

Practical remarks on the treatment of spermatorrhoea and some forms of impotence / by John L. Milton.

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PRACTICAL REMARKS

ON

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THE TREATMENT

OF

SPERMATORRHŒA

AND

SOME FORMS OF IMPOTENCE:

BY

JOHN L. MILTON,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF LONDON.

LONDON :

S. HIGHLEY, 32, FLEET STREET.

1854.

I TRUST that the fact of this paper being reprinted word for word from the "LANCET," in which it originally appeared, and the character of all my previous writings, will be considered as an ample guarantee, that no unprofessional quackery is intended by its republication in the present form; I have not hesitated to express my opinions on some points more plainly than many persons might think necessary, but the mischief done, especially among the younger patients of this class, by the wretches of the Manly Vigour school and the spermatorrhœa quacks, is so wide spread, that it is high time a vigorous antidote should be administered.

24, Castle Street, Aldersgate Street,

Aug. 1st, 1854.

SPERMATORRHŒA.

It has always appeared strange to me that this affection should remain abandoned by the profession to a few solitary specialists, and for the benefit of the vile harpies who prey on this class of victims. Surgery, which has wrested so much from empiricism and ignorance, seems disposed to yield up this, as if it were debateable land, to chance, philosophy, utter neglect, or quackery.

Although of late years several publications have appeared, from men of the most unquestionable talent, such as Lallemand, Phillips, Curling, Russell, &c., yet I very much doubt if our knowledge of spermatorrhœa is exactly what it should be, or if the treatment, except as regards the employment of caustic, has advanced materially since the days of Hunter. Thus during three-fourths of a century the shadow has moved but once on the dial.

To the treatment alone, then, this paper refers, a branch of this art almost forsaken, I think, by the general practitioner, and not too well cared for by the pure surgeon. This neglect, and the twofold indisposition of the patient either to trust his ordinary medical attendant with the secret of his disease, or to permit him to exercise that operative interference which the specialist will perhaps insist on; the extent, the manner in which the question has been studiously burked, and the absence of any *well-known* source to which he can turn for information, have had the natural effect of driving him to those who will make it their business to let him know, that so long as he has money there is one city of refuge to which he can always fly, and that there *are* men who can treat his complaint with medicine alone, at the moderate rate of "five guineesh de bottle."

Yet with strange inconsistency men wonder at and deplore the growth of quackery, though this hydra would soon perish of inanition if deprived of the food supplied by our neglect. Advance in the treatment of disease, aided by the revival of the pillory or stocks for the more audacious of the quacks, would do a good deal to strengthen the arm of medicine.

As I have already stated that the treatment of the disease was to be the chief subject of discussion, I shall delay no further than seems absolutely necessary to explain the plan of the remarks I wish to make. All questions as to the nature and causes of

this affection I have left out, as too long for this paper, and I have only laid down divisions of this disease, in order to have something tangible to which the divisions of the treatment could be appended.

Spermatorrhœa admits of a very natural division into—1. Night Discharges; 2. Day and Night Discharges; and 3. Imperfect Secretion of Semen.

1. *Night Discharges*.—These constitute the mildest form of the complaint, and are, as is well known, a common result of seminal plethora; they seldom require much treatment, unless in excess, or when complicated with gleet, stricture, or discharges in the daytime.

2. *Night and Day Discharges*.—A more advanced grade, and in their worst form often bordering on the third class. The urethra is sometimes red and highly irritable, and the health severely impaired; but happily for the patient both varieties are for the most part easily curable.

3. *Imperfect Secretion of Semen*.—The most severe of all, and necessarily accompanied by temporary impotence. Instead of properly eliminated, healthy, consistent semen, a thin, rank fluid, unaccompanied by almost any signs of erection of the penis, is thrown off under the influence of the slightest excitement. Intense irritability of the urethra, and a marked dread of examination, usually complicate this form.

Gleet of the Prostate and Seminal Vesicles not a form of Spermatorrhœa.—There is a variety of the disease which is generally considered as spermatorrhœa, and with which most surgeons are familiar: I mean the discharge after stool of large quantities of glairy, tenacious fluid, supposed to be the contents of the seminal vesicles. Now, I very much doubt if this be an evacuation of semen: part of it, I suspect, comes from the prostate; and in my work on Gonorrhœa (p. 101), I adverted to the cure of a case of this kind as being probably an instance of prostatic gleet. And although it very likely comes in part from the seminal vesicles, I should scarcely be disposed to admit it to be a discharge of semen, for I have not been able to satisfy myself that these receptacles receive the superabundant secretions of the testicle; but whatever it may be, it demands our urgent attention, in order as well to allay the patient's uneasiness about so disagreeable a symptom, as also to leave no chance for the germs of disease to act upon.

Mr. Hunter, the Newton of medicine, whose true merits, to my thinking, even overshadow those of the giant of the physical sciences, says:—"Diseases of the vesiculæ seminales are very familiarly talked about, but I never saw one. In cases of very considerable induration of the prostate gland and bladder, where the surrounding parts have become very much affected, I have seen these bags also involved in the general disease, but I never saw a case where they appeared to be primarily affected."* So far as I can learn, all other trustworthy observations confirm this view. I have never heard nor seen a case in which disease of the seminal vesicles alone was detected; in a few rare instances they become mechanically involved by the spread of the destructive action, but they generally remain free in the most extensive disease, either of the urinary or generative organs.†

The principal argument made use of to prove that the seminal vesicles are the receptacles of the semen is the presence of spermatozoa or zoosperms in them. M. Lallemand, on examining thirty-three bodies, found spermatozoa in the seminal vesicles of thirty of them; but only in the testicles of two, one of whom had died from a fall, the other of gastro-enteritis, which he thinks would go to show that these animalculæ are formed in the testes, and then pass into the seminal vesicles. The next argument is, that small, brilliant, granular bodies are found in the urine of spermatorrhœa patients; that they are met with in the masses of mucus squeezed out by these patients after going to stool; and as they are found in the seminal vesicles of course these are receptacles of semen. These are also met with at all times in the semen of healthy men, and in great abundance in that of birds just before the testes become ripe.‡ The third is, that spermatozoa are wanting or few in the organs of castrated persons.

Mr. Pritchard § says, "The molecular motions of Dr. R. Brown—viz., those seen under a deep magnifier in a drop of water, in which finely divided gamboge or other

organic substances have been triturated; these motions have been compared with the spermatozoa of animals and plants, *which are now considered as physical motions only.*" Here, then, we have the alpha and omega of scepticism and credulity; the one elevating these little cells—for they are nothing more—into the essential part of the most important of all secretions, the other viewing them as *a mere appearance*, produced, I presume, by causes acting from without.

