "he has found it of more than equal value with other popular remedies." He says:—"I have had under my care, in all, during the year, 74 cases, 53 of which I have treated with strychnine, 18 with bromide of potassium, 2 with sulphate of zinc and other remedies, and 1 with nitrate of silver. Taking the treatment by strychnine, in 40 cases the results have been very good."

have eventuated where the prognosis has been of a very unfavourable character.

Case of paralytic insanity from masturbation. Cured.
By W. DOMETT STONE, M.D., F.R.C.S. (From *Lancet*, February 2, 1867.)

“The case here recorded is one of general paralysis, with insanity, which came under my observation some time since when medical superintendent of a lunatic asylum. I use the ‘general paralysis’ in preference to that of ‘general paresis;’ concurring with Dr. Blandford that as the meaning of the verb *παρημί* does not accord with the symptoms of the disease more than that of the verb *παραλυω*, it is better to retain the latter until we succeed in coining a word which will describe the disease accurately.

“It has been asserted that this form of insanity is the most deadly disorder that attacks man. Only nine cases of recovery are, I believe, recorded; and it appears extremely doubtful whether these could be legitimately classed as general paralytics; for Dr. Blandford, in a lecture recently delivered at St. George’s Hospital, remarked:—‘So fatal is this disease, that no one as yet has recorded a case of recovery. Esquirol—perhaps the highest authority on mental diseases—pronounced it to be incurable, which opinion has been endorsed by most psychologists of the present day. Such being the case, I submit that it is the duty of every man to publish the history and treatment of any case he may have the good fortune to see happily followed by a successful issue. This must be my explanation and apology, if there need be any, for placing the following case *in extenso* before the profession. Subjoined are the notes which were taken immediately after the patient’s admission, and during his stay in the asylum.

“F. G—, single, aged twenty-six, of medium height

and build, sallow complexion, and nervous temperament. Supposed cause of insanity, stated on the order of admission, 'unknown.' It appeared that, on the twelfth day prior to his being brought to the asylum, he had a fit—probably an epileptic seizure whilst walking in the street, and fell. When picked up, he was found to be insensible, and was thereupon conveyed to one of the metropolitan hospitals, where, after the lapse of a short time, he revived, and left. On his return to his lodgings his landlady noticed that 'he did not appear himself,' and on the following day, 'owing to his strange conduct and peculiar manner,' his landlady thought 'he must be going out of his mind.' Her suspicions were still more aroused on the third day, when she saw him washing a dozen or more pairs of perfectly new kid gloves; and when she heard that he had been seen to give money promiscuously to persons in the street, and had, 'by pressing it upon people,' got rid of £60 within a very short time. His general demeanour struck her as being very strange. His friends were now communicated with, and, for a few days, an attendant upon the insane was placed over him.

Appearance on admission into the asylum.— Restless; talkative; incoherent in his language; in exuberant spirits; very quick in his movements; peculiar gait; tremulous tongue; expression of countenance pinched; slight impediment in his speech; has some difficulty in articulating; utterance resembling that of a drunken man. Is labouring under delusions of a most exaggerated nature, especially with regard to money matters; asserts that he is worth £1,000,000, and that in the course of a few days he firmly believes that he shall make £5,000,000, by collecting all the tobacco that is growing in the Green Park, and by selling it at an immense profit. Says that he expects to realise a still larger fortune by introducing to the Austrian military

service a uniform made invulnerable by chestnuts. Positively affirms his name to be that of one of the most popular vocalists of the day; says that he is engaged to sing at St. James's and St. Martin's Halls, and at the Oxford in *Faust* and *May Queen*; and adds that his voice brings him in £5000 a day. Complains of slight headache and giddiness; pulse quick and weak, about 85 in the minute; tongue furred; bowels constipated; skin dry; appetite good. Ordered, for the remainder of the day, a light diet; to take before going to bed, a tepid bath and a brisk purge—blue pill and colocynth.

“Second day.—Bowels opened this morning shortly after taking an ounce and a half of senna mixture. Did not sleep well. Appears drowsy, though at times sings, plays on the piano, and shouts. Restless and ‘snappish’ to all about him with the exception of myself, for whom he professes great friendship. Occasionally makes use of obscene language. Has during the day collected a great number of stones, and picked a quantity of grass. Says the former are agates, diamonds, and other precious stones; and the latter tobacco; and adds, if I will permit him to keep them in his bedroom he will make my fortune. Permission granted on the understanding that he keeps them in a box, which I have promised him for that purpose.

“Third day.—Slept better last night; not so drowsy as he was yesterday. Has been very restless all day, running in and out of the house, occasionally singing, playing on the piano, shouting, jumping, playing billiards, reading aloud short paragraphs from the newspapers, collecting more stones and grass. Makes very fair meals. Ordered fifteen minims of tincture of sesquichloride of iron to an ounce of water twice a day.

“Seventh day.—Remains in nearly the same state. Expression of countenance appears haggard; *has a peculiar glare with his eyes; the expression is that so often depicted*

in the countenance of the masturbationist. As it had occurred to me that the patient might be given to this baneful and pernicious habit, I have given strict injunctions to his attendant *to watch him narrowly.*

“Thirteenth day.—Mental state and bodily condition about the same. Informed by the attendant this morning that patient *had been seen on the previous night masturbating.* I accordingly spoke to him this morning on the subject; pointed out to him the usual sequence, and frankly told him that he had, no doubt, been accustomed to practise this habit for some time; that I firmly believed his present condition could be traced to it; told him that in my opinion his friends were quite right when they told him he was mad! (to which fact I may mention he had several times alluded); that if he gave up the habit he might probably recover, but that if he persisted in it he would soon die. Surprising to relate, he listened most attentively to my admonition, and appeared impressed with what I had said, but denied that he had ever been guilty of the act. Imagining that I had found some clue to the cause of this ‘hopeless form of disease,’ I determined on giving this patient all the attention I could bestow. I had him narrowly watched, kept him as much as possible in my presence, took him out frequently, and tried every means at my command to keep his mind occupied, and thus divert it from the path it had taken. Ordered the patient to take extra meat diet; to suck two eggs every morning, which I had been informed by Dr. Henry Stevens, late of St. Luke’s Hospital, he had found beneficial in many cases; and gave the following medicine:—Syrup of hyperphosphate of iron one drachm, with cod-liver oil one drachm, twice a day—viz., after breakfast and dinner; and a pill of extract of nux vomica quarter of a grain, sulphate of zinc and phosphate of iron, of each one grain, every night.

“Sixteenth day.—Improving; looks decidedly better; sleeps better; has ceased to collect rubbish and stones; is not so restless. Finding the patient very communicative this morning, I thought it a favourable opportunity for again broaching the matter of onanism. At first he did not appear disposed to give me hearing, and expressed a wish to go for a walk. On my promising him that he should go out provided he gave me ten minutes' attention, he reluctantly consented. In the course of my remarks I told him that I knew for a fact that he had recently masturbated. Upon hearing this, which I asserted with some stress, he admitted his guilt, and added, ‘Who has not?’ *I pointed out to him again and again the result of such a practice*; admitted that it was perhaps difficult to resist the temptation; but assured him that, as his general health improved, so his moral courage would increase, and that if he would only fight against the enemy he would ultimately overcome it. It was evident my words had made an impression upon him, and from that hour I *cherished the hope that he would give up the habit and probably recover*.

“Eighteenth day.—A marked improvement in his general health and mental state. Has not so many delusions; the stone and tobacco fallacies no longer exist. Tongue clean; bowels regular; skin moist; a good full pulse; appetite hearty. To go on with medicine.

“Twenty-second day.—Continues to improve in every respect; is at times ‘peevish,’ and requests to know why he is kept in an asylum and not allowed to go home. Goes out frequently. Objects to take the cod-liver oil, asserting that it causes diarrhoea; it is therefore omitted.

“Thirtieth day.—Went to church yesterday; behaved well throughout the service.

“Thirty-fourth day.—Is increasing in weight; general health good; mental state improving; delusions are disap-

pearing. He now laughs at some, and says he can hardly believe that he has had those that are imputed to him. Still persists that he has 'hit upon a plan'—the chestnut scheme—by which uniforms can be made invulnerable, but says that it is not *very clear*. Maintains that his voice is magnificent, and firmly believes that when he leaves the asylum he will be overwhelmed with engagements to sing in public, which he shall most undoubtedly do.

"Fortieth day.—Has promised to return to the cod-liver oil; the pills to be taken every night; to continue the iron.

"Forty-sixth day.—Occasionally writes letters, but of an incoherent nature.

"Fiftieth day.—The chestnut delusion he now laughs at. Still asserts that his voice is the finest in the kingdom, and that it will bring him in thousands a year.

"Fifty-third day.—Persists that he has a fine voice (which he certainly has), but adds he has no intention of singing in public—pooh-poohs the idea of making money by it.

"Fifty-sixth day.—Has been frequently visited by friends; pronounced by some to be well, but by others to be still 'rather peculiar.'

"Fifty-ninth day.—It is now impossible to detect any symptoms of aberration of intellect. Writes frequently to his friends, and expresses his thanks for the kindness he has received during the time he has been in the asylum. Promises to remain 'as a guest' for a few days.

"Sixty-first day.—Pronounced 'well' by his most intimate friends, who have known him for years; and some of whom, I may add, are members of the medical profession, whose opinions, therefore, should have great weight.

"Sixty-third day.—Discharged cured."

It will thus be seen what terrible consequences follow masturbation, and the neglect of that common result, spermatorrhœa. Most practical surgeons now acknowledge that

spermatorrhœa is a dangerous disorder, and that it often leads to alarming derangements of mind and body. Many a surgeon, who, a few years ago, would have denied the possibility of mental aberration succeeding it, now admits that diseases of the generative functions so produced are often followed by constitutional disturbance of grave importance.

Cases have occurred in which I have been obliged, from the mischief already done, to withhold any expression of confidence in a favourable prognosis. These cases are happily very rare.

It sometimes happens that the nervous system of the patient is so unstrung, that no hope can be held out of complete restoration; and no one knows so well as the medical practitioner in large practice, how painful it is to give, in these cases, such information to the already depressed patient.

It is to be regretted that advice of a reliable kind does not reach the patient earlier, that he might, in self-defence, abandon a practice which strikes at the basis of mental and physical vigour. We may remove many of the consequences of the pernicious practices alluded to, but we cannot always recuperate the exhausted sources of nervous force.

A writer of eminence on questions of this nature, says on this point:—"But however confident we may be in giving a favourable prognosis, relative to the appearance of special and local symptoms, in cases of spermatorrhœa, we must be very cautious, when the nervous system has been once impaired, in promising perfect and speedy restoration of the natural sensations or feelings; or more than a very partial return to the buoyant state of health the patient enjoyed before.

"We can guarantee, even in severe cases, a comfortable state of existence, but the patient must not expect that the haggard countenance and broken health will at once leave him.

“His nervous system receives a shock from which it takes time to recover. The spinal cord has been seriously impaired; the great sympathetic system has been called into frequent and inordinate action, which it is unable to bear. These are lesions which nature takes time to repair, if they can be repaired at all.

“Travel, amusing and intellectual employment, cheerful society, and the comforts which easy pecuniary circumstances give, do certainly sometimes effect greater cures than at first I ever dared to prognosticate.”—*Acton*.

It has often appeared surprising to me that men, when necessarily sensible of the evils they bring upon themselves, should not take alarm at an early period, and at once cease to cut away from under them the supports of nervous and physical stability. Nature soon issues her warning, but is evidently unheeded, even when mental ruin is threatened.

The following case illustrates this state of things; it is one in which the cerebral integrity was manifestly imperilled, and the patient had been long conscious of the growth of his malady:—A young man, of about twenty-eight years of age, entered my consulting-room in November, 1866, presenting the following appearances:—He was tall and thin, of the leucophlegmatic temperament, with light brown hair, and pale countenance, his beard being scant and ill developed. His manner was so eccentric that I at once considered him a subject of partial dementia. There was a haggard and anxious expression about his countenance which gave it a remarkably painful aspect. His eye was unsteady, and the pupil a good deal dilated.

He complained that he was much troubled with dizziness when walking, and could scarcely avoid falling. I learned from a relative, who accompanied him, that he varied very much in his conduct and conversation, sometimes being extremely taciturn, and at others troublesomely loquacious.

He sometimes appeared to wander in his ideas, and scarcely knew what he was talking about. I ascertained that he had been for a long time a confirmed masturbator. He appeared also to have suffered from the very worst forms of spermatorrhœa.

I caused him to micturate, and carefully watched the flow of urine. I observed that there were, at the commencement and the termination of the micturition, indications of the flow of considerable spermatic fluid, and, accordingly, caught some of it in a glass. On examination, I found that it was not simply prostatic fluid, as I expected that it would be, but that the vesiculæ seminales supplied a fair proportion, as the fluid contained an unusual amount of spermatozoa. I have not always found spermatozoa in the discharge of persons said to be suffering from spermatorrhœa; in this case, however, they were very numerous, and the amount of prostatic fluid was very large.

I gathered from him—for he did not attempt to conceal anything—that the habit of self-pollution with him was of almost daily occurrence, and that he was unable to bear the least excitement without emission; also, that the bare idea of sexual intercourse often induced the same thing. The consequence of this was that the man's reason was dethroned, and his entire physical nature prostrated.

I at once saw that nothing but the closest attention and most determined concurrence on the part of the patient with me in the hygienic and medicinal measures which I should adopt could save him from the lunatic asylum; and, after fully obtaining that concurrence, I ordered cold bathing twice a day; two hours daily of driving exercise; the prohibition of solitude; a cold sitz-bath on going to bed, with early rising at daylight; and regular and generous dieting. This, with appropriate medicines, such as iron, quinine,

phosphorus, and lime, soon brought about a change for the better.

He abandoned the vice which had hitherto enslaved him, and reached a fair condition of health, sufficient to warrant marriage; but he never could regain the original mental and physical standard with which nature had endowed him at his birth.

The following statistics will in some degree point out the dangers to the nervous system by self-pollutions:—"In the Central Ohio Lunatic Asylum, 221 cases of insanity in twenty-seven years were referred to this cause."

In the report of Dr. O. M. Langdon, Superintendent of Longview, for the year 1865, we find reported 68 cases of insanity produced by this vice, in a collection of 1181 cases of insanity from all causes.

I have already given the opinion of Romberg on this point.

Mr. Holmes Coote, in a discussion which followed Dr. Drysdale's paper on the *Medical Aspects of Prostitution*, read before the Harveian Society of London, remarked that "he still entertained the opinion that there were *worse evils* appertaining to human weakness than prostitution. He had opportunities of witnessing the fact that among the young there was *no cause of insanity more common than indulging in habits which he would not further particularise, but which were known to result in the most complete bodily and mental prostration.*" (*British Medical Journal*, 17th February, 1866.)

Dr. Copland, in the exhaustive section on insanity in his *Medical Dictionary*, speaks of insanity as one of the results of masturbation, or the secret vice of which I am now treating, with its accompanying spermatorrhœa, showing that "*whatever greatly exhausts organic nervous power, both predisposes to, and directly occasions insanity.*"

"Many, however, of those causes which thus affect nervous

energy favour congestion in the brain, and occasion disease of other vital organs, thereby tending to disorder the functions of the brain sympathetically. Of these the most influential are *masturbation* and libertinism, or sexual excesses; sensuality, in all its forms; and inordinate indulgence in the use of intoxicating substances, and stimulants.

“The baneful influence of *the first of these causes is very much greater* in both sexes than is usually supposed; and is, I believe, a *growing evil*, with the diffusion of luxury, of precocious knowledge, and of the vices of civilisation.

“It is even more prevalent in the female than in the male sex; and in the former it usually occasions various disorders connected with the sexual organs, as leucorrhœa, displacement of the uterus; difficult, or disordered, or suppressed, or profuse, menstruation; both regular and irregular hysteria, catalepsy, extasis, vertigo, various states of disordered sensibility, &c., before it gives rise to mental disorder.”

“In both sexes, epilepsy often precedes insanity from this cause; and either it or general paralysis often complicates the advanced progress of the mental disorder; when thus occasioned, melancholia, the several grades of dementia, *especially imbecility*, and monomania, are the more frequent forms of derangement proceeding from a vice, which not only *prostrates the physical powers*, but also impairs the intellect, debases the moral affections, and altogether degrades the individual in the scale of social existence, even when manifest insanity does not arise from it.”

Dr. Bartholow states that “the cases of insanity arising from self-pollution, and spermatorrhœa, are diagnosticated by reference to the history of the case. Insanity does not so frequently occur in the case of spermatorrhœa, as hypochondria, and a form of trembling delirium, similar to that produced by chronic poisoning. The dulness of the mental faculties and the organs of special sense, which occurs in

spermatorrhœa, is hardly found so associated in cerebral diseases arising from other causes. The objective signs in the former should not be omitted from consideration. Many cases of masturbation and spermatorrhœa have a cerebral origin. Under these circumstances it is difficult to determine which is curative."

Romberg considers hypochondriasis from spermatorrhœa more common than paraplegia, or paralysis of the lower half of the body.

"The hypochondriasis of spermatorrhœa is to be distinguished from that arising from other causes, by the evident derangement of the nervous system which has preceded or accompanied it, by the subjective phenomena of the patient, by the evident weakness and debility of the muscular, digestive, and circulative systems, and probably, also, by the admissions of the patient. In hypochondriasis arising under ordinary conditions, the patient is generally well nourished, his digestion active, and all his sensations are referred to some special organ, which is assumed by him to be in a condition of disease."

It is not generally very difficult to arrive at a correct diagnosis of spermatorrhœa, even when the patient is silent, or disposed to throw the surgeon off his guard.

It frequently happens that the patient leaves the medical attendant unaided, to discover what is the cause of the symptoms which indicate failing health or disordered function; hence, there are only the objective phenomena before us, out of which to gather the information we desire. Examination of seminal losses in the urine, by the microscope, will generally determine the question, as when great debility and morbid excitation of the sexual ducts has been induced by masturbation, the vesiculæ seminales will discharge even under the reflex influence of micturition.

There are also the phenomena of facial expression, and the

peculiar furtive, uneasy, suspicious manner of the patient, which generally suggest the practice to which he has been addicted. The nervous phenomena are pre-eminently those to be relied upon in this disease, and should be especially considered in forming the diagnosis.

It is the case generally, however, that the patient confides sufficiently in the medical man to furnish ample information as to the history of the disorder; and often the practitioner has to be on his guard in forming a diagnosis and prognosis from the information volunteered, the patient magnifying the perils which appear to menace him.

This chapter would be incomplete without the lucid summary of the celebrated Trousseau, in his recent *Lectures on Clinical Medicine*, at the Hotel-Dieu, Paris, which were printed by the New Sydenham Society. He states:—"The victim of spermatorrhœa falls into a state of extreme wasting. He loses colour, the complexion becomes pale, and the skin acquires a yellowish leaden hue. His eyes become encircled with a blue ring, hollow, dull, and expressionless. He is easily injured by reduction of the external temperature; and he progressively loses his moral and physical energy.

"It is an extraordinary fact, and one which, according to Lallemand, is a pathognomonic phenomenon of spermatorrhœa, that in conjunction with this feebleness—even when it exists to an extreme degree—the patient has an unconquerable desire to move, and, even when hardly able to stir, is impelled by physical restlessness to seek constantly to go from place to place.

"Palpitation of the heart, and an accelerated, small, feeble pulse, give evidence of disordered sanguification. The sensorial functions are variously modified. A form of anæsthesia exists, which, from its mobility, may be compared to that observed in hysterical and hypochondriacal patients; some-

times in the hands, sometimes in the chest, sometimes in the abdomen; and sometimes in the integument of other parts of the body, the tactile sensibility is obtuse in a surface more or less extensive, and for a longer or shorter period. They complain of very transitory sensations of heat, burning, or cold; they compare them to sensations caused by a current of electricity, by cold air, or by tepid water.

“At last the special senses participate in the general disorder of the system. Disorders of the sense of sight arise. Complete amaurosis may occur, beginning with amblyopia, or diplopia, though cases of this description are rare. The impaired vision is accompanied by extreme sensibility to light, and a more or less remarkable dilatation of the pupils. The sense of hearing loses its delicacy and precision; it becomes exceedingly sensitive; there is buzzing, ringing, and singing in the ears, symptoms which sometimes proceed to such a length as to constitute complete deafness. The senses of taste and smell may also be perverted.

“Pains in the head and vertigo, symptoms which constitute part of the concomitant train of phenomena of spermatorrhœa, are most palpable when the patients have difficult digestion, when they have attempted somewhat sustained mental exertion, or when they have passed sleepless nights.

“Their sleep is generally light, and but little restorative; as the involuntary seminal emissions take place most frequently during the night, they are more exhausted than before they fell asleep. At an advanced stage of the disease there may be complete insomnia; when it is so the patients pass the night in a state of great excitement, covering and uncovering themselves, getting up or lying down, changing their position every moment without ever finding one more convenient.

“When sleep does come at last, it is troubled by painful nightmare. These distressing nights leave behind them

extreme fatigue; and during the whole day the patients remain in a brutish stupidity, of which they are conscious—a circumstance which explains the mental depression, hopelessness, and melancholy, which make them seek to fly from every kind of society.

“The patients undergo a great moral change: wholly engrossed with their own state of health, they are indifferent to the circumstances by which those around them may be affected; they are exceedingly pusillanimous, irascible, and as insupportable to others as to themselves. Their memory becomes weak; and this enfeebling of the memory combined with a certain degree of paralysis of the tongue, attended also with feebleness of voice and hesitating speech, makes it difficult for them to express their ideas, the elaboration of which, moreover, is less active and less precise.

“Finally, the disturbance of the intellectual faculties may proceed to such an extent as to constitute insanity. The insanity may be temporary, and remaining entirely subordinate to its cause, may be recovered from, when recovery from the spermatorrhœa takes place; but it may also be persistent, continuing long after the complete cessation of the spermatorrhœa, which caused its evolution. Lallemand clearly indicated this capital fact, and intimated that the most common forms of insanity, which occur as consequences of spermatorrhœa, are hypochondriasis, melancholia, and lypsomania, complicated sometimes with a tendency to commit suicide.” (*The New Sydenham Society's Transactions*, 1870.)

Sufficient evidence has been advanced to show that spermatorrhœa, when fully established, and uncontrolled by medical treatment, may lead to the most disastrous results; to the last calamity in the long catalogue of misfortunes, the loss of reason. This calamity, however, is not necessarily the immediate consequence of the bad habit of masturbation, and its ally, spermatorrhœa. It is only where, in a nervous

temperament, the genital functions have been subject to very severe abuse that the brain gives way to the shock; under ordinary circumstances, the sufferer lingers in misery, short of the final overthrow, enduring the multitude of ills, which range from simple dyspepsia and languor to the epileptic fit. Life, under these circumstances, is wretched and cloudy in the extreme; the unfortunate patient views existence, and the social sphere in which he moves, as a blank which is never filled by generous impulses, and looks upon society as a cauldron of disappointments and vexations.

The young masturbator seldom or never knows, when he commences the habit, how many dangers are in front of him, or thinks—if he thinks at all—that he will be able to control it without injury to his constitution. In the majority of cases, however, he is absolutely ignorant of the injury consequent upon it, and indulges it entirely in obedience to the force of his sexual impulses. Once having discovered, either by example or by accident, the possibility of bringing about emission, with the accompanying orgasm, he imagines he has found a new enjoyment, which is always at his command in secret, and which he comes to value beyond those of a more rational and natural character. It is not very long, however, before the special symptoms which follow the habit show themselves, and spermatorrhœa in some form also appears.

I have, in another place, shown how necessary it is to watch the young, without rousing their suspicions, so that, if possible, they should not acquire the habit, or, if acquired, that they should have as few opportunities as possible for indulging in it; also that, if discovered, suitable measures should be adopted to arrest it before it should be confirmed. The consequences which follow, in years of manhood, are of sufficiently serious a character to suggest the desirability of nipping the baneful habit in the bud.

The advice of the sage and venerable Hufeland should be read by all who take any interest in checking the great cause of spermatorrhœa, viz., masturbation. All parents and trainers of the young are especially concerned in this duty, and to them the advice of so great an authority will be of more than ordinary value. He says, when speaking of the sexual dangers of early life:—

“To this period belongs also a very important point in regard to physical education—the guarding against onanism; or, rather, guarding against too early a propensity to amorous enjoyment. As this evil is one of the most certain and most terrible of those means which shorten and derange life, as has been already shown, I consider it my duty to speak a little more expressly of the methods that ought to be employed to counteract it.

“I am fully convinced that the vice is exceedingly common, and highly destructive to human nature; and, also, that where it has once become habitual it is very difficult to be eradicated. People ought not to imagine that the principal helps against it are to be found in nostrums and specifics, which are generally employed too late, but that the grand object is to prevent onanism altogether, and that the whole art and secret consists, consequently, in guarding against too early an expansion and excitement of the propensity to amorous indulgence. This is properly the disease with which mankind are afflicted at present, and of which onanism is now the consequence; for this disease may exist in the seventh or eighth year, before onanism takes place. But it is necessary to pursue early measures for preventing the latter, and to attend, in this respect, not to single points, but to the whole education in general.

“According to my observations and experience the following, when properly employed, are the most certain means to subdue this pestilence of youth.

“1. One must beware, from the beginning, not to give a child strong, stimulating, nutritive food. Many, indeed, when they indulge their children very early with flesh, wine, coffee, and the like, do not reflect that they are thereby laying the foundation for a tendency to this vice. These stimulants, given so soon, hasten, as I have already shown, expansion of the organs. It is, in particular, hurtful to allow children, at night, meat, hard eggs, spiceries, or puffing things, such as potatoes, which in this way have a very powerful effect.

“2. Washing with cold water daily, as already mentioned; the use of free air, and light clothing, particularly of the private parts, is also of importance. Close, warm breeches often tend to promote this premature expansion; and it is therefore a good rule to give children, during their first years, a loose underfrock, and not suffer them to wear breeches till a more advanced period.

“3. Do not permit them to sleep on feather-beds, but on mattresses; do not let them retire to rest till they are heartily tired with exercise, and cause them to get up early in the morning. Lolling in bed in the morning, between sleeping and waking, particularly under warm bedclothing, is one of the greatest causes of onanism, and ought never to be suffered.

“4. Give them sufficient exercise daily, so that their natural stock of vigour may, by muscular motion, be employed and exhausted: for, when a poor child is kept sitting all day, and its body retained in a passive state, is it to be wondered at if its vigour, which will, and must, have vent, should assume that unnatural direction? Let a child or youth daily exercise his vigour in the open air, by running, jumping, &c., and I engage he will never fall into the detestable vice of onanism. It is peculiar to a sedentary education, in schools and other seminaries where exercise is confined to half-hours.

“5. Let not the power of thought and sensation be strained too early. The more these organs are refined and brought to perfection, the more tendency will the body have to onanism.

“6. One should be particularly cautious in regard to all discourses, writings, or circumstances which might tend to excite such ideas, or turn the attention of children to certain parts. It will be highly necessary to divert them from these by every means possible ; but not in a manner recommended by some, that is, making these parts interesting to them by explaining their nature and use. The more their attention is drawn to these, the sooner, without doubt, can they be acted upon by any stimulus ; for internal attention to any point (internal contact) is as good a stimulus as external contact ; and I agree, therefore, with the ancients, that the organs of generation should not be mentioned to a child before the age of fourteen. Of that for which nature has not, as yet, organs, they ought to have no idea, otherwise the idea may call forth the organs before the proper time.

“One also must keep at a distance plays, romances, and poems, which may have a tendency to excite such sensations. Nothing should be alluded to that may influence the imagination of children, or lead to lascivious ideas. Great mischief has been occasioned to many by reading some of the old poets, or the study of mythology ; and for this reason it would be much better to begin a child's education with the study of nature, botany, zoology, economy, &c. These subjects can awaken no unnatural propensity, but preserve the thoughts pure, and, therefore, will act rather as an antidote to anything of the kind.

“7. One ought to watch, with the utmost care, over nursery maids, domestics, and others, that they may not ignorantly foster the first germ of this dissipation, as is too often the case. I have met with some instances where children became

onanists merely through the nursery maids, who, when they cried and would not sleep, knew no other method of soothing them than to sport with their privates. The sleeping together of two ought also never to be suffered.

“8. If, however, notwithstanding all these precautions, this unhappy propensity should be excited, one ought, above all things, to inquire whether it may not be owing rather to disease than to viciousness, to which most of those intrusted with the care of education pay too little attention. All diseases, in particular, which occasion great irritability in the abdomen, if they are combined with an extraordinary sensibility of the nerves, may give rise to this vice, as I know from experience. Of this nature are worms, the scrofula, and plethora of the lower belly, whether it be the consequence of too heating food, or of too much sitting. When there is any suspicion, therefore, of this being the case, one must always begin by removing the bodily cause. Let the unnatural sensibility of the nerves be subdued by strengthening medicines, and, without any other helps, one may cure this propensity to onanism, or too great irritability of the organs of generation.”

It would be idle to offer any excuse for the above quotation. Its excellence, as being the dictum of the venerable physician who is the author, will commend itself to every reader, and be the most emphatic endorsement that could be desired, of all that has been said on the subject of spermatorrhœa and its primary cause. When so many of the ablest minds which have adorned the annals of medical literature have written with such earnestness and perspicuity on this subject, it manifestly indicates its importance, and tacitly suggests the necessity for the profession generally to follow their example.

While the great Hufeland and his compeers were addressing themselves to the public discussion of this question, there

were many who then, as now, affected to treat it with disdain, considering it beneath their professional dignity to deal with the diseases of the genital organs. Fortunately, at this time, the number of these *dilettantes* has conspicuously decreased, and few are to be found holding such absurd and unprofessional notions. Still the profession is pestered with certain wasps which would check this very progressive tendency, and who take every opportunity of stinging the reputation of those men who have the boldness and unflinching sense of duty, to make the diseases under consideration the subject of careful and earnest consideration.

I am not deterred by this antiquated littleness, but regret that in the nineteenth century there still should be any members of the profession so narrow-minded, and so effeminately sensitive, as to shrink from the treatment and public recognition of genital diseases, and who whisper "Fie! Fie!" to those of their brethren who do. The multitude of able writers in Europe, who have of late years given great and deserved prominence to these diseases, marks a new era in therapeutics, and their example will, I hope, be followed in these colonies, to the discomfiture of the hyper-delicate ancients who still indulge in blushes instead of earnest work.

VARICOCELE, and wasting of the testicles, is another of the many embarrassments noticed in connection with marriage. The testes are subject to a variety of serious lesions, such as cartilaginous and cancerous tumours, fibro-cystic tumours, hydatids, encysted hydrocele, &c.; but the one which I shall confine myself to is the one first named. Varicocele consists in a varicose enlargement of the veins of the spermatic cord, which induces a knotty swelling, that gives the sensation to the touch of a firm convolution of worms. When the patient is in the horizontal position it is least apparent, and is most so when he is standing upright, as the scrotum on the affected side is placed at a lower level. Its common situation is on the

left side, and, in many cases, subjects the patient to a great deal of uneasiness, producing a dragging sensation which is very wearying, and which extends from the loins into the limb, especially when he is walking, or in the erect position. It is usually worse in hot weather, when it is accompanied by weakness and great depression of spirits.

This abnormal enlargement of the veins of the cord tends to interfere with the circulation of the testes, and in course of time reduces their volume, and brings about what is termed atrophy of the organ. This result manifestly deprives them of the power of performing the functions for which they were designed—viz., the secretion of the fecundating seminal fluid. This condition is one which is sometimes met with as the result of the disease under consideration. During the last eighteen years, three such cases have come under my notice, in which the patients had married without considering the probability of entire failure in the marital contract.

The varicose veins extend from opposite the upper lumbar vertebræ to the plexus pampiniforme, which forms the base of the pyramidal swelling that constitutes the fully developed tumour. The distance these veins traverse gives a corresponding length to the column of blood contained in them, the weight of which, and the absence of valves to support it, necessarily subject them to outward pressure. An obstruction exists to the return of blood, they yield, and they become dilated and tortuous. To such obstruction the left spermatic veins are peculiarly liable. Two causes tend to induce it:—

1. Pressure from fæcal accumulations in the sigmoid flexure of the colon.
2. Returning their contents into the left renal vein, at right angles to the current of blood flowing through it into the vena cava.

To regard these as predisposing causes we have the authority of Morgagni, Meyo, Petit, Calisen, Richeraud, and Blandin.

The long course of the left spermatic veins—their length increased by the lower position of the corresponding testis—the absence of valves in them, their feeble coats, the ascending column of blood, and the pressure of the distended colon, render them peculiarly obnoxious to varix; whilst the right are rarely affected, and never without the left participating, so as to constitute, according to Blandin, a double varicocele.

Varicocele may be induced by many causes—corpulency, constipation, warm climate, equitation, *excessive venery, masturbation, &c.*; any circumstances that produce weakness of structure, and obstruction to the return of blood. Petit states that it may vary in size from slight fulness to that of a child's head, measuring several inches, in fact, in circumference at the base. The diagnosis is easy, from its peculiar feeling and pyramidal shape, lessening when recumbent, but returning when reassuming the erect position.

The severity of the symptoms is in proportion to the extent of the disease. In mild cases palliative treatment must be adopted, its object being—

1. To diminish the length of the column of blood.
2. Give tone to the parts.
3. Prevent any obstruction to the return of blood from the accumulation of faecal matter in the sigmoid flexure of the colon. The first of these indications is to be secured by supplementing the testis with a suspensory bandage; the second by cold astringent lotions, and the “douche;” and the third by keeping the bowels thoroughly open.

But when serious inconvenience occurs, intense suffering, *generative debility or threatening atrophy of the testis, with concomitant mental despondency*, the patient must have recourse to such means as promise a radical extermination

of the disease, by exciting plastic inflammation in the veins, and so obliterating them. This has the sanction of both ancient and modern surgeons. Much stress has been laid upon the risk attending these operations; but where the severity of the symptoms warrants the removal of the disease, I employ, without dread, my *own* operation, which is performed as follows:—The patient having been placed under the influence of chloroform, I make a vertical incision, about two inches in length, through the scrotum, when the epididymis and blood vessels can be seen, and easily felt. I then separate the cord, which is securely held by an assistant. I then pass around the varicose vein a large curved needle, shaped like an aneurism needle, and armed with fine carbolised cat-gut; the needle is withdrawn, and the gut tied by means of a firm knot, which is allowed to remain. The wound in the scrotum is brought together with horse-hair sutures, and an antiseptic dressing applied. I have never seen any bad symptoms arise, and the patient is, as a rule, speedily cured.

I claim the originality of this operation, having been the first to propose and perform it. A large number of these operations have been done by me during the past six years, in the presence of Drs. Girdlestone, Hewlett, Fisher, Fulton, Blair, Forster, and others, who said they had neither seen it done, nor had they read of anything of the kind having been done by other surgeons. I may also add, that in some cases, where the left side of the scrotum was unusually elongated, I have made the incision transversely, and removed a large portion of the scrotum, which, when united, rendered the two sides co-equal.

No safer method can be employed to remedy an organic derangement which threatens so serious a termination as the loss of virility, and ought to be adopted wherever the *lesion* exists.]

Since the publication of the last edition of this work I have treated a large number of cases of varicocele in its worst form, in some of which the testicle had nearly disappeared from absorption caused by the pressure of the enlarged veins; these I have cured by angeiotomy, or dissecting out the veins under the spray, after tying the veins to be removed above and below with carbolised cat-gut. Many medical men have been present at these operations, and I am pleased to say that they have been followed by the most satisfactory results. Of course the operation should not be undertaken lightly, as it is one that will tax the skill of the surgeon.

The last disorder which in this chapter I shall notice as inducing impotence is what is known as PROSTATORRHŒA, which is closely allied to spermatorrhœa, but which has of late been carefully investigated in its pathological features, and differentiated so accurately as to mark distinctly the points in which it differs from its better known analogue. As the term implies, it is a discharge from the prostate gland solely, thin, and having the characteristics of mucus in general appearance. It assumes an abnormal condition from inflammation or irritation of the structures of the organ. It has generally been confounded with seminal losses, gonorrhœa, gleet, and cystorrhœa, and indeed there is often considerable difficulty experienced in determining it. It may occur in very early years, and is especially to be met with in children who suffer from stone in the bladder. After puberty it is, of course, exceedingly common, and is met with daily by almost every practitioner. It is also met with in old men.

“All men are equally liable to suffer, but it is more frequently met with in those of a nervo-sanguine temperament, with strong sexual propensities, leading to frequent indulgence of the venereal appetite, if not to positive venereal excesses, either in the natural manner, or by masturbation.

An irritation is thus established in the prostate gland, attended with more or less discharge of its peculiar secretion, either in a normal or abnormal state. Single and married men are equally prone to it. Intemperance in eating and drinking, frequent horse-back exercise, *sexual abuse*, and disease of the bladder, anus, and rectum, may all be regarded as contributing to its production and maintenance."

The exciting causes of prostatorrhœa are not always very evident. In most of the cases that have fallen under my observation the affection was traceable, either directly or indirectly, to *venereal excesses*, chronic inflammation of the neck of the bladder, stricture of the urethra, or disease, of some kind or other, of this canal. In some cases it has its origin in disorder of the lower bowel, as hæmorrhoids, prolapse, fissure, fistulæ, ascarides, or the lodgment of some foreign body. It is easy to conceive how reflected irritation may induce the disease. The connection between the prostate gland and ano-rectal region is very close and intimate, and hence, whatever affects the one will almost be sure, in time, to implicate the other, either in consequence of proximity of structure, or as an effect of the laws of sympathy. Temporary prostatorrhœa is occasionally excited by the exhibition of internal remedies, as drastic cathartics, cantharides, and spirits of turpentine; or, in short, whatever has a tendency to invite a preternatural afflux of blood to the prostate gland and neck of the bladder, or to the posterior portion of the urethra. Another cause of the disease, and, according to my experience, a very common one, especially in young men, is *masturbation or self-pollution*. Many of the most obstinate and perplexing cases of it that have come under my notice were the direct result of *this detestable practice*.

Amongst the many symptoms which indicate its presence are the following:—A desire to pass water frequently; a

dragging sense of weight and deep-seated uneasiness in the perinæum; a discharge from the penis, something like glycerine in appearance; and loss of flesh. When a sound is passed, and the gland is examined per anum, the prostate is found to be swollen and tender. When passing water, there is a sense of scalding. The sexual power is also in many cases feeble. "When considerable, the flow keeps up almost a constant moisture at the orifice of the urethra, and it may even make a decided impression on the patient's linen, leaving it wet and stained, as in gleet and gonorrhœa, though in a much less degree. The most copious evacuations of this kind generally occur while the patient is at the water-closet, engaged in straining, especially if the bowels are constipated, or the fæcal matter is uncommonly hard, or greatly distends the rectum, so as to exert an unusual amount of pressure upon the prostate gland."

