

Practical remarks on the treatment of spermatorrhoea and some forms of impotence : reprinted and enlarged from the original papers in the Lancet / by John L. Milton.

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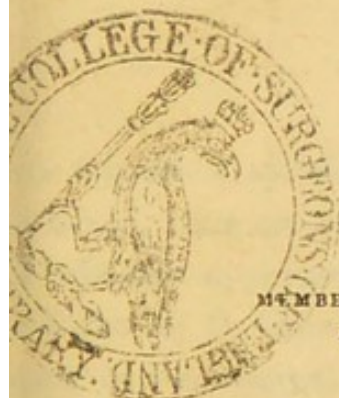


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PRACTICAL REMARKS
ON
THE TREATMENT
OF
SPERMATORRHŒA

AND
SOME FORMS OF IMPOTENCE:

REPRINTED AND ENLARGED FROM THE ORIGINAL PAPERS IN THE "LANCET."



BY
JOHN L. MILTON,

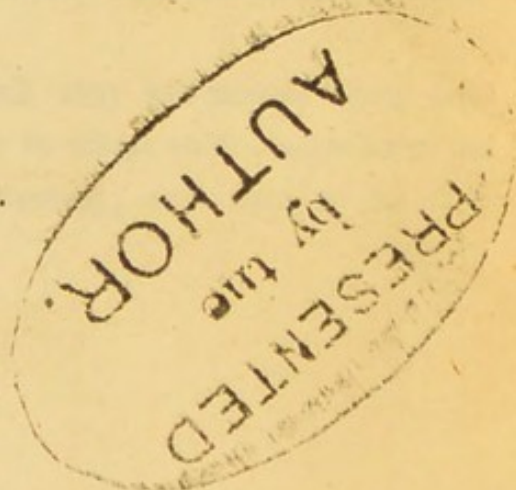
MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF LONDON;
FELLOW OF THE MEDICAL SOCIETY OF LONDON.

FOURTH EDITION.

LONDON :

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AND KENT & Co., PATERNOSTER ROW.

1856.



ERRATA.

In motto, *for* "apres," *read* "après," and *for* "la plus la grave," *read* "la plus grave."

Page 2, 2nd column, line 5 from bottom, *for* "now," *read* "here."

„ 4, 2nd column, line 7 from bottom, *for* "Gosseliz," *read* "Gosselin."

„ 7, 1st column, line 16 from top, *for* "as," *read* "so."

PREFACE TO THE FOURTH EDITION.

I HAVE endeavoured to make this edition as complete as the opportunities afforded of collecting reliable histories of cases and facts allowed me to do. As I never could understand why an author, who is conscious of having worked honestly and diligently on the subject he has chosen, should appear before his readers with a humble apology for trespassing on their patience, I venture to infringe the rule.

I have confined myself to the notice of those remedies which I have been able to put to the test of experience; but those of my readers who may feel disposed to go more deeply into the subject will find at the end of the volume, a list of several works and papers on this disease. Many of these I quote at second hand, not having been able to obtain the originals; and hence, I am not certain that I have always given the exact date.

I take this opportunity of expressing the deep obligation I am under to the Editor of the *Lancet*, for his kindness in allowing the original papers to appear in his Journal; and also to those friends who have favoured me with communications on the subject.

Finally, in reply to any fair strictures which may be passed upon the work, I can only say, that I shall be most happy to adopt such suggestions as are really based on experience and sound reasoning; and that, so far as I know, I have done my best;—*χάλεπα τὰ χαλὰ*.

24, Castle Street, Falcon Square,
December 12th, 1856.

ON SPERMATORRHŒA.

"Une maladie qu'on a dit être, après la folie, la plus, la grave qui puisse affliger les pauvres mortels."

It has always appeared strange to me that this affection should remain abandoned by the profession to a few solitary specialists, or to 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 debatable 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, the efficacy of which was known to Sir Everard Home, has advanced materially since the days of Hunter—for the value of hemlock, of mild aperients, of laudanum, of bathing with cold water and salt, were all familiar to this remarkable man. Thus during three-fourths of a century the shadow has moved but once on the dial. Indeed, if Swediaur is to be taken as an exponent of the views of his day (1825), it was rapidly degenerating into the rankest empiricism; and that of Dr. Mason Good, an able and estimable man, seems to me not only purely theoretical, but founded on practice decidedly calculated to make the patient worse. He even ascribed one variety of impotence to influx of the semen into the seminal vesicles, as if nature had laid a trap for erring mortals; a view, as remarked by his editor, overthrown by Hunter's statement, that when the testes of one side had long been removed, the same fluid was still found on dissection, in the corresponding vesicula seminalis.

To the treatment alone, then, this paper refers, a branch of his 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 could 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 flee; and that there *are* men who can cure his complaint with medicine alone, at the moderate rate of "five guineesh de bottle." For, be it known unto all men, some of the most illustrious of their body belong to the stricken house of Judah.

Yet, with strange inconsistency, men wonder at and deplore the growth of quackery, a hydra which 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.

It would be well for medicine had it only open foes to contend with. It was not enough to neglect the disease; men were found who preached a crusade against all attempts to improve our knowledge of its pathology and treatment, denying that it was a fit subject for surgeons to touch upon. As might have been expected, these were men entirely ignorant of the nature and causes of the disease, or they would have known that it may ensue where masturbation has never been practised. And even were it due exclusively to this cause, they should, to act

consistently, have proscribed with still greater severity, the treatment of gonorrhœa, syphilis, and even many cases of gout and indigestion; for these are brought on by excesses begun after the full attainment of the reasoning powers, which cannot be said of masturbation. *Absit invidia verbo*, but really the feeling that would coldly abandon the patient to the consequences of boyish folly, is one I am glad I do not share; and, to speak plainly, it is only a remnant of that old intolerant spirit which burned and beheaded the heretic, caged up the leper, and drove forth the venereal by thousands to die of cold and hunger.

A disease for which Moses legislated, and Hippocrates prescribed; which was illustrated by the immortal genius of Hunter, and the labours of Lallemand, might easily claim the notice of a scientific practitioner. Far away in the dim old times of antiquity, long before Homer wrote his *Iliad*; before the days of the ancients, of whom Orpheus sang in Thrace, we find it interrupting the labours of Hercules, and sharing the attention of the Jewish legislator; and doubtless it has continued since then the same disease we now see it.

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. Many 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. But they do then require a most careful and persevering treatment. Hence the question naturally arises, what is excess? I answer, as a general rule, in perfectly continent men, more than one emission in a month. In those who are not, every emission is an excess; unless it be occasionally during the first ten years after puberty, during which time there is often as much capacity for connexion as is extended over the remainder of life.

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. Often in such a patient the organs become so highly sensitive, that the sight of a woman to whom he feels attached, the act of caressing a dog or horse, prolonged riding in a carriage, in short, any slight excitement is followed by an emission; the solitary distinctive sign that separates it from the third stage being the more perfect kind of erection.

3. *Imperfect Secretion of Semen; or True Spermatorrhœa*; the Gonorrhœa of Moschim and Galen.—The most severe of all, and necessarily accompanied by temporary impotence. In one class of cases produced by excessive masturbation, or following on prolonged duration of emissions by day, 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.

In a second class the penis is pale and wasted, the glans remaining soft during erection; the testes smaller than usual, flaccid, and the epididymis feels as if it were "ravell'd out." The patient's tale is that he is a widower, and that for some time before his wife's death, he noticed that the emissions took place suddenly on attempting connexion: since then he has suffered from erotic dreams. At other times we hear, that after suffering long from emissions, he has latterly begun to have his suspicions that the erections were not what they ought to be, that the semen thrown out was smaller in quantity, thinner in consistence, &c.

A patient may pass from the first stage to the third without emissions ever occurring during the day; indeed, well marked instances of day emissions are more rare. Gradual decay of the virile power may ensue, and change to complete or partial impotence, and yet imperfect secretion of semen may never have been observed. Nocturnal emissions may be checked by judicious treatment or great self-control, and yet both the power of erection and the desire for connexion may be almost, or for a time, totally lost.

But just as in all nature's arrangements we meet with no clearly drawn lines of separation, no incontestible bounds even between the animal and vegetable kingdoms, so we encounter now so many compound forms of disease, and such insensible shading off from one variety into another, that we are compelled, in drawing up any classification, to leave a wide margin for those cases which

belong to no one form or stage, while they partake of the character and symptoms of several. It is to be recollected that I do not profess to describe the symptoms and pathology, though, perhaps, the cases given further on would furnish a better picture than any mere description.

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 proceeds 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 of 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.†

* 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."

But it would appear that at least two cases of disease of these vesicles have been reported on good authority. In one, where death ensued from abscess, reported by Mr. Mitchell Henry, in the *Medico-Chirurgical Transactions*, 1850, the seat of the abscess does not seem to have been detected till after death; and in a case communicated to that gentleman by Mr. Cock, the seat and nature of the disease were only revealed at the end of three weeks, and then almost by accident; there being in neither any very characteristic symptoms.

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. Barbieri, who has adopted this view, contends that at the entrance from the vas deferens into the seminal vesicles there is no valve or fold, and the tube being wider, the path into it is much easier than along the ejaculating duct, the distal end of which, except under certain conditions, is probably closed.

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.

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

† "A History of Infusorial Animalculi," 1852.

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 in 1853, I dissected with great care the generative organs of a man who died in St. Luke's Workhouse at the age of eighty-four. The testicles had long performed no functions 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 also 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 is thrown off in great part from the seminal vesicles; and that the disease is consequently the form of spermatorrhœa, of which I have just spoken. No doubt the two diseases are identical, and hence the same arguments apply to both. 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, 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 seated on so secure a basis by Mr. Hunter.* But then

* Since this was written, M. Lallemand has died, honoured and lamented by every lover of science. Though he appeared too late on the stage to rank with those great men who in every branch shed such

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. It is neither caused exclusively by gleet, nor by masturbation. 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.

In orchitis, a seminal emission is frequently mixed with blood, which if it issues, as supposed, from the testicle, shows that this gland is at the time emptied of its semen. If the seminal vesicles also yielded up their semen, the orgasm of the testicle would be a gratuitous waste of Nature's power. But the converse does not hold good; for these parts, like Cowper's glands, may be hurried into action mechanically or by sympathy. I cannot divest myself of the idea that they (the seminal vesicles) represent organs which played an active part in some forms of life, long departed from this globe.

I have already adverted to the fact stated by Hunter, that when the testicle of one side had long been removed, the corresponding vesicular seminalis was still found to contain the same fluid, a fact confirmed by the researches of M. Gosselin, who has found it full when there was a complete obliteration of the cauda epididymis.

I do not deny the possibility of seminal emissions occurring after stool; such an event may happen, and I have known some cases where, from the patient's being in the bright and unfading lustre on the age of Napoleon, he may fairly claim a high place among their successors, under whose fostering hands philosophic research has made a progress wholly unexampled in history. For this mankind at large is their debtor; and yet there never was an age in which all that still lingered of the beautiful and picturesque, in dress, architecture, and decorations, was so ruthlessly extinguished by the meagre and stupid dogmas of modern vandals.

* Kölliker's "Manual of Human Histology."

medical profession, I could rely on his description,—but then it always occurred with an erection, and was accompanied by the sensation peculiar to an emission. In cases complicated with stricture and vesicular gleet, the swelling of the penis and the straining to dislodge the mucus may deceive the patient. The thin yellow mucus voided in old cases, has always appeared to me to consist chiefly, if not entirely, of the mucus of the bladder, but on this point I do not venture to give an opinion. The discharge of a small quantity of mucus just before making water, or after washing the penis, or an erection, is again different. Judging from its clearness, absence of odour, and of admixture with pus, it appears to be simply urethral mucus.

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, which merely establishes the fact of a mechanical mixture, 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 is 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, gleet, and stricture, have their appropriate remedies, upon which I did not venture to touch in my papers in the "Lancet," owing to want of space, but which I must now proceed to discuss. 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 cases would require removing for their own sake, it is obvious that the treatment must be much the same. In case 29, in which the emissions were almost epileptiform, ascarides were present; but the seminal emissions subsided rapidly, without any proof that the ascarides were removed. In all the cases I have seen complicated with the round worm, masturbation had also been practised to such an extent as alone would have proved adequate to bring on emissions. These cases, however, all proved very

intractable, and it would appear that unless the complete destruction of these parasites be effected, little can be done for the emissions.

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 a contraction of the prepuce, so that the glans cannot be uncovered without pain; where a firm, constricting ring has formed underneath the mucous membrane, or where the emissions resist a fair use of tonics, and seem to be kept up solely by the extreme length of the prepuce, 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 with a pair of sharp scissors, 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.

The complication of gonorrhœa and spermatorrhœa may be owing to different causes. A patient suffering from severe gonorrhœa is rapidly cured. A night or two after he has seen the last of the discharge he is awakened by a painful erection, and an emission almost equally painful, (for I have heard some compare it to hot oil passing along the urethra), but happily of short duration. Gradually emissions become more frequent, and the gonorrhœa returns. In some cases the emissions begin while the gonorrhœa is still present, and grow steadily worse, whilst the discharge dwindles down to a gleet. Again, a patient is recommended connexion; this behest he fulfils, and contracts a gonorrhœa.

In gonorrhœa, as in all other diseases, each case must, to a certain extent, be treated on its own merits. The use of specifics, such as copaiba, cubebs, &c., one of the most incurable of all forms of routine, is still more to be deprecated here; that they are scarcely ever called for, that they are often useless, and too often injurious. In general, however, apart from any incidental disorder of the health, or any modification required by previous treatment, the most efficacious plan I know of, is a combination of some preparation of, potass with an aperient, with mild

injections applied, not to the orifice, but over all the diseased surface.*

Precisely the same explanation may be given of the connexion between spermatorrhœa and gleet. The treatment of this affection, however, is widely different from that of gonorrhœa; and in obstinate cases blisters, tonics, mild aperients and injections are, I may now venture to state decidedly, the only means on which the surgeon can count for success, and very fortunately they ameliorate the spermatorrhœa.†

Stricture is a more common result of spermatorrhœa than is imagined. Unless, however, the disease has been allowed to go on unchecked till it has attained a most unmanageable form, the stricture which results is seldom very difficult to treat. Two or three applications of the nitrate of silver, by means of an instrument presently to be described, generally produce such a relaxation or absorption of the stricture, as to enable a No. 9 bougie to pass with ease. To dilatation some yield rapidly, some slowly, or not at all. It seems difficult to understand how an affection induced by the spermatorrhœa, should, when once produced, keep up the present disease—yet such appears to be the case; and I have found, only too often, after using ineffectually all my remedies, that the cause of the anomaly was a stricture, the existence of which I had neglected to ascertain.

