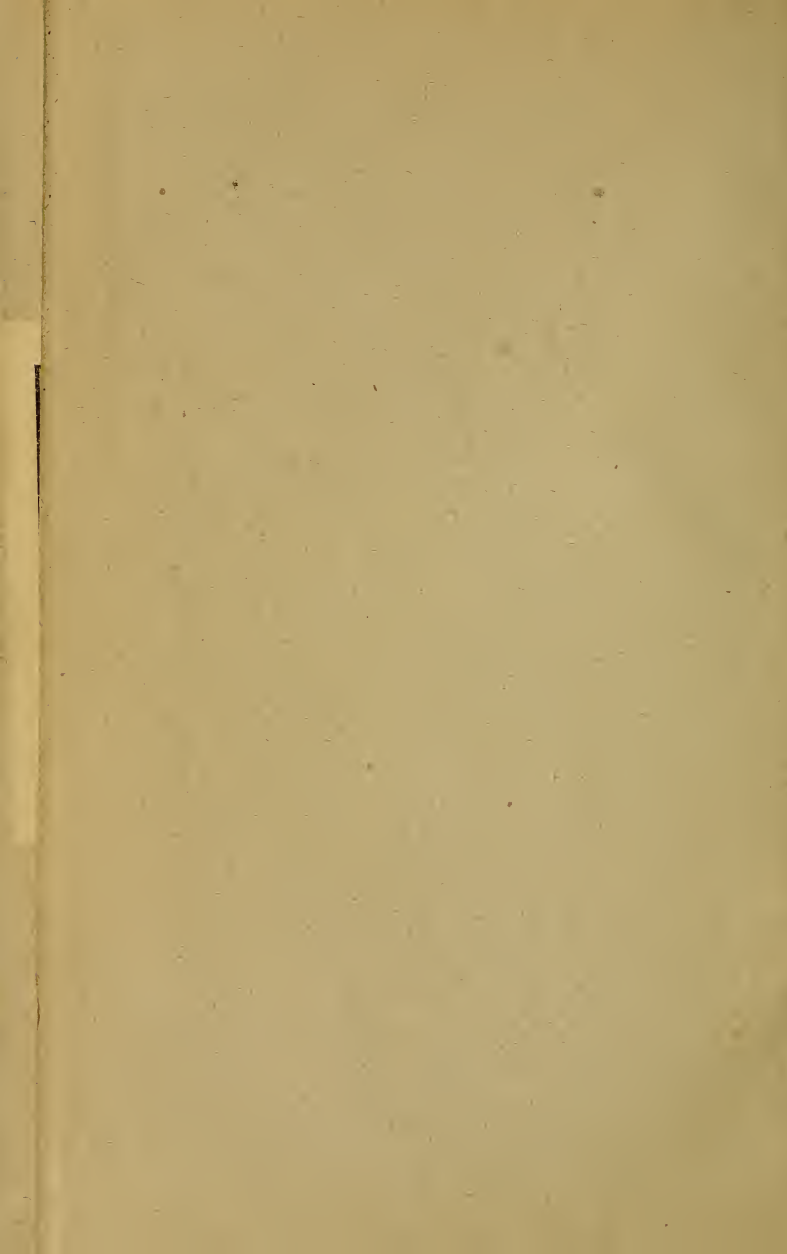




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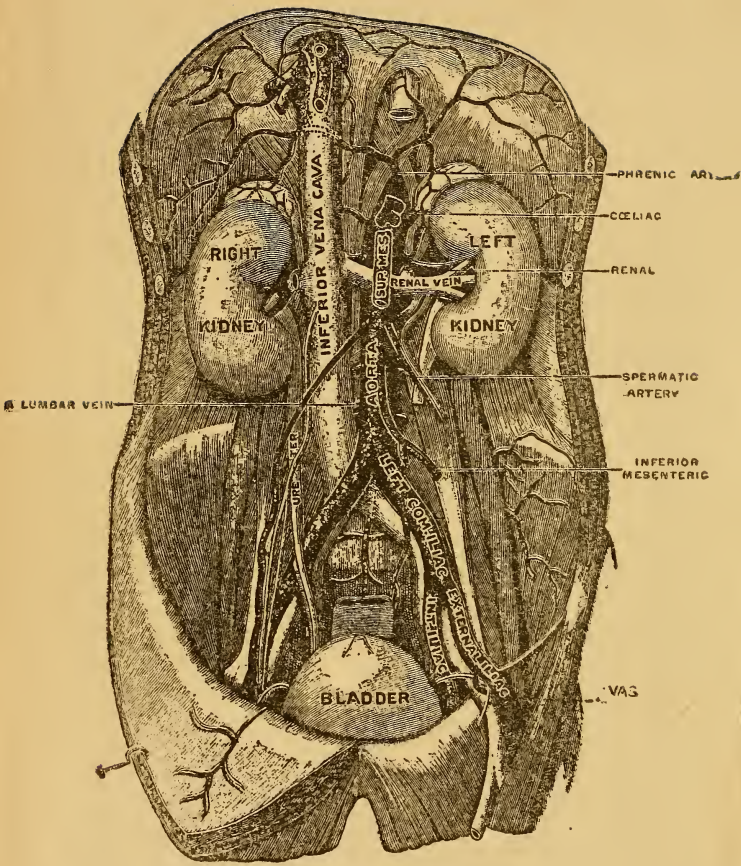




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THE URINARY ORGANS

(AFTER TESTUT)

4

Man's Mission on Earth

A CONTRIBUTION TO THE SCIENCE
OF EUGENICS

A Short Treatise on the Genito-Urinary
Organs of the Male in Health and
Disease, with a Chapter on Syphilis

BY

R. J. KAHN, M. D.

AUTHOR OF

"Syphilis and Its Sequelae," etc., etc.

Forty-eighth Edition, Revised and Enlarged

to which is added

A GLOSSARY OF MEDICAL TERMS

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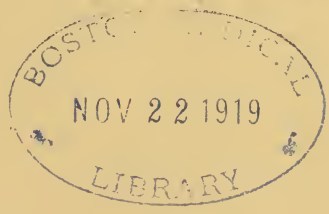
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Preface to the Forty-Eighth American Edition

It could scarcely have been anticipated, when the first edition of this little book was presented to the public, that the remarks contained in the preface upon the necessity for a popular treatise of the kind would have been so amply confirmed, as has proved to be the case, by the demand for edition after edition.

In presenting this edition, it may not be out of place to call attention to the fact that every effort has been made to treat the subject in a thoroughly scientific manner, and that no time has been spared to make it as complete, as up to date and as perfect as can be expected in such a limited space.

The general approbation with which the book has been received and the increasing demand for it, has proven the correctness of the original idea that a popular treatise, divested as much as possible of technical language, would fill a long felt need.

I fervently trust that, in the future, as well as in the past, my feeble efforts may do something to control one of the most prolific causes which produce that multitude of wan countenances, sad faces and feeble forms, with which we meet at every turn.

R. J. KAHN, M.D.

Two East Ninth Street,
New York City, November, 1915.

Preface to the First English Edition

I have endeavored, in the following pages, to bring to the notice of the reader, briefly, the causes, varieties and symptoms of those disorders of the generative organs which prevent the due discharge of their important functions.

Man's ignorance has always been the greatest in matters relating to his own structure and existence. It has, therefore, become necessary and imperative that some well-informed member of the medical profession publish a popular treatise on the subject of procreation of the human species, and the diseases incident to the use, or abuse, of the reproductive organs.

The solitary vice of self-pollution spreads desolation far and wide, and the brutal and selfish gratification of sexual passion brings its sorrows on successive generations, while Spermatorrhœa, Impotency, Gonorrhœa and Syphilis are diseases whose ravages alarm the impartial observer.

It is earnestly hoped that every intelligent reader who takes up this book will rise from its perusal benefited, with a broader knowledge of the purpose of his being, besides having derived considerable information on a subject of the greatest importance to all men. As the great Roman poet says, "*Non est vivere, sed valere vita*": *Life is not merely living, but living in health.*

The continent student will find in it reasons for living according to the dictates of virtuous moderation, the dissolute will herein be taught the value of self-control, and the unmarried man or widower will find consolation in learning that, not only are his sexual sufferings given some attention, but that rules and guidance are given for his relief.

The studies, cares and anxieties of a busy professional life will be amply remunerated if these pages be the means of recalling any of those who have wandered from the right path, entailing upon themselves ignominy, disease and sorrow. May these exhortations cause them to throw off their bitter infatuation for vice, to seek the path of rectitude, and regain those blessings which rightly belong to chastity and moderation, and achieve the pleasures of association with an amiable wife, which is the crown and summit of all human felicity.

L. J. KAHN, M.D.

London, England, October, 1860.

GLOSSARY.

- ABRASION:** The rubbing off of the skin by an injury.
- ACUTE:** A rapid, short and pronounced disease; usually more severe than a chronic disease.
- ADRENAL GLAND:** A small triangular organ, lying on top of each kidney. Called also the **SUPRARENAL BODY**.
- AMYLOID** (like starch): A body resembling starch in its chemical reaction.
- ANAEMIA:** A disease or deficiency in the elements of the blood.
- ANEURISM:** A dilatation of the walls of an artery or vein.
- ANGINA PECTORIS:** An intensely painful spasm of the heart, with a sensation of impending death.
- ANTIPHILOGISTIC:** A drug or agent which reduces fever or inflammation.
- APHASIA:** A partial or complete loss of power of expressing ideas by speech or writing.
- ARTERY:** One of the tube-like vessels through which the blood is conveyed from the heart.
- ATAXIA:** Incoordination of muscular action.
- ATROPHY:** A wasting away, the result of degeneration.
- BACILLUS** (plural, bacilli): A rod-shaped form of bacteria.
- BACTERIUM** (plural, bacteria): A microscopic form of life, many varieties of which produce disease.
- BRIGHT'S DISEASE:** Any inflammation of the kidney where pus does not form, commonly detected by the presence of albumen in the urine.
- BUBO:** Inflammation of the lymphatic glands in the groin.
- CACHEXIA:** A very low condition of the system.
- CADAVEROUS:** Having the peculiar pale, wan, wasted look of a corpse.
- CANCER:** A malignant tumor, usually causing death in about two years.
- CARTILAGE:** One of the connective tissues of the body. "Gristle."
- CATHETER:** A hollow tube, rubber or silver. The urethral catheter is used to draw the urine from the bladder.
- CATHETERIZATION** (of urinary bladder): The act of drawing off the urine through a catheter.
- CAUTERIZE:** To burn with a hot iron or caustics.
- CELL:** A granular mass of living protoplasm.
- CHANCRE:** The first sore in syphilis.
- CHANCROID:** A local ulcer caused by impure connection.
- CHORDEE:** A painful curving of the penis, during gonorrhoea, etc.
- CHOREA:** "Saint Vitus' Dance." A nervous disorder with involuntary muscular action.
- CHRONIC:** A disease of long duration; usually less severe than an acute disease, but may be equally fatal.
- CICATRICAL:** Of the nature of a cicatrix; fibrous.
- CICATRIX:** The scar left after a sore or cut.
- CIRCUMCISION:** The removal of a portion of the prepuce or foreskin.
- CIRRHOISIS:** A reddish yellow growth.
- COCCUS** (plural, cocci): A spherical bacterium.
- COITUS, COITION:** The act of sexual connection.
- CONGENITAL:** Existing at birth.
- CONSTITUTIONAL:** Involving the entire body.
- CONTAGIOUS:** Transmitted by touch.
- COPULATE:** To have sexual intercourse.
- CORONARY ARTERIES:** The small arteries that supply the heart-muscle with blood.
- CORPUSCLE:** A small body or particle.
- CORYZA:** Catarrh of the nasal mucous membrane; commonly called, "cold in the head."

- CREMASTER MUSCLE:** The small muscular fibres in the scrotum, which support the testicles.
- CREOLIN:** An antiseptic made from coal-tar.
- CUTANEOUS:** Pertaining to the skin or cuticle.
- CYSTITIS:** Inflammation of the urinary bladder.
- DIOXY-DIAMIDO-ARSENO-BENZOL:** A preparation of arsenic (p. 167).
- DORMANT:** Sleeping, not active.
- DROPSY:** An accumulation of watery fluid derived from the blood.
- DUCTLESS GLANDS:** The spleen, thyroid and thymus glands; supra-renal and pituitary bodies. So called because they have no excretory duct.
- EFFUSION:** A pouring out of blood or other fluid.
- EJACULATORY DUCTS:** The ducts that throw out the semen into the urethra.
- EMACIATION:** A wasting away or loss of flesh.
- EMISSION:** Used in this book applies to a discharge of seminal fluid.
- EPIDIDYMITIS:** Inflammation of the epididymus; a convoluted tube, about fifteen feet long and one-sixteenth of an inch in diameter, which conveys the semen. It lies coiled in a bunch, alongside the testicle.
- EPIGASTRIUM:** The upper and middle part of the surface of the abdomen.
- EPIGLOTTIS:** A hinged cover of fibro-cartilage, which prevents food, drink, etc., passing into the larynx.
- EPILEPSY:** A chronic nervous disease, characterized by sudden loss of consciousness and convulsions.
- EPITHELIUM:** An arrangement of cells that covers the skin of the body and lines all cavities, vessels and canals.
- ERECTILE:** Having the power of erection.
- ERECTION:** As used in this book applies to rigidity of the penis.
- EROTOMANIA ("love madness"):** A morbid exaggeration of affection for the opposite sex.
- ERUPTION:** A bursting forth. Applied to the appearance of a disease upon the skin.
- FETUS:** The unborn offspring.
- FIBROUS:** Composed of fibres.
- FORESKIN:** The portion of the skin that comes down and covers the head of the penis. The prepuce.
- FUNCTION:** The special action of the part or organ referred to.
- GANGRENOUS:** In a state of gangrene; the death and putrefaction of the part of the body involved.
- GASTRITIS:** Inflammation of the stomach.
- GENERAL PARESIS (incorrectly called "Parésis"):** A disease of the brain, etc., with paralysis and delusions.
- GENITAL:** Referring to the reproductive organs.
- GLANDS:** Unless specifically mentioned applied in this book to the lymphatic glands, which are small oval or round bodies scattered through the system. They act as filters for the blood, removing foreign substances and poisons.
- GLANS PENIS:** The conical-shaped head of the penis.
- GLEET:** A chronic inflammation of the urethra, usually following gonorrhoea.
- GONORRHOEA:** A specific inflammation of the urethra, caused by gonococci.
- GREAT POCKS:** A term applied years ago to syphilis; now obsolete.
- GROIN:** The depression where the thigh joins the trunk.
- GUMMA:** The characteristic tumor or growth of syphilis.
- HAEMAGLOBIN:** The coloring matter of the red blood corpuscles.
- HEREDITARY:** Descending from parent to child.
- HYPOCHONDRIAC:** A person suffering from a mental disorder, who becomes melancholy over imaginary ailments.
- IMBECILITY:** Mental weakness, not so great as idiocy.
- IMMUNITY:** The condition of being exempt from any particular disease.
- INCONTINENCE:** An inability to properly control the performance of any action, as voiding urine, etc. 2. Unchastity.
- INDURATED:** Hardened.

- INFECTED:** Having had a disease communicated from another person or location.
- INFECTIOUS:** Capable of causing infection.
- INFLAMMATION:** A conservative process in the body, the result of reaction to disease or injury. It is usually accompanied by heat, redness, pain and swelling.
- INJECTION:** A fluid thrown into a space, usually with a syringe.
- INOCULATE:** To introduce the virus of any disease into the body.
- IRITIS:** Inflammation of the iris or "shutter of the eye."
- JAUNDICE:** A yellow appearance of the skin, caused by the presence of bile in the blood.
- KERATITIS:** Inflammation of the cornea, a front part of the eyeball.
- KNEE-JERK:** The involuntary movement of the foot and leg caused by a slight blow below the knee-cap.
- LACHRYMOSITY:** A condition where the eyes are filled with tears. Watering of the eye.
- LARYNX:** The organ of voice; situated at the base of the tongue; the "voice-box."
- LASCIVIOUS:** Tending to produce lewd emotions.
- LASSITUDE:** Languor of body and mind.
- LATENT:** Present but not manifest.
- LIGATURE:** A cord used for tying in surgical operations.
- LOCOMOTOR ATAXIA:** A disease of the spinal cord.
- MASTURBATION:** Unnatural sexual gratification.
- MENSTRUAL:** Pertaining to the monthly flow from the uterus.
- MERCURY:** Hydrargyrum; "quicksilver;" a metal used as a drug.
- MICRO-ORGANISM:** A form of life seen only with a microscope.
- MONO-MANIAC:** A person who is insane on certain subjects only.
- MOTOR-PARALYSIS:** A form of paralysis affecting the nerves of motion only, sensation being undisturbed.
- MUCOUS MEMBRANE:** A membrane containing cells which secrete mucus.
- MUCOUS PATCH:** A flattened grayish-white patch which occurs on mucous membranes in syphilis.
- NASAL:** Pertaining to the nose.
- NECROSIS:** Death.
- NOCTURNAL:** During the night.
- NODE:** A knob or protuberance.
- ONANISM:** Incomplete coition; the sin of Onan, see Genesis 38:9.
- OPTIC NERVE:** The nerve which conveys the sensation of sight from the eye to the brain.
- OSTITIS:** Inflammation of bone.
- PALATE:** The roof of the mouth.
- PALLOR:** Paleness.
- PAPHIAN:** Relating to the carnal worship of Venus.
- PARALYTIC:** One who is paralyzed.
- PARA-PHYMOSIS:** Contraction of the prepuce behind the Glans Penis.
- PARAPLEGIA:** Paralysis of the lower half of the body.
- PARESIS:** A slight paralysis. (See General Paresis.)
- PATHOLOGY:** The study of diseased conditions.
- PENDULOUS:** Hanging down.
- PENIS:** The male organ of generation.
- PERINEUM:** That portion of the body between the thighs; the "crotch."
- PERIOSTITIS:** Inflammation of the membrane covering the bone.
- PHLEGM:** Thick, stringy mucus.
- PHYMOSIS:** Contraction of the foreskin in front of the Glans Penis.
- PITUITARY GLAND (*Hypophysis Cerebri*):** A small vascular body contained in the skull.
- PORTE-CAUSTIQUE:** An instrument designed to carry caustic to burn the urethra. Now, happily, little used.
- POSTULE or PUSTULE:** An elevation of the skin containing pus.
- POX:** A term applied years ago to any disease having an eruption.
- PREGNANT:** With child.
- PREPUCE:** A fold of skin covering the Glans Penis; the foreskin.

- PRIAPISM:** Persistent erection of the penis.
- PROGNOSIS:** The probable outcome and duration of a disease.
- PROSTATE:** A gland shaped like a chestnut, surrounding the neck of the bladder.
- PULMONARY:** Pertaining to the lungs.
- PUPIL:** The aperture in the eye-ball for the passage of light.
- RECTUM:** The lower part of the large intestine.
- RHAGADES:** Cracks in the skin, particularly in the lips.
- ROSEOLA:** Any rose-colored eruption on the skin.
- RUPIAL:** Applied to an eruption when large, dirty-brown crusts form.
- SAC (saccus):** A small pouch.
- SANGUINEOUS:** Pertaining to the blood; like blood.
- SATYRIASIS:** Excessive venereal desire in man; in women, *Nymphomania*.
- SCLEROSIS:** An inflammatory hardening.
- SCLERO-GUMMATOUS:** Partaking both of the nature of Sclerosis and Gummata.
- SEMEN:** The fluid secreted by the testicles, etc.
- SEMINAL FLUID:** The semen.
- SEQUELAE:** Diseased conditions following an attack of any disease.
- SERPIGENOUS:** Creeping irregularly; like a serpent.
- SOUND:** An instrument for introduction into a channel like the urethra.
- SPECIFIC:** A medicine which has a special curative action on a particular disease.
- SPERMATIC CORD:** The cord containing the seminal canals, etc.
- SPINAL CORD:** The nervous structure in the spinal canal.
- STERILIZE:** To destroy all germs, etc., in or upon any object.
- STRICTURE:** A narrowing or constriction of any canal.
- SYMPHYSIS PUBIS:** The region covered by hair just above the penis.
- TABES DORSALIS:** Locomotor Ataxia.
- TERTIARY:** The third in order.
- TESTES:** The testicles.
- TESTICLES:** The egg-shaped bodies in the scrotum that secrete the semen.
- THYROID:** One of the ductless glands, lying in front of the Trachea or "windpipe."
- TONSILS:** The small almond-shaped bodies on each side of the throat.
- TUBERCULOSIS:** A disease due to the *Bacillus Tuberculosis*. In the lungs commonly termed "consumption."
- TUMOR:** A new growth; a swelling.
- TUNICA VAGINALIS:** The double membrane covering the testicle.
- URETER:** The tube conveying the urine from the kidney to the bladder.
- URETHRA:** The canal in the penis.
- URETHRITIS:** Inflammation of the urethra.
- VARICOCELE:** Enlargement and twisting of the veins in the spermatic cord, forming a soft, elastic tumor. (See page 108.)
- VEIN:** A blood vessel carrying the blood to the heart.
- VIRULENT:** Extremely poisonous.
- VIRUS:** The poison of any infectious disease.
- VOCAL CORDS:** The bands which stretch across the larynx and cause, by their vibration, the sound of the voice.
- VOLUPTUOUSNESS:** The condition of humoring sensual desires.