In cases where the generative power seemed quite lost, the testes having secreted no semen for a long time, I have found the vesicles containing their usual fluid. Among other observations, I may mention that last year I dissected with great care the generative organs of a man who died in St. Luke's Workhouse at the age of eighty-five. The testicles had long performed no function at such an advanced age; they were very pale and somewhat wasted; the vas deferens was permeable, but very small, and its walls rigid; but I could observe no difference in the appearance and contents of the seminal vesicles from what I had noticed in young people.

It is asserted that the discharge which takes place in one form of gleet—viz., that of a thick mucus after going to stool or passing urine, is semen; that it comes in great part from the seminal vesicles; and that the disease is consequently a form of spermatorrhœa. Speaking of this view, Mr. Hunter says, "First we may observe the discharge in question is not of the same colour with the semen, and is exactly of the colour of the mucus of the prostatic gland and of these bags (the seminal vesicles). It is not of the same smell, and indeed it has hardly any smell at all. The quantity evacuated at one time is often much more considerable than the evacuation of semen ever is, and it happens more frequently than it could ever do were the discharge semen. It is a disease which often attacks old men, where one could hardly suppose much semen to be secreted; and we find that those who are affected with this disease are no more deficient in the secretion and evacuation of the semen in the natural way than before they had the disease. If the mind be at ease, this will take place immediately after a discharge of semen, as well as before, which could not be the case were it semen. Further, if those that labour under this complaint are not connected with women, they are as subject to nocturnal discharges from imagination as persons who are perfectly sound."

This close and comprehensive reasoning shows the depth and grasp of Hunter's clear,

* On the Venereal, p. 283.

† Mr. Bransby Cooper says, in the 43rd volume of the "Medical Gazette:"—"The vesiculæ seminales are but rarely attacked by disease, but they have been found after death filled by scrofulous deposits of the cheesy matter so frequently met with in different parts of the body in strumous diathesis; but where this condition exists, *there are no symptoms developed during life indicative of the change that has occurred.* This, however, probably arises from so little being known of the true functions of the organ."

‡ See a paper read by Mr. Gulliver at the Zoological Society, July 26, 1842.

§ "A History of Infusorial Animalcules, 1852."

broad mind; and it is only surprising to me that the tissue of errors stated by M. Lallemand on this subject should have been admitted, after the truth had been set on so secure a basis by Mr. Hunter. But then we are told this substance has the peculiar smell of semen when rubbed between the fingers. Unfortunately for this part of the argument, it happens that the true semen has no smell! The semen, *when ejaculated*, has a peculiar odour, *but then it is mixed with the secretions of the vesiculæ seminales, the prostate and Cowper's glands.**

Of one thing I am quite sure, persons subject to both kinds of discharge have no sensation when this mucus or vesicular gleet, as I shall henceforth take the liberty of calling it, is passing away, except that of a bulky body going along the urethra, and yet when they have emissions are conscious of the usual sensation. This gleet may occur without seminal emissions, these without it; when both co-exist, one may be cured quite independent of the other. The microscope, it is said, gives proof that it is semen by making visible the spermatozoa; these cells, however, are found in the vas deferens, and it is possible some few may be ejaculated at the same time the vesiculæ seminales are emptied.

When, however, I am told, that the microscope gives decisive evidence that this fluid is semen, I must say, with all deference, that I am still unconvinced. It may indeed be shown that the animalcula present are an infallible proof that semen is there, but this is nothing weighed against the evidence of the vital phenomenon already adduced. In fact, I am afraid the microscope and balance, the test tube and litmus paper will do here what they have ever done for the treatment of disease—but very little—the only path by which we can advance seems to be by the accurate observation of the phenomena of disease and the action of remedies on them. When this is properly done, no time can be left for other pursuits, and the collateral sciences, as histology and chemistry, can only be looked on as scientific relaxation from the serious business of healing disease.

Complications.—It is almost superfluous to say, that all complications require immediate removal. Gonorrhœa and stricture have their appropriate remedies, upon which I shall not touch. It has, however, been asserted that spermatorrhœa may depend upon fissures in the anus, ascarides, &c. To which I reply, that I have strong doubts about the fact; but as these causes would require removing for their own sake, it is

obvious that the treatment must be much the same. I must, however, demur to M. Lallemand's plan of excising the prepuce in every case where accumulations of sebaceous matter behind it coincide with spermatorrhœa. Where there is also contraction of the prepuce, so that the glans cannot be uncovered without pain; or where a firm, constricting ring has formed underneath the mucous membrane, I grant that the remedy is circumcision; but where the prepuce passes freely over the glans, plenty of soap and water every morning, and the use of zinc or tannin, in the form of a lotion, will almost always effect a cure.

When circumcision is imperatively called for I have found it best to slit up the skin and mucous membrane to the reflection of the latter, and then to cut away the frœnum as far as I could. The constricted part, which is mostly near the edge, is removed in a circle, and the bleeding being stopped, the skin and mucous membrane are brought together by several fine stitches, and the intervening spaces may be covered with collodion. Of all the operations I have seen, this leaves the neatest prepuce.

1. *Treatment of Night Discharges.*—Even in cases where it might be supposed, from the healthy frame of the patient, that tonics are not called for, it will often be found that quinine will stop these discharges. Hunter says, "The idea that has been formed of the disease leads to the practice generally recommended, such as giving strengthening medicines of all kinds, but I never saw any good effects from any of them, and I should rather be inclined to take up the soothing plan to prevent all violent actions, and keeping the body open will in some degree moderate the discharge, and may probably effect a cure in the end."—(On the Venereal, p. 304.)

Yet there can be little doubt, I think, in the minds of those who have given it a trial, that quinine does assist powerfully in controlling spermatorrhœa, especially in those cases where physical weakness is the predominant symptom. I willingly admit that in others its good effects are not so marked; that where the tongue is foul, and there is a good deal of irritability, headache, and dyspepsia, with costiveness, it is more necessary to subdue these symptoms by mild aperients, sedatives, &c., than to give any tonic, however useful in other conditions. M. Lallemand has urged against it, that it produces considerable irritation, but I apprehend this mostly arises either from unsuitable cases being chosen, or from giving too large doses.

When violent and painful erections arise

* Kölliker's "Manual of Human Histology."

from the irritation occasioned by the presence of, or remaining after, gonorrhœa, the spirit of camphor will generally at once relieve them. A teaspoonful in a little water is the dose. The patient should place all his apparatus in readiness by his bed-side, and as soon as he is awakened by an erection should rise and take a dose. If the erections come on as soon as he lies down, he had better take a dose before going to bed.