A very useful means of diminishing any morbid sensibility of the urethra, especially in those cases complicated with slight stricture or gleet, is the use of a gum elastic bougie, warmed till it is quite soft, and introduced twice a week. In some, a silver bougie answers better. Aperients, tonics, and sedatives combined, should also be exhibited, among which figure infusion of rhubarb and calumba with soda; Dover's powder and hydrarg. c. cretâ, nitric acid, laudanum, dec. uvæ ursi, or infusion of quassia, &c., according to the circumstances of the case.

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

* For further particulars I must refer to my work on the "Treatment of Gonorrhœa."

† See a paper on the treatment of gleet and inveterate gonorrhœa, read before the Medical Society of London, October 28, 1854, and inserted in the medical Journals.

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. In some cases it worked no visible good, which was the more difficult to understand, as weakness was the sole evidence that the system was out of joint. 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 the constitution has been severely tried by fever, especially in India and tropical countries, quinine sometimes cannot be borne. Here, the tincture of steel, or the citrate of iron, is often of service; but to obtain the due action of either, more time and patience are required than we can generally calculate upon.

When violent and painful erections arise 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.

In recent and sudden outbreaks of spermatorrhœa, it will likewise be found of service, and even in more severe cases it is, at the commencement of the treatment, of importance to try the camphor; for in many cases it snaps the chain of morbid habit, it interrupts the regular recurrence of the emissions, and thus enables the organs to gain time by this respite. Hence, I have not unfrequently been able to secure patients some relief by giving the camphor two or three nights when an emission was looked for, and then, so soon as it occurred, omitting it till the time came round again.

In acute and very severe cases it often outstrips our hopes; in chronic cases, it frequently disappoints them. It apparently acts by lengthening the period between the

emissions, and thus giving nature time to recruit the exhausted organs. But it appears to have little curative power, and to lose its influence after a time.

A remedy very similar in its action to camphor is lupulin, strongly recommended for erections by Dr. Sigmund. Page and Debrout have now tried it in a great number of cases, but it has frequently disappointed me as to its power of controlling emissions, and even of checking erections. In some cases, it appears to diminish the number of emissions; but in long standing, and even in many recent and slight cases, no such improvement ensued; and similar results have as often followed the exhibition of preparations of the hop in mania and sleeplessness, that it has fallen into great discredit. I have noticed in some cases a very useful property in lupulin, it aids in relieving that sense of coldness in the testes and scrotum, which in many patients is the certain forerunner of an emission. It requires to be given in large doses, so that its bulk forms one great obstacle to its employment. However, by the medium of a bolus or tincture, this objection might be removed; and its properties appear to me a legitimate field for observation.

In prescribing this remedy, it is absolutely necessary to distinguish it from the lupulin obtained by precipitation. Lupulin consists of the lupulimic glands or grains obtained from the strobules of the hop; these are of a golden yellow, or rather, reddish golden colour; while the lupulite,* also called lupulin, obtained by treating the aqueous extract of these grains with lime and alcohol, is a yellowish white powder, not crystallizable. Dr. Sigmund, who, I believe, spent some time in England, learned its properties while staying in this country, when he says it is a popular remedy in some countries against pollutions.

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 varieties of disease must depend on the constitution of the part assailed. This appears to me not only the fulcrum on which physiology must rest, but also an explanation of that difference of opinion which has given such vantage ground to quackery. Considered in its most comprehensive sense, *inflammation* embraces every variety of disease;

* Pereira's *Materia Medica*, 1st Edition. vol ii. page 741, &c.

such ideas as blood-poisons, being, so far as I can see, not only intangible phantasies, destitute of all proofs, but opposed to facts. How, let me ask, are we to reconcile the fact that a disease, erysipelas for example, is treated with equal success by one surgeon with purgatives, by another with incisions, by a third with powerful stimulants, unless we admit that disease is ever an excessive local action, admitting of cure by any means capable of directing anew the vital force into its normal channels.

To return then; the generative power, animal life, and cerebral development, antagonise 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.

* In the healthy frame; in the unhealthy, diseased actions may antagonise any or all of them. Dr. Carpenter says, "the development of the individual, and the reproduction of the species, stand in an inverse ratio to each other." But this piece of crude mechanical physiology, void of every trace of that spirit which seeks to rise beyond a rude perception of the most evident part of a great fact, is overthrown by simply remarking that, were this the case, dwarfs would be more prolific than well grown men, which they are not.

The society of a friend will render his walks more beneficial and less irksome, for beyond doubt, much of the advantage from boating, &c., arises from the healthy spur given to the mind by the emulation induced; by the natural pleasure man feels in society, and the forced diversion from gloomy thoughts and forebodings. To some men, rising early is the severest penalty that can be imposed, but resolution soon brings its own recompense, not only in the improvement of the health, from the positive enjoyment derived from the sweet freshness of the morning—the brief, but ever welcome boyhood of the day—the fleeting springtide of our daily cycle. Even London air is then pure and balmy; the mind grows healthier and steadier, and the energy of the system revives.

But walking day by day, moodily dragging through the prescribed number of miles over the monotonous highway, the crowded street, or the dusty park, will not cure despondency; it is no antidote to the bashfulness; often a greater torment by the confusion and loss of presence of mind it occasions, than any bodily suffering. In every form of exercise it is necessary to stop short of anything like exhaustion. It is by no means uncommon for patients to remark that a long walk, a hard day's boating or cricketing, or lifting heavy weights, is followed by an emission; and in many instances by very considerable disorder of the urine, which on the succeeding day is thick and muddy from the presence of an excess of mucus and phosphates.

Dr. Carpenter recommends his readers as a preventative 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 a 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.

Men of great self-control and determination, who have put in force all moral means at their command, and who have sedulously cultivated athletic exercises, have at last been driven to lay their case before a sur-

geon; having discovered, but too late, that all their efforts have only served to arrest, not to cure the disease. The class of persons, too, most liable to it, shows how little mere moral means avail to effect a cure. Barristers, medical men, authors, tutors, clergymen, are, as they know only too well, compelled to try the effects of close mental application—yet the army of sufferers is chiefly recruited from their ranks. Even so beneficial a means as early rising would, if trusted to alone, disappoint us; for though nineteen-twentieths of the emissions occur after five o'clock in the morning, yet rising at five o'clock, only throws back the period. In this respect, spermatorrhœa bears a strong resemblance to insanity, the violence of which moral means may subdue; but the cure of the disordered state upon which these manifestations are dependent, must rest on something more than a good keeper and a well ventilated asylum.

Mr. Acton speaks of the brain having "a share in supporting the loss of semen;" as if the more highly developed brain supported this loss better than another. But it is the brain of medium capacity and middle sized frame that concur with the formation of a large quantity of semen. It is the highly gifted man who suffers, whose brain naturally as well as forcedly receives an undue share of the vital power. The secretion of the semen is dependent on the great sympathetic system; the passion on the cerebellum, or at least the seat or organ of the passion; a widely different thing from dependence on the brain, the seat of the high mental powers.

In the first edition of this paper, I omitted all notice of the effects of steel on nocturnal emissions; the observations I had made up to that time not being in a sufficiently forward state to enable me to lay down rules for the reader's guidance; and even now the only positive results I have been able to arrive at are:

1. The tincture of the muriate of iron is beneficial in certain cases, but I doubt if I can convey to the reader an accurate picture of the kinds of temperament in which it may be safely tried, although I might readily enough recognise them in practice. They were mostly pale, thin, and not dyspeptic patients, of the phlegmatic or nervous temperament. Such doses, however, as ten or fifteen drops are often useless. Thirty, forty, and even sixty may be given, but the greatest care must be exerted to obtain the tincture good, as some kinds produce severe griping, chiefly from the superfluous acid not having been properly driven off.

2. Indigestion, if it exists, must be set

right before beginning with the tincture, and then generally we shall have to start with very small doses, as five drops twice a day. When a small dose aggravated the dyspepsia, I generally found that with all my care the same effect ensued when it was tried a second time. Some patients cannot take it. Occasionally I have succeeded by giving it largely diluted with water the first thing in the morning, or immediately after a meal. Constipation is very apt to ensue, and may require the use of the strychnine pill.

3. Even when well adapted to the case, it sometimes produces little or no effect while any stricture or gleet is present.

4. There are cases in which steel, along with quinine, will cure spermatorrhœa; facts of this kind have come to my knowledge. I have never succeeded with them myself; and with other surgeons they have often failed, or given temporary relief.

Yet I must make an exception in favour of the citrate of iron and quinine, [a most valuable tonic, which, judiciously given, rarely fails to produce a marked improvement in the health as well as the emissions. It agrees much better with the dyspeptic, than either quinine or iron; and often, with a proper diet, cures dyspepsia. If an aperient is requisite, I prescribe a pill, consisting of equal parts of blue pill, soap, extract of rhubarb, and scammony or jalap; this is often useful when there is an irregular state of the bowels, with griping, and a foul tongue.

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 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.

As I have now employed blisters several hundred times in gleet and spermatorrhœa, I may be allowed to speak more decidedly. The only ill effect I have ever seen from them was occasionally a small number of boils. Some patients have voluntarily carried this practice to an extent that would hardly be credited. One gentleman who had for years been tormented by irritable bladder and gleet, of his own accord blistered the penis and perinæum together upwards of twenty times with the best results. Another, still more resolute, under the direction of a surgeon in Ireland, applied thirty, with the effect of reducing a most obstinate visicular gleet to a slight and occasional escape of mucus. Perhaps no remedy produces such a deep-seated and gratifying feeling of strength, and release from that indefinable sense of constraint and irritation in the organs, as a blister. Mr. Langston Parker* says it is a nuisance; so is gleet, so is spermatorrhœa, and a much greater nuisance. Moreover, if the following directions† be literally carried out the inconvenience is made very endurable.

A piece of paper is fitted on the penis, and cut till it exactly covers it from the root to within half an inch of the mouth of the urethra. This is then laid down on the blister, which is cut out by it, wrapped round the penis, and fastened with threads. The patient should remain perfectly quiet during the time it is on, lest any motion should bring the blister against the scrotum and vesicate it; but he must not apply it on going to bed, as he will most likely fall asleep, and not awake till the penis is one mass of vesications,—a state productive of an unnecessary amount of suffering.

In the milder cases, or where the skin is tender, an hour, or an hour and a half, will be sufficient. The blister is then removed; and if there are any vesicated spots, they are covered with linen, spread with zinc ointment, and a layer of cotton wool is bound over these with a second piece of linen, kept on by a thread, or, what is better, two very thin rings of vulcanized india rubber.

Where a severer case renders a more energetic employment of the remedy necessary, it must be kept on two to four hours, until free vesication is produced; a white-bread poultice or two may then be applied, and afterwards the zinc ointment. To protect the penis from friction, a T bandage, with a linen bag sown into the part which receives the penis,

* On the modern Treatment of Syphilitic Disease.

† Taken from "A New Way of Treating Gonorrhœa." London: Churchill. P. 91.

or a handkerchief carried round the waist, and dipping in front so as to receive the penis, and keep it up against the abdomen, is necessary.

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. John Hunter cured a bad case of seminal emissions by the use of large doses of laudanum night and morning.

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.

I am willing to admit that the use of strong sedatives is to be deprecated; but when I find a patient sleepless, I unhesitatingly resort to the use of such doses of morphine or opium as will effect a thorough change, deeming the disorder arising from their use a less evil than loss of sleep, which often sets at nought our best efforts for the cure of the emissions.

The constipation also is not an unmixed evil, for in some of these cases there is considerable irritability of the rectum. When, on the contrary, the patient complains of constipation, a mild aperient may be added. Dover's powder may be prescribed at night; calumba, with rhubarb and soda, in the morning; to which may be added a dose of Gregory's powder in mint water, or some remedy for the dyspepsia, taken about dinner time.

In this variety of spermatorrhœa also, few patients are met with who are not benefitted 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, in doses of five to ten grains, with compound tincture of camphor or hyoscyamus, and a little red syrup, occasionally adding the sulphate of magnesia when an aperient was called for.

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 seminales*), 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 potass, or any strong diuretic salt, in gonorrhœa, will be much surprised to learn that such needless over-dosing 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, or has been obliged to resort constantly to enemata to obtain a motion, a little perseverance in this plan has soon restored the functions of the intestines. And one valuable result gained is, that constipation, when overcome by these means, does not return, as it is so apt to do when treated with aperients and alteratives of any kind.

In only two instances have I known strychnia in these doses, and used for a short time, disagree with the patient. In one case it produced so much nervousness and sleeplessness at night, that it could not be continued beyond the third dose. In another the effects were so violent that I was led to suspect some mistake in the making up of the prescription.

Nitric or nitro-muriatic 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*. The presence of oxalic or phosphatic salts in the urine will require a different plan of treatment; but with respect to these, and the pale urine so often complained of by men accustomed to great mental toil, I will venture to offer a rule of practice which, empirical as it is, may prove useful.

Let the patient, so soon as he finds an attack of this kind coming on, take a glass of some stimulant, as wine, claret, if possible, or madeira (but not malt liquor of any kind), or a cup of good coffee, or a basin of hot soup. If it continues to recur, let him try the French style of living—a cup of tea or a basin of light soup on rising; at half-past ten a good substantial breakfast, a thorough *dejeuner a la fourchette*, with half a bottle of claret; at half-past five or six a light dinner, not the loathsome monotony of English fare, cannibal like, huge half-raw joints and vegetables, but something that will refresh the frame, not throw it into a lethargy. After dinner a small cup of mocha coffee or of tea, is all a reasonable man requires before bed time.