"The discharge, whether small or large, is often attended with a peculiar sinking sensation, referred by the patient to the prostate gland, from which it frequently extends along the whole length of the urethra, and even to the head of the penis. In some cases, indeed in many, the feeling is of a lascivious, voluptuous, or pleasurable nature, not unlike that which accompanies the earlier stages of sexual intercourse. Very often there is a 'dropping sensation,' as if the fluid were falling from the prostate gland into the urethra. Other anomalous symptoms sometimes present themselves, such as a feeling of weight in the anus, and along the perinæum, with, perhaps, more or less uneasiness in voiding urine, and a frequent desire to empty the bladder; some patients are troubled with morbid erections, and their sleep is interrupted with lascivious dreams."^(a³)

One great and almost characteristic peculiarity in this

(a³) Professor Gross.

disease is the influence which it exerts on the mind. No matter—in many cases—how small the discharge may be that takes place, the sufferer becomes anxious and apprehensive, fearing results which may never follow, but which his imagination pictures as inevitable. He pictures to himself the dreadful *sequelæ* which he has read in the fugitive pamphlets of the charlatans and quacks, and gives way unnecessarily to despondency.

The symptoms of debility which sometimes show themselves early in the history of the ailment are magnified into greater consequence than they really deserve, and the unfortunate victim to the disease—for disease it is—attributes every ache or pain he may feel to the fatal influence of his prostatic disorder. He also, in many cases, begins at a very early stage in the progress of the disease to dread the approach of impotency, from the readily conceived opinion that the discharge which so alarms him is that of pure seminal fluid; and in his ignorance of the structure and functions of the several parts of the generative system, he runs away with the prominent error alluded to, and can scarcely be persuaded, even by his medical advisers, that his alarm is unreasonable, and his conclusions are incorrect.

There is no physical derangement which seems to strike a patient with more apprehension. Even phthisis itself is tolerated more readily than this efflux from the urethra. It appears to unhinge the mind of most men, and so to disturb the reasoning faculties, that much difficulty is experienced in dissuading them from indulging in such absurdities. This singular submission to his fears is an unfortunate circumstance for the patient, inasmuch as it causes him to avoid reposing that confidence in his medical adviser which is so essential to successful treatment. He accordingly fails to afford anyone sufficient time to treat his malady, and the more confidently his adviser endeavours to encourage him

in the hope of speedy restoration to perfect health, the less, sometimes, will the incredulous patient trust him, and hasten to some one who will indulge his crotchets by magnifying his misfortunes, and coinciding with his foolish apprehensions.

As I have before observed, it is not at all times an easy matter to determine precisely the character of the efflux. There are so many other sources from whence a discharge *per urethram* may occur, that very minute investigation is necessary prior to the formation of a final diagnosis. Prostatorrhœa may be readily confounded with urethritis, gleet, chronic gonorrhœa, discharges of semen, and chronic cystitis, or inflammation of the bladder. These are the chief affections which may, without due care, be mistaken for simple and uncomplicated disease of the prostate.^(a⁴)

(a⁴) Dr. Samuel W. Gross defines prostatorrhœa as an "excessive secretion of a clear viscous fluid, dependent upon chronic catarrhal inflammation of the tubular glands of the prostate. It is included by some authors in their description of chronic prostatitis; but it is an entirely independent disease, as it does not follow an attack of acute inflammation, nor is it attended with suppuration or other morbid changes of the parenchyma of the organ." Erichsen states that "the disease is characterised by the discharge of a few drops of ropy viscid mucus from the urethra after micturition and defecation. It is chiefly of importance from its liability to be confounded with spermatorrhœa, and from the depressing effect consequently produced on the patient's mind;" and he further indicates that its diagnosis is to be effected by microscopic examination of the nature of the discharge, thereby indicating that if the discharge contain spermatozoa, the disease is *spermatorrhœa*; if they are absent, that it is *prostatorrhœa*. Professor Humphry, in treating of spermatorrhœa, remarks—"Accompanying this malady, or independent of it, there is sometimes a discharge from the urethra of a tenacious fluid, like white of egg, in small quantity, following the urine, or expelled during the evacuation of the fœces, especially when straining is required for this purpose. This symptom causes great alarm to the patient, as he believes that he is suffering from a continual escape of the semen. Such is, however, not the case. I never found any spermal elements in it. It proceeds, apparently, from the prostate gland; and its presence in sufficient quantity to issue from

It may be recognised as differing from urethritis by the history of the case, and by the nature of the efflux. In the first place, the disorder appears without the occurrence of impure coit, and is not so sudden in its advent as is gonorrhœa nor is it as a rule so painful, there being no burning or scalding, certainly nothing like that which ordinarily accompanies gonorrhœa. In the acute form of urethritis there will seldom be much difficulty in the diagnosis, but when it has reached the chronic form before medical aid is sought, there is then, without an accurate knowledge of the history of the case, some danger of mistake. The nature of the discharge, however, will be a guide, inasmuch as, in urethritis of long standing, it is more or less puriform, and more copious, than in uncomplicated prostaticorrhœa. Then, again, it may occur that, as a result of the inflammation of the urethra, a stricture may be commenced, or to some extent established, which will account for a continued discharge of a fluid less purulent after, and requiring the use of the bougie to determine its existence.

the urethra is an indication of a relaxed condition of the ducts of the gland, permitting the secretion to be expressed during the voiding of the urine or fæces." Dr. King Chambers seems to be of a similar opinion, regarding this discharge as one of pure mucus, which may go on for years without any physical or mental impairment unless the patient's mind is directed to the subject. Mr. Teevan, on the other hand, regards this as "true spermatorrhœa," and, curiously enough, ascribes it to indigestion. Mr. Benjamin Phillips remarks—"At one time I doubted whether this fluid were spermatic, it is usually so smooth, transparent, and homogeneous; but if it be examined under the microscope, spermatozoa *can usually* (italics writer's) be observed in it. Its thin character has induced people to think that it was a depraved secretion become watery by exhaustion of the secretory organ; and sometimes it may be so, for if a person who complains of the constant escape of the thinner fluid has an ejaculation, the fluid will be thick and grumous. It is, therefore, most probable that the more fluid portion of the secretion which fills the seminal vesicles is most easily pressed out; and this is a reasonable explanation of this feature of seminal discharges."

The most important question to be decided on, when a patient appears with a urethral efflux, is whether it contains semen; and this is not a difficult matter. Microscopical examination at once reveals the presence of zoosperms, if present, and this at once determines the diagnosis. Patients, however, are very prone to infer that the discharge which they have discovered is seminal, when it is only prostatic.

The writer to whom I have referred on this subject so freely states that "much has been said and written respecting diurnal spermatic emissions, but, according to my experience, these evacuations are among the rarest occurrences met with in practice. We are often told that they take place at the water-closet, during efforts at straining, and this is, no doubt, occasionally the case; but more commonly it will be found that these discharges are of a strictly prostatic character, the fluid being forced out of its appropriate receptacles into the urethra, along which it is presently discharged. This delusion will be more likely to take hold of the mind if the escape of the fluid be accompanied by a sort of pleasurable sensation, somewhat similar to that which follows a feeble emission. Persons affected with prostaticorrhœa will often insist upon it that they have quite a number of such evacuations—perhaps as many as six or eight—during the twenty-four hours, especially if they are troubled with disease of the ano-rectal region, leading to frequent visits to the water-closet, or if they are much in the society of women, engaged in exciting reading, or addicted to the pleasures of the table, or to inordinate sexual intercourse, eventuating in general and local debility."

The disorder under special consideration is the result of disease of the prostate gland, by which its secreting functions are so augmented in force as to cause engorgement and discharge of its fluid at short intervals, or constantly.

It is not always necessary that there should be inflammation of the organ in order to the existence of prostatic efflux ; irritation or enlargement, and, indeed, induration, do generally exist, but it sometimes happens that it is apparently normal, so that exploration does not reveal any alteration either in volume or sensibility. The discharge, in these cases, is one of excessive functional activity, "dependent upon disorder of the seminal vesicles, the urethra, neck of the bladder, or recto-anal structure ; in other words, upon reflected irritation or sympathetic disturbance."

There is, in fact, throughout the whole course of the urethra, but especially at the prostatic portion and the anterior part of the canal, an inflammatory and spasmodic condition. We know, from the researches of Brücke and Svetlin, that the greater part of the prostate consists of muscular substance surrounding the tubular glands. This muscular substance contracts spasmodically, and forces the secretions of the gland into the urethra, filling the prostatic and membranous portions first ; and as soon as the prostatic secretion arrives in the urethra, the muscular structure of this is spasmodically affected, especially at the anterior portion, so as to impede its exit and induce the sensation as if the urethra were filled with fluid. After some minutes the spasm ceases, and the retained prostatic secretion flows from the urethra. On examination of the fluid thus expelled, spermatozoa are sometimes found. The discharge of some drops of urine a few minutes after the flow has ceased is explained as follows :—The greater part of this fluid is discharged on the contraction of the bladder, but as it flows through the urethra it induces muscular contraction, and when this becomes stronger than that of the detrusor the discharge of urine is arrested for some minutes until the spasmodic action has subsided. With respect to the occurrence of the pollutions, we know that

under sexual excitement the secretion of the prostate is quickly discharged; and when its muscular substance contracts spasmodically in sleep and discharges its secretion, the patient becomes the subject of lascivious dreams, and seminal emissions ensue. This form of spasmodic stricture is especially observed in spinal disease or as a forerunner of this; but it may also occur in individuals whose central nervous system is in a completely healthy condition. The pathology of prostaticorrhœa seems to consist in a morbidly increased functional activity of the follicular structure of the prostate gland, leading to hypersecretion of its peculiar mucous fluid, accompanied by a discharge from Cowper's glands, and sometimes accompanied by a discharge from the urethra and bladder; and if the result of masturbation, exerts through the mind a most injurious influence over the virile powers.

In entering upon the treatment of disease of the prostate, much accuracy of investigation into the condition of the associated organs in the sexual system, as well as the history of the case, is necessary. The constitution of the patient, and the probability of venereal irregularities, must both be special elements of inquiry. Exploration of the rectum by means of the finger, and of the urethra by the catheter, is essential. The latter is necessary to the determination of the existence of stricture, or of any special irritation of the tube. The former—exploration per rectum—will indicate the volume, sensibility, and consistency of the prostate.

I have found the following treatment—modified by the special circumstances of the individual—answer remarkably well in controlling and overcoming every symptom:—Aperients; warm hip-baths; application of the porteaustique; leeches; blistering; iodine to the perinæum; opium and glycerine injected into the rectum. Riding on

horseback and dancing should be avoided, as should also running. I have found warm salt-water baths, plenty of fresh air, the iodide of iron, generous diet, and avoidance of spirits, wine, and tobacco, to be beneficial. When a patient is well, a No. 12 galvanic sound should be passed, and moderate sexual indulgence allowed.

A year or two ago I had a gentleman under my care complaining of a deep-seated and constant pain, of a burning character, in the perineal region, a desire to pass water frequently, accompanied by a discharge from the penis of a fluid resembling glycerine. He had no sexual desire whatever, and his mind was much affected. I applied the iodine pigment to the perinæum, and injected the urethra twice a day with belladonna and camphor, and ordered him a hot hip-bath every night. He was not allowed to ride on horseback, nor to dance. Internally I gave him the bromide of potassium with aconite. When the pain had subsided, I gave him phosphate of iron and strychnine, and ordered sea-bathing.

CHAPTER IX.

DEFECTS IN THE FEMALE GENERATIVE ORGANS—TOUGH OR UNYIELDING HYMEN—CLOSURE OF THE VAGINA—CONSTRUCTION OF THE MOUTH OF THE WOMB PREVENTING PREGNANCY—OPERATION FOR, AND ITS BENEFICIAL RESULTS—DISPLACEMENT OF THE WOMB—EXCESSIVE MENSTRUATION—CONSEQUENCES OF SELF-ABUSE IN WOMEN, BY FREQUENT EXCITATION OF THE CLITORIS.

TOUGH OR UNYIELDING HYMEN^(a^s) is one of the most frequent circumstances which interfere with the functional integrity

(a^s) But there is also a series of pathological conditions in the female organs which are more or less easily recognisable and curable, and it is the bounden duty of the physician to direct his most earnest and fullest attention to these states, and by a careful investigation to ascertain the cause of sterility in any given case which may come before him. One would think that such an investigation should be a matter of course, and that no physician would omit it; but, unfortunately, experience shows that, in numberless instances, unfruitful women have been for years treated by various medical men, and sent to the most different baths, until at last an examination has proved that conception was quite impossible, on account of the existence of local obstacles. Among the patients treated by the author there was, for example, the wife of an official, a person of weakly constitution, who had for several consecutive years been sent by her physicians to the sea, on account of sterility. To the question whether an examination had been made, a negative was returned. On investigation it was ascertained that the vagina, which was scarcely one inch and a-half in length, presented no trace of an os uteri; the short cul-de-sac was formed by a very dense hymen, which, by reason of its great dilatibility, had permitted an imperfect connexion to take place. At the upper edge of the hymen was a small opening of the circumference of a quill, through which the menses had found an exit. The introduction of a probe through the opening demonstrated the existence of a vagina; examination through the rectum proved the presence of the uterus. A slight operation with the knife destroyed the membrane, and in four weeks afterwards conception ensued, and the lady is now the mother of several children. This case is by no means singular; on the contrary, the author can state that in the greater number of women seeking his advice under the circumstances no

of the female sexual system. Many instances have come before the English law courts touching the validity of marriage on account of the inability of the husband to obtain complete congress because of the unyielding character of the hymen. With some women this structure is so tense that a man with a powerful penis will force it into the shape of a glove finger without rupturing it. In these cases entrance into the vagina is impossible until a surgical operation has been performed. It is extreme folly for intelligent persons to take refuge in a court of law under such circumstances, and thereby to expose their sexual misfortunes to a scandal-loving community.

It is on record that impregnation has taken place even where the hymen had not been ruptured. In these rare and very exceptional circumstances there has been but a portion of semen injected into the lower portion of the vagina through a small aperture in the hymen. Such occurrences are, however, so infrequent that they need scarcely be admitted into the calculation.

Dr. Hyernaux, Surgeon of the Brussels Maternity, communicated to the Belgian Royal Academy of Medicine (*Presse Médicale Belge*, 1882, No. 45) a remarkable case of a woman, aged twenty, who was brought to the Maternity with what seemed commencing pains of labour. On examination an imperforate hymen was found to exist, through which no aperture could for a long time be detected, until at last the rounded extremity of a very fine probe passed into an extremely minute one. The hymen was incised, and was found to be 5 millimetres in thickness. The finger

examination had been made. He therefore considers it not superfluous, but urgently necessary to remind his brethren that they neglect their duty when they omit an examination in cases of sterility; that they act inexcusably, and are unworthy of the confidence reposed in them, when without this preliminary step they lay down any plan of treatment whatever.—*Herr Carl Mayer, M.D., Berlin.*

was then introduced into the vagina, which was quite free, and the presentation of the foetal head with a thin os uteri detected. Labour did not come on until a week later, when it terminated naturally in a few hours with the birth of a girl weighing 2800 grammes. It seems that the young woman had, when she was seventeen years of age, undergone a puncture of the hymen for the discharge of menstrual fluid, and since that time she had, until the period of conception, a slight monthly discharge.

A few years ago I was consulted by a young lady on account of "stoppage of her courses." I examined her very carefully, and found that she was about six months advanced in pregnancy, although the hymen was *unruptured*. On my telling her she would soon become a mother, she exclaimed—"That, doctor, is impossible! because I have never done anything naughty, although I must plead guilty to being a great flirt."

A similar case was admitted into the Lying-in-Hospital under the care of the late Dr. Tracy, and was reported in the *Medical Journal* at the time.

"In the natural state the virgin hymen^(a^e) closes the vagina

(a^e) Cuvier declares that he has found the hymen in very many mammalia (*Lec d'Anat Comp.*), overthrowing the doctrine so strenuously maintained by Haller, of its existence for moral purposes. And were it confined to the human female the various sizes of the aperture, and the various firmnesses of the organs, must ever leave those in uncertainty who can, on their marriages, indulge in sensual doubts. We read in Hume that Henry VIII., who certainly had his share of experience, boasted his discrimination (*History of England*, chap. xxxii.); but in the East the difficulty in ancient times was proverbial (*Proverbs* xxx. 19). The lover of Italian literature knows how exquisitely natural is every description of Boccaccio's, and will recollect his story of the daughter of the Sultan of Babylon:—"Essa, che con otto nomini forse diecemilia volte giacinta era, allato a lui (al Re del Garbo) si coricò per pulcella e feceglielle credere, che così fosse: e Reina con lui lietamente poi più tempo visse: e perciò si disse: Bocca basciata non perde ventura, anzi rinnova, come fa la luna."—*Decamerone*.

imperfectly, generally occupying the inferior portion of the ostium vaginae in the form of a semilunar membrane, leaving an aperture in the upper portion, from the size of a quill to that of a thimble, for the transmission of the menstrual fluid. But it occasionally happens that the membrane is congenitally entire or imperforate. This may not be considered until puberty, when the female will suffer severely every month by the accumulation of the menstrual secretion within the vagina, producing ultimately a bulging out of the occluding membrane in the form of a pelvic tumour, and causing severe pain and other serious symptoms."—*Baker Brown*.^(a⁷)

This impediment frequently stands in the way of complete congress, and cannot be ruptured by the male organ. A surgical operation is then required. Baker Brown gives an instructive case of "imperforate hymen in a married lady obstructing connubial intercourse."

"OPERATION : *Case*.—Mrs. G., æt. thirty-five, married eighteen months, was requested to see me by Sir C. Locock, February, 1854, who had ascertained from the patient that she had been married some eighteen months, but that her husband could have no proper connection with her ; that it was not his fault ; that she had been in good health, and menstruated regularly, although it commenced late in life. On examination, he found the vagina a cul-de-sac of not more than a short inch, the urethra very capacious, and the patient described the menstrual discharge as coming through that orifice. The uterus could be distinctly felt per rectum, and appeared to be quite normal. Sir C. Locock advised her to return to town again when the catamenia was flowing, in order to ascertain whether the discharge actually issued from the urethral orifice, and then to stop in town, for the purpose of having some operation performed.

(a⁷) The hymen varies in shape.

“On the 28th of February I had an opportunity of examining the patient, and, after a very careful investigation, discovered about a third of an inch behind the meatus, a small projecting piece of mucous membrane, like a cowpox pustule on the third day, and from this I saw some leucorrhœal discharge ooze out. Still I could not pass the smallest probe through this little projection. I then carefully introduced the little finger of my left hand into the bladder, and clearly ascertained that there was no communication with the uterus; indeed, I could plainly feel this organ through the coats of the bladder, as well as through the rectum. I examined again and again, and could find nothing but a thick fibroid hymen, completely obstructing the vaginal orifice, and extremely unyielding. At last, seeing some more leucorrhœal discharge ooze out, and hearing from the patient that she sometimes had a considerable quantity of that secretion, I again tried, and ultimately succeeded in insinuating a small probe through a valvular opening into the vagina, when the instrument readily passed two inches upwards. I therefore advised her to stay in town for her husband’s arrival, and proposed, subject to the approval of Sir C. Locock, that she should undergo the operation of removal of the hymen.

“OPERATION.—March 4, 1854, the patient was placed in the lithotomy position, and chloroform having been administered, with the assistance of Sir C. Locock and Mr. Nunn, I carefully dissected away the entire structure, and removed it in one piece. It was nearly a *quarter of an inch* thick in some places, and was found lined, without and within, by a mucous membrane, with a strong fibroid tissue intervening. A spacious and healthy vagina was then discovered, and a normal os uteri could be felt by the finger. A small speculum was easily introduced, and immediately on its removal the vagina was plugged with lint soaked in

oil. The patient was placed in bed, and opiates were given. No hæmorrhage of any consequence ensued. The urine was drawn off by catheter every four hours, and perfect quiet was enjoined. On the sixth day the bowels were opened by enema. The patient recovered without any unfavourable symptoms, and on the 18th returned home, having previously menstruated normally."—*Baker Brown*.

I have given this case on account of its excellence as an illustrative one, bearing upon the special difficulty under consideration. It is also valuable as coming from so high an authority. During the last few years four such cases have come under my observation, exhibiting similar phenomena; but the influence of the impediment on the minds of the parties concerned has been, in most cases, of a very different character. The first which I shall give from my case-book, is as follows:—

CASE.—*Imperforate Hymen. Cured.*

Mr. —, of Melbourne, called upon me early in the year 1871, to consult me about "a matter of very grave moment," to use his own words. He stated that he had been married two months, but had not been able to have physical congress with his wife. He had made the effort almost every night, but in all cases had failed. He could not divine the reason, and his wife was equally astonished and annoyed. She had as much desire for the consummation of the marriage as he had, but it had been found impossible to perform it.

He wished to be advised as to the cause of the misfortune, and requested me, in the first place, to examine him, in order to ascertain whether the fault lay in himself. To this I acceded, and could find no evidence whatever, either in the organs themselves, or in the history and constitution of the patient, to warrant any suspicion that he was defective in sexual power. I especially interrogated him as to whether

he had ever obtained even partial entrance. To this he unhesitatingly replied, "No." It was then conclusive that the defect, or impediment, was to be found in the organisation of the female. I accordingly expressed my desire to examine his wife, and asked whether she were willing to undergo examination. To this he replied that both his wife and himself were determined to have the matter remedied, if possible, as, if it were not, he had resolved to apply for a divorce.

On a day appointed I called at his house. I there found a fine, healthy, and well-formed young woman, twenty-six years of age, but with an expression of care on her countenance which told how much she felt her painful situation. After interrogating her for a short time as to her menstruation, which, it appeared, had been regular, though scanty, and on other matters bearing upon the case, I proceeded to examine her, and at once discovered that the whole difficulty was confined to the existence of a dense and imperforate hymen.

The opening through which the catamenia had passed only admitted a silver probe, which, when passed, met with no obstruction to its further progress. The hymen was so dense that the pressure of the finger made no impression upon it whatever; it was, however, so far changed by the efforts made to rupture it that it had assumed a slightly concave form. There was about the vulvæ a certain amount of irritation, obviously caused by the ineffectual efforts referred to. The rectum, the bladder, and the externals of the genitals, were all otherwise normal in their general aspect and condition. It was palpable enough that if the hymen were removed every difficulty in the way of successful congress would disappear.

I found—when preparing for the operation—that the tissues of the hymen were much thickened and indurated.

Owing to the age of the patient, and the density of the structure, I determined not to adopt the crucial incision which I had sometimes used in other cases, on account of the severed portions remaining as sources of irritation. I therefore removed it by the method recommended by the celebrated surgeon from whom I have just quoted. The whole membrane being dissected away, the vagina presented a perfectly healthy and natural appearance, and I then adopted the usual course of plugging the vagina with lint saturated with oil. The patient was instructed to remain in bed for a few days, the vagina being plugged every day until the edges were healed. In a fortnight she informed me that her husband had completed the act of congress, and the gloom which had so early overshadowed their married life was removed.

This case suggests the wisdom of married people exhausting the resources of professional medical advice before carrying their grievances into a court of law. Many painful cases have been bruited about the world as *causes célèbres*, and most estimable people have been ruined for life in all social respects, and brought to early graves by grief and disappointment, when such disasters might have been avoided by an early appeal to competent medical men. The great majority of sexual difficulties are within the control of modern surgery; hence the folly of ignoring it when they are discovered. As a rule they are most frequently found to occur in the male sex. Those of the female are more commonly organic than functional, the converse being the case in the other sex.

CLOSURE OF THE VAGINA is another difficulty which is sometimes met with, but which is rarer than the imperforate hymen; it is also less easily remedied, and indeed is, in some cases, beyond surgical aid. Instances occur of such congenital deformity in that organ that there is actually no

tube capable of receiving the male organ. A case of the kind is mentioned by Taylor, in his *Medical Jurisprudence*, in which a suit came before the Ecclesiastical Courts in 1845. A singular question arose, whether, when there was a capacity for sexual intercourse on the part of a woman, with a certainty that, from physical defect, she could never be prolific, this was sufficient to entitle her husband to a divorce. The female was examined by Drs. Bird, Lever, and Cape, and they reported that the sexual organs were undeveloped, like those of girls who have not reached puberty, that the vagina was only *three-quarters of an inch in depth*, and that there was no uterus. They stated that sexual intercourse might take place in an imperfect way, but that conception could not result. On a second examination, seven months afterwards, it was found that the vagina had become elongated, and *had then a depth of two inches*, but that there were no medical means of improving its condition, or of removing the defect. It was contended for the husband that the defect was natural and irremediable, and that he was entitled to a sentence of nullity of marriage.

On the part of the wife it was insisted that, in order to entitle a party to this sentence, there must be an utter impossibility of sexual intercourse. The case, it was argued, was one of mere sterility, which was no ground for a sentence, actual consummation having taken place. Dr. Lushington, when pronouncing sentence, said:—"The only question is, whether a female is, or is not, capable of sexual intercourse; or, if at present incapacitated, whether that incapacity admits of removal. A power of sexual intercourse is necessary to constitute the marriage bond; and this intercourse must be ordinary and complete, not partial and imperfect. . . .

"If it be so imperfect as to be scarcely natural, it is, legally speaking, no intercourse at all. As to conception,

there is no doubt that the malformation is incurable. If there were a reasonable probability that the female could be made capable of natural coitus, the marriage could not be pronounced void. If she could not be made capable of more than incipient, imperfect, and unnatural coitus, then it would be void. Dr. Cape stated that, under present circumstances, there could be only a restricted and limited connection; it could not be called perfect and complete. The vagina might possibly become a little more elongated, but this would expose the female to danger. From these facts the marriage is pronounced null and void."

In this case it was evident that the difficulty was such as defied all surgical assistance.

There are instances, however, where occlusion is amenable to treatment, and where an accomplished and careful surgeon will be able to discern the possibility of using the bistoury without imperilling the walls of the vagina. Our best medical records are not without instances of such successful operations. It is to be admitted that, in most cases, there is more or less danger, and in some it is imminent; hence, it should not be attempted without a crucial and exact examination of the adjacent tissues. The fibrinous barrier generally occurs in the inferior third of the vagina, and is extremely dense and resisting.

In the *Medical Gazette* of London, vol. xl., there is a case of congenital occlusion of the vagina, which was operated upon successfully. The operator, Mr. Domville, produced drawings illustrating the case, which was occlusion of the vagina in a young woman. It also happened that thirty-three ounces of retained catamenial fluid were withdrawn. A carefully conducted incision, carried to the depth of an inch, brought the cul-de-sac of the upper portion of the vagina into view, which, being punctured with a trocar, allowed the exit of the pent-up secretion. Dilatation, to

the necessary extent, was produced by the continued use of wax bougies. Not long afterwards she married, and bore children.

In the *Medical Gazette*, vol. xxviii., Dr. Oldham reports the following:—

CASE.—*Painful and scanty menstruation in a married woman; sterility. Division of cervix, and cure.*

“Jane C——, æt. thirty-one—a tall, rather stout, young woman, apparently in good health, has been married two years, but without pregnancy. She applied to me for advice on the 26th October, 1845, and complained of severe suffering during menstrual periods, and, particularly, of her sterility. She had been reproached by her husband for being unlike other women in this last respect; he had treated her with great indifference, and had caused her much distress.^(a^s) She had always menstruated with pain,

(a^s) I suspect that there are few of us who estimate fully the amount of family unhappiness and immorality which arise from sterility. The wife yearning for a child's love remains with all her fond maternal instincts ungratified, and too often expends in a life of expensive frivolity those powers which would otherwise have been devoted to making her own home a happy one. With the self-abnegation of her sex she may restrain every expression of her feelings, but the husband is generally less considerate. He makes no secret of his disappointment, and frequently finds, in the endearments of the children of some mistress, what he cannot find in his own childless home. In two of the divorce cases which have recently been made public, this plea was urged, and apparently in good faith. The adultery of the husband was palliated by the sterility of the wife. The adultery of the wife was palliated by her desire for offspring, and the hope through the child of regaining the lost affection of her husband. And these are but two of the numerous histories which men in large practice in this great city could tell, were they at liberty to do more than speak in the most general terms of the disappointment, the loss of property, the loss or diversion of hereditary titles, and the general unhappiness which attend childless marriages. I have said enough, I hope, to convince you that if we can discover and remove the cause of so

and sparingly, but since her marriage the periods had been still more painful. They recurred once a month, and the flow was preceded, for two or three days, with dragging, rending pains, at the lowest part of the abdomen, with a burning and tense sensation about the vulva, and with occasional pruritus. Sexual intercourse was painful for a few days before the period—the seat of pain being deep within the pelvis, probably within the uterus itself. The pelvic pains diminished when the flow commenced, but she then experienced a sense of cold, with pains above the groins, and a great deal of back-ache. On examination, the uterus was found to be well placed, and perfectly movable, and it felt to be of normal volume.

“The cervix projected into the vagina as it should do; its tissue was soft and irrepressible, and it was not painful to the touch; but the os uteri was extremely small, and contracted like the hole of a common watch-key. I resolved, in this case, to dilate the os uteri with the concealed bistoury which Dr. Simpson invented for the purpose, which was done without difficulty on the following day. The os was incised on one side without causing pain, and with scarcely

much that is to be lamented, we shall attain one of our highest objects—we shall do good, and help to make the suffering happy.

Now, I think we may take it for granted that the *sterility* of the wife is a far more frequent cause of unfruitfulness than the *impotence* of the husband. A man who has reason to doubt his virility very seldom marries; and it is but rarely that a marriage is not consummated on account of the impotence of the husband. There, doubtless, are cases in which some abnormal conformation, or some disease of the male organs, or certain physiological conditions, may render a man who is not impotent incapable of fecundation. The semen may contain no spermatozoa; or the spermatozoa may be dead and imperfect; or the semen, instead of being ejected at the close of the act of congress, may regurgitate into the bladder, or may escape by a urethral fistula or opening. But such cases must be very rare indeed compared with those in which a woman, though apparently perfect, is sterile.—*Mr. Spencer Wells, Medical Times and Gazette.*

any bleeding. A small-sized sponge tent, coated with tallow, was then fixed in the os uteri, and the patient was kept in one position, without moving. The bladder had previously been emptied. On the following day, a common metallic sound was passed without difficulty or pain, and the length of the uterus, from the fundus to the os uteri, was found to be two and a-half inches. I passed, at intervals of a week, stems made of German silver, until the cervix and os were dilated as much as necessary.

“She soon became pregnant.”

It is important to state here that, in very rare cases, pregnancy has occurred when there appeared to be positive occlusion of the vagina. This circumstance sustains the assumption of those who assert that conception is possible without actual entrance of the male organ into the vagina, and that it is, with some women at least, only necessary that a portion of the spermatic fluid should lodge upon any portion of the vagina to find its way to the uterus. Dr. Simmons, of America, gave a remarkable case of this kind, presenting some of “those anomalies which perplex the physiologist and medical jurist.”

The case is stated as one of complete occlusion of the vagina, with subsequent conception and delivery.

He says:—“On the 20th October I was requested to visit Mrs. W. as a patient. She had been very ill the night previous, and complained of distressing pains in the back and loins, rendering her unable to rest in any position more than fifteen minutes at a time. She was as large as if very near the full period of gestation, and, by placing my hand on the abdomen, I felt for the first time the motions of the foetus. During the continuation of the pain I made an examination, and found the structure presenting to the touch the same feel as it had done on former examination. There was no fulness or distension of the parts, which the

descent of the foetus and the collected waters within the membranes would indicate. I was, however, fully convinced that the poor woman was pregnant, and presuming, on her own calculations, that she had not arrived at her full period of gestation, I took from the arm twenty ounces of blood and gave thirty drops of laudanum. She was much relieved, and continued comparatively easy for several days; but the annoying pains returned, and continued, with more or less severity, up to the time of her accouchement.

“On the 19th of November I was summoned in haste to visit her. I found her in labour, and on making an examination per os externum, discovered a fulness, with great tension, and pressing down of the smooth fibrous structure blocking up the vagina; and this condition of the parts increased on the return of every succeeding pain, until, in the space of two hours, I could perceive evident fluctuation of the waters within the membranes, and, by forcible pressure with the fingers, could feel a hard body low down in the pelvis, which I supposed was the head of the child.

“The parturient pains continuing with force, the patient was placed on the back, with the thighs separated, and opening the labia externa with the thumb and fingers of the left hand, I carefully divided the integuments with the scalpel to the extent of one inch, commencing the incision at the most prominent part of the tumour, and in a direct line from the orifice of the urethra to the perineum. The structure divided was about three-quarters of an inch in thickness, and of a firm fibrous texture, clearly indicating that the occlusion was not the result of simple adhesion of the sides of the vagina, but of a new formation of the tendinous tissues. Whether the membranes containing the liquor amnii had been previously ruptured, or whether they were punctured with the point of the scalpel on passing

through the structure with the knife, I do not know, but there was a free jet and flow of water for a moment, and also considerable hæmorrhage. The soft parts readily and safely dilated as the head advanced, and although the labour was both tedious and laborious until the head emerged from the inferior outlet of the pelvis, not an untoward event occurred. The mother and child both did well. By proper attention the newly-formed vagina was maintained. The physiological questions involved in this case are—How did the menstrual fluid make its escape from the uterus? and, by what law of the animal economy did conception take place? Were it not for the great care with which the examination was made in this case, we should have believed in the existence of some minute opening.”

This case is probably the most remarkable on record, indicating, as it does, the extreme receptivity of some women to spermatozoa, and the equally extraordinary subtlety of the process by which they penetrate and reach the uterine organism. It is, however, under no circumstances to be taken as a guide by which hope might be indulged for a recurrence of pregnancy under similar circumstances. Such a case is in the highest degree exceptional, and furnishes one more proof of the extraordinary freaks nature sometimes takes to assert her supremacy over the most remarkable obstacles. It is manifest that there must have been some minute and undiscovered channel along which a very small portion of seminal fluid found its way, as by capillary attraction, through some portion of the dense wall, the pouring of the seminal fluid over the external parts favouring the admission of a minute quantity under such possible circumstances.^(a°)

(a°) In a report on “Midwifery and the Diseases of Women and Children,” in the *New Sydenham Society's Transactions*, by Dr. R. Barnes, there are several “anomalies of structure,” of which the following are worthy of notice:—

There are cases of a partial obstruction of the vagina by means of a septum, which offers no impediment whatever to the catamenial flow, but at the same time effectually prevents sexual intercourse. Of this kind I have met with two—one in a young woman, and the other in a woman of forty-five years of age, who did not marry until that period. The latter one was the most decided and resisting.

CASE.—*Sexual intercourse prevented by a septum in the vagina. Removal and cure.*

Mr. ———, of the Ovens district, called upon me to consult me as to the reason why he could not have complete intercourse with his wife, and especially asked whether it were owing to her age, telling me at the same time that she was much past forty. I at first came to the conclusion that it must be imperforate hymen, and told him at once that I thought it could be remedied. On further conversation I found that he had penetrated the vagina a short distance. This somewhat perplexed the diagnosis without examination by taction. It then led to the supposition that there might be the glove-finger condition of hymen. I arranged with him for a visit to his wife, and for an operation, if necessary, as she had a strong desire to be “put right” if possible.

On examining the os vagina, I found that the hymen was gone, and the carunculæ myrtiformes apparent. Intruding

“Dr. Rube relates a case of double uterus and vagina. The patient had not been pregnant.

“Dr. Greenhalgh, of St. Bartholomew’s, gives a case of bipartite uterus with double vagina. The patient had been married thirteen years without pregnancy.

“Dr. Elleaume publishes a case of absence of vagina and uterus.

“Professor Fage, of Christiania, relates a case where vagina and uterus were both absent.”

the fore-finger into the vagina, it was stopped, at a distance of rather more than an inch, by a broad tendinous band stretching across the vagina in an antero-posterior direction. This, of course, determined the case. I severed it with the scalpel, and introduced cotton-wool saturated with oil, which was left, and changed at proper periods, during ten days. A short delay was enjoined before congress should be attempted, after which physical intercourse was normal, and pregnancy ensued.

Mr. A. Davidson, M.B., of Liverpool, records a case of a similar kind in the *Edinburgh Medical Journal*, vol. xevi. He says:—"In attending a young person in her first confinement, I found that, about an inch from the orifice of the vagina, there was a vertical septum, dividing the passage in two. It was a strong semi-cartilaginous pillar, at its middle about the thickness of the little finger, but spreading out, anteriorly and posteriorly, at its junction with the walls of the vagina. When the os uteri was fully dilated the membranes protruded on both sides of the septum, but more capaciously on the left. The membranes being ruptured, the head of the child descended, but its further progress was completely arrested by the septum. After waiting, and finding that the obstruction gave no signs of yielding, I cut it through with a curved bistoury, after which the labour soon terminated spontaneously. In cutting through the obstruction I found that it had the consistence of gristle, and that it was quite destitute of sensibility. I could not learn whether the presence of this septum had caused any inconvenience previously."

This septum is, almost invariably, so tense and thick that it presents a complete barrier to physical congress. Its cause is at present utterly unknown, the structure being perfectly adventitious. It is simply a freak of nature. Its existence is not necessarily associated with any disordered

function or actual lesion. It may exist in a woman of perfect health, and not be known to her until discovered by the surgeon. I have been informed that it occurs oftener than is suspected, and this may be true, inasmuch as I have heard of cases of difficult or impossible congress which appear to have no other solution, but in which the female has resolutely refused to be examined.

One case I could refer to, where it is tolerably evident, from the statement of the husband, that such a barrier exists, and where the wife will not submit to surgical inspection and operation. It is often impossible to divine the cause of matrimonial feuds and irreconcilable hatreds between childless husbands and wives, save on the supposition of some such misfortune as the one under consideration.

CONSTRICTION OF THE MOUTH OF THE WOMB is another common cause of impotency in women. It is structural rather than functional, leading, by simple impediment, to interruption of the free efflux of the catamenial fluid, and to the entrance of the spermatic fluid into the uterus. It is almost always accompanied with great uneasiness and pain at the menstrual periods, in some instances rendering life almost unendurable. Thousands of young women suffer from this defect, and their monthly miseries are looked upon to be endured as a matter of course, when, at the same time, surgical attendance would speedily remedy it. I have met with many instances which have been diagnosed as neuralgia of the womb, and treated for years on that supposition, and which were cured effectually by dilatation.

With reference to this structural defect, I have frequently met with patients who have been sterile from it alone. It is one of the chief causes of dysmenorrhœa in the single. This circumstance should lead the parents of young women to the consideration of the probability that, when married,

the same cause which was the source of so much pain will continue to operate, and will prevent fecundation. The attention of mothers should be specially directed to this fact by the family physician, and every possible remedial measure should be employed. It is extremely imprudent in the parents and guardians of young people to overlook or treat with indifference these phenomenal irregularities of the uterine organism, inasmuch as their continuation for any length of time in early life lays the foundation of future misery, which may be, and often is, life-long.

Of course there are MORAL causes of female sterility: *a want of congeniality in the two sexes*, and also hatred, disgust, fear, timidity, and excessive ardour of desire, divers ramblings of the imagination; in a word, passion strongly excited—that is to say, all cerebral action so strong as to diminish that of the genital organs, which require for coition great exaltation. It is well known that complaisance, tranquillity, silence, and secrecy are necessary for a prolific coition; it is arrested, as if by enchantment, by noise, dread, fear, publicity, jealousy, contempt, repugnance, slovenliness, by too much respect, and by everything that can excite or depress the imagination. Most of the causes of impotence in both sexes may be removed, but some are beyond the reach of art.^(b¹)

Excessive venery is a common cause of sterility in women. The debility of the uterine system, by promis-

(b¹) A learned judge in New Zealand addressed the following to me:—"My dear doctor—The following facts may perhaps interest you:—A fine handsome man of thirty, a member of the legal profession, was united in marriage to a young and beautiful woman; they lived together for ten years *without issue*. They were then separated by a decree in the Divorce Court, and a short time afterwards both married again. The lady gave birth to a child by her second husband, and the gentleman's second wife soon became a mother. Can you explain? They were intimate friends of mine, residing in Canada.—Yours very sincerely, ——"

cuous and too frequent intercourse, is the cause of infecundity in prostitutes and others. But when these persons reform and marry, and confine themselves to one individual, the uterus gradually regains its power, and conception often occurs. Many proofs of this were given by prostitutes who were transported to Van Diemen's Land, and there became mothers.