Few means of controlling spermatorrhœa could be devised so simple and natural as exercise, especially gymnastics, which the common experience of mankind has extolled from the most distant times. Every abnormal action is marked by a failure of vital power at one or more parts of the frame, and an accumulation of it in the suffering organs. The generative power, animal life, and cerebral development, antagonize each other; and sedulous attention to train the two latter to the highest degree of activity they are capable of, will rarely fail to subdue anything short of excessive action in the generative system, and bring the performance of this valuable function under the mild and healthful sway of reason.

True physiology will always conduct us to the same goal as experience founded on correct observation. Hence every writer who has attentively watched this disease has strenuously insisted on the necessity for gymnastic exercise. But owing to the iniquitously late hours kept up in many London houses, it is impossible to resort to this remedy. It is useless to talk of the advantages of boating, cricketing, &c., to young men pent up in shops and warehouses till ten or eleven o'clock at night. Thus, like the baths, douches, mattresses, &c. which are recommended, they are liable to one grave objection, that of being inapplicable in perhaps nine cases out of ten, and to make true progress in treatment our main object must be to find out remedies *suitable for every case*.

Accordingly, I have long accustomed myself to rely principally on morning exercise, as the question then becomes one rather of conformity than of ability on the patient's part, and if he be really determined to save himself from the results of his own indiscretion, he may do half the surgeon's work if he will rise at five or six o'clock, sponge with cold salt water, use the dumb bells for half an hour, and follow this up with a brisk walk. It will not be long before the eye grows brighter, and the skin clearer; before he sleeps sounder and again feels comfort in existence.

Dr. Carpenter recommends his readers as a preventive to try the effects of close mental application. The frantic acts of self-

mutilation performed by devotees, show that the most absorbing study will not suffice to quench entirely a natural passion. But this is not the only objection to the plan. In the great number of bad cases, I believe it is useless to inculcate study; the depression and irritation are too great to allow the attempt to succeed, and with all the good will possible, most of these patients cannot make a beginning till their physical condition is somewhat improved. I therefore advise those who have time to spare, to begin study by reading *aloud* for an hour every night, and then to go out as much as they can into society—a plan from which I have seen better results than from attempting to impose on an exhausted brain a task it cannot possibly execute.

But should all this fail to remove the disease—should it persist from habit, as it is called, but which is nothing more than the result of our inability to cope with the diseased action, perhaps no remedy will act more quickly and surely than a blister. Notwithstanding the strong opinion M. Lallemand has pronounced on the subject, I have no hesitation in asserting, after the numerous trials I have given it, that if some proper medium, as blistering tissue, &c., be used, no strangury or "exasperation effrayante" of the spermatorrhœa need ever be feared.

2. *Night and Day Discharges*.—Here we have rather a more serious affair to deal with, though the greater part even of these more severe cases will yield to a persevering use of the remedies already spoken of. Where, however, these are inapplicable, as for instance, in cases complicated with severe indigestion, or a high degree of nervous excitement, with severe pain in the urethra, or excessive sensibility in this canal, or when imperfect secretion of semen has begun to show itself, we must have recourse to further means.

Among these we may safely rank *opium*. Under its use the secretions become thicker, and less pain is occasioned by their being thrown off, as if at one and the same time it blunted the sensibility and checked the secretion of the watery and irritating elements. And besides all this, it is not too much to say, that opium is a tonic both to the exhausted frame and irritated mind. Where there is a frequent desire to pass urine, and in cases marked by excessive watery secretions from the Schneiderian membrane, aggravated by cold easterly winds, opium often effects a most beneficial change.

It may be objected that it tends to produce constipation, destroy the appetite, and favour congestion of the brain; but the two latter seldom if ever result when it is used,

as it requires to be, in moderation and at intervals. The constipation also is not an unmixed evil, for in some of these cases there is considerable irritability of the rectum.

In this variety of spermatorrhœa also, few patients are met with who are not benefited at some period of the treatment by quinine. Where the patient is very pale and nervous, and where there is any tendency to spasmodic stricture, the tincture of muriate of iron may be given, and so far as I can judge, this, and some of the chalybeate waters, are the only forms in which steel is, if not injurious, at least not useless.

In some cases the patient complains of a foul tongue and thirst, with nausea and lassitude; the urine is turbid, and the stomach disordered; or the stools occasion smarting and heat at the anus. Sometimes he is harassed by a cough, and a good deal of mucus is expectorated. These symptoms indicate a disordered state, which is often instrumental in keeping up the spermatorrhœa, without having been perhaps the primary cause. In such cases I have used the nitrate of potass with success.

After the statements M. Lallemand has made respecting this salt, I could not well pass over his views. He says that nearly all those who took squill, nitrate of potass, and digitalis, observed a marked exacerbation of the seminal discharges (*une augmentation notable des pertes séminales*), and that the nitrate proved injurious in every instance—an opinion founded upon forty cases, he says, some of which were certainly lamentable enough.

But to what was this due? M. Lallemand has left us perfectly in the dark as to the dose, the most important point of all. In one case only can we arrive at any estimate, and here we are briefly informed that an ounce was taken in three days. No one who has seen the irritability of the bladder and kidneys produced by nitrate of potash, or any strong diuretic salt, in gonorrhœa, will be much surprised to learn that such needless overdosing brought on a "notable augmentation" of the symptoms.

When constipation is much complained of, and the patient has in vain taken large quantities of medicine to overcome it, I would venture to advise the surgeon to desist from any attempts to remove it by drastic purgatives, &c. Not that I at all deny the injurious effects of costiveness, if not on the health, at least on the mind of the patient, whose anxiety is always kept alive so long as this costiveness is followed by a mucous discharge, but that I think the irritation and exhaustion occasioned by repeated purging are even more injurious, and that we may

effect the same purpose by less hurtful means.

The remedies I have to suggest may not perhaps meet with the approbation of my readers. I generally trust a good deal to time and improvement of the health, or, when the costiveness is very obstinate, recommend the patient to take a pill of gentian and a small quantity, as the one-twelfth of a grain, of strychnia, with a tumbler of unsweetened gin and hot water at night, and one of cold water in the morning. Even when the constipation has become so extreme that the patient has not had a stool more than once in nine or ten days, a little perseverance in this plan has soon restored the functions of the intestines.