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. Again, he feels as if a little fluid is passing from the urethra, and is only undeceived by looking. Sometimes the uneasiness is indefinable, but not the less disagreeable. In fact, it is in some patients dreadful. Many a man who would not shrink from mere pain, who would scorn the idea of recoiling from danger, loses both his temper and spirits under the incessant but petty ravages of this canker-worm. I am disposed to class along with this the perspiration and coldness of the testes and scrotum, which some complain of. Strong veratria ointment, or some mild counter-irritant, as a blister, coupled with sedatives, attention to the bowels and stomach, will generally succeed in subduing these symptoms, which, however, now and then linger on for a long time.

This coldness is an important symptom, and should not be lost sight of, as it increases or diminishes with the growth or decline of the spermatorrhœa, so long as impotence has not ensued, when it becomes chronic, and often pervades the whole frame. When, in a case of spermatorrhœa, this symptom persists, the emissions rarely undergo much improvement, unless either strychnia or lupulin be given, under the agency of which, combined with tonics, it will mostly yield.

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 spermatorrhœa from blenorragia, venereal,

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

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 did not allow the caustic to remain an instant longer in contact than was absolutely 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; and every one familiar with this disease, must have seen instances where the patient traced a great and steadily increasing aggravation of the malady to the time the caustic was employed.

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 goodbye, 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.

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 counter-irritant action, and that this action may be much more surely obtained by the use of gentler and safer counter-irritants.

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 counter-irritant, 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 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,

* British and Foreign Medical Review, April, 1843.

† Here, also, I may observe, that I cannot see how the thin semen irritates the testes to throw it off. The pathology and treatment of strictly analogous affections, such as irritable bladder, diarrhœa catarrh, are totally opposed to this low-class physiology, which exhibits, moreover, an enormous confusion of ideas.

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 those who have never committed either venereal excesses or masturbation, though cases certainly do occur; and the fact that gonorrhœa spreads backwards without causing spermatorrhœa, as in orchitis, is evidence that some particular predisposition must exist before spermatorrhœa can arise. In the second place, it has to be shown that seminal vesicles have anything to do with this disease.

More extended observation has only tended to confirm this view. It may be said the mere admission that spermatorrhœa can occur, would go far to weaken the arguments I have used. But there is this to be urged in support of the view taken. Spermatorrhœa is brought on when the tendency to it has been already effected, not only by gonorrhœa but also by syphilis and balanitis; thus showing that the principal part of the argument, *extension of the inflammation along the urethra*, the connecting link between cause and effect, is not always present. And its value as a point of treatment is counterbalanced by the fact that patients come to us who assert that they had no emissions whatever till cauterized for gonorrhœa or gleet.

Frequently the inflammation does spread backwards from the orifice of the urethra as far as the mouths of the ejaculatory ducts, but I believe it seldom enters these without producing swelled testicle; for we find that in gonorrhœa swelled testicle from the extension of the disease backwards is not uncommon, yet that severe spermatorrhœa from this cause is rare, unless it existed previously, or masturbation had been practised.

There, are, however, certainly cases in which the gonorrhœa 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. But I must once more repeat,—I say this of what is generally called cauterization of the urethra, adopted as the sole remedy, to the exclusion of other means of cure. The utility of mild cauterization of the urethra, in gleet, stricture, and impotence, I have never ventured to deny.

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 by dipping the tip into 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, and the rotation of the instrument is avoided.

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; or a riding belt lined with silk may be worn next the skin. This symptom ought to call our attention to the state of the urine, as temporary loss of virile power may result from the disorder of the assimilation which produces oxalic and phosphatic deposits; * from lumbar pains, diabetes, urinary deposits, Bright's disease, &c.

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

* Bird. "Medical Gazette," vol. xxx. p. 750.

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. A still more efficient syringe may be constructed by having the tube shaped in this way, but perforated only at the top. Sufficient injection is driven past the first projection to fill the space, but it is retained by the second. 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 effected 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 civilisation, 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.

Meat kept till it is quite tender, and cooked till it is dropping from the bone; vegetables in every variety boiled to a pulp; the use of the unmixed and more expensive kinds of tea and coffee; total abstinence from rich or concentrated meats, from heating wines, such as port, from malt liquor; the use, *as substitutes*, of claret, brandy, or hollands and water, form the groundwork of a good diet. When good old port can be procured it is one of the best of medicines, but the compound of cream of tartar, bad port, mulberry juice and logwood, sold under this name, should be carefully eschewed, and the same may be said of sherry. I may seem paradoxical in condemning the most nourishing, as it is thought, of all food, namely, jellies, &c. But nourishment is that which is digested and assimilated. These essences of meat, and articles containing too much fat, or too heavy and tough, overtax the powers of digestion, and still more those of assimilation. The tongue becomes coated and tremulous, the breath foul; there is constipation, thirst, and turbid state of the urine, a dry and scurfy state of the skin, wasting, &c. Patients consequently seeing this, finding that the addition of a chop and a pint of milk to breakfast, three or four glasses of good port and a bottle of stout daily, only make them weaker, object to tonics. But tonics aid nutrition; these things, except in the case of some special exhaustion, manifestly impair it.

The wretched diet of public life ought to be amended. In the richest city in Europe men feed like ogres, under the plea that "John Bull cannot dine on kickshaws; that thin wines do not agree with him; that he likes a good cut at a joint." But these stale excuses for the more wretched routine, for the most stupid indifference, treasured up by the wisdom of the prejudiced class to whom John very imprudently commits the care of his eating and drinking, ought no longer to influence a sensible people like the English. The native strength of his digestion enables the Englishman to take the most unwarrantable liberties, but if his stomach does not suffer, his temper and comfort do; and he would be a happier man if he took a few lessons in domestic economy from our talented friends across the channel or at Vienna.

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, or at all events, very considerable improvement 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 with 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 insurmountable difficulties, unless the imperfect erections are congenital, and combined with an otherwise faulty development.

Pathology of 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. It may also be mechanically interrupted as by stricture, &c. 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 Rousseau, 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. Early in the spring of 1855, a patient from the country laid his case before me, and soon after called to have my opinion on it; it was one of severe spermatorrhœa and impotence. He was a professional man; middle aged, pale and dyspeptic, highly nervous, and had never enjoyed very robust health. According to his account he had never had any symptoms till about two years previously, when they followed almost immediately on a severe attack of tic douloureux. Emissions at night began; being a married man he abstained from connexion, and when, at the lapse of a few months he recommenced, he was alarmed at finding that it took place very imperfectly. He then consulted different surgeons, who ordered him sulphate of iron, and astringent mixtures, without much benefit. I found his digestion considerably impaired, and first of all attempted to set this right, and then prescribed quinine, cold bathing, and a blister.

The first attack on the disease was successful enough, and the emissions were speedily reduced to one a month. Soon after this he again came up to town, and informed me that though he had continued the medicine, diet, &c., as prescribed, the emissions were again becoming more numerous. Tincture of steel was now recommended with another blister, a full meat diet and active exercise. I regret, however, to say, that in the beginning of October I received my last communication from him stating that, though his general health considerably improved, the emissions occurred once a week in spite of attempts at connexion, and that the impotence was decidedly worse, so that I fear the worst results.

Obs. 3. *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. 4. *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.

These cases are far from uncommon. Intense mental application, confinement, and inattention to health, may, especially in young, irritable, unhealthy subjects, when they at the same time impair nutrition, easily bring on a state of temporary impotence, which the fears of the patient soon magnify into something of alarming importance. It would be well if all forms of impotence were as remediable as this, which is generally subdued by exercise, society, relaxation, and such measures as tend to improve the health.

From Stricture.—When impotence comes on 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 fœces, 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 follow 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, or the use of the instrument I have already described.

OBS. 5.—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 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 invariably adopt it when there is a false passage difficult to steer clear of.

OBS. 6. *From Injury of other Organs.*—In the autumn of last year, I was consulted by an elderly gentleman, who stated he was impotent. He was and always had been in the enjoyment of a fair amount of health. Like many of our most successful citizens, he owed his success in life, which had been considerable, to his integrity and his own labour. He had passed through the most arduous part of his toils, and retired to a distance from London, from whence he could come up daily to town and transact such business as required his presence. He had married early, and lived a regular, temperate life, subject only to slight fits of indisposition which interfered little with his general health. His wife bore him several fine children, and he had never committed any excesses. He had latterly become (temporarily, I hope) impotent, which, upon minute questioning appeared due to the following

circumstances: About five months previously his foot had been severely crushed owing to a heavily laden vehicle passing over it. He was attended by an eminent surgeon, who succeeded in making an excellent cure. The severe nature of the accident for several weeks necessarily precluded all attempts at connexion with his wife, which had continued much as usual up to this time; but as he began to recover he grew more and more uneasy at finding that nearly all desire, so far as was manifested by erections, seemed to have left him, and that on essaying connexion the penis remained quite flaccid.

The particulars of a case were communicated to me by a friend, in which impotence seemed to have resulted from an injury to the arm and corresponding side of the trunk, but the details were so imperfect that I must decline making use of them in a work which, for many reasons, I am desirous to render strictly accurate.

OBS. 7. *From Excitement and Natural Irritability of the Organs.*—In addition to similar facts recorded by other writers, I venture to give the following:—Mr. C. consulted me in the beginning of this year. He was twenty-four years of age, healthy, but subject occasionally to a little indigestion and costiveness. He was easily excited, of a shy, retiring disposition; owing to which, and his rooted dread of infection, he had never ventured on connexion. Some years ago he suffered from irritability of the bladder; the case was rather obscure, and at the wish of his medical adviser he consulted Mr. Syme, who sounded him, but found neither calculus nor stricture. About five years ago he began to notice an occasional emission, which was repeated, at long intervals, for about four years and a half, when, having resolved upon marrying, the emissions began to grow much more numerous, and shortly amounted to nearly one every night: they were seldom less than three a week. He was greatly excited about his marriage, and to this he attributed the frequency of the emissions. When he married he found himself quite unable to perform connexion. I carefully examined the testes and penis; they were well developed, and the urethra was perfectly free from stricture.

From long-continued, regular, but moderate connexion.—In some persons the organs require longer or shorter periods of repose. Marriage and moderation are not always a safeguard, and unless the warnings of nature are promptly listened to, temporary, if not permanent, impotence may follow.

OBS. 8.—Rather more than two years ago a gentleman consulted me on account of

impotence. He had enjoyed tolerable health, but had always been rather subject to headache, constipation, and catarrh. At times, during the last year or two, he had been attacked by indigestion, till then an unknown complaint to him. This he ascribed, in part, to the long-continued easterly winds, which not only made him feel ill, but also thoroughly wretched, from the dry dusty feeling they occasioned in his skin, and even in everything he touched, and the excessive languor. He suffered little when they were accompanied by rain, and during the wet autumn of 1852, he was quite well, though often drenched to the skin. Some share of the blame might justly, I think, be laid upon his habits, for though extremely temperate, he was a smoker, took little exercise, and was rather slothful. Up to his twenty-second year he had rarely indulged in connexion. When little more than twenty-three, he formed an illicit connexion with a lady in his own rank of life. This was his only excess, and it was not a great one. From that time till his marriage, which took place in his thirtieth year, he was far more continent than most men, and even after marriage he committed no excess, but almost from that day till I saw him, he had (with the exception of the time of his wife's first confinement) had connexion once in the twenty-four hours—this had gone on for two years. Latterly the emissions had frequently taken place while the penis was but little erected.

My advice was that he should instantly give up connexion for a year or two. "But do you not think," he said, "some part of this is owing to my health? That tonics would do me more good? I am sure I have grown steadily weaker these last twelve months." Anything pleases such a patient better than self-control. But he compromised the matter, so far as to limit himself to connexion once or twice a month, and he now finds he cannot indulge in it more frequently. The emissions still occur quite suddenly, though the erections are vigorous enough. He is convinced the organs will never be so strong as they were: he has, however, given up excessive smoking, takes more exercise and less sleep, and has grown stouter, and enjoys better health.

To describe all the forms under which impotence, from excess, presents itself, would occupy more space than I can possibly devote to it, so infinitely varied is the constitution of the great human family; there are one or two sources with a notice of which I must conclude.

From Nervousness and Disuse of Function.
—A young gentleman calls upon a surgeon

and tells him he has committed masturbation in his youth, but gave it up so soon as he was aware of what he was doing. He is now impotent. Does the surgeon hold out any hopes to him of a cure? There is, probably, no reason to the contrary, beyond his nervousness. Let the surgeon put in force Mr. Hunter's admirable practice in an analogous case, and then let the patient, saved from a life of misery by Hunter's vast knowledge and wonderful sagacity, do what he can to relieve us from the reproach, that neither his own nor his adopted country has reared a column to the memory of one of the greatest of the human race.

Again: a patient under similar circumstances has had connexion and suffered from spermatorrhœa. After considerable trouble his surgeon has cured him, and then learns that his patient has lost all desire for connexion, and hence conceives his case beyond relief. Perhaps, still worse, he tells us with a moody downcast look, he is afraid of relapsing into his old habits. But why has he failed? There is no fact in pathology better established than that a part, as a muscle, if never exercised, will waste and become impotent. And although the function is here more intermittent than in muscular motion, yet it is quite contrary to reason and analogy, to suppose that a forced unnatural disuse can fail to effect its capacity; the natural corollary then is, to restore nutrition and power by resuming that function for which, and not for conducting off the urine, it was clearly formed.*

Obs. 9. From Continence.—Early last year a gentleman consulted me for seminal emissions. He was six-and-twenty, delicate looking, and highly intellectual. He was an ardent student, and from moral motives had never indulged in connexion; he had never fallen into the habit of masturbation, and did not contemplate marriage at present. Emissions had come on many years previously, had run through their worst phases, and now were diminishing in number; they had ceased to produce any sensation, and were becoming smaller in quantity; erections, even when he was exposed to excitement, were imperfect. I startled this patient, who had never done anything for his complaint, by telling him that if he lost another year he would become impotent.†

But this was undoubtedly the case. In fact, a man who remains continent can hardly reach twenty-six without becoming partially, if not wholly, impotent. At twenty-five

* Are the tales told of the wasting of the penis from enforced continence, as in prisons, true or not?

† See Observation 10.

there is a risk, and I am not quite certain that he is safe at twenty-four. This may seem a bold assertion, but it will stand investigation, though I must admit that cases of an opposite class are precisely those which are least likely to be seen by the surgeon.

From want of Harmony between the Mind and Body, &c.—In addition to such cases as John Hunter has mentioned of impotence from want of due harmony between the mind and body, we are frequently called on to treat cases where the patient is impotent, solely in imagination, being beset with the fixed idea that he is incapable of performing connexion.