The constitution may undergo changes favourable to fecundity. Thus, we often see women who bear children after having been barren for ten or twenty years. Others have a family without experiencing any enjoyment, according to their account, during intercourse; and some who suffer the embraces of their husbands with pain, or even disgust.

Dr. Marion Sims (*Clinical Notes on Uterine Surgery*) observes:—"The conditions essential to conception are stated to be these eight:—1. It occurs only during menstrual life. 2. Menstruation should be such as to show a healthy state of the uterine cavity. 3. The os and cervix uteri should be sufficiently free to permit the free exit of the menstrual flow, and also to admit the ingress of the spermatozoa. 4. The cervix should be of proper form, shape, size, and density. 5. The uterus should be in a normal position—*i.e.*, neither anteverted nor retroverted to any great degree. 6. The vagina should be capable of receiving and of retaining the spermatic fluid. 7. Semen with living spermatozoa should be deposited in the vagina at the proper time. 8. The secretions of the cervix and vagina should not poison or kill the spermatozoa.' "

The varieties of organic interruption to normal uterine function are considerable; some of them I shall mention as having been noticed by distinguished men in Europe, and placed in the several medical records. Much attention has been devoted to the consideration of those nervous and

organic conditions that lead to the distressing catalogue of disorders of which dysmenorrhœa, menorrhagia, ovaritis, and sterility form a part. Dr. Barnes describes several striking cases of this kind, arising out of a peculiar form of the cervix, and which have been treated by division.

In a memoir on this subject he described and figured a form of cervix uteri which projected into the vagina as a conical body, the vagina appearing to be reflected off at a point nearer to the os internum than was normal. The seat of obstruction Dr. Barnes believes to be always the os uteri externum; the sound generally passing the os uteri internum readily. Deviations of flexion and version almost always followed the original formation of the cervix. Inflammation of the cervix, ovarian congestion, hæmatocele, dysmenorrhœa, and sterility, were frequent attendants. He thought that dilatation of the vaginal portion of the cervix was sufficient, and that incision at the level of the os internum was unnecessary and dangerous, from the risk of incising the large vessels. He preferred incision to dilatation by plugs, as being safer, if performed with scissors.

The following propositions have been arrived at by the most eminent observers:—

(1.) That narrowing of the canal of the cervix frequently exists, giving rise to a painful form of menstruation.

(2.) That although it is often a congenital defect, yet it may follow as the result of disease, and is sometimes a cause of barrenness in women.

(3.) That it is rarely amenable to mere dilatation.

(4.) That cutting the two sides of the canal^(b²) of the cervix

(b²) Dr. Robert Barnes read a paper on *The Dysmenorrhœa, Menorrhagia, Ovaritis, and Sterility, associated with a Peculiar Form of the Cervix Uteri, and the Treatment by Division*. The author described and figured the form of cervix uteri which projected into the vagina as a conical body, the

is not difficult of performance, is much more expeditious, more certainly successful in its results, and when carefully performed does not involve any risk.

(5.) That pregnancy frequently follows the operation.

vagina appearing to be reflected off at a point nearer the os internum than normal. The os externum was unusually minute, scarcely admitting the uterine sound. This (the os externum) was the real seat of constriction. The os internum normally was a narrow opening; and in these cases of dysmenorrhœa and sterility it was found commonly to be of normal calibre. It was therefore unnecessary to divide it. It was, moreover, dangerous to divide it, on account of the close proximity of the large vessels and plexuses running into the uterus on a level with it. The author maintained that this form of cervix was also a cause of retro- and peri-uterine hæmatocele, and of peritonitis. All these consequences might arise in single women. In the married state the evils enumerated were aggravated, and new ones arose. Women with this peculiarity were generally sterile; and if they became pregnant it was early in life, before the further consequences were developed. These were flexions, deviations, inflammation of the cervix and body, hypertrophy. Discussing the question of treatment, the author showed that dilatation was unsatisfactory; that incision of the os internum, as practised by Dr. Simpson's single bistoury caché and by Dr. Greenhalgh's double bistoury caché, was unsafe and superfluous. He objected to the latter instrument especially, that it must cut as it was set—that it was too much of an automatic machine, not leaving scope for the judgment of the operator. His (Dr. Barnes's) own instrument, constructed like a pair of scissors, acted on the same principle as Dr. Sims's; it divided only the os externum, so as to open the cavity of the cervix. The part to be cut being first seized between the two blades, the operation was perfectly free from risk. The hæmorrhage was usually slight; and a good os was made. He had performed the operation many times, both in hospital and private practice, and was well satisfied with the results. One advantage of incision over dilatation was that it relieved the engorgement and inflammation. In illustration of the behaviour of the conical cervix uteri under labour, two cases were narrated. In one, the cervix and the os uteri had returned to their original state, although a fœtus of four and a-half or five months' development had been expelled through them. In the other case it was necessary to open the cervix artificially, by means of the author's cervical dilator and incisions, in order to deliver a full-grown child. In both cases pelvic cellulitis followed labour.—*Medical Times and Gazette*, June 7th, 1865.

In the year 1863 I sent to *The Medical Record of Australia* clinical illustrations of obstructive dysmenorrhœa, and on a new uterine dilator—a sketch of which also appeared. The paper appears in the third volume, and contains some important cases bearing upon the subject. As it is relevant to the chapter under discussion, I shall transcribe it. “Operative measures in mechanical dysmenorrhœa frequently fail to afford permanent relief, through the inefficiency of the means employed to keep the embouchure of the uterus patent after the cervix has been divided. To obviate this deficiency, and to do away with the sponge tents, Mr. Guyatt, the surgical instrument maker of Collins-street East, has constructed, after several attempts (considerable difficulty being experienced in obtaining sufficient power to dilate the organ without rendering it too bulky), an instrument for me, which I have named a ‘uterine dilator.’”

It consists of two finely-polished steel blades, which, when in close contact, are of the diameter of Professor Simpson’s uterine probe. By means of a screw rod, worked by a button at the extremity of the handle, the blades are separated. The value of an instrument of this kind in dilating the uterine canal will be at once patent to my professional *confrères*. It places in their hands the power of increasing the size of the uterine cavity to any extent they please, and it does away with sponge tents, which fail quite as often as they succeed, and the evil which attends them—the fetid discharge consequent on ulceration, and inflammation of the upper part of the vagina and mouth of the womb.

Professor Simpson, in his papers on dysmenorrhœa, published in the *Medical Times and Gazette* for 1859, divides dysmenorrhœa into two classes, ovarian and uterine. Uterine dysmenorrhœa he divides into—1. *Neuralgic*, from the pain which affects other organs in the nerves in the intervals of the appearance of the menstrual discharge becoming fixed

in the uterus just before the discharge appears, and continuing with more or less intermission until it ceases. 2. *Gouty or rheumatic*, from its occurring in connection with gout or rheumatism. 3. *Congestive*, in which there is an exaggeration of the ordinary phenomena of menstruation. 4. *Inflammatory*, due to the occurrence of inflammation in the neck of the womb, with or without ulceration around the os. 5. *Membranous*, from a membrane being thrown off from the uterus at each menstrual period; and 6. *Obstructive*, depending upon a state of stricture or contraction of the calibre of the neck of the uterus.

My object in the following observations is to illustrate the obstructive form of the disease—the form most demanding surgical assistance.

It does not invariably follow that the obstruction depends as Dr. Simpson states, on “stricture or contraction of the neck of the uterus.” There may be no diminution in the calibre of the neck of the uterus; its os may be even patulous, admitting the apex of the finger in the intervals of menstruation, but on the accession of the pain becoming closed, as if it were under the influence of some spasmodic action, relaxing on the administration of 20 or 30 minims of chloroform inhalation, the menstrual discharge, if the spasms have been fully relieved, flowing readily and without being clotted.

The following case is a characteristic one, showing the hindrance to normal uterine function, and the entrance of spermatozoa into the uterus.

CASE.—*Obstructive Dysmenorrhœa. Sterility. Hysterotomy and dilatation. Cure, followed by pregnancy.*

Mrs. C——, aged twenty-six; ten years in the colony. She has been married eight years, but has had no family. Since her marriage she states “she has been constantly under medical care for chronic inflammation of the neck of

the womb and ulceration of the mouth of the womb," but without benefit, her sufferings having increased to such a pitch that the expulsion of the menses resembles labour. When she consulted me in December, 1860, she was pale, with dark circles under the eyes, hysterical, and much emaciated. Four days before the appearance of the discharge her breasts became very painful, and forty-eight hours later severe pains in the womb and back set in, with a sense of fulness in the pelvis, pains shooting down the thighs, frequent desire to pass urine, and pain in defecation. The menstrual discharge was pale, scant in quantity, and mixed with clots, and shreds of false membrane. On examination I found the vagina and uterus in a state of great irritability; the latter was hypertrophied, indurated, and elongated, and it was with some difficulty that the uterine sound could be passed for a fourth of an inch into its cavity. Her general health was first improved; I then, assisted by the family medical man, divided, by the aid of a four-bladed speculum, the uterine canal on each side. There was considerable hæmorrhage, but it soon ceased. The subsequent treatment consisted of tepid hip-baths, and tepid vaginal douches, and dilatation of the uterine canal every fifth or sixth day. The next menstrual period was unattended by pain; the discharge was still clotted, but otherwise natural in colour. She gained flesh rapidly, and recovered her buoyancy of spirits. The third month after the operation the menstrual discharge was free from clots, and she soon afterwards became pregnant, and was delivered of a child at the full period.

CASE.—*Stricture of the cervical canal. Scanty and painful menstruation. Sterility. Hysterotomy. Dilatation. Cure. Pregnancy.*

Mrs. H. —, aged twenty-two; six years in the colony. She menstruated at fifteen, was married at nineteen, and

has never been pregnant. She has always suffered pain during the menstrual period, but much more so since marriage. A few days before she becomes "unwell" she suffers from headache, constipation, great weight in the pelvis, with shooting pains in the region of the womb. The menstrual discharge is sometimes profuse and clotted; at others it is scanty, and mixed with shreds of false membrane. She has been under treatment for some time. The last practitioner who attended her told her she was suffering from "an ulcer on and falling of the womb."

Symptoms.—Spare, but well formed; very hysterical; tongue clean; pulse 90, weak; bowels constipated; great tenderness above the pubis; uterus feels hard through the walls of the abdomen; frequent desire to micturate; the uterus feels elongated, low down in the pelvis, and very hard. I examined her with Simpson's speculum, and found a congested condition of the os and cervix uteri, with a considerable quantity of glairy discharge escaping from the uterine cavity. I could not introduce the uterine sound, from the severe pain it excited. After prescribing a sedative and aperient mixture, and warm hip-baths for a few days, I performed the operation of hysterotomy. The after treatment was precisely the same as in the last case.

Two months after the operation she was well, and became pregnant, but miscarried from over-exertion. She lost a very large quantity of blood, which reduced her considerably. In a short time, however, she regained her health, this being followed by pregnancy a second time.

These cases clearly illustrate the possibility of grave errors being committed in reference to the causes of sterility, and suggest that there is frequently a close connection between severe dysmenorrhœa and sterility, the removal of the obstacle in the former condition doing away with the

impediment in the latter.^(b^a) I have, when being consulted in reference to sterility on the part of the woman, generally found that dysmenorrhœa of a very severe character was associated with it, which has at once given the clue to the real difficulty. At the commencement of this year, a captain of a merchant vessel called with his wife upon me in reference to her barrenness. He had brought her with him on a voyage under the popular notion that women conceive more readily at sea. This expectation had not been realised; hence his visit to me, to ascertain whether it was likely that "she would always be barren." On examination, I found that she had a great deal of pain at the catamenial period, and that the os uteri was abnormally small. In addition, the cervix was curved, so as to place considerable difficulty in the way of the dilator. After giving a peculiar and suit-

(b^a) Having thus rapidly glanced on all the other conditions enumerated in the table, we will devote the remainder of the hour to one of the most frequent and one of the most easily remediable causes of sterility, namely, occlusion or stricture of the os uteri and the cervical canal, and the mode of remedying it by dilatation or division.

Contraction of the os uteri and cervical canal have been enumerated among the causes both of dysmenorrhœa and of sterility since the days of Hippocrates. More than 2500 years ago we are told in the *Γυναικείων Πρώτων* that where sterility is due to contraction of the os this must be dilated by leaden instruments. In the *Marrow of Chirurgery*, by Cook of Warwick, published about 1660, we are told that when the os uteri is closed it should be dilated by gentian root or prepared sponge, or hollow instruments of silver, ivory, or horn; and these means, says Dr. Simpson, to whom I am indebted for this reference, Cook adds "are better than incision." In our own time, Dr. Macintosh, of Edinburgh, was the first to revive the mechanical treatment of the *clausura uteri*. He used metallic bougies, gradually increasing their size until No. 13 was passed, and in his *Practice of Physic* he says that of ten married women treated before 1832, "seven subsequently fell with child." After that year, he says he followed the practice in seven women, of whom "four have since had a child each."
—*Lecture by Spencer Wells, F.R.C.S.*

able curve to a small sound, I was able to pass it, and, by means of it, to insert the dilator a sufficient distance to accomplish the desired distension; I then used the urethrotome, and continued dilatation until the functions of the uterus became normal. Shortly afterwards she herself informed me that she was pregnant.

The curve in the cervix is similar to one mentioned by Dr. Emmett in the *New York Medical Journal* of 1865, where he describes the treatment of dysmenorrhœa depending upon flexion of the uterus. This flexion takes place gradually, owing to the leverage created upon the body of the uterus. An angle or elbow is formed in the cervix, which causes the obstruction, and this is increased by the congestion attending menstruation. Dr. Emmett says it is not enough to divide the os externum, either laterally, or through the posterior wall of the cervix. These incisions will not reach the point of angulation. Further incisions are required in the antero-posterior direction, both in the anterior and the posterior walls at the seat of angulation. He makes the first incision through the vaginal portion of the cervix with scissors. The deeper incisions are made with a peculiar knife. The cervix is afterwards plugged with lint soaked in glycerine. Great pains are taken with the subsequent dressing, to prevent the cervical incisions from closing up. There is some risk of hæmorrhage by wounding the large vessels that surround the uterine neck. It is partly to obviate this that careful plugging is used. Dr. E. speaks well of the success in curing both dysmenorrhœa and sterility which has attended this operation.^(b¹)

Although this case eventuated favourably, and was carefully watched, so that no serious *sequelæ* followed the operation, still I am not inclined to endorse the treatment

(b¹) *New Sydenham Society's Transactions.*

adopted. It might, under the circumstances, probably have been the best, but I have known dilatation meet the exigencies of cases apparently quite as severe. Many medical men of eminence also object to surgical treatment of that character, believing that it is possible, under almost all circumstances, to secure the entrance of a properly constructed dilator. Dr. Henry Bennett deprecates the tendency to resort to surgical treatment for the relief of dysmenorrhœa, &c., and advocates the use of tents alone.

There are difficulties associated with the use of the tent which require some dexterity to overcome. The most common impediment arises from the catching of the point of the tent in one or other of the folds of the cervical mucous membrane. Much more difficulty, however, is experienced in overcoming the real stricture which often exists at the os internum. It ought never to be forgotten that the internal or cervico-uterine orifice is the narrowest part of the canal, and that it is here that the point of the sound is most commonly arrested. In selecting the size of the tent to be first used, we ought, consequently, to be guided by the information which a previous use of the probe has given us as to the state of this orifice. In some few cases it will be found impossible to pass a tent, and then the only rational treatment is to dilate the stricture by the pressure of metallic bougies of gradually increased diameter.

“Of all the impediments to the entrance of the tent, the most annoying, and perhaps the most common, is a flexion of the body of the womb in its cervix. The position of the womb is sometimes such that it is next to impossible to introduce a straight tent. The only way is to employ a probe to replace the uterus as nearly as possible in its normal direction, and then to slip in the tent by the side of the metallic director.”^(b^s)

(b^s) Aitken.

In the *Clinical Memoirs on the Diseases of Women*, by M. Gustave Bernutz and M. Ernest Goupil, translated for the New Sydenham Society by Dr. Meadows, of London, a case is given of complete congenital imperforation of the vagina, with total absence of the cervix uteri. The case is a very remarkable one, showing how the most unpromising conditions are made to give way under the operations of the surgeon. Here there was a menstrual retention from seventeen years of age, cured by an opening made into the body of the uterus.

The case is given in detail as follows:—"A woman aged thirty-two, married ten years, had never menstruated. On examination the uterus was found to be imperforate, and there was complete absence of the cervix. There was some abdominal enlargement with tenderness, especially on the left side, where fluctuation was felt. A trocar was introduced per vaginam. In six hours after, four ounces of blood escaped. The tumour diminished meanwhile. In two months she completely recovered. No cervix could be seen. Menstruation, however, subsequently occurred normally.

Another case of a similar character is given, which is equally interesting in the discussion of this phase of barrenness. It is given as follows:—

"Mrs. G——, aged twenty-two, had symptoms of menstruation at the age of sixteen. Twice in one year she had attacks of peritonitis. On examination there was some abdominal enlargement found, and she suffered from hysterical convulsions. A tumour was felt in the hypogastrium. It was round, movable, and tender, and reached as high as the umbilicus. The enlargement and pain increased every month, and fluctuation was very distinct. She had never menstruated. Though the tumour was clearly uterine, no trace of os or cervix could be felt. A trocar was introduced, per vaginam, into the tumour, and a pint and

a half of brown fluid withdrawn, which at once reduced the size of the tumour. The discharge continued four days, by which time the tumour was reduced to one-fourth its size. The tenderness also had disappeared. Twenty days afterwards menstruation appeared, and lasted for six days. It returned again in a month, perfectly natural."

One of the most remarkable circumstances connected with these cases is the long absence of menstruation. Little mention is made of their general healthiness, nor is anything said about vicarious discharges, which, in many cases of uterine difficulty of a similar kind, make their appearance at intervals. In a case which I myself had some four years ago, of a character analogous to those just quoted, there was a periodic attack of hæmorrhoidal efflux, which compensated, in some degree, for the absence of the normal uterine function.

A Mrs. R. V——, of New South Wales, consulted me, with her husband, in reference to her menstruation, and concomitant barrenness. The history of the case had very little of moment connected with it, save that she was from time to time subject to bleeding from the bowels. This she did not apprehend as bearing at all upon her uterine difficulty. She only regarded it as an additional affliction, of which she would be glad to get rid. She had tried every expedient that the skill of her medical adviser could suggest; in addition, she had taken all the simples that benevolent and officious neighbours and friends supplied or dictated. She had, on some occasions, thought she had seen a stain on her linen, which, she imagined, came from the vagina. As to anything like menstruation, she had never experienced it.

On examination with Simpson's speculum I found that there was no cervix uteri whatever, and, as a substitute for the os, or outlet from the organ, there was a diminutive

aperture, into which I could only introduce a very small silver probe. It was impossible to dilate so small an opening, hence no course was open for the relief of the patient but by cutting. I therefore made a transverse incision, which was plugged with lint saturated with oil. This was continued until the edges of the orifice healed, leaving an aperture sufficiently large to allow the passage of the uterine contents. Before the introduction of the lint, a brown glairy fluid came away, to the extent of about two ounces.

At the end of three weeks there was a tolerable flow of abnormal-looking catamenial fluid, which continued for twenty-four hours. In five weeks' time the second flow occurred, of a better character, and slightly increased in quantity. In the interval between the two there was one of the hæmorrhoidal discharges, but it was by no means so copious as formerly. They ceased altogether in three months, indicating their purely vicarious character. I learned afterwards that the menstrual discharge continued to appear at the proper intervals, but I never heard of the patient becoming pregnant. It is probable that the absence of the cervix, and the fact of the opening not being in the median line, might prevent such an occurrence. My own impression is that it would do so, and, indeed, that it would be much safer for the woman to remain unimpregnated.

I have given sufficient to show how congenital difficulties of an uterine character may be remedied by skilful surgical treatment, and thus dispose of many heartburnings between married couples who are disappointed in their expectations with reference to having children as the issue of their union. I shall now allude to an evil much more widely spread, and one which is equally fatal to procreation, as are the congenital difficulties. There are a far larger number of such cases than is generally believed, and I regret exceedingly that the practice of cauterising the womb is common. The injuries

which follow it, when recklessly or uselessly performed, are serious in the extreme, and inflict an amount of torture on the patients which is painful to consider. Dysmenorrhœa of the most agonising character is often the result of the use of caustic to the os, producing almost its entire obliteration. As a matter of course, it permanently establishes barrenness, offering a complete impediment to the introduction of the seminal fluid of the male into the uterus.

The author from whom I last quoted gives several pointed cases which illustrate this consequence of malpractice.

CASE.—Occlusion of the vaginal orifice of the cervix from cauterisation. Symptoms of menstrual retention. Caused by vaginal hysterotomy.

“A young lady had granular ulceration of the cervix, which was cauterised with the acid nitrate of mercury, and Vienna paste. At the following menstrual period she was seized with violent pains in the hypogastrium. On examination with the speculum, the os was seen to be closed, and the uterus distended. A bistoury was introduced, and an ounce of blood evacuated. She recovered, and afterwards menstruated normally.” The author goes on to say:—“I need not stay to inquire whether these cauterisations were necessary or not, but will content myself with remarking upon the sad result which followed.”

Such cases as the one just quoted are exceedingly common, and many more have come under my notice than I have recorded. From amongst those which I have noted I may give the following:—

Mrs. C——, of Melbourne, called to consult me in the year 1869, under the following circumstances:—She had been married rather better than two years. Prior to her marriage she had suffered considerably from painful menstruation, but, from motives of delicacy, did not permit

medical interference in the matter. Some time after her marriage, she was induced to submit to an examination, when it was stated by the medical observer that the os was ulcerated. He accordingly cauterised it. After this she became very much worse. Her pain, when menstruating, was intense, and the quantity and rapidity of the discharge was much reduced. She became so much worse that physical connection was out of the question. She therefore applied to me for assistance. After hearing the history of the case, I became apprehensive that there was almost absolute obliteration of the os.

By the use of the speculum, I found that my apprehensions were in every sense correct. The mouth of the womb was contracted, and hardened so as to present a dense resistance to the sound. Any attempt at entering the uterus, even with a silver probe, was fruitless; hence there were no means left but the use of the bistoury. On making a free incision laterally through to the uterine end of the neck, three or four ounces of brown and clotted material flowed immediately. After plugging the os with lint and glycerine, the patient went away much relieved. Nothing abnormal occurred afterwards. The catamenial flow became painless and regular, and in six months after, when I had occasion to see her again, she informed me that she was pregnant.

This is but one of many which my note-book furnishes. They are, however, necessarily much of the same character, but they demonstrate, beyond successful contradiction, that women suffer, to a great extent unnecessarily, from the injudicious treatment of supposed uterine disorders, which might be got rid of by very simple and conservative measures. The congenital difficulties in the way of fecundation are sufficient of themselves to present an important array for the skill of the surgeon to overcome. It is certainly unnecessary that

the medical men, to whom women look for assistance in their troubles, should be the direct cause of introducing them to miseries greater even than those which nature has herself imposed.

I have entered at some length into the description of the uterine obstacles which stand in the way of marital functions, in order that it may be clearly seen that there are very few conditions, even of an organic nature, which are not capable of being overcome, or in some degree modified, by the surgeon's art. Thousands are carrying their miseries with them to an early grave, simply because they are ignorant that there is actual help for them, and that the ills they suffer may and can be disposed of. Many have expressed absolute scepticism in reference to their recovery, when I have predicted their future emancipation from the disabilities they complained of. These cases had, many of them, lasted for years, and had been under the treatment of persons whose only remedy for such unfortunate cases was cauterisation, with its thousand ills. In the majority of uterine diseases so treated there is just as much absurdity and cruelty as there would be in restoring the old cautery, with its red-hot irons, for general diseases. It is to be hoped that the profession, as a whole, will soon abandon—save in very exceptional cases—a practice which has been fraught with so much misery to women, in producing dysmenorrhœa and sterility, where there was no necessity whatever for it to exist.

DISPLACEMENT OF THE WOMB is also a circumstance which acts as an impediment to pregnancy, and which arises from various causes. It is by no means an uncommon occurrence, and varies considerably in its extent and nature. Indeed, women suffer, more or less, from a serious array of diseases affecting the generative organs. From the debility consequent on the artificial life which civilisation and absurd

customs impose upon them, they are hourly liable to one or more of the many organic alterations that interfere with the uterine functions. Cystocele, rectocele, prolapse of the uterus, prolapse of the vagina, fibrous and other tumours of the uterus, &c., &c., are amongst the many ills that beset them; and it is rare to find a woman who does not, in some degree, suffer from one of these disorders. They all interfere with conception, and many of them to some degree with coition.^(b^o)

There are many causes of displacement. This may take place forwards or backwards, from hypertrophy, inflammatory engorgement, and distention. Frequently the enlarged uterus so clings upon its lateral ligaments as to elongate them, causing a subsidence of the viscus into a lower position in the pelvis, at the same time altering its position from the vertical to almost the horizontal one. Then there is much disturbance of both the uterine and the general abdominal functions, requiring much skill to cure, and entailing upon the patient great suffering.

When there is what is termed retroflexion and retrover-

(b^o) In carrying out this inquiry, I may refer you to the following table in which these cases are arranged in progression from without inwards:—

Occlusion of Vagina { By adhesion of labia.
By imperforate hymen.

Vulvular Folliculitis—Herpes and Eczema of the Vulva.

Hyperæsthesia and Anæsthesia of the Vagina.

Diseases of Rectum, Urethra, or Bladder.

Ruptured Perinæum.

Vaginal and Uterine Leucorrhœa.

Uterine Catarrh, Congestions, and Inflammation.

Displacements of the Uterus.

Contractions of the Os and Cervical Canal.

Dysmenorrhœal Membranes.

Foreign Bodies in the Uterus.

Organic Diseases of the Uterus, as Polypi, Fibrous Tumours, or Cancer.

—*Spencer Wells on Surgical Diseases of Women.*

sion, the fundus of the womb is tilted back against the rectum, giving the organ a decidedly horizontal position. When this misfortune has happened to some women they cease ever after to conceive. There are instances in which the womb is so far thrown out of position that it is partially turned upside down, the fundus, or highest point in the normal state, being placed somewhat below the neck. It is needless to suggest how much this position of the organ would interfere with the function of fecundation.

Anteversio and antifixio of the uterus are equally inimical to it, although the situation of the os is reversed. In this displacement the base of the womb falls against the bladder, and the neck against the rectum. It is needless, and not strictly applicable to the present phase of the question, to point out how serious the collateral difficulties are which such alteration occasions. On a future occasion I shall treat upon them in discussing the surgical treatment of these diseases. This anteversio I have found to also put an end to impregnation in women who were, prior to its taking place, regularly bearing children.

Intimately allied with these displacements are the consequent alterations in the position and function of adjoining organs. They must form the subject of special observation to the surgeon, being, as they are, a considerable element in the diagnosis and prognosis which he has to make. This fact could not be better illustrated than by a case of prolapsus ani, given by Baker Brown, which indicates the serious complications that frequently occur. It is reported as follows:—

“CASE.—*Prolapsus Ani*.—E. H., æt. forty-two, married eleven years, and had no children; had long suffered from bearing down of the womb, and at each menstrual epoch there was very deficient excretion. Her health was generally

impaired; she had long been treated for uterine derangement, but had never allowed an examination. On consulting me I immediately inquired if she suffered from piles, or bearing down of the bowel; and on her replying that she had suffered from prolapsus of the bowel for several years, preventing her from riding on horseback or sitting long in one position, I inquired further whether at the menstrual epoch there was any bleeding from the protruding bowel. She replied that she lost a great deal of blood at those periods, and that the parts were more painful and sensitive than at other times. This patient never had an evacuation from the bowels, except from medicine, which she took every night. I directed her to remain in the horizontal position, either on her side or on the abdomen; attended to her general health, administering quinine and steel, and using the cold douche to the uterus. Under this treatment she rapidly improved, and, on finding that after two months there was a freer menstrual discharge, I applied ligatures to the prolapsus of the bowel. The disease was permanently cured, the patient was restored to good health, and in the course of a few months became *pregnant for the first time* in her life, and I delivered her of a healthy child at the full period of gestation.

“This case points out the importance of investigating both the uterus and rectum in such conditions of the female, for it will be observed that instead of the rectum alone being investigated, as is done in other cases, in this the uterus only had been treated, and this result was equally unsatisfactory. I could adduce very many cases of a similar kind which have come under my observation, where patients have been treated for months and years for uterine disease; but no attention having been paid to the condition of the bowel no good has accrued.” This writer goes on to state that the cause of sterility in many females will be found to arise from

these conditions in the rectum in connection with those of the uterus.

Every medical man who has devoted special attention to uterine disorders has met with instances of a similar kind, where displacement has been equally instrumental in preventing fecundation; but, as a rule, it is not noted; hence, there are thousands of women suffering from infecundity for a life-time, when, by attention to the complications in their uterine difficulties, all their disabilities might be disposed of.^(b⁷)

(b⁷) Prolapse and procidentia of the uterus would hinder intercourse only in the rare cases in which the parts are not capable of replacement even in the horizontal posture. But if hypertrophy or prolongation of the vaginal portion be present, a condition easily mistaken for prolapse, re-position cannot avail, the vaginal portion would be only compressed and crooked by the attempt, and the semen could then not reach the cavity of the uterus. In such cases amputation alone remains, an operation much recommended by the author, and lately performed by him in a case which he has detailed. In this instance, a soft, fleshy mass, of the thickness of a plum, about three inches long, round, very red, and painful on pressure, protruded from the genitals, having at its lower free extremity the soundest os uteri, giving exit to a clear, transparent mucus; this mass was easily recognised as the hypertrophied vaginal portion, and was returned with difficulty. The sound passed five and a-half inches—that is, three inches too far—into the uterus. Amputation with the knife gave rise to enormous hæmorrhage, which was arrested only by the actual cautery; the wound healed slowly, but perfectly, and at the end of six months the uterus resembled that of a woman who had borne children.

The closing of the external and internal os uteri is important in reference to impregnation. This may occur in three modes:—1. By growing together or adhesion, by atresia; 2. By altered abnormal position of the external os in the altered directions or obliquities of the uterus, which are called versions; 3. By compression of the os internum, in flexions.

Actual complete atresia, at an age when conception is possible, is of the most extreme rarity, while in old women it is frequently met with. On the contrary, we more frequently find the external or internal os uteri exceedingly narrow and small, so that the finest probe can scarcely be introduced. The menstrual flow is then attended with various sufferings, and it is very advisable to enlarge the os uteri, by slitting up its edges with a knife. If little polypous or fibrous excrescences close the os, they must be removed by operation.

A rather remarkable case came under my notice some time in the year 1864, which tells especially upon the question of sterility. It was that of a Mrs. G——, of New Zealand, who consulted me, not in reference to her sterility, but on account of the suffering of a uterine character which she had long endured—for something like five years. On

In the various versions of the uterus, especially anteversion and retroversion, the os uteri is more or less pressed upon the neighbouring parts, and consequently closed against the seminal fluid. These versions occur tolerably frequently in women who have borne children, and are attended with many troublesome symptoms; they are more rarely met with in women who have not had children. Impregnation can take place only when we are able to give the uterus permanently its normal position, and to relieve the pathological conditions and complications on which its abnormal direction depended.

The third and last form of closing of the orifice of the uterus is found in the flexions of the organ, which are to be carefully distinguished from the versions. Flexion takes place always in the situation of the os internum, and attains to various degrees; conception cannot take place where flexion exists. According to the cases of flexions collected by Rockwitz from the journals of the author (*Verhandlungen der Gesellschaft für Geburtsnülfe*, 1852) there were, among 117 patients, 26 barren; according to Valleix, 19 in 126. From more recent observations the author found that of 272 barren women 97 suffered from flexions, and more particularly 60 from anteflexions, and 37 from retroflexions. Of these 97 cases only 29 were complicated with chronic endometritis, chronic oophoritis, hypertrophy of the uterus, ovarian tumours, or with polypi, to which the sterility could be at the same time attributed. In 68 cases therefore flexion remains the probable cause of sterility, recognisable by examination, and it is to be observed that none of these women had ever conceived; the great number of those, therefore, who after a miscarriage or delivery at the full term were attacked with flexion and did not again conceive, is not taken into calculation. After such statistics it cannot be doubted that flexion constitutes an obstacle to conception. But it is the duty of the physician to remove this obstacle, and at the same time the various sufferings, which, especially during menstruation, are the results of flexion. A correct and certain diagnosis of flexions is attainable only by means of the skilful use of the uterine sound, in addition to the other methods of investigation; and the employment of this instrument should, therefore, not be omitted in such cases. The inspection of the os uteri through

examination, I found the womb hypertrophied, and tilted back upon the lower bowel. The os had been severely cauterised, so that the catamenial discharge was got rid of with great distress; there was also troublesome constipation.

the speculum is also useful, inasmuch as the opening, which is usually rather gaping, is in anteflexions directed downwards, and in retroflexions upwards; and, in the latter, the posterior lip is more frequently hypertrophied, presenting a darkened vascular appearance. The curability of flexions is certain, and, therefore, treatment is necessary. An experienced and cautious physician will soon recognise the case in which, either on account of great hypertrophy of the uterus, of tumours, of intergrowth between the coverings of the uterus and the neighbouring organs, a cure is impossible. In all other instances a persevering mode of treatment must be adopted, and even should no result be obtained in six or eight weeks the attempt must be renewed. The author has himself cured a great many cases, and has not only removed severe affections of several years' standing, but in eight cases has had the pleasure (once after twelve years' unfruitful married life) of seeing his patients conceive and bear living children.

In conclusion, the author classifies the anatomico-pathological condition of the 272 barren women examined by him. He found in 2, no uterus; in 97, flexions—namely, 60 anteflexions and 37 retroflexions; in 38, versions—namely, 35 anteversions and 3 retroversions; in 42, inflammatory irritation of the external genitals and of the orifice of the vagina, and among these in 14 women the hymen was found uninjured after several years of married life; in 51, chronic endometritis; in 25, chronic oophoritis; in 23, ovarian tumours; in 12, uterine polypi; in 6, fibroid tumours on the uterus; in 9, hypertrophy of this organ; in 1, elephantiasis of the external genitals; in 6, no morbid condition was to be discovered; 16 anteflexions were complicated—1 with irritation of the pudenda, 4 with chronic endometritis, 5 with chronic oophoritis, 3 with tumour of the ovary, 1 with polypus of the uterus, 2 with hypertrophy of the uterus; 13 retroflexions were complicated—1 with irritation of the pudenda, 6 with chronic endometritis, 2 with chronic oophoritis, 2 with tumour of the ovary, 1 with fibroid tumour of the uterus, 1 with elephantiasis of the pudenda; 10 anteversions were combined—2 with irritation of the pudenda, 3 with chronic endometritis, 2 with tumour of the ovary, 1 with polypus of the uterus, 2 with hypertrophy of the uterus; 1 retroversion was combined with chronic oophoritis.—*Monatsschrift für Geburtskunde und Frauenkrankheiten*, November, 1856, p. 313.

By attending to the rectum, at the same time as to the securing the replacement of the womb in its normal position, I was enabled to relieve her of the more distressing symptoms in a short time. After a few months' attendance, she completely recovered. The most striking feature in the case was the subsequent pregnancy of this lady soon after her return. She had borne three children previous to her uterine troubles setting in, but during their continuance had never been impregnated, although the usual intercourse with her husband had taken place. Since then there has been no interruption to her periodical pregnancies. Here is a palpable instance of sterility, depending entirely upon mal-position of the uterus simply, without any organic or functional disease.

It does not by any means follow from this that all similar alterations in position would be followed by the same result. It is well known that impregnation does take place under such adverse and unfortunate circumstances, but it is one of the very many illustrations which are met with in which sterility depends entirely upon mal-position.

This misfortune is not absolutely confined to the married life. Its causes are such as affect the single woman as well as the married one, such as violent straining, over-reaching, leaping, and hard riding. All these and similar kinds of over-exertion, as well as severe falls, have brought about such alterations in the position of the uterus. Instances have come under my notice in which the mischief has been found out shortly after marriage, and the history of the accident ascertained to date back several years.

Unmarried women are, in general, strongly disinclined to either tactual or ocular examination, and the objection to the rupture of the hymen is another point to be considered; hence they endure their ailments without seeking, or at any rate obtaining, that aid which they might obtain. Marriage

is sometimes entered into by women suffering from uterine derangements under the impression that it will be found the unfailing panacea for their complaints, and that by it they will at once escape from the miseries they endure. In some circumstances this expectation is a sound and reasonable one, as is fully borne out by after-experience; but in such instances as I am now discussing—the several varieties of displacement—it is hopeless to expect that marriage can be of any benefit whatever. I have found that it offers a collateral advantage, inasmuch as, after it, the special objections to surgical interference generally are disposed of, and the patient is glad to submit to the necessary investigations. This is so much the case that I on one occasion heard a lady say in my surgery that she would seek surgical assistance, and submit to any necessary treatment after her marriage, but not before.

There are many women, whose non-fecundation is dependent entirely on this defect; hence, where they are childless or unable to gestate, instead of living in a state of mutual recrimination, as is commonly done, they ought to have recourse to prompt surgical attention. It is always dangerous to delay doing so, as the happiness of a married union depends so much and so often upon fruitful intercourse. Also, it is expedient to pay early attention to it, lest estrangement should follow the continuation of the disorder. Not very long ago, a lady about twenty-six years of age was under my treatment for uterine pains, when I discovered displacement. She informed me that her husband and she had parted because of a permanent quarrel, which arose first out of the fact of her having no children. I pointed out to her that there was nothing to prevent her being impregnated after her cure. Whether she rejoined her husband or not I cannot say, but I can affirm that there was nothing to prevent fecundation after the cure of her

displacement. The os was of the natural dimensions. The catamenia were regular in their periods, and the discharge normal.