Nitric or nitro-muriate acid may be given when there is much irritability of the bladder or scalding. If the patient complains of spasmodic pain at the neck of the bladder, and we find the urine loaded with lithates or clouded with mucus, these acids, along with laudanum, may be exhibited in decoction of pareira brava or chimaphila. Occasionally he describes an annoying pain at the epididymis, which sometimes shifts to the vicinity of the prostate, or he is tormented by a sensation like that of a worm creeping along the urethra or vas deferens. Sometimes the uneasiness is indefinable, but not the less disagreeable. Strong veratria ointment, or some mild counterirritant, will generally succeed in subduing these symptoms, which, however, now and then linger on for a long time.

Cauterization of the Urethra.—The high reputation which M. Lallemand most deservedly gained by his work on spermatorrhœa, and the writings of Mr. Phillips and Mr. Curling, have attached to the "caustic-holder" an amount of prestige, which, however well merited, has, I think, had the effect of retarding improvement in the treatment of this disease by other means. So far from denying that it is both a safe and a valuable remedy, I never hesitate in certain cases to avail myself of it; what I object to is, that so many surgeons look to it as *the remedy*, while, in truth, it is not very often called for. It has been engraved,* described, and commented upon, till an impression has arisen that it is an unfailing but very formidable remedy, whereas it has not only occasionally failed in the hands of Phillips, Curling, Acton, and others, but also in those of its great inventor. "Cauterization," says M. Lallemand, "is most useful in sperma-

* In the engravings I have seen of this instrument, the knob is round, like a small pea, while Lallemand says it ought to be olive-shaped (*olive*).

torrhœa from menorrhagia, venereal, or non-venereal, and often useful in atony; it is not of much value in cases of irritation, but even here it may aid by modifying the tissues." Mr. Phillips, in the answers he was kind enough to send to some queries I laid before him, says that "it has not only often failed to effect a cure, but even to relieve spermatorrhœa;" and Mr. Curling, in a communication he favoured me with, says, "Cauterization is not an infallible remedy. Some cases are too aggravated or too well established readily to admit of cure by any treatment. Many circumstances tend to counteract the beneficial effects of the caustic, such as want of self-control to check bad habits and the thoughts dwelling on impure subjects, occupations and modes of living detrimental to health," &c. But again he says, "cauterization has rarely failed to give more or less relief."

Of its safety there can be no doubt when it is properly employed. Lallemand used it for twenty years, and even cauterized the lower part of the bladder, without any untoward result; and Mr. Acton, commenting upon this statement, says he can fully bear it out. Mr. Curling says, "in no instance has any harm resulted from the application of the caustic;" and Mr. Phillips, in one of his answers to me, says it has never produced injurious results in his hands, though his experience extends over many hundred cases.

We might suppose that some part of this was owing to the excellent surgery of those who employed it. M. Lallemand does not allow the caustic to remain an instant longer in contact than is absolute necessary. "I cannot," he says, "protest too strongly against those who give a fixed period (*une durée quelconque*) for the action of the caustic, and measure it off by the watch. *Even to look at the dial takes too long a time.*" And Mr. Curling attributes the absence of severe symptoms in the cases where he has used it to his having applied it still more gently. But Mr. Phillips, though he has seen some discomfort caused by it, has rarely heard of any complaint on the patient's part; the pain on passing urine is "very bearable," although he uses the caustic *very freely*. "I have never applied," he says, "too much caustic, but I have more than once failed by using too little." Had any severe symptoms occurred, Mr. Phillips, would, we may rest assured, neither have overlooked nor suppressed the mention of them. All that is left us is frankly to admit that in his cases no harm resulted from the application of the caustic. M. Lallemand, however, has seen severe retention of urine, hæmorrhage, intense pains,

which only yielded after a long time, and it seems that stricture has also followed. I have myself seen cases where intense and long-continued suffering ensued without any amendment in the patient's condition.

Questionable Utility of Lallemand's Caustic-holder.—The more I see of this complaint, the more does the conviction grow upon me, that the use of caustic upon Lallemand's plan is, in a great number of instances, quite uncalled for; and that it very often, perhaps in the majority of instances, fails to effect a lasting cure of the disease. I am well aware that this view is totally opposed, not only to the opinions, but also to the experience of many able surgeons; that the treatment by caustic was matured and tested in a most extensive practice for many years; that its inventor with unexampled success, lived to see his treatment universally adopted as the great panacea for a disease, which, from the time of Hunter till his day, was almost totally neglected, and, as a consequence, only treated in the rudest and most empirical manner. Still, I cannot help thinking that it is a bye-path, and that under the shadow of a great name much has been said that will hardly stand the test of criticism.

I have now seen so many cases where caustic had been applied without success—in fact, without producing any amendment whatever, that I no longer have any doubts upon the point. More than one-half the spermatorrhœa cases which have come under my care had, where treatment had been employed, been cauterized *without any beneficial result*, in others a temporary improvement had taken place, followed by a relapse. Several surgeons have also told me that they had been consulted by so many patients who had been cauterized in vain, and that they had themselves employed the caustic with so little result, that they had almost given up using it. Now these were not patients who had been handled by bunglers in the art—by men who had employed the caustic unskilfully and rashly; on the contrary, they had been under the care of the first-class surgeons in this speciality, both in this country and in France and Germany—even of M. Lallemand himself. Some of them, after having bid their surgeons good-bye, the cure being in the opinion of both complete, had endured the mortification of seeing the worst symptoms return.

Beyond all question some part of this may be attributed to the total want of a systematic course of treatment by medicine. Even granting the value of caustic in some instances, it seems most desirable, in order not to lose any part of its effect, first of all, as

far as we can, to set right any derangement in the other functions; and this can only be done by carrying out a fixed plan of treatment, from which the surgeon should never deviate when he has once formed his diagnosis. Where this is at fault, it can only be from want of observation at the outset, or from discrepancy in the patient's statements.

The treatment of the disease, however, seems to be regulated by no fixed principles. Many of the prescriptions shown to me by patients contained cantharides, or quinine and steel combined—remedies calculated to make the disease worse; others could have had no effect on this or any other disease. Quinine *without steel*, is a most valuable remedy in this affection, and in many of the slighter cases, or where there is not much irritation, it may be begun with at once; but in others it can never be borne, and in most cases some preparatory treatment is requisite. I have over and over again been unable to cure patients until I had persuaded them to abandon their eclectic ideas and to give up some tonic medicine containing steel or quinine, to which they were fondly attached.

But is the use of caustic called for? Undoubtedly not, I think, in most cases. A strictured, or granular uneven state of the posterior part of the urethra, from gonorrhœa, may require caustic or dilatation; the irritation of the urethra *caused by the spermatorrhœa* may call for the aid of the bougie, or an injection of nitrate of silver; but this in no way justifies a resort to caustic for the cure of the spermatorrhœa.