*“Know then thyself, * * * * **

“The proper study of mankind is man.”

—POPE.





Man's Mission on Earth.

LIBRARY CHAPTER I.

THE ANATOMY AND PHYSIOLOGY OF THE URINARY AND GENERATIVE ORGANS.

The present work being devoted to the consideration of diseases of the male Genito-Urinary organs, their causes, prevention, and treatment, it will be sufficient for our object to give a brief description of those organs.

In these days of higher education, every man ought to possess a certain knowledge of the structure of the body, which is the science known as Anatomy; and also the science which treats of the various processes which take place in the body during life, that is, Physiology.

We are indeed "fearfully and wonderfully made." The great importance of the generative organs; and their preservation in a state of health and vigor, so essential to our well-being, both physical and mental; their admirable construction, form and use, are striking evidences of the skill and contrivance directed to the performance of that most important function, the reproduction of the species, which is truly "MAN'S MISSION ON EARTH." The reproductive organs in the male may be divided into external and internal; the former consisting of the testicles and penis, and the latter of the seminal vessels, the urethra, the prostate gland, etc., with their arteries, veins, nerves, and lymphatics. The urinary organs consist of

the kidneys, ureters, bladder, and urethra. The kidneys (*renes*) are two glands, in shape representing a kidney bean, lying close upon the muscles of the loins, behind and below the stomach.

The Ureters are long tubes, connecting the kidneys with the bladder, to which they convey the urine secreted by the kidneys.

The Bladder is situated in the lowest cavity of the body, the pelvis; it is a muscular bag, or pouch, and consists of three coats or coverings. Its contraction causes the expulsion of the urine. At the neck of the bladder is a muscle called the sphincter, formed of muscular fibres, by the contraction of which the involuntary flowing away of urine is prevented.

THE URINE.—The composition of the urine in health, according to analysis, is as follows (Vide Liebig) :

	I.	
Urea [$\text{CO}(\text{NH}_2)_2$]	}	Separated from the blood by the kidneys.
Uric acid ($\text{C}_5\text{N}_4\text{H}_4\text{O}_3$)		
Coloring matter		
Odoriferous principles		
Kreatine		
Lactic acid	}	Developed more directly from the food.
Hippuric acid		
	II.	
Chloride of sodium	}	Saline combinations de- rived from the food.
Sulphates		
Phosphates		
Soluble salts		

III.

Debris of epithelium, &c.	} Common to all fluids passing over mucous surfaces.
Phosphate of lime	
Mucus from the bladder	

We direct attention more particularly to this table, as many diseases, in fact nearly all, change in some respect the composition of the urine; and careful analysis enables the medical man to arrive at a correct diagnosis at an early stage of the malady, when any mischief may be easily remedied. In unhealthy urine some one or other of these substances may be in excess, or may be altogether wanting. The elements may be combined in a manner altogether different, or some substance may be eliminated from the blood, and prove a source of considerable danger to life itself.

In disease the urine may contain, in addition to an excess or diminution of the above-mentioned normal constituents, others which are never found in the urine in health. As for example:

IV.

Albumen (*Bright's Disease*).

Glycogen (*Diabetes*).

Blood (*Various causes, Cystitis, Stone, Cancer, Many Systematic Diseases, etc.*).

Pus (*Abscess in Kidney, Gonorrhoea, etc., etc.*).

Bile, Gas, Pigment, Bacteria, etc., etc.

Indican in the urine in any quantity is indicative of "indigestion," etc.

Furthermore, diseased conditions are also indicated by:

V.

Anuria (*Suppression of Urine*).

Oliguria (*Diminution of Urine*).

Polyuria (*Excess of Urine*).

Dysuria (*Difficult or Painful Urination*).

MICROSCOPIC EXAMINATION reveals the presence of still further abnormal substances:

Spermatozoa (*In Spermatorrhoea*).

Bacteria (*Gonococci, Tubercle Bacilli, etc., etc.*).

Blood Cells.

Diseased Epithelial Cells (*from Bladder, Kidney, etc.*).

Pus (*from some part of the Urinary Tract, as in Gonorrhoea, Abscess, Cystitis, etc., etc.*).

Tube Casts (*Bright's Disease*).

Small portions of Foreign Bodies (*Tumors, Growths, Hair, etc.*).

Renal Sand.

Parasites, Urates, Oxalates, and various other salts, Indican, etc., etc., etc.

Many valuable lives have been saved by attending to the indications shown by the urine, at a stage when the disease was not suspected. Others have been warned, and not in vain, though at the time it was difficult to convince them. One more illustration of the value of these inquiries. There is a decidedly marked change in the chemical composition of the urine when a stone is forming in the bladder. For some time previously, a state of health is indicated which the judicious administration of remedies may remove, and thus prevent the necessity of a serious and painful operation. We may here remark, that an accurate analysis of the urine is a most diffi-

cult process, and can only be performed, with any approach to correctness, by one who is well versed and constantly engaged in minute investigations of this kind. It requires, also, one who has acquired a thorough knowledge of the microscope, the value of which cannot be overrated.

We strongly urge every individual to have an examination of their urine made once or twice a year, whether they are ill or not, as the early warning thus obtained may be the means of saving life.

A SIMPLE SCHEME FOR ROUGHLY EXAMINING URINE.

A.—THE URINE IS CLOUDY.

(Boil it.)

I.—It clears—*Urates*.

II.—It becomes more cloudy. $\left\{ \begin{array}{l} 1.—\text{It clears—} \textit{Phosphates}. \\ 2.—\text{No change—} \textit{Pus}. \end{array} \right.$
(Add acetic acid.) (Use the microscope.)

III.—No change. $\left\{ \begin{array}{l} 1.—\text{Mucus}. \\ 2.—\text{Prostatic fluid}. \\ 3.—\text{Bacteria}. \\ 4.—\text{Seminal fluid}. \end{array} \right.$

(Use the microscope to differentiate.)

Bacteria usually sink to the bottom.

Mucus will remain in suspension.

Filter some of the cloudy urine and proceed as follows:

B.—THE URINE IS CLEAR.

(Boil it.)

I.—Becomes cloudy. $\left\{ \begin{array}{l} 1.—\text{Clears up—} \textit{Phosphates}. \\ 2.—\text{No change—} \textit{Albumen}. \end{array} \right.$
(Add acetic acid.)

II.—It remains clear. $\left\{ \begin{array}{l} \text{Becomes cloudy—} \textit{Albumen}. \end{array} \right.$
(Add acetic acid.)

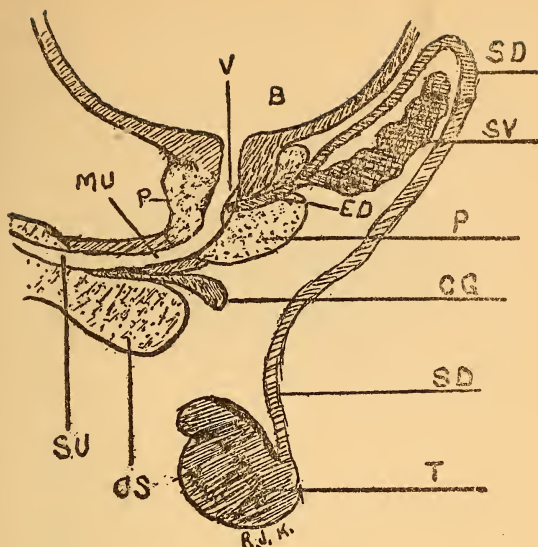
The Testicles (testes) are two glands enclosed in the scrotum, or purse; they are composed of a vast number of fine tubes, folded in various directions, and enclosed by a membrane called the tunica albuginea. The testicles secrete the semen, and are supplied with blood from the spermatic arteries, which are the first branches of the abdominal aorta.

The importance which men attach to the due performance of the functions of these organs is evident from the number of the suicides caused by their imperfection.

The testicles are sometimes three in number, and occasionally there is only one, though many of the latter cases prove, on examination, to be a retention of the testicle in the abdominal canal. We saw in October, 1902, a young man who had apparently five testicles.

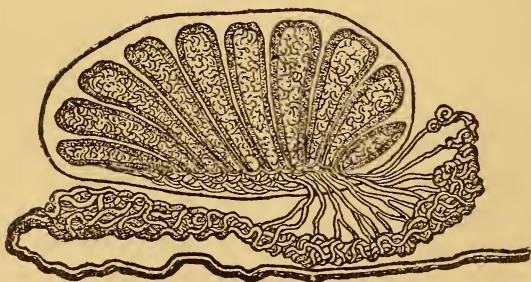
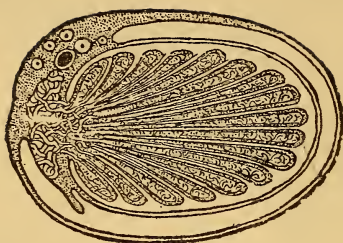
A gentleman, who had been ordered a truss for a supposed rupture, consulted us; we found the case was simply one of retention of the testicle. Had the truss been applied, serious consequences might have resulted.

The Seminal Canals (Vasa Deferentia), which ascend from each testicle, accompany the spermatic artery, vein and nerves, and are together called the Spermatic Cord. The seminal pouches (Vesiculæ Seminales) lie on the lower surface of the bladder, and act as reservoirs for the semen. They also secrete a peculiar fluid, which is added to the semen in the act of coition. The prostate gland is in front of the urinary bladder, and encircles the first portion of the urethra; in shape and size it somewhat resembles a large chestnut. The fluid which it secretes is of a



DIAGRAMMATIC SKETCH OF THE URETHRAL TRACT.

- B.—Bladder.
 S. D.—Seminal duct (*caput gallinaginis*).
 P.—Prostate gland.
 S. V.—Seminal vesicles.
 V.—Veru montanum in the prostatic urethra on each side of
 which is the opening of the ejaculatory ducts.
 E. D.—Ejaculatory duct passing through the prostate.
 T.—Testicle.
 M. U.—Membranous urethra.
 S. U.—Spongy urethra.
 C. S.—Corpus spongiosum.
 C. G.—Cowper's glands with ducts.



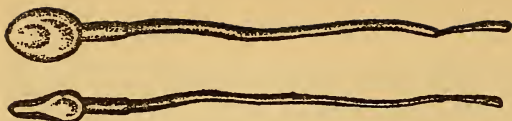
SECTIONS OF TESTICLE SHOWING EPIDIDYMIS AND VAS.

cream color, and serves to lubricate the surface of the urethra, along which the semen has to pass. The prostate gland is subject to disease and inflammation, and when this is the case the act of copulation is unsatisfactory and even painful. We have frequently been consulted in cases where there has been a continuous discharge from this gland; the semen is then emitted by the slightest effort, more especially during sleep; this has often been the cause of wasting away, atrophy, and impotence. Many surgeons have treated these cases as gonorrhœa, and their inexperience has proved most injurious. The microscope here lends its valuable aid.

The Penis is divided into the root, the body, and the glans. The spongy substance which forms the glans penis is covered with a thin membrane, under which are placed very sensitive nervous papillæ, which are the chief cause of the pleasure in coition.

Sexual Impulses have their origin in the sexual centre in the lower lumbar region of the Spinal Cord, which is stimulated to activity either by impressions originating in the brain, and transmitted downward through the cord, or by reflex action caused by irritation applied to the penis. From this centre in the cord through the *nervi erigentes* the impulse is carried to the body of the penis, where a dilatation of the vascular erectile tissue takes place, and the cavernous and spongy bodies become distended with blood, and therefore rigid, and it is in proportion to the influx of blood that the erection is more or less firm.

The Glans is protected by the prepuce, or fore-



FLAT AND SIDE VIEW OF SPERMATOZOON, HIGHLY
MAGNIFIED.



Fig. 1.

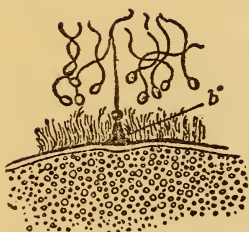


Fig. 2.



Fig. 3.

These diagrammatic figures illustrate the impregnation of the ovum. Fig. 1 shows a segment of the ovum highly magnified, with the projection on one side surrounded by several spermatozoa, one of which is in closer proximity than the others. Fig. 2 shows the union of this spermatozoon and the projection; and Fig. 3 the condition after the spermatozoon has penetrated the ovum, the tail remaining outside. Impregnation is now complete.

skin. In healthy men, at the moment before the semen is ejected, the glans and whole erectile tissue of the penis is extremely rigid; soon after a convulsive motion follows, the semen is discharged by a reflex action, and there is a slight loss of strength throughout the body, which, however, soon recovers tone. But the erection of the penis may also be produced by mechanical irritation, as friction of the glans, or prepuce, or a distended bladder, as evinced in the morning after a long night's rest, also by tumors or stone in the bladder. This highly complicated and delicate organism, of which we have given a brief outline, is entirely subservient to the proper secretion and ejection of the semen.

The Semen is a thick, mucilaginous, whitish fluid, with a peculiar odoriferous smell, *sui generis*; it consists of the liquor seminis, the prostatic fluid, the secretion of the seminal vesicles and Cowper's gland, some mucus and certain solid particles. The liquor seminis is colorless, transparent, and contains floating in it the spermatozoa. The microscope must here be called into requisition. The spermatozoa are endowed with movement, and exist in very considerable numbers in healthy semen. They are not living bodies or animalcula, as was formerly supposed. They are never normal constituents of the urine.

These Spermatozoa are developed in the substance of the testicles. They are shaped like a tadpole, with an oval head or body, and a narrow tail; they move with great rapidity, and their length is about a six-hundredth to a thousandth part of an inch.

Their original discovery is due to Löwenhoeck,

in 1667. They are not found in the fluid contained in the seminal organs before puberty, but are always present afterwards; nor do they disappear while the power of procreation is retained. But when the semen is diseased by the debility of the parts, their number becomes fewer, until at last they almost disappear. They have been found in old men of eighty and ninety.

The quantity of semen emitted at any one time varies with the frequency of the emissions, and the vigor of the individual. It probably averages a little over a drachm, or a teaspoonful.

After coition the head of the spermatozoon, meeting the ovum (or egg) in the uterus or tube of the female, penetrates the viteline membrane surrounding it, leaving the tail outside. The head, now the male pronucleus, unites with the female pronucleus, and conception occurs at the moment of this union: and from this instant dates the life of the future human being.

Further progress of the impregnated ovum belongs to works on embryology, the whole process showing the wisdom and skill of the Creator of all things.

Impregnation is most likely to occur during the first eight days after menstruation ceases.

CHAPTER II.

PHILOSOPHY OF MARRIAGE—MAN'S MISSION ON EARTH.

THE sacred ordinance of marriage emanated from the Deity, by whom we are enjoined, in Gen. 1:28, to "be fruitful and multiply."

This text has suggested the title of this book,

Man's Mission on Earth.

It was the positive command of Heaven, that Man and Woman should go forth after the flood to multiply and people the earth (Gen. ix; 10); and the proper means for that desirable end were given to them before the command.

But the All-wise did not stop here; aware that something more than a simple command was requisite to induce man to render obedience even to his Creator, with a view to enforce obedience to the decree, He connected *ecstasy* with *obedience*, thus subduing, by the spell of pleasure, that natural disinclination to bend to the will of Providence, which exists, even to this moment, in the depraved mind of man.

"Our Maker bids increase, who bids abstain
"But our destroyer, foe to God and man?"

MILTON, *Paradise Lost*, Book iv.

The penalty of disobedience to this command is the loss of that ecstatic enjoyment—a penalty so heavy that few are disposed to incur it. Nature has im-

planted in us a powerful disposition to perform the duty, rather than to hazard the total loss of the delight with which it is accompanied, and every feeling of the human heart revolts from the surrender of that moral obligation enforced by Heaven and the relinquishment of which ~~must~~ inevitably lead to the deprivation of so considerable a portion of the enjoyment of life.

Among the ancients, "race suicide," whether voluntary or owing to disease, was considered especially obnoxious to the Divinity and some even called it "the unpardonable sin."

To-day, in forty states of the Union, physical incapacity is considered just cause for divorce.

Sterility, or barrenness, was of old recorded among the curses with which the Almighty punished tribes, families and individuals. Marriage is considered honorable amongst all men, and should not be entered upon carelessly or wantonly, nor without duly considering the causes for which it was originally ordained. Marriage was introduced by the Divine Creator, in the time of man's primitive innocence, as the means of his happiness and the perpetuation of his race. Its influence extends from individuals to kingdoms, and to the whole earth. Jeremy Taylor calls it "the mother of the world, which preserves nations, and fills cities, churches, and even heaven itself." It is the primitive source of morals and society, the nurse of virtue and patriotism, the stay and support of governments. In a word, no other social institution exercises so profound an influence on the well-being of society. The obligations of marriage are mutual and imperative; if any deception is practised,

those culpable will sooner or later receive punishment in the disappointment of their pleasures, the loss of their health, and the remorse of their own reflections.

It unfortunately happens—and more especially in the present artificial method of existence—that many men are unable to marry before middle life, often after a youth spent in more or less dissipation—perhaps after having acquired the seeds of disease and impotence. The question then arises—Is such a man capable of procreating healthy children, or of satisfying those desires implanted by nature in the most modest and virtuous of women, not less strongly than in man himself? The consciousness of deficiency must cause any man to feel abashed, and he can offer no excuse, but what must tend to lessen the love and respect of his wife. Ignorance—of a density unequalled, of an obstinacy unparalleled—long prevailed on the topics which control most completely the fitness of men and women for wedlock. There are certain stages of injured health, capable, by early and skillful treatment, of thorough and speedy cure, but which, if neglected or dealt with injudiciously, render aught but disgust and misery in marriage a thing humanly impossible. No man is so likely to be jealous as the one that is conscious that his wife has just reason for complaint, and no woman is so likely to go astray as one who is tantalized by an impotent husband. Nothing can justify a wife in proving false to the marriage vow, and nothing can ever after restore her to the position of a virtuous woman; but cases frequently occur where much might be urged in extenuation, and where he who is considered the injured husband is in

reality more guilty than his wife. Women were formed to complete the well-being of man, and those who abstain from intercourse with them are rarely either happy or healthy. Marriage constitutes the bond of society, and the respect paid to its ordinances affords the best test of the moral condition of a civilized people. Where a generative weakness exists, let not the unhappy sufferer augment his own misery by the sacrifice of one from whom he can expect nothing but reproaches and contempt, and whose happiness may thus be marred.

From numerous observations, Humboldt argues that the best method of eradicating hereditary diseases, gout, scrofula, consumption, epilepsy, insanity, etc., in their early tendency, is by the commixture of the classes by intermarriage, which often prevents the transmission of disease to the next generation. The mental weakness, as well as mean appearance, of some of the European royal families is strongly confirmatory of the truth of these principles.