Single women are also occasionally subject to prolapse of the womb from relaxation of its ligaments; from congestion of the uterus; and from mechanical injury, &c. This derangement, by the position which the womb occupies low down in the vagina, is often an obstacle to coition, and should be promptly attended to, lest far more serious consequences should follow. It is a troublesome accident, and difficult at all times to remedy. The earlier it is submitted to treatment, the greater are the probabilities of a radical cure. There is more difficulty in treating its occurrence in unmarried women than in the married, and, on this subject, Baker Brown has the following pertinent observations. He says:—"Experience has taught me that the operation to cure prolapsus of the uteri, as a rule, fails in young, unmarried women, who have not borne children. Such a failure has occurred to me in three or four instances, and, in place of operating, I would recommend general hygienic and moral measures, as it appears to me that undue excitation and irritability of the parts of generation have something to do with the matter. Supposing my notion to be correct, leeches to the labia might be sometimes called for, with cold hip baths, gentle purgation, and unstimulating diet, together with moral treatment, in order to allay the irritability. Where such means have failed and the irritation persists, *I have repeatedly excised the head of the clitoris with considerable benefit.*"

Bearing upon this phase of the question is a case which came under my notice about three years ago. A young lady who had been married about two months called upon me to inform me "that when with her husband" she had pain, and he complained that he thought something was the

matter with her. She wished to be examined, and stated that it was with his concurrence. On inspection, I found prolapsus of the womb, which reached almost to the vaginal orifice. There was considerable tenderness in the abdominal region, and almost constant dragging pains in the back. I interrogated her closely for some time, in order, if possible, to extract from her whether she were conscious of any cause to which she could directly attribute it. No fall, concussion, straining, or any violence could be recollected as producing it. With caution, I alluded to the possibility of excitation having been the cause. After some hesitancy, she informed me that, for years prior to her marriage, she had practised a habit which she had learned at school. She also mentioned the symptoms which had been brought on by it, and admitted that her general health frequently suffered severely.

This was especially a case in which the prolapsus was entirely due to excitation of the clitoris, and where it interfered materially with the comfort and happiness of a newly-married couple. The treatment of the displacement was one of considerable difficulty. Abstinence from intercourse was secured as far as possible; hygienic treatment, with the recumbent position, and the cold uterine douche, eventually brought about so great an improvement in the position of the womb that the patient appeared satisfied, and has since borne children without any unusual phenomena attending her accouchements.

Married women are especially subject to this displacement, and in such a form as to entirely preclude physical intercourse. It arises in child-bearing women from general debility, now so common; or from improper treatment during parturition. Many women date this serious trouble from a badly managed labour, where there has been mechanical injury, or injudicious dragging when releasing the child. Whatever may be the cause, the fact remains that it is ex-

ceedingly common, and often renders coition positively objectionable to both man and wife. The patient herself is the constant subject of pain and uneasiness in the back, groins, and labia. The sensation of weight in the lower portion of the abdomen is often extremely distressing, and its being constant, wears out the nervous energy of the patient, and induces despondency and lassitude.

Aid of a medical character is, however, always to be obtained. In many cases hygienic measures and rest will be of great service, but there are others in which something more is absolutely required. In treating on the former plan for incomplete prolapsus, Baker Brown states as follows:—
“ For a long period, in the progress of most cases, the uterus returns of itself, or otherwise is easily replaced on the patient assuming the recumbent posture. Hence, in the early stage, this posture, with the hips considerably elevated must be insisted on, and continued for a long time, attention being at the same time given to maintain perfect quiet. The food should be unstimulating, and opium be administered by the mouth, to prevent the action of the bowels, and so keep the parts quiet ; injections, however, being occasionally used. So soon as all inflammatory symptoms have subsided, cold, astringent, and stimulating injections may be employed ; the cold douche over the abdomen is especially beneficial. At the same time, the system will require to be braced by tonics, change of air, and good or generous diet. Let the introduction of pessaries be avoided. I will here state my objections to them, whatever their form, as mechanical supporters. As a general rule they are bad ; they are prone to produce irritation and excoriation, and with these, leucorrhœa ; they are incompatible with perfect cleanliness, and when they afford any relief at all, they stretch and so keep up the relaxation of the canal.”

As a general rule, I have found this course of action suf-

ficient to effect a cure in cases of incomplete prolapse, accompanied, in suitable instances, by the uterine douche, which I have used with marked success. The great difficulty which we have to encounter in these cases is the almost impossibility of enforcing the rest so much needed in order to ensure recovery. The patients are either unwilling to endure the enforced retirement from active life, or their circumstances preclude it. It is, however, one of the most important elements in the course of treatment, and it is almost useless to expect that the best selected medication can be of radical service without it. If prolonged rest cannot be maintained, it is better that surgical means should be resorted to as early as possible, in order to save the patient both time and disappointment.

In all such instances I have counselled the necessary operation, and have, wherever it was permitted, followed the plan recommended by Baker Brown in his celebrated work on "The Surgical Diseases of Women." It answers so well that I have not met with a single instance where, after it, the cure has not been radical. It is by far the best and most effectual of all the processes presented to the profession. Delay in adopting it simply leaves the patient at the mercy of a disorder which becomes seriously aggravated by time.

In the case of some women, physical intercourse is effectually prohibited by serious complications. Not only is there prolapsus of the womb, which is in itself a sufficiently disastrous misfortune, but there is also, occasionally, a bulging of the rectum into the vagina, called rectocele; and of the bladder also, or cystocele. Such a combination of displacements is rarely met with, but both I and others have witnessed it. Manifestly, a woman with such complication would be unfit for physical congress, and her ailment would reasonably shut her out from the possibility of it. Fortunately for the weaker and much enduring sex, even this

desperate combination of disabilities is capable of being broken in upon and removed by surgical measures. No matter how long it may have existed, or what the age of the patient, it may be performed with safety and success. In young and old women it is alike practicable, and creates again the possibility of physical intercourse.

Displacements and obstacles to coition may, and do, sometimes occur, from the presence of large polypi and tumours. They disturb and neutralise the whole sexual functions of the woman, and require radical surgical treatment to obtain their removal. They stand effectually in the way of sexual congress, and may exist without the patient being cognisant of the organic difficulty which interferes with the marital functions. There are many cases in which the husband is, for years, unable to hold congress with his wife, and the evil is allowed to continue, either from inability in the family physician to remedy it, or from a conviction that there is no possibility of obtaining effectual relief. Some few will endure the misery all their lives, rather than submit to surgical examination.

Patients suffering from a protrusion of the rectum against the vagina, distending interiorly, and causing it to protrude, endure great pain in the loins and sides. Every function of the sexual system is deranged. Leucorrhœa sets in, and is generally ropy, thick, and acrid. On inserting the finger into the vagina it will be found that the finger is at first interrupted, then that by a little pressure it passes in front of the tumour to the uterus above, which is often in its normal position, but frequently lower than it should be. It is also displaced obliquely forward in some cases, and will be found to be one of the sources of the discharge alluded to.

These collateral derangements of the parts associated with the uterus are worthy of notice here in consequence of their special bearing upon the functions of the uterus itself, which

is more or less influenced by their existence. They, to some extent, disturb it, and lead either to irritation of a permanent character, or to displacements, hypertrophy, &c., which are all of them more or less impediments to intercourse; and consequently to procreation. They are, however, most of them, within the reach of the surgeon's art, and are capable of removal.

Intimately allied with these uterine troubles is one which ought not to be omitted, and which is known as the "irritable uterus." Gooch, in his valuable essay on the subject, describes it as follows. He says it is "a disease of which the essential symptoms are pelvic pains, subsisting even for years, thoroughly incapacitating the patient for the performance of many of the duties of life, and yet unaccompanied by any appreciable structural change." The disease thus described is an undoubted reality. I have repeatedly examined, with the speculum, the seat of the pain, and, as often, been satisfied that it is independent of any vascular complications. In those who are most obnoxious to this form of disease there is frequently an hereditary taint of gout or rheumatism, or they are the offspring of very nervous patients, themselves exhibiting the nervous temperament in excess. One of the seats of this neuralgic malady is the vagina itself, which is so exquisitely tender as to render intercourse intolerable. Indeed, in several instances, *this condition has led to a separation*, and the unbalanced nervous power has been the index to greater evils, merging in insanity.

It is this form that Gooch has described so ably, separating it from all inflammatory diseases, whether chronic or acute, and, by analogy afforded by several affections in other parts of the body, classifying it with disorders of the nervous functions. There is, however, another form, or, rather, another degree of it, which he has not described, but which,

in our time, all have had opportunities of witnessing, who have noticed those instances—which have of late been so largely multiplied—which are the despair of the practitioner, and the bane of many a domestic circle.

In this series, the purely nervous aspect of the malady is marked by some obvious change in the uterus, or its appendages; but this change is by no means a constant one, either in its seat, extent, or nature. Sometimes there is a congested state of the uterus, *altering its shape into that of a retort*, the enlarged and curved fundus being exquisitely sensitive to pressure. At other times, the cervix, or some portion of the uterine wall, is the seat of congestion of varying consistency, and of pain.

Those who are thus afflicted go from specialist to specialist, and generally, after years of trial and endless expense, subside into invalid habits unrelieved, or, they gradually wear out the disease. The majority recover sooner or later; but there are others who perish from some form of innutrition and defective sanguification, the commonest of which is phthisis. (*New Sydenham Society's Transactions.*)

Several cases of this character have come under my notice during the last few years, having the phenomena of the disease with more or less prominence. One instance was that of a young newly married lady, who could not, under any circumstances, tolerate physical congress. It threw her into paroxysms of pain and suffering, and produced a state of mind which was absolutely threatening to the integrity of her reason. The idea of physical intercourse was abandoned, and a manifest estrangement on the part of her husband took place. This had the effect of intensifying the misery of the patient. Under these circumstances I was sent for, and found her in a state of intense uterine hyperæsthesia, which, with other things, had wrought very considerable derangement of her general health.

My first aim, after a full knowledge of the history of the case, and as extensive an inspection as the circumstances would allow—for the use of the speculum was out of the question—was to consult with the husband of the patient, and to point out to him the precise state of the case, showing him that much depended upon himself whether his young and interesting wife would recover, or would probably lose her reason. I encouraged him with the hope that, by careful hygienic treatment, in no very long time she would be restored to health, and that the union, which was necessarily interrupted then, could be safely resumed.

This, having had the effect of restoring the confidence and affection of the husband, had a marked influence on the nervous tranquillity of the wife. It then became possible to treat her with some hope of improvement. I prescribed for her a rigid course of hygiene, with daily carriage exercise. The tepid saltwater sitz-bath was ordered to be taken daily, and the temperature reduced until it could be borne with comfort at the natural degree.

The tepid douche was then applied daily to the uterus. Generous dieting, and tonic medicines, were ordered, which eventuated in so far restoring the tone of the organs of generation that physical congress was resumed without any of the former distressing symptoms, and pregnancy ensued.

This fortunate change did not occur suddenly; the patient was under treatment for four months at least. The case illustrates how serious an embarrassment to marital intercourse may occur without any organic disease or displacement, and what evils of a social character may ensue from mistaking the nature of the ailment, or from neglecting to adopt proper measures for its cure.

PROFUSE MENSTRUATION is also a prominent cause of infecundity in women, as it interferes both with the frequency of coït, and reduces very materially the facility in

the womb for retaining the spermatic germs of the male semen. The disorder is known by the profession as MENORRHAGIA, and is an abnormal and excessive discharge of that secretion which is natural to women, at monthly intervals, in form of menses, or catamenia. The natural time of the flow is three or four days, and the quantity discharged about six ounces. This varies according to temperament, constitution, and the general state of health. Sometimes the quantity is less, in other cases it is very much more. It is with the latter condition that I have now to deal.

That which occurs from the unimpregnated uterus is the form alluded to, and is of the same character as the menses. Several reasons may exist for the extreme discharge of blood from the uterus. There is sometimes considerable extravasation in the organ itself, due to irritation of its vessels. Also, while, from a variety of influences, it is in a state of unusual congestion, the os is relaxed, and the neck patulous, allowing the fluid, by force of gravity alone, to escape into the vagina. There is, in some women, a peculiar vital intensity of the organ, which directs the blood current, at all times, in greater copiousness to it than is normal, and renders it extremely uncertain when the discharge will take place. There is also, with many women, such a state of uterine debility, associated generally with constitutional weakness, that the efflux will occur at any time, under the influence of nervous excitement.

It is accompanied generally with symptoms of more than ordinary uneasiness, augmented far beyond those which accompany a normal menstrual flow. "There is a feeling of weight, fulness, or heat in the region of the uterus, pains in the loins, bearing-down sensations, slight swelling of the external parts of generation, tumefaction and uneasiness of the mammæ, more or less derangement of digestion, heat of mouth, giddiness or headache, excitement of the pulse, and

mental depression. If the hæmorrhage occurs at the regular period, the first discharge, according to Dr. Dewees, generally has the characteristic properties of the menstrual fluid, but is soon followed by blood, as shown by the clot or stringy coagula which attend it. The flow of blood frequently relieves the preceding symptoms of turgescence or excitement. After the first gush, it sometimes gradually subsides, and the patient experiences no further difficulty on the particular occasion ; but, not unfrequently, after partial subsidence, it returns again and again, until it has considerably reduced the strength, leaving the patient pale, languid, and with a feeble pulse. Sometimes the hæmorrhage is so profuse as to produce a condition of acute anæmia, and even to involve life in apparent danger. Upon the cessation of the discharge, the patient gradually recovers her strength until the recurrence of the monthly period brings back the same routine of preliminary excitement, hæmorrhage, and exhaustion. Occasionally the intervals are not longer than two or three weeks. The general health gradually gives way. The blood becomes deteriorated in quality, and the symptoms of chronic anæmia are at length established.

Excessive menstruation is often fraught with considerable danger, and may arise from a number of causes. Whatever may be the cause it is equally distressing and inconvenient to the patient, and when she is married it generally effectually prevents gestation. Should the germ have become active, and commenced development, it is sure to be washed away by the violence of the hæmorrhage, and the inability of the uterus to retain the ovum, even when impregnated. Many women are entirely deprived of the pleasure of bearing to maturity by reason of this singular abnormality of the uterine function. It is, nevertheless, a disease which is fully within the reach of surgical aid, and which should be more frequently submitted to medical treatment than it is.

Many practitioners have been eminently successful in the treatment of menorrhagia, and by means sufficiently simple to ensure amelioration under almost any circumstances. Dr. W. C. Crooks, of Philadelphia, in a communication to the *Medical and Surgical Reporter*, August 22, 1868, gives his experience in the application of ice to the spine in several cases of menorrhagia:—

“CASE.—Mrs. S——, aged thirty-five, a native of Ireland; no children; no miscarriages. Had for eight years been liable to profuse menstruation. Suffered greatly for a number of years from uterine disease, on account of which she had been under treatment by different physicians, and was lately operated on for partial occlusion of the os uteri. This occlusion was said to have been the result of previous treatment. On April 27, 1866, menorrhagia set in; the flow very much increased in quantity. Astringent remedies were employed, both general and local, but gave only temporary relief. On May 5, the first application of ice was made to the spine, and directed to be retained there for two hours. In half-an-hour after the application was made, a sleep of an hour's duration was produced. The preparations of cinchona and iron were given internally. On the 6th, pain was greatly relieved, and the flow diminished to not more than two ounces in the twenty-four hours. The ice was re-applied as before. On the 7th, pain diminished still more; hæmorrhage was entirely checked, and did not again recur. The debility was great, and cinchona and iron were continued. This, with good dieting, brought about full recovery.”

“CASE.—A young woman, aged nineteen; large, heavily-built, and plethoric. Menstruated at fifteen years of age. Married two years ago; no children; one miscarriage. In

this instance, gestation progressed for a short time, until the accident of excessive and early menstruation discharged the product of conception. On the 10th of September, I was summoned to see her. She had been flooding for twelve hours, during which time she had lost a pint of blood, as nearly as could be calculated. The bowels were constipated, and the pain severe. At eight p.m. ice was applied to the spine, and in twenty minutes sleep was produced, which lasted nearly two hours.

“On the 11th the discharge was reduced to its normal quantity. Ice was not re-applied. On the 20th there had been no recurrence of the excessive menstruation. The health was regained.”

Amongst the many conditions to be observed there are some which it is imperative to mention. All those who are subject to menorrhagia should be careful to prepare themselves by avoidance of any conduct which would have a tendency either to induce or augment it. The horizontal position should be strictly observed, immediately on the approach of the discharge, and during its continuance. Hot beverages should be avoided during the period of menstruation, and there should be abstinence from all stimulants. When the menorrhagia has established itself, it will then be necessary to adopt the use of ice, as above pointed out, in the cases quoted.

The mode of applying it is as follows:—The ice should be broken up into small pieces about the size of a walnut, and placed in the usual waterproof ice-bag, used and sold for the purpose. Not improbably, in many cases, it may be inconvenient to obtain the bag referred to, and it will then be necessary to supply its place with a common bladder. Whichever is obtained, it is to be filled to the extent of two-thirds, and tightly secured. Then apply it to the lower

portion of the spine, in the region of the lower dorsal and lumbar vertebræ, and allow it to remain there from half-an-hour to two hours, as the exigencies of the case may require. It should be renewed at intervals of from six to twelve hours, during which time it is highly probable that the desired result will be attained.

The patient should be placed on her back, and have the ice-bag placed to the spine, beneath her. It is obvious that, under such circumstances, it is important that attention should be paid to the proper preparation of the ice, that it should not be too large and irregular, so as to hurt the back. Its correct adjustment is essential to its successful operation in controlling the excessive flow of the menses. If this process be judiciously followed out, and absolute rest enforced, the patient may confidently expect to be relieved.

Other remedies for this exhausting disorder are recommended by high authority, as I have elsewhere stated. Sir James Simpson, of Edinburgh, used the solid nitrate of silver in its treatment, and with apparent success. My own opinion is that it is a practice which should not be resorted to, save under very exceptional circumstances. The occasional benefit resulting from its use is by no means a sufficient compensation for the incalculable mischief it may bring about in the hands of injudicious and incompetent persons.

The plan has, however, had its followers, and amongst them is Dr. Atthill, of the Dublin University, and Fellow and Examiner in Midwifery at King and Queen's College of Physicians. The following cure given by him is one of menorrhagia, in connection with organic disease and displacement of the uterus; still, it is of value, as illustrating the treatment by caustic. He says:—"In not a few cases we find the two causes present in the same patient. F. L., aged twenty-four, married about a year, was a delicate

young woman of lymphatic temperament. Menstruation had always been profuse, especially if she took walking exercise, or excited herself during the flow. She became pregnant, but aborted about the eighth week. The two subsequent menstrual periods were so profuse as to reduce her to a state of extreme debility. Ergot, gallic acid, &c., failed to do good. He decided on a plan of treatment, the value of which he had repeatedly tested—viz., the introduction, up to the fundus of the uterus, of ten grains of the solid nitrate of silver, and leaving it to dissolve there. This was accordingly done. The application produced considerable pain, which lasted five or six hours, but no further unpleasant results followed. Dr. Atthill confined this patient to bed for several days, but then allowed her to go about. Menstruation appeared at the regular time, and was moderate in quantity. She became pregnant immediately afterwards.”

Excessive menstruation, resulting, also, from ulceration of the mouth and neck of the uterus, is of frequent occurrence. In this condition of the uterus, the mucous membrane lining the canal of the cervix is hypertrophied and thickened, and is liable to bleed at the slightest touch. In many cases the os is patulous, and the lips everted, and, under such circumstances, severe menstruation is almost a necessary concomitant.

A plan of treatment which I have followed with great advantage is given by the same author, in the following case:—“Mrs. B——, a young married woman, who had never been pregnant, stated that she had become debilitated by the excessive loss which occurred at each menstrual period. Ergot and astringents were exhibited by the mouth, and astringent lotions injected into the vagina, without producing the least effect. The use of the speculum proved the existence of extensive granular ulceration of the os, and

cervix uteri. In severe cases, the unhealthy condition of the mucous membrane extends at least as high as the os internum, and we should fail to effect a cure unless our treatment reached every portion of the diseased tissue: therefore, with the view of permitting the necessary application to be made to the whole extent of the cervical canal, I commenced my treatment by introducing two tents of compressed sea-tangle, to open the uterus to such an extent as to enable me to examine its cavity, but only to permit me to treat the centre of the cervical canal. I left these tents *in situ* for twenty-four hours, and, on withdrawing them, after the lapse of that time, cauterised freely the whole diseased surface with fuming nitric acid. This did not cause any pain. On examining the os uteri a few days subsequently, I found it in a much healthier state. The menorrhagia was entirely checked, and never returned, and although a considerable time elapsed before the uterus regained a healthy state, still the progress of the case was rapid, and the cure perfect.^(b^s)

I have found nitric acid much more efficient, as a local application in ulceration of the os, than nitrate of silver, as a general rule, although there are advantages connected with the use of the latter, wherever the neck of the uterus is patulous and swollen, that do not so constantly pertain to the former. The objection which I have to nitrate of silver relates to its indiscriminate use, rather than to its properties as an escharotic. If it were confined to special cases for which it is appropriate there would be no reason for expressing dissent from its application, but I have found so much mischief follow its almost universal employment in profuse menstruation, and other uterine irregularities, that much

(b^s) Rankin.

benefit would arise from the substitution of nitric acid in the great majority of cases where such applications are required.

It will be seen by the number of cases cited, as described by many of the most eminent men in the profession, that menorrhagia plays a most important part in preventing pregnancy, and that on that ground it deserves more attention than it has generally received. That it is in the power of medicine and surgery to arrest and control it is equally evident. Many women very unwisely permit this excessive flow of the menstrual fluid to go on, year after year, under the impression that, as it is but an exaggeration of a normal function, it is either unwise or dangerous to meddle with it. This is an error of a serious character, inasmuch as, in addition to its frequent hindrance to gestation, it manifestly undermines the health.

CONSEQUENCES OF SELF-ABUSE in women by frequent excitation of the clitoris are sometimes of considerable magnitude, and deserve notice, as affecting very materially the happiness of the unmarried and the married. Such excitation is one of the most injurious practices, not only by reason of the prurient influence it has on the mind and the sexual passion, but because of the baneful consequences to the nervous system and general health of the female.

Much has been said and written on this subject; and while some have affirmed that it is a habit rarely practised, there are others who hold the opinion that it is of very frequent occurrence—that young women are even more prone to the indulgence than are young men to their special vice. There can be but one opinion amongst medical men of extensive practice—viz., that many of the nervous disorders amongst young women which perplex and embarrass investigation are owing to the practice of sexual excitation by irritation of the clitoris.

Many married ladies have informed me that they attributed their uterine sufferings to the habit referred to, and also stated that the habit arose out of the lessons in the vice which they received either at school or from domestics. They experienced a gradual depression in spirits after the first excitation, which became more and more pronounced, until the system fell into a chronic state of nervous debility that rendered life miserable.

Diseases of almost every type are known to follow this bad habit, especially those of a nervous and uterine character. Engorgements of the uterus, with alterations of the menstrual function, as well as neuralgias, are the common results. In some dysmenorrhœa or difficult menstruation is induced; in others menorrhagia, or profuse discharge. Indeed, it has been known to be the prime cause of displacements. The different forms of leucorrhœa have also been attributed to it, and in many cases not without cause. In my own practice I have frequently met with patients suffering from vaginal discharge which could not reasonably be referred to any cause, save excessive excitation of the clitoris. That such irregularities are brought about by it might be proved by numberless cases which have actually come under observation. The following one occurs to me as distinctly bearing upon the question. A young lady was brought to me by her mother, who informed me that her daughter was about to be married; but that she had been so troubled with pain "at the sides of the bowels, and during the flow of the menses," as to give her considerable uneasiness about her daughter's projected marriage. After much conversation as to the probable cause I elicited from the young lady that she had practised the vice of which I suspected her; but she was not aware that her sufferings arose from it. She stated that she had always enjoyed good health until about a year after she commenced to practise

the excitation referred to, but that for three years prior to the visit she paid to me she had gradually declined in health, and her uneasiness in the uterine organs had gradually increased.

As it was important to examine the condition of the ovaries, I succeeded in obtaining her consent. For obvious reasons I did not do so *per vaginam*, but I made an examination *per rectum*, and found the ovaries tender and congested, being much larger than in their normal state. This fact, taken into consideration with other concurrent circumstances, led to the conclusion that her sufferings might generally be attributed to ovaritis, brought on by the habit alluded to, and which she stated she had practised. Attention to the general health, rest, tepid hip-baths, gradually reduced in temperature, and the administration of antiphlogistic remedies for six weeks, so far reduced the congestion of the ovaries, and raised the standard of health, that the marriage was fixed upon, and the event successfully and happily accomplished.

Since then this lady's health has been almost unbroken, and she is now the mother of three children. I give this case because of its special reference to the vice to which girls are prone, when not carefully reared, and when they are allowed unguarded associations, either in school or in the home circle.

It is not improbable, judging from the history of many other cases, that the marriage of this young lady would have been unfruitful, and might indeed have augmented her misfortunes. It is well known that diseases of the ovaries impede, if they do not absolutely destroy, fertility. The activity of the structures is sometimes in such excess, from special exciting causes, that their peculiar functions cannot be fully and adequately performed.

It is perhaps one of the worst results of unnatural genital

excitation when the ovaries become involved, inasmuch as they are less tractable than other organs when diseased, and sometimes become so seriously disorganised as to be functionally useless. Diseases of the uterus and the vagina are more readily investigated, and more easily remedied.

A kindred disease associated with, and very often closely depending on, female masturbation, is hysteria, which so often afflicts young unmarried women. I have met with more cases of this kind than of any other as the result of secret abuse. The protean forms of this disease present innumerable difficulties in the way of the practitioner, and it is utterly useless in him to expect good results to follow his efforts if the vice of secret excitation be at the root of the evil. Every organ in the body will simulate some well-known disease, and the medical man will be constantly liable to make the most palpable blunders. We meet with hysterical diseases of the spine; of the joints; with hysterical asthma, paralysis, &c. There is the hysterical aphonia, which is, in many cases, a valuable guide to the cause of its existence, as it is so frequently associated with the indulgence referred to. Amongst the multitude of direct and self-evident consequences of it are intense and continued headaches, painful and hurried breathing, colics, and extremely troublesome flatulency.

The hysteria which is generally produced by clitoris excitation is not of the same pronounced type as that which is known as true hysteria. The attacks are not of so fixed and permanent a character, and are often semi-voluntary, being induced by a highly exalted condition of the nervous system. Hysteria, in all its forms, is necessarily a nervous disorder, and in its more tangible and established shape may arise from some undiscovered lesion of a nervous centre, but the hysteria which is associated with sexual irregularity is often less irretrievable, and more amenable to treatment.

It, nevertheless, covers a wide area in its control over the functions of the system, those especially which are subject to the influence of the emotions. Disorders of the stomach, bowels, and lungs, and of the throat, anus, and neck of the bladder, are prominent amongst the many which occur under them, and cannot be ameliorated so long as sexual irritation continues in operation.

There is scarcely any error of the consulting-room of so grave a character as to overlook the sexual condition of young women when suffering from these several forms of hysteria. It is absolutely necessary that the physician should keep it in mind when investigating their symptoms, for in very many cases, on examination, exalted sensibility of the generative organs will be found to exist. Numerous cases have come under my notice which have undergone long and, apparently, well-managed treatment, without any good result, but which yielded at once when the truth was elicited, and appropriate medication was initiated.

It may be said that great difficulties stand in the way of introducing such questions to the unmarried, and I quite concur with the opinion; but while it is imperative that the actual cause of the sufferings in such cases should be investigated completely, it is, at the same time, of equal importance that extreme delicacy and prudence should be adopted in the examination of the patient. Nothing could be more censurable than a careless and abrupt reference to questions of a delicate nature; nor should such questions be put to the patient save under the most pronounced and imperative conditions, where the entire surrounding of the disorder unquestionably leads to the great probability of a secret vice being the origin and support of the disease.

So difficult, indeed, is it to break through the thin veil of propriety which wisely environs the sexual qualities of our nature, without offence, that most medical men would rather

remain in ambiguity and doubt in reference to the causes of certain derangements of the generative apparatus than venture upon an inquiry of so delicate a nature as that of the secret vice. I can fully understand the good sense and discretion which prompts this caution and reticence on the part of medical men; still I am of opinion, with Mr. Acton and M. Lallemand, that there are many instances which come under the notice of the physician where it is his duty to probe to the bottom the whole of the circumstances involved, however distasteful it may be to himself or his patient.

Behold her guilty looks ; for guilt will speak
Though tongues were out of use.

SHAKESPEARE.

In the early part of the year 1868 a young lady, with her mother, called upon me, suffering from chlorosis and general ill-health. Headaches were almost constant, with pain in the back, deranged menstruation, and nocturnal restlessness. From the aspect of the patient I judged that there was more than ordinary genital irritation. For three months I treated her with care, but to very little purpose. I then, in the presence of her mother, alluded to what I deemed the probable cause of her suffering. This gave offence to both the patient and her mother. They left, and on the following day the mother called alone to discuss the matter further with me as to its probability. I maintained that I feared there was some indulgence which gave rise to, and kept up, the general irregularity of the sexual region, and requested her to exercise more than usual vigilance that she might detect it if it did exist.

She returned home disinclined to believe that such a fact as I suggested was likely to be verified. In less than six weeks she again appeared with her daughter, and informed

me that she had become convinced, from her own inquiries, that the practice I had alluded to existed, and had been indulged in for more than three years. I then dealt with the case in accordance with the information obtained, and secured the full concurrence of the patient in the course of hygienic treatment laid down. Her health began to improve from that date, and in a few weeks she was sufficiently restored to be left alone to her bath, exercise, and dieting. I heard of this lady in the following year, being married and in perfect health.

I am convinced that if this case had not been dealt with firmly, the patient would have been a confirmed invalid, and quite unfit for marriage, so disordered were all the vital functions, and so disturbed was the whole nervous system. A medical man runs serious risks, in such cases, of incurring the displeasure of the friends of the patient, if they are privy to the consultations, so that it requires more than ordinary discretion in dealing with such cases; but, as in the instance related, if the concomitant circumstances demand the test, it must at all risks be made in the interest of the patient.

I do not agree with some writers on the subject, that the vice is so common as they are prone to assert. My own opinion is that it is very much less frequent amongst young women than amongst young men. It is, however, more common than mothers imagine, and is found to exist wherever large numbers of young women are congregated, as in schools, factories, &c. The force of example leads many young people into the practice, who would not otherwise be disposed to think of it. Once initiated into the vice, they generally continue it, more or less. Instances, indeed, are on record, and known to myself, where it is followed up in the married state.

Sometimes it happens that this tendency to self-excitation

in women arises from the large size of the clitoris. In the majority of cases which have come under my special observation, ocular examination of the external sexual organs has shown that a large clitoris was concurrent with the practice of self-abuse. In one case I found it necessary to excise it, and with the most satisfactory result. It has happened, however, that I have found the clitoris large, without the corresponding sensitiveness, or at least without such intensity as its size would indicate.

Mr. Acton, when referring to this question, says:—"As excision of the clitoris has been recommended for the cure of this complaint, Köbelt thinks that it would not be necessary to remove the whole of the clitoris in nymphomania. The same results—*i.e.*, a destruction of venereal desire—would follow if the glans clitoridis had been alone removed, as it is now considered that it is in the glans alone in which the sensitive nerves expand. This view I do not agree with. I am fully convinced that in many women there is no special sexual sensation in the clitoris, and I am as positive that the special sensibility dependent on the erectile tissue exists in several portions of the vaginal canal."

There is, however, but one conclusion to be arrived at, *viz.*, that the vice exists, and is more or less prevalent in large cities; also, that it is the fruitful source of a large catalogue of those uterine disorders to which women are so subject. Scarcely any of the diseases which afflict women but may be produced by the habit alluded to, and thus interfere with the functions of married life.

CHAPTER X.

CONSTITUTIONAL INDIFFERENCE IN SOME WOMEN TO SEXUAL INTERCOURSE—RELATIVE ENERGY IN THE SEXES—SEXUAL DESIRE NOT SO POWERFUL IN FEMALES AS IN MALES—ACTON'S OPINION — EXCEPTIONAL CASES — ERRONEOUS IDEAS ON THE SUBJECT—USUAL PERIOD OF EXCITEMENT IN THE FEMALE—RATIONAL REPRESENTATION OF THE CASE—POSITIVE OBJECTION ON THE PART OF THE WIFE—TO BE OVERCOME BY FORBEARANCE AND KINDNESS ONLY.

The time was that I hated thee ;
And yet it is not that I bear thee love.
Thy company, which erst was irksome to me,
I will endure ;
But do not look for further recompense.

SHAKESPEARE.

CONSTITUTIONAL indifference in some women to sexual intercourse is one of those rare circumstances which are found to embarrass married life, and is unfortunate for the happiness of both parties. Its consideration opens up a very important question as to the relative energy of the sexual forces in the two sexes. It is generally supposed by men—and especially by those of libidinous constitution—that women are as prone to physical intercourse as they are, that their desires are as potent, and that they are at all times fully receptive. There is no greater physiological mistake than this. It is by no means true that, as a rule, sexual feeling has the same potency in women as in men. With

most women the converse is the case. There are thousands of women who would prefer to hold congress with their husbands once or twice in the month only, and who submit to more frequent intercourse out of a sense of duty or affection.

This fact has been attested by innumerable patients, who have consulted me with respect to uterine disorders, and the same thing has been verified by leading physicians in Europe and America. Mr. Acton, of London, has put the case very forcibly, and with his accustomed aptitude and good taste, in the following observations thereon:—"I have taken pains to obtain, and compare, abundant evidence on this subject, and the result of my inquiries I may briefly epitomize as follows:—I should say that the majority of women (happily for society) are not very much troubled with sexual feeling of any kind. What men are habitually, women are only exceptionally. It is too true, I admit, as the divorce courts show, that there are some few women who have sexual desires so strong that they surpass those of men, and shock public feeling by their consequences. I admit, of course, the existence of sexual excitement, terminating even in nymphomania, a form of insanity that those accustomed to visit lunatic asylums must be fully conversant with; but with these sad exceptions there can be no doubt that sexual feeling in the female is, in the majority of cases, in abeyance, and that it requires positive and considerable excitement to be roused at all; and even if roused (which in many cases it never can be), it is very moderate compared with that of the male. Many persons, and particularly young men, form their ideas of woman's sensuous feelings from what they notice, early in life, among loose, or at least low and vulgar women. There is always a certain number of females who, though not ostensibly in the ranks of the prostitutes, make a kind of trade of a pretty face. They are fond of admira-

tion; they like to attract the attention of those immediately above them. Any susceptible boy is easily led to believe—whether he is altogether overcome by the syren or not—that she, and therefore all women, must have, at least, as strong passions as himself. Such women, however, give a very false idea of the condition of female sexual feeling in general. Associations with the loose women of the streets, in casinos and other immoral haunts (who, if they have not sexual feeling, counterfeit it so well that the novice does not suspect but that it is genuine), seems to corroborate such an impression, and, as I have stated above, it is from those erroneous notions that so many unmarried men think that the marital duties they will have to undertake are beyond their exhausted strength, and from this reason dread and avoid marriage.

“I am ready to maintain that there are many females who never feel any sexual excitement whatever. Others, again, immediately after each menstrual period, do become, to a limited degree, capable of experiencing it; but this capacity is often temporary, and may entirely cease till the next period. Many of the best mothers, wives, and managers of households, know little of, or are careless about, sexual indulgences. Love of home, of children, and of domestic duties, are the only passions they feel.

“As a general rule, a modest woman seldom desires any sexual gratification for herself. She submits to her husband’s embraces, but principally to gratify him; and were it not for the desire of maternity, would far rather be relieved from his attentions.”

This is a most rational and truthful representation of the case in reference to the sexual condition of the great majority of young and married women. The probability is, therefore, that many young men, when they enter the marriage state, find that their young wives will manifest some re-

vulsion against being treated as mistresses, and subjected to uncontrolled congress. This constitutional indifference, and, indeed, positive objection to it, is sometimes very strong. I knew an instance in which a lady effectually refused to permit the consummation of the marriage for a whole month. By the forbearance of her husband, who was a gentleman, and much attached to her, the inveterate scruples were overcome, and several children evidence the harmony of the union. This case shows that the sexual phase of man and woman differs considerably, and that it is necessary in the married man to bear that fact in mind, when finding that disinclination is often thought and felt to be untimely and unkind on the part of the wife. This view of the case should lead the husband, as a rule, to entertain a more exalted opinion of the woman and the wife, rather than to fan the flame of discontent, and destroy the harmony of married life, under the false impression that the sexual energy of woman is at all times equal to that of man, and therefore always ready to be brought into play.

It would be absurd to offer a medical remedy for this peculiarity. It is a defect which is overcome by forbearance and kindness, and will, in the majority of cases, in the course of increased intimacy, give way. More than once have I been consulted by married men in reference to this objection of their wives to physical intercourse, and have, by instructing them as to the unreasonableness of expecting such temperaments, without sexual ardour, to respond at all times to the solicitation of the husband—perhaps having strong passions—allayed a storm which was tending to a dangerous quarrel, if not to a final separation.

CHAPTER XI.

DIFFICULTIES CONNECTED WITH THE DETERMINATION OF PREGNANCY—EXTERNAL PHENOMENA NOT ALWAYS TO BE RELIED ON—CASE OF LADY FLORA HASTINGS—EXTRAORDINARY CONDUCT OF SIR JAMES CLARK—FREQUENCY OF ERRORS OF THIS KIND—UTERINE DISEASES FREQUENTLY MISTAKEN FOR PREGNANCY—POLYPUS IN THE WOMB—ORDINARY SIGNS OF PREGNANCY—THE SYMPTOMS NOT ALWAYS TO BE DEPENDED ON—MENSTRUATION DURING GESTATION—ENLARGEMENT OF THE BREASTS—QUICKENING—MODE OF EXTERNAL EXAMINATION—ENLARGEMENT OF THE ABDOMEN—EXAMINATION PER VAGINAM—KIESTEIN IN THE URINE—PERSISTENCY OF DENIAL AMONGST WOMEN—CASES IN POINT—SUPPOSED PREGNANCY—MISTAKES OF SPECIALISTS—CASE OF UNSUSPECTED PREGNANCY.

Oh! wrath will droop with wearied wing,
And hate will yield to tears ;
But doubt destroys the fairest thing—
Creates the spot it fears.

ELIZA COOK.

It frequently happens that circumstances arise in which doubtful pregnancy becomes a question for consideration, bearing upon the reputation of individuals as well as the peace of families. Not only does such complication of uterine function occur in the case of single women, but also in that of the married. In the former case, the apprehension of

such an event involves considerations of the gravest character, and is fraught with dangers of singular magnitude. External phenomena of a suggestive character are often seized as a groundwork for rash and unwarrantable suspicions, and the current of social slander and malignity flows on uninterruptedly, often to the destruction of the innocent victim.

It is a busy talking world,
That, with licentious breath, blows like the wind,
As freely on the palace as the cottage.

ROWE.

The memorable case of Lady Flora Hastings is a type of the class of blunders which are made under such circumstances. The unfortunate lady referred to was a victim to an imprudent surmise in the first place, and, in the second, to an unfounded and groundless slander. Physical conformation of a constitutional character was seized upon as a presumptive argument in favour of the existence of a condition detrimental to the purity of the court, and the suffering lady was compelled, in vindication of her chastity, to submit to frequent personal examinations, which, while they completely exonerated her from the guilt imputed, broke a sensitive and pure heart, and forced it into a premature grave. Only one man out of the many who examined Lady Flora could perceive that which did not exist, and, for that singular obliquity of vision, he held a high place at court. The world knows why he saw what others could not see.

Lady Flora was accused of being pregnant because, to unprofessional eyes, she appeared to be so. Sir James Clark did not hesitate to announce it as a fact, with the authority of his professional status. Nevertheless Lady Flora was a virgin, and the testimony of nine honourable physicians denied the existence of a gravid uterus.