It has been urged that there is often an ulcerated, inflamed, or injected state of the mouths of the seminal ducts and the neighbouring part of the urethra, and that so long as this is kept up, irritation will be conveyed to the seminal vesicles, and, as a result, spermatorrhœa will be maintained; and this assertion has been repeated again and again, as if it could gain strength by repetition. But what in the first instance caused this irritable ulcerated state? Was it the first link in the chain of disease? Clearly not; the urethra is quite healthy at the beginning of spermatorrhœa; it is only when it has reached a very advanced stage that the extreme tenderness of this canal, and the redness of the orifice, are met with, and not always then; I have seen it in its worst form without any apparent change, and unaccompanied by tenderness.

The highly sensitive state of the urethra, which makes these patients shrink instinctively from the approach of an instrument, appears to be caused by, and not to be the cause of, the spermatorrhœa; and Dr. Tyler Smith has given us a satisfactory reason why

the frequent presence of a crude fluid in a canal, which nature only intended to traverse it occasionally and in a consistent state, produces inflammation.

It is self-evident, then, that it is either an effect or a complication of the spermatorrhœa, and to treat the disease here by beginning with its effects, would be exactly the same as if a surgeon, in a case of irritable bladder in the female, were to limit his treatment to cauterizing the excoriations caused by the constant flow of urine over the vulva; or if a physician were to cauterize the rectum when diarrhœa produces heat and smarting there.

But the advocates of cauterization point to its success; one fact they say is worth a hundred theories: thousands of cases have been cured by it, &c. To which, however, they might add, that thousands of cases have not been cured by it, which might have been cured by other means; that where it succeeds, it is from its counterirritant action, and that this action may be much more surely obtained by the use of gentler and safer counterirritants.

Those who uphold this view thought to find a convincing argument in the results which follow cauterization,* but one gentleman who was appealed to, proved rather too much, for, finding his patients suffer severely from cauterization, he gave them injections of nitrate of silver to use, which also cured them; and "a well known and experienced Scottish surgeon observed that, when cauterization of the urethra failed, he had applied the *cautery* to the external orifice of the urethra *with more decided advantage.*"

I presume the truth is, that the source of suffering is the irritation set up in the testicles, and that any active and wholesome counterirritant, applied sufficiently near, will allay or even cure it, upon which the redness and tenderness of the urethra will soon subside. However, the caustic is often of great service in these cases, for such patients *will* bungle with every remedy put into their hands, as though they derived gratification from thus giving evidence of the miserable state to which they are reduced. With the application of the caustic they have nothing to do; it is sufficiently powerful to keep their fingers quiet for a little time, and in cases complicated with gleet arising from the "granular urethra," it seems almost indispensable.

Then, again, they say, what is to be made of those cases of spermatorrhœa caused by gonorrhœa? Does not the disease ensue in

* British and Foreign Medical Review, April, 1849.

these cases from the gonorrhœa spreading backwards and settling in the posterior part of the urethra, where it sets up an irritation communicated to the seminal vesicles, whence arises spermatorrhœa?

Plausible as this style of argument may appear, it rests on a train of statements which have yet to be thoroughly examined. In the first place, when the action of gonorrhœa extends to the ejaculatory ducts at all, so that its presence can be determined, either the suppurative inflammation spreads, and then it rarely stops short of producing swelled testicle, or it is a rapid transient irritation, like that producing chordee and irritable bladder, which, though it may aggravate, can rarely, I think, bring on spermatorrhœa. In the second place, it has to be shown that the seminal vesicles have anything to do with this disease.

There, are, however, certainly cases in which the gonorrhœal action is kept up in the posterior part of the urethra, and where at the same time the spermatorrhœa has become worse after the infection has taken place. Here cauterization may be productive of benefit. I have succeeded with it myself; but I have succeeded still better with other means, and in more than one instance, when I had proposed first to blister the penis, and then to resort to the caustic, found the latter no longer necessary after the blister had been applied. As there can only be two sides to a question of this kind, it follows either that the arguments I have used are wrong, or that the invariable employment of caustic, the opinion that it is a specific for spermatorrhœa, must fall to the ground.

Instead of Lallemand's instrument, I very often make use of one I had constructed for the purpose. It consists of a platinum canula and a stilet. The instrument is passed down to the diseased part, and the stilet being withdrawn, a small flexible bougie is introduced armed in the following way: the tip being scraped so as to make it rough, it is dipped in fused caustic, and then in melted tallow; by this means a thin film of caustic is secured, which acts on every part, without the risk of excessive cauterization at any one point.

A large opium plaster to the loins will generally allay the aching pain so much complained of; I have often added a scruple of camphor to the plaster, without being able to give any good reason for so doing beyond the beneficial effect which resulted from it.

The chief remedy in cases complicated with gleet, severe pain, and purulent discharge from the posterior part of the urethra, is blistering, which is even more called for than in the other forms of the disease. It

very frequently not only relieves the seminal discharges, but it relieves the cause, and I know of no other remedy which does both at the same time.

In every diseased action there appears to be increased vital action at the parts attacked; and as all the functions demand the presence of a certain amount of vital power for their due performance, there is a constant tendency to restore the balance deranged by disease. In chronic disorder the strain on the economy seems too slight to rouse up any violent action in the other parts, and we can only effect a cure by irritants, which carry the vital action so high, that when the rebound takes place it reverts to the normal state; like a bent spring, which, when bent still further, straightens itself by the recoil.

Along with blistering I have sometimes used injections of nitrate of silver to any part of the urethra which seemed diseased, employing a syringe with a button at either end of the part perforated for the passage of the injections. By this means the urethra is kept sufficiently on the stretch to admit of the injection penetrating into every nook of the diseased part, while the buttons prevent its escape. The injection ought to be allowed to remain in contact till the nitrate is decomposed, so that the anterior part of the urethra may not be affected by it.

In all forms of spermatorrhœa, the food ought to be as plain but as nourishing as it can be procured; no pastry, pickles, or beer ought to be admitted into it, but *plenty of meat* and potatoes, or bread, for dinner, with a little tea or coffee morning and evening; if possible, meat twice a day. The worst cases have always seemed to be more benefited by a full meat diet than by any medicines; and it is not uncommon to find that a patient has grown worse in every symptom in proportion as he has become a more thorough vegetarian. The further south we go, the more do we find a vegetable diet supplanting the animal food of northern nations, and the more prominent a place does spermatorrhœa assume in the catalogue of diseases. Difference of race I shall be told is sufficient to account for this: the Spaniard and the Moor are by nature more ardent than the Esquimaux; the Persian and the Arab than the Livonian. True, but not therefore by nature more prone to spermatorrhœa; it is, that, degenerating by civilization, they fly more readily to that kind of diet and to those habits which produce spermatorrhœa. From what I have been told of those going to hotter climates, and using the diet prevailing there, it so invariably aggravates the symptoms, that it seems only

reasonable to infer, that in men living altogether in an abnormal condition, habit, climate, and diet will approximate the diseased states of individuals, though possessed of no power to influence the original state of each recurring generation.