Nearly all the nations have passed laws forbidding marriage among relatives, and in some parts of the United States the marriage of first cousins is criminal, and punishable by law.

The effect of the Sexual act upon the male deserves some consideration.

In all, even amongst the healthiest persons, immediately succeeding the act there is a feeling of more or less fatigue, due to shock or Nervous Exhaustion, all of which is caused by the effect of the shock on the spinal cord.

In some of the lower animals this nervous shock

is very marked, in the buck rabbit, for instance, who, after copulation, falls on his side, rolls up the whites of his eyes, and spasmodically kicks his legs.

Languor and a drowsy feeling usually follows the act in man. This has not remained unobserved by the ancients, who have remarked of it:

“Laeta venire Venus tristis abire.”

and also:

“Post coitum omni animal triste, nisi gallus qui cantat.”

So serious indeed is the paroxysm of the nervous system, produced by the sexual spasm, that its immediate effect is not always unattended by danger, and men with weak hearts have died in the act.

The question is often asked, “What is healthy moderation in sexual intercourse?” Perhaps none but Medical Men have any idea of the misery and the suffering caused by excessive sexual indulgence among married people.

No invariable rule can be laid down which is applicable alike in all cases and under all circumstances. Much depends upon the temperament, age, occupation and condition of health of one or both parties.

Generally speaking, it may be said that an individual has committed excess when coitus is followed by a prolonged depression of spirits, or departure from a previous condition of energy. A hard-working man, living in a city, might properly consider his limit once every seventh or tenth day.

Immediate repetition of the act is in every case excess.

Among the learned in ancient times, the expedi-

ency of regulating these indulgences was seriously considered, and many ordinances exist among ancient nations to this end.

The following free translation from the "Uxor Hebraica" (1646) is an example:

"The conjugal debt should be paid regularly, by the husband in proportion to the energy unused in his vocation. According to the Mishna, a man was allowed one or two weeks leave of abstinence on the score of a religious vow. Law students were exempt. A weekly debt was forced upon laborers, but a daily one upon vigorous young husbands having no occupation. Donkey drivers were liable once a week. Camel drivers (a calling involving much labor) once in thirty days. Sailors once in six months. This is according to the Rabbi Eliezer."

Solon's laws required three payments a month without reference to the husband's vocation.

Martin Luther considered it sufficiently important to allude to it in a distich in one of his works, as follows:

*In der Woche zwier,
Nacht im Jahr hundert und vier,
Schadet weder mir
Noch dir."*

Which may be freely translated from the old German:

But twice in every week, no more—
Each year one hundred times and four,
Will hurt neither me
Nor thee.

The Turkish law obliged husbands to cohabit with their wives once a week, and if they neglected to do so, the wife could lodge a complaint before a magistrate.

It is well to remember, however, that excess should be guarded against from a higher motive than mere regard for health. Jeremy Taylor says, in his "Rules and Exercises of Holy Living":

"They must observe the order of Nature and the ends of God. *He is an ill husband that uses his wife as a man treats a harlot*, having no other end but pleasure.

Concerning which, our best rule is, that although in this, as in eating and drinking, there is an appetite to be satisfied, which cannot be done without pleasing desire, yet, since that desire and satisfaction was intended by nature for other ends, they should never be separated from those ends, but always be joined with all or one of these ends—with a desire of children, or to avoid fornication, or to lighten the cares and sadnesses of household affairs or to endear each other; but never with a purpose either in act or desire, to separate the sensuality from these ends which hallow it."

The advice of a still older writer, though quaint, is most excellent. The "Parson" in the "Canterbury Tales" is made to hold forth as follows:

"And for that many a man weeneth he may not sinne for no lecherousness that he doth with his wife, certes that opinion is false; God wot, a man may slay himself with his own knife and make himself drunk with his own wine. A man should love his wife by discretion—patiently and temperately.....

"Then shall man understand that for three things may a man and his wife fleshly assemble: The first is an intent of engendure of children to the service of God—for certes that is the cause final of Matrimony. The second cause is to yield every of them his debt unto the other of his body, for neither of them hath power of his own body. The third is to eschew lechery and villany. The fourth forsooth is deadly sinne.....

"Understand that if they assemble only for amorous

love and for none of the aforesaid causes, but for to accomplish that burning delight, they reck never how oft, it is deadly sinne; and yet, with sorrow, *some folk will more pain them for to do*, than to their appetite sufficeth."

But what stamps effectually the seal of nature's reprobation on excessive matrimonial indulgence, is its destruction of the health of women. Is it not a most prolific source of those distressing female complaints which bury half our married women prematurely, and seriously impair the remainder? Do not thousands of women die in consequence? Many a husband has buried more wives than one, killed outright, ignorantly, yet effectually by the brutality of his passion. As overeating diminishes the power of appetite, so excess engenders those diseases which cut off this very pleasure. By causing prolapsus uteri, etc., it renders intercourse utterly repugnant mentally, and painful physically, thus inducing the penalty in the direct line of the transgression. It prevents or impairs the offspring. Whatever enfeebles or diseases the sexual apparatus, of course impairs its products, or else prevents offspring altogether. This indulgence also, therefore, causes barrenness.

Lust carries with it the feeling and sense of degradation. It deteriorates woman in the estimation of man. He who indulges frequently, even with his lawful wife, cannot but associate her in his own mind with the debased feeling to which she administers. He first debases her by his brutality, and then despises her for being debased. The libertine never speaks well of women as a sex, and the reasons are obvious.

CHAPTER III.

IMPEDIMENTS TO MARRIAGE—IMPOTENCY AND STERILITY.

On the Male side the essentials of procreation are a healthy condition of the whole Generative system.

The erection should be perfect, lasting and vigorous, and the secretion and discharge of the semen obedient to the will.

In this connection a distinction which is not ordinarily made should be drawn.

Sterility should be regarded as procreative incapacity, and impotency as sexual incapacity.

Sterility. This deplorable condition is caused in spite of the power of erection by the inability to convey sufficient healthy semen into the vagina.

Healthy semen contains "living" zoösperms, and it is only when the semen is healthy that procreation is possible.

Impotency. This is the inability to properly perform the act of coition owing to failure of erection of the penis, or from premature ejaculation, or any other cause.

Among the causes which impair and destroy this necessary attribute of man, self-pollution unfortunately takes the first place, and although the actual effects of this debasing practice may not have evinced themselves by any sensible derangement of the gen-

eral health, yet the source of sexual debility may be no less certain. Impotence from this cause arises from actual want of power, from premature or tardy emission, from the impoverished state of the vivifying fluid; from disproportion in size of the organ, from the absence of desire, and from the universal weakness which affects the whole system.

Excess in venery is another cause of impotence, and is also a most fruitful source of some most serious maladies not peculiar alone to the male sex. The diseases which are consequent upon this excess are those which are dependent upon the nervous system, namely, Paralysis, Chorea, Multiple Sclerosis, General Paresis of the Insane, Epilepsy, Diseases of the Organs of Vision, particularly Nyctalopia, and those spectres of dark spots which float before the eye, called by physicians *Muscae Volitantes*. Diseases of the heart are greatly aggravated by excess in venereal indulgence. Whether the baneful habit of self-pollution, or excess with women have engendered this disturbed balance, the effect is the same. Sexual power is sure to be destroyed in the end. On attempting intercourse the semen is too quickly discharged; nocturnal emissions sometimes occur, almost too frequently to be recounted; even the sight of a fascinating creature is sufficient to arouse the dormant irritability, and diurnal losses also take place. With some, erection is seldom, or exceedingly weak, and desire is more or less extinct.

It is no uncommon circumstance for a man on his approach to a female, with a view to sexual intercourse, though he may possess all the confidence nec-

essary, to find the tone of his inclination suddenly leave him, and to observe a seminal discharge almost immediately on contact, or even before; the design is, of course, frustrated, at least for some time, and he has to endure the double mortification of incurring and giving disappointment.

Another frequent deficiency is an insufficiently lasting erection, which prevents the mechanical irritation requisite to excite the proper action of the ejaculatory ducts. Other persons possess both desire and capability, but at very considerable intervals—a sure sign of approaching decay. Occasionally, men may be found where the organization is perfect (though smaller than usual), yet where there is a total inaptitude, or, at least, a complete distaste for sexual intercourse. Such conditions are corrected without much difficulty.

The connection between Impotency and VARICOCELE is discussed in Chapter VIII, page 108.

In the early stages of sexual weakness, different persons are variously affected; some are incapable of procuring a discharge of the semen into the cavity of the female genitals in a natural way, though they may effect temporary erection; whilst others cannot perform the act of copulation, owing to the ejaculation taking place too quickly, and before the proper firmness of the male organ has enabled it to effect the requisite penetration. What man, possessing the ordinary feelings of a man, can contemplate without a shudder these terrible consequences of self-indulgence? The nuptial bed of such a one, instead of teeming with hallowed, ecstatic delight, is converted into a scene of blended mortification, disgust, disap-

pointment, and suppressed anger. It is now that the mistaken wife is made to feel herself the victim of previous sensuality—the poor, deceived woman, so lately a happy bride, anxious for offspring, yet baffled from day to day by the man she has vowed at the altar to love and to honor (*sic!*), and he, the unhappy husband, conscious of the cause of his infirmity, the dark secret smouldering in his breast, galling his wretched existence, and not to be imparted even to the wife of his bosom, finds life, health and youth fast wearing away, under a combination of circumstances so painful that language cannot adequately describe them.

Sensibly alive to his calamity, he is reduced to the condition of a monomaniacal, nervous hypochondriac, the seminal fluid probably dribbling away without erections, unconsciously, and not as the natural ejaculatory effort of the muscles appropriated for its convulsive discharge.

No man is justified in entering upon the responsibilities of marriage whose condition even approaches distantly to this. Before he enters into that most solemn engagement, it is his bounden duty, as he would avoid the most refined cruelty to an innocent yet affectionate woman, to ask his conscience well and truly whether there be any bar or impediment to that sacred union, and if suspicion be even delicately and tremblingly alive, let him wait until reassured of his lost powers, that he may with confidence enter into the perfect married state.

It is a curious fact that the habit of self-pollution is invariably followed by a diminution in the size of

the penis. The organ shrinks to one-half its former size, or, in those who have practised the habit in youth, does not attain to full growth. The power of perfect erection is almost destroyed. When coition is attempted, the requisite rigidity is not maintained, or if an entrance into the vagina be partially effected, it is followed by a premature discharge of semen.

It frequently occurs as a result of self-pollution, more especially when practised in early youth, that the testicles do not attain their full size and powers of secreting semen. This state has been termed "an arrest of development," a phrase which simply means that the organs have ceased to grow at a period of life previous to puberty. I have seen the case of a gentleman, aged twenty-eight, whose penis and testicles were not larger than those of a boy ten years old. Such instances are not beyond the influence of medicine, unless when they occur in the persons of idiots. Wasting or diminution in the size and powers of the organs may occur at any age.

When VARICOCELE is present the testicle is more or less wasted and soft, and the veins swollen and tortuous. (See page 108, et seq.)

The testicle may retain its proper shape though diminished in size; it feels soft to the touch, and loses its elasticity and firmness. In texture it is pale, and the blood-vessels seem diminished in number, the spermatic cord becomes affected by the disease, the nerves shrink, and the cremaster muscle disappears. The thin gelatinous semen which is formed is entirely devoid of spermatic granules and spermatozoa. In other words, its fertilizing power is lost, and impotence results.

The following advertisement in divorce proceed-

ings, by order of Court, appeared in the *Springfield News*, Springfield, Mass., November 3d, 1902:

TO THE HONORABLE JUSTICES OF THE SUPERIOR COURT, holden at Springfield, within and for the County of Hampden.

Humbly shows ANNIE W. H———, of Springfield, aforesaid, that she was lawfully married to JOHN D. H———, now of New Haven, in the State of Connecticut, at Bradford, Orange County, State of Vermont, on the twenty-first day of August, A. D. 1901, that they have since lived together as husband and wife in Springfield, County of Hampden, in Commonwealth of Massachusetts, and she has ever conducted towards him as a faithful, chaste, and affectionate wife, yet the said JOHN D. regardless of his marriage vows and obligations has been guilty of cruel and abusive conduct and treatment towards your libellant and at the time of the celebration of said alleged marriage on the twenty-first day of August, A. D. 1901, the said JOHN D. was impotent, in that the physical ejaculation of copulation occurred against the will of said JOHN D. before any entry of the vagina could be made, and in that said JOHN D. was then and there stricken and sick of a disease called *varicocele*,* and that said impotency and incapacity is incurable and has continued to the filing here. By reason of which incapacity the said JOHN D. has been, and now is, unable to consummate said marriage, although the plaintiff is apt and willing so to do.

Wherefore she prays that the bonds of matrimony heretofore existing between her and the said John D. H———, may be dissolved, and that she be given permission to resume her former name of ANNIE W. W———, and for such further orders and decrees in the premises as to law and justice may appertain.

Dated the seventeenth day of March, 1902.

The reproductive power may not at first be entirely destroyed by that state of generative debility which is engendered by nocturnal emissions, and yet

* Note: See Chapter VIII for the effects of VARICOCELE.

very painful consequences of another character unquestionably arise. A healthy female may become pregnant from the feeble, yet exhausting effort of a man whose constitutional power is seriously broken, yet it would be unfair, unphilosophical, unsupported by any analogy drawn from the history of the lower animals, to expect that this circumstance would not tell most powerfully and detrimentally upon the offspring, which will assuredly bear enstamped upon it the same physical characteristics as he from whom flowed the enfeebled vital fluid from which that offspring originated.

The opinions of the learned, in all ages, have not varied widely on this subject. Lucretius, and a great number of ancient physiologists, admitted this doctrine. It appears to be his opinion that the parent who possesses the most vigorous genital power, would determine the sex and physical character of the infant and consequently that the offspring would most certainly resemble this parent, both in mind and body. If genital power be equal, the child may be expected to resemble both parents. This can scarcely be expected, however, where there is debility of the generative organs in either parent. We see manifest evidences of this in every-day life, and may cite the recent historical instance of the weakling ruler of a great nation, whose healthy, robust wife gave birth to four daughters in succession, until the people despaired of a direct heir to the throne, and a son was only born after calling in consultation the most renowned medical men of all Europe.

In concluding this part of my subject, I may be

allowed to observe that it is right and useful that all men should know that there are principles of personal management which cannot be violated without incurring grievous penalties. It is right that they should know, when wisdom and regret succeed the heyday of inconsiderate self-indulgence, how these penalties may be mitigated, and how the sting of their remorse may ultimately be removed. The most absurd of all emotions is that of despair. Let the sufferer remember that there is scarcely any degree of weakness or functional derangement to which the timely aid of science cannot give relief.

Sir Astley Cooper relates the case of a young student who committed suicide for the reason that he had, apparently, no testicles. A post mortem examination revealed the fact that the testicles, which were in the groin, were not only of normal size, but contained healthy zoösperms.

Proper treatment would easily have completely restored this young man to perfect health, and saved a valuable life.

I earnestly advise all who contemplate entering the marriage state to take advice from a thoroughly qualified practitioner as to whether there is anything to be set right before the marriage is consummated. Much misery, perchance innocent lives, may be spared by attending to this obvious and easy duty. Sometimes an old venereal contamination may be lingering in the blood. Careful examination and analysis will decide; and treatment for two or three weeks may prevent long years of unhappiness.

Especially should attention be paid to the size and

consistency of the testicles. If a VARICOCELE is present marriage should be deferred until it is relieved.

The following letter, received many years ago, is selected from many similar ones on account of the brief way in which it describes a typical case:

“DEAR SIR:—You are the first to whom I have plucked up resolution to open my case; I fear it is beyond even your skill, but, for heaven’s sake, give it your careful consideration, and, above all, let me have your candid opinion; I shall then know how to act. My age is twenty-five; I have practised self-pollution when a boy, some years; indeed to a very recent period. I married a beautiful young woman three months ago. I experienced an excitement most powerful, my passion was most vehement, and I attempted the sexual act. Immediately a spontaneous emission occurred, the excitement left me, and my emotions and desires became palsied. My system became utterly unequal to acts of manly or vigorous health. That is the history of my first attempt, and of every succeeding trial. If you can assist me, I shall be grateful for life. My wife bears with me with angelic patience: but I cannot long endure my present wretchedness.”

Yours truly,

E—— W——.

CHAPTER IV.

MARRIAGE AND SEXUAL HEALTH IN RELATION TO GENERAL HEALTH AND LONGEVITY.

In addition to the clearly understood intimate relation between sexual disorders and the nervous system, recent investigations have demonstrated very close metabolic reciprocity between all glands with internal secretions, notably the ovaries, testicles, thyroid glands and pancreas, the adrenal glands and pituitary body. These internal secretions are necessary to perpetuate the perfectly balanced human organism. Excessive or diminished secretion in any one of these glands produces a similar change in one, or all, of the others. Thus, sexual excess will cause swelling of the thyroid, with increased activity, while great sexual excess, accompanied with exhaustion, will lead to exhaustion of the thyroid and other ductless glands. Degeneration of the pituitary body causes premature senility and on account of this close relationship women given to much sexual activity grow old and "fat" before their time.

The changes occurring at puberty are the direct results of the internal secretion of the sexual glands, and the consequent influence upon other glands. Lack of hair on the face of a young man, together with less rugged features, and a soft voice, are almost always indicative of an undeveloped or diseased condition of

the testicles. Abnormally long arms and legs generally exist in these cases, due to the effect upon the pituitary bodies.

Degeneration of the thyroid gland is often met with in children of parents with debilitated sexual organs.

There is no doubt that the condition of the sexual glands affects the nutrition of the whole body, in some way, perhaps, through the pancreas.

It is hardly necessary to call attention to the well-established fact that changes in the sexual organs produce great changes in mentality. In men, inflammation of the prostate, and, also, of the testicles, including VARICOCELE,* is invariably followed by some symptom of neurasthenia. In women, most cases of hysteria are due to alterations in the ovaries.

The changes in these glands need not be due alone to Gonorrhoea, etc., or even to sexual excess, or self-abuse. Continence produces similar results. Elderly spinsters (and bachelors who have led a continent life—most, alas, have not!) constantly present nervous symptoms. These are very frequently accompanied by nervous dyspepsia and irregularity of the bowels. Many of us have observed the practical rejuvenation of a woman married late in life. Youth seems to spring into bloom again.

Many backward children are monorchids, or cryptorchids, while, contra, most precocious children, with bright, highly developed intellects, are found to have unusually well-developed sexual organs.

It should be the aim of every parent whose children are particularly bright to keep careful watch,

* See page 108.

for these children are the ones most apt to develop habits of masturbation.

Melancholia is a common condition in eunuchs, as is also physical cowardice. Compare an ox to a bull, or a gelding with a stallion, or other animals that have been gelded with those that have not.

The features of confirmed masturbators occasionally resemble those of eunuchs.

If we were to gather together a number of men who late in life presented an unusually youthful appearance, whose mental faculties were as alert at sixty as at thirty, whose eyes were bright and whose physique was unimpaired by age, we would find, as a rule, that these old "young men" all had a keen appreciation of the society of the opposite sex, and upon physical examination we should find that their sexual organs were well developed, and perfectly healthy, still possessing the functions of healthy male organs; far different, indeed, from the elderly roué, who usually has a sexual ability in inverse ratio to his morbid sexual appetite.

This state of affairs should lead us to consider the desirability of sexual health from a different standpoint to that usually taken, and when we notice that the dried up, soured and pessimistic "old man" of forty years presents for examination sexual organs that were never developed, never strong and healthy, and are at that early age in such condition that he is no longer capable of fulfilling MAN'S MISSION ON EARTH, then we should consider the health of the sexual organs in relation to general health and longevity, and not desire the sexual organs to be in "good

shape" simply for the gratification of the sexual appetite. As to longevity, several prominent Oriental physicians have stated that Eunuchs never reach any advanced age. This may be partly due, as Metchnikoff suggests, to the fact that castrated persons, and persons with diseased testes, offer less resistance to infectious disease. On the other side, we have undoubted evidence, in many cases, that persons whose sexual organs are strong and healthy frequently live to be over a hundred.