Cases have also been related of impotence from strange causes, many of which I would hesitate to admit. Wehle, however, gives a case of impotence from inhaling the smoke of henbane to remove the toothache.*

One might imagine that a patient would receive a hint that he was becoming impotent, with dread and incredulity. Strange to say, the more confirmed the case, the less prevalent do we find this feeling, and in many instances when the patient has reached the prime of life, and is under no engagement to marry, the announcement is received rather as a relief.

Another peculiarity is the extraordinary feeling of cold manifested by some of these patients. A sense of coldness in the scrotum, and penis is often complained of in spermatorrhœa, especially if impotence has begun, but when it has fairly set in the coldness becomes quite perceptible to the most indifferent person. In the latter part of June, 1855, I applied the nitrate of silver to a patient who, though a married man, had, of late years, become quite impotent, after having in vain tried all kinds of tonics. When undressed he shivered with cold, and his thighs had a bluish look as if it had been December. This he said had been increasing steadily as the impotence grew worse.

Obs. 10. In May of the same year a gentleman consulted me; he was forty-four years of age, and had never committed masturbation, nor attempted connexion before marriage, when he entirely failed; this was in his fortieth year. Till the age of fourteen he was quite a dwarf; he then began to grow very rapidly, lost his strength, and became subject to emissions which, for several years, continued with great severity, often at the rate of one nightly, for long periods. At what time they began steadily to decline we could hardly say, they had, however, never quite ceased until lately. Finding all attempts at connexion with his wife useless,

he went to the seaside and bathed in the sea. Although it was the height of summer he soon began to experience a feeling of coldness after bathing, which induced him to leave it off, but so far from abating it grew worse, and finally became so severe that he removed to the south of France; but even there he could walk out warmly clothed under a hot sun without feeling warm. This, however, gradually left him, and when I saw him had greatly abated; it was still however, very marked. The impotence had not in any degree improved.

Cause of Impotence.—What does impotence result from; paralysis of the nerves or muscles? Patients are often impotent who have vigorous erections at particular times, as early in the mornings, probably then arising from pressure of the urine on the trigonal space. This fact, and the total absence of wasting, sufficiently distinguish it from such paralysis as follows an effusion on the brain, disease of the spinal chord, section of a nerve, or pressure of a tumour. Is it then due to the prolonged action of a stimulus incapable of causing (as a natural one would) the evacuation of the semen, and the consequent healthy ebb of the vital power, but yet perfectly adequate, by the prolonged action, to cause such an influx of the vital power (or nervous action) as to set up minute and yet important changes in the structure of the nerves distributed to these parts, and to render them incapable in course of time of performing their natural functions?

Because we cannot prove a theory of this kind in the same manner as we can demonstrate the binomial theorem, or weigh Jupiter against the Earth, men of strong and sceptical understandings have assumed, as an incontrovertible fact, that it cannot be proved at all. But while I am quite willing to admit that only too much room for scepticism has been given by hasty generalisation, and the use of such unmeaning terms as blood poison, I do mean to assert that rigorous reasoning and definition can give form and body to physiology, so as to make it as demonstrable as algebra or logic.

Treatment of Impotence.—As yet, however active the search, men have failed to discover anything like a specific for impotence, and the greatest scepticism prevails as to the virtues of the once highly prized Aphrodisiacs. That some of them irritate urinary organs, and thus occasion erections, is beyond doubt; but it is also equally certain from the self-same observations that they possess no power of restoring a lost function, or repairing organic change. When Dr. Mason Good pronounced such a sweeping condemnation of them, and gave it as his

* Oester. Med. W. Schr. 1843. No. 24.

opinion that they might one and all "as readily be relinquished for such purposes as the nests of the Java swallow, which are purchased at a high price as a powerful incentive, and form an extensive article of commerce in the East," he may be said to have pronounced judgment on them and presided at their interment; but there is no doubt that he gave utterance to the general opinion of the profession, which has tended steadily in one direction since the days of Cullen and Hunter.

Ergot of rye, nux vomica, steel, quinine, with mild cauterization, phosphorus, seem to possess certain properties in relieving impotence, and appear to merit a candid and scrutinizing examination.

Progress of Spermatorrhœa and Impotence.—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, idiocy, &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 chord is necessarily incurable. Long continued steadily increasing impotence from excess, especially when a patient has passed his thirty-fifth year must I fear, be regarded in a very unfavourable light. All other cases may, I think be cured; especially so long as there are, occasionally, perfect erections, and as long as the sensation on the discharge of semen awakens the patient, there is seldom much cause for alarm as to the ultimate results; 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 affect 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 Fin-gal beheld issuing from the halls of Cruth-Loda.

Two forms of spermatorrhœa admit of a rapid cure in some cases. One is, when it is principally dependent on an accumulation of sebaceous matter underneath the prepuce; the other when the emissions have never been very frequent. I have known instances where the emissions have ceased almost immediately after the removal of the "offending

material," or where they were cured by the first prescription; but I can lay down no rule to guide any one in deciding at the outset whether such a fortunate result is likely to ensue.

But there is, also, a set-off against this bright view of the question. Spermatorrhœa is, I have too much reason to know, liable to sudden and most unmanageable outbreaks. After suffering from an occasional emission the patient notices that they recur every week; if he neglects this warning he will certainly repent it, for sooner or later the number will increase, and, in too many instances, it is only at this early stage that we can cure him. In still worse cases seminal emissions are found recurring almost every night, in six weeks from their first appearance. And that the tendency once induced may lie dormant for years, but strong as ever when called into life by disease of the organs, is well known.

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 spermatogenic 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 digestion and nervous system, &c.

Indeed, I consider the propagation of dis-

* Vol. i. p. 45.

ease from the genital organs to the system, except in the case of specific disease like syphilis, as very limited. In a paper read before the Medical Society of London, I endeavoured to show that the organs of generation differ from every other in their capacity for tolerating diseased action.

"In these forms of structure (those of animal and organic life) we see inflammation pass through all its phases, but in the testicles, which, like the ovaries, represent a system of which they are the only essential parts, inflammation can with difficulty become even suppurative, perhaps never, unless there be, at the same time, a tendency to deposit tubercle; mortification is rare, and when it does occur, is easily repaired to a great extent. However red the scrotum may be in orchitis, I have never seen this redness show any disposition to pass to the walls of the abdomen, as if, though the one seems only a continuation of the other, Nature had drawn a trenchant line between them. The colicky pains in the abdomen, and the languor, faintness, and depression which attend orchitis, seem to point out that the chief bond by which these parts are united to the system, is nervous connexion; a fact still further evidenced by the absence of any general disorder of the frame, after the first symptoms had passed off, though considerable disease still remains.

"These structures seem to have too little vitality, or too much irritability, to endure inflammation, or carry on absorption properly, for effusion of serum takes place with extreme rapidity in orchitis, while we have often great difficulty in getting it absorbed. Sloughing of the scrotum from cold will come on equally quick; though the scrotum, unlike parts which usually slough or mortify from this cause, is highly vascular; the hardening left by orchitis is apt to be very obstinate, though the testicle is well furnished with absorbents.

"To illustrate this point still more clearly, it may be observed, that we have a set of organs in which it is almost impossible to induce inflammation or any other disease. I speak of the spleen, thymus, thyroid glands, &c. A slow, sluggish growth, which we can scarcely check by any known means, seems the only action they are capable of taking on. Dr. Knox supposed that they link us by the tie of transcendental anatomy to races of animals which have perished off from the globe. This view is most likely the correct one, and it may be that as they are only lingering evidences of the vast and comprehensive scheme on which the animal kingdom was planned, they have just so much connexion with our frame as is necessary to

secure their existence, but not so much as to allow them to participate actively in disease."

Thus, in respect to their seat, we have four divisions of diseases; those of organic life, which from their nature threaten life; those of animal life, which menace it by extent only; those of the generative organs, which rarely, if ever, destroy life; those in which disease only attains a very low standard; the organs of "past life."

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 render 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,

* 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.

McDougall, 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.

Circumstances have placed me in a position to give some further details respecting some, and I can also relate the others at greater length than I felt at liberty to do in the *Lancet*. In a disease accompanied by so many forms of functional disorder as spermatorrhœa, we can scarcely exemplify the value of treatment without carefully written cases. Many patients present nearly the same mode of recurrence of the seminal emissions, but differ most strikingly in the extent and manner in which other functions are disturbed. In one man anæmia, lassitude, torpor; in another the most robust health and inflammatory disposition; in one apathy; in another intense irritability; obstinate dyspepsia, pains in the back, turbid urine, attack some; others are strangers to any symptom of the kind. Hence histories of cases become necessary to give vitality and form to the isolated details of treatment.

Cases, too, have this intrinsic value, that they are the most enduring and useful form in which experience can be handed down from one age to another, and thus they come to be read and prized when men have ceased to set the slightest value upon the opinions of those who gave them to the world. Accumulating thus, in the course of years, they enable men to bridge over the vast wastes of time, and compare their practice with that of their predecessors. By industry alone can we improve upon the practice of those who have gone before us. Our art was called into being by industry, by the "ancient and serious diligence of Hippocrates," the morning star of medicine; and it was the hand of industry that withdrew it from the rubbish of barbarous and monkish superstition.

a. CASE 1.—*Night Discharges from Masturbation*.—A—, a good-looking lad, aged seventeen, applied January 20, 1851, with spermatorrhœa, arising from masturbation, which he was continually performing in his sleep. To use an ointment 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 February 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 complained 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.

The emissions in this case were severe, that is, they produced great exhaustion, but not very frequent, and they were of very recent date. He looked so haggard, notwithstanding his powerful build, that I could not believe his assertion, that he had always worn this appearance. The issue showed me he was right. I subsequently attended him for syphilis, in the treatment of which mercury was employed, but it produced such rapid emaciation that I was obliged to discontinue it, and substitute the iodine of potass and sarsaparilla. Yet the spermatorrhœa troubled him no more, even during a long course of treatment for secondary symptoms. He is now married, and enjoys good health. He is a remarkably strong, temperate, and active man, extremely fond of boating and boxing, and to this, in a great measure, his quick recovery may be ascribed.

b. CASE 3.—*Vesicular Gleet*.—Mr. 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 Vesicular Gleet.*—Mr. D— applied March, 1849, with these affections. He had been addicted to great venereal excesses, and some time 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. Some months after he was still well, though he had a "touch of yellow fever" in the interim.

CASE 5.—*Night Discharges, Recurrent Gleet, and Vesicular Gleet.*—Mr. E—, aged twenty-two, a strongly formed, pale, but healthy looking person, who looked as if disordered health was rather owing to accidental circumstances than any constitutional tendency, 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. This was a state of things quite new to me. He paid his first visit on the 14th previous; but anxious to satisfy myself, I carefully examined the urethra and prepuce, and told him I would delay prescribing till another attack of the same kind. He was to come so soon as he noticed the discharge. This was, as already stated, on the 18th, when, to my great surprise, I saw a free purulent running from the inside of the prepuce and the urethra. 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. At the expiration of nine weeks 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. A short time after this he contracted balanitis, and having drawn the prepuce back, in order to apply

the lotion properly, he could not bring it over the glans again. I was absent from town at the time, and he went to a friend, who divided the constriction and returned prepuce. Subsequently I performed circumcision on this patient, and he then assured me he had had no emissions since his last visit to me. A few months afterwards I accidentally met him, and he again informed me that he was quite well. Last year he paid me a visit, he had remained well.

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 18th, 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; possibly, also, in some degree, from the use of cubebs, of which he had sometimes taken 1 oz. a day; they were the principal agent in the cure which it took three months to accomplish. He had seen the last of the purulent discharge three months ago, so that the venereal disease was of half a year's standing. The emissions, he told me, began in six weeks from the time he first noticed that he was infected. He had never been 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.

I had subsequently an opportunity of learning that the cure was complete. Even before he left me an interval of twenty-nine days occurred in the emissions.

CASE 8.—*Night and Day Discharges.*—H—, a pale, delicate young man, aged

nineteen, who had evidently outgrown his strength, 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.

Quinine, though it seemed to agree with the seminal emissions, certainly, when taken alone, made the gleet worse. It was continued, in all, up to the 3rd of October; till then he attended very regularly. After this he only attended once or took any medicine for a month; the consequence was, the emissions began to return. From November 7 to December 12, he paid great attention to his complaint, and left cured, both in his opinion and mine.

Seven months afterwards he came under my care in a very bad state of health. He had become much thinner, and latterly had suffered from cough; he had also noticed a number of ascarides in his stools; on the dorsum of the left foot a considerable swelling had formed, which fluctuated indistinctly; it had arisen almost without pain. I confess I was not very sanguine as to the results of any treatment. Quinine, steel, and cod-liver oil were tried, free counter-irritation to the chest, the swelling on the foot was brushed over daily with tincture of iodine, a combination of a sedative with the hydr. c. cret. was tried, but did not seem to agree. In the beginning of October the emissions began to reappear, and soon resumed their old violence. At the end of four months he was rather worse than better, and he left me abruptly, as I supposed, dissatisfied. To my great surprise he, a short time ago, paid me a visit, looking very much better. He told me the emissions had almost entirely disappeared, and that his cough was well, the swelling on the foot seemed consolidating. He triumphantly attributed these results to his having given up medicine, and trusted to time, plenty of exercise, and plain living. But if so, why did they not prevent the relapse? Was this a natural crisis, and had

the time of life, now nearly twenty-one, anything to do with it?