This case is only one of thousands which occur from time

to time, and stands out in relief from the circumstance of the high social rank of the accuser and the accused. In the everyday life of ordinary people similar conditions arise, where there are external indications which lead the suspicious, and the evil-disposed, to arrive at conclusions often eminently detrimental to the reputation of respectable and virtuous women. Such indiscreet haste in pronouncing an opinion upon so delicate and momentous a question has many a time plunged an innocent girl into irretrievable ruin ; hence the necessity for society to hesitate before accepting such doubtful evidence as external appearances. The records of the profession teem with instances where, even under skilled observation, errors of the gravest nature have occurred ; where, on one side, the near advent of parturition has been mistaken for organic diseases of various kinds, and, on the other, where uterine disease has been mistaken for pregnancy. A case of the kind last referred to occurred in this colony a few years ago to the wife of a medical man in considerable practice.

The lady had been married some years without bearing children, hence a certain character of abdominal enlargement, with a secretion of milky fluid in the breasts,^(b°) was hailed as

(b°) The *secretion of milk* by the breasts is not, taken by itself, usually considered to be of any diagnostic value ; though when it occurs in combination with other symptoms of pregnancy—especially if the woman has never given birth to a child—most observers allow that then it assumes a certain degree of importance. The reason for this reservation is the well-known fact that the breasts may occasionally take on their natural functions without the existence of pregnancy, or, indeed, without the woman ever having indulged in sexual intercourse. Before mentioning my opinion, that the secretion of milk in a first pregnancy is a valuable sign of the existence of this condition, reference may be made to the chief cases which are usually quoted to show the fallacy of this test. Thus, M. Donn  has noticed that he found a fluid in the breasts of a young woman who was said never to have been pregnant, which presented all the microscopic characters of milk.

an auspicious event, and the time of its commencement duly noted. Its continued increase was observed with gratification by both parties, until the proper period had approached for expecting the desired *denouement*. All the accustomed preparations had been made during the previous months for the expected stranger, and, on the closing week of the thirty-nine, the nurse was duly installed. The expectation of all was on the tiptoe as the last day approached, and the accoucheur was informed that he must hold himself in readiness.

Day after day passed for a week, but still this did not occasion much anxiety, as it is well known that errors in dates are of frequent occurrence. Time went on, and a month passed without any indications of approaching delivery. The husband—himself a medical man—and the accoucheur considered it necessary, at that stage, to doubt the existence of foetal life in the uterus, and institute an examination. The lady accordingly acquiesced, and the result of it was the discovery of polypus in the womb, instead of the occupancy which had been so much cherished as a certainty.

This case, about which, at the time, there was considerable badinage, owing to the husband being a medical man, by no means stands alone. There are similar occurrences from time to time in the experience of leading accoucheurs. It

Baudelocque mentions the case of a girl, eight years old, who milked her breasts before the Royal Academy of Surgery, in Paris; and Belloc refers to a similar instance. In both these instances the cause of the secretion was the same, being the application of a child to the breasts. I am told that it is not uncommon in Western Africa for young girls who have never been pregnant to regularly employ themselves in nursing the children of others; the mammæ being excited to action by the application of the juice of one of the Euphorbiaceæ.—*The Signs and Symptoms of Pregnancy, by Dr. Montgomery.*

is very commonly believed that there is really no difficulty in deciding upon the question whether certain physical indications are positive proof of pregnancy or not. No greater mistake than this can be made. However dogmatic and self-confident old women and nurses may be, it would, under the circumstances, be imprudent in any medical man to arrogate so much sagacity.

Perhaps there is no blunder which covers more completely the erring practitioner with ridicule. He is at once the target for the irony and gibes of every one of the fair sex. His reputation is often very unjustly assailed, and an error which, probably, would have been committed by almost every member of the profession, is rated as an instance of special incompetency. The grossest injustice has often been perpetrated towards able and conscientious accoucheurs when they have failed in accurately diagnosing the condition of the uterus, owing to some irregularity in the associated phenomena.

Notwithstanding the confidence so commonly expressed, both experienced nurses and accomplished practitioners are liable to errors in this often perplexing question. Some of the mistakes, indeed, are of considerable gravity, and when discerned, give rise to an expression of surprise that they could have occurred. It has been by no means an isolated instance for a pregnant woman to be tapped, through an error in diagnosis, when, at the same time, the uterus was gravid, and the child on the eve of being born; and numerous instances are on record where the most eminent medical men have pronounced a uterus non-gravid, which time has flatly contradicted.

The ordinary signs of pregnancy are, as a rule, so uniform, so well known, and so pronounced, that there is some excuse for the confidence with which people in general venture to determine its existence; there are the cessation of menstru-

ation, enlargement of the breasts (which may secrete milk), with darkening of the areola; morning sickness, enlargement of the abdomen at the end of the third month; there is an alteration in the colour of the vagina, and the uterine neck is shortened. At the close of the seventh month, there are increased development of the areola,^(c¹) enlarged abdomen, sounds of the foetal heart, uterine *souffle*, ballottement, dusky hue of the vagina, and movements of the child.

These are the leading phenomena which indicate the pro-

(c¹) The alteration in that part of the breast around the nipple—the *areola*—deserves great attention, since, when all the changes to be detailed occur, a very strong proof of the existence of pregnancy is afforded. At the end of the second month, the puffy turgescence of the nipple and surrounding disk is usually visible, the little glandular follicles—sixteen or twenty in number—are seen to be more developed, and the colour of the areola is observed to consist of a deep shade of flesh tint with a slight brownish hue. “During the progress of the next two or three months, the changes in the areola are in general perfected, or nearly so, and then it presents the following characters:—A circle around the nipple, whose colour varies in intensity according to the particular complexion of the individual, being usually much darker in persons with black hair, dark eyes, and sallow skin, than in those of fair hair, light-coloured eyes, and delicate complexion. The area of this circle varies in diameter from an inch to an inch and a half, and increases in most persons as pregnancy advances, as does also the depth of colour. I have seen the areola, at the time of labour, almost black, and upwards of three inches in diameter, in a young woman of very dark hair and complexion; while in another instance, in a lady who had borne several children, its breadth around the base of the nipple did not, at any time of gestation, amount to a quarter of an inch, and, at first, was not more than an eighth; this circle, however, narrow as it was, was studded, at nearly regular intervals, with the glandular tubicles which were not unlike a ring of beads.” In negro women the areola becomes jet black; in the Albino, it is rendered of a delicate rose colour. While these alterations are taking place, the breasts get full and firm, and the veins, ramifying over their surface, increase in size; the nipples become turgid, slightly enlarged, and covered at their apices with small branny scales.—*Dr. Tanner, Signs and Diseases of Pregnancy.*

gress of gestation, and if they were uniformly present, and did not occur singly or in concert, under other circumstances, there would not be much difficulty in arriving at a correct conclusion when called upon to decide as to the existence of pregnancy. Such uniformity is, however, by no means common. There is no infallibility in the order of the symptoms; sometimes they are absent, to a certain extent, in those who are pregnant, and present, in a greater or less degree, in those who are not pregnant, but suffer from uterine disease. Thus the sources of error are numerous in the extreme.

There is no other department of diagnosis where mistakes are so grave in their consequences; hence the necessity for unusual caution. The character and social status of individuals, as well as the peace of families, are seriously involved, which gives to a decision of this kind an importance which does not invest any other case in the range of medical practice. In venturing an opinion, a medical man is environed with difficulties at every point. Should he seize upon any one physical sign as reliable, he is met by the fact that it may, under special circumstances, be found co-existent with circumstances widely removed from foetal existence.

Some women will tell him that they have menstruated regularly to the time of consultation, and such has been the fact. Many are known to menstruate, more or less, during the early months of gestation, which circumstance leads both the patient and her medical attendant astray. With reference to the troublesome morning sickness, which is so readily seized upon as symptomatic of uterine activity, and usually accepted as a leading indication of early gestation, it is a notorious fact that, in the case of some women, it never occurs, or that they are so slightly affected by it as to give them very little inconvenience; whilst other women are martyrs to its constancy and violence, continuing,

as it does in some instances, through the entire period of gestation.

Another symptom, which, with nurses generally, is very significant, is the enlargement of the breasts. This, however, is but a slender thread of evidence on which to suspend so important a question as the suspicion of pregnancy. In some persons, owing probably to the adipose constitution and normal condition of the chest and mammæ, there will be some difficulty in detecting any change. At the same time it is not unusual to find even spare women in whom there will be no perceptible enlargement until the eighth or ninth month. Coincident with this is also to be noted the alteration in the colour of the areola. As a rule it augments considerably during gestation, becoming towards its close decidedly dark; but even this is not by any means constant, as considerable variation is noticed to take place on the extent of the alteration. In fair women who have light hair, the discolouration is often so slight as to be scarcely perceptible. On the other hand, in women of dark complexion, such as brunettes, the change is generally decided; and the discolouration, having once taken place, remains, so that it affords no criterion afterwards of subsequent pregnancies.

The movement of the child in utero is another sign which is held by some to be of significant value; still it is by no means an infallible criterion.^(c²) It is of insignificant value,

(c²) No evidence but that of the female can satisfactorily establish the fact of quickening, and this it is necessary to bear in mind, since, in some cases, in which pregnancy is an object of medico-legal importance, proof of quickening may be demanded by law. Dr. Reid remarks (*Lancet*, 10th September, 1853, page 237) with respect to this sign, that few women can tell the exact day on which they first feel it; and a large proportion cannot place it within a range of fourteen days, which is of little assistance in the calculation of the probable date of delivery. Women who profess to be

because of the fact that it does not always occur, as it frequently happens that the woman is not conscious of any movement. There are many cases met with where the movement called quickening is not felt by the pregnant woman from conception to birth. It is also well authenticated that other sensations are mistaken for it, and where women will confidently assert that they have quickened, when, *de facto*, they are not pregnant at all. The medical attendant, acting as examiner in cases of this kind, will generally be able to recognise the movements of the foetus—should there be one—even when the woman herself is not cognisant of it; but there are instances in which he also will be unable to detect them, even through the whole length of gestation.

The course to be adopted in making this examination is to place the hand gently upon the abdomen, and to allow it to remain there motionless, and it is very advantageous often to cool the hand well by holding it a short time in cold water prior to the examination. Should the movements of the child be felt through the walls of the abdomen,

most exact in noting the period of quickening, differ from each other as to the time. There is much self-deception as to this symptom. The discovery of the movements of a child by the examiner is really a proof that the usual period of quickening is past, but their non-discovery at the time of examination is no proof whatever that the woman has not quickened; since the movements are by no means constant, and may be accidentally suspended, even at several successive examinations. Besides, cases every now and then occur in which well-formed, healthy females do not experience the sensation of quickening during the whole course of pregnancy; and, what is of more importance, the movements of the child may be, at no time, perceptible to the examiner.

“The uncertainty of quickening as a sign of pregnancy is too well known to require more than adverting to. Females have been known to mistake other sensations for it, and in the end it has been proved that they were not pregnant.”—*American Journal of Medical Science*, October, 1845.

they, of course, constitute a certain sign; but, as before stated, a failure in recognising them cannot be accepted as evidence of non-pregnancy.

Nurses lay far too much stress upon the presumed infallibility of this sign. Cases are on record where designing women have, for the purpose of simulating pregnancy, produced at will, certain motions of the bowels, which have deceived not only nurses, but able and well-known accoucheurs.

Thus the question of pregnancy is environed with considerable difficulty. A woman may have, apparently, all the symptoms of pregnancy, and yet *not be pregnant*. Menstruation may be stopped by other causes; when it ceases suddenly in a woman of healthy constitution, who had previously menstruated with perfect regularity, it is presumptive evidence of some value that there is impregnation. In women of feeble constitutions it is by no means so suggestive, as it is not at all uncommon for such persons to pass several months without menstruation, although no congress with the male sex has taken place. The absence of menstruation, therefore, standing alone, proves very little. We have seen that the darkness of the areola proves very little, and cannot be relied upon with any greater certainty. The breasts also fail to afford any more reliable data.^(c³) Denman says that, "although it generally occurs in pregnancy, it may be produced by any cause capable of giving to the breasts a state resembling that which they are in at the

(c³) Obstructions and pregnancy are both accompanied by a stretching fulness in the breasts, but in the last only (pregnancy) may be perceived the areola, or brown ring, round the nipples, from which, in the last months, a thin resum distils; but this circle is not always so discernible as in the first pregnancy, and even then is uncertain as well as others.—*Smellie*, vol. i., p. 187.

time of pregnancy, of which it can only be deemed a doubtful sign."

The enlargement of the abdomen, which has been referred to as an important sign, is so often produced by other diseases that its importance is, by careless observers, much overrated. Flatulency, dropsy, tumours, and other diseases, frequently cause similar abdominal enlargement, and have, in numberless instances, been the causes of the most singular blunders in diagnosis. A woman may cease to menstruate, have sickness, enlargement of the bosom, and darkness of the areola, a progressive enlargement of the abdomen, and even sensation as of the movement of a child, and yet not be pregnant.

Dr. William Hunter, who was one of our greatest authorities on questions of this kind, and had enlarged experience, said:—"I find that I cannot determine the existence of pregnancy at four months; I am afraid of myself at five months; but when six or seven months are over I urge examination." The examination of a patient externally requires certain precautions in order to ensure accuracy. The bladder should be emptied—the patient in bed with the knees slightly drawn up. The first thing to notice is the situation, consistence, and figure of the tumour which is distending the abdomen. In pregnancy, the uterus does not rise out of the pelvis before the third month; by the sixth it is up to the umbilicus; by the seventh it is a little above the umbilicus; by the eighth it is half-way between the umbilicus and scrobiculus cordis; and in the ninth month it has reached the scrobiculus, its highest elevation. In the sixth month a circumscribed tumour will occupy the front of the abdomen, from the brim of the pelvis to the umbilicus, of an oval form and firm consistency, much firmer than the abdomen above and at its sides, where it is occupied by the intestines. The umbilicus is sunk below in the unimpreg-

nated state, but when the uterus has risen in pregnancy, this projects. (*Gooch*).

The examination per vaginam reveals the condition of the uterus with considerable accuracy in the latter months, when, by pressure with the finger on the womb anterior to the cervix, the foetus of the gravid uterus rises, and falls again into position. This may be considered as a conclusive proof.^(c⁴) Besides this, there are the successive changes which take place in the neck of the womb as the uterus expands. About the fifth month it will be found projecting into the vagina about three-quarters of an inch; at the seventh month it will be much shorter; and about the close of gestation it will be lost altogether, the os itself being continuous with the walls of the uterus. There are other signs which the accomplished physician would have recourse to in order to assist him in his difficult investigation and prevent a perilous decision—the search for kiestein in the urine, for example. This is not, however, infallible.

It forms but another link, which, when united to the rest, gives additional strength to the evidence already obtained. Dr. Möller says that “its presence in the urine is subject to so much uncertainty that it is wholly unfitted to serve, in medical jurisprudence, as an indication of pregnancy.” It

(c⁴) *Alternate Relaxation and Contraction of the Uterus.*—This is a very important symptom when present. It is seldom that five or ten minutes elapse without its being perceptible to the hand resting on the abdomen. At one time a tumour is plainly defined, more or less firm and resisting—in a short time this becomes flabby, and sometimes not to be found; again the uterus contracts, and the tumour becomes as apparent as before. This is a condition not to be found in any other than an uterus distended by the results of a conception, if we except a rare case mentioned by Dr. Tanner. But as similar cases would be attended by hemorrhage, this would help us to distinguish them from the pregnant uterus. The above phenomenon is constant, and commences at an early date.—*Taylor's Medical Jurisprudence.*

is said, indeed, that this substance has been obtained from the urine of a virgin. Notwithstanding these contradictory opinions, there are authorities who value it as an important element in such inquiries as these, and, amongst them, is found Dr. Golding, who entertains a high opinion of its value in early stages. He, and others, believe it to be a caseous matter, the direct result of gestation.

It will be seen from this brief and cursory review of the case that the question of pregnancy is one which taxes to the uttermost the caution and acumen of the medical man, and which, by its very nature, forbids rash and ill-considered opinions. Not only are its phenomena protean and uncertain, but there is also the double difficulty of deception and disingenuousness which characterises women generally when they are the subjects of inquiry in reference to gestation.

Single women in all ranks of life are subject to clandestine pregnancy, from the peeress to the peasant girl; but they all have the same fault, that of denying, from first to last, all possibility of so disgraceful a situation. The resolution and persistency with which all classes deny the fact of their pregnancy is one of the most remarkable circumstances of the many strange ones which occur to the medical man. Why such absurd pertinacity should exist in the face of the most pronounced indication of pregnancy, and the actual knowledge on her part besides, is beyond the comprehension of the most astute.

Numberless cases of this kind have come under my notice, and they occur with the same frequency in the practice of others. Not very long ago a young lady was so much increased in size that her mother became alarmed. She had noticed that there was a cessation of the menstrual discharge, and believed that the alteration in the appearance of her daughter arose from that cessation, which was said to have

followed wet feet, &c. The mother scarcely suspected pregnancy, so fully did she rely upon the prudence of her daughter. She introduced the young lady to me as suffering from retention of the menses, brought on by wet and exposure. I felt convinced on the first examination that she was pregnant.

I withheld expressing my opinion until the third visit, when I privately charged my patient with being pregnant. She instantly resented the reflection on her character, and protested against my decision with as much vehemence as the circumstances would permit. I nevertheless informed the mother that I believed her daughter would, in less than three months, give birth to a child. She felt disinclined to accept my prognosis. Some days after, the mother called upon me again to inform me that she was sure, from the conversation she had held with her daughter on the subject, I had made a serious mistake, and that she would consult another medical man. My reply was, briefly, that it would be prudent in her and her daughter to prepare by such a date for the advent of important responsibilities. She left me, and I heard no more of the case until by accident it came to my knowledge, a few weeks later, that the mother and daughter had left for another colony. Subsequently I ascertained that the unfortunate young lady had been confined.

It not unfrequently happens that married women become pregnant after a sterile period of married life extending over several years. These cases are sometimes difficult to determine, as the patients are quite unwilling to believe that such can be the case. They will not listen to any such probability as pregnancy, but make up their minds that there is a tumour of some kind, which they insist on having treated surgically. I have in my recollection two cases of this kind, where my prognostications as to approach-

ing parturition were received with the most complete incredulity, but the sequel proved that the error lay on the other side.

There are also cases of supposed pregnancy arising from the existence of some uterine abnormality, which has been seized upon by a sterile woman as an unquestionable indication of pregnancy. A very singular case is given by Dr. Gooch. "A lady called, and said that she was unmarried; that a gentleman with whom she was acquainted had, some months ago, taken advantage of her, since which she had never been unwell, and she was now so large that her parents talked of consulting a physician. As she had passed only four months without menstruation, and as I was unwilling to give anything but a conclusive opinion, I advised her to come to me that day month, and, to prevent any danger from her alarm, encouraged her to believe that her anxiety was groundless. Exactly that day month, in the evening, a carriage drew up at my door, and the same lady was shown into my library. She was exceedingly agitated, and came without her stays. As soon as I placed my hand on her abdomen I was convinced that she was not pregnant. The tumour was so soft and yielding that I could bury my hand in it almost to the spine. I next examined the uterus through the vagina, and found its neck long and firm, and its body unenlarged. I told her that she was not pregnant, on hearing which she fainted."

It is related of our first Queen Mary, of inglorious memory, that being very anxious to have issue, she fondly gave credit to any appearance of pregnancy, and at one time fancied she felt "the embryo stir in her womb." Despatches were immediately sent to inform foreign courts of this event, while orders were issued to give public thanks. It was determined that the child *must* be a male; and Bonner, Bishop of London, directed public prayers to be offered that Heaven would

please to render him beautiful, vigorous, and healthy. The result proved that the queen's sensations were due to the commencement of a dropsy.^(c^s) Without a doubt it seems strange that a woman should make such a mistake, especially if she has previously had children; but it cannot be denied that the pulsation of the aorta in dyspepsia, or the rapid movement of air in the intestines, or some spasmodic action in the uterus, will so simulate quickening—particularly when aided by a vivid imagination—as occasionally to deceive the most experienced and intelligent.—*Montgomery*.

These cases indicate that a woman may entertain the strongest convictions that she is pregnant when nothing of the kind exists, and gives prominence to a valuable diagnostic sign which in nine cases out of ten is overlooked. The accomplished physician was thus enabled to relieve a woman, at once, from the most distressing apprehension that could possibly possess her. The relaxation of the terrible nervous tension in which she had lived for so long a time caused a fainting which is described as having occurred.

On the other hand, errors of great magnitude sometimes occur. A specialist in this city, some time ago, was in attendance upon a labourer's wife for what he diagnosed to be an ovarian tumour of the abdomen, and was intending, at no distant date, to perform what he plumes himself on as

(c^s) Refer to *The History of England*, by David Hume, vol. iii., p. 348, new edition; London, 1841. Also, *Lives of the Queens of England*, by Agnes Strickland; London, 1851. This author, speaking of Mary's deplorable state of health from dropsy, says:—"The females of her household and her medical attendants still kept up the delusive hope that her accouchement was at hand. Prayers were put up for her safe delivery in May, 1555; and circulars were written, similar to those prepared at the birth of Queen Elizabeth and Edward the Sixth, in which blanks were left for dates, and for the sex of the royal offspring. The news was actually published in London, and carried to Norwich and Flanders, that a prince was born."—Vol. iii., p. 550.

being a great operation. In the interval between the resolve and the time for more active measures the distinguished accoucheur proceeded to Tasmania, on pleasure bent. During his absence the tumour underwent a strange transformation. It assumed the characteristics and proportions of a very fine healthy child, which arrived to confront the blundering operator on his return to the scene of his professional duties.

Another case, which occurred in the practice of the same gentleman, is even more indicative of the mistakes which are possible in reference to the gravid uterus. A lady was attended for a considerable time by him for tumour of the abdomen. He went so far on one occasion, as to use certain instruments for the purpose of exploring its character, that he might attain a full and accurate diagnosis of its nature and proportions. The examination was conclusive in its results towards confirming the accoucheur in his previous opinion that a tumour existed, requiring prompt surgical aid. Strange as it may appear, this tumour also came to light shortly after as a full-grown child.

It sometimes occurs that women are pregnant without the slightest knowledge or apprehension of such being the case. In the case of single women it is not improbable, nor unusual, for such ignorance to exist, but it is remarkable when it occurs in the case of a married woman, or one who has had a child previously. A lady in Collingwood called upon me, during last December, to consult me about what she considered to be approaching dropsy, and stated that she was much alarmed at her state. She informed me that she was gradually getting larger in the bowels, without a corresponding increase of bulk in the rest of the body. She also informed me that, about twelve or thirteen years ago, she had had three miscarriages, but, since then, had never been pregnant, and did not for a moment suspect that she was so.

On examining externally, and *per vaginam*, I concluded that she was about five months advanced in gestation, and informed her of my opinion. This she did not believe, on the ground that she had been so many years living with her husband without impregnation. The physical evidences were, however, so decided in favour of the opinion I had given, that I requested her to call again in another month. Her catamenia had not appeared for five months, hence, as there did not appear to me anything abnormal to induce such a change, I gave it its full influence, in connection with other matters, in forming my decision.

At the end of the following month my patient called upon me, still incredulous as to her real condition, and it was only after some lengthened conversation that I induced her to attach any real value to the opinion I had given her. The sequel proved that I had not been mistaken. I did not attend her in her confinement, but I accidentally had an interview with her accoucheur, who informed me that the child had to be taken from her with the uterine forceps.

Cases of every possible phase might be narrated from the records of almost any practitioner of standing in the profession illustrative of the uncertainty which often environs the investigation of presumed pregnancy, and the liability of the most experienced men to hazard opinions which are likely to be altogether erroneous. Young married people have suddenly been alarmed by the appearance of external alterations in the size of the abdomen, which the length of married congress would not endorse. Recriminations, and suspicions of infidelity have occurred, when, on examination, disease and not gestation has been discovered. Indeed, there is no circumstance of female life so protean as this, or so likely to overwhelm her with perplexity.

About the middle of last year a lady, living near Daylesford, came to Melbourne, to consult me concerning an

enlargement of her abdomen. She stated that eight months prior to her visit to me she consulted her ordinary medical attendant on account of her "getting so stout;" that gentleman told her she was pregnant, which pleased her very much, and forthwith she began to prepare baby clothes, and to think about a nurse. From this up to the middle of the ninth month she steadily increased in size, and both doctor and nurse made frequent visits in expectation of the coming event. She, however, got over the tenth month without any appearance of the "little stranger," when the medical man expressed an opinion that as she was long over her time the child must be dead, or there was an abdominal tumour. As I had to determine the nature of the case I made a very careful examination, and when I assured her that she was neither pregnant, nor had she any tumour, she was some time before she recovered from her astonishment.

CHAPTER XII.

UNNATURAL FEELING IN WOMEN—ITS EXTRAORDINARY PHENOMENA—UNNATURAL SEXUAL PASSION—HATRED OF NORMAL PHYSICAL CONGRESS—DUCHATELET'S DESCRIPTION—FREQUENCY OF UNNATURAL FEELINGS AMONGST PROSTITUTES — SIMILAR PRACTICES AMONGST MEN—TREATMENT OF UNNATURAL VICIES.

THIS is, perhaps, one of the most incomprehensible mental or psychological conditions to which women are subject. It is by no means an intelligible phenomenon, its causes and special action bearing no relation whatever to the sympathies which influence the two sexes in their approach to each other. It has about it, on the contrary, the modes of action which appear in the highest degree unnatural and irregular. They are pointless and incongruous; still, they are characterised by an intensity which renders them more surprising still. That a woman should, in her demeanour, express towards her own sex all the passionate emotions which are common to the sympathies established between the opposite sexes, is certainly inexplicable, but it is nevertheless true. This extraordinary phenomenon I had the opportunity of witnessing in a married woman of respectable status in society, who professed to have intense repugnance to her husband and the whole of the male sex, but who exhibited, and confessed without hesitation, her unbounded love for one of her own sex, who by no means reciprocated the unnatural passion.

This strange impulse towards another woman very often took the shape of the most exaggerated desire; she could not be happy away from the passive object of her affections, and continually sought to be in secret with her. When thus alone with her, she tormented her with libidinous and passionate embraces, which were often hardly borne by her friend, who was disposed, in some degree, out of a mere platonic affection, to humour her eccentricities. It ended at last, however, in the persecuted woman proceeding to another colony, out of the reach of her tormentor.

A remarkable instance occurred some years ago in one of the suburbs of this city. The person referred to was a woman of a singular character, and tolerably well known. She was married to a seafaring man holding the rank of captain of a ship. She never permitted the marriage to be consummated by physical congress, professing the most unconquerable abhorrence for the male sex. Continued observation for several years fully sustained the fact of this singular infatuation existing without abatement. At the same time, there was as great an intensity for the society of her own sex as there was repugnance to that of the other. She decoyed into her acquaintanceship young married women, and compelled them, by her influence, to entertain the same unnatural feelings towards men and women.

Several women yielded to her seductions, and exhibited all the unnatural phenomena which she herself had practised. There was nothing extraordinary in their conduct, in reference to general social intercourse. They entered into the ordinary business of daily life with regularity and prudence, and were, in every sense, persons of regular habits, devoting their time chiefly to reading and mental improvement. This woman, who had such influence in seducing others of very slight sexual force to follow her example in ignoring the claims of married life, brought about, as a

matter of course, a final rupture in the case of each of her victims, so that their husbands formed other alliances.

There was, in these cases, very little tendency to unnatural vices. The fervour of love for each other did not assume those dominant and passionate expressions which are sometimes seen, and which have been depicted in the case described above; but there was, to a certain extent, a substitution of a perfectly unnatural feeling for the one which nature intended.

Duchatelet has very fully described these unnatural feelings in women, and states that they are to be met with in private life, as well as in the prisons and amongst the prostitute class. It is beyond the range of medical philosophy to divine the special causes for its existence in the respectable area of the social sphere. Why a woman of blameless life, and possessed of nearly every domestic virtue, should have no emotional influence towards the man she has married, is incomprehensible; but it is more so when the same person becomes possessed with an unnatural love for one of her own sex.

It is not so likely to create astonishment that unnatural feelings of a very marked character should betray themselves amongst the prostitute class. Their career of unrestrained licentiousness with men, whom they soon learn to look upon as their enemies and their victims, very often fills them with a disgust so profound that they are incapable of loving men, and, in the rebound which undisguised hatred produces, they rush into the arms of each other, and seek the ideal gratification of love in unnatural embraces. They are, however, no worse than the so-called "lords of the creation."

"Voltaire, Rabelais, and other writers, like Juvenal and Martial under the Roman Empire, make several allusions to these practices, showing that even monarchs—for instance, Frederick the Great—were habitually guilty of them, and

this proves that they must exist to a considerable extent. Evils of such gravity point to a serious want of reverence for Nature, and demand a much more earnest treatment than either jesting allusions or impotent avoidance of the subject."

This shows how much the unnatural vice has been, and is still, indulged in by man. Many writers affirm that it is almost equally frequent amongst women, but especially so amongst the idle, and the more debased of the sex. Duchatelet refers to the class called "the *tribades*; and the singular sexual relations they bear to each other much resemble the unnatural custom of lovers among the Greek youth, who, like these prostitutes of the present day, made it rather a boast to despise the other sex. In this connection, two prostitutes enter into sexual relation with each other with all the ardour, impetuosity, and tenderness of passion that the most normal sexual love could inspire. They devote themselves to each other, and practise together all the devices of unnatural voluptuousness. They feel for each other all the conflicting sexual passions, now burning with jealousy, now melting with tenderness; they are distracted with separation, and follow each other everywhere. As Duchatelet says elsewhere, they become, in their old age, more dangerous for their own sex than they have been in their youth for the other."

Wherever these unnatural vices are found in general practice, they are to be treated with great care, both hygienically and psychologically. Being, in a great degree, of the latter character, they are often difficult to deal with, but they are, nevertheless, very often amenable to judicious treatment. It sometimes happens, with intelligent women, that the mere discussion of the question, pointing out its eminently disastrous influence on the entire mental and physical constitution, coupled with rigid hygienic treatment, is sufficient to secure the abandonment of the habit referred to, and to

restore the more natural sympathy with the other sex. One instance of the kind occurred in my own practice, which had assumed a very decided shape, but which gave way under the combined influence of hygiene and appeals to the intelligence and self-respect of the patient.

CHAPTER XIII.

STRICTURE OF THE URETHRA—STRICTURE EMBITTERS WHOLE EXISTENCE—BAD TREATMENT OF GONORRHOEA A FREQUENT CAUSE OF STRICTURE—NATURE CANNOT CURE HERSELF—SURGERY, SKILFULLY APPLIED, PATIENT'S ONLY HOPE—TREATMENT SHOULD BE COMMENCED EARLY—DANGERS ATTENDING UNSKILFUL TREATMENT—PATIENT'S PAINFUL HISTORY OF HIS CASE—PHYSICAL SUFFERING PORTRAYED—“LONGING, AND YET AFRAID TO DIE”—PHYSICAL CHARACTER OF URINE IN STRICTURE—USE OF CATHETER REQUIRING GREAT SKILL—GRAVE CONSEQUENCES OF FALSE PASSAGES—VARIOUS KINDS OF INSTRUMENTS EMPLOYED BY DIFFERENT SURGEONS — RICHARDSON'S DILATORS UNDOUBTEDLY THE BEST—DEFINITION OF STRICTURE—ITS DIVISION INTO ORIFICIAL, PENILE, AND SUBPUBIC—NATURAL CALIBRE OF URETHRA MUST BE RESTORED TO CURE—METHODS OF TREATMENT RECOMMENDED—RAPID DILATATION THE PROPER REMEDY—SIR HENRY THOMPSON'S DILATOR—EXTERNAL URETHROTOMY—CASES REQUIRING IT—SYMPTOMS OF STRICTURE—CAUSES OF STRICTURE—CONSEQUENCES OF AUTHOR'S TREATMENT OF—IMPORTANCE OF RETAINING CATHETER FOR TWO DAYS—PRACTICAL ILLUSTRATIONS OF TREATMENT BY RAPID DILATATION AND EXTERNAL DIVISION—SPEEDY RECOVERY OF THE PATIENTS.

AMONG the many maladies which afflict humanity, there are none in the long catalogue which bring with them more misery than stricture of the urethra. It embitters the

sufferer's whole existence, and leaves him no respite from its tortures. It stands in the way of the performance of a natural function, which must be obeyed—as a necessity—several times daily, and the interruption to which fills the unhappy sufferer with reasonable dread. Brought on by the neglect or bad treatment of gonorrhœa, structural changes take place in the urethra—the membrane thickens, coagulable lymph is secreted; the channel narrows, and ultimately induration supervenes. After this, increased deposits of abnormal matters follow; the channel continues to narrow, until it is completely closed.

During the progress of this direful catalogue of changes, with the inevitable suffering accompanying them, the life of the patient is one unbroken misery. Once the initiative has been given to the formation of stricture, the disease proceeds silently, but surely, to the bitter end, unless skilfully treated by those competent to grapple successfully with it. It is useless for the patient to live on in the hope that nature herself will restore the narrowing tube to its normal dimensions. In almost all other diseases men may escape the consequences of neglect, and spontaneous restoration to health may take place from change of air, of food, or from a variety of circumstances; but from stricture of the urethra there is no such escape. The most careful regimen may be observed, the most abstemious habits adopted, still they will not be able to prevent the steady march of the disease: they can only render it so much slower. It is possible, by a rigorously regular life, to retard its growth, but not to prevent it.

This fact is one of importance to all who have warning of the existence of stricture in its incipient stage, and should lead them to seek the aid of competent surgeons for the arrest of the evil at a time when it can be compassed promptly and with comparatively little suffering. The

baneful habit, which is, unfortunately, too prevalent — of putting off application to the surgeon cannot be too strongly condemned. When considering that the time must come when imperative necessity will drive the patient to the surgeon, it is something more than egregious folly and unpardonable recklessness to postpone that duty until the disease has reached a stage threatening life itself.

When upbraiding patients for this unwise postponement of an obvious act of prudence, I have generally been met by the intelligence that they had, at some time or other, been treated surgically, but that their sufferings had been increased and the malady aggravated. Some of the recitals have been such as would, if known, heap merited disgrace upon the men who, from profound ignorance of the rudiments of surgery, have seriously complicated a disease which they are called upon to cure. Such instances of malpractice as those alluded to, bring the profession into discredit with the public, and cause the miserable sufferers from stricture of the urethra to discredit the resources of surgery.

Day after day, a surgeon in extensive practice meets with cases in which strictures of but limited development have been rendered much more difficult of treatment by false passages, and other traumatic injuries of the urethra. The general history of such patients is as follows:—"I went to Dr. ———, and placed myself under him for the treatment of stricture. He introduced a catheter, and tortured me a long time without any good result, not being able to penetrate the stricture, but, instead, causing me to bleed profusely. The consequence was, my agonies were increased a hundred-fold; retention of urine was rendered almost complete, and, what was worse, all hope of being cured died out. I naturally dreaded to seek any further surgical treatment." In nine cases out of ten this is the tenor of the story told

by the stricture patient. This distrust of the remedial resources of surgery is so great and general that thousands of persons are carrying strictures of more or less development which might be safely and quickly cured, without much inconvenience to the sufferer.

No one but he who has a stricture can for a moment realise the volume of miseries which accompany that disease. Setting aside the terrible truth that its progress is inevitable, and the undermining of the constitution certain, the local disturbances which it induces in its progress keep him in continual uneasiness. He is obliged to urinate much oftener by reason of the irritability of the bladder, and in all cases with more or less pain, which continues to augment as the age of the stricture increases. Straining and urging during micturition produce headache and languor, which are followed by despondency. He knows that each act of emptying the bladder is incomplete; that in an hour or two, or a much less time, there will be another call, to be repeated at brief intervals night and day. Night offers him no respite from the torture. His rest is broken every hour, and he is compelled to spend from five to twenty minutes in forcing almost drop by drop from his bladder sufficient to bring temporary relief. He returns each time exhausted to his bed, not with the security of coming rest, but with the terrible knowledge that he must soon again be roused, by the same necessity, to struggle through a similar painful ordeal.

On rising for the duties of the day, the unhappy sufferer feels that he enters on the race of life at serious disadvantage. His energies are depressed, with a deficient amount of sleep, and that not of a very refreshing character; he is unstrung, and brings to his daily duties a body but half refreshed, and a mind unhinged. Although he may not suffer pain between the acts of micturition, still there is

always associated with a bad stricture a systematic uneasiness, which perpetually reminds him of his malady. He is—

Steeped to the lips in misery,
Longing, and yet afraid, to die.

Another symptom, which in the advanced stages makes itself manifest, is the offensive smell of the urine, on account of its intensely ammoniacal character. This is occasioned by its long retention in the bladder, that organ never being completely emptied during the painful and frequent efforts at micturition. This symptom is a source of annoyance to the patient, and to those who are near him, and he lives, consequently, in continual fear lest his malady should be detected. This state of things soon brings about signs of debility and emaciation even in the most robust. The health fails; the mind is dejected; the appetite is lost. It is in this stage, as a rule, that the unfortunate victim of stricture finds his way to some surgeon of repute, to whom he may, after long consideration, have made up his mind to submit himself for treatment.

The use of the catheter is a branch of surgery requiring great dexterity and caution on the part of the surgeon, and yet few operations are so recklessly essayed, and so badly executed. It is by no means an uncommon occurrence with me to be summoned to the bedside of an unhappy patient, and find him bathed in blood, and enduring indescribable agony, as the consequence of the futile efforts of some tyro in surgery to pass a catheter through the stricture, and who, after hours had been spent in torturing the patient, had forced the instrument through the wall of the urethra, and adjoining tissues, beneath the prostate gland, and finally punctured the bladder. Grave as such consequences are, they do not deter the incompetent from essaying an operation which they must be fully aware they cannot perform.

Catheterizing is by no means a modern discovery. It dates back more than 2000 years, and there is sufficient data to warrant the assertion that the catheter in its present forms was well known to the Saracens, the Greeks, and the Egyptians. It is more than probable that it was well known at the celebrated schools of Cas and Crudos. As all the most difficult operations in surgery were performed by distinguished surgeons long before the Christian era, we cannot presume that the mode of curing stricture now practised was unknown, especially when we can trace its use almost back to that time.

There are several forms of instrument used for destroying a stricture which have met with more or less favour at different periods, and according to the reputation they gained in the hands of distinguished surgeons. Leaden sounds and pliable wax bougies were brought into general use during the 16th and 17th centuries, and have continued ever since to hold an important place in the surgery of stricture. The silver catheter of the ancients and the Saracen physician holds the palm as the most useful and effective in the hands of a skilful operator.