An old English aphorism says: "A woman is as old as she looks. A man is as old as he feels." The Arabians paraphrase this by a saying which translated means: "A woman is old when her beauty fails. A man is old when his sexual powers fail."

The best known instance of longevity in this connection was the famous Thomas Parr, of England. This man died in his 153rd year. In his hundred and second year he was tried and convicted of a sexual offence. He married a widow at 120, and had a child at 130.

The renowned discoverer of the circulation of the blood, Doctor Harvey, made an autopsy at Parr's death and stated that his sexual organs were in perfect condition, his testes "sound and large," and his body generally in a wonderfully good state of preservation.

A celebrated Italian, Count Capella, married his first wife when he was 14, and his fourth when he was over 80. This later wife had seven children, and was pregnant at the death of the Count.

The German poet Goethe preserved his sexual organs intact to an advanced old age, and when he was

considerably over the allotted "three score and ten," "made love" to a number of women. His physical health was perfect, and that his mental powers were equally virile is attested by the fact that he finished the second part of "Faust" when he was over eighty. His last words, before his death, were, "Look at that beautiful woman's head."

A personal friend, who was a prominent man in this city, and who retained his powerful physique and all his mental faculties to a ripe old age, consulted me at the age of 82, regarding a demand made upon him by a young woman who claimed he was the father of her child. I examined his sexual organs, which seemed in every respect strong and sound. I also obtained a specimen of his seminal fluid, which I found contained a normal quantity of healthy-looking and active Zoosperms, and was, therefore, compelled to admit that the claim of the woman might be true. This case was extremely interesting, and I have never yet made up my mind which produced the most impression upon the old gentleman's feelings—his chagrin at having to support the child, or the satisfaction he felt over the fact that he was, as he expressed it, "still a man."

Of course people have lived to good old age despite sexual excesses and infirmities, just as drunken men have fallen from high buildings without injury.

I would advise no one to depend for his longevity upon his sexual infirmities any more than I would expect him to fall any distance with impunity.

Ever since 1840, when Sir Francis Galton first called attention to the Science of Eugenics, anthropolo-

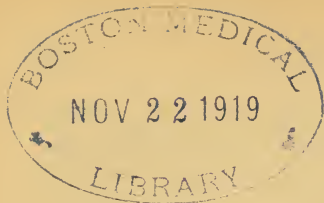
gists the world over have looked forward to such a development of the human species as will end in the production of a race of people each individual member of which shall be perfect in every way. In furtherance of this idea each perfect woman should choose for the father of her child a man capable of producing healthy children, and such a man must be healthy himself in every part; especially should his sexual organs be perfect, for upon those organs depend the reproduction of the species.

A natural and pure life leads along a straight path to a healthy old age. Marriage is a safeguard on the way. Our sexual organs and desires were given us for a purpose—procreation. This is “Man’s Mission on Earth.” If our aim embraces the fulfillment of this mission, and we do not go beyond, we shall safely arrive at our journey’s end. Nature’s commands are imperious! Violation of her laws brings severe punishment, in the form of bodily and mental ills. Continued disobedience to her mandates may be revenged by the deprivation of the power to obey when we would, too late!

A wife is more than a mere “*womb-man*,” she is part and parcel of an entity incomplete without her. She should be, moreover, a companion and guide, to cheer, to encourage, and to help!

“His house she enters, there to be a light,
Shining within, when all without is night;
A guardian angel, o’er his life presiding,
Doubling his pleasures and his cares dividing.”

—Rogers.



CHAPTER V.

INCONTINENCE OF SEMEN.

This disease is called Spermatorrhœa (*σπέρμα*, seed; *ῥεῖα*, a flow); in German, Samenfluß, and in French, spermatorrhée.

The disease consists in involuntary losses of semen by a constant wasting away in the urine, by nocturnal emissions, losses at stool, and diurnal pollutions. Experience has taught us that in men spermatorrhœa is present in some form in almost every variety of nervous diseases.

The semen is kept in the seed vessels (*vesiculae seminales*) until the man makes proper use of it or nocturnal emissions deprive him of it. Its importance, not merely for the direct end it was designated to fulfil in the process of generation, but for other purposes, is also indicated by the changes which take place in the animal economy at the age of puberty, when this fluid begins to be secreted; the voice and features change, the beard grows, the genitals become covered with hair, the whole body assumes a more rotund and manly appearance, the muscular system acquiring that firmness and solidity which chiefly marks the distinction between man and woman.

Loss of blood, if repeated, even though trivial in quantity, is a sure and ready index of corresponding failure of the vital powers; but the daily drain upon the nervous system from the undue loss of this most

elaborate secretion is still more rapidly destructive; some scientists say fortyfold. The debility thereby produced is greater than any other, insomuch as important and extensive portions of the brain are concerned in its production. Physiological chemistry teaches us that phosphorus enters largely into the composition of the brain and nerves, and as this substance also forms an essential element of the seminal fluid, the injury accruing to the system from any unnatural loss of this secretion is readily explained. Who then can doubt the great importance of this fluid, or wonder at those evils its unnecessary evacuation is sure to entail? Lallemand says: "The semen is the life." It certainly contains the life-giving principle, and though we do not believe, with the learned Doctor Brown-Sequard, that it can be made into an elixir of life, yet we do insist that upon the ability to secrete healthy semen depends vigorous, healthy life.

The subject of profuse seminal evacuations is one which has too little occupied the attention of medical practitioners, partly from a fear of identifying themselves with those shameless quacks, whose puffs disfigure so disgracefully many columns of our advertising papers. That this disease is a source of much misery, the existence of these quack lucubrations sufficiently proves; and that the unhappy sufferers are too often tempted to seek from the authors of these advertisements that relief which has not been obtained elsewhere, is sufficiently evident from their extensive circulation, and the offensive way in which they are constantly obtruded upon the public eye. Why then should the reputable surgeon and physician hesitate

to make himself acquainted with the symptoms, causes, and pathology of this disease, and give his patients the benefit of rational treatment founded upon this knowledge, instead of abandoning them to the misdirected efforts of the unprincipled empirics?

It has been long well known that indulgence in venereal excesses produces direct debility, both from actual abstraction of the seminal fluid, and from the nervous exhaustion following the excitement of ejaculation. It has also been known that when emissions have been excited by masturbation, the effects have been much more serious, partly from the unnatural way in which the excitement has been applied, and partly from the age of the subjects who have been addicted to it, enabling them to less easily bear the shock produced upon the nervous system. It has been long known, too, that such habitual irritation of the genital system has caused spontaneous erections and emissions during sleep, which tended much to the weakening of the unfortunate subject; but only lately has attention been called to the fact that it may induce frequent evacuations of semen along with the urine, or when at stool, to such an extent as to destroy the organs completely, and even to compromise the life. Slight hints of the nature of this disease are to be found in the writings of Hippocrates and of the several other practitioners in the latter periods, under the name of *tabes dorsalis*, a name later applied improperly to locomotor ataxia, but the absurd notion of a wasting of the spinal marrow led to an erroneous mode of treatment, and rendered curative efforts ineffectual.

Wickman, a German, published a small tract which

attracted scarcely any notice, and it was left for the celebrated Lallemand, of Montpellier, to investigate its nature with accuracy, and plan its cure with success.

The essential of spermatorrhœa is the evacuation of the seminal fluid, frequently involuntarily and even unconsciously, without erection or pleasurable feeling; the vesiculæ seminales acting reflexly in concert with the bladder on the one hand, and the rectum on the other. The proximate cause of their contraction may be actual inflammation or ulceration of orifices of the vasa deferentia, inflammation, or an irritable state of mucous membrane of the prostatic portion of the urethra, or neck of the bladder, or a similar state of the mucous membranè of the rectum, aided by hardened fæces. Thus the urethral irritation may depend on venereal excesses, masturbation, repeated gonorrhœa, and stricture, and in most cases the history of the patient leads back to some of these, frequently of pretty ancient date. Sometimes it may depend on sudden and severe exposure to cold, and sometimes on the co-existence or retrocession of cutaneous diseases; occasionally to the presence of a syphilitic gumma in the internal genital organs. The irritation of the rectum again, producing violent contractions which are readily communicated to the vesiculæ lying in front of the gut, may depend on constipation, hæmorrhoids, mechanical obstruction, or even on the presence of ascarides (pin-worms).

VARICOCELE may be caused by too frequent ejaculations. The emissions, at first attended by erections and pleasurable sensations during sleep, in time begin to occur without either erection or sensation, and ulti-

mately take place during the day, whenever the bowels are moved, or urine is passed, or during the slightest excitement in female society. In some cases there is an almost constant discharge, or oozing of semen, and complete absence of power of retention.

Persons who were formerly annoyed by frequent nocturnal emissions, and are now not so much troubled in this way, are often perplexed as to the cause of their continued nervousness, incapacity for study or business, depression of spirits, aversion to society, etc., little suspecting that at the very time they were congratulating themselves on their release from their former annoyance they were enduring one of still more importance and that the loss of semen, which was formerly only occasional, in nocturnal emissions, is now almost constant, it being carried off with the urine, at each evacuation of the bladder.

This is easily explained. The semen passes from the testes along the ducts (called the vasa deferentia) opening into the urethra; these ducts, in a healthy state, possess sufficient power of retention, but when weakened from abuse, inflammation or injury, they become relaxed and as it were dilated, allowing the semen to escape involuntarily on the slightest excitement. In this irritable condition, they are liable to be acted upon by the urine as it passes over their sensitive outlets; and this irritation extending to the bladder, the urine is in consequence voided frequently, and nearly always mixed with semen. It is only since the important aid to diagnosis rendered by the marvellous powers of the microscope, that this very important fact has been made out, prior to which numbers have

suffered all the consequences of debility, without a suspicion of the actual cause. It is no uncommon circumstance for patients to remark that their urine is thick and ropy, particularly the last few drops. This, in some instances, arises from inflammation of the bladder; but, in most cases, this condition is caused by the semen it contains. Many married men, even of chaste and temperate habits, are thus affected, without even suspecting it, simply because they are unacquainted with the existence of such a hidden source of weakness; and on their attention being drawn to the subject, they can but regret the want of previous information as to their increasing and apparently uncontrollable debility. In married people this frequently arises where the bounds of moderation have been overstepped; and there is no doubt that this hitherto undetected drain upon the system has been the cause of incalculable misery to thousands.

Among many individuals so affected, on attempting intercourse, the semen is too quickly discharged, nocturnal pollutions are frequent (indeed these are often the immediate precursors of seminal weakness), or the semen is expelled during the evacuation of the bladder and bowels. With some, there is more or less complete extinction of venereal desire, the erections become few and feeble, incomplete, or absolutely impossible. This condition of the sexual organs has its appropriate general character, analogous to those which are attributable to the wilful and determinate pollutions of earlier youth; the sufferer, now perhaps too late, sensibly alive to the origin of his weakness, becomes timid, fearful, careless of the world around

him, his mind absorbed in the consideration of his malady, until the continual presence and recurrence of the same train of painful thought involve him in the worst form of monomania, or rather the premature childishness of old age. All the functions of the body languish and are deranged, until a complete and general degradation sweeps with uncontrolled dominion over every power and faculty both of body and soul. The seminal fluid may dribble away without pleasure, without erections, without the natural ejaculation, and its loss, when occurring in this manner, gives rise to the same or infinitely greater evils than those which occur from mere sexual excess, or what is worse, from self-pollution.

Few constitutions are capable of bearing the loss of this fluid in excess, even in a natural manner, without inducing the same kind of debility; but when recourse is had to preternatural excitement, dismal is the train of suffering which surely follows.

VARICOCELE may result, with its consequent train of miseries, ending in complete impotency.

It therefore becomes a problem of the greatest importance if there be any means by which the presence of the Spermatozoa or life-giving element of the semen may be detected with certainty. This can only be done with the MICROSCOPE, which for the purpose of diagnosis is absolutely indispensable.

By the examination of a small quantity of the discharge from the urethra or by microscopic observation of the urine, we are able to decide with certainty as to the presence or absence of the seminal fluid, and consequently on the treatment required for the case.

The symptoms which really constitute the disease are frequently unobserved by the patient; and the medical man is consulted on account of symptoms denoting indigestion, derangement of the liver, hypochondriasis, or even serious affections of the brain. This last stimulation appears to be the most common, and indeed Lallemand declares that most of the patients in whom he recognized diurnal pollutions were recommended to him for advice on supposed cerebral diseases, on account of the celebrity he had obtained.

The patient generally appears exceedingly feeble, emaciated, his skin dry, wrinkled, and dirty looking, his color gone, his eyes dull, sunken, and surrounded by a dark circle, while his manner and address imply great anxiety. He complains, probably, of derangement of the stomach and bowels, inability to take strong food or drink, habitual constipation, and distention of the bowels with flatus. He informs you that coitus has become impossible with him, erections being very rare and imperfect, and the semen being almost immediately expelled, or expelled after much time with difficulty. His mind broods constantly over his malady, he becomes peevish and morose, flies from society, and falls into a deep melancholy; he complains finally of a mental weakness, inability to direct his thoughts, loss of memory, ringing in his ears, dazzling of the eyes, and *muscæ volitantes*, fainting fits, and a feeling of fullness in the head with slight paresis, resembling apoplexy.

The symptoms are infinitely varied, extremely numerous, and differ greatly in different cases. We have tabulated them as follows:

SPECIAL SYMPTOMS.

Pollutions* accompanying expulsions of urine.

Pollutions accompanying defæcation.

Erection and emission upon slight excitement, such as the mere presence of females or juxtaposition of their dress, etc.

Emissions under similar circumstances, accompanied by erection.

Nocturnal pollutions, with or without erection or consciousness.

Spermatic urine.

Contraction of the foreskin.

Spasmodic or dull pain occasionally in the organs.

†Varicocele, or varicose veins in the scrotum.

Pimples on shoulder and forehead.

Premature emission during coition.

Priapism, or erections apparently without any exciting cause.

Decrease of sexual desire or enjoyment.

Sanguineous emissions.

Diminution in size of the penis and other organs.

Want or imperfection of erectile power.

Climax—Impotence.

* The terms "pollutions" and "emissions" refer to involuntary escapes of seminal fluid. And we may state here as a general principle that more than one nocturnal emission a month indicates, at least, weakness. In some cases less frequent emissions would mean a departure from health, and, physiologically, there is no reason why a healthy man should ever have an emission except during sexual intercourse.

† See Chapter VIII, page 108.

In reference to general symptoms, it is necessary to observe that many of these symptoms may occur in and denote forms of ordinary disease; but if produced by spermatorrhœa, they will be aggravated in degree, and will not yield to treatment known to be eradicated of them in ordinary cases. This fact could be illustrated in a variety of instances, but one will suffice. In an otherwise healthy person an attack of indigestion, originating in inattention to diet, will yield to gentle purgatives, tonics, and other well-known means; but if the symptoms of indigestion exist in consequence of the impairment of the nutritive functions by seminal losses, the ordinary remedies for such symptoms fail to produce their usual effect, as, until the primary cause of the symptoms be removed, the effect will not only continue, but increase. In like manner disorders in respiration and circulation may arise indifferently from spermatorrhœa, or from other causes; in the latter case the remedies usually indicated for such symptoms will remove them, but not so if they be caused by spermatorrhœa; and it may be mentioned that it has been clearly ascertained that there is no single function of the animal economy but may not become deranged by long-continued seminal losses.

GENERAL SYMPTOMS—BODILY.

Increased appetite or voracity (in early stages).

Gnawing, and heat of epigastrium.

Uneasiness, sinking, or faintness before taking food, followed by disgust or nausea afterwards.

Want of appetite for plain kinds of food.

Weight of epigastrium.

Quickening pulse.
Flushed face.
Evulsion of flatus.
Colic.
Griping.
Distension of stomach and intestines.
Muscular flaccidity.
Excessive mucous secretions.
Irregular action of heart.
Liquid and unnatural stools.
Diarrhœa.
Inflammation of the rectum.
Constipation.
Loss of flesh.
Cadaverous appearance of the skin.
Hollow, sunken eyes.
Extreme sensibility to cold.
Rheumatic pains.
Lassitude.
Fatigue on slight exertion.

Climax—Confirmed Debility.

GENERAL SYMPTOMS—MENTAL AND NERVOUS.

Restlessness.
Sighing.
Sensation of congestion.
Want of energy.
Uncertainty of tone of voice.
Vertigo.
Want of purpose.
Dimness of sight.

Weakness of hearing.
 Aversion to society.
 Blushing.
 Want of confidence.
 Avoidance of conversation.
 Desire for solitude.
 Listlessness, and inability to fix the attention.
 Cowardice.
 Depression of spirits.
 Giddiness.
 Loss of memory.
 Excitability of temper.
 Erotomania and Satyriasis.
 Moroseness.
 Want of fixety of attention.
 Trembling of the hands.
 Sudden pallor.
 Lachrymosity.
 Tremor from slight cause.
 Pains in the back of the head and spine.
 Pains over the eyes.
 Disturbed and unrefreshed sleep.
 Strange and lascivious dreams.
 Hypochondrias.

Climax—Insanity.

The LOCAL SYMPTOMS are generally frequent and continued emissions of seminal fluid at night. These may and undoubtedly do occasionally occur in perfect health; but we call the particular attention of our readers to this rule: *Nocturnal emissions are decided signs of debility and symptoms of approaching impotence*

whenever exhaustion is felt during the next day. Let it be remembered that every drop that escapes is the habitation of living cells, a particle of the living seed, and that one cell, under favorable circumstances, is sufficient to give life to a future being. With respect to diurnal emissions—which occur at stool, whilst making water, or which are evinced by a continual moisture and humidity of the organs—they are of a complicated character, and in many instances are undiscovered and unsuspected by the patient until the disorder has assumed a most formidable character; for he is quite unconscious of any seminal loss. The nocturnal emissions sometimes leave him entirely, the drain by day being so excessive; but at last some formidable symptoms force him to seek relief at the eleventh hour.

Many suffer serious derangement without knowing it. The change in them has come on so slowly that they do not know that they are ill. They have an idea that their health is normal with the exception perhaps of a slight headache.

To illustrate this, let us refer to

*CASE 837. (1895.)

“A young man, twenty-seven years of age, called upon me in the spring of 18—. His description of his trouble was that he was nervous. That the dropping of a book startled him. That a passing wagon would make noise enough to cause a headache, and that he was annoyed and irritated at the slightest thing. His health appeared to be sound, and he in-

*The numbers mentioned in this and other cases quoted in this work are merely references to our Case Books.

formed me that his appetite was prodigious. In fact his stomach always craved more food. Now this was a dangerous symptom, and I began at once to make investigations. I said to myself, "This man's system is under some powerful strain. Some dreadful waste is going on, and a vigorous constitution is making frightful attempts to withstand it by taxing the stomach to supply enough blood-making material to overcome the loss." Experience had taught me where to look for this waste in nine out of ten cases, and there I found it—a pernicious vice had brought on spermatorrhœa. I said nothing to the young man except to loan him a little book that I hoped would point out the errors of his ways. He promised to call the next day for treatment, but never returned. About six weeks afterwards I was persuaded by a lady who called upon me to make a visit to her son, as he was too ill to come to me. I found my patient to be the same young man to whom I had loaned the book. For twenty days he had been at the point of death, and was now barely able to speak. The family doctor had told him his malady was a severe malarial fever. The young man made a full confidant of me. A vigorous course of treatment followed. In ten days he was able to walk, and a few months afterward he was as healthy and strong as could be desired.