Dec. 13, 1855.—He is again a patient. As the foot got well the emissions relapsed (perhaps from his having grown careless); and now occur about once a week to once in ten days; this has been the case for about six months.

e. CASE 9.—Day Discharges.—Mr. I—applied November, 1852. He had two to six times a day, faint erections, and immediately after a thin discharge. The attack dated, he said, from only nine months ago, and ensued after great venereal excesses. 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. Part of this, however, arose from his habits; he was a large eater, a great smoker, and sometimes, having a sedentary occupation, scarcely crossed the doors for a week together. 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. By the end of the eighth week the emissions were reduced to one a week, but they occurred without any sign of erection. He was highly nervous, and complained of involuntary movements in his fingers, which were extremely perplexing, as he had a great deal of writing to do. He also spoke of a constant "aching in the kidneys," "the camphor made him excited in the head." His bowels were regular. In five weeks more I again saw him, the emissions occurred once a week, but he complained of pains in the back, turbid urine, and excessive irritability, which he thought the quinine had occasioned. In three weeks from this time the discharges had diminished under the quinine, aided by a little dec. pareir. br., and more regular habits and exercise, to one in nine or ten days. He gradually recovered, and at the end of twenty* weeks was so far advanced towards a cure that he gave himself no further trouble about the matter. It might have been better for him if he had not done so. Some fifteen months after he was again a patient. It appeared that he had applied a blister, and finding the emissions returning, he gave up treatment in despair. Gradually, however, they subsided again, and he might, probably, have improved considerably, but his old habits regained their ascendancy: night after night the pipe and

* In the first edition of this paper ten was miswritten or misprinted for twenty weeks, or, to be quite accurate, 143 days.

glass contributed their quota to the ravages on his health. The emissions were once more somewhat checked by injections of nitrate of silver and the tinct ferri seschlor. in full doses, and I began to hope a cure would follow. But it was too late, and a short time ago he was again a patient, with emissions two or three times a week. The erections had grown more vigorous.

f. CASE 10.—Spermatorrhœa and Congenital Imperfect Erections.—Mr. J—— applied, August 12, 1852. Perfect erections had never 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.

In this case the penis was very short, almost buried in the hair of the pubis; the testicles were small, and the scrotum much relaxed. He certainly never gave treatment a fair trial; nothing was carried out as it was recommended. He was a moody, wayward being, over whom one had little control, and alternately gave way to wild excesses, and relapsed into gloomy despondency. Yet I feel doubtful if I could ever do much for such a case; the only remedy that yielded any benefit was a blister, which seldom failed to relieve the intolerable sense of formication in the urethra.

CASE 11.—Vesicular Gleet and Stricture.—Mr. K——, a gentleman of the age of twenty-two, remarkably healthy looking, florid, and compactly made, consulted me, January 7, 1854, for spermatorrhœa. I found, however, on questioning him, that the emissions occurred very rarely, but that he was affected with a discharge of mucus almost every time he went to stool. The proximate cause of these symptoms, I considered, was a succession of attacks of gonorrhœa, which he had caught three or four times; for though in his boyhood he had practised masturbation, he had seen no emissions till after the infection. The last gonorrhœa was very obstinate, and was followed by two strictures, one about five inches from the orifice, the other a little posterior; for these bougies had been used without success.

There was no derangement of the functions to set right, the health being excellent in every respect, with the exception of a

slight fit of dyspepsia. His extreme continence and youth made me unwilling to interfere for the purpose of checking the seminal emissions. To relieve the vesicular gleet a blister was applied to the penis, as he could not, conveniently, apply one to the perinæum; but as he disliked the severity of this process, he was directed, on subsequent occasions, to blister only a portion of the penis at a time. As mostly happens in cases complicated with stricture, they failed to afford any relief. Dilatation was tried, but only a No 6 bougie could be passed; sometimes the urethra was too irritable to admit even this. I therefore determined to apply the nit. arg. first to the anterior stricture, then, at the expiration of a week, to attack the posterior one; at the end of the second week to apply it to the anterior stricture again, and so on. On the fifteenth day the anterior stricture admitted a bougie two sizes larger. At the end of three weeks the discharges at stool had almost entirely left him, and three weeks later it was found that the anterior stricture admitted No. 11, while only No. 9 passed through the posterior one, and there had been no more discharges; the posterior stricture was then touched with caustic. Up to this time he had used only a mild aperient. Quinine was now ordered, and he left for the country.

Several months after I again had the pleasure of seeing him. He was not looking so well, thought the country air did not suit him, and complained of great weakness and extreme languor after taking exercise. The discharges at stool, after he had long enjoyed complete immunity from both, had again begun to show themselves. Quinine was ordered, and the nitrate was applied to both strictures, which did not seem to have undergone any contraction, though the urethra was very irritable. At the expiration of a month of this treatment he left me, so far as I could judge, cured. Subsequently, though the gleet did not return, the stricture assumed a very intractable form.

CASE 12.—Night Discharges, Commencing Impotence, Severe Dyspepsia.—Mr. L——, a gentleman nearly twenty-one years old, called on me early in January, 1854, for my opinion on his case. Initiated, by the truly infernal depravity of one who ought to have guided his steps to a different goal, into the habit of masturbation, he had continued it from a little beyond his fourteenth to the completion of his sixteenth year, two or three times a week, and for about six months more, two or three times a month; then he gave it up for good. On first essaying connexion he failed, and never attempted it

again for three years, when he again tried, and succeeded. Sensation on emission after steadily diminishing for two or three years, had now entirely ceased; two or three emissions took place weekly; they were increasing in number, and marked by less and less power of erection. He suffered constantly from indigestion, the use of food being always followed, in a short time, by the formation of an immense quantity of flatus, the distension and annoyance of which had made him latterly quite averse to going into society. The tongue was coated and the bowels were constipated. There was a thick sediment, almost like gruel, deposited from the urine, and he thought he had noticed a diminution in the size of the urinary stream. He was of a phlegmatic temperament, plain spoken and resolute, so that there was no reason to suppose he in any way exaggerated his state.

On passing down a No. 6 bougie some contraction was found, but, as he felt rather faint, the examination was not prolonged; on withdrawing the instrument a drop of pus flowed from the urethra.

The treatment was carried on for three months and a half, during which time I must say he lent me all the assistance in his power, and followed out to the utmost everything prescribed. It consisted, at the first, of the use of nitr. of potass and sulph. magnes. dissolved in red syrup and mint water. Twice a week, a bougie, well warmed and oiled, was passed, till no more shreds came with the urine; this ensued in about twenty days, and then sensation returned. This treatment seemed to agree very well with him, and for the first twelve days after commencing it no emissions occurred, which was a great improvement on his former condition. Indeed, so marked was the amendment in his appearance, that I almost deluded myself into the belief I had brought into play some marvellous power by these simple remedies, but I was soon set right on this point.

So much having been attained, a blister was applied to the penis, and the spir. camph. was given every night for three or four nights, and then omitted for a like time, gradually increasing the periods for both, but directing him, as soon as an emission occurred, to leave it off till another was due; after the blister the bougie was resumed; No 11 was the largest size used, and generally I confined myself to the No. 9 or 10, both of which I could pass without pain. From a very early period the urine remained clear, and the bowels were kept open by the strychnine, in conjunction with mild doses of blue and rhubarb pill. His tongue grew clean and his general health good. The indigestion, however, proved exceedingly diffi-

cult to subdue. At last the sulphite of soda, in combination with dilute prussic acid, was tried, and answered exceedingly well. By the beginning of May he had attained very good health, and as during the last twenty-five days he had had no emissions, even without camphor or any special prophylactic, and had recovered the usual amount of sensation on connexion, I deemed it uncalled for to continue the treatment.

Twice during the time he was under my care he contracted gonorrhœa, or rather, the second attack was brought on by imprudence just as the first was passing off. Both yielded very easily to a mild aperient, backed by a few injections; the cure of the second being probably hastened by the second blister, which he put on the night after he contracted the infection. The rapidity with which these discharges yielded to such simple means, is a proof that the urino-genital organs were well organized; indeed, the second attack was treated with only two injections of nitrate of silver, and three of sulphate of zinc.

He also suffered from a little hæmoptysis, for which salines were given, and cod-liver oil in small doses, with a blister to the chest. The tinct. ferri mur. was tried in this case, but it always brought on a return of the flatulence.

CASE 13.—Night Discharges, Nervous Excitement, Defective Intellect.—Mr. M—, a young man aged twenty, applied to me, February, 1854, for night discharges, under which he had been suffering four years and a half. When speaking to me he continually pressed his hand upon his forehead, and complained of strange sensations, inability to sustain any mental exertion, bodily languor, and pain after eating; his tongue was white, bowels constipated; of late he had suffered under fits of nervous excitement at nights, like hysteria, which had made him a perfect nuisance to every person in the house. For the last few nights his father had been obliged to sit by the bed-side until he fell asleep. His bladder was irritable, and when he made water something seemed "to rise to his head."

First of all a mild aperient, with bitters, was ordered, to get the tongue clean and the bowels somewhat open. He was then directed to sponge with cold water and salt, and forced exercise enjoined; diet to consist of mutton chops kept a long time before cooking, well broiled and eaten with bread; very little tea or coffee, and the greatest care in chewing his food, were recommended. The general symptoms having improved under a week of this treatment, the tinct. ferri mur. was begun in doses of

twenty drops, three times a day. To read aloud, and use the dumb-bells for five minutes, night and morning. His hair to be cut short, and his head occasionally washed with cold water; and to soothe the restlessness at nights, I told him to turn the pillow as soon as the one side grew hot, in order that the heat might be conducted away as rapidly as possible from the head.

The first effects of this treatment were a gradual subsidence in the nervous excitement, with a return of the natural sensation in the urethra. The next was, that less exhaustion was felt after an emission or taking a walk. Treatment was, therefore, pushed more vigorously, and at the end of five weeks he was able to walk two miles before breakfast; a glass of cold water on rising sufficed to keep the bowels open; the indigestion passed off under a little rhubarb pill, restricted diet, and the daily use of a little brandy and water at dinner. At the lapse of forty-one days he reported that he had had only one emission for a week; the next week one occurred, and then there was a clear interval of fourteen days, at the end of which time he began to feel a great sensation of fulness about the testes. A little croton oil liniment to the perinæum brought out an eruption, accompanied by two emissions. The effect, however, was so beneficial, that he thought he might now discontinue regular attendance. I therefore recommended change of air; to continue the steel, exercise, and diet, as before—the nervous excitement was quite gone. I have not seen him since.

CASE 14.—Night and Day Discharges, Dyspepsia.—Mr. N—, aged twenty-one, applied to me on the 4th of March, 1854, for spermatorrhœa. For some months past he had been getting worse; there were now frequently two or three emissions in one night, and sometimes as many in the day, producing the greatest weakness and dejection. The slightest excitement was sufficient to bring on an emission, even the contact of any soft bulky body with the perinæum and scrotum.* There was a good deal of vesicular gleet, but it made its appearance irregularly, and seemed in a great measure to depend on the constipation, for when this was kept in check by gradually raising the dose of an aperient, he noticed less of the discharge. Like many of these patients, he laboured under some indigestion. He also complained of constipation, and of a burning and smarting at the rectum after stool, with a feeling as if something were left behind that ought to come away. He suffered from headache, and had no

desire for food, though he could eat pretty well. The tongue was coated, and there was a thick branny deposit from the urine, apparently phosphates mixed with a good deal of mucus. Sometimes, however, the lithic acid sediment was observed. After making water there was a little dribbling, and the bladder was so irritable that the smallest quantity of urine was enough to excite contraction. Every function was disturbed, the difficulty seemed where to begin the work of restoration.

The most rational indications of treatment, I thought, were first of all to relieve the indigestion and constipation, while the camphor would somewhat check the emissions; then to allay the irritability of the bladder, and the disordered state of the urine; to abate the seminal plethora by means of counter-irritants, and trust to tonics, hard exercise, meat diet, &c., to improve the general health.

Gregory's powder in mint water was prescribed, combined with ammonia on account of the great languor. A small quantity of opium at night, with a mild aperient. To drink a glass of cold water and walk a hundred yards before breakfast; same diet as in the preceding case; no wine or malt liquor; cold sponging and hard friction of the skin. To wear his hair short, and use a linen pillow-case at night.

As soon as these means had in some degree removed the extreme flatulence and drowsiness after dinner, one-sixth of a grain of strychnine was ordered daily in a pill, to assist in subduing the constipation, which was still very obstinate. As he was quite worn out with the restlessness and excitement at night, I told him to increase the quantity of opium to a grain, or a grain and a half, on going to bed, until he obtained some relief. He now began to complain of the force of the erections, to check which the spirit of camphor was ordered.

On the twentieth day from commencing attendance he informed me that the indigestion and drowsiness had, to a great extent, left him. He had a stool almost every day, the erections were less frequent. The urine was better, but the bladder still continued irritable, and the dribbling after making water remained. He was, therefore, directed to take his previous medicines less, and to take occasionally a dose of nitric acid in Dec. Pareir. Brav. At the expiration of the sixth week he was able to leave off sedatives, and his bowels acted regularly without the pills, but the sense of something to come away still remained. The emissions had diminished to one a week, but, as frequently happens, this improvement was counteracted

* I have been informed that many of the Indian elephant drivers are impotent from this cause.

by the feeling of plethora in the testes. He was tired of medicines of every kind (he had taken a great deal before he applied to me), I therefore sanctioned his leaving them off and advised a blister; this relieved the sense of fulness in the testes and the discharges at stool; but leaving off the medicine brought on a return of all the old symptoms, lassitude, constipation, &c. Quinine in small doses with acid, was recommended till this should pass off, and though this medicine never agreed very well with him, yet he grew rapidly stronger under its use.

At the end of fourteen weeks from his first visit, he had so far improved, that during the last month only three emissions had occurred—those at stool had quite left him—and there had been only two emissions in the daytime, both under the influence of great excitement. He was now recommended to persevere steadily in carrying out, unassisted, the plan traced out for him, especially the gymnastics, and he left me.

A month after I received a hasty note from him to say he wished to see me before going abroad. When he came he told me the emissions were almost gone, and his health was greatly improved. He still looked very pale and delicate. I took advantage of the opportunity to touch the membranous and prostatic part of the urethra very gently with nitrate of silver, but the canal was so sensitive it was only with difficulty I accomplished my task. Then I recommended him to continue as he had begun, and wished him good bye. I have not seen him since.

CASE 15.—Night Emissions.—Mr. O——, a young and very delicate gentleman, applied to me March 10, 1854, with this affection, from which he had suffered occasionally for some years. During the last twelve months, in consequence of an attack of gonorrhœa, he had been getting much worse, and latterly all sensation was wanting when the semen traversed the urethra, the erections becoming in a corresponding degree weaker. He complained of his feet being very cold at nights, of headache, constipation, and indigestion, with flushing and heat in the face after eating, especially after dinner. On pulling back the prepuce a quantity of sebaceous matter was seen. This I told him to wash carefully away every day, and prescribed five grains of nitrate of potass, and 1 drachm of sulph. magnes. dissolved in red syrup and mint water, three times a day; g. v. of rhubarb pill and 1 drachm of spir. camph. occasionally at night.