As to the processes which have from time to time been in vogue for the cure of stricture, they do not differ in any essential particular from those now in favour. They are dilatation; internal incisions; caustics with the object of promoting resolution; splitting up, and external division. Three only of these do I adopt in my treatment, finding that they serve to combat most readily every possible form of the disease. Sir Henry Thompson, the celebrated authority of the day in England on this subject, has lately propounded a theory and recommended a practice much at variance with his former teachings. Some years ago he taught that in properly skilled hands the metal catheter was the most effective and the safest. Of later years he has recommended strongly

the use of flexible and tapering bougies, which he states are for many reasons to be preferred to the rigid instrument. From extensive experience in the treatment of stricture by both forms of instrument, I am not disposed to endorse the late advice of that eminent surgeon. The rigid catheter is by far the most effective instrument in the hands of the competent surgeon, but should never be used by anyone who is doubtful of his ability to use it safely. The pliable bougies and catheters are well adapted for tyros in surgery, and for those patients who have occasion to pass the instrument themselves. It is within the range of probability that Sir Henry Thompson, discovering what a vast amount of injury is done by the incompetent use of the rigid catheter, has aimed at mitigating the evil by giving prominence to the tapering and flexible bougie.

It very seldom happens that a stricture is so impervious as to render it impossible to introduce a small catheter, or the point of Richardson's dilator; hence there is seldom occasion for resorting to external division of the stricture. It seems, indeed, anomalous that we should be instructed to pass a grooved staff through the stricture prior to the division of the urethra. If it be possible to get a grooved staff in such a situation as to be of any service in guiding the knife, it is manifest that Richardson's dilator could be as readily introduced, which would, as a matter of course, render the external incision unnecessary, as the stricture could at once be split up. I never perform Syme's operation, therefore, when Richardson's dilator can be passed; only when no instrument can enter the stricture do I perform the operation of external division.

So satisfactory has been the use of Richardson's dilator in my hands for several years that I look upon it as the greatest aid the profession has ever received for facilitating the branch of surgery under consideration, and I feel confident

that it will come into general use, and supersede all other modes of dealing with obstinate strictures.

There are many who still adhere to the opinion that gradual dilatation is the best process. I admit its utility in the treatment of many strictures, but in the older and cartilaginous ones it is worse than useless.

It is to be regretted, also, that many surgeons still adhere to the old and unsatisfactory practice of caustics and internal division. They are abandoned by all advanced surgeons as tedious and painful to the patient, and are never used by me in my practice.

With the exception of the few forms of stricture which are amenable to gradual dilatation, I find that Richardson's divulsor is the safest, the quickest, and the best instrument for general use. The miseries of the patient are at once ended, and a complete cure is speedily effected.

The following pages will furnish ample illustrations of the benefit which follows its use where skilfully employed.

Stricture of the urethra is defined to be a diminution of the natural calibre of the urethral canal; the result of the contraction of organised lymph, the sequel of prolonged inflammatory action. The contraction may be situated at the orifice of the urethra, or two or more inches from the meatus, or it may be at the triangular ligament, and is therefore frequently described as orificial, penile, and subpubic.

In a given number of cases recorded by one of our ablest observers, he found that 2 per cent. were orificial, 18 per cent. penile, and 80 per cent. were subpubic. Some surgeons further subdivide the subpubic variety into membranous and bulbous, but this appears arbitrary, and not warranted by facts and experience.

It will therefore be seen that in the majority of strictures the contraction will be found about five and a half inches

from the meatus externus. The explanation of this is to be found in the fact then when there is increased vascularity between the urethral canal and the triangular ligament, the latter commences to act as an irritant and constricting agent, by preventing the expansion of the urethra in the act of micturition. It is obvious, therefore, that if we desire to *cure* a stricture, in whatever part of the urethra it may be situated, we must restore the *natural* calibre of the canal,^(e°) and which may be accomplished by—

A.—Gradual dilatation.

B.—Rapid dilatation (splitting).

C.—External urethrotomy.

In the treatment of recent stricture, with or without irritability or spasm, gradual dilatation may be applied successfully. In those strictures that bleed freely on the introduction of an instrument, of an irritable and painful character, often followed by rigours, treatment by *rapid* dilatation will effect a cure.

In dense cartilaginous strictures of long standing, whether ring or funnel shaped, rapid dilatation is the remedy *par excellence*. Richardson's divulsor is by far the best instrument we have for splitting the stricture; it is powerful and

(e°) "What is the result required to effect the cure of a stricture? No urethra can ever be said to be cured till the diseased and contracted portion is restored to its normal calibre. Some time ago I instituted a series of practical inquiries to ascertain what was the normal capacity of the urethra, and I found that the subpubic urethra will admit the terminal joint of the forefinger without laceration. The results will be found at p. 186 of the 'Pathological Society's Transactions' for 1866. Now, all means which have not for their end the restoration of the urethra to its normal calibre will fail—that is to say, if the urethra, by dilatation sudden or gradual, rupture, or incision, be only enlarged to a diameter less than its normal capacity, we shall most infallibly have a return of the contraction, unless we from time to time keep up the diameter of the tube to that to which we had stretched it."—Mr. TEEVAN, *Medical Times and Gazette*.

reliable ; there is not the slightest danger in its use if it be passed along the *urethra*, and not through a false passage.

An instrument for urethral dilatation has recently been submitted to the profession by Sir Henry Thompson, of London, but I regret to add that in my hands it was a signal failure. I gave it a fair trial in my practice (an extensive one), and I found it did not possess sufficient strength to open up a tough and dense cartilaginous stricture of many years' standing; in fact, it invariably broke under the hard and unyielding nature of the contractile tissue.

There can be no question but that external urethrotomy of the perineal section is one of the most beneficial surgical discoveries ever made. The operation, like most other operations, has met with very great opposition. In France, as was expected, it met with the most violent opposition, but happily it has now become a recognised operation, having rescued many a sufferer from a lingering and painful death, and has added additional lustre to the brilliant reputation of its originator, the late Professor Syme, of Edinburgh. External division should always be performed in the following cases :—

- (1.) Strictures that return after all means of dilatation have failed to effect a cure.
- (2.) In all cases that are impermeable to *any* instrument, and then as a matter of necessity *without a director*.
- (3.) In cases in which there are large and numerous fistulæ.
- (4.) Cases in which there is great perineal induration ; which induration is certain to go on contracting, and when the stricture, temporarily cured, is nearly certain to re-contract.

Surgeons are instructed, when performing this operation, to "cut down upon a director." The result of my experience is this, that when a director can be passed, no cutting operation whatever is required in a large number of cases, as

Richardson's guide can be passed into the bladder, and then the divulsing rods introduced through the guide, and the operation of dilatation is completed.

SYMPTOMS OF STRICTURE.—Stricture of the urethra first declares itself by the presence of a gleet discharge of some months' duration; this is accompanied by an increased desire to micturate, trembling at the knees whilst passing water, pains in the loins and perineum, a cold sensation running down the spine; as contraction proceeds, the stream of water becomes smaller, sometimes scattered, sometimes twisted, and often partially dribbling. The act of micturition is both frequent and tedious, especially so at night. There is frequently pain in the penis, bladder, and perineum, which subsides on the bladder being emptied. Sometimes a small quantity of urine will escape involuntarily after the patient supposes complete evacuation.

In tight strictures the urine only passes in drops, and there can be no emission of seed during the act of copulation. The testicles are frequently enlarged, the rectum sympathises, and there is a desire to evacuate the bladder and bowels at the same time. The straining is often such as to induce hæmorrhoids, prolapsus ani, and hernia, and prostatic tumour may supervene. The urine is loaded with mucus, is highly ammoniacal, and very offensive. Retention of urine may occur at any time, the constriction being increased by inflammatory swelling, or by spasms, and extravasation may follow. Loss of flesh and strength supervenes, the face is sallow, and there is an anxious expression of countenance eminently pathognomic of the disease.

CAUSES OF STRICTURE.—These are both numerous and varied. Inflammatory gonorrhœa; contraction of a cicatrix, the result of abscess of a lacuna of the urethra; ulcers, urethral chancres, cancer, strong and irritating injections, forcible and unskilful introduction of the catheter, violent blows and

kicks on the perineum; falling from a height and alighting on scaffolding, spars, ladders, gates, chairs, &c.; being violently thrown on to the pommel of a saddle as in rough riding, the breaking of an earthenware vessel under the sitter, fractures of the pelvis involving the urethra—all these injuries may, by bruising, lacerating, or rupturing the urethra, be followed by a cicatrix, the contraction of which may be followed by the most severe and intractable strictures which may fall to our lot to treat.

THE CONSEQUENCES OF STRICTURE.—Distention of the bladder from habitual retention of urine may give rise to chronic inflammation of that viscus, with the pathological condition of urine characteristic of the affection. The patient's night's rest is broken from repeated and ineffectual efforts to empty the bladder. Sometimes each attempt at micturition is followed by rigors, spasm, and great nervous prostration, and these symptoms may be succeeded by rupture of the urethra and extravasation of urine. The patient may also rapidly sink from ulceration or sloughing of the bladder, with or without recurring hæmorrhage. The bladder being constantly distended by the backward pressure of urine becomes contracted, fasciculated, and sometimes sacculated, together with enlargement of the ejaculatory ducts as they open into the sinus pocularis. The kidneys may also suffer in a secondary way by becoming atrophied in their cortical and pyramidal portions, giving rise to suppression of urine, uræmic poisoning, coma, and death.

THE TREATMENT OF STRICTURE.—I shall now pass over the treatment of stricture by *gradual dilatation*,^(c⁷) and confine my observations to those methods *par excellence* which

(c⁷) In all such cases, except a few rare and exceptional ones, if an instrument of any size can be passed into the bladder the stricture may be cured by gradual dilatation. In Kenton Ward a patient is now able to pass No. 8

have been so successful in my hands, namely, RAPID DILATATION and EXTERNAL URETHROTOMY.

In the cases which I am about to furnish I will practically support the following propositions:—

First, that in the treatment of stricture of the urethra by rapid dilatation there is no danger if the instrument be passed through the urethra, and not into a *false passage*.

Secondly, that if this method be skilfully managed the stricture does not as a rule return.

Thirdly, that it is necessary, in order to bring about a *permanent cure*, to insert into the bladder a No. 13 catheter, and retain it in that situation for two days.

Fourthly, that no severe spasm, or rigors, follow the operation.

Fifthly, that external urethrotomy is not a dangerous operation.

CASE 1.—*Obstinate and irritable cartilaginous stricture of fifteen years' duration—Failure of treatment by gradual dilatation—Rapid dilatation—Recovery.*

A gentleman residing in Melbourne contracted gonorrhœa

easily, in whom it was difficult on his admission to pass the smallest size bougie. In this method of treatment it is necessary to increase the size of the instrument very gradually, and thus a long time is taken up in treatment. The loss of many weeks is to a labouring man, or indeed to any one who has to work, of so great consequence, that it has long been a desideratum to find a rapid and safe means of curing stricture. By gradual dilatation in a bad case of stricture it will be perhaps twelve months before the patient can do without passing an instrument every week or two. This method too is not only long and tedious, but is also liable to vexatious and annoying troubles, and considerable risk to health—hæmorrhage, inflamed prostate, orchitis, &c. And, after all, when the patient is fully relieved, he is not finally cured. After twelve months' treatment he must still every few weeks or months pass an instrument in order that he may not lose ground. To recapitulate, gradual dilatation is tedious, liable to risk, and is not finally curative.—*Sir James Paget.*

fifteen years ago, which caused great urethral inflammation and pain. He was some time getting rid of the discharge, and when that had subsided he noticed the stream of urine, when micturating, was much smaller than usual. Bougies were passed from time to time, which temporarily relieved him. This state of things continued for many years, when I was asked to see him. He was then passing, almost by drops, very offensive urine; his sleep was disturbed by the frequent calls to empty the distended bladder, which invariably caused painful spasms; he had lost his appetite, was losing flesh, and was much depressed in spirits. I managed, after trying a long time, to introduce a No. 2 catheter into the bladder, and drew off a large quantity of highly ammoniacal muco-purulent urine. This was followed by a most distressing rigor, for which I ordered him a hot bath and gave him a sedative draught. This caused him to perspire freely, and he had a few hours' tranquil sleep. In this examination I found that my patient was suffering from a severe organic subpubic stricture, feeling to the touch like cartilage, the result of dense fibrous thickening, deposited in the walls of the urethra.

On the following day Dr. Girdlestone placed him under the influence of chloroform, and I opened the stricture by rapid dilatation. I then introduced and tied in a No. 13 catheter, through which the urine flowed freely. He was ordered to drink freely of barley-water, and a mixture of bicarbonate of potash, Battly's solution of opium and camphor mixture to be taken every three hours. This treatment was continued for three days, when the catheter was withdrawn and he was placed in a warm bath. On the following day he expressed himself as first-rate, and I could pass a No. 12 easily. I continued to pass an instrument twice a week for a few weeks, when I pronounced him cured.

In this case the treatment was both safe and expeditious,

and safety combined with expedition should be the great desiderata in all surgical operations.

CASE 2.—*Traumatic stricture—Retention of urine—Rapid dilatation—Recovery.*

Mr. —, aged fifty-two years, residing at Prahran, was struck violently in the perineum by a threshing-machine. He passed a good deal of blood at the time, and could only void his urine in a small stream, and with great pain. From the time of the accident the difficulty in passing water had increased until its culmination or complete retention. Two practitioners had visited him, and, failing to pass a catheter, recommended his removal to the hospital. On being informed of the nature of the case, I concluded it was a case of retention from laceration of the urethra, and took Dr. Girdlestone with me to administer chloroform, if necessary. When we arrived at the patient's house, I tried to pass a catheter into his bladder, but could not succeed in passing a No. 2. I therefore determined upon using Holt's dilator, if possible, failing which I would perform the perineal section. Dr. Girdlestone placed him well under the influence of chloroform, and I happily succeeded, after much difficulty, in introducing the guide into the bladder; through this the large rod was passed, and then the dilator was withdrawn. A No. 12 silver catheter was retained in the bladder for several days, through which his urine flowed freely. This patient made a rapid recovery. It is rarely such cases as these recover without the greater operation of external division being performed, as they are in the great majority of cases impermeable to an instrument. Still we are not justified in submitting our patients to the major operation until we are satisfied that all our efforts are futile as to the possible success of the minor one.

CASE 3.—*Traumatic stricture of twenty years' standing*
—*Retention of urine—Impermeable to the passage of*
instruments—External urethrotomy—Recovery.

Dr. Shields, of Sunbury, summoned me by telegram to visit a gentleman at Riddell's Creek, who was suffering from retention of urine, the result of organic stricture. On my arrival I found him suffering intense pain from an over-distended bladder; he said his bladder would have ruptured but for some of his urine escaping involuntarily by drops; he had a rapid and feeble pulse, and he was in a cold clammy sweat; the doctor said he was unable to pass even a No. 1 catheter. I gave him some brandy, and endeavoured to introduce a well-oiled No. 2 catheter. After trying patiently for some time, I found he was suffering from an old, dense cartilaginous stricture, which was hopelessly impervious. I therefore determined on having recourse to the perineal section, and as a matter of necessity, perform the operation *without a director*. He was fully brought under the influence of chloroform by Dr. Shields. I then placed him in the lithotomy position, and with the perineum close to the edge of the table, cut down to, and laid open, the urethra anterior to the prostate, in doing which I found that I had also nearly divided the whole length of the stricture, a small portion of which I afterwards split up by means of the dilator. In exploring the condition of the prostate, I found and removed several small calculi, which were firmly embedded within the gland. The bladder was emptied through the wound of a quantity of muco-purulent and highly offensive urine, and a No. 12 catheter introduced and retained for several days. This was followed by the passing of a large instrument twice a week, and he made a most excellent recovery.

This operation was somewhat difficult, owing to the passage being impassable to instruments; but as I have

observed elsewhere, if the urethra is *at all pervious*, no cutting operation from without is required. I certainly am surprised to find some of our ablest surgeons, when recommending external urethrotomy, advise the laying open of the urethra *upon a director!* *If a director can be passed the stricture can be divulsed.*

CASE 4.—*Stricture of the urethra of fifteen years' standing—Inability to pass an instrument during the last three years—Prostatic abscess—External division of the stricture—Cure.*

Mr. B——, aged 60 years, an old colonist, says that for many years he has been troubled with spasmodic retention of urine, which has always been relieved by the use of the catheter and appropriate medical treatment. Four years since the surgeon failed to pass an instrument into his bladder; he however managed to pass the urine in a warm bath. Since that time he has had repeated attacks of retention of urine, and the size of the stream has gradually been getting smaller, and during the last twelve months it has become a mere dribble.

A great many attempts have been made to introduce an instrument, but they have not been successful; large quantities of blood followed the act of introduction, and recently he suffered from rigors and discharged a large quantity of pus.

When he came under my care he presented a miserable and worn-out condition, exhaling a most offensive odour from the constantly dribbling urine, which was mucopurulent. I could pass a catheter as far as the membranous portion of the urethra; there it met with a dense unyielding cartilaginous stricture. A severe rigor supervened after this exploratory examination. Considering that the stricture had given rise to disease of the mucous membrane of the

bladder, I advised him to be operated on without delay. He gladly assented, was placed under the influence of chloroform, and, assisted by Drs. Gillbee and Blair, I made the recto-urethral section through the perineum, dividing the stricture through its entire length. A No. 12 catheter was introduced into the bladder, and secured. The catheter was retained for two days, and then withdrawn on account of its causing pain in the bladder, but it was re-introduced at the end of forty-eight hours. From this time he progressed most favourably, and in one month from the time of the operation he voided his urine naturally, and I could pass with the greatest facility a No. 12 catheter. He left Melbourne for the country, and writes to say that he is "first-rate."

CASE. 5.—*Obstinate stricture of twelve years' standing unsuccessfully treated by dilatation—External division—Recovery.*

Mr. H——, aged thirty-five years, some years in the colony. He first observed a diminution in the size of the stream of his urine twelve years ago, after repeated attacks of gonorrhœa. This condition was accompanied with a gleet discharge. He placed himself under the care of a surgeon, who succeeded in passing a No. 4 sound. As soon as a No. 10 could be introduced fairly into the bladder, no further treatment was considered necessary. He soon relapsed into his former condition, when he again placed himself under medical treatment; he improved, and again a No. 10 could be passed, and he was instructed to use the sound himself, from time to time, in order to prevent a recurrence of the urethral contraction. After passing it a few times, he failed in the attempt, and again sought medical advice, with satisfactory results, which, however, were only transitory. Ever since he has been troubled in the same way. When he consulted me, two years ago, he was suffering from the

following symptoms :—Very small size of stream of urine, great straining in voiding it, and constant desire to micturate, with purulent discharge from the urethra. On examining his urethra, I discovered a tight unyielding stricture about $6\frac{1}{2}$ inches from the meatus. After several attempts, I succeeded in introducing Holt's guide into the bladder, and then commenced to treat the case by progressive dilatation. He improved very rapidly, and in a short time was pronounced cured. Twelve months afterwards he returned as bad as ever, and I advised the perineal section. To this he consented. I therefore, assisted by Drs. Wilkie and Blair, cut through the perineum, divided the stricture, and introduced a No. 12 catheter, which was carefully secured. From this time his recovery was rapid. He was able to get about in a month. I can now pass a No. 13 with the greatest facility.

CLINICAL LECTURE
ON
STRICTURE OF THE URETHRA,

DELIVERED IN THE THEATRE OF THE MELBOURNE HOSPITAL,

MARCH 16th, 1880,

BY JAMES GEORGE BEANEY, M.D.,

F.R.C.S.E., L.K.Q.C.P.I., M.R.I.A., &c.,

Surgeon and Teacher of Clinical and Operative Surgery to the Hospital.

GENTLEMEN—I have chosen for our subject this morning that abnormal contraction of the urethral canal to which the term “organic stricture” has been applied. It is a lesion worthy of your earnest consideration on account of the frequency of its occurrence; the mental distress and physical suffering which it occasions; its serious and often fatal consequences when neglected, or when treated by unskilful hands. Among the many maladies which afflict humanity there are none in the long catalogue which bring with them more misery than stricture of the urethra. It embitters the sufferer’s whole existence, and leaves him no respite from its tortures. It stands in the way of the performance of a natural function which must be obeyed as a necessity, perhaps several times during the day, and the interruption to which fills the unfortunate patient with reasonable dread.

No one but he who has a stricture can for a moment realise the volume of miseries which accompanies that disease. Setting aside the terrible truth that its progress is inevitable, and the undermining of the constitution certain, the local disturbances which it induces in its progress keep him in continual uneasiness. He is obliged to micturate much oftener by reason of the irritability of the bladder, and in all cases with more or less pain, which continues to augment as the age of the stricture increases. Straining and urging during micturition induces headache and languor, which are followed by despondency. He knows that each act of emptying the bladder is incomplete; that in an hour or two, or a much less time, there will be another call, to be repeated at brief intervals night and day. His rest is constantly broken, and he is compelled to spend from five to twenty minutes in forcing almost drop by drop from his bladder sufficient to bring temporary relief. He returns each time exhausted to his bed; not with the security of coming rest, but with the terrible knowledge that he will soon again be roused by the same necessity to struggle through a similar painful ordeal.

Since my return from Europe you have had an opportunity of seeing me treat several very bad cases of stricture by rapid dilatation or "divulsion," followed by recovery. For the notes of the cases I am indebted to my young friend and ward-clerk, Mr. G. H. Woinarski.

CASE 1.—*Stricture of the urethra of sixteen years' standing*
 —*Inability to pass an instrument through the stricture*
 —*Extravasation of urine—Perineal fistulæ—Rapid*
divulsion with retention of catheter in the bladder—
Recovery.

Thomas L——, aged sixty-two years, was admitted into No. 1 Ward on 19th May, 1879, with the following history:

—He has an old stricture of the urethra of sixteen years' standing, which he attributes to a severe attack of gonorrhœa, contracted eighteen years ago. He does not remember having received a blow on the perinæum, nor injuring himself in any way in the genito-urinary region. The stricture was treated when first noticed with instruments, followed by temporary alleviation of the symptoms. It then remained untreated for ten years, giving him more or less trouble. Six years ago catheters were made use of in the Kilmore Hospital, of which he was an in-patient. Some four months ago he noticed that his stricture was getting gradually worse and worse, he being only able to pass a few drops at a time, and with great difficulty and considerable pain. On admission it takes him a very long time to empty his bladder. He is found to have several perinæal fistulæ, which are irritated very much by the passage of urine through them, and from which exudes a grey ichorous discharge. A semi-cartilaginous stricture is found situated in the sub-pubic curvature, through which it is impossible to pass a No. 1 catheter. In the perinæum may be felt great induration of the urethra at this point. His urine passes slowly, and with great pain. He is in a weak cachectic condition. He was ordered a spoon diet, with four ounces of brandy, and a morphia suppository at bedtime.

20th. Chloroform was administered, and Mr. Webb attempted to pass a catheter beyond the stricture, but failed to pass even the smallest size. At four p.m. he had severe rigors, for which he was ordered brandy every half-hour and a morphia suppository.

21st. Rigors now ceased; stream not improved; has stomatitis. Ordered a gargle of potassa chlorat.

27th. A consultation of the honorary staff was held to-day, at which it was determined that there was no indication for operative interference.

June 3rd. Another attempt was made to pass a catheter ; again unsuccessful. Bowels loaded. Ordered to take a pill of aloes and myrrh occasionally.

11th. Another attempt was made to introduce a catheter, but without success.

12th. Patient has had rigors. Ordered four ounces of brandy.

July 5th. Great pain on micturition. Urine loaded with mucus. A mixture of buchu with hyoseyamus was ordered to be taken three times a day.

13th. Patient in a weak state.

August 1st. Complains of great pain. Ordered suppository of belladonna with opium.

4th. Great scalding and pain while micturating. Ordered a mixture of tragacanth with henbane, three times a day, in water.

7th. Apparently some urine has infiltrated the tissues about the perinæum, which is much inflamed, extending to the scrotum. This has come on since the last attempt at catheterism. There is considerable hardness and swelling of the tissues. Ordered a dozen leeches to be applied.

8th. Patient in great pain ; urine comes away with great difficulty ; inflammation appears to be increasing. Ordered a grain of opium every six hours.

10th. Swelling and infiltration of tissues has greatly increased. Infiltration of urine into the perinæum, scrotum, and penis. Free incisions to be made and poultices applied.

11th. Feeling much relieved ; urine comes away by the perinæum, and slightly by the meatus. Hot fomentation to be applied.

22nd. Perinæal fistulæ formed, through which most of the urine escapes.

31st. Attempted to pass a catheter, but again unsuccessful.

September 9th. Much the same since last report. There is a pseudo-membrane to perinæal fistulæ.

October 1st. Another attempt at catheterism. Ordered a suppository of belladonna with opium.

November 12th. No change for the better since last report. Most of the urine escapes through the perinæum. Dr. Beaney entered upon his duties to-day on his return from England, and saw the patient for the first time, when he proposed to operate by divulsion of the stricture without delay; but, on account of the patient's weakness, it was postponed for a few days.

December 2nd. To-day the patient was placed under the influence of chloroform by the resident physician, an hour after two ounces of brandy had been administered. Dr. Beaney then introduced Dr. Richardson's guide, having an olivary point, into the bladder, through which the wedge was forcibly introduced, and the stricture, which was sub-pubic and cartilaginous, rapidly *split* up; very slight hæmorrhage followed the operation. A No. 12 silver catheter was introduced into the bladder and secured, with instruction that it should be retained for two days. On being removed to his bed a quarter of a grain of morphia, with a sixtieth of a grain of atropine, was administered hypodermically, with orders to repeat at bedtime, if necessary.

3rd. Complains of considerable pain in urethral tract, more especially after emptying the bladder. Hypodermic to be repeated.

4th. Pain not so great as yesterday; catheter removed; there is a slight purulent discharge from the meatus urethræ, and from the fistulæ; less urine passes through the latter.

9th. No constitutional disturbance; pulse and temperature normal; appetite good; discharge from urethra continues. To restrain the latter Dr. Beaney ordered copaib. bals. ʒij Aq. ʒi. to be taken at once, and a warm bath an hour afterwards.

12th. Discharge much lessened in quantity. A No. 12 silver catheter passed easily. Repeat the haust. copaiib.

19th. No discharge from urethra; passed a No. 12 without any difficulty; fistulæ closing, nearly healed.

23rd. Feels well; good appetite; good stream of water; fistulæ completely closed; No. 12 catheter passed with greatest ease. Patient says "he never felt so well for twenty years." Discharged.

Here we have a man sixty-two years of age, who has suffered from stricture for seventeen years, and for which he has been frequently under treatment, but only to obtain temporary relief from his sufferings. It was noticed on his admission to the Hospital that he could only pass a few drops of urine at a time, and that was accomplished with great difficulty, and accompanied with considerable pain. There were several perinæal fistulæ which were extremely irritable, on account of the passage of urine through them; a dense semi-cartilaginous stricture was discovered in the sub-pubic curvature, through which a No. 1 catheter could not be passed, and he was in a weak cachectic condition. How could he be in any other condition than, as the report says, "weak and cachectic?" The poor fellow had been straining for years to extrude his urine, until finally urinary infiltration took place, which resulted in an abscess in the perinæum, which burst, and formed fistulous openings, through which the urine escaped. During his sojourn in the Hospital several attempts were made by the acting-surgeon to pass a catheter, but unsuccessfully. The use of the instrument was invariably followed by severe rigors, for which he was ordered brandy, followed by a morphia suppository at bedtime. He now progressed from bad to worse until 4th August, when extravasation of urine took place, which nearly cost him his life. Nothing further was done for him until I took charge of my wards in November, and at that

time the symptoms were of the most painful character. He was emaciated and exhausted, confined to his bed; constant straining and bearing-down pain, followed by the passage of a few drops of water from the urethra, and a larger quantity from the perinæum. His urine was very offensive, mucopurulent, with a constant desire to micturate, and his sleep was broken. Now, contrast this condition with that which he presented when leaving the Hospital after I had operated on him, when he exclaimed—"I have not felt so well for twenty years." You will also remember how rapidly all the fistulæ closed after we had restored the patency of the urethral canal.

CASE 2.—*Stricture of the urethra of five years' standing; great difficulty to empty the bladder, the urine only passing in drops. Operation by divulsion. Cure.*

Meyers, J——, aged forty-three years, admitted into 18 Ward on the 28th November, 1879.—He states that he has experienced difficulty with his water during the past five years. He first noticed that his stream was forked and corkscrewy. He next observed that the size of the stream was less, and the bladder was emptied with more or less straining and difficulty; the stream gradually got smaller and smaller. He attributes this narrowing of the urethral passage to a neglected clap, which he contracted seven years ago.

On admission he is able to pass his water only in dribbles, and after violent straining. He complains of great pain; countenance bears an anxious expression; is eager for operative treatment, if necessary. On attempting to pass a catheter a dense, semi-cartilaginous stricture is found situated at the point of junction of the membranous and spongy parts of the urethra, through which the catheter could not pass. He was ordered a hot bath and a mixture,

to be taken every four hours, composed of tincture of aconite, spirit of nitric æther, and infusion of buchu. Spoon diet.

December 2nd. Passing his water much in the same manner as before, but with less pain. Operation decided on.

The patient having been brought fully under the influence of chloroform by the resident physician, Dr. Beaney rapidly split up the stricture and introduced a No. 12 silver catheter into the bladder, which was ordered to be kept in for forty-eight hours. An hypodermic injection of morphia and atropine was administered.

3rd. Feels altogether very comfortable; urine flows freely through the catheter. In the urethra there is a slight twinge of pain. Is somewhat thirsty; temperature normal. Ordered sodawater and ice, and the hypodermic to be repeated at bedtime.

4th. Catheter removed to-day. Water passes in a good stream, although there is slight pain on micturition. Pulse 84, temp. 99.

5th. Stream large, no pain when passing water; pulse and temperature normal; sleeps well, and does not require to micturate during the night; urine clear, and free from smell.

6th. Passes his water with a large stream; says he feels quite well. Dr. Beaney passed a No. 12 catheter without giving the patient the slightest pain. On this date he was discharged cured, but was ordered to present himself in a fortnight after his discharge, which he did, and the house surgeon passed a full-size instrument with the greatest ease.

This case is a most satisfactory one both to patient and surgeon. The man, after five years' suffering from a subpubic stricture, the result of granular urethritis from a neglected gonorrhœa, entered the Hospital on the 28th of November, and was discharged on the 6th of December,

cured. I saw him a few days ago, and he told me he felt quite well.

CASE 3.—*Organic stricture of the urethra in the subpubic curve of eight years' standing. Failure of treatment by gradual dilatation. Operation by divulsion. Cure.*

W. R. F——, aged twenty-seven years, was admitted into ward No. 1 on 23rd December, 1879, with the following history:—Has suffered from a stricture for the last eight years. He states that it originated from a long-standing gleet. The calibre of the passage has gradually lessened, and about two years ago he came into the Hospital, and was treated by gradual dilatation until a No. 11 catheter could be passed, when he went out. Since that time he has had no instrument introduced, and gradually the stream has lessened again in size until three days before his admission, when he experienced the utmost difficulty in emptying his bladder. This difficulty continued, and on the night prior to his entering the Hospital he had complete retention of urine, and went to a medical man, who failed to draw his water off, and he came to the Hospital.

On admission the patient is in great pain. The bladder is found to be much distended; the perinæum is swollen and very tender. The house surgeon succeeded in getting a No. 2 silver catheter into the bladder and drawing off about a quart of ammoniacal urine, which was followed by much relief. He was ordered a full dose of compound ipecacuanha powder, and this was followed by a hot bath.

24th. Perinæum still swollen and tender. Catheter again passed, followed by a little bleeding. A cartilaginous stricture is found near the membranous portion of the urethra, which is very unyielding.

27th. Passed a No. 2 catheter; swelling and tenderness of perinæum have disappeared, but he is a little feverish,

and his bowels are constipated. Ordered a saline aperient every four hours.

28th. A No. 3 catheter was passed to-day, followed by slight hæmorrhage. Saline aperient to be continued.

29th. Passed No. 2 catheter and drew off urine, followed by free bleeding from urethra. Ordered a hot bath.

30th. To-day the patient was brought fully under the influence of chloroform, and Dr. Beaney forcibly split up the stricture with Richardson's dilator, and a No. 12 silver catheter was at once introduced into the bladder, and ordered to be retained for forty-eight hours. The patient to have a hypodermic injection of morphia with atropia at once; spoon diet, with iced lemonade when thirsty.

31st. Passed a good night, but complains of a little pain this morning. The urine was at first bloody, but is now quite clear; flows freely through the catheter. He has had no shivering, and his pulse and temperature is normal. Repeat the hypodermic injection.

January 1st. Catheter removed; free from pain.

2nd. Water passes freely with a full stream; is quite free from pain.

4th. Passed No. 12 with ease. Eats and sleeps well. General health good.

5th. Passes a free and full stream. Discharged to-day.

This man had suffered from stricture for eight years. Two years ago he was treated in this Hospital by gradual dilatation, and with considerable relief to his symptoms. In a short time, however, all the old symptoms reappeared, and these were followed by complete retention of urine. He saw a medical man, who essayed to draw off his water, but failed in the attempt, and he was sent into Hospital again. Dr. Bennie, my resident surgeon, a most careful and painstaking practitioner, succeeded in emptying the man's bladder, which was followed by a cessation from

pain; and after his hot bath he was enabled to sleep. The stricture was found to be an irritable and cartilaginous one; and every act of catheterism was invariably followed by bleeding from the urethra. Under these circumstances I determined to thoroughly split up the stricture, and the results were most satisfactory, as a No. 12 catheter could be introduced with the greatest ease. He was supplied with a No. 12 elastic, to pass himself once a week for three months.

CASE 4.—*Organic stricture of six years' standing; impermeable; external urethrotomy, followed by urethral fistula. Inability to pass a catheter. Divulsion of the stricture. Cure.*

George A——, aged thirty, was admitted into ward No. 1 on 23rd of December, 1879. Patient states that twelve months before admission he suffered from impassable stricture of the urethra, and external urethrotomy was performed in this Hospital upon him by a member of the honorary staff. This gave him great relief, but the wound has never properly closed since the operation, and no instrument has been made use of since he left the Hospital twelve months ago.

On admission there is found to be a urethral fistula, through which he passes a full half of his water. An attempt was made to pass a catheter, but unsuccessfully. Ordered warm baths and spoon diet.

January 2nd. Again attempted to pass a catheter, but could not get through the stricture.

3rd. Is suffering from rigors; ordered a quinine mixture three times a day.

6th. Rigors entirely ceased. The patient was put under the influence of chloroform, and the stricture was forcibly split; a No. 12 catheter was introduced into the bladder,

and ordered to be retained for forty-eight hours ; an hypodermic injection of morphia and atropia was administered after his removal to bed.

7th. Feels very comfortable ; water flows freely through the catheter ; pulse 90, temp. 100. No rigors, slight thirst. To have iced sodawater and hypodermic at bedtime.

8th. Slept well ; pulse and temperature normal. Removed catheter.

10th. Has no pain ; water clear, and passes in a full and flowing stream ; a few drops only of water coming through the fistula, which is showing signs of healing.

12th. Fistula closing ; passed a No. 12 catheter without the slightest difficulty.

21st. Passes his water in a large stream ; only a few drops came through the fistula, which is healing rapidly. Introduced a No. 12 catheter easily. He was discharged to-day, with instructions to come to the Hospital occasionally.

It is much to be regretted that this patient did not seek re-admission to the Hospital at an earlier date when he found that the opening in his urethra did not heal within a reasonable time after the operation of urethrotomy had been performed ; had he done so, steps would have been taken to maintain the patency of the urinary canal, and the fistula would have closed. You have noticed in some of my cases of stricture which were associated with perinæal fistulæ, how rapidly they closed when a free outlet for the passage of urine was secured.

These cases, gentlemen, as you are aware, were submitted to the rapid, or "splitting-up," method of treatment, followed by the most satisfactory results. Dr. Richardson's wedge-shaped dilator is a powerful instrument, and is the one I have invariably used for some considerable time. You will find it an admirable practice, after thoroughly opening up the stricture, to insert a No. 12 catheter, and see that it is

retained in the bladder for at least forty-eight hours; and when it is removed place the patient in a hot bath. In my opinion, the rapid divulsion of a chronic stricture is the remedy *par excellence*. In hospital practice strictures are usually met with in those who have to support themselves, and perhaps a family, by hard work; and, therefore, an operation which is both safe and expeditious, and which offers them a speedy release from their troubles, should be the one employed. On this point Sir James Paget observes (*Medical Times and Gazette*):—"The loss of many weeks is to a labouring man, or indeed to any one who has to work, of so great consequence that it has long been a desideratum to find a rapid and safe means of curing stricture. By gradual dilatation in a bad case of stricture it will be perhaps twelve months before the patient can do without passing an instrument every week or two. This method is not only long and tedious, but is also liable to vexatious and annoying troubles, and considerable risk to health—hæmorrhage, inflamed prostate, orchitis, &c.; and after all, when the patient is fully relieved, he is not finally cured; after twelve months' treatment he must still every few weeks or months pass an instrument, in order that he may not lose ground. To recapitulate, gradual dilatation is *tedious, liable to risk, and is not finally curative.*"

Now, what is the definition of a stricture? A stricture is essentially an inflammatory product; it is caused by a slow, indurative inflammation of the submucous tissue of the urethra, which hardens on becoming fibrous, and so constricts the urethral canal. This induration sometimes extends into the cellular structure all round, producing a hard, cartilaginous tissue; and this is especially the case if connected with perinæal fistulæ. A stricture usually declares itself by the presence of a gleety discharge of some months duration, and as contraction proceeds the stream of water becomes

smaller, sometimes scattered, frequently twisted, and often partially dribbling. This is accompanied by an increased desire to micturate, trembling at the knees whilst passing water, pains in the loins and perinæum, a cold sensation running down the spine.

The act of micturition is both frequent and tedious, especially so at night. There is frequently pain in the penis, bladder, and perinæum, which subsides on the bladder being emptied. Sometimes a small quantity of urine will escape involuntarily after the patient supposes complete evacuation.

In tight strictures the urine passes either in a very fine stream, or in drops, and semen is not emitted during the act of copulation. Sometimes the testicles are swollen; the rectum sympathises, and there is a desire to evacuate the bladder and bowels at the same time. The straining is often such as to induce hæmorrhoids, prolapsus ani, and hernia, and prostatic tumour may supervene. The urine is loaded with mucoid pus, is highly ammoniacal, and very offensive. Retention may occur at any time, the constriction being increased by inflammatory swelling, or by spasm, and extravasation may follow. Finally, the patient loses flesh, and soon becomes exhausted; the face is sallow, and his expression becomes anxious. He may also suffer from rigors.

The causes of stricture are both numerous and varied:—Inflammatory gonorrhœa; contraction of a cicatrix, the result of an abscess of a lacuna of the urethra; urethral chancres, cancer, irritating injections, unskilful employment of the catheter, blows and kicks in the perinæum; falling from a height, and alighting on spars, scaffolding, ladders, gates, &c; being violently thrown on the pommel of a saddle, the breaking of an earthenware vessel under the sitter, fractures of the pelvis involving the urethra. All these

injuries may, by bruising, lacerating, or rupturing the urethra, be followed by troublesome stricture.

Strictures may be followed by the most melancholy consequences :—Distention of the bladder, from habitual retention of urine, may give rise to chronic inflammation of that viscus, the character of the urine being pathognomic of the affection. The patient's night's rest is broken from repeated and ineffectual efforts to empty the bladder. Sometimes each attempt at micturition is followed by rigors, spasm, and great nervous prostration ; and these symptoms may be succeeded by rupture of the urethra and extravasation of urine. The patient may also rapidly sink from ulceration or sloughing of the bladder, with or without recurring hæmorrhage.