"Now the deductions from this case are simple. The abnormally excited condition of the reproductive organs affected the secretory nerves, and particularly those governing the secretions of seminal fluid. This was the first injury. Spermatorrhœa was the result. The loss of so much of the seminal fluid by nocturnal

emissions, losses at stool, etc., was a drain on the system and exhausted all the surplus energy and vitality which nature has provided for emergencies. This was the second injury. In consequence of this, nature, to offset the waste, made exorbitant demands on the stomach, which was the cause of the extraordinary appetite for food. The stomach was thus weakened and overworked, causing the unhealthy nervous state complained of by the patient. This was the condition of affairs when I first saw him. A slight attack of an ordinary malady, of no consequence to a healthy man, found him so impaired in health that it was almost fatal. There was no strength left in his system to fight the disease, and death was only averted by the most careful and skilful treatment.

“This case I have cited at length, as it was one which from its very nature attracted my attention. Except for the nervousness complained of, this young man’s health might have appeared good for years, for he had a vigorous constitution, had not the slight illness occurred.

“Two other cases, almost similar, called my attention in the same year. The only difference in these was that in the first case excessive sexual indulgence was the cause. In the second case dissipation following ordinary gonorrhœa brought on spermatorrhœa, and the same results followed, the patient nearly dying of a slight attack of gastritis. In this last case the gastritis itself was caused by the abnormal attempts of the stomach to overcome the waste.”

Sometimes the disease makes its appearance long after the habit itself had been abandoned, but when

adequate exciting causes suddenly reveal the mischief which has been entailed upon the system. Such cases, if immediately attended to and properly treated, are capable of speedy relief.

Thus in Case 1043 (1894) the patient, a young man of twenty-four years of age, informed us that while he had practised masturbation at school, he had left it off for nearly ten years, but had recently had sexual intercourse with females, much more frequently than he thought, to use his own words, "did him good"; the preceding week he had felt a little pain in the penis, and had noticed, on going to stool, a quantity of white glutinous matter pass away from the urethra. We requested him to furnish us with some of the discharge upon a piece of glass, which he did; upon examining this through the high-power microscope we detected spermatozoa, and thereupon prescribed a lotion to be applied to the genital organs morning and evening, also medicine to be taken internally; and in a few weeks both the pain and discharge had disappeared.

CHAPTER VI.

*(An extract from a lecture delivered by Dr. Kahn
in London, England.)*

Having, in that branch of our professional duties to which we have more especially devoted our attention, witnessed the heart-rending effects resulting from self-abuse, and this, alas, in the majority of instances, from utter ignorance of the sin and danger thereby incurred, we feel that while speaking on the subject we should be neglecting our duty did we not, to the best of our ability, show in glaring colors the enormity of the sin and deteriorating effects of "masturbation," that unnatural practice by which persons of either sex defile their bodies alone, in secret, whilst yielding to filthy imaginations, they endeavor to imitate and procure to themselves those sensations which attend sexual intercourse—the habit ascribed by poets to

"The solitary man, recluse, obscene."

Man cannot err against the dictates of nature, without paying the penalty for his lapse sooner or later. The penalty exacted for masturbation is one of the most serious and awful in its nature. It involves a gradual exhaustion of the powers of mind and body, and an early death, attended with every suffering that man can endure. Every function of the system becomes disordered and diseased; and at last the wretched victim of error perishes in a state of misery too fearful to contemplate.

Should the reader of these lines be addicted to this pernicious habit, we entreat him to weigh our words calmly and deliberately, for on the decision of that present ten minutes will hang, in all human probability, the happiness or misery of his future days. In that time may be determined whether he shall live an ornament to society, an honor to his name, a healthy, happy man; or whether he shall sink into the poor, pitiful, joyless, nerveless, prematurely old man, without heart, health or hope. A human derelict floating *sans* sails, *sans* rudder upon the restless sea of life.

To begin the career of manhood by the abuse of Nature's functions, and that, too, when the system has not completed the powers of its organization, and abounds with energy and passion, is contrary to all the rules by which health and happiness may be attained. Exclusively absorbed by this fatal passion, all the powers of mind and body are wasted in illusion, and an age of care and anxiety follows ere the full period of manhood has been reached; as it keeps the individual in a state of perpetual effervescence, it becomes the worst of all delusions, and under the varied form of its peculiar excitement it produces morbid sensibility, erotic imagination and their consequent results—hypochondriasm, hysteria, indigestion, etc.—which, on their first approach, are considered of too light a character to merit attention; and thus time passes on till the whole system is involved in relative or positive disease. That the dangerous consequences of those delusive acts are not early felt, does not prove they

never will be, in the lapse of time; and if in some iron constitutions it does not produce any physical consequences, it still leaves upon the mind a painful impression and causes doubt, anxiety, and a marked dissatisfaction with the conditions upon which the tenure of life is held; in fact, it has no counterbalancing advantage, no redeeming quality; it is equally injurious to physical and moral purity; and however modified by strength of constitution or of mind, ought not to be regarded with anything approaching to indifference; it is a state too dangerous, indeed, to be regarded with indifference; and we hesitate not to say, that, in its mischievous progress, it is the herald of every baneful vice; and when the individual, overwhelmed with disgrace, contempt and odium, can no longer sustain the excitement, the mind revolting against an existence that assimilates to it nothing but unhappy aberrations, seeks peace from its errors in suicide; it gradually diminishes the sensibility of the organs, and generally produces emaciation, which ends either in pre-senility or atrophy, for sooner or later the strain weakens the power of digestion; and the bile, the gastric and pancreatic juices all become vitiated. In some cases a few weeks' indulgence in this infatuated propensity will induce disease, either by sympathy or connection; and where a predisposition to insanity exists, derangement follows. It not only occasions impotency, by producing a paralysis of the muscles concerned in sexual energy, but it destroys the excitement itself by which the act is induced, and the feelings which led to it are maintained.

This crime constitutes in itself an abandonment of the essential position that man should occupy in society. Look at it indeed under any aspect in which it can be regarded, and the plainest facts demonstrate its pernicious tendency. Appeal to nature; ask her the character of this horrid act; and in the pure, calm, reflecting language of simplicity and truth, she will reply that the deed is only in unison with everything that is injurious to physical, intellectual and moral influences; draining the constitution of its vigor and vitality, and destroying every manly and virtuous feeling. It is a vampire feeding on the life-blood of its victims; it renders them forever ambiguous beings in the scale of manhood; they present the complication of apparent energy without the corresponding reaction of animal vitality.

VARICOCELE may result, followed, of course, by Impotency and impairment of the general health.

By this practice a constant irritation is kept up in the system, which, by its perpetual influence, renders the delicate fibres of those organs incapable of the act of coition: for, by its repetition, the organs of generation are so familiarized with the dictates of the imagination, that they are more readily excited into action, and that too imperfectly, by this morbid and vitiated influence, than by the effects of their natural stimuli; it produces that debility which must ever result from excessive action of every organ, and that general exhaustion of the nervous system which is the morbid consequence of power unnaturally exerted beyond its limits. Thus the foundation of an aversion to Paphian pleasures is laid, and nocturnal emis-

sions soon follow. Some slight local irritation of the parts agitates the first link of that chain of ideas which has been artificially associated with the action of these organs; uninterrupted by external impressions, the chain continues; and the organs perform their functions, in compliance with this excitement, and that too, frequently, at all hours of the day and night, and from the most trivial cause. These repetitions are more than the human frame can bear, and they produce that incapacity for the erection in the male which lays the foundation of impotency. The mind, by becoming interested in the performance of this act, and by the exhaustion of the nervous energy, which its frequent performance induces, becomes debilitated; silently tortured by the bitterest agonies of remorse, the wretched victim of this foul propensity suffers from a general lassitude of the nervous action in which the whole system participates, but more particularly the organs of digestion; for such is the sympathy of these parts with the act of impression, that all the physical and moral sensibilities are directed to them, as to one common focus. A stronger illustration of this fact cannot be met with than in Dr. Darwin's "Zoönomia," where treating of that hallucination of mind produced by the predominance of one particular impression, he mentions the circumstance of a man who shot himself, leaving upon a table a slip of paper containing these words, "I am impotent and not fit to live."

How many men cease to be men, or, at least, cease to enjoy manhood at thirty? How many at eighteen receive the impression of the seeds of a disgraceful disease itself, which it is impossible after-

wards to eradicate? For an abuse of the sexual impulse greatly accelerates old age, and, unfortunately, as the season of life advances, to its imbecility are added all the errors that approximate to youthful sensuality; thus the desire of venery is either transient and insufficient, or totally annihilated, producing a debility little short of death.

Forced to contemplate the gloomy spectre, the shadow of his former self, it is merciful indeed that loss of memory, in some faint degree, procures for him moments of repose from that murderous racking thought which can dwell alone upon images the most revolting!

That many fall into this unclean practice through ignorance is the fault of parents and guardians, who have the false impression that it would be wrong to poison the thoughts of youth by referring in any way to such debasing practices, and there is much to be said in favor of this view of the question, but I am convinced, after years of experience, that the risk of tainting an ingenuous mind is very slight compared with the numerous ills that may ensue through ignorance of the consequences of this vile habit.

Acton says, "I esteem it false delicacy, and entirely wrong, that a parent should hesitate to warn his boy, when at the most he can only anticipate by a few weeks the instructions of a youthful master in vice, who, as ignorant of the consequences as the pupil, is unable to administer the antidote with the poison."

In an unpublished pamphlet, written by an English clergyman, many years ago, this subject is

treated in a manner which shows very careful thought. He says:

"The young man upon entering puberty should have explained to him some of the mysteries of life; that the life of the animal and vegetable kingdoms is continued and increased through the power of reproduction, with which our Creator endowed the whole produce of the Earth.

"It is the nature of every herb, that it 'yieldeth seed' and of the fruit tree yielding fruit, that its 'seed is in itself.' (Gen. i: 12.) It is the nature of every living creature 'to be fruitful and multiply.' (Gen. i: 28.) This power constitutes the very essence of life. Its proper use is Man's Mission on Earth.

"What every man ought to know about himself is this—The two appendages of the body of which we are too modest to speak, but which the Holy Scripture calls the 'stones' and Medical men the 'testes' or 'testicles,' form the laboratory of the human body, where by a process, of which we are quite unconscious, the blessing given to Man at the creation is being fulfilled, and out of the system a vital fluid, which is the very essence of life, the source of Being (*a life and being, remember, derived from God*) is being constantly produced from the time of puberty, to be employed when he reaches maturity, not in gratification of the lusts of the flesh, but in the procreation of children.

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

"He should be taught that all such expenditure is a drain upon the whole system and weakens the power which God has given him to be employed only in the married state and to carry out the divine command.

"He may be sure that if he marries with his powers undermined by unnatural and unlawful gratification, that 'his sin will find him out' and that it will be also visited upon his children for many generations."

Parise observes:

"This sublime gift of transmitting life, which man continually forfeits, is at once the mainstay of morality, by means of family ties, and the powerful cause of depravity; the energetic spring of life and health—the cease-

less source of disease and infirmity. This faculty involves almost all that man can obtain of earthly happiness or misfortune, of earthly pleasure or of pain, and the tree of knowledge of good and evil is the symbol of it, as true as it is expressive."

In the great battle of life there is need that each combatant should have a brave heart and well-braced nerves, for the fight is long and arduous, and the weak and timid have no chance therein. Nor is the work all toil: the high endeavor—the end in view—makes of it a pleasure, and as we watch the busy passers-by in the broad thoroughfares of the city, every face seems eager and earnest. No, not every face. Here comes one, alone—a solitary one. He is young, but he has none of the busy characteristics of his fellow-men. Listless in his manner, timid in his air, he wanders rather than walks through the crowded street. Maybe he is a clerk, or a student, or a mechanic. But why is he so vacant and so sad? It is but three or four short years since, with a father's blessing and a mother's prayers, he went forth into the world to conquer fortune, and "to make himself a man." Then his nerves were firm, his mind was buoyant, his step was light, and his hopes were high. But these few short years have wrought a sad and fearful change.

Now neither hope nor ambition finds a place in his bosom. The fresh vigor of his youth is replaced by a weariness of life, even while his foot is yet but on its threshold.

If you knew him as a child, you are struck with the change. Then his eye would flash fire, as he dashed with energy into some boyish game; now he

turns aside from old companions and frowns on what were once delights.

His eyes are weak and his memory fails him. Poor fellow! It is a sad tale. Is there no solution? Yes!

It is night time! He has retired to his bed. Let us lift the veil of night, and gaze on him when he fondly fancies that no eye is upon him. Does he sleep the sleep of conscious rectitude—enjoy the welcome repose of a self-satisfied mind? No, alas! What tempest of passion—what hurricane of lust is this that sweeps across his soul? Why do his strained eye-balls glare on vacancy? Why does his cheek flush now like fire, now becomes as pallid as death? Why does his poor heart now beat as if it would burst through its tenement of flesh and bone, and now scarce indicate a fitful pulse? And now! Why does he sink, sighing and exhausted, helpless and almost lifeless on his pillow?

The fearful truth is all revealed. Sensuality has only too faithfully painted its deep lines on his body and mind. The picture is complete! Before you lies a poor, self-destroying, self-debauching, nerveless, joyless Onanist.

"A shocking picture, indeed!" some of our readers exclaim, "surely a little overdrawn." Not so. The silent tortures, the voiceless sorrows induced by those who persist, from year to year, in the practice of Onanism exceed the descriptive power of our pen, or of any other. The following description of his case was written to us some years ago by one who is now a happy husband and father.

“I was well and happy until the age of fifteen, when I learned the habit from a companion at school. To me it was a revelation, and my ardent temperament caused me to indulge to a fearful extent. As I became older a sentiment of shame withheld me somewhat; but only three months ago, when I became possessed of your admirable book, did I entirely relinquish the habit.

“And now, through fatal ignorance, what have I become? A wretched, nerveless invalid; dreaming instead of working. My energies exhausted, my face pallid, my forehead covered with blotches, my appetite sometimes voracious and unnatural, and sometimes not to be tempted by the choicest foods. Pain, heavy pain, and deep languor from morning till night. My eyeballs ache and throb; I suffer acutely when I pass water; my loins seem weak, so that I cannot enjoy exercise.

“I have a large VARICOCELE on the left side, which causes a dragging pain almost all the time.

“When it is morning, I long for the night; and then, what nights I pass! Lascivious dreams disturb my rest; my sleep is fitful and unrefreshing. Long hours I lie awake, frequently in a profuse perspiration, reflecting on my awful condition, and my thoughts embittered by the knowledge that surely my ‘sin has found me out.’ Oh, sirs, as you hope for blessings here and hereafter, exert your utmost skill to rescue from destruction a blighted wretch.”

What comfort must a man have in reflecting on the past actions of his life, who, hardly coming to middle age or even arriving at the full bloom of young

manhood, finds himself enervated by the practice of self-pollution, his spirits sunk, his body wasted and his strength decayed, and in continual danger of being forced to resign his impure breath upon the inclemency of the season, or any other trifling accident?

The description which Tulpius, the celebrated physician of Amsterdam, has left us cannot be read without horror. "The spinal marrow does not only waste, but the body and mind equally languish, and then the man perishes a miserable victim." "Nothing," says the renowned physician De Luvian, "weakens the stomach and abridges life so soon."

The Arabian physicians, who were the first to practice the art of healing, have handed down to us, in their writings, the reasons why a discharge of semen will weaken the body more than the loss of a large quantity of blood.

There have also been some of the moderns who have calculated how much the body is weakened by a seminal emission.

These various consequences are so completely illustrated and embodied in the following case, reported many years ago by Dr. Jordan, of London, that it would be wrong to omit quoting him:—

"L. D. was by profession a watchmaker; he had lived prudently, and enjoyed fairly good health until he was about seventeen years of age. At this period he gave himself up to self-pollution, which he repeated frequently, the evacuation being, after a time, always preceded by a slight insensibility, and a convulsive motion in the muscles extending the head, which drew it very much back, whilst the neck was extremely

swollen. A year had not elapsed before he began to feel a weakness after every act. This notification was not sufficient to rescue him from his filthy practices—his soul, already devoted to this excitement, was incapable of appreciating any other, and the repetition of his crime became every day more frequent, till from the condition of his nervous system he was in a state to apprehend the approach of death.

“Grown wise too late, the evil had already made so great a progress that it was incurable, and the genital parts were become so irritated and were so weak, that it was no longer necessary that this unhappy youth should be an agent in order to shed his own seed: the slightest irritation immediately procured an imperfect erection, which was followed by a dribbling of semen, so that his weakness daily increased.

“The spasms of which he was not before sensible but in consummating the act, and which then ceased therewith, then became habitual, and frequently attacked him without any apparent cause, in so violent a manner, that during the whole period of the fit, which sometimes lasted fifteen hours, and never less than eight, he felt such violent pain in the back of the neck that he not only screamed out, but absolutely howled, and all this while it was impossible for him to swallow solids or fluids. His voice became hoarse, he entirely lost his strength, and was obliged to give up his profession, being altogether incapable of attending to it.

“Thus overwhelmed in misery, he languished almost without any assistance for some months, and was the more to be pitied, for what memory he had

remaining, and which he was at length entirely bereft of, only served him to take an incessant retrospect of the cause of his misfortunes, his wretchedness being consequently continually increased by the aggravating horrors of remorse.

“He less resembled a living creature than a corpse; meagre, pale and filthy, casting forth an infectious stench, almost incapable of motion, a watery palish blood issuing from the nose, the tongue frightfully swelled, and saliva constantly flowing from his mouth.

“Having a diarrhœa, he voided his excrement in the bed without knowing of it; he had a continued flux of semen. It was with great difficulty he breathed, reduced to a skeleton in almost every part.

“The disorder of his mind was equal to that of his body; devoid of ideas and memory, incapable of connecting two sentences without being afflicted at his fate, without any other sensation than pain, which returned with every fit, at least every third day:—far below the brute creation, he was a spectacle, the horrible sight of which cannot be conceived, and it was difficult to discover that he had formerly made part of the human race. He died at the end of a few weeks.”

All who give themselves up to this odious and criminal habit are not so severely punished; but there are none who are not so more or less. The frequency of the pollution, the variety of temperaments, and several circumstances independent of either, occasion considerable differences.

An extraordinary case of masturbation in a child beginning at the age of 30 months was reported in the “Medical Record,” Vol. 88, No. 15.

Let us here be permitted to insert the fragments of some letters, which, united, will form a sufficiently complete picture of the physical disorders produced by masturbation.

"I plainly feel," wrote one patient, "that this bad practice has diminished the strength of my faculties, and above all of the memory. I, like many other young persons, had the misfortune to give way to the habit as pernicious to the body as to the soul; age, assisted by reason, has for some time since cured me of that wretched penchant, but the evil is done. To an affection and extraordinary sensitiveness of the nervous system, and the accidents it occasions, are added a weakness, an uneasiness, an ennui, a distress of mind, which seems pertinaciously to adhere to me; I am worn out by an almost continual loss of semen; my countenance is become pale and almost cadaverous.

"The weakness of my body renders all motion a trouble to me; that of my legs is frequently such that I have great difficulty in keeping myself on my feet, and I dare not venture to leave my room. My digestion is so bad that my food passes through me almost unchanged. My chest is loaded with phlegm, which keeps me in continual pain, and the expectoration wears me out.

"This is a brief description of my miseries, which are still more aggravated by the mournful certitude I have acquired that each succeeding day will be more painful than the previous one."

"Did not religion restrain me," says another, "I should already have put an end to a life so much the more cruel, as it is my own fault."

The following description is more brief and less terrible :

“I had the misfortune to contract that pernicious habit, which soon ruined my temperament ; but above all, of late years, my state has been truly pitiable : my nerves are extremely weak, my hands are always trembling, without power, and continually clammy with perspiration ; I am subject to violent spasms in the stomach, pains in the arms, the legs, sometimes in the loins and chest, frequently so as to induce severe and harassing cough ; my appetite is voracious, yet I fall away considerably, and my face every day becomes more cadaverous. The testicle on the left side is wasted and soft, and the veins in the scrotum swollen and painful.”

How weak must be the intellect of those who seek for pleasures by delusive and deceitful means. True felicity and earthly happiness can never attend those whose faculties of mind and body are corrupted and buried in the vortex of imaginary and unnatural enjoyment and desires. If those, then, who labor under the mental infatuation of such poisonous principles would let reason resume its sway, and nature her prerogative, how sudden would be the transition from all false ideals to real and substantial bliss !