On the 23rd he called to say that he had no emission since he began the treatment. He had taken the medicines regularly, and had carefully removed all the sebaceous

matter; the inside of the prepuce was indeed quite clean, though tender. The indigestion and flushing had almost ceased to trouble him, and he felt that he was growing daily stronger. As he was about to leave town for some months, I prescribed for two or three weeks at a time the use of gr. i. of quinine thrice daily, with an aperient, and the regular practice of gymnastics and cold sponging, requesting him to inform me if any relapse took place, which he promised to do. I have not heard from him since.

CASE 16.—Nocturnal Emissions. Impending Impotence.—A gentleman, age twenty-six, of healthy constitution, regular habits, abstemious, fond of exercise and society, applied to me in March, 1854. He had been taught masturbation when about fourteen years of age, and had continued it about two or three years. Alarmed, about the age of nineteen, by what he had read respecting the destructive nature of this folly, he had resolution enough to break it off, but not before emissions commenced, which continued to trouble him more or less till the present period. He never applied to any surgeon, but sedulously endeavoured to counteract the inroads of disease by regular active habits. He did not himself take a very sanguine view of his case, nor did I; still, there was a good deal in his favour. His constitution was good, digestion and bowels in order, if anything inclined to costiveness, urine clear, tongue a little rough. He neither smoked, nor gave way to any indulgence, and the emissions did not occur very frequently, happening sometimes once or twice in a week or ten days, and sometimes they were absent for three weeks. The emissions were always accompanied by the proper sensation on connexion; but they took place too soon, and the erections were not always perfect. He walked a good deal, but did not cultivate gymnastics. Having prescribed the nitrate of potass for a few days, as in the foregoing cases, I instructed him in the use of the camphor and ordered strychnine.

This treatment he continued regularly; it rendered the tongue cleaner, the urine somewhat pale, and produced a feeling of improved health; for, although he had so little to complain of, he now, he said, felt lighter and more full of hope. Little change, however, in the seminal emissions had taken place at the end of six weeks, and he began with the tinct. ferri mur., in doses of fifteen drops twice a day, gradually raising the quantity. At the expiration of eighty-eight days from his first visit he informed me that he had only had one emission in the last six weeks; his tongue had grown quite smooth,

urine of a proper colour, bowels no longer costive.

From this time up to the middle of August he was much less regular in his attendance, and also in taking the medicine, occasionally neglecting it for two or three weeks at a time. He had attended to my instructions respecting diet, gymnastics, and bathing the parts. He now resumed it vigorously, and having increased the dose to twenty-five drops twice a day, continued it regularly along with the strychnine pill. Towards the close of September he informed me that he considered the emissions cured, having had none since, but the desire for connexion seemed diminished. I recommended him, as he was not able to see me any more, to continue his treatment for some months, but I have had no opportunity of learning if he has done so.

CASE 17.—Emissions. Vesicular Gleet? Impotence.—Mr. Q—, a pale, shattered, haggard looking man, paid his first visit February 20, 1854. He stated that for years he had not had a perfect erection, so that intercourse was difficult, but not impossible; and of late the penis had always seemed very flaccid, even when he was exposed to the greatest excitement. Occasionally on rising he noticed a small stain, the size perhaps of a crown piece, on his night shirt, but he was unconscious of anything occurring at these times; sometimes the discharge was more free, and awakened him, but it was not accompanied by any pleasurable sensation. These emissions, however, always produced some excitement, and were followed by a certain degree of languor. What he chiefly complained of was the vesicular gleet, for he feared, he said, he should never obtain any improvement in the erections. The discharges at stool, however, which consisted of thin yellow mucus, seriously annoyed him, and he was anxious to know if anything could be done. He had been repeatedly cauterized, without any good resulting; once or twice after the first application he thought there was more sensation on emission, but this soon passed off again. He had also taken large quantities of quinine, which always recruited his health but left the emissions *in statu quo*. He suffered severely from headache, constipation, flatulence, and foul tongue. &c.

A gentle aperient of rhubarb and magnesia was prescribed, to be taken twice a day, and a blister was ordered to the penis. When he visited me on the eleventh day after, some improvement had already been wrought in his general health. His bowels, however, were not sufficiently open. He had not had an emission since he put on the blister, but

there had frequently been intervals as long between them. The blistered surface having healed, I introduced a No. 9 bougie; it passed with difficulty, and felt as if it encountered bridges or ridges of mucous membrane near the bulb. In a day or two the emissions returned; the discharge, after relieving his bowels, had continued all along. The bougie was now used twice a week; at times No. 10 passed with some ease, at others No. 9 could not be introduced. I tried quinine, but it did not agree with him so well as the aperient. On examining the urine it appeared quite natural, but on allowing it to stand a large quantity of mucus was precipitated. On the twenty-fourth day I applied the nitrate to the constricted part of the urethra, but very gently, as previous applications had produced very severe shivering, which he did not altogether escape this time. After my using this he complained that he had had an emission two nights consecutively. Discharges after stool just the same; applied the nitrate again, gently.

A brief interval now ensued without an emission, and on the thirty-fourth day I again applied the nitrate. On the thirty-eighth day he called to say that he had had one emission, which was attended with consciousness, but no pleasurable sensation. On attempting to use the bougie I found contraction had ensued, and shivering followed. For the last four days he had been taking iodide of potassium in bitter infusion, and his health, which had improved under the previous treatment, again failed. By the forty-first day he seemed to have relapsed considerably, and the emissions and discharges recurred as regularly as ever. He paid me no more visits, but I learned subsequently that his state had in no way improved.

CASE 18.—Emissions and Impotence in a mild Form, complicated with a little Acne and Gleet.—Mr. R—, a middle-aged, thin, but healthy looking man, consulted me on the 6th of June, 1854, suffering from emissions and impotence, arising originally from masturbation; of his complaint he gave the following account:—At the age of twenty-one, without any warning, he suddenly found himself impotent, the emission taking place before the erection. He was rather alarmed, but consulted no one, thinking that care, cold bathing, and exercise, would soon put him right again; and, in fact, he became in a few months as strong as ever. He then caught a gonorrhœa, which lasted four months, and left him very weak, and also impotent. After he had allowed some time to pass he found that he was not getting better, and applied to a surgeon of some

standing who gave him some preparation of cantharides, and eventually cauterized the urethra; this was about fifteen months before he came to me. In a short time the surgeon considered him cured, and intimated as much; the patient accordingly left, and travelled for change of air, which benefited him greatly, and he remained well and strong. Some time after his return he again attempted connexion, and, to his great mortification, for the third time found himself impotent. He made a vow to abstain from connexion, and nurse his health; but, like many a good resolution, it was made only to be broken.

At the time he came under my observation he described his health as capital; the appetite being excellent, spirits good, and sleep sound and refreshing. Emissions, however, occurred about once a week, but were always accompanied by dreams; a little purulent matter could frequently be squeezed out of the urethra, the scrotum was very soft and loose; he had a slight eruption of acne about the shoulders, and confessed to being very nervous; the impotence also had not improved. The case looked as if it might at any moment become serious, but the event falsified any suspicions of this kind.

He was directed to take the spirit of camphor, occasionally, at night, and a grain of quinine twice a day, sometimes adding a drachm of sulphate of magnesia. If any disorder of the stomach or bowels arose, he was to resort to the compound rhubarb pill, in mild doses; also to use the cold dash, and wear a suspensory bandage. On the 2nd of June, 1855, I again saw him, and he said he had for several months been perfectly cured. He had regularly carried out the treatment as prescribed, and for nine months had never missed taking his quinine.

CASE 19.—Slight Nocturnal Emissions and Impotence, complicated with considerable Nervousness.—Mr. S.—applied to me March 12, 1854. He was forty-four years old, had never married, and till within three years had occasionally been guilty of masturbation. He now complained of emissions at night, a slight discharge of clear white thready matter after making water, without any erection, nervousness, startings, strange sensations about the eyes, stinging pain at the chest, and pricking pains in the urethra and penis. He had once taken steel drops and pills for about ten days. He had discovered that cold sponging and occupation of his mind relieved him most of all. His frame was healthy and well developed; the genital organs in good condition, and the erections vigorous, though he thought not quite so good as they

had been. He had lived a perfectly continent life for some years, and with the exception of an occasional attack of hæmorrhoids, enjoyed the best of health.

What was the matter with this patient, nervousness or old reminiscences and remorse? He said over and over again, that if he could only throw the weight off his mind, he would be as well as ever he was. Not quite perhaps, but as well as a reasonable man could expect to be at his time of life.

It was of no use attempting to persuade him that nothing was wrong; that a little wine and more generous diet, society, and exercise in the fresh air (for he lived in the country) would soon set him right. Patients who argue logically cannot be convinced, and he had always a most excellent reason for not doing what I wished. I therefore contented myself with prescribing mild doses of tincture of steel, and an aperient pill at night. During the first ten days he was much better in respect to the nervousness; but I believe this was almost the only instance in which I succeeded in procuring regular attention to the rules laid down. On every other occasion, I found that he had misunderstood the instructions, and was alarmed at something he had read respecting the medicines, or had forgotten to mention some important symptom; in short, he was a most ingenious self-tormentor. As he would not go into society, on account of the excitement—which was still worse when he was alone—I now recommended marriage, the bare mention of which so unhinged him, that he said he had fifteen emissions in eight days. But he did marry, had connexion quite perfectly, and shortly after came back to report himself incurable. As I could not coincide in this view (for there was nothing the matter), he left me in great dudgeon.

CASE 20.—Severe Emissions from Gonorrhœa, Dyspepsia.—Mr. T.—, a remarkably stout-built, florid gentleman, called on the 21st of November, 1853, to ask my opinion on his case. He was twenty-two years of age, and quite a martyr to spermatorrhœa and dyspepsia. Emissions occurred three or four times weekly; and if by any chance there was a cessation for a few days, they never failed to occur directly after for two or three consecutive nights. These were attended next day by such exhaustion, that he could scarcely rouse himself to any exertion. He described himself as never free from flatulence and pain after eating, however regular he might be in his diet; and this was always worse after an emission. He went constantly into society, mixed a good deal in active amusements,

but still continued to pursue his studies with diligence. He traced his sufferings solely to a gonorrhœa which he had contracted two years and a half previously, and which had been treated with copaiba and cubebs, no injections having been used: the subsequent gleet had never disappeared. He had taken a great deal of medicine, but as he had not preserved the prescriptions, no clue could be given:

I wanted to inject with nitrate of silver and blister, but to this he was opposed, dreading stricture from injection. I therefore prescribed a mixture of sulphite of soda and aromatic confection, with a teaspoonful of spirits of camphor at night, to direct the urine and the emissions. By the 9th of December he was better, the emissions only occurring at the rate of one every three nights; the dyspepsia was also less troublesome. As he was travelling, he had only resorted to the mixture when the state of his stomach seemed to require it, making use however regularly of the camphor, and he now wanted to have his medicine in the shape of pills. Camphor in pills was accordingly given, and the oxide of bismuth in combination with the compound rhubarb pill. By the 24th he was still further improved, the emissions only occurring twice a week; but the indigestion was very severe, and a constant sense of pressure on the chest, with a grasping at the throat was complained of; finding this grow worse, he had returned to the first prescription, which he had taken regularly. A little prussic acid was added to it.

His health now improved steadily, and he had already begun to discontinue the medicines. Unfortunately, in the beginning of January, he caught a violent cold and cough, which brought on emissions four consecutive nights, notwithstanding the camphor; perhaps this was in some measure due to the cause which he himself assigned, viz. sudorifics at night, and a great weight of bed-clothes in order to "steam out the cold!" On the 9th of February he was much worse; the camphor seemed quite to have lost its efficacy, and on resorting again to the steel (which he had tried once with good effect, when his indigestion was not quite so troublesome), it seemed to make the emissions more frequent, for they now ensued on an average every night. He was dreadfully enervated and irritable, and could scarcely muster up strength either to walk or ride. "Like all the treatment hitherto adopted," he said, "my remedies had given him temporary relief, succeeded by worse symptoms than ever." His indigestion also, grew daily worse. Quinine was now tried along with a

mixture of carbonate of magnesia and rhubarb with ammonia. By the middle of April, the emissions were as frequent and debilitating as ever, and he no longer objected to a blister; circumstances occurred to prevent his using it. He then suddenly decided upon having the nitrate of silver applied with Lallemand's instrument. His next account was, that the emissions had diminished in frequency but were still so severe, as to leave doubts in my mind respecting the ultimate termination of the case. I have had no opportunity of learning the result, as he left England shortly after.

CASE 21.—*Spermatorrhœa, Slight Impotence, great Nervousness, and Susceptibility.*—Mr. U., aged forty, gave, on March 16, 1845, the following account. He had committed masturbation about the age of eighteen for some months, and then discontinued it entirely. He married in his twenty-second year, had five children, and had been a widower now four years and a half. During his married life he occasionally suffered from emissions, during absence from home; and, for some time before his wife's death, he noticed that the emissions took place suddenly, and this had gradually increased, the erections also becoming more imperfect. At the time he consulted me, he had usually one nocturnal emission in a week. He considered that he had laboured under a mild attack of secondary symptoms, but I was disposed to doubt whether he had ever had primary ones. His health had of late become very indifferent; his nights were restless, and it was only towards a late hour in the morning that he found relief in sleep. He arose unrefreshed and unfit for business, especially after the emissions, which sometimes awakened him and sometimes failed to do so. He was subject to severe headache, accompanied by disorder of the liver and free vomiting; indigestion was a frequent occurrence, and he was highly susceptible of the influence of the weather. His urine often deposited a sediment like chalk. There was a sensation of heat in the urethra and irritability of the bladder; great irritation at the distal end of the penis, and at stool a discharge of mucus from the urethra. His countenance was pallid, anxious, and haggard; he had suffered greatly from anxiety. His occupation and habits, however, were much in his favour; he lived a good deal out of doors in a pure bracing air, his diet light, his habits temperate and regular, disposition retiring.