But while I strongly urge the use of plenty of meat, I exclude none of the four varieties of nutriment; and I say this advisedly, for I have seen some of the most obstinate cases of spermatorrhœa in ascetic patients, who religiously excluded sometimes all oily, sometimes all sugary matters, and thus appeared to give full swing to the oxalic acid diathesis with which many of them were afflicted.

3. *Imperfect Secretion, &c.*—Although this state may arise from either of two separate causes,—viz., inherent weakness, or excessive irritation set up in the testes,—yet, as both causes are generally in action to such an extent as to render it difficult in many instances to assign to either its true amount of influence, and as they converge to a common point—imperfect secretion of semen, and, as a necessary consequence, impotence, I have judged it best to take them both at this stage, which is that most generally presented to our observation.

When imperfect secretion or true spermatorrhœa has merely followed as a result of youthful excesses, we may, even when it is accompanied by the most alarming symptoms, as breathlessness, wasting, with loss of strength and spirits, generally promise a cure in every case where neither phthisis nor any pathognomonic signs of organic change in the nervous centres have set in. This class embraces, I presume, the more serious cases of Mr. Acton. As this gentleman, like M. Lallemand, has not divided his system of treatment, I have sometimes had great difficulty in making out exactly to what branch of disease he refers in speaking of some of his remedies, and he will therefore excuse me if I have misunderstood him.

In the foregoing division I have discussed every remedy which I believe to be called for here, and due perseverance in their use will mostly effect a cure. There are, however, a few points to which I should like to draw attention.

1. The indigestion which accompanies many of these cases is often best relieved by the use of aromatic confection in combination with sulphite of soda and mint-water. Of the way in which it acts I do not profess to offer an explanation; I limit myself expressly to stating the results of my experience.

2 Where practicable, I would advise a gradual transition to the diet on which prize-fighters are put when in training. A milk diet has been recommended on good authority, but it soon becomes insupportable; it often causes a most uncomfortable state of distension; and, finally, I have no great faith in its good effects. Whatever plan the surgeon resorts to, he will have to persevere with, for many of these patients have an objection ready so soon as anything is proposed.

3. I think it is imperatively necessary to attempt, by every means in our power, as blisters, *occasional* injections, &c., to diminish the sensitiveness of the urethra before resorting to the caustic or even the bougie. We thus not only secure a great number of patients, whom the dread of some operation of this kind drives to the quack, but we materially lessen their sufferings without really losing time.

Spermatorrhœa, as a complication of congenital imperfect erection, is a more rare and more formidable matter. Both, singly, are common enough, but they are not often seen together. In the cases I have met with there was generally extreme derangement of the assimilative and digestive processes; the urine contained oxalates; a faulty state pervaded the organs of the senses, &c. I need scarcely say that it is necessary to draw a wide line of distinction in treatment between *congenital* and *occasional* imperfect erections, both of which may co-exist in an otherwise healthy system.

Sufficient materials do not appear to have been accumulated to found any comprehensive plan of treatment for cases belonging to this subdivision, but, except in rare instances, they do not present any insurmountable difficulties, unless the imperfect erections are congenital, and combined with an otherwise faulty development.

IMPOTENCE.

THERE are one or two points connected with the pathology of impotence which are not so clear as one might wish; or rather, to speak more plainly, respecting which considerable confusion seems to prevail.

The function of generation being the most truly remittent of all we are acquainted with, being liable to cease for years or even for life without any injury to the health, may be supplanted by disordered innervation of some other part. By disordered innervation, I mean pain, either gouty, neuralgic, &c., in some *near* part, especially about the neck of the bladder, or else exalted function in some *distant* part, as indigestion, cerebral excitement; and by supplanted I mean, that when these actions are set up, the function of generation ceases, as if the vital force necessary for it were absorbed by the diseased action. Thus—

Obs. 1. *From Neuralgic Pain.*—A patient, an elderly man, had suddenly become impotent; it had not occurred, as it mostly does on the advance of old age, with a gradual decay, the emissions becoming less and less frequent; on the contrary, it had come on quite suddenly, and at the same time severe pain had set in at the neck of the bladder. This continued, with great irritability of the bladder and pain at the glans penis; sometimes a little blood came after passing urine. He was sounded for stone, but none being found, it was considered ulcer of the neck of the bladder. To relieve this, injections of nitrate of silver were tried; the first produced great pain, but some relief followed, and a second was given; the pain after this grew more severe, and now never left him day or night. While at the height of his sufferings, he was attacked with dysentery. I was in the country at the time, and on my return to town I found him rapidly sinking. He died shortly after, and I examined the body. Great part of the colon, and about eighteen inches of the ileum, were almost gangrenous; but nothing abnormal was discovered in the genito-urinary organs, except that the mucous membrane of the prostatic part of the urethra was of a vivid red; the testes, ducts, &c., seemed quite natural.

When Rosseau, in whom both cerebral excitement and spasmodic pain at the neck of the bladder, with retention of urine, occurred at a very early age, producing temporary impotence, died after a life of suffering,

no organic change was found, although the organs were examined with the greatest care, so that the physicians concluded that his sufferings had been occasioned by a spasmodic state of the parts near the neck of the bladder, or of the neck itself.

Obs. 2. *From Gouty Pain.*—A gentleman, a strong, healthy, active man, in the prime of life, consulted me respecting impotence, of which he gave the following account:—After having been long tormented with flying gout, notwithstanding a very temperate life, he had been suddenly relieved from it in the great toe, the last spot it had settled in, and had been attacked with great pain in the urethra, and some difficulty in passing urine. A bougie was passed, and as the obstruction yielded and recurred very suddenly, the disease was pronounced spasmodic stricture; but from the history of the case, and having met with several very analogous instances, I am induced to suspect that gout in the urethra was the disease, and the stricture and impotence (which was not caused here by the stricture) were its effects.