For if life's nature in all its various forms, conditions and demands, becomes invalid, and the passions and sensibility of the frame corrupted, how can you possibly anticipate the attainment of reciprocal love and conjugal regard, when you have yourselves rendered its organs incompetent ? But another all-powerful claim hangs over you, a sacred debt, an awful responsibility and duty which you owe to your

inheritance, your forefathers, and, above all, to your Creator, who ordained you for the propagation of mankind, and that you should not destroy the powers bestowed upon you by following a destructive habit of so immoral a tendency, of so heart-rending a description and of so degrading a nature.

Is there a mockery more deep, more bitter, than that desolation of spirit which an affectionate woman must feel on finding she clasps, entwined within her circling embrace, the mere wreck of Sensualism, the horrible victim of self-pollution; the creature who, having trained his imagination and bodily powers to meet fancied enjoyments, is now deprived almost, if not entirely, of the capability of resuming the actions for which his generative organs were destined? Her womanly scorn must be the more intense, because from the very nature of her own position she is precluded from giving vent to her feelings.

Quoting the words of a learned divine, while speaking of this shameful and disgusting practice, "The crime in itself," says he, "is monstrous and unnatural—in its practice filthy and odious to extremity—its guilt is crying and its consequences ruinous—it destroys conjugal affection—prevents natural inclination—and tends to extinguish the hopes of posterity."

Conceive the situation of a youth so unhappily situated when circumstances lead him to the formation of a matrimonial connection and he is called upon to exchange his habit of filthy propensities for the pure enjoyments of the nuptial couch? In this case, how forlorn is the situation of both individuals.

The husband, perhaps, experiencing an excitation

of a new but extremely powerful description, essays to fulfil the chief end of his mission. His passions are inflamed to the highest degree; every faculty appears alive to a sensation of exquisite rapture; but alas! a spontaneous emission takes place, the excitement retires, all the lively emotions prematurely decay, and the animal functions suddenly become palsied, and utterly incompetent to fulfil the end for which they were excited.

In some instances, the power of the male genitals is not altogether destroyed, nay impregnation may occur in a healthy female, from the laborious embraces of one whose constitutional vigor is almost entirely destroyed.

But the offspring—can it be rationally expected that the child of such a father should be otherwise than puny, feeble and predisposed to those diseases which under the most favorable circumstances destroy so large a proportion of children.

Instances of this deplorable condition come too frequently under the eyes of medical men; sometimes the infant dies before the birth, or immediately on entering the world; at other times lives a short life of misery, the unhappy father a witness of his child's gradually failing strength and lack of mental development; living, unless death mercifully terminates its existence, only to grow up a burden to itself and family.

To such a one what misery arises from the accidental perception of domestic enjoyments; he sees a fond father hug to his bosom his first-born, and cover

its little laughing face with kisses. But for him—let fancy complete the picture.

One writer thus describes the evils arising from masturbation: "His muscles become soft, he is indolent, his body becomes decrepit, his gait sluggish, and he is scarcely able to support himself. Digestion becomes enfeebled, and the breath offensive, the intestines inactive, the excrements hardened in the lower bowel, producing additional irritation of the seminal vessels. The circulation being no longer free, he sighs often, the complexion is livid, and the skin assumes an unhealthy hue. The angles of the mouth become sharp and lengthened, the nose reddened at its extremity; the sunken, glazed eyes deprived of all brilliancy, and encircled by a livid, purple zone, are cast down; no look remains of gayety—the very aspect is forbidding and criminal. General sensibility becomes excessive, producing tears without a cause; perception is weakened, and memory almost destroyed. Distraction, or absence of mind, renders the judgment unfit for any occupation. The imagination gives birth only to false phantasies and fears; the slightest allusion to the dominating passion produces a motion of the muscles of the face—the flush of shame. The desire becomes capricious, or envy rankles the mind; perhaps there ensues a total disgust. The wretched being finishes by shunning the face of men, and dreading the observation of women."

"With scalding tears, misguided youth bewails

His youthful passions, as his vigor fails:

And desperate thoughts oppress his frenzied brain,

Freeze his young blood, and chill his weakened frame."

—YOUNG.

In such patients there is an extreme susceptibility to external impressions, as (e. g.) those arising from variations of temperature, moistness or dryness of the atmosphere. The mind becomes conscious of trifling changes of weather which men of business, happy in their vocation, regard not.

Among the minor evils, we must not omit those eruptive diseases, chiefly of the face, frequently observable among young persons, and often assignable to improper habits.

From time immemorial the popular belief has been that the undue loss of semen from masturbation, or sexual excess, tends to destroy the growth of the hair and to produce baldness. According to Hudibras,

"Want of vitality is averred
To be the cause of want of beard."

Nor is this opinion without some basis in truth.

The observations of the ancients are in accordance with those of modern writers. Hippocrates has described the ills occasioned by self-abuse under the title of *Tabes Dorsalis*. "This disorder arises from the spinal marrow, and those who are given to unnatural enjoyments are afflicted with it. They have no fever, and though they eat well, they fall away and become consumptive. Every time they go to stool or have occasion to make water, they shed a quantity of the seminal liquor; they are incapable of procreation, and they frequently dream of the act of coition. Walking, particularly in rugged paths, puts them out of breath and weakens them."

"The patient," he says, "is free from fever, yet feels a kind of burning heat on some internal part;

sometimes eats and digests well. He is generally short-breathed, feels languid after rising in the morning, with weakness about his loins, especially after much exercise, and his sleep does not afford him the wished-for refreshment. An intermitting dimness of the sight sometimes attacks him, his memory fails, and his spirits become dejected. This man," he continues, "will be incapable of propagating his species, unless the healing art affords him relief."

There can be nothing more dreadful than the picture which Aetius has left us of the evils produced by too great a discharge of the semen. "Young people have the appearance of old age. They become pale, effeminate, benumbed, lazy, base, stupid, and even imbecile; their bodies become bent, their legs are no longer able to carry them. They have an utter distaste for everything, are totally incapacitated and become paralytic. The stomach is disordered, all the body weakened; paleness, bodily decay, and emaciation succeed, and the eyes sink into the head."

Tulpius writes: "The spinal marrow does not only waste, but the body and mind both equally languish, and the man perishes a miserable victim."

And Pythagoras observes, that this is "the flower of the blood"; a figurative expression, but one which accurately designates its noble office; in a word, it appears that the semen is the most important and elaborate of the animal fluids, the dissipation whereof leaves the other humors weak and vivid.

Numerous other writers might be quoted, and, though anatomically incorrect, we cannot fail to perceive the accuracy of the idea of Galen in remarking,

“This humor is nothing less than the most subtle of all others; it has veins and nerves which convey it from all parts of the body to the genitals. When a person loses his seed, he loses at the same time the vital spirit.”

Perverted indulgence in this horribly unnatural propensity undermines and poisons all enjoyment, inducing such misanthropic feelings as absolutely to unfit the sufferer for all the ordinary business and enjoyments of life; so completely is the poor creature subdued by the wretched infatuation, that while conscious of the change that is taking place, he appears to have lost the power of self-control, or of making a proper effort to recover his position among his fellows.

Some continue the practice from feelings of despair, conscious of its ruinous tendency, and desirous of resisting the unmanly habit, they have sought intercourse with women, but to their dismay have found themselves powerless; and ashamed, vexed, dispirited, they forego any future attempt, lest they should again be subjected to the humiliation of failure. If capable of connection at all, it is without those pleasures healthy people find in it, and more than one victim of this habit has confessed to us that he continued in it because he found more enjoyment in it than in sexual intercourse. One of the most remarkable peculiarities of this vice is that its victim excites desire by thoughts of lewd women.

It is difficult to depict a more truly miserable being than the slave of licentiousness. His imagination burning with filthy, unnatural glow; his bodily organs, taxed to the utmost, weary and jaded, refuse to obey the stimulus of that never-slumbering deprav-

ity, which goads his fancy in the darkness of night, in the dreams of his broken rest, and in the worse than dreamy abstractions of the cheerless sky. Tormented with desires he can never gratify; shut out from those enjoyments accorded only to virtuous moderation; the blossoms of youth (perhaps the flower of manhood), the supremacy of mind, all degraded, obliterated, gone! Let not the intensely prurient, yet seeming modest victim of self-pollution lay the flattering unction to his soul, that from the eye of his fellow-mortals he can conceal his unmanly practices. It is written upon his forehead; the physiognomy, that faithful mirror of the soul and body, gives clear indication of the internal disorder. The complexion and plumpness which jointly confer a youthful look, and which is the sole substitute for beauty—for without this even beauty produces no other effect than cold admiration—this complexion and plumpness are the things that first disappear; a leanness succeeds; the skin becomes rough, often of leaden tinge; the eyes lose their brilliancy, and by their languor express that of the whole frame; the lips lose their vermilion hue, the teeth their whiteness, the hair falls out, and it is no uncommon thing for the whole body to become bent and distorted. Abashed, the sufferer shrinks from the gaze of his fellow-man, fancying suspicion in the eye of every one who looks upon *his sunken, haggard, pale, unmeaning, inexpressive face; his dull, lack-lustre eye; his thin and tremulous form—which all betray him to the observer.* FOR SELF-POLLUTION ENTAILS UPON ITS VICTIM MARKS AS LEGIBLE AS THE SCARS OF SMALL-POX; and thus proves a striking fulfilment of the prophetic

warning—"There is nothing done in secret that shall not be revealed."

A man who could sit in our consulting room and listen day by day to the weary tales of sin and suffering, folly and remorse which are continually poured into our ears, without occasionally mourning with the sufferers, is a man whose sternness and stubbornness of heart we do not envy.

Of the pitiable phases presented by the practice of self-abuse, none is so pitiable as that of the man who, having been bereft of the partner of his bed and home, abandons himself to the tyranny of self-lust, and thus precipitates himself into a dark and dismal gulf of bodily and mental affliction.

Some time ago we were visited by a middle-aged man, who desired to consult us, and heard from him the following extraordinary statement:

He was a respectable tradesman, in business in Brooklyn. Twenty-seven months ago he had unfortunately lost his wife, to whom he was much attached. He had been married to her about fourteen years, and was left with a family of eight children. His circumstances were prosperous: he had a good business and lived comfortably well. He assured us most solemnly that during his wife's life he had never once been unfaithful to her. Shortly after her death, he began to feel himself moved by the passions of sexuality. He endeavored to resist the influence, for having been faithful to his wife during life, he had resolved to honor her virtues and love by remaining faithful to her memory after death.

Over and above which he had an utter abhorrence

to the evils of promiscuous sexual intercourse; and had also fully determined never to bring to his children a stepmother, who might probably—however careful his selection—prove anything but a second mother to them. His only hope, therefore, was a resolution to resist the strong promptings of sexual desire. This he did for some time, but eventually, and unhappily, his resolution gave way, and in an evil moment he took to the practice of self-pollution.

In this practice he found a means of ridding himself of the irritating sexual secretion; and, totally unconscious of the danger to his health—nay, his very life—involved in the practice, he continued for a considerable time in unrestrained indulgence of his mad passion, dreaming with each repetition of the act that he was enjoying the fond embraces of his lost wife.

Of late, however, he had felt his health and strength giving way; his nights had become sleepless; and he had almost constantly indulged in the practice in order to procure sleep. But the sleep resulting had at all times been feverish, fitful and accompanied with dreams of the most unpleasant kind.

He had also lost all relish for food—was absent-minded and remiss in business, and felt that premature old age was fast creeping upon him. He had consulted his family doctor, who had attributed his ill health to the effect of silent grief and to the worry and anxiety of an increasing business.

Up to this time not a thought had ever crossed his mind that self-abuse was the cause of his misfortune. He happened, however, to come across my book on "Nervous Debility," and, reading it carefully, was at

once struck with the knowledge of the fact. He lost not an instant, but immediately leaving his house, hastened to consult me and placed himself under treatment that very night.

On examination—and especially on making a careful analysis of his urine—we found this patient very much debilitated, and the generative organs functionally deranged. We also saw enough to be able to inform him, in the most positive manner, that if he persisted any further in the practice of self-abuse, his nervous system would entirely break down, and the attributes of manhood be lost to him forever.

Never was there a more docile patient. And, consequently, he was under treatment a very short time before he began to take heart. We could tell, by the increased buoyancy of his air every time he visited us, that he was on the way of rapid improvement. He was all but restored to his former health. We induced him to substitute a regular and restrained habit and diet for his former free living; and, instead of his business being—as his former adviser told him—a source of misery and ill health, he found in it a relief, and a healthy and pleasurable mode of maintaining the vigor and serenity of his mind and body.

This is not a solitary case—many such have come under our observation; and even now can we recall one which had not a termination so favorable.

Argument and entreaty were alike without avail. The habit, relinquished for a week, was again and again indulged in.

As the constitution became more and more impaired, so the powers of the will decayed. Business

and pleasure alike lost their hold on his memory, his thoughts or his appetite; and a short time saw him confined—harmless enough, to be sure—to a private lunatic asylum, where he finished the miserable remnant of his days in the darkness, dimness and despair of a living death.

Regarding the idea of resorting to Prostitutes to indulge the desires of sensuality, it is sufficient to quote the words of Saint Paul, who says:

“Know ye not that your bodies are the members of Christ? Shall I then take the members of Christ and make them the members of an harlot? God forbid!”
1 Cor. vi.: 15.

And again:

“Be not deceived, neither fornicators, nor idolaters, nor adulterers, nor effeminates, nor abusers of themselves * * * shall inherit the Kingdom of God.” 1 Cor. vi.: 9-10.

Can we produce a more forcible illustration of the stupefying effects of masturbation than the fact that the victim of this fearful abuse fears not in secrecy, though the eye of God is upon him, to do that which, if caught perpetrating, even by a child, or more especially a woman, he would redden with shame, and, if possible, hide his head forever. Dreadful depravity! strange perversity! deliberately and secretly to deprive himself, by worse than suicidal madness, of the power of natural enjoyment—to entail misery upon himself in this world, and no hope of escape from condemnation in the next. We may here quote from the late Sir Astley Cooper, who stated in one of his lectures that “if one of the miserable cases could be depicted from the pulpit, as an illustration of the evil effects of a vicious and intemperate course of life, it would, I

think, strike the mind with more terror than all the preaching in the world." The irritable state of the patient leads to the destruction of life, and in this way annually great numbers perish. Undoubtedly the list is considerably augmented from maltreatment and the employment of injudicious remedies.

If the dangerous effects of the too abundant discharge of this humor depended wholly upon the quantity, or were the same when the quantities were equal, it would be of little importance, in a physical sense, how this evacuation were occasioned; but the manner is in this respect much more than equal to the substance. Too great a quantity of semen being lost in the natural course, produces direful effects: but they are much more dreadful when the same quantity has been dissipated in an unnatural manner, from the extraordinary effects which are produced on the nervous system.

Young men, especially, are very apt, when together, to indulge in loose conversation, little thinking that hardly anything so argues a degraded mind, a filthy taste, and a foul heart; for "out of a pure heart can come forth nothing but what is pure." Besides, such conversation is so unmeaning, so useless, so wanton, so vile, and so subversive of everything that is good, that it should never be countenanced by any who possess one spark of virtuous feeling; for—

—————"when lust,
By unchaste looks, loose gestures, and foul talk,
But most by lewd and lavish acts of sin,
Lets in defilement to the inward parts,
The soul grows clotted by contagion,
Imbodies and imbrutes, till she quite lose
The divine property of her first being."

Time is surely too valuable, and the space allotted to man too short, to fritter it away in the society of triflers; and above everything should the companionship of those be shunned whose conversation is polluted by profaneness or licentiousness.

In every community there are many middle-aged men who, from choice or necessity, have not assumed the responsibilities of married life. It may be they failed to secure one they have fondly loved in youth; it may be they have determined to secure a higher position and a more assured income before marriage. As a general rule, these men are hard working, energetic men of business, strictly temperate, well educated, saving in their habits and highly esteemed in society. But there are among them others altogether different—men of shy habits and downcast looks, sometimes of morose and peevish minds.

In what should be the very prime of their life they find their constitutions failing them. They have well-grounded fears that manhood, vigor, mental and bodily, are fast leaving them. We have been consulted by many such. Their usual theme has been: "Why do I suffer? Have I not led a sober, temperate, sensible life? Have I ever been guilty of dissipation or debauch? My life has been regular; I have kept early hours, lived in good, well-ventilated, cheerful homes; my diet has been sound and wholesome, and I have taken sufficient and regular exercise."

All this is true. Every rule tending to health and happiness has been observed, save one. Be no longer ignorant—you are answered. The secret sin has been

draining your heart's blood for years. Be assured that no man can do evil without evil consequences—for "Sorrow tracketh wrong for ever and ever."

When the constitution is healthy and vigorous, it may resist the consequences for years; but the ultimate effect will be all the more aggravated. The vital force, unable to bear the waste of more than life, gives way suddenly. The healthy, middle-aged man becomes a confirmed invalid. Worse, infinitely worse is it when such a man ignorantly marries.

We remember such a case. The gentleman was about forty years of age. He had gradually worked his way up (without capital) from the position of bookkeeper, at a few shillings a week, to salesman, buyer, and ultimately partner in one of our great commercial houses. This fact speaks volumes for his mental activity and unblemished integrity. He was a popular man, stout of limb, healthy in appearance, but a confirmed private sensualist. Years had passed since he first addicted himself to the unfortunate habit—yet hitherto his system had resisted the constant drain upon its vital resources. Not that he has been without warnings. Sometimes a failing eye, a wandering mind, an unwilling stomach, perchance restless nights and vague discomfort. He soothes his conscience and says, "I work too hard, I have indigestion, I will take a holiday." And now he thinks it is time he should marry. His position is assured—he is a wealthy man—his ambition is satisfied, and he will seek to be happy.

He is to all outward appearance an acceptable husband; his character is beyond reproach. He only

knows of one disreputable phase which disfigures it, and that he determines to abandon forever, in order that he may be fit for the pure and virtuous embraces of his bride-elect. His sin has found him out; those who will not be warned must be punished; unhappily, too, the innocent must suffer also. He marries, and on the nuptial couch, in the arms of her he loves, he—poor, self-deluded sensualist—discovers that the vigor of manhood has departed from him forever.

Having thus noticed one of the chief causes which detract from the happiness and injure the health of man, we cannot conclude more appropriately than by quoting from Dr. Johnson's admirable tale, *Rasselas*: "Let us, therefore, stop, while to stop is in our power; let us live as men who are sometimes to grow old, and to whom it will be the most dreadful of all evils to count their past years by follies, and to be reminded of their former luxuriance of health, only by the maladies which riot has produced."

"A withered frame!—a ruined mind!—
The wreck by passion left behind."

The quiet, refined enjoyments of literature, once his delight, now pall from his morbid taste; if he reads at all, nothing but the more licentious productions of our older dramatists, or the lewd effusions of the reign of Charles the Second, prove sufficiently stimulating; or it may be these are exchanged for the mawkish sentimentality, the prurient voluptuousness, or concealed obscenity of a low circulating library of trashy novels.

We can imagine one of our readers, who has glanced with rapid eye over the preceding pages, who

may exclaim, sotto voce: "Ay, ay, doctor; it is all very well, and I dare say there are some two or three in a million to whom these facts and descriptions apply, but they apply to very few!

"I believe that a man may practise self-abuse for years, and really suffer no evil consequences. I know that I have no time, no means, nor opportunity of indulging myself in the pleasures of a connubial life, and I have resorted to this habit to relieve myself of the promptings of nature, and I am neither sick nor diseased; I have had none of the evils you speak of, and I don't think I ever shall."

Our reply is: "Gently, our friend; do not draw rash conclusions. Listen patiently for a few minutes, and I think you will own yourself in the wrong." If you are a masturbator; if you have at any time abandoned yourself to that vice, which has been aptly called "adultery of the mind," we defy you to say truthfully that you have not experienced effects more or less evil.

We challenge you, as an honest man, to say whether you have not had your warning?