The bladder being constantly distended by the backward pressure of urine, becomes contracted, fasciculated, and sometimes sacculated, together with enlargement of the ejaculatory ducts as they open into the sinus pocularis. The kidneys may also suffer in a secondary way by becoming atrophied in their cortical and pyramidal portions, giving rise to suppression of urine, uræmic poisoning, coma, and death. Finally, gentlemen, experience teaches us that the disease under consideration is a formidable and dangerous one, and I have endeavoured, in the wards of this Hospital, to show you how its dangers may be averted when combated by surgical skill.

The first part of the book is devoted to a general history of the United States from its discovery by Columbus in 1492 to the present time. It covers the early years of settlement, the struggle for independence, the formation of the Constitution, and the growth of the nation to its present position. The second part of the book is devoted to a detailed history of the United States from 1789 to the present time. It covers the early years of the Republic, the struggle for the abolition of slavery, the Civil War, and the Reconstruction period. The third part of the book is devoted to a detailed history of the United States from 1865 to the present time. It covers the Reconstruction period, the Gilded Age, the Progressive Era, and the modern era.

The book is written in a clear and concise style, and is suitable for use in schools and colleges. It is a valuable source of information for anyone interested in the history of the United States.

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Author of "The Principles and Practice of the Medical Art."

OPINIONS OF THE PRESS.

“Sydney Morning Herald,” Dec. 13, 1872.

IMPORTANT MEDICAL WORK.—Dr. James George Beaney, a Fellow of the Royal College of Surgeons, has just published a very important work on “Constitutional Syphilis,” being a practical description of that terrible malady, in its secondary and tertiary phases, designed for the use of medical men, and for the salutary instruction and *warning* of all dissolute persons. The work consists of 470 pages octavo—bound in cloth, and illustrated with twenty coloured plates. Totally contradistinguished from many such books, this work must be studied by medical men and pathologists with a melancholy interest—for its purely scientific worth, and from a deep sense of the importance of all those social questions which surround the matter treated of, attracting universally (and, as it were, irresistibly) the attention of all acute inquirers. The dark problems held up, indirectly but unflinchingly, by such an able work for solution by the legislator, by the philanthropist, by the divine, and by the medical man, are all of such an awful weight that they cannot inconsiderately be thrust aside, however much they may be unadapted to popular discussion, and to conversational inquiry—especially before the young. A prejudice exists, and not without good reason, against the unrestrained discussion of what Dr. Beaney has here treated of, because it is only too well known that this field in which he labours as a philanthropist, and as a man of science, has been one only too long abandoned to charlatans. Society has grievously suffered thereby. In the study of that branch of pathology and therapeutics, which the author of this work has so honourably advanced, there has been much incomprehensible neglect. It has been truly said, the unwise disregard of what is deemed offensive has been both detrimental to the medical profession and a danger and a loss to society. It has been more than “detrimental,” it has been *discreditable*; for the duty of the profession herein is self-evident, and all may honourably tread in the paths of investigation opened up by the learned and patient studies of Ricord,

Dupuytren, Cazenave, Divergie, Lallemand, Velpeau, Godart, Lancereaux, and Lugois in France ; and by Hunter, Astley Cooper, Bell, E. Wilson, Paget, Acton, Barton, Parker, and Berkeley Hill in England. To the first of these men of practical science (Ricord) Dr. Beaney has dedicated his work, which, although by no means adapted for general reading, will be universally studied and appreciated by all true lovers of our fallen humanity, by the philanthropist, and by the legislator—by all who are true and fearless in their opposition to that which ends in disease and death to individuals, and to a yet more widespread misery. The work exhaustively treats of every phase of the disease in ten chapters, giving in every case the diagnosis, and the latest remedies.

“Ballarat Courier,” Nov. 21, 1872.

A valuable medical work has lately been published on “Constitutional Syphilis.” The author is Dr. J. G. Beaney, F.R.C.S., one of the leading practitioners in Melbourne. The subject appears to be ably handled, and well deserves the attention of the profession and the general public.

“Banner of Belfast,” Dec. 10, 1872.

It evinces a thorough knowledge of the subject he treats upon, and a desire to alleviate human suffering by making known to the world his large experience. Dr. Beaney, we believe, is a surgeon of established reputation, and has displayed great courage in tackling this subject, and by the publication of his work pointing out a way of escape to sufferers from the injuries on their constitution, and the drain made upon their purse by impudent charlatans.

“Bendigo Advertiser,” Nov. 22, 1872.

The author, who has evidently deeply studied his subject, treats this terrible malady in a highly scientific manner, and the advice he offers will be invaluable to sufferers. The book is well got up, and the plates are lithographed in a highly artistic manner ; in short, the book is worthy of its talented author, and reflects credit on its enterprising publisher.

“Border Post,” Albury, Dec. 28, 1872.

DR. BEANEY'S NEW WORK.—This gentleman has contributed another very valuable volume to the medical literature of the colony, on a subject of vast importance to the most vital interests of the present and future generations. The subject is one which must recommend itself to the serious consideration of every philanthropist; and though it is one we are precluded, from its delicate character, from treating upon to any great extent in our columns, still we cannot refrain from remarking that this gentleman, holding a high position in his profession, has stepped forward to fill the breach long open to the most unscrupulous impostors, who have entailed, probably, on a portion of the human family, more misery and suffering than the little good they have done or may do by mere chance, can ever counterbalance. We have to acknowledge the receipt of a copy of the work, and would urge upon those who take an interest in this science, and in the welfare of a people, to obtain a copy at the earliest opportunity; they will find it instructive and deeply interesting.

“Charleston Herald” and “Brighton Times,” N.Z.,
March 19, 1873.

We have received three valuable additions to colonial literature, written by Dr. J. G. Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital, and well known in New Zealand as one of the cleverest and pluckiest surgeons out of Europe. The works in question are “Constitutional Syphilis,” being a practical illustration of the disease in its secondary and tertiary phases; “The Generative System: its Functions in Health and Disease;” and “Children: their Treatment in Health and Disease.” Dr. Beaney treats his subjects in a concise, readable manner, demonstrating every assertion he makes, and showing by his writing that he has made the disease in question his special study. The work is dedicated to that renowned French surgeon, P. Ricord, under whom the author studied the science of medicine. Dr. Beaney deserves the thanks of the community for showing those who require it a way out of the hands of the quack and the charlatan, into those of a respectable qualified man, it being one of the objects of his books to advise application to the latter in all cases requiring medical skill, and not to allow any false feeling to induce engaging the unprincipled and unscientific impostor. The books are well printed, well bound, and well illustrated.

“Clunes Guardian,” Dec. 3, 1872.

We do not often receive works on medical social science, but that forwarded to us deserves a careful notice. It is on “Constitutional Syphilis,” and the author is Dr. J. G. Beaney, F.R.C.S., one of the leading practitioners in the colony. Until lately medical men have neglected the study of this branch of pathology and therapeutics, leaving it to those of their brethren whom they look upon as specialists. This unwise disregard of what they deemed an offensive disorder has been detrimental to the profession, and a danger and a loss to society. Considerable responsibility attaches to those who have thus ignored so important a branch of their profession. The example of the chief medical authorities, who have of late given great prominence to the investigation of the venereal taint, and brought to bear upon it their superior acumen, will doubtless stimulate the profession to a proper estimation of the importance of syphilis in its multifarious expressions.

“Colac Observer,” Dec. 10, 1872.

We have received from the publisher a work on “Constitutional Syphilis,” by Dr. J. G. Beaney, F.R.C.S. Dr. Beaney has written many works on this and similar branches of pathology, and from his known skill and great experience, the enunciation of his views is justly valued. In the present work he has treated upon this important subject with great care and judgment, and with an absence of that prudery which is characteristic of the charlatans who reap such a rich harvest from the victims of this human scourge. Dr. Beaney affirms that the awful results of quack treatment are proofs sufficient of the ignorance of many professors who tamper with syphilis, and are quite enough to engage the earnest attention of really skilled men. In the dedication of the work he writes :—“In no part of the world is there greater need than here for the earnest pursuit of this momentous branch of medical science, nor a wider field for observation ; and it is my ambition to emulate therein the wisdom, skill, and acumen of him (Dr. Ricord) from whom I learned my first and best lessons.” The book contains twenty beautifully executed and characteristic illustrations, and reflects credit alike on publishers and printers.

“Creswick Advertiser,” Jan. 8, 1873.

“The Generative System” will be found of great value by many persons. We agree with the author, that “there has, until within the

last few years, been a morbid delicacy in the public mind with reference to books of this kind," but it is passing away, and although they will necessarily be restricted in their circulation, they cannot but be of great advantage to the colonist. The subject is treated very fully indeed, and cases from his own extensive practice, as well as from that of others, are adduced, illustrative of the principles advanced by the author for the guidance and instruction of his readers. We may further state the work is divested of sounding medical terms, and is perfectly intelligible to any layman.

"The Dunstan Times," Feb. 14, 1873.

We have received from the publisher the following books. They are entitled, "Constitutional Syphilis," "The Generative System," and "Children in Health and Disease." The author, Dr. J. G. Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital, and to Her Majesty's troops in the Crimean war, has already made his mark as a successful author; his great ability and lengthened experience having secured for him a brilliant reputation. When men of this calibre are courageous enough to write about subjects that, through a mistaken and morbid delicacy, are shunned by a majority of the faculty, they deserve the thanks of the whole community, and their fearlessness and independence of action are beyond praise. Neither Ricord, Lallemand, nor Acton have thought it beneath them to make a deep study of this terrible disease; and Hunter, Astley Cooper, Erasmus Wilson, Paget, and others have worthily followed in their footsteps. With such notable examples before them, it is somewhat strange that so many medical men avoid discussing or giving publicity to their own opinions as to the most effectual treatment of this very prevalent malady. "Constitutional Syphilis," being a practical illustration of the disease in its secondary and tertiary phases, has been written by Dr. Beaney with a hope of benefiting sufferers, by imparting to them sound and legitimate advice, and also to warn them against being imposed upon by the unprincipled charlatan and empiric. The author very aptly remarks in his preface:—"Syphilis, with its kindred diseases, has been the richest field for the extortioner and quack, and one which he still struggles, by the most unprincipled devices, to retain. There is but one remedy against this evil—viz., that it should be earnestly and absolutely taken possession of by the whole profession." We would, indeed, like to see Dr. Beaney's suggestion acted on, as much good would result, did a unity of feeling exist as to the desirability of adopting this proposal. The book is illustrated with twenty coloured plates,

executed in the highest style of lithographic art. "The Generative System, and its Functions in Health and Disease," will be highly valued by those who have but an imperfect knowledge of the organs of reproduction. The work is divided into parts. The first part treats of the generative organs and their functions in their normal condition, and the second of the generative organs and their functions in abnormal condition. Dr. Beaney considering the grave importance of the subject, has devoted both time and attention to familiarise the sexes with a perfect knowledge of the physiology of the generative functions. The book is well printed and handsomely bound, and its appearance reflects credit upon the enterprising publisher under whose auspices it has been issued.

"Gippsland Mercury," Dec. 16, 1872.

We have to bring before the notice of the public a medical work written by Dr. James George Beaney, F.R.C.S., entitled "Constitutional Syphilis." It is worthy of the attention not only of sufferers, but of the medical profession generally, as it gives to all the advantage of a lengthened experience. The book is illustrated by lithographic plates executed in a style that would reflect credit upon any home firm. The author is largely indebted to the writings of Ricord, Lallemand, Acton, Cooper, and other celebrated medical men in Europe for the knowledge he has so philanthropically given to the public, and which he states he has been able to endorse in the course of a long and attentive observation of the diseases on which these celebrated syphilographers have so ably written.

"Graphic News," Jan. 4, 1873.

Dr. J. G. Beaney, the eminent surgeon of Melbourne, and the author of so many colonial medical books, has lately added two more works to the scientific literature of the colony. The works are both excellent of their kind, and will go far to enhance the already established reputation of the author.

"Hay Standard," Dec. 11, 1872.

REVIEW.—Dr. Beaney has just issued a new medical work, entitled "Constitutional Syphilis." Dr. Beaney's work is one to make a severe impression on the minds of all who desire to see our communities with

healthy minds in healthy bodies. From the extremely subtle nature of the disease no one is safe from contamination. From instances given by Dr. Beaney, healthy little children are affected through drinking from the same cup with other children who inherit the disease from their parents; others catch from being kissed; nurses become its victims through suckling such children; and, what is worthy the attention of legislatures, is the assertion that this awful scourge is transmitted by vaccination. So plain is this made, and so regardless are some public vaccinators of the history of the parents of the child from whom they take the vaccine lymph, that we would strongly advise parents, when having their children vaccinated, to satisfy themselves as to the health of the parents of the child from whom the inoculating matter is to be taken. Dr. Beaney deserves credit for coming forward and pointing out the dreadful and insidious nature of syphilis, and putting people on their guard against the ordinary risks, which even good moral individuals run, of being contaminated by this dreadful disease, and showing how that, by applying in time to a medical man who understands its nature, they may be relieved to a great extent, if not altogether cured. A perusal of Dr. Beaney's book ought to be a caution to men of loose moral principles; for if one thing more than another is established by the cases cited, it is that "the way of transgressors is hard." To persons who wish to comprehend the subject we would say, "Buy the book."

"Hobart Town Mercury," Dec, 16, 1872.

NEW PUBLICATIONS.—We have received from the publisher two new publications by Dr. J. G. Beaney, F.R.C.S., the one entitled "Constitutional Syphilis," and the other "The Generative System." Both these works are valuable additions to medical literature, as they deal with special subjects that a false sense of delicacy has prevented many medical writers from treating upon. A lengthy review of these books, however, would be out of place in a daily newspaper, and would only be fit matter for the columns of a medical journal. There is no doubt, however, that Dr. Beaney deserves credit for the fearlessness he has shown in giving to the world a carefully prepared work on a subject of the utmost importance to the human race, and one upon which a great deal of scientific thought has of late been expended. Unquestionably such works as those lately issued by Dr. Beaney should be available to medical men, and to intelligent laymen who may care to read themselves up on so important a matter. The publication of these books has, without a doubt, supplied a want in this way, and we

are glad that a member of the medical profession of the colonies has shown himself capable of dealing with such subjects in an exhaustive and able manner. One most interesting chapter in the first-named work, is that in which the author treats of the transmission of the disease by vaccination, and we should like to see this question studied closely by all medical men. The books are beautifully printed, and the engravings they contain are also well executed.

“Inglewood Advertiser,” Dec. 6, 1872.

A NEW WORK BY DR. BEANEY.—“Constitutional Syphilis,” by Dr. Beaney, F.R.C.S., is the title of a very handsomely got-up octavo book. As a publication, it is a credit to the colony, and would compare favourably in its printing, binding, and the lithographing of the plates, with any similar work produced in the old country. On the merits of the book, as a work of instruction, we are not in a position to speak; but from our knowledge of the writer’s high position in his profession, and his long experience in the treatment of this and kindred diseases, we argue much in its favour. The subject is not a pleasant one, but it is a fact, though an unpleasant fact; consequently considerable credit is due to Dr. Beaney for courageously overstepping the barriers of false delicacy that surround this and similar subjects, and coming forward as an acknowledged scientific expounder of the evil and its remedy. As Dr. Diday, the renowned French physician says:—“The study of syphilis attracts universally, and as it were irresistibly, the attention of acute inquirers. Observe the progress, follow the discussions to which it gives rise, count the number, weigh the merits of those who cultivate and honour it, note how it always remains pure and scientific, despite the conduct of charlatanism and speculation, and say whether this branch of medicine does not enjoy a kind of privilege—shall I say *notwithstanding* its origin—which distinguishes it and raises it above all other specialities.” In conclusion, we commend this work to the notice of members of the profession particularly, and those chapters relating to hereditary diseases and vaccination to our readers generally.

“Jamieson and Woodpoint Chronicle,” Dec. 7, 1872.

Medical men, as a rule, avoid publishing books on delicate subjects, but Dr. J. G. Beaney, F.R.C.S., has had the temerity to grapple with a disease that assails a large portion of our community, and deserves all thanks for making generally known the advantages of his experi-

ence. His great knowledge constitutes him an authority to be regarded with every respect. His professional experience entitles him to the greatest consideration. The names of such celebrated men as Ricord, Lallemand, Acton, and others, who have made constitutional syphilis a study, are quoted as sufficient evidence to prove the great attention that has been paid to this disease in Europe during the last few years. These eminent men have used their extensive opportunities for research towards determining its laws, and the most philosophic and effective methods of dealing with it. The book is well printed, carefully bound, and artistically illustrated. We recommend the book strongly, and hope it may be largely diffused amongst those for whose sake the philanthropic author has devoted his time, energies, and talents.

“Kiama Independent,” July 24, 1873.

LITERARY.—We have received a copy of a medical work written by Dr. Jas. G. Beaney, formerly Surgeon to the Melbourne Hospital and to Her Majesty's troops during the Crimean war. The fruit of Dr. Beaney's study and experience on the particular subject he treats is embodied in a handsome octavo volume of nearly 500 pages, with elaborate illustrations, and altogether got up in a style which would do credit to any publishing house in the colonies, or even in England. The title of the book is “Constitutional Syphilis,” and its character, of course, is more scientific and professional than popular. It might be supposed that the authors and publishers of such books would care but little for any other critical notices than such as appear in professional journals or magazines; but we cannot decline to accord, when requested, the small tribute of a paragraph in favour of a work which, though its subject is certainly not, in the ordinary sense, attractive or popular, is nevertheless calculated to serve an important and beneficial end. The disorder which supplies the title of Dr. Beaney's book is a matter on which it is highly desirable, but very difficult and delicate, to diffuse some amount of general information. It has been held, we believe, by authors of repute—though their conviction may be regarded as somewhat vague—that, in consequence of the many subtle agencies, direct and indirect, by which disease is propagated, there is scarcely a family to be found among the civilized nations of modern times in whose blood some degree of the contagion of the particular disorder in question does not exist; and Dr. Beaney gives some startling instances of the manner in which it may be conveyed by the most ordinary acts of contact and communication. We do not, of course, undertake to support such a view of the matter, neither can we scout

it ; but thanks, at least, are due to any skilful, or even any honest, endeavour to mitigate one of the most formidable ills to which the unlucky race of man is heir, and which, we suppose, he must continue to struggle against till either he or it shall cease to exist. As the question of the expediency of vaccinating, by way of a safeguard against the small-pox, becomes from time to time a subject of discussion in Parliament, in the press, and in general society, it may be worth while to specify this as one of the means by which, if great care be not taken, Dr. Beaney considers that the disorder of which he treats is most liable to be propagated.

“Kilmore Free Press,” Jan. 16, 1873.

Humanity in every shape and form demands sympathy, and often requires consideration, and it is indebted to Dr. J. G. Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital and to Her Majesty's troops during the Crimean war, for his work on “Constitutional Syphilis.” It is illustrated with coloured plates that reflect much credit upon the lithographers. The printing and binding are equally good, and deserve commendation. It will be found a valuable contribution, from a scientific point of view, to professional men ; and we are glad that Dr. Beaney, a Melbourne practitioner of considerable repute, has had the courage to grapple with the subject, and by the publication of this work point out a way of escape to those suffering from this terrible malady. To such we commend a careful perusal of this volume, written in a humane and philanthropic spirit, and with a desire to aid those who need the services of a duly and legally qualified medical man. The author describes very fully the protean phases of this dire malady, and some of its more terrible effects upon the skin and viscera are shown by carefully coloured plates.

“Lake Wakitip Mail,” Feb. 26, 1873.

Those who have taken any interest in the discussion that has recently been carried on in the newspapers of the neighbouring colonies would do well to possess themselves of two handsome volumes that have just reached us from the publisher in Melbourne. Both books are by one author, a gentleman of well-recognised fame and reputation in his profession—viz., Dr. Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital, and to Her Majesty's troops during the Crimean war—and are entitled, “Constitutional Syphilis,” being a practical illustration of the disease in its secondary and tertiary phases, illustrated with twenty

coloured lithographs ; and "The Generative System : its Functions in Health and Disease." Although dissimilar, the works are very similar in their object ; they are both written from one point of view, and with one object—that is to say, they are written by a gentleman who has made the diseases attendant upon hereditary disease, transmission of disease by vaccination, and diseases arising from irregular life, his special study for years ; and they are written for the purpose of pointing out to both young and old the dreadful effects of the diseases above mentioned. While the "Generative System" gives a clear and lucid description of all that is necessary to know of anatomy, physiology, and proper observance of nature's laws, "Constitutional Syphilis" shows, in unveiled words and colours, the horrible results of ignorance and profligacy. Dr. Beaney deserves the thanks of the public for the courageous manner in which he has handled the subject. We have also received another smaller work by the same author, "Childhood : its Treatment in Health and Disease." This is a valuable little work, evidently designed expressly for the use of mothers and nurses, as also newly married women, especially those living far from medical assistance ; it treats of the ailments of mother and infant from the time of gestation to that of dentition.

"Marlborough Express," Feb. 22, 1873.

Of all the ills that flesh is heir to, not one is more disastrous in its result, if improperly treated, than syphilis. How many have had to deplore loss of money and loss of health through trusting themselves to the care of unprincipled quacks, whose ignorance perpetuates their sufferings, and often brings them to a premature grave. Until latterly the leaders of the medical profession have (through a mistaken delicacy) declined to make known to the world the result of their experience in the treatment of this dire malady ; and we are therefore pleased to find Dr. James George Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital, and to Her Majesty's troops in the Crimea, publishing a highly scientific work on "Constitutional Syphilis," being a practical illustration of the disease in its secondary and tertiary phases. The subject matter is divided into ten chapters, and these deal fully with syphilitic diseases of the skin and appendages ; of the brain and spinal cord ; of the eye and ear ; of the heart and blood-vessels ; of the lungs and air passages ; of the digestive organs ; of the bones, joints, and muscles ; and of the urinary and reproductive organs. The two last chapters are devoted to the consideration of communicated and hereditary syphilis, and to the general therapeutics of syphilis. The book is illustrated with twenty highly-finished

lithographs, several of them being from cases that have occurred during Mr. Beaney's own practice. Any one who will carefully read and study this work must come to the conclusion that it has been written by a master hand; its details evidence both great ability and deep research, and will be received as a valuable addition to the already well-known writings of Ricord, Lallemand, Acton, and others. It will be seen that the transmission of syphilis by vaccination is treated with considerable freedom. This arises from the fact that the author's opinions thereon are daily strengthened by the result of his experience, and he unhesitatingly affirms that were more care taken in vaccination many cases of communicated syphilis might be avoided. To all sufferers we commend this volume with perfect confidence. Dr. Beaney occupies so high a rank in his profession, and is so generally regarded as an undoubted authority on matters of this nature, that his opinions entitle him to every respect, while his boldness and fearlessness in stepping forward to the relief of suffering humanity give him a claim upon our gratitude. The "Generative System, and its Functions in Health and Disease," is the title of another volume from the pen of the same talented author. This work has been written with a desire to alleviate much of the misery caused by imperfect knowledge of the function of the organs of reproduction. To those not familiar with this important subject, it is clear that definite information of a physiological character will be found of inestimable advantage, by supplying intelligent guidance in the conduct of sexual life, and to those we advise the perusal of so valuable a book. "Children, and their Treatment in Health and Disease," has been written by Dr. Beaney to aid mothers in the nurture of their children during the early years of their existence. In the minds of married women, and especially in young females, feelings of delicacy naturally exist, that prevent a full disclosure of their circumstances to their medical advisers. To meet this difficulty, as well as to counteract the ill-advised suggestions of ignorant persons, were the chief objects that induced the author to publish this little manual. It is a hand-book that should be found in every house where there are young children, and to those beyond the reach of surgical aid its value will be incalculable.

"Marlborough Press," March 5, 1872.

Some valuable additions have been made to medical literature by Dr. Jas. G. Beaney, surgeon, F.R.C.S., formerly Surgeon to the Melbourne Hospital and to Her Majesty's troops during the Crimean war. The titles of the books are—"Children: their Treatment in Health

and Disease ;" " Constitutional Syphilis, being an Illustration of the Disease in its Secondary and Tertiary Symptoms ;" and " The Generative System : its Functions in Health and Disease." The first of these works is a neat and handy volume, that should, from the valuable information it contains, be of immense value to the mothers of families ; it commences with the period of gestation, and ends with that of dentition. The second, " Constitutional Syphilis," is a work which should attract the notice of all men who study the welfare of themselves and their families, embracing as it does all the ailments of human kind, and pointing out the hidden cause of many a complaint which, if properly diagnosed, might be arrested ; those chapters relating to hereditary disease and the transmission of disease by vaccination we should think will be particularly interesting to professional men, and of more than ordinary interest to the lay reader. " The Generative System : its Functions in Health and Disease," is a work to be recommended to mankind generally, and to the younger portion of it particularly. Were the subject of which this tome treats more generally understood and explained to the rising generation, there is no doubt that posterity would benefit considerably from the information. Unfortunately, a feeling of delicacy has hitherto prevented most Englishmen from giving this subject the attention it deserves, and debarred many a youngster from obtaining a proper knowledge of nature's laws to guide him through the perils of his advent into life. We can strongly recommend these works to the attention of the public, and congratulate the author upon the successful termination of his arduous task in producing them.

"Melbourne Evening Herald," Nov. 22, 1872.

REVIEW.—CONSTITUTIONAL SYPHILIS, by J. G. Beaney.—Dr. Beaney comes again to the fore with one of his valuable contributions to the medical literature of the colony. The work just issued is one which must command great attention, both from members of the medical profession and from all those interested in the study of social ethics generally, as dealing with a subject which it has been too much the fashion to avoid, if not to ignore altogether. Nevertheless, the matters treated on are such as involve the highest consideration, as touching not only the welfare of the public individually, but also that of the State. The widespread devastations of the malignant disease on which the work treats are those which have created the utmost alarm amongst political economists and others who have studied the science of population for many years back, but which, from

their nature and causes, there has been an unwillingness, save in the instances of a few large-hearted men, to bring prominently under public notice. This is the more to be regretted, from the fact that this very reticence on the part of men whose duty it was, casting aside all morbid distaste, to have fearlessly dealt with the subject, has placed an improper power in the hands of a number of unconscientious and unscrupulous individuals, who were willing to gull the public to carry out their selfish end, and to entail a vast amount of misery and suffering on those unfortunate persons whose misfortune it was, from fear and lack of knowledge, to fall into their clutches. That a horde of human vampires of the class referred to have overspread the land is a fact so patent that no proof of the assertion is necessary. The public advertisements, the posters which disfigure our walls, and the handbills which are thrust into the hands of passers-by at every corner of our main streets, sufficiently attest the fact that the practices of these specialists have attained gigantic proportions in our midst; and to the reproach of the medical profession it must be stated that the great cause of this has been their disinclination to warn the public of the evil that was, like a moral cancer, gnawing at the very vitals of society. All honour, then, to the man who has the courage to step forward, and, in defiance of weak-minded cavillers—who, like the Pharisee of old, see their wounded brother lying helpless by the roadside and pass by on the other side—not only to assist the sufferer, but also to endeavour to arrest the ravages of the destroyer. Such has Dr. Beaney done in the work before us, which treats in a scientific yet sufficiently popular manner on the various diseases allied to and consequent on syphilitic poisoning of the blood, and on the terrible and widespread evils resulting from improper treatment. Not the least important and interesting part of the work is that treating on the transmission of disease by vaccination, a chapter which ought to receive the serious attention, not only of the medical practitioner, as being a *multum in parvo* of the subject, but also of persons of all classes. The manner in which the book has been printed, both as regards the letterpress and the engravings, is a credit to our colonial resources.

“Melbourne Express,” Nov. 26, 1872.

CONSTITUTIONAL SYPHILIS, by Dr. J. G. Beaney.—One of the most valuable additions to the medical literature of the colony has just been issued from the press in the form of the second edition of Dr. Beaney's work on syphilis, a disease whose protean forms have spread such terrible ravages in all parts of the world, and with whose arrest so few

eminent medical practitioners have had the courage boldly and publicly to grapple, from false delicacy, and a mistaken idea of their duty. The world has suffered long from this mock-modesty on the part of men who ought to take a higher stand in their important profession than to neglect or overlook this and similar scourges to which humanity is subject, simply because it may be considered by the outside public as an offensive disorder ; and the consequences have been very unfortunate for the public. It is to the men who have come courageously to the front and assailed the enemy in his stronghold—to such men as Ricord, Dupuytren, Cazenave, Lallemand, Godart, and others in France ; to Hunter, Astley Cooper, Bell, Erasmus Wilson, Paget, Acton, Barton, Parker, and Berkeley Hill in England, and to Beaney here—that the public owe a deep debt of gratitude. Notwithstanding all that may be objected by those of the rosewater class, who would rather ignore the existence of all such sad diseases—and, in fact, of all unpleasant things generally—than fearlessly meet the evil, which they cannot but be aware exists amongst all classes of society, and by their counsel mitigate and prevent these diseases and their causes, the author of this work must be commended for his labours. In the work before us Dr. Beaney has dealt with the subject in a trenchant and masterly manner, comprehending in terse and lucid language the causes, symptoms, and effects of the disease of which the book treats, and pointing out its dread effects as superinducing imbecility, insanity, epilepsy, paralysis, and other afflictions. The work contains 470 pages of letterpress, and twenty excellent illustrated plates, splendidly coloured. The work is, in truth, a most creditable specimen of typography.

“Mount Gambier Standard,” July 4, 1873.

THE GREAT SOCIAL DIFFICULTY.—It has been well and wisely said that the proper study of mankind is man. Yet how little do we know of the marvellous machinery of which we are constructed. Of how many prejudices are we not the victims, without being the least conscious of the fact ! The word “education” is on everybody’s lip, and yet in all that concerns physiological knowledge Englishmen as a body are woefully deficient. Where, and in what school, and by whom is this science taught ? Our young men may be able to understand something concerning the language that was spoken in the streets of Athens and of Rome 2000 years ago ; they may be well up in a few books of Euclid ; they may even be deep in the differential calculus ; but ask them to give you any practical information regarding the laws which regulate their health and affect their future happiness in life,

and the chances are fifty to one that you will find them as dumb as a drum with a hole in it. The victims of tradition, we travel on year after year on the same beaten track, without ever dreaming of the disease, and misery, and death which are daily and hourly warning us of the curse of ignorance. Any one, therefore, who comes to the front to rescue society from the ravages made by one of the foulest scourges the world has ever known, by pointing out our acknowledged evils, and directing attention to the best modes of remedying them, is worthy of the best thanks the community can bestow. To perform this service is the object of "Constitutional Syphilis," and other medical works bearing the name of the well-known Dr. James George Beaney, F.R.C.S., of Melbourne. The direful enemy of the race, of which the first-mentioned work exhaustively treats—to use the striking language of the *Westminster Review*—"pervades every rank of society; its traces may be discovered in almost every family; its protean and ever-changing forms are too numerous to be computed, and often elude detection by most experienced eyes; it attacks by preference the young and vigorous. It respects neither virtue, nor purity, nor innocence, which are alike defenceless against its indiscriminating and corrupting influences." Mr. David Blair, at the instance of the Government, has prepared a report upon the crying sin of the land, which amply bears out the imperative necessity of paying immediate attention to the awful results of the contagion which Dr. Beaney's book discloses. True, the subject is a delicate one—so delicate, indeed, that we cannot in the columns of an ordinary newspaper dwell upon its details; but that is no reason why the eyes of parents should be sealed against the sight of dangers which so tremendously affect those that are most near and most dear to them.

It will but skin and film the ulcerous place,
Whilst rank corruption mining all within
Infects unseen!

The scourge has increased, is increasing; and the light of day, of reason, and of common sense requires that it should be exposed in order that it may be remedied.

Be wise to-day; 'tis madness to defer—
"Procrastination is the thief of time."

"Newcastle Chronicle," Dec. 12, 1872.

REVIEW.—CONSTITUTIONAL SYPHILIS, by Dr. J. G. Beaney, F.R.C.S., 470 pp., crown octavo, with illustrations.—On looking over the pages of this work we felt convinced that disease of this kind is to be met with where its existence, in accordance with our preconceived ideas,

would not be for a moment suspected, even by its subjects. The disease not only being loathsome, but extremely contagious, demands as much attention on the part of society, in order to escape it, as the Jews did of old in order to avoid the contamination of leprosy. The instances related in the work before us of numerous ways in which it is communicated appear to demand a little more attention to its extremely contagious character than what is commonly supposed, and therefore the symptoms by which its progress is revealed should be more generally known. We shall content ourselves with noticing one, leaving the public and the medical profession to draw their own conclusions. In the preface the author says :—“It will be seen I have treated the question of the transmission of syphilis by vaccination with considerable freedom. This arises from the fact that my opinions thereon receive fuller confirmation daily from cases which come before me. It is a matter of great moment, and although it is said to admit of discussion, not being supported by all syphilographers, still my views are fixed, and I unhesitatingly affirm that more care on that ground should be taken in vaccination.” The author of this work, which is very well got up and handsomely bound, is not alone in this opinion ; some of the most respectable physicians with whom we are acquainted mentioned the same thing to ourselves. Vaccination, although a potent remedy against the small-pox, may be the means of spreading a scourge that once proved almost as terrible as that against which the Legislature is taking steps to prevent, by making vaccination compulsory. In addition to the able manner in which the subject is treated, there are several illustrations very well executed, presenting to the eye the appearances by which its existence is detected when communicated by vaccination, by inadvertent contact, or otherwise, such as the employment of wet nurses and servants performing domestic duties. After carefully reading this work, we have no hesitation in saying that it ought to have a place side by side with any other medical work with which we are acquainted.

“North-Eastern Ensign,” Dec. 3, 1872.

We have received for review a medical work by Dr. J. G. Beaney, F.R.C.S., on “Constitutional Syphilis.” Throughout the book the author evinces his intimate knowledge of the subject upon which he writes, and we cordially commend it to the profession, and to those sufferers who need advice. It embodies the practical experience of years, and the publication will be valued as a highly desirable addition to the medical works of the colony. It treats of the nature and diffusion of a frightful disease, more or less always prevalent amongst

a portion of our community. The book should direct public attention to the unfounded belief that the medical profession generally avoid cultivating practice in the particular class of diseases there treated on; and therefore the regular practitioner, who does not happen to belong to the class of professional advertisers, who play upon the fears of their unfortunate patients, should be regarded with confidence and respect. The work is well produced, elegantly printed, carefully bound, and artistically illustrated, and well deserves a high place amongst colonial productions.

“Ovens and Murray Advertiser,” Dec. 13, 1872.

Another valuable contribution to the medical literature of the colony has been furnished by Dr. Beaney, who has acquired a high reputation, both as a surgeon and a writer on a certain class of diseases, the existence of which it is the fashion to ignore. The subject dealt with by Dr. Beaney in this, his latest work—“Constitutional Syphilis”—is one that cannot be freely discussed in the columns of a newspaper, but it may be said that that gentleman has done good service in treating of a matter of the highest importance to the social, physical, and it may even be said the moral well-being of the community. By the publication of this work Dr. Beaney will confer a public benefit; in it he points out a way of escape to sufferers from the injuries on their constitution, and the frauds made on their purses by impudent charlatans. To such sufferers we advise a careful perusal of Dr. Beaney’s book, and to the profession generally we venture to commend it to consideration.

“Pastoral Times,” Deniliquin, N.S.W., Mar. 15, 1873.

We owe Dr. Beaney an apology for not noticing his new work ere this; but the demands on our space and time have, to a great extent, prevented us from earlier reviewing this book. Opinions are divided as to whether works of this kind ought not to be confined to the library of medical men—whether, in fact, such works have any good effect upon those who can only be terrified into a faithful observance of those laws that govern health. We are inclined even in this respect to pay some deference to Peter Pindar’s declaration of faith—

Man in inquisitiveness should be strong :
 From curiosity doth wisdom flow,
 For 'tis a maxim I've adopted long—
 The more a man inquires, the more he'll know.

And the more he knows of the insidious disease—the subject of the above treatise—the less inclined he will be to neglect precautions that

ought to be taken should he sin at all in this respect. Acting, we presume, upon the oft-quoted couplet of Pope's—

Vice is a monster of such hideous mien,
As to be hated needs but to be seen—

Dr. Beaney has, in his book, given the public evidence sufficient to satisfy the most sceptical in this important matter, for he warns all in a manner that is loathing in the extreme to the non-medical reader. That the terrible denunciation which was first recorded on Mount Sinai by the great Lawgiver of the Israelites was necessary is, unfortunately, seen in the present day. We have visitations of the sins of the fathers upon the children for many generations after the fathers had passed away, and in none more so than the disease above written on. It is said with confidence by medical jurists of repute that nearly all diseases—mental as well as physical—are more or less hereditary. Drunken parents beget drunken children, and any strong mental deformity is pretty sure to be transmitted to the offspring of such parents. It may not be in the first or even the second generation, but, sooner or later, the result is sure to follow. It is, we are assured, a *fixed* law, and to evade it is next to impossible. Doubtless, by a severe course of mental discipline, diseases of the brain may be softened down, if not totally eradicated; possibly it is so with bodily affections. Hope, at all events, inclines us to this conclusion. The divine paints sin in its strongest colours—he deals with it from a mental standpoint; and medical men like Dr. Beaney have this object in view in portraying the consequences of the besetting sin to which they invite attention. Viewed in this light, we do not object to this clever work, for it emanates from a man well calculated by his great practice to give the best advice. The book is objected to because, it is said, it tends to create a morbid and prurient desire in the minds of non-medical readers. Upon some of these it may have such an effect, while, on the other hand, it is not without its merit, in giving timely warning to those who need it. The Greeks of old had very methodical ways of frightening their children from sin. Drunkenness was then, as now, a most hideous disease—and we fear it will be so “while the world standeth”—so the Greeks made their slaves drunk in order to show how detestable they appeared in this condition; and if Dr. Beaney had, as we suppose he had, a like object in view in publishing his work, he is entitled to much credit for his sagacity and courage.

“Queanbeyan Age,” April 17, 1873.