A mixture of magnesia and rhubarb was ordered to be used freely whenever the dyspepsia was troublesome, and quinine was given in grain doses twice a day. Before

he commenced taking the quinine he had to leave home. He soon began to complain of fulness of the head, dejection of spirits, and had an attack of piles. Dried carb. soda with decoct. Tarax and compound tinct. of cardamoms were ordered three times daily; half an ounce of decoction of aloes in the morning, and a strychnia pill at night. These he used for some days (excepting the pills) with great relief.

The taking of a twelfth of a grain of strychnia was followed by remarkable symptoms. "I had not," he said in a letter, "been in bed much more than an hour and a half, when I began to feel a good deal excited and uneasy; finding these symptoms increase, I made an effort to get out of bed, which I could only accomplish with difficulty, my limbs trembling violently, and with the same effects as cramp at the extremities. At times I felt as if my limbs were being pulled out of their sockets, and also as if I should be deprived of my speech. I managed, at last, to disturb the house, and to get on my clothes, and go down stairs, dreading the idea of going to bed; in fact, I only felt disposed to keep on the move as much as possible. The symptoms gradually declined, and after putting my feet into hot water, and sitting up till nearly four o'clock, I was induced to go to bed, but could not get any refreshing sleep. To-day I feel in a very slight degree the same symptoms and very debilitated. The hand, for instance, with which I am writing is stiff, and the arm also. I never had delirium tremens, but I have been a good deal reminded of what I have heard of it, by the symptoms experienced during last night."

He again took the pills, but they produced such irritation and affected his head so much, that he was afraid to continue them. A disposition to constipation had now come on, but he was still a great deal better; the dyspepsia was less troublesome, and he had grown stronger. He had not yet taken the quinine. No change was made beyond resuming the magnesia mixture, and adding a little ammonia to it. He had lately had to combat with the unfavourable influence of the east wind, which always made him out of sorts and very irritable.

His first essay with the quinine was almost as unfavourable as with the pills; a severe attack of diarrhoea, with very painful griping, came on, probably in some degree owing to the action of the sulphate of magnesia which was combined with the quinine, even a drachm of which always operated freely on the bowels, accompanied by sharp pain darting from the right side across the bowels. All this was by no means satisfactory, but he determined to give the tonic a fair trial.

An extra glass of wine with more meat was ordered, and a blister was applied to the back of the neck, which soon relieved a giddiness in his head he had complained of. The emissions had diminished to one in three weeks, and the sensation, when they happened, was very marked.

From the 1st of May to the 19th of June, when he paid me his last visit, he continued the tonic regularly along with a little confection of senna to act on his bowels, instead of the sulphate of magnesia. His sufferings steadily diminished, except the irritable state of his bowels which was very slow in yielding, though they were generally open. What he complained of principally was a constant rumbling, with smarting and heat at stool. During this time the weather remained extraordinarily cold, and the colder the weather the more foul was his tongue, but he gained strength, the emissions seemed to have disappeared, and he hoped soon to be able to give up medicine. I had, however, no further opportunity of watching the case, as he went into the country.

CASE 22.—Impotence, with great Coldness of the Penis and Scrotum.—Mr. V—— consulted me July 26, 1854. He was a stout ruddy-looking, strongly made man; living in the country, of regular active habits, and enjoying good health. He had, in earlier life, been a great smoker, and, in his youth, had committed masturbation. Of late, attempts at connexion had been very ineffectual. Sometime previously he had consulted a surgeon who prescribed a tonic and astringent with cold local bathing, which were continued several months. This gentleman examined the urine which deposited, he said, a large quantity of pink sediment. There was also much irritability of the bladder, especially at night. To all appearance a cure was accomplished, and the state of the urine improved materially, but a relapse followed, and at the end of four months from leaving off treatment he again found himself far from well. But in all this there was only one symptom to which I paid much attention, and this was, that the penis and scrotum sometimes felt cold, and that lately after an interval of several years, emissions had recommenced. With these exceptions, the case seemed very favourable and the impotence was not very severe.

Quinine was ordered, and then the tinct. ferri mur. in moderate doses, three times a day. By the 5th of October the coldness of the scrotum had somewhat lessened in the day time; in the night it still continued, and that of the penis was much the same, especially at the tip, where it was most felt. As I had predicted, the emissions had got rapidly worse before the medicine had time

to act; with the natural sensation, however. The bladder also was irritable. A discharge of mucus, to which he had been subject when his bowels were confined, had re-appeared, and he had been obliged to apply an opium plaster on account of a little lumbago. One-twelfth of a grain of strychnine at night was added to the foregoing remedies, and the use of the lupulin recommended if the emissions should prove troublesome.

By the 20th of this month great improvement had ensued; the warmth of the penis had increased, the bladder was less irritable, the erections more vigorous; in a word, the state of the urine excepted, he was in all respects better. As the urine contained a good deal of phosphates and mucus, he was ordered the citrate of iron and quinine, five grains three times a day, and a blister to the perinæum.

On the 12th of December he paid me his last visit; the urine was much paler, but occasionally deposited some lithic acid; the blister had been applied to the perinæum, and the discharge of mucus after stool had ceased; his tongue was moister than before, and he felt better. He had had only one emission for eight weeks, and the impotence had given way. He had taken the lupulin; the coldness of the penis had almost gone.

CASE 23.—Night and Day Emissions, great Coldness of Penis and Scrotum.—Mr. W—, a strongly made and extremely healthy man, applied to me June 15, 1855, with spermatorrhœa, under which he had been suffering twelve months. It had come on very suddenly, and the emissions now occurred regularly three or four times a week. He enjoyed the best of health, was possessed of great physical strength and endurance, and was regular and active in his habits. Spirit of camphor at night was ordered, and a mild aperient mixture, followed by the tinct. ferri mur.; but none of these appearing to do any good, a grain of quinine three times a day, and blisters, were ordered. The first failed to vesicate, as it often does; the next, however, was more successful. The disease got much worse, seven emissions occurring in eleven days. They again diminished under the quinine; but no real improvement ensuing, I passed a bougie, and found a stricture which would scarcely admit No. 1; yet he assured me the stream of urine was as good as ever. After a little delay he consented to have the nitrate applied to the stricture; this was done once a week, and the tincture of iron again had recourse to, with strychnine, in pills; but the emissions increased to seven in nine days.

By the 16th of April the stricture had given way so far as to admit a No. 9. As

his bowels were constipated and his tongue foul, I ordered him a mild aperient. To check the emissions another blister was applied, and strong sedatives were given at night; some slight improvement ensued, followed by another relapse. A thin mucus now began to be discharged by the urethra, and the stricture grew worse: impotence also set in. During the whole of this period he had complained of coldness of the scrotum and penis immediately before the emissions.

Throughout the month of May the emissions seemed to have subsided into a regular recurrence of three every week; the stricture still remained, defying both the bougie and nitrate of silver. I now ordered nitric acid in infusion of quassia, and lupulin in pills; and at last a steady improvement began; the coldness diminished, and with it the emissions, which in another month had decreased to one in nine days; the stricture yielded so far as to admit No. 7, when he suddenly left off attendance and I saw him no more. He has called since, and is much better.

CASE 24.—Spermatorrhœa, Impotence, Stricture, Secondary Syphilis.—Mr. X— applied to me Nov. 8, 1854, with all these symptoms, complicated further by great weakness and dyspepsia. The emissions, under which he had been suffering some years, occurred three or four times a week, with little erection, and even less sensation. He had been cauterized, but the emissions became worse immediately after, and then reverted to the same number as before. He then tried connexion, and contracted syphilis, followed by sore throat, papular eruption, falling off of the hair, and condylomata about the anus. Mercury was given, and his health suffered severely, but the syphilis was checked by it.

The treatment consisted of mild aperients to relieve the dyspepsia, and the actual cautery to the condylomata, escharotics having entirely failed; after these followed the tincture of iron. Some very slight improvement resulted, the interval between the emissions increasing to six nights, when he always found that two occurred on consecutive nights. The dose of steel was gradually increased, and Gregory's powder in mint water was given once a day. At the expiration of four months the emissions were a good deal better, diminishing occasionally to one in a week. A blister was applied, and some further improvement was remarked.

All at once, without any visible cause, the emissions returned at the rate of three a week. I now had recourse to the bougie; the urethra felt very rough and tender, and a little more than four inches down I detected a slight stricture. To this the nitrate

of silver was applied once a week, for several successive weeks; it completely removed the obstruction, but no improvement took place in the emissions. By the 4th of July he had improved in his health, slept sounder, rose earlier, and felt stronger. Quinine was now ordered, and the dose gradually raised to three grains three times a day; ten grains of lupulin were given at night, blisters resumed, and the stricture regularly dilated, till No. 12 no longer encountered any obstruction. Injections of nitrate of silver were employed two or three times a week and he went to the sea-side and bathed.

The result of all this was, that the erections so far improved that he could have connexion, and there was a longer interval between the emissions, but the average number had now very little lessened; so that, when he asked me, if he could marry, I was so far deceived as to give an unfavourable answer. For some time the event seemed to justify my opinion, for the emissions again returned as often as seven times in nine days. Citrate of iron and quinine, morphia at night, rump steaks and port wine daily, cold bathing to the perinæum, early rising, and sleeping on

a hard mattress were all tried, but without effect. I augured the very worst results, and felt convinced that he would soon present the spectacle of one grown prematurely old, and carrying in his frame the seeds of a hidden but incurable source of disease. But he suddenly decided on marrying, had connexion, and, though this was not satisfactory at first, and he had an outbreak of emissions owing to a period of enforced continence, yet he improved, and at the expiration of four months appeared cured.

In order not to encumber these pages with needless repetitions, I have condensed the remainder of the cases into a table. Slight recent cases, which were seen only once, as so often happens; and more severe ones, where the patient left before any impression could be made on the disease, have been rejected as not calculated to throw any light on the results of treatment. I have also omitted all medicines prescribed but not taken; this I mention, that my readers may understand, that whatever the tables may shew, the patients *were prescribed for* in conformity with the principles I have ventured to lay down.