We beg of you, specially you, sceptical reader—infatuated abuser of yourself, to answer to your own soul, in truth and sincerity, a few questions of solemn import touching the effects of self-abuse, not on another man, but on yourself—on your own precious body and mind.

Answer them truly, seriously, in the solitude of your own chamber, and think, ere you reply.

In pursuit of the baneful and degrading practice of self-abuse, have you ever felt it to be a sinful prac-

tice—unmanly, unchristian and degrading you beneath the level of the brute beast, which in following the mere promptings of instinct never falls so low?

Have you ever yet practised it without, in the very act, making up your mind that you would never repeat it?

Do you suffer from involuntarily nocturnal emissions? Are you ever troubled with erections without apparent cause, failure of erection when desired, or premature discharge of semen during coition?

Have you dull pains in the groin, pains in the back? Does your sight fail you? Have you nervous headache?

Are you subject to pimples on the face, back or forehead? Have you a VARICOCELE?*

Do you suffer from a nervous, hacking cough, for which all remedies seem unavailing?

Are you fatigued with the slightest exertion, and does lassitude of body and of mind overtake you without cause? Are you restless when fatigued, and unable to obtain refreshing slumber?

Have you lost energy, appetite, power of enjoyment? Are you frequently averse to society, even of intimate friends? Bashful in female society, unable to join in conversation?

Does your memory fail you? Are all your senses blunted?

Do you fall into dreamy fits of abstraction, brooding over the past, hopeless as to the future—all the noble aspirations forgotten which gilded the morning of your career?

Honestly, thoughtfully, mournfully recalling your

* See page 108.

past life, are you not certain that your health would have been better, your heart stouter, your hopes brighter, your mind and thoughts purer, more dignified and manly, if you had not acquired for yourself your own self-reproach?

Let the victim of his own evil passions answer these questions, among a thousand such as we could propose to him.

Answer them truly, honestly, and without mental reservation, as between Heaven and his own conscience.

And if the answer to them, or any part of them, be the one emphatic "Yes," how will he dare to say that he has indulged his vile appetite for solitary excess without experiencing some of its attendant evils?—without having had emphatic warning that his sin is finding him out, and that days and nights of woe and torture are now impending, unless he accepts the warning, and reverently retraces his steps from the evil path he hath chosen?

Let him, therefore, earnestly endeavor to lead a new life, lest in the future day, as he has sown the storm so will he reap the whirlwind. When the tempest of passion and of lust shall have left him, bereft of all but an enfeebled mind, and a body racked—preyed upon by the tortures of a memory bitterer even than death.

Some years ago, Dr. Ritchie, then resident physician in Bethnel House Asylum, England, stated in the *London Lancet* that in 119 cases of insanity which were recognized after admission to the asylum to be

due to masturbation, in only six cases was the true cause understood previous to admission.

Actual manipulation of the organ is not necessary to the act of self-abuse. Ejaculation is frequently possible by mental effort alone. Persons who indulge in this form of sexual gratification do not consider it in the light of self-abuse, but it is nevertheless exceedingly harmful and eventually results in sexual debility.

Some individuals accomplish the act by a sort of day dream, simply reclining in a chair or on a couch and forming mental pictures of lascivious scenes wherein they fancy themselves playing the prominent part; others require an actual visible object—a beautiful woman or a picture of one. Many men delight in the sight of a woman's shoe tops on a rainy day.

Young boys, old men, and those of erratic tendencies, will enjoy the view of woman's underclothing exposed by the wind. The police of New York City have found it necessary to make stringent rules regarding men who are found loitering in certain localities because the violence of the wind currents at these particular places causes an unusual amount of disturbance in feminine attire.

Sexually disturbed men of all ages can be found in any large city in the crowded street cars rubbing against one of the opposite sex and thereby exciting pleasurable sensations. Others will simply sit and stare at a woman or young girl in the opposite seat, in a half conscious condition allowing their imagination to dwell on sexual thoughts.

It is but a variation of this that results in the predominance of immoral plays upon the stage of

large cities, and insures the financial success of many of the so-called "Musical Comedies."

A man of 40, a widower, who consulted us recently, was in the habit of visiting the theatres where the female form was most revealed, and thus, by dreamy contemplation of the scene, accomplishing an orgasm with emission of semen nearly every act.

Another patient who called on us some years ago produced erection of the penis and emission by scratching the skin behind the knee joint. He carried this practice to such excess that the entire popliteal space was a mass of sores caused by infection from his dirty finger nails.

In health we are not conscious of the existence of any portion of the body except as we derive gratification from its use. This is especially true of the sexual organs, but in some supersensitive conditions produced by masturbation or sexual excesses, the patient always has a mental impression or sensibility, sometimes amounting to irritation, connected with the genitals. In some aggravated conditions there is a continual desire to arrange or change position of the organs. This is by no means a constant symptom, but demands serious consideration when present.

A happy marriage is the bond of social purity, as it is the crown of domestic joys. But it frequently happens that young men injure themselves seriously—and even permanently—by the lengths to which during the first year or two after marriage they coerce sexual faculties. Those who have never had instruction are apt to make serious mistakes as to the extent to which intercourse should be carried on.

Let me warn the newly married couple of the dangers of excessive indulgence, which not only ruins the health, but soon renders intercourse repugnant. In such case when the virile powers of the man fail him, and he no longer discharges with alacrity and effect the duties of a husband, the wife, not knowing that she, herself, contributed to his impotency, but feeling a lack of warmth and vigor in his embrace—if not an absolute incapacity for sexual duties—begins to believe that it is elsewhere he seeks for gratification; and jealousy and discord mar domestic peace.

It is my solemn duty, therefore, to entreat those newly married, who may have “o’erstepped the modesty of nature,” to pause ere the knell of all their mutual joys boom forth in the solemn words, “Too late!” and to take steps to counteract the evils they have, perhaps unwittingly, invoked. Ten minutes’ advice and instruction, added to skilful and mild treatment, for two or three weeks, are often sufficient in these cases to restore tone to the debilitated organs, and renew, as it were, the bonds of love between husband and wife. The lesson, too, proves valuable, and is not often forgotten.

Therefore, let us solemnly warn any young man now contemplating marriage, and who at times has indulged in the secret vice of the solitary sensualist, not to take upon himself the sacred obligations and responsibilities of a husband until he is fully satisfied that his blood, his nervous system and his procreative powers are free from the morbid effect of his past indulgences.

CHAPTER VII.

MODERN TREATMENT OF SPERMATORRHŒA, SEMINAL WEAKNESS, AND NERVOUS DEBILITY.

Like many other intractable diseases, spermatorrhœa has been the "opprobrium medicorum" of the regular practitioner. From its tediousness, the medical man is wearied of it; and, like an obstinate gleet, after trying all possible remedies, has given it up in despair. Nor is this altogether to be wondered at, when we consider the extreme difficulty of the diagnosis, excepting by microscopic observations; and to use the microscope effectively in these cases requires skill, care, experience, and a thorough knowledge of the disease. Spermatorrhœa is a drainage, a waste, a dribbling away of the seminal fluid. As already explained, it may exist unknown, and, consequently, unattended to until great mischief has been inflicted on the constitution and vital powers. Now, what are the indications of treatment? Naturally to give tone to the parts that neglect their functions; to prevent the too profuse secretion of the impoverished fluid; to establish a healthy balance; to remove the provoking causes that brought about the first estrangement; to repair the mischief done to the general health; to cultivate the mind into a higher notion of its importance, and thereby withhold the irritating consequence of disordered imagination.

Ergot of rye, camphor, hyoscyamus, opium, digitalis, lupuline from the strobiles of the hop plant; nuxvomica, or its alkaloid strychnine, copaiba, cubebs, Indian hemp, etc., have each their advocates, and are all good in their way, though only as adjuncts to other treatment, as administered alone they seldom give permanent relief.

Many other remedies (real or imagined) and modes of treatment have from time to time been put forth, and advocated with all the energy and tenacity of actual conviction as to their intrinsic value, but with very few exceptions they have speedily sunk into merited oblivion.

Almost every writer on these matters, past or present, lends his advocacy to some novel or particular line of treatment, as though he really had faith only in the theory of his own adoption, to the exclusion of all and everything besides.

In one voluminous work now before me, published in the early part of the last century, the author, in some five hundred pages of letter-press, labors to promulgate his very decided and unqualified opinion that Cantharides (Spanish Fly!) is the only remedy for every ailment of the generative organs; and yet this man was of no mean reputation in his day.

In another work of somewhat more humble pretension, blisters are as strenuously recommended. Another advocates setons in the perinæum; this is even worse than the plan now almost exploded, of catheterizing the urethra with the *porte caustique* armed with nitrate of silver, as introduced some years ago by the late gifted and skilful Lallemand, of Montpellier.

Others again advocate the injection of astringent lotions into the urethra, but we have never had the good fortune to meet with an instance of success by this method, though many cases of failure have come under our notice.

The best treatment of spermatorrhœa and its accompanying affections, mental and physical, may be divided into: First, Local and Constitutional; second, Moral and Dietetic.

The first step then on which we must insist is the relinquishing of those practices which have occasioned the disease. This is essential; the most careful and the most scientific treatment must otherwise increase the mischief, and, by giving greater temporary strength, enable the patient to inflict on himself more permanent evils. A due attention to air, exercise, sleep, and regimen is in all cases proper, and entirely within the control of the patient. A local remedy of great value is cold water; the sponge-bath or shower-bath should be used in the morning; a small quantity of sea salt can be dissolved in the water. Coarse towelling and flesh-brushes may be used after the bath; a suspensory bandage may be used occasionally; the diet should be generous, but not stimulating, animal food in moderation, and the patient should eat a little and often, rather than take too full a meal at any one time. Exercise must not be neglected, moderate at first, and gradually augmented. Stimulating drinks are improper, spirits in all cases hurtful; a glass of wine may be taken if demanded by previous habit.

Red and white wines or a pale dry sherry may be used in great moderation. With respect to

medicines, a sketch only of the treatment can be offered. Cases vary so widely that the treatment must be varied accordingly. The class of drugs which allay excitement and irritability are first likely to be required. The stomach is so weakened and capricious that the disease is frequently mistaken for indigestion. Mild and cordial laxatives, alterative drugs, with neutral salts, febrifuges and sedatives, will soon quiet the system and enable it to tolerate tonic or restorative medicines, which, if commenced with, are decidedly injurious. But what is the meaning of tonic, for no word is so much misapplied? One man means quinine, another iron, a third the mineral acids, whilst a fourth means stimulants, and so on through the whole Pharmacopœia. Now, we mean, not any one, but the whole class of medicines combined, changed, increased, or diminished to suit the particular case; for in this consists the real art of scientific prescribing. One man gradually gathers strength from quinine, which would not suit another, whose deteriorated blood-globules will become red and healthy under the exhibition of iron, in some of its numerous preparations. The peculiarity of the proper treatment consists not only in the selection of recently discovered remedies, but in the practical adaptation of those we already possess. And the above are but a few of the remedies to be employed in generative diseases or debility. Amongst the most certain and most valuable for the total cure of spermatorrhœa—which control that disease completely, even when caused by long-continued habits of self-abuse—are medicines whose very names are unknown to the general practitioner. Under the tropical sun of India,

in Thibet, and the mountainous ranges of northeastern Hindustan, in the forests of Ceylon, in South and Central America, are found plants and herbs grown from the virgin soil, rich in balsamic virtues, aromatic and cordial. India, the land of ancient civilization, the original home of medicine, still retains remedies marvelous in their influence, most effective in their result. And when debility has weakened the mental faculties; when a long course of dissipation and solitary habits has destroyed enterprise, energy and courage; when a man feels that he is a wreck in body and in mind, and dares not even own it to himself—surely such remedies are called for.

The proper subsequent treatment is to act directly on the seminal vessels, to strengthen without exciting, to stimulate without irritating, and so restore health by removing the cause of disease.

Even VARICOCELE, if not severe, can sometimes be relieved by carefully selected medication.

It would be easy to recommend various remedies; but this volume is intended for the layman as well as the physician, and medicine in the hands of the timid, the irresolute, or the ignorant, is likely to produce more evil than good. In all cases, let the best advice be sought from one who has made these diseases a special study; and to individuals menaced with Impotency we address the friendly warning, on no account to tamper and temporize with their infirmity in the idle hope that all will in time recover itself, for sad experience proves the contrary.

Let us in all cases earnestly advise any man suffering from disease not to attempt self-cure. Let him at

once apply for assistance to one in whom he can place confidence—and more especially to one who has made a specialty of these cases. Is it not sound sense and reason, that one whose entire practice is devoted to the treatment of a certain class of diseases should better know how to handle those maladies than one who may see half a dozen cases by mere chance in twelve months?

And remember, when continence is advisable or sexual excitement forbidden, that this applies to the mind as well as the body. Sexual thoughts are invariably harmful when, by persistence in them, sexual desires are thereby excited!

CHAPTER VIII.

VARICOCELE.

CAUSES, COMPLICATIONS AND CURE.

The term Varicocele is one of those words called by linguists "bastard." That is, it is compounded from two different languages. The Latin *varus*, meaning crooked or twisting, and the Greek *κήλη* signifying a tumor. It is, therefore, a twisted tumor, and is formed of the diseased and abnormally dilated veins contained in the pampiniform (tendrill-shaped) plexus.

The forms of Varicocele have been described at length by some authors, but they can in the main be divided into two classes. *First*, where one vein only is involved and this vein becomes either longer or larger in calibre, or both. With the increase in length, the vein becomes tortuous, but where it only increases in calibre it more closely resembles hernia. The *second* condition is where a number of veins are involved, and these are usually increased in length more than in calibre.

The Varicocele itself can be felt through the scrotum, the engorged and twisted veins giving the sensation of a bunch of worms; and in marked cases the bluish veins themselves can be seen through the skin.

From an etiological standpoint it is interesting to

note that Varicocele is less common among negroes than among whites, in fact some writers upon the subject have considered it extremely rare among dark-skinned races. This, however, is not the case in my experience, and in the white race brunettes are more commonly affected than blonds, in fact the worst case of double varicocele that I have ever noticed was in a Spaniard with a liberal allowance of Moorish blood in his veins. The most frequent age is between fifteen and twenty-five. The disease seldom makes its appearance after the age of thirty-five. Statistics among rejected applicants for the Army vary considerably, very probably owing to the requirements of the different nations and the different standards required. For instance, very few candidates for the German Army are rejected on account of this disease. In Germany military service is compulsory. In the French Army about ten per cent. of the applicants are rejected. In the English Army, where military service is entirely voluntary and the physical standard is high, about twenty-three per cent. of the applicants are rejected. We have no statistics published regarding the United States Army, but I am informed by a United States Army Surgeon that in his experience the percentage is about the same as in England, and to the best of his knowledge it is the same in the United States Navy.

As to location, nine-tenths of the cases seen by me are on the left side only. About one case in ten is on both sides, rarely as bad on the right side as

the left, while only about one per cent. of the cases are on the right side alone.

Causes.—The causes are very numerous. Some persons are more susceptible to the disease than others; self-abuse and sexual excess are the most common; probably 65 per cent. of the cases being from this cause; by straining and over-exerting the organs, and thus weakening the walls of the vessels. Blows, kicks, straining in athletic contests, bicycle and horseback riding, Gonorrhœa, etc., etc., are among the many other causes. Wearing an improperly fitted truss is also a common cause: This impedes the circulation. In many years' experience in my office one cause of Varicocele, which is not mentioned by other writers, stands out very prominently, and this is ungratified sexual excitement in the presence of the other sex, with or without involuntary emissions. In plain English, this means caressing or toying with a female for a prolonged period.

Where the sexual organs are not absolutely normal it frequently happens that when alone with his fiancée a man will experience a sexual exaltation accompanied by an erection more or less firm; sometimes a dribbling of the seminal fluid is a part of this condition; at other times no seminal fluid escapes. This causes engorgement of the veins in the sexual organs extending so far back as to include not only the pampiniform plexus but also the internal spermatic plexus and the vesico-prostatic plexus, and occasionally even the inferior epigastric vein. The varicocele formed as a result of this condition may be

apparent after very short period, or may not be noticeable until some time after a normal sexual condition has been established.

From a scientific standpoint prolonged engagements, where the parties frequently see each other, are on this account to be severely condemned, because frequently atrophy of the testicle may set in without any concomitant Varicocele, and Varicocele does not invariably follow atrophy, although atrophy usually follows Varicocele.

It should not be forgotten that a very common cause of Varicocele is prolonged constipation. This is readily understood when the anatomical relations are considered.

The symptoms of Varicocele vary in different individuals: It may cause so little trouble that it may exist for some time before the patient becomes aware of his condition; in the majority of cases, though, particularly where the patient is much on his feet, there is a sensation of weight running up and to the back, with pains in the loins; sometimes a burning sensation, or neuralgia, in the testicles, or the patient complains of itching of the scrotum, a sense of heaviness and discomfort, and fatigue on slight exertion.

A peculiar neurasthenic condition which is not seen in any other disease is caused by the presence of a Varicocele. Some of the symptoms are headache, irritability, depression of spirits, and many obscure and indefinite neurotic manifestations.

An almost constant complication is an enlargement of the prostate, due to the varicosity extending to the Prostatic Plexus of veins. This will be considered in the chapter on the prostate gland.

In neglected cases Gangrene or ulcerations may result, as a consequence of the impairment of the circulation, with deficient blood supply to the part.

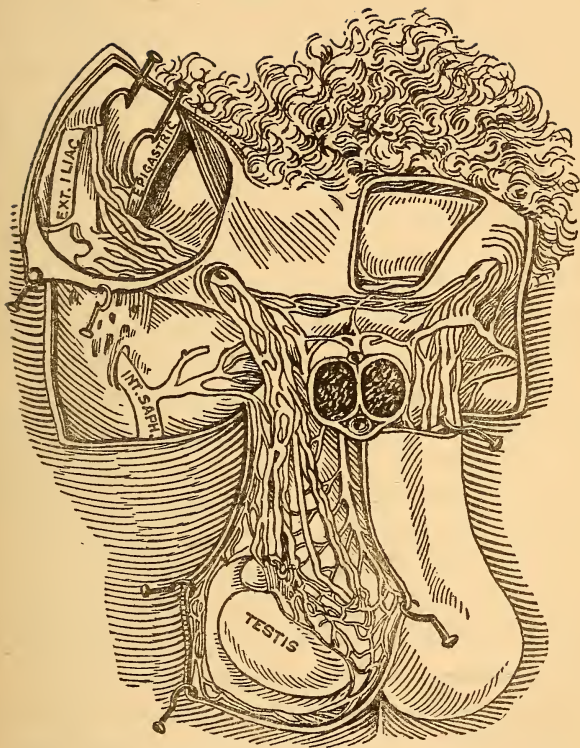
The results of this affliction are many. Not always is the testicle lost, but in all cases some atrophy exists, and in all cases nervous derangement occurs, extending to the other organs and affecting the mental powers of the sufferer. Varicocele is invariably a serious drag on the general health; it causes dyspepsia from constant nervous irritation, and generally unfits the patient for mental or physical labor.

The sufferer no longer pursues his daily vocation with pleasure or profit. The responsibilities of sturdy manhood are a burden; the pleasures of the leisure hour are void of enjoyment; society contains no attraction. And did the unhappy man desire to fight for his country, the Government would refuse to accept his services, because of his trouble incapacitating him for the rigors of a campaign.

Prosperous in business, or a failure, his life to him is equally a burden.

Spermatorrhœa and Sexual Debility co-existing with Varicocele, increases the distressing conditions, and each carries its own train of symptoms.

Epilepsy and mental disorder frequently follow in the trail of Varicocele.



THE BLOOD SUPPLY OF THE GENITAL ORGANS.

(From Testus.)

The veins in the Pampiniform Plexus run up in the Spermatic Cord in front of the Vas Deferens and Spermatic Artery. After entering the abdominal cavity, the veins on each side unite and form a single vessel, which empties on the right side into the Inferior Vena Cava, and on the left into the Renal Vein. The Valves in the Plexus are not perfect.