Obs. 3. *From heightened Function in other Parts.*—A gentleman applied in extreme terror at having become suddenly impotent. As he appeared young and healthy, I felt surprised at this. It turned out that having neglected his studies until his examination was close at hand, he had become alarmed, and had betaken himself to them in the most irrational manner, going to bed with his book in his hand, ready to begin in the morning, and sitting up in bed to sleep, for fear, if he lay down, he should sleep too long. He had become exceedingly nervous, and found that on thinking of connexion, vigorous erections came on; but that on attempting connexion they immediately subsided, and, while subsiding, emission took place. Quiet, relaxation, and mild aperients, soon restored the balance of the functions.

From Stricture.—When impotence comes on gradually in patients still in the prime of life, as from forty to fifty years of age, the emissions growing gradually more feeble and fewer in number, a mere sensation accompanying them, like that of evacuating urine or passing fæces, stricture may often be suspected. It is the more important to attend to this, as many of these patients persist in stating that the stream of urine is as large as ever it was; or never having had gonorrhœa,

and having heard that strictures followed upon neglected disease of this kind, they cannot understand how one can occur without the other. When in cases of this class the stricture appears to arise from a fold of the mucous membrane growing up, I prefer the application of a *film* of caustic on a *broad* bougie, on the principle so ably advocated by Sir Everard Home.

Obs. 4.—In the autumn of 1852 I dissected, with great care, the genito-urinary organs of a gentleman who had died of irritative fever, consequent on an operation performed by Mr. Gay for the relief of an impermeable stricture. He had become impotent about the time he began to notice a material diminution of the stream in passing urine. On examination, the urethra was found extremely narrowed near the bulb. Close to this part were two passages, one lying behind the other; they were on the lower side of the urethra, and were both larger than the contracted part of the tube; they were about four lines long, and were lined throughout with mucous membrane; the posterior lip of the second almost entirely overlapped and occluded the natural opening. No instrument could have been introduced into the bladder, and the exit of urine could only have taken place by the force of the stream pressing down the valve-like fold of the mucous membrane; that of the semen must, I think, have been very imperfect, if not impossible, and I am induced to believe that this case might have been advantageously treated by caustic, as I have suggested. I have cured in this way cases which appeared to me very similar, for no two are exactly alike, and at this present moment I have one under my care. I invariably adopt it when there is a false passage difficult to steer clear of.

Prognosis of Spermatorrhœa.—Like many long-standing functional disorders, spermatorrhœa may, in time, induce structural change either in the genito-urinary or in the vital organs, producing, on the one hand, impotence, on the other, paralysis, phthisis, or marasmus, &c. But, in the first place, it is very rarely that these serious changes ensue before the patient seeks for advice. Spermatorrhœa—*i. e.*, imperfect secretion of semen from masturbation, accompanied by impotence from congenital imperfect erection—admits of very limited relief. Impotence consequent on disease of the spinal cord is necessarily incurable. All other cases may, I think, be cured; but it must be borne in mind that in this, as in every long-standing disease, no sudden cure by sleight-of-hand, no miraculous restoration to health can be looked for. Steady perseverance in a rational

eclectic plan of treatment, will generally effect all that is necessary—the restoration of the balance. The dark fears which beset the minds of patients, and even of medical men labouring under this disease, are as fictitious as the formless shades which Fingal beheld issuing from the halls of Cruth-Loda.

It will thus be seen that I differ widely from M. Lallemand, whom I cannot altogether acquit of lending his great authority to the dissemination of exaggerated views as to the incurability and serious results of spermatorrhœa. Not only has he attributed effects to it which it is not proved to have induced, but he has inferred spermatorrhœa where it appears to me never to have existed.

Thus, in a patient who died of stricture, complicated with cystitis and abscesses in every part of the prostate, M. Lallemand referred death, not to these causes, but to the “profound alteration of the spermatic organs;” * this profound alteration consisting in an abscess of the left testicle; the corresponding ejaculatory duct and seminal vesicle being full of pus. Now, how could he believe that such slight disease as this of the testicle and seminal vesicle could produce death, when he must, I suppose, have seen much more extensive disease, not merely of one, but of both testicles, without the health suffering materially? How could he overlook the fact, that patients very often die of cystitis and stricture, and that the testicles may be removed without danger? In another case he attributes the derangement of the patient’s health “to the growing influence of the seminal discharges on the whole animal economy,” although, in the next page, he informs us that long before the cerebral symptoms, which he attributes to the seminal discharges, set in, there was most serious derangement of the digestive and nervous system, &c.

Again, I will just ask the reader to look, among others, at M. Lallemand’s thirty-eighth case. I cannot find a single proof that spermatorrhœa was present, yet M. Lallemand comes to this conclusion, because the patient had lately become indifferent to connexion, and passed semen on going to stool. But the explanation seems easy enough. Disgust at the idea of passing semen, the ill-health which generally accompanies this state, and the alarm and nervousness, often renders these patients *temporarily* impotent. In many of these cases M. Lallemand tells us that the patients were not aware of their having daily pollutions till he extracted the fact by cross-

questioning; these were, I should say, simply cases of vesicular gleet.*

But if I were asked whether any given case was likely to become incurable, I should at once reply that there seems an inevitable tendency in spermatorrhœa to get worse if neglected; that I know of no instance of a spontaneous cure when once day pollutions have set in, and few of well-marked remission; that there seems a very limited power in the generative organs of throwing off diseased action, as if from their representing a system quite unconnected with those of the animal and organic life, marked by a highly remittent function, the steady influx of nervous energy necessary to effect a cure was wanting. When a patient, therefore, from day to day puts off the trouble and irksomeness of systematic treatment, it is he who is responsible, not his medical adviser. Then, indeed, we may see "a degraded nature and a ruined constitution embittering the best days of his existence, and sometimes leading to insanity or suicide."†

Yet it is scarcely to be wondered at that incorrect ideas prevail respecting this disease, when no one has as yet taken the pains to collect and arrange the many valuable but scattered monographs of Curling, Phillips, Acton, Thomson, and others. Most of the great English works on surgery are silent, or contain little that is calculated to give a comprehensive view of the evil and its proper remedies.

I shall now, in conclusion, offer a few cases to illustrate the most salient points in the treatment I have ventured to bring forward. I have simply used a series of initial letters in compliance with what appeared to be a general wish on the part of the patients.

a. CASE 1.—Night Discharges from Masturbation.—A—, a good-looking lad, aged seventeen, applied Jan. 20, 1851, with spermatorrhœa, arising from masturbation, which he was continually performing in his sleep. To use an ointment of deuto-iodide of mercury, sufficiently strong to occasion vesication, and have a mild aperient. A few days subsequently tonics were begun with, and he was soon well.