TABLE OF CASES.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Result.
25	19	He had suffered from balanitis, which he was told was syphilitic.	Dyspepsia, flatulence, dribbling on making water, long prepuce.	One weekly.	Mist. salin. lax; tinct. ferri mur. Pil. coloc. nit. argent to stricture; cold bathing; bougies. Mist. mag. carb. e., pulv. rhei.; quinine, gr. i. bis die.	34 weeks.	Emissions at one time diminished to three a month, and then returned to something less than one a week; dyspepsia and stricture gone away, strength improved, sebaceous secretion under prepuce proved very troublesome.
26	20	He had not been under any treatment.	Extreme tightness of frenum; a little dyspepsia; great turbidity of the urine. He was not very regular in his habits.	One weekly.	Spr. camph.; acid nit. dil. in decoct. uvæ ursi; tinct. ferri, mur. with pil. rhei. c.; three blisters; suspensory bandage.	15 weeks.	Apparently complete cure; in the last five weeks had only one emission, he then married.
27	27	Had been under the care of a gentleman, who had given him steel pills with little benefit.	Primary and secondary syphilis.	Three in a fortnight.	For the syphilis, mild aperients and opiates, and sulphate of copper lotion; acid nit. in infusion of quassia; dec. sarsa. comp., and subseq. quinine, towards relieving the emissions.	14 days.	That is, he remained under treatment fourteen days exclusively for the emissions after the secondary symptoms had disappeared, the spermatorrhœa was getting much better under the acid and sarsa.
28	21	None of interest.	Health delicate; acute gonorrhœa; dyspepsia.	Sometimes three in one night.	For Gonorrhœa—Mist. pot. ac. c. rheo; inj. arg. nit. daily; also inj. zinc s. ter die. For Spermatorrhœa—Tinct. ferri m.; pil. coloc. c.	nearly 4 weeks.	The gonorrhœa yielded rapidly, and but for a slight imprudence would have gone sooner; it disappeared in twenty-four days from his first visit; the emissions had by this time increased to three in five nights; rapid improvement in the four weeks, but not cured.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Results.
29	23	He had been under the care of a surgeon, but no clue to the treatment could be gained; never committed masturbation nor excess.	Married; disease complicated with epileptic attacks; great excitement, so that he used to leap out of bed, his heart beating violently; ascarides.	Sometimes three in a night.	Tinct. ferri mur.; emp. opii lumb.; purgatives; turpentine and castor oil.	66 days.	The emissions were almost immediately arrested, and after the first week he only had one; but as the ascarides remained, it is doubtful how far the cure was complete.
30	21	Had been treated by a surgeon for gleet, having stated his case as such.	Pale, delicate, dyspeptic; a little sebaceous matter behind prepuce; regular and moderate in his way of living; suffered from long continued pain in the back, with great depression and languor.	Two or three in a week.	Tinct. ferri mur.; pil. coloc. c.; blister to back of neck.	124 days.	At the end of the first sixty-eight days, he had so much improved that only one emission had occurred in upwards of five weeks. From this time to the end of treatment had only one emission; dyspepsia and pain of head cured.
31	24	Had been under the care of a surgeon, who gave him dilute nitric acid to take internally, and nearly cured him; the surgeon then left for the Crimea, and the patient rapidly relapsed.	Almost complete impotence; severe dyspepsia; great pains in the knees and back, extreme bodily weakness, appetite good, but had grown thin of late.	One or two every week.	Mist. carb. mag. and spirit am. arom.; light diet, early rising, cold lotions to scrotum; hydropathy, against my express wish, for a month; quinine, followed by tinct. ferri; blisters; lupulin; inj. arg. nit.	11 weeks.	He was also eight weeks under the care of his first surgeon, and one month under hydropathic treatment. At first he grew better, but the "stewing process" caused a fearful relapse, three or four emissions weekly; it then resisted all treatment till the nit. arg. injections were employed, when it at once yielded.
32	29	Had been under the care of two or three surgeons, who had prescribed zinc and quinine, with the invariable effect of making him worse.	Combined with considerable impotence, dyspepsia and irritable bladder; urine full of shreds; fixed belief that semen was perspired by the scrotum; that cold water applied to his skin would act like strychnine, &c.	Frequent but very irregular; difficult to give a fair average.	Acid nit. and tinct. opii in dec par br.; mist. pot. nit. and mag. carb. and pulv. rhei; acid nit. dil. and liq. op.	69 days.	Some of the medicines prescribed "did not make him worse;" he scarcely ever touched more than a drop or two, and then, finding the medicine fly to his head, gave it up. He did not in any way improve.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Results.
33	27	Nothing of interest.	Great irritability of the parts, and weakness after an emission or connexion, increased he thinks by tonics; dyspepsia and constipation. Very nervous, weak, and sleepless; dyspepsia; lumbar pains: irritable bladder; hæmorrhoids; had suffered from ascarides.	Not quite one per week.	Mist. pot. nit.; subse- quently mist. mag. carb. and pul. rhei.	3 weeks.	He improved as regards the indigestion; paid no further attention to the complaint, married, and had a son.
34	23	Had been under the care of two surgeons, but except that cauterizing was employed three or four times without effect, no clue could be gained to the treatment.		Not marked down.	Acid nit. dil. tinct. opii, and die. par. br. spir. camph., tinct. ferri mur., and aperients; free use of claret; caustic soda to the hæmorrhoids.	8 weeks.	Cure. He was only able to attend very irregularly owing to the great distance he lived from town. He took plenty of exercise: wine and opium removed his bashfulness; when seen long subsequently, he had remained well.
35	27	None of interest.	Vesicular gleet at stool; testicles pale, small, and relaxed; tongue foul, nausea on waking, "a weakness and cloudiness of the eyes;" habits regular; emission immediate on attempting connexion.	Numerous, but average difficult to estimate fairly.	Quinine and mag. sulph.; tinct. ferri mur.; pil strychnæ.	81 days.	No improvement in emissions; impotence somewhat relieved; general health restored.
36	26	Had lived rather fast, and had been obliged to consult a physician for suspicious chest symptoms.	Pale, weak, dyspeptic. In upper part of left lung one spot was rather dull on percussion, with very limited breathing sound. He suffered from a slight dry cough; great loss of power of erection; coldness of penis.	From one to two every week.	Counter-irritation to chest; expectorants; mist. mag. c. pulv. rhei.; quinine and cit. of iron; and quin. c. ol. jecoris. as; lupulin pills.	6 months.	But the treatment was principally confined to a period of ten weeks. The cough disappeared, and the emissions greatly diminished; he gained flesh and felt strong; some improvement in erections. Cure.
37	29	He had suffered much at one time from emissions, for which astringents had been given.	Married; suffering from vesicular gleet; health very good; slight tendency to hæmorrhoids and dyspepsia.	None at all.	Mist. mag. s. c. pot. nit.; pil strychn. ; mist. mag. carb. c. pulv. rhei.; tinct. ferri mur. and conf. sennæ, and sulph. sublim.	4 months.	He only attended four or five times; made mistakes in the way of taking the medicines; dyspepsia improved; gleet remained much the same.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies	Duration of Treatment.	Results.
38	20	Had been under the care of one surgeon, who recommended a perineal band; of another, who cauterized him; he wore the band 18 months without benefit.	"Wasting" of the testes; great pain in the back and bodily weakness, dribbling, and discharge of mucus after making water; urine turbid, smell of it compared to fresh hay; depositing sometimes phosphates, sometimes lithates; sense of formication down spine.	One a week or fortnight.	Three blisters to penis, three to perinæum; opium plaster to loins; tinct. of steel in large doses; warm baths.	18 weeks.	He, of his own accord, continued the treatment three or four weeks longer. The blisters checked the discharge of mucus; the pain in the spine gave way, and he felt "a warm comfortable glow up it; the urine grew clearer; emissions ceased; the testicles, also, I thought, grew a little larger; the impotence, he assured me, was just the same; neither better nor worse. Subsequently cured.
39	26	Nothing of interest.	Head affected; temper had become very irritable; palpitation of heart; pulse languid; hands and feet cold; dyspepsia; vesicular gleets; lithic acid in urine; sebaceous matter under prepuce; slept badly.	One or two per month.	Quin. and mag. sulph.; pulv. ipec. c. and hyd. c. cret. at bed time; blisters, lotion to prepuce; lupulin pills; pulv. calumb. and soda carb.; lastly, large doses of quinine.	11 weeks.	Very much improved; all he complained of at the expiration of treatment, was a tendency to griping. During eight weeks he had only one emission; had grown much stronger, and was nearly well.
40	25	Had had emissions in a very bad form. He had long used exercise and cold bathing with some improvement.	Constant discharge of mucus after going to stool; some degree of impotence; health good, except slight dyspepsia and pain in back.	Not very frequent now.	Quinine; aperient pills; tinct. ferri mur. and mist. mag. carb. and pul. rhei; mist. mag. s. and pot. nit.; opium plaster.	97 days.	Pain in back relieved; discharge of mucus after stool almost gone; improved in strength and health; could not get rid of fixed idea that he was impotent, consequently was so in reality.
41	59	Had had the nitrate of silver applied, he told me, 50 or 60 times! with occasionally an aperient or tonic pill.	All attempts at connexion highly imperfect; health good, except that there was rather a coated state of the tongue and some disease of the stomach.	Not unfrequently no sensation on emission.	Mist. mag. and pot. nit.; followed by quinine and qui. et cit.	8 weeks.	Contrary to all probability he improved greatly.

Case	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment	Result.
42	21	Had previously used iron and cantharides; cold bathing; quinine alone seemed to have done him good.	Gleety discharge from urethra staining linen; testicles relaxed; left painful; urine thick and depositing a white sediment; standard of vitality low; patient easily chilled; some atony of bladder.	One every two or three weeks.	Mist. mag. sulp. c. pot. nit.; mixt. mag. carb. and pulv. rhei; tinct ferri; lupulin, injections; with these he did not succeed very well.	214 days.	I never saw him; but his last communication was to the effect that no improvement had taken place.
43	22	Nothing of interest, beyond a sudden and rapid increase of late in the number of emissions.	Dyspepsia, pallor, great weakness, though strongly made.	One or two every week.	Mist. mag. carb. c. p. rhei; quinine, strychnia; lupulin.	5 weeks.	But he subsequently continued the medicine for some little time; it then apparently made an immediate cure; the first week there was one emission, the second none, the third one, then one in a fortnight. Two months subsequent to this, he called to say he had had no more emissions. Improvement in erections and emissions, but nothing like a cure. He never married.
44	30	He had been two years under the care of medical men, who had given steel pills and aperients without any benefit; had now gonorrhoea and syphilis; spermatorrhoea was bad.	Great flaccidity of the penis; loss of all desire for connexion; health good; digestion a little affected.	One weekly.	Mild injections; quinine and strychnia; blister.	33 days.	Indigestion and looseness of bowels relieved. He married and essayed connexion, but found it very imperfect. It was to improve this the cantharides were given, but without any good result.
45	47	Had had seven children, no venereal disease since he was seventeen.	Slightest excitement produced a discharge of mucus without erection; penis small and flaccid; health generally very good, but much irritability of bowels and flatulence.	Absent.	Quinine; strychnia; mist. mag. carb. c. pulv. rhei and spir. am. arom.; tinct. cantharides.	156 days.	

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Results.
46	23	Had been under the care of some distinguished surgeons, who had given him tonics with benefit.	Great depression of spirits; fixed belief in his incapability for connexion; erections moderately vigorous.	One or two per week.	Quinine, steel, and bougies.	Nearly 2 months.	He only attended very irregularly; the emissions ceased; the impotence only existed in imagination.
47	20	Had been under the care of a physician, who had given him tonics with benefit.	Debility; lowness of spirits, incapacity for study, and restlessness, otherwise good health; habits regular; slight vesicular gleet.	One weekly.	Quinine; lupulin; citrate of iron and quinine.	86 days.	During three weeks of this time it was interrupted. Complete cure.
48	19	Had been under the care of a chemist, without benefit.	Dark spots floating before the eyes; trembling of the hands; lowness of spirits; dyspepsia.	One or two a week.	Tinct. of steel; mist. mag. carb. and pulv. rhei.	69 days.	Apparently complete cure of both dyspepsia and emissions.
49	24	Had consulted two surgeons, who ordered camphor, quinine, steel, cold bathing, and bougies, without benefit.	Slight spasmodic stricture; great lassitude; copious perspirations on taking exercise; eyes weak; slight ophthalmia; great enlargement of left epididymis; connexion imperfect; no sensation on emission; depression of spirits; habits irregular.	One weekly.	Aperient pills; mist. mag. sulph. c. potass nit.; quinine; camphor.	37 days.	Thought he was much worse in all respects.
50	22	Nothing of interest.	Chronic pityriasis of trunk; foul tongue; dyspepsia; turbid urine, depositing a thick white sediment.	Two or three weekly.	Mist. mag. sulph. c. pot. nitrat.; citrate of quinine and iron; lupulin in full doses.	32 days.	No change in emissions for the first sixteen days, after which there was a sudden improvement, and he had no more; he married some weeks after, having remained free in the interval, and consulted me subsequently for the pityriasis, which had undergone no improvement.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Result.
51	40	Health and state of generative organs a little impaired by long residence in India; after his return home had consulted a surgeon, who had applied about 30 blisters.	Principal complaint made of slight vesicular gleet, health otherwise extremely good.	None.	Mist. mag. sulph. c. quin.; strychnia; quinine; citrate of iron and quinine.	108 days.	Complete cure. He would not be satisfied until one or two more blisters were employed.
52	19	Nothing of interest.	Health good; frame strong; countenance ruddy; habits very active.	Two weekly.	Quinine; tincture of steel; aperient pills.	70 days.	Out of this time he passed three weeks in the country taking no medicine. Little if any improvement. Reduced the emissions to five a month.
53	25	* Nothing of interest: his employment was very sedentary.	No sensation on emission; whitish brown sediment in urine.	Frequent.	Tinct. ferri mur. along with sulphate of quinine; two applications of the bougie.	Not given.	No improvement; he never would take any medicine.
54	40	He had been cauterized without any benefit.	Considerable impotence; great flaccidity of the penis; no sensation on emission.	One weekly.	Eight mild applications of nitrate of silver to membranous and prostatic portions of urethra.	6½ days.	
55	27	Nothing of interest. He had long devoted himself too closely to business.	Great weakness; dyspepsia; liability to catarrh and sore throat; loss of appetite; no sensation on emissions; a very late riser; great susceptibility to pain and faintness.	Two or three a week.	Quinine; strychnia; aperients; mist mag. carb. c. pulv. rhei; citrate of iron and quinine; lupulin in large doses; camphor; strong doses of morphia; aperient pills.	142 days.	Out of this he was absent six weeks in the country, where he took but little medicine. There was once an improvement when the injections were used, but he soon relapsed, and, except that the sensation returned, he derived little benefit from treatment.

* This case did not occur in my practice.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Result.
56	21	Nothing of interest.	Great susceptibility to emissions by day on the slightest excitement.	Average difficult to estimate.	Four or five applications of nitrate of silver.	10 weeks.	He only attended four or five times; apparently complete cure.
57	28	Had been cauterized and used tonics with considerable benefit.	Considerable dyspepsia; loss of power; too rapid an emission of semen on attempting connexion, which he had latterly abstained from; married; great turbidity of urine after taking exercise; appearance that of high health; frame very large and robust.	One or two per week.	Mist. mag. carb. c. pulv. rhei; mist. quin.; citrate of iron and quinine; strychnia.	6 weeks.	He only attended very irregularly. Rapid and great improvement.
58	24	Had taken some quack medicines without any benefit.	Great prostration; loss of sensation on emission; giddiness; dimness of vision; impaired memory.	Two or three weekly.	Quinine; tincture of steel; citrate of iron and quinine; strychnia.	3 months.	Rapid improvement; for full six weeks before leaving off attendance he had not had an emission. Had gained considerably in health and strength.
59	22	Had had syphilis and gonorrhœa; been cauterized without any benefit.	Took a great deal of active exercise, but was not an early riser; health excellent; he appeared, indeed, exceedingly healthy; erections rather imperfect.	Two or three times weekly.	Tinct. ferri mur.; spir. camph.; for the syphilis mild aperients, escharotics, and simp. applications.	137 days.	His recovery was at one time retarded by an attack of syphilis; otherwise he progressed rapidly, and after this one relapse all went well, and he had greatly improved when he left to go abroad. He only attended four or five times, and the treatment was frequently interrupted.
60	27	Had suffered twice from gonorrhœa, followed each time by aggravation of chronic eczema of the hands and wrists.	Strongly made; health good; slight mucous gleet; chronic eczema of hands and wrists.	One weekly.	Strychnia; spir. camph.; tinct. of iron; two blisters; for the gleet, injections of nit. of silver; for the eruption, dil. nit. acid; iod. potass; sarsa., vapour baths; pil hyd. chl. c.	8 months.	After the first month he had only four emissions; latterly they had quite left him; the greater part of this time was devoted to the treatment of the disease of the skin.

Case.	Age.	Previous History.	Present Symptoms and Complications.	Number of Emissions.	Remedies.	Duration of Treatment.	Result.
61	19	The emissions had only begun about six weeks previously; they were rapidly increasing.	Subject to dyspepsia and hæmorrhoids. He was a Jew, and followed a very sedentary occupation.	Three or four weekly.	Spir. camph. ; mist, carb. soda, c. conf. arom. ; quinine ; acid nit. dil. in inf. quassia ; tinct. ferri mur ; conf. sennæ.	5 months.	They never got below one a week, at which they remained stationary the last two months ; four months later I ascertained they were in the same state. Cure.
62	22	Nothing of interest ; had tried quack medicines in vain.	Health good in every respect, except a little dyspepsia.	About three weekly.	Quin. ; citrate of iron and quinine ; mist. mag, carb. c. pulv. rhei,	3 months.	Rapid and steady improvement. In the last five weeks he had only one emission.

—Many will say, "But these cases throw no light upon the nature of the disorder; if they prove anything it is that spermatorrhœa is one of many symptoms of great functional disturbance." This and similar views are held by many for whose opinions I entertain a high respect, but I still think that spermatorrhœa is a disease *per se*, and marked by the following distinctive signs:—1. The persistent character of the discharges, and their unvarying tendency to get worse. 2. Excessive despondency, with nervous excitement. 3. The varying nature of the concomitant symptoms, in different patients, with the same amount of disease in the genito-urinary organs. 4. The appearance of these concomitant symptoms in other patients, as the dyspeptic, for instance, without spermatorrhœa. 5. The fact that in the only other disease attended with emissions, namely, epilepsy, these occur comparatively rarely.

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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