LITERARY NOTICE.—Some time ago we received from the publisher a large, well printed, and handsomely bound octavo volume, whose

author is a well-known professional man, destined for many reasons to become eminent in his profession, but particularly for his wise and courageous determination to wrest from the hands of empirics a branch of the science of medicine which has unhappily not only been monopolised, but, as must needs be the case, wretchedly abused by men of their class. A host of our fellow-journalists—from the influential metropolitan dailies down to the humblest provincial sheet—have already favourably noticed the work of Dr. J. G. Beaney, to which we refer; and unsuited to popular discussion and frowned down by unjust and unwise prejudice, as the sorrowful subject treated of in this medical work is, we had long ago intended fully to review its pages, which to our mind possess in every line a melancholy interest, and invite the study and reflection not only of dissolute persons, and particularly of young men who in this respect stand in slippery places, but also of Christian teachers, philanthropists, and medical men everywhere. But although as yet we have neither found time nor room to notice this work as we heartily desire to do, we can no longer refrain from discharging a duty we owe to society by referring to its chief topics. It is idle, to our minds (distasteful as the subject may be to those who have not intelligently and impartially considered it), to argue the necessity that exists for extensively noticing the treatise now before us, just as it would be absurd to deny that the guilty or innocent victims of the insidious disease have a claim upon science and humanity for that relief it is in the power of their hands to bestow. We say “guilty or innocent,” because the social aspect of the evil is its most melancholy and distressing, and, we must add, most alarming feature. The guilty suffers the direct consequences of his transgression; but in this special vice we see illustrated that terrible result of a certain kind of rebellion against the law of God and man—“the sin of the fathers visited upon the children unto the third and fourth generation”—and the farther spread of the dreadful scourge beyond the limits of mere consanguinity. According to the author there are secondary and tertiary phases of the disease of which he treats, both the diagnosis and the cure; and it is these remote consequences which, developing themselves in innocent children and virtuous parents, are most to be dreaded, and to the presence of which, hidden in the system for generations, much human suffering is to be attributed rather than, as they are often erroneously ascribed, to maladies of more familiar name. The duties of social and civil life will continue, if we are to believe the author, to minister to the spread of the subtle virus, unless other professional men and men of science follow suit in rescuing from the grasp of the covetous and criminal charlatans the victims whose hope of health and

lengthened life lies in the intelligent and scientific treatment recommended by Dr. Beaney. In our opinion the most important portion of the book is that which points out the transmission of the disease by vaccination and wet nursing. Instructive as the letterpress pages are, a number of lithographic plates contained in the work add to its gloomy interest, by illustrating the ravages of the disease in all its phases. No medical man, legislator, philanthropist, father, or divine, should be without this work, which, though unsuited for general reading, may, by those holding these important stations in life, be read and studied with profit; and the knowledge obtained thereby would the better qualify them to discharge the duties they respectively owe to society.

“Riverine Herald,” Dec. 4, 1872.

PUBLICATIONS RECEIVED.—We have to acknowledge the receipt of Dr. Beaney's work on “Constitutional Syphilis.” The book is one that should not only be in the hands of the profession, but of almost every one throughout the colonies. It supplies a want that has long been felt in depicting the different phases of, and prescribing remedies for, one of the most hideous diseases to which sinful flesh is heir.

“Rockhampton Bulletin,” April 19, 1873.

We have received from the publisher a copy of one of Dr. J. G. Beaney's latest medical works, entitled “The Generative System.” The book is handsomely bound in cloth (gilt), and the letterpress and general “get up” of the volume reflect the highest credit on the establishment from whence it is issued. As to the merits of the work itself, we are precluded from saying more than that the subject is handled in a scientific and exhaustive manner, as would be expected from any medical work by the author. We have also received a pamphlet containing the opinions of the New South Wales press on Dr. Beaney's previous work on constitutional disease. The extracts, without exception, bear testimony to the high character and great value of the work; while the pamphlet, as regards the letterpress, &c., is one of the most beautiful specimens of printing we have seen in the colonies.

“Sandridge Reporter,” Dec. 14, 1872.

NEW MEDICAL WORK.—Amongst the medical books issued in Melbourne, hardly any reflect greater credit upon the author, Dr. James

George Beaney, Fellow of the Royal College of Surgeons, than his last work on "Constitutional Syphilis," being an illustration of the disease in its secondary and tertiary symptoms. The author has had great experience, having been Surgeon to the Melbourne Hospital, and was also especially employed to act medically to Her Majesty's troops during the Crimean war. It is illustrated with twenty coloured plates, and these reflect great credit upon those who so artistically designed them. Humanity has probably received, both physically and mentally, from non-scientific practice in this branch of medication more injury than any other. There is but one remedy against this evil, and it should be earnestly taken possession of by the whole profession. The frightful examples of consuming force in this dire malady which can be seen day by day in our hospitals as the direct result of illegal practice, are sufficient to draw upon this disease the special attention of all legitimate healers. We commend the book to those who need the advice of a duly qualified practitioner, and recommend them to increase their knowledge by the experience of so talented a man as Dr. J. G. Beaney.

"Seymour Express," Dec. 14, 1872.

It is a matter of satisfaction to the public that some medical men do not fear to grapple with a very delicate subject. Delicate it is, but still it affects a much greater portion of our community than is generally known. Dr. James George Beaney, Fellow of the Royal College of Surgeons, and previously Surgeon to Her Majesty's troops in the Crimean war, has issued a book on "Constitutional Syphilis," and it may be honestly said he has fairly exhausted the subject. He quotes from eminent authorities, but his own experience is quite sufficient to entitle him to the greatest consideration. The book is not only well bound and printed, but the twenty lithographic plates would reflect credit on any publisher in the world.

"St. Arnaud Mercury," Dec. 14, 1872.

"Vis bonus est quis qui consultat patrem qui leges juraque servat."—Beaney, by the publication of his book on "Constitutional Syphilis," has show his desire to aid suffering humanity, and assist those who require advice from duly qualified medical practitioners. It is a matter of congratulation that a Fellow of the Royal College of Surgeons is fearless enough to grasp a subject that few professional men have

courage to tackle. The work is exhaustive, scientific, and excessively clever, and evidently written by a master-hand. We recommend the book with confidence to those who need thoroughly dependable advice, and to the medical profession generally a careful perusal of it will be attended with beneficial results.

“Sydney Mail,” Dec. 14, 1872.

NEW BOOKS.—The fearful miseries which result from syphilitic infection, and the anguish following in its train through successive generations, have given it high rank among those evils with which not only medical scientists, but politicians and the philanthropic social reformer, have to grapple. It is questionable, in spite of the great advances recently made in medical science, and the exertions constantly tending to better the conditions of social life, whether this disease has not been gaining ground. If such be the case, it has not been so much for want of earnestness among the professors of medicine, or zeal in investigating its character and seeking means of eradication, as to so many victims submitting themselves to maltreatment by quacks, or in other ways giving the virus time thoroughly to permeate and corrupt the body. Too well known as it is that there are in every town unprincipled extortioners shamelessly flaunting their specifics, or covering the walls with announcements of their skill in the treatment of this disease—men thoroughly incapable of dealing with it, and whose dupes are systematically despoiled in person and in pocket—it becomes an almost gratifying duty to announce the publication of a new and able work on the subject by an author whose position and experience afford a guarantee that his writings are of sterling worth. It is entitled “Constitutional Syphilis,” by Dr. Jas. George Beaney, F.R.C.S. Dr. Beaney, who was formerly Surgeon to the Melbourne Hospital, and to Her Majesty’s troops during the Crimean war, has devoted special study to syphilis in a school that for many years has given the best opportunities for observation and treatment. This was in one of the hospitals of Paris, to which the learned Ricord was the surgeon-in-chief, and to that celebrated professor Dr. Beaney dedicates his work, deeming it, as he says, the highest honour his medical career has conferred on him to have listened to the teachings and enjoyed the friendship of so great a master. The book, which is exceedingly well printed, and also admirably illustrated, has eight chapters devoted to the diagnosis of the disease in its various forms, and as affecting the different tissues and organs of the human frame. In the remaining two chapters the communication of the disease, its hereditary nature, and the therapeutics of syphilis are dealt with. The book, though written in a

style suited to the scientific nature of its subject, is not so technical as to be beyond the intelligence of laymen ; and should any of these, curious to know something of the ills to which syphilised flesh is heir, take a look into the first half of the book only, they cannot but feel impressed with the grievous forms in which the disease appears. The concluding part is a digest of the various agencies which have been resorted to for a remedy, and shows how obstinate an enemy has to be combated.

Tasmanian "Cornwall Chronicle," Dec. 4, 1872.

REVIEW.—CONSTITUTIONAL SYPHILIS, by Dr. J. G. Beaney, F.R.C.S., Melbourne.—This is a work evidently written by a man who has not only studied deeply the writings of the comparatively few men of eminence who have published their medical experience, their treatment and opinions respecting this most abhorrent of all diseases, but he has also added to it the knowledge he has acquired by long practice in the Melbourne Hospital, and has thus become peculiarly fitted to master or alleviate the ravages of the worst forms the terrible disease takes in these colonies. This volume treats of the disease and its appearance, as diseases of the skin, eye, ear, heart, bones, joints, and muscles ; of its attacks on the brain, spinal cord, lungs, air passages, digestive organs, &c. Misery in life, and lingering death, have been caused by ignoring the fact that this dread foe to the human race may not be communicated directly, but be hereditary ; and many from pure delicacy suffer the disease to obtain the mastery before applying for medical aid. The *Westminster Review* of July, 1869, remarks :—" It pervades every rank of society ; its traces may be discovered in almost every family ; its protean and ever-changing forms are too numerous to be computed, and often elude detection by most experienced eyes ; it attacks by preference the young and vigorous. It respects neither virtue, nor purity, nor innocence, which are alike defenceless against its indiscriminating and corrupting influences." Every new medical champion who has the moral courage and the acquired knowledge to assail this relentless enemy to his species, should be regarded as another benefactor to his race. In the volume before us Dr. Beaney has arranged his views and experience in a compendious and clear form. The subject of the book is offensive, and is ignored to a large extent even by the profession, and those men who have the courage to devote their time and talents to combat so vile an enemy deserve the more honour. The volume is a beautiful specimen of typography, containing 470 pages of letterpress and twenty highly finished coloured illustrations.

Tasmanian "Cornwall Chronicle," Dec. 4, 1872.

"THE GENERATIVE SYSTEM, and its Functions in Health and Disease."—This work is a valuable addition to that class of medical literature, which has through false delicacy been neglected by medical men of standing and position, and therefore used and abused by charlatans. This volume contains 326 pages, and forms a suitable companion to the other work. Parents will find most valuable information in it, which may aid them in rearing up a family in a healthy state, when without such knowledge they might see their children perish without ever suspecting the cause.

"Tenterfield Star," Sept. 4, 1873.

NEW MEDICAL PUBLICATIONS.—"Children: their Management in Health and Disease;" "The Generative Organs: their Functions in Health and Disease;" "Constitutional Syphilis: a practical illustration of the disease in its secondary and tertiary phases." The above are the titles of three exceedingly well-printed and bound volumes, by Dr. James George Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital, Victoria, and to Her Majesty's troops at the Crimea. The first mentioned is essentially a book for mothers and nurses; it treats of the various ailments and difficulties which occur with both mother and offspring from the time of gestation to that of dentition, and contains a large amount of advice that should be useful at those periods. The second is a work somewhat difficult to describe; suffice it to say that it explains to the readers the peculiarities of anatomy, and of the laws which govern the functions of both sexes, and the evils that arise out of any deviation from a moral and proper life. It is a work treating on a subject that everybody would be the better for understanding. The last mentioned, which is well illustrated with twenty coloured lithograph plates, goes deeply into a subject that is of vital import to all classes, more particularly those who have the care and education of the young people. In itself the subject is a nasty one—so we may say are many other troublesome diseases to which the human system is liable—but they cannot on that account be left to take care of themselves. Dr. Beaney, who is evidently well versed with this disease in all its phases, and well acquainted with the speediest and most effectual means of arresting its destructive power, is a pupil of the great Dr. Ricord, to whom he dedicates his work. He attacks the question boldly and freely, writes strongly upon the

large amount of evil done by advertising quacks, and strongly recommends their being shunned, and respectable surgeons consulted in their stead. These volumes are bound to perform their mission, and give relief to some portion of suffering humanity.

“Tasmanian,” Dec. 9, 1872.

REVIEW.—CONSTITUTIONAL SYPHILIS, by Dr. James George Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital and to Her Majesty's troops during the Crimean war.—Under the above title Dr. Beaney, the author of many valuable surgical works, has dealt with a subject which probably is more deserving of attention than any other of the contagious diseases to which humanity is liable. It has been too much the custom with medical men to ignore a certain class of diseases, and the consequence has been that sufferers have been driven to consult one or other of the impudent charlatans, who are as ignorant of the diagnosis of the case as of the treatment of it. Dr. Beaney was a pupil of the celebrated French physician, Ricord, and to him he dedicates his book, eulogising him as “the great and distinguished syphilographer who had the boldness and skill to first open up an untrodden, but to humanity a most important path of medical investigation, and to whose eminent leadership the medical profession throughout the civilised world owes so much—who has stimulated the master minds of the several schools to follow him in his benevolent efforts to release humanity as far as possible from one of its greatest scourges.” The writer is of opinion that the time has arrived when the leaders of the profession have felt it to be their duty to address themselves with more earnestness to the consideration of that class of diseases which form the subject of this work, and urges upon the members of it in these colonies to observe their phenomena, and show that they are not less prepared than their European *confrères* to combat successfully this terrible malady. The present work treats in a masterly manner all phases of the disease, with reports of cases which have come under the author's own observation, its medical treatment, its transmission by vaccination, &c., &c.; and it is enriched by quotations from the writings of some of the most eminent men of the past and present age. The illustrations of the protean forms which the disease assumes are skilfully drawn, and of themselves should be powerful deterrents to the commission of those irregularities which result in its germs being engendered in the human frame. In fact, the work is valuable to the community generally as well as to medical men; and, moreover, it is got up in a manner which is most creditable.

“Tasmanian Tribune,” Dec. 9, 1872.

REVIEW.—CONSTITUTIONAL SYPHILIS, by Dr. James George Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital and to Her Majesty's troops during the Crimean war.—It has been too much the custom with medical men to ignore a certain class of diseases, and the consequence has been that sufferers have been driven to consult one or other of the impudent charlatans, who are as ignorant of the diagnosis of the case as of the treatment of it. Dr. Beaney was a pupil of the celebrated French physician, Ricord, and to him he dedicates his book, eulogising him as “the great and distinguished syphilographer who had the boldness and skill first to open up an untrodden, but to humanity a most important path of medical investigation, and to whose eminent leadership the medical profession throughout the civilised world owes so much.” The present work treats in a masterly manner all phases of the disease, with reports of cases which have come under the author's own observation; its medical treatment; its transmission by vaccination, &c., &c.; and it is enriched by quotations from the writings of some of the most eminent men of the past and present age.

“Telegraph,” Melbourne, Nov. 18, 1872.

Dr. J. G. Beaney has made a further valuable contribution to medical literature, in a department where he has been a labourer before. The subject, as the title, “Constitutional Syphilis,” indicates, is not one on which a reviewer can enlarge in a paper for general reading. It must be sufficient to say that the work deals thoroughly with this disease, the most mysterious in its origin, and the most disastrous in its effects, as yet known to man—which fills our hospitals and our asylums more than drink itself, and has destroyed more races, as in Polynesia and New Zealand, than any of the former “scourges of God,” Attila and small-pox included. It is impossible to avoid the reflection that if a knowledge of the curse were more widely spread, if our youth learnt a little more living physiology in lieu of geometry or dead languages, we should probably rear a more virtuous and a more vigorous race. Apart from these considerations, there are chapters in the book with regard to vaccination which have a pressing and a painful interest. In view of the quoted facts, it is not too much to expect that every doctor should be most rigid in his precautions with regard to the purity of the vaccine matter he employs.

“Thames Advertiser,” Shortland, N.Z., Mar. 12, 1873.

We have received from the publisher three extremely fine specimens of the printing and binding art—viz., “Constitutional Syphilis,” being a practical illustration of the disease in its secondary and tertiary phases, a handsome octavo volume of 470 pages, illustrated by twenty beautifully executed lithographic plates; “The Generative System: its Functions in Health and Disease;” and “Children: their Treatment in Health and Disease.” All three works are by a gentleman of some considerable renown in his profession, Dr. Jas. G. Beaney, F.R.C.S. (formerly Surgeon to the Melbourne Hospital and to Her Majesty’s troops during the Crimean war), whose name is sufficient guarantee for the value of the publications. The volume on “Children, and their Treatment,” is designed for the use of mothers and others having the charge of infant life. It commences with a chapter on gestation, and the proper treatment of the future mother at that important period of her life, and passes on to the various dangers to infancy up to the time of dentition. Dr. Beaney devotes some 260 pages to his subject, and has appended an excellent index. It is well and tersely written, and should be in the hands of every mother, especially those at a distance from medical aid. “The Generative System: its Functions in Health and Disease,” treats of a subject that deserves great and serious attention; that it is a delicate subject to discuss is unquestionable, and one that must be broached carefully, and the matter deserves consideration. The how and when to make use of the valuable information to be found in its pages must be the task of the parent or mental director of the child to find out. The third and largest of the volumes, “Constitutional Syphilis,” is on a disease that may be ranked amongst the most dreadful that humanity suffers from; its victims are to be found in every grade. Dr. Beaney has evidently had great experience in this class of practice; he quotes cases innumerable, and acknowledges the great assistance he has received from the works of P. Ricord (the world-renowned French syphilographer, whose pupil he was), Lallemand, Hunter, Hill, and many other eminent practitioners. The whole series is well worth the attention of all thinking men.

“Timaru Herald,” Feb. 17, 1873.

MEDICAL WORKS.—By the courtesy of the publisher we are in receipt of some valuable medical publications by Dr. Beaney, F.R.C.S., a Melbourne surgeon of considerable repute, and formerly Surgeon to the Melbourne Hospital. They are “Constitutional Syphilis,” being

an illustration of the disease in its secondary and tertiary forms ; “The Generative System : its Functions in Health and Disease ;” and “Children : their Treatment in Health and Disease.” The first of these treats of syphilis as handed from generation to generation, until it becomes an hereditary disease, having been transmitted into the system in the first instance by vaccination or otherwise. It is a voluminous volume, of some 470 pages, beautifully illustrated by twenty coloured lithographs, and thoroughly exhausts the subject, showing that the author—who is a pupil of Ricord and other great European syphilographers—has made the subject his special study for years. The author very sensibly opens up the question of the general practitioner shunning (or very often being erroneously supposed to shun) cases of this description, and by so doing thrusting as it were the unfortunate patient into the hands of the unprincipled quack and charlatan. Altogether it is a book well worth perusing by all philanthropists and thinking men. “The Generative System” is essentially a book of information to be read by all whose education in respect to anatomy and natural laws has been neglected ; were this a more common study, humankind would have less cause to complain of its neighbour, and many family troubles would never arise. The third work, that on “Children, and their Ailments,” is a volume to place in every woman’s hands, especially in those of mothers and of newly-married women, particularly where medical aid is distant ; it is full of good, wholesome, understandable advice both to mother and nurse ; and conveys information as to treatment of both mother and infant that would be profitable to many a married man and many a nurse, as well as directing a mother the right way to preserve and succour her offspring without that constantly occurring annoyance of having to take advice as to what she shall do when her children are suffering from what appears to be some dangerous illness, while in reality they are simply suffering from a want of common knowledge (on the part of their parents) of nature’s laws. The books are well printed, very readable, and creditable alike to author and publisher.

“Wagga Wagga Advertiser,” Dec. 7, 1872.

A MEDICAL WORK.—We received, by last post, copy of a new medical work by Dr. J. G. Beaney, of Melbourne, which in point of printing and general get-up equals anything of the kind that issues from the English press. The subject is one to which we cannot specially refer, or at least comment on. The work treats of that terrible disease which is the recognised Nemesis of vice and indiscre-

tion, and in the hands of so skilled a surgeon as Dr. Beaney we have no doubt the subject is exhaustively and scientifically treated. The book contains nearly 500 pages of letterpress, and is embellished with about twenty coloured plates, which for accuracy of drawing and artistic finish are, we think, not to be surpassed.

“Walhalla Chronicle,” Jan. 4, 1873.

NEW BOOKS.—Two new works by Dr. Beaney have just been issued. They are, although equally valuable in character, considerably different in the nature of the subjects with which they deal. The smaller, but by far the most popular one, is a handy book of 253 pages devoted to the management of children in health and disease; and, dealing, as it does, with all the ills that betide little folks, from the time of birth to that of teething, in a clear, straightforward, and plain manner, it cannot fail to command a large sale all over the colony, and the more particularly as it dwells at some length upon the class of infantine diseases to which Australian children are subject. To mothers, and women about to become mothers, the book is invaluable, and ought to be in the hands of every married woman and nurse in the colonies. The price, too, is, for the amount of valuable information presented, scarcely worth consideration, being only half-a-crown. The other work, by the same author, is of a more scientific character, and one more suited to professional men, although general readers may peruse it and greatly profit thereby. It treats on the generative system in health and disease. Dr. Beaney is rapidly establishing that reputation for himself as an author which he has already attained as a surgeon.

“Wangaratta Dispatch,” Dec. 14, 1872.

NEW WORK.—How few know the sufferings of many from constitutional syphilis. Dr. James George Beaney, Fellow of the Royal College of Surgeons, formerly Surgeon to the Melbourne Hospital, and expressly engaged to act as medical adviser to Her Majesty's troops in the Crimean war, has had the boldness to grasp the terrible subject; he treats it in the most exhaustive and scientific manner, pointing out clearly the advantage of having the advice of a duly qualified medical practitioner. To those who suffer from this fearful malady we strongly recommend a careful perusal of Dr. Beaney's last and most scientific work.

“Cumberland Mercury,” Sept. 6, 1873.

NEW MEDICAL PUBLICATIONS.—We are indebted to the publisher for the volumes entitled respectively, “Children : their Management in Health and Disease,” “The Generative System : its Functions in Health and Disease,” “Constitutional Syphilis in its Secondary and Tertiary Forms,” by Dr. James George Beaney, F.R.C.S., formerly surgeon to the Melbourne Hospital and to Her Majesty’s troops during the Crimean war. As we have ranked the books so should they be read ; for, although so different in titles, the one is the sequel to the other. “Children : their Management,” &c., treats of all the ills that children and mothers are subject to from the time of gestation to that of dentition ; “The Generative System” of the many, very many, natural and fearful ills that beset the path of the young man and young woman ; “Constitutional Syphilis” shows the direful results of disobedience of nature’s laws and unbridled dissipation, and exposes the villainy of the quacks who prey upon the unfortunates who, from motives of false delicacy, rush to them instead of to respectable medical men. Taken together, these three volumes form a library of such knowledge as every man and woman would be the better, both in health and mind, for having. They are exceedingly well printed, illustrated, and bound, and reflect considerable credit upon the publisher. As for the author, he must look for the reward he so well deserves for his exertions on behalf of suffering humanity in an extensive sale of his books and the immortalisation of his name thereby.

“Weekly Leader,” Hokitika, N.Z., Feb. 20, 1873.

Few medical men have made the subject of syphilis a deep and earnest study. A morbid feeling of delicacy would seem to cause them to shun writing on a disease that has prostrated thousands, and brought hundreds to a premature grave. Yet the many sufferers from this malady need reliable advice, but hesitate, simply from fear and nervousness, to place themselves under the care of those alone qualified to deal with cases of this nature. They would rather waste their money on uneducated and ignorant quacks than consult those who alone are competent to effect a cure. It is, therefore, a matter of sincere congratulation to note that Dr. Beaney, F.R.C.S., formerly Surgeon to the Melbourne Hospital and to Her Majesty’s troops in the Crimea, has come to the rescue of these victims of misplaced confidence by the

publication of a valuable and scientific work on "Constitutional Syphilis," in its secondary and tertiary phases. It treats in a popular form of the nature and diffusion of a frightful disorder, unhappily but too well known, and always more or less prevalent among a large or settled population. The book is designed to direct public attention to the widespread, but unfounded belief, that the faculty avoid cultivating practice in the particular class of diseases therein dealt with, and that, therefore, the regular practitioner who does not happen to belong to the class of professional advertisers (who play upon the fears of their unfortunate patients) is but imperfectly acquainted with the best methods of treatment. With this object in view the author, in a series of chapters, enlarges upon syphilitic diseases of the skin and appendages; of the brain and spinal cord; of the eye and ear; of the heart and blood-vessels; of the lungs and air-passages; of the digestive organs; of the bones, joints, and muscles; and of the urinary and reproductive organs. The writer concludes his volume by a dissertation on communicated and hereditary syphilis, and a treatise on the general therapeutics of syphilis. Dr. Beaney quotes from Ricord (under whom he studied), Lallemand, Acton, and other eminent syphilographers, in confirmation of the correctness of his opinions; and refers with pride to the fact that Hunter, Astley Cooper, Erasmus Wilson, Paget, and other men of world-wide reputation have not deemed it derogatory to devote much time and deep attention to the investigation of venereal disease. The book will be found to be of vast importance to the non-professional reader, as the information it contains is conveyed with sufficient clearness to be perfectly intelligible to any one of ordinary capacity. We have now to notice another work by Dr. Beaney, entitled "The Generative System," and its functions in health and disease. It is divided into two parts; the first having reference to the generative organs and their functions in their normal condition, and the second dealing with the generative organs and their functions in abnormal conditions. The nature of the subject selected prohibits lengthy criticism, but the high position attained by the author in his profession is a sufficient proof of the ability displayed in the treating of this important subject. "Children in Health and Disease," from the pen of the same indefatigable author, has been written in the hope that attention to its contents may cause a diminution in the rate of mortality that exists amongst our population between the ages of one and five years. To mothers this handbook will be invaluable; for it gives them simple though sound advice as to the treatment that may with safety be adopted whenever their infants should be attacked by any of those ailments to which childhood is so liable. It deserves and should command a very extensive circulation.

“West Coast Times and Advertiser,” Feb. 14, 1873.

“Children : their Treatment in Health and Disease,” 12mo ; “The Generative System, and its Functions in Health and Disease,” octavo ; and “Constitutional Syphilis,” illustrated, octavo, by Dr. James G. Beaney, F.R.C.S., Surgeon to the Melbourne Hospital, are the titles of three handsomely printed and bound volumes, forwarded to us by the publisher. The first mentioned is a work that appeals directly to the mother and those likely to become mothers. It treats of infancy from the period of gestation to that of dentition, and is full of valuable information and hints as to the management both of parent and child. Every woman about to marry should possess a copy. “The Generative System” is a tersely written, instructive, and readable volume, and treats of subjects which, although of an extremely delicate nature, should be understood by all young people of a certain age, especially by young men. “Constitutional Syphilis,” as the title implies, treats of a disease that causes more misery in the world than most persons are aware of—a disease that is ever present in some shape or form, and unfortunately too often existent in the constitutions of the most virtuous. To be understood, this book must be read. It is well illustrated and well written, and the chapters relating to hereditary and transmitted disease by vaccination are, in themselves, matters of serious consideration. Dr. Beaney certainly deserves great credit for giving so much of his valuable time to the publishing of the great and valuable knowledge he has acquired in these particular branches of the practice of medicine, and bursting through the barrier of false delicacy which generally surrounds these subjects for the benefit of humanity at large.

“Western Independent,” Bathurst, Aug. 29, 1873.

CONSTITUTIONAL SYPHILIS, BY DR. JAMES G. BEANEY, F.R.C.S.—We have received from the publishers a copy of this work by Dr. Beaney. It is handsomely got up, and exceedingly well illustrated ; but we are by no means of opinion that for those reasons it is a nice book to lay upon the drawingroom table, or read by the parlour fire. Some time since we refused an advertisement setting forth the beauties of the work, because we do not think the columns—even the advertising columns—of a newspaper a fit place in which to set forth the necessity of reading works of the kind—at least in language such as the advertisement is couched in. Still, we believe that Dr. Beaney’s work *should* be read, that it should be found in every library, and that all adults should have access to it, if they do not possess a copy of it. We also are of opinion that Dr. Beaney deserves the thanks of the

community for grasping fearlessly and courageously this subject, and overcoming the barrier of prudery and mistaken delicacy that has hindered many able men from giving their earnest attention to the alleviation of suffering by thousands of their fellow-creatures. Syphilis, in its multifarious stages and forms, is the most interesting branch of medical social science. Dr. Diday says of it:—"It remains always pure and scientific despite the contact of charlatanism and speculation; and I ask, does it not enjoy a kind of privilege (shall I say it, notwithstanding its origin?) which distinguishes it, and raises it above all other specialities?" The rosewater class of medicos regard this fell disease—which is often communicated by innocent contact, even incurred by helpless babes through vaccination—as an offence, and the sufferers as criminals; but large-hearted men, of whom, on the Continent of Europe, there are many scores, have taken, thank goodness, a higher stand-point, and are wresting from the hands of vile charlatans and quacks the miserable victims to the disease and to a morbid sensitiveness with regard to applying to their medical advisers for treatment. Dr. Beaney has treated his subject with care, and, while always preserving his dignity and ensuring the respect of his reader, has cast to the winds all prudery that would militate against the thorough exposure he seeks for his experience and diagnosis. Of course the full consideration of a work like this is out of the range of newspaper criticism; but we must own that we read with a melancholy interest the plausible and apparently incontrovertible assertion that syphilis, with all its dread attendant horrors, is transmitted by vaccination. What care is demanded from our public vaccinators, and how much a man deserves our thanks for making the fact widely known. The book is well written, technicalities are in a measure avoided, and laymen can easily understand it. Medical men should decidedly read it, for too many of them are as ignorant of the great causes and best cures of the disease as the simplest tyro, through the false delicacy we have pointed out. Those who read it, expecting to find something to gratify a morbid craving for the indelicate and prurient, will be disappointed. It gives an awful warning to the dissolute; it is an example, but not a pattern. The work contains 470 pages, and is a credit to the typographers, artists, and publishers, as well as the author.

"Yass Courier," Dec. 10, 1872.

NEW MEDICAL WORK.—We have received by post a copy of a medical work on a subject which we cannot pointedly refer to in these columns. Its author is Dr. Beaney, of Melbourne, who has written

many valuable books in connection with his profession, and the one just received we have no doubt will be prized by medical men for its lucidity, as well as for its very able treatment of a very prevalent class of disease. We make one short extract—omitting a word here and there—which possesses interest to parents:—“I now approach a question which will, I am aware, meet with considerable criticism, and one that has already been the cause of earnest and prolonged discussion; and I at once announce at the outset my firm belief that [disease] is in very many instances communicated by means of ‘child’s vaccine lymph.’ This opinion I have deliberately formed, and as firmly defend. The evidences of such being the case have, in my practice, been numerous and well pronounced; so distinct, indeed, that no doubt whatever could exist as to the nature of the eruptions and the certainty of transmission. Many of my medical *confrères* in Melbourne hold an opposite opinion; but notwithstanding the respect in which I hold most of them, I am compelled, in the interests of truth, science, and the common weal, to differ *in toto* from the commonly received opinion; and alone, if necessary, I am prepared to stand out in defence of the statement as to the possibility of transmitting [disease] by means of vaccination.” The volume is most excellently printed and bound, and there are some twenty well-executed coloured plates.

Melbourne “Australasian,” May 7, 1870.

A work upon a subject which is equally repulsive and important, has just been published from the pen of Dr. J. G. Beaney, F.R.C.S. Its appearance is opportune, on account of the discussions which have arisen in the mother country with respect to the Contagious Diseases Prevention Act, the application of a similar measure to which, in other parts of Her Majesty’s dominions, will soon occupy the further attention in such other portions of the empire. Dr. Beaney treats the hideous malady in a most exhaustive manner, showing the subtlety, the virulence, and the far-reaching consequences of its operation, revealing with sufficient clearness to the non-professional reader the terrible nature of the secondary and tertiary phases of the disease, and explaining the premonitory symptoms. It is to be regretted that the warnings contained in a work of this kind could not be conveyed in a simple, intelligible, and impressive form to all young men on entering life, for the prevention or counteraction of one of the deadliest scourges of the human race, and one of the remote causes of physical maladies and mental sufferings innumerable.

Melbourne "Daily Telegraph," Feb. 7, 1870.

Some short time since Dr. J. G. Beaney, surgeon, of Collins-street, gave to the public a work founded on the practical experience of years, on the subject of a disease unfortunately too well known. It is an inquiry which can only be approached by laymen in a limited degree, but it is almost the duty of the medical profession to make some effort towards discovering whether or no Dr. Beaney is right in his theory, and, if so, whether any means can be found of avoiding the danger he points out. The ignoring the existence of unpleasant things is, of course, the more agreeable mode of dealing with them, but experience shows that it is scarcely the wiser.

Melbourne "Herald," March 1, 1870.

In a medical work recently published by Dr. Beaney, of Collins-street, an interesting theory is started respecting the transmission of diseases, more especially by means of vaccination in cases where the pus is taken from human beings. The writer devotes a chapter to the discussion of this theory, and maintains that within his own knowledge many serious cases of hereditary diseases have been transmitted solely from this practice of vaccination; and strongly advocates the same system being adopted as is at present in operation in Belgium, Italy, and France—that is, only using lymph from the animal. The question is one well worthy of consideration by the medical practitioners of this city, and some valuable particulars would, no doubt, be elicited in a discussion of the question. If the facts are as stated by Dr. Beaney, he deserves the thanks of the community for drawing the attention of the faculty to the matter.

"Prahnan Telegraph," April 2, 1870.

BEANEY ON SYPHILIS.—The class of diseases of which this book treats is one which offers considerable difficulty to either author or reviewer who desires to avoid the charge of indelicacy. Consequently, the consideration of them has too often been left to the quack, who, devoid of conscience, thinking only of gain, and reckless of consequences, has daringly "rushed in where angels fear to tread," and thereby, in too many instances, aggravated and intensified the evil he professed to cure. True as it is that the victims of venereal disorders have generally—not always—their own folly to thank for what they suffer, that is no reason why proper treatment should be denied them. We are therefore glad that Dr. Beaney, a Melbourne surgeon of

established reputation, has had the courage to grapple with this subject, and by the publication of this work, point out a way of escape to sufferers from the injuries on their constitution and the drain made on their purse by impudent charlatans. To such sufferers we commend a perusal of Dr. Beaney's volume. There is one chapter in the book—the twelfth—which is deserving, however, of a much more extended perusal. In it Dr. Beaney argues, and to our thinking with conclusive force, that many forms of syphilitic disease are conveyed by vaccination. This is a horrible revelation, if true; and after reading what our author says on the subject, we do not see how its truth can be questioned. If our pity is given to those who are to a certain extent the voluntary victims of syphilis in one or other of its protean forms, how deeply must we sympathise with those who are innocently made to suffer from "this scourge of humanity." The remedy Dr. Beaney points out for this alarming state of things is, that no lymph should be used for vaccination but what has been obtained direct from the cow. This sounds very reasonable; and as vaccination is compulsory by law, we certainly think this question should be speedily settled, so that if the theory propounded by our author is proved to be true, it should be compulsory on vaccinators to use no lymph that has been taken from the human being. If this is not done parents will, at all risks, refuse to allow their offspring to be vaccinated. Already some have done so. For our own part we are free to confess, though submitting our children to the operation, that for years we have had doubts as to whether it was right to do so. Small-pox is to be dreaded, but if we can only purchase immunity from it by subjecting the rising generation to the danger of being impregnated with worse diseases, we shall scarcely hesitate which evil to choose. We should like to see this chapter of Mr. Beaney's book reprinted by itself, and a copy of it in the hands of every father of a family. We cannot conclude without a special commendation of the manner in which this work is got up. It is printed and bound in a style equal to anything of its class that could be turned out of London; while the illustrative plates, of which there are fifteen, are, though repulsive in themselves, beautiful specimens of chromo-lithographic art.

"Ararat and Pleasant Creek Advertiser," March 12,
1870.

A book has recently issued from the Melbourne press, emanating from the pen of Dr. Beaney, which treats of several terrible diseases in a popular manner, and illustrates the superficial appearance of the body, while subject to their influence, by a number of elaborately

executed and skilfully coloured engravings. We should imagine that this volume will be very useful to medical men ; but one subject to which Dr. Beaney devotes a portion of the work should be carefully considered by all—it is that of vaccination. The arguments he adduces to show that fearful hereditary diseases are communicated to children by vaccination are numerous. The lymph used for inoculating purposes should, he avers, be taken direct from the animal. If such is really the fact, and Dr. Beaney's arguments go to prove it, medical men and parents ought to be particularly careful.

“Jamieson and Wood's Point Chronicle,” Feb. 12, 1870.

Dr. Beaney, of Melbourne, has lately published a medical work which is, we believe, the first of its kind in this colony, being specially devoted to a class of diseases, the discussion of which, except amongst the faculty, has been avoided. The work now before us shows that its author has made this branch of the medical profession his particular study, and the experience and deductions of a number of years' careful study of numerous cases is collected in its pages, in a condensed and easily accessible form.

“Alexandra Times,” Feb. 25, 1870.

It will be seen by advertisement in another column that Dr. Beaney, of Collins-street, Melbourne, has published a valuable work on the treatment of diseases that strike at the root of the human system, which, by slow and imperceptible degrees, destroy the vital organs, and bring thousands every year to an early grave. The book is calculated to confer immense benefit on mankind.

“Portland Guardian,” Feb. 24, 1870.

SYPHILIS.—We have to acknowledge receipt of Dr. Beaney's book, published recently, on this subject, embodying the practical experience of years. The work will be found a valuable contribution, from a scientific point of view, to professional men. The theory discussed in the twelfth chapter of the danger to be apprehended in the vaccination of children with the lymph taken from the bodies of other children suffering from hereditary syphilis or other diseases, involves so much danger to the public that the attention of medical men and the Government should be at once directed to the question.

“The Hampden Guardian,” May 27, 1870.

Dr. James George Beaney, of Melbourne, has recently issued from the press “a treatise” on what the author describes as “the protean forms of syphilis.” The work in question appears, however, to be of a more pretentious character than the author describes it, and contains matter interesting to the professional mind, and at the same time not unintelligible to the layman. The subject-matter of the book is hardly of a kind to afford free scope for criticism, except in the pages of a journal exclusively devoted to medical science. Nevertheless, the startling theory advanced by Dr. Beaney in the twelfth chapter of his book is worthy of a careful perusal, and more than a passing thought in the community. In this chapter the author asserts his “firm belief that syphilis is in many instances communicated by means of child’s vaccine lymph.” Such an astounding assertion ought not to remain unrefuted if false, or prompt legislative measures should be taken to remedy the evil if it is proved to be true. The book contains some few illustrations, which, no doubt, are valuable to the professional readers, but can hardly do more than point a moral to the non-medical eye.

“Pleasant Creek Chronicle,” May 27, 1870.

Dr. Beaney, of Collins-street, Melbourne, has lately published a medical book on syphilis, containing the results of a professional experience gathered during many years’ practice in various parts of the world, and among a variety of patients in all positions of the social scale. The book is valuable in many respects, and all the more so from the practical manner in which the subject is treated, narrative of individual cases, comment, and practical suggestions being intelligently intermingled.

“Australian School Review,” Sept., 1873.

Of Dr. Beaney’s work, “The Generative System,” it may be honestly said that were it a subject-matter more generally known, many moral and social benefits would be the result to the human race. Physiology is a branch of science “tabooed” by mock modesty. But the neglect is terribly avenged by the slighted study. The *spretæ injuria formæ* has [in this instance of physiology] reared a brood of ills which it is fearful to contemplate. A sound knowledge of the leading tenets of physiology is indispensable to the principal of a boarding-school. We

entirely agree with Dr. Beaney when he remarks, "that the neglect of physiological education in schools is to be condemned, on the ground that it deprives boys of material information which would be of eminent value to them in the perilous period of approaching puberty; and there can be no question that if information could be imparted in such a manner as would not shock the moral feelings, it would not only dispel the cloud of ignorance and misapprehension as to the most important physiological truths in the minds of the young, but would promote a healthier and manlier tone." From a perusal of this work (most handsomely got up) schoolmasters might gain numerous hints of great practical value as to the management of youths entrusted to their charge. We observe with pleasure that Dr. Beaney emphatically recommends the discipline of the gymnasium, the sports of the playground, and, in fact, all active exercises of an athletic character as absolutely necessary branches of thorough education.