CASE 2.—Night Discharges from Gonorrhœa.—Mr. B— applied Feb. 12, 1850, with severe seminal emissions, apparently arising from gonorrhœa, under which he had been labouring. A surgeon to whom he had previously applied, wished to apply the caustic, to which he objected. He com-

* I really can scarcely help thinking, that if M. Lallemand had read M. Louis Odier's account of the death and post-mortem examination of Saussure, he would have attributed the death of his illustrious countryman to spermatorrhœa!

† Curling.

plained of constipation, but otherwise enjoyed good health, and though pale, he was strongly formed. A grain of quinine with ten minims of dilute sulphuric acid, and a drachm of sulphate of magnesia twice a day; a small blister to the perinæum.

14th.—He has not been able to apply the blister. To do so now, and continue the mixture.

March 7th.—Improving. To continue the mixture, and dress the blistered surface with zinc ointment.

April 11th.—He has had no emissions lately. To apply another blister, and continue the mixture. He had no more emissions, as I subsequently learned from him.

b. CASE 3.—Prostatic Gleet.—C— applied March 5, 1850, for the treatment of a discharge of thick mucus, like the unboiled white of an egg, after going to stool. It arose from a gonorrhœa, *he thought*, which had yielded to a tedious treatment extending over twelve months; among other remedies he had used salines and injections. On crossing his legs, pain was felt in the vicinity of the prostate. Copaiba and turpentine were tried in vain; mercury with chalk and rhubarb were then given, and a blister was applied to the perinæum, which rose freely. The nitric acid and decoction of pareira brava were subsequently administered, but as the discharge was not quite gone by the 20th of the ensuing month, he was ordered a second blister, which completely cured him.

c. CASE 4.—Night Discharges with Prostatic Gleet.—Mr. D— applied March, 1849, with these affections. He had been addicted to great venereal excesses, and sometime previously, while in a bad state of health, had contracted syphilis, for which he had taken so much mercury that his health had suffered severely. There was a constant discharge after stool, and sometimes, after passing urine, of tenacious, glairy mucus, and he suffered greatly from night pollutions. In the left groin was a hard mass, apparently swollen glands and cellular tissue. To this a large blister was applied, and for three weeks not a single discharge was noticed; they subsequently reappeared to a slight extent, but were removed in a few weeks by quinine and exercise.

CASE 5.—Night Discharges, Recurrent Gleet, and Prostatic Gleet.—M. E— applied to me, July 18, 1853, with the following symptoms:—he suffered from periodical attacks of great excitement, indigestion, and constipation; a free purulent discharge from the urethra and glans then set in, followed by several emissions, after which all

the worst symptoms subsided; occasionally a mass of mucus was thrown out after going to stool. He had been addicted to masturbation, and had then caught a gonorrhœa, which made him worse. Having relieved the indigestion and costiveness, and got him into habits of morning exercise, I injected the urethra with the perforated syringe, and applied the nitrate of silver with my own instrument; still the urethral gleet continued, and he had occasionally an evacuation of mucus after a stool. A blister was therefore applied to the penis, and in this case, also, there was not a single discharge for three weeks after; quinine was used, and a cure speedily followed.

CASE 6.—Night Discharges and Stricture.—F—, aged twenty-two, applied August 15th, 1853, with seminal emissions, which occurred every night, and had now lasted, he said, seven years. He looked pale and shattered, and had been recently under the care of a surgeon, who had used the bougie, and materially relieved him. A slight stricture was now detected, which the bougie soon removed. Salines, containing nitrate of potass, were given, and these, with quinine, and mustard poultices to the perinæum, effected a comparative cure to his previous state.

CASE 7.—Night and Day Discharges, with accumulation of Sebaceous Matter.—G—, a stout, healthy young man, applied, June 18, 1853, with seminal emissions, occurring two or three times a day, exclusive of those at night; they appeared to have resulted from gonorrhœa and a very unhealthy employment; never guilty of masturbation. Ordered, quinine twice a day; exercise and cold sponging.

25th.—He is much better; there is some sebaceous matter about the neck of the glans. To wash this well with soap and water, and afterwards apply a zinc lotion; the mixture to be continued.

30th.—He is just well, and has only had three seminal emissions the last week. He has removed all the sebaceous matter, and the prepuce is seen to be very red inside. To continue. As complete a cure ensued as ever does in these cases, a seminal emission at night occurring from time to time.

CASE 8.—Night and Day Discharges.—H—, a pale, delicate young man, applied, June 25, 1853, with gleet and seminal emissions, occasionally in the day, but mostly at night. He complained of great weakness, pain in the back, and cough. An opium plaster to the loins, quinine twice a day,

meat diet, and volatile liniment to rub on the chest; morning exercise. During the latter part of July he had a few days' sea-bathing, which did him a great deal of good; the opium plaster relieved the pain in the back, and was accordingly repeated as often as it fell off. By the 12th of September he was so far improved that he had no seminal discharges for three weeks; but the gleet grew so much worse, that I was obliged to order him injections. Having left off his medicines, he had a slight relapse, but, on resuming them, was rapidly cured of all but an occasional discharge at night.

e. CASE 9.—Day Discharges.—Mr. J— applied, November, 1852. He had two to six times a day faint erections, and immediately after a thin discharge. The urethra was red, and there was a strong smell from the glans. He was pale, nervous, and so weak, that he thought he could not live, and he was tormented by a constant cough, with indigestion and costiveness. Salines, containing a little syrup of red poppies, and five grains of nitrate of potass, three times a day; mustard poultices to the perinæum; veratria ointment to the testicles. Soon after quinine was commenced. He gradually recovered, and at the end of ten weeks was so far advanced towards a cure that he gave himself no further trouble about the matter.

f. CASE 10.—Spermatorrhœa and Congenital Imperfect Erections.—Mr. J— applied, August 12, 1852. Erections never had taken place, and there was a constant discharge from the urethra, which was in an inflamed state, of rank, thin fluid. He was, and always had been, very weak. Cauterization had been tried, and failed. He was the type of this class of patients. Every secretion and every sense was at fault, as if the whole constitution suffered from the struggle to establish the defective virile power. Blisters, quinine, and nitric acid, &c., were all tried in succession, with little improvement in either the spermatorrhœa or the erections.

Lastly, I would only urge the patient to banish from his mind the idea that a perfect absence of seminal emissions at night is compatible with health and continence. Those who tell him so deceive him or are deceived; and I cannot conclude better than by quoting a part of Mr. Curling's letter: "I assume," he says, "the cure of spermatorrhœa to mean, not the arrest altogether of involuntary emissions, but the prevention of their frequency to such a degree as to weaken the powers and impair the health."

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