In examining into the severity of a Varicocele and before deciding upon the necessity of an operation, it is best to consider several points; one is, the ability of the veins forming the Varicocele to contract under the influence of cold applications; where this ability is present and the Varicocele is not too large it is generally possible to accomplish the desired result, in part at least, without recourse to operative measures. It is different, however, in those cases where the Varicocele completely disappears when the patient lies on his back and immediately reappears when he assumes an erect position. If the patient is much on his feet and the veins refill rapidly when standing erect, the operation is usually necessary.

The sexual appetite is always disturbed, and frequently nocturnal emissions are caused by the condition. And, as well as the Varicocele being in turn one of the results of Spermatorrhœa, it often causes Spermatorrhœa, and, with a few exceptions, the symptoms of one are the symptoms of the other.

Sexual desire and sexual power are usually diminished, although one or the other are frequently absent. Occasionally both sexual desire and ability are for a brief period increased. This has been referred to by French writers as "*Le chant du cygne*," the "swan-song." The swan, a non-singing bird, was supposed to sing only once in his life, just as he expired.

When Varicocele once becomes established, an unbalanced condition of the sexual organs results, producing a morbid state of health, seriously affecting

the vitality, causing melancholia and depression of spirits and various other neurasthenic symptoms, which may progress until mania ultimately ensues.

It has been stated that a large Varicocele more often causes atrophy of the testicle than a small one. My experience proves that this is not the case; it is certain, however, that with atrophy of the testicle the Varicocele frequently decreases in size.

After the disease has lasted for some time the veins in the testicle itself, and also in the scrotum, become dilated and varicosed. The circulation then becomes so completely arrested that the testicle becomes soft and flabby and smaller in size. It is usually not so sensitive, and finally atrophies and becomes useless. The scrotum in the meantime loses its elasticity and becomes inadequate to support its contents.

Treatment: Many are the claims of irregular practitioners regarding the value of their catch-penny mechanical devices, and much-lauded lotions and salves, for the alleged cure of this troublesome malady.

An absolute and perfect cure however, all these statements to the contrary notwithstanding, can only be obtained by an operation. This operation we will describe later. Let us first consider those palliative measures whereby the pitiable condition of the sufferer may be relieved without accomplishing a radical cure.

In the first place, nature herself is continually

striving to repair the damage, and restore a normal condition. Much aid may be given by wearing a plain suspensory bandage. The cheapest cotton bandage is as efficient for this purpose as the most expensive. But a word of caution is not amiss.

The suspensory bandage rapidly becomes foul by the absorption of perspiration, etc., and great harm may result from wearing it too long. The best plan is to have two bandages, and change every twenty-four hours, or oftener, even in winter.

The suspensory bandage is the basis of many mechanical devices, but has not been improved upon. On the contrary, some of these appliances, by pressure on the vessels, cause great harm, though they reduce the size of the tumor, and thus appear beneficial.

The suspensory bandage alone gives only temporary relief, and its use should be accompanied by the application of some strengthening lotion; and the treatment should be still further extended to include the administration of proper medicines; not only those that exert a specific action on the afflicted part, but those that tone up the general system and strengthen the whole body; and then, beyond all this, treatment should be given for the Sexual Weakness, Spermatorrhœa, etc., which is the probable cause of the Varicocele.

By this means, under skilled treatment, the progress of the disease will be stopped, the Varicocele become smaller and a condition produced where, by the aid of a simple suspensory bandage in warm weather, no further harm need be feared. Many people of quiet habits, leading healthy lives, may thus

avoid an operation, which is more dreaded than it deserves.

We find it necessary to perform an operation in only a very small percentage of cases.

For radical and permanent relief, and for persons who lead very active lives, we would recommend the subcutaneous operation, first suggested many years ago by Doctor Ricord, of Paris, and improved by many subsequent surgeons until it has reached its present stage of perfection.

As now performed, any skilful surgeon is competent to undertake it. The technique of one may differ slightly from another. The surgeon who performs the operation most frequently is, of course, the most desirable. Experience teaches the best of us.

I will roughly describe the operation as performed by me:

The diseased vein is separated from the Vas. No *knife* is used; a needle is passed into the scrotum at one point and out at another; a ligature of heavy Chinese silk is carried around the Varicocele and both ends withdrawn from the same hole; this ligature is then tied around the diseased veins, and the blood consequently becomes clotted in those veins. There are a number of healthy, smaller veins in the cord which carry on the circulation, very inadequately at first, but in a short time they grow until they are competent to do the work of the old diseased veins, which in the meantime have become organized or absorbed, and thus disappear.

This operation, which no man need dread, takes

but a few minutes. There is no bleeding, it is almost painless, and may be made absolutely so.

The patient must remain quiet until the clot forms. We frequently perform the operation on Friday or Saturday, which permits the patient to attend to his business on the following Monday.

After the operation, the nutrition of the testicle improves, it increases in size and becomes firm and hard, recovering much from its former atrophic condition.

The following letter needs no comment:

CASE 921. (1904.)

Dear Doctor:—I received your letter. Please pardon me for not seeing you again before I left New York. I was getting on so well that I thought it unnecessary. I am now, as far as I can see, enjoying perfectly good health.

It seems ridiculous, as I look back, to think that I carried that large Varicocele, dragging the life out of me, for so many years when the Remedy was so simple. I was afraid, to tell the truth, partly of pain and partly, I think, of the word "Operation," both of which fears were, I now know, groundless.

The pain was certainly nothing, and you could hardly call it an operation, it was over so quickly.

I will call upon you when I return to New York; in the meantime please accept my thanks for all your kindness and for your skilful work in my case.

Very truly yours,

To Dr. R. J. Kahn,
East 9th St., N. Y. City.

CHAPTER IX.

DISEASES OF THE MALE ORGANS OF GENERATION— GONORRHŒA OR CLAP, SWELLED TESTICLES, BUBO, GLEET, ETC.

The gratification of sexual passion is a natural consequence of our physical conformation; its moderate use is beneficial; its abuse highly injurious; for it is but too well known that from the unrestricted connection of the sexes have arisen certain classes of diseases which more or less deeply affect the human race.

DISEASES OF INFECTION—GONORRHŒA OR CLAP.

Gonorrhœa (*Specific Urethritis*), vulgarly called "clap" [French, *clapoir*], is common in both man and woman—in the former it generally attacks the urethra; in the latter the vagina, urethra, clitoris and nymphæ are all affected.

The word gonorrhœa is a legacy from the dark ages of medicine, when but little was known of the nature of the disease. It is derived from the Greek—*γονή* meaning semen, and *ρῶια* a flow—and consequently means a flow of semen, which the disease is not, but a flow of pus, the result of infection.

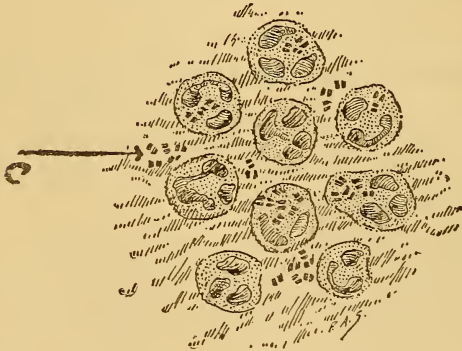
Gonorrhœa may be defined to be an inflammatory infection of the mucous membrane of the urethra or urinary canal, caused by impure sexual connection.

It is due to the presence of a specific bacterium, *the Gonococcus of Neisser*. This is a diplococcus with certain staining characteristics and other

peculiarities, easily distinguished under the microscope by the trained eye of the specialist.

The first symptom of the disease may appear the first or second day after intercourse, but the usual average is from seven to eight days after infection. On the other hand, it is sometimes delayed for two, three, or even four weeks.

At first, the patient feels an itching at the tip of the urethra, the lips of which appear swollen and of a deep red; this is followed by a discharge of matter, more or less pain and scalding in passing urine.



DISCHARGE FROM CASE OF GONORRHOEA ("CLAP"), AS SEEN UNDER HIGH-POWER MICROSCOPE.

C.—A GROUP OF GERMS.—"GONOCOCCI."

The discharge, at first thin and clear, becomes later thick and of a creamy or greenish color. The

more green the discharge, the more virulent is the infection. The thick, green discharge marks the height of the disease. From this time on the inflammation begins to subside and the disease, unless treated, becomes chronic.

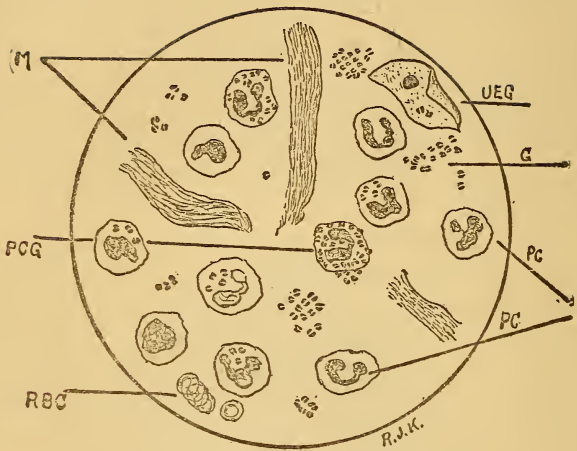
Such statistics as can be gathered show that less than one-third of the cases of Gonorrhœa in men come from public prostitution, the other two-thirds mainly from clandestine prostitutes, prominent among whom are the so-called "perfectly respectable married woman," or the equally worthy "young lady of good family," who, "I am sure never had connection with any other man."

The numerous Boards of Health throughout the world, by valiant and vigorous fighting, have controlled the spread of Tuberculosis ("The Great White Plague"), and lessened the evil results of disease, and the present generation stands protected against many varieties of contagion and infection that seriously menaced our forefathers; yet against "The Great Secret Plague" no such battle is being fought. The Boards of Health shirk the responsibility, the parent, the teacher and the family physician ignore the danger until they meet it face to face; and the great social reformers (*sic*), like the ostrich of fable, bury their heads deep in the sands of ignorance and then loudly exclaim, "We see no necessity for admitting the existence of such an evil!"

The plain, unvarnished truth about the matter is an unpleasant subject, but modesty should not be permitted to stand in the way of health.

A young girl could better have her attention

PLATE I.



ACUTE ANTERIOR GONORRHOEA

- G.—Gonococci.
 P. C.—Pus Corpuscles.
 P. C. G.—Pus Corpuscles containing Gonococci.
 M.—Shreds of Mucus.
 U. E. G.—Urethral Epithelia containing Gonococci.
 R. B. C.—Red Blood Corpuscles.

called to the evil and disease in the world, even though it shocks her delicate, sensitive nature, than as a young woman to suffer the tortures of infected uterus, fallopian tubes and ovaries, followed by a sterile middle life, or death on the operating table.

A boy could better survive the evil results, which might possibly come from a sexual education, than become impotent as a result of Gonorrhœal infection of the prostate, testicles or seminal vesicles; followed perhaps by cystitis and a catheter life. For these are the almost certain results of neglected Gonorrhœa, and neglected Gonorrhœa is always the result of ignorance on the part of the victim.

A leading gynecologist of Philadelphia makes the astounding statement that ninety-five per cent. of all pelvic operations in women are the result of Gonorrhœal infection which has travelled through the uterus.

Taking an average of all authorities in this country and in Europe we find that forty-two per cent. of all men who have had Gonorrhœa have become sterile. These figures indicate the result of neglect, because, taken in its inception and properly treated, there is practically no reason why the disease should progress beyond the first two inches of the urethra. That the results are more serious in women than in men is due partly to the ignorance of women on the subject, and partly because of the fact that a vaginal discharge easily escapes attention.

In one of the large maternity hospitals of Europe a detailed study of the effect of maternal Gonorrhœa on the offspring brought forth the following facts: The average weight, at birth, of children of

gonorrhœal mothers was nearly ten ounces less than the average weight of children from healthy mothers, while the difference after the tenth day averaged nearly one pound. Twenty-two per cent. of Gonorrhœal mothers gave premature birth, normal mothers but two per cent.; furthermore, the children of Gonorrhœal mothers were much more susceptible to infantile diseases, especially intestinal troubles.

Recent statistics of the German Empire show that of all women who died in Germany that year, either directly or indirectly of diseases of the womb, ovaries, tubes, etc., eighty per cent. were known beyond doubt to have had Gonorrhœa at some period of their lives.

We frequently have had occasion to note that persons with weak, small organs more easily contract Gonorrhœa than those whose organs are robust and healthy. For this reason alone, if for no other, a course of treatment to strengthen these organs is a necessity. We recall the case of a young man who consulted us in 1899 for a gonorrhœal discharge. His organs were small, weak and debilitated. He told us he had had seven cases of "clap" in three years. After drying up the discharge, we gave him a course of sexual tonics, and when he visited us over two years later, to introduce a friend, he told us he had had frequent exposures to infection, but never since the tonic treatment had a discharge appeared.

Some time between ten and twenty days after the first appearance of the discharge the acute symptoms begin to abate. If the disease has been properly treated, this is the beginning of the end; but if

badly treated or neglected, it passes into a chronic condition, which always involves the posterior urethra. It is not uncommon to note that with a cessation of the copious, thick discharge the patient considers himself cured, or at least relaxes the rigor of his conduct, resorting to indulgence in drink—or sexual gratification, thus retarding progress or causing the discharge to become chronic. It is especially at this stage that the utmost care is necessary, in order to prevent relapse taking the place of recovery.

In chronic gonorrhœa the discharge loses its irritable malignity, but is of alarming consequence in its duration. It cannot be too positively asserted that this discharge is highly contagious. The specific organism (*Gonococcus*) is present and produces, by infection, a gonorrhœa as speedily and certainly as in the more inflammatory stage.

The term *Gleet* should not be used in this connection, as it is meaningless and can be applied to any chronic urethral discharge.

This condition will remain for weeks, months, or even years, and vary in intensity according to changes in diet, etc.; so much so, indeed, that well-informed medical men have mistaken it for a fresh contagion, and, by treating it accordingly, have caused much misery to the luckless patient.

There is no doubt that a great number of those infected with gonorrhœa retain foci of gonococci in some portion of their genito-urinary tract for many years, perhaps for life, if they have not received the most careful, scientific treatment, such as can only be given by the skilled specialist. These foci of germs

frequently break out with almost every appearance of a fresh infection. This is the "Latent Gonorrhœa" of Noeggareth.

A careful microscopic examination will always reveal the difference. In a fresh infection the pus cells are more abundant than the epithelial cells, and the gonococci very numerous. Indeed it is not unusual to find in a single field fifteen or twenty pus cells, each containing several pairs of germs. The pus cells are also larger, swollen with the virulency of the infection. Mucus is less abundant, and the number of gonococci outside of the pus cells greater.

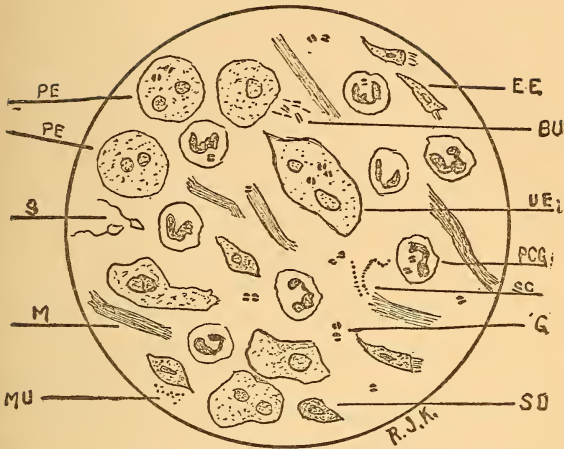
The most common form of chronic gonorrhœa is that evinced by the "morning drop," but the presence of a drop of discharge at the end of the penis each morning is no more evidence of the existence of gonococci than its absence is proof that the disease is not present.

Gonorrhœa is too often a subject for ridicule and jest. The unfortunate individual with the "clap" notices that his friends look upon his malady lightly, and enjoy "cracking jokes" about his condition, the common expression being he is not a man until he has had the "clap." Sufficient importance, therefore, is not given to the serious results that may follow neglect, or the terrible suffering that may be caused another.

The following case is no unusual one, although it is seldom that a physician has the opportunity of following the history of a case so completely and connectedly.

Case No. 1789, 1906, was that of a traveling sales-

PLATE II.



CHRONIC POSTERIOR GONORRHŒA.

- P. E.—Prostatic Epithelia.
 S.—Spermatozoa.
 M.—Shreds of Mucus.
 M. U.—Micrococci Ureæ.
 E. E.—Epithelia from the Ejaculatory Ducts.
 B. U.—Bacilli Ureæ.
 U. E.—Urethral Epithelia.
 P. C. G.—Pus Corpuscles containing Gonococci.
 G.—Gonococci.
 S. D.—Epithelia from Seminal Ducts.
 S. C.—Streptococci.

man who contracted gonorrhœa seven months previous. Being more economical than wise, he consulted a drug clerk, who lived in the same house, and under the skilful (?) guidance of this young man succeeded, in about six months, in arriving at that condition where the discharge was only noticeable in the morning, jocularly termed the "good morning drop." His urine was full of shreds or strings, he had no pain, but considerable anæmia and debility, muscular exhaustion and general malaise—a few weeks treatment dried up the morning discharge, but did not by any means cure the disease. Portions of the urine seen under the microscope showed not only many gonococci and pus cells, but epithelial cells from the posterior urethra, bladder, prostate gland and the seminal ducts, showing beyond doubt infection of the whole genito-urinary tract, clearly indicating the necessity of a prolonged course of treatment in order to eliminate the disease and strengthen the organs. In spite, however, of my earnest endeavors, just about this time the patient began to neglect the treatment, giving as his excuse that *he* could see no discharge.

The shreds were still present in every sample of urine and easily seen by the naked eye.

His visits grew more and more desultory and infrequent, as he improved, until the treatment became so irregular that it was of little or no benefit to him, and about the end of the year 1906 he ceased calling altogether.

In May, 1907, he visited us again and made the astounding statement that he was going to get married in a month, and wanted an examination made.

The result of the examination showed little change in his condition, and without any reservation he was informed that it was a criminal act for him to get married at that time. He was married, however, in less than thirty days, and circumstances made it possible for us to obtain the future history of the young couple.

Within a very short time the wife began to have sensations of uneasiness and vague pains in the pelvic region; she became pregnant and suffered a miscarriage. Her health failed; she grew "delicate" and "ailing," in short began to travel that weary road that has but one ending: she wandered from one physician to another. Her husband was now willing to spend money freely, but the limit of his pocketbook was soon reached.

Finally one day, about a year after her marriage, she was carried to a hospital, and on the operating table all the essentials of sex and motherhood were torn from her.

Recovery followed slowly, and now, a wasted, worn skeleton, totally unsexed, with all hope of motherhood gone forever, she sits in her husband's home a sad and miserable victim of man's inhumanity to woman; the scapegoat of her husband's vices and a constant reminder to him of his criminal negligence. Only a wreck of the pure, happy girl who, a few months before, had entrusted herself to the man who swore at the altar to love, cherish and protect her.

COMPLICATIONS OF GONORRHŒA.

Chordee: About the end of the first week after the appearance of the discharge, unless the treatment

has modified the disease, the patient may suffer from Chordee. This is a painful bending of the penis, and is caused in the following manner:

The congested state of the organ brings about an attempt at erection, but the spongy body (*corpus spongiosum*) on the under side of the penis, in which lies the contracted and diseased urethra, does not stretch, and a curving of the penis results. This most frequently occurs at night.

Among the ignorant there is a fallacious opinion that "breaking the Chordee" will cure the Gonorrhœa; this leads to attempts at coition and other means to cause a rupture of the contracting band.

It is needless to say to the intelligent reader that such attempts are foolish and fraught with danger. A serious hemorrhage is likely to occur, and in any event such a rupture results in a Stricture, which is likely to be of the worst form.

Applications of ice or ice-water will usually relieve the Chordee for a time.

Bubo: Very frequently during the progress of Gonorrhœa the glands in the groin become tender and enlarged. This enlargement occasionally continues until an inflammatory "sympathetic" Bubo is formed. The Bubo is the result of infection of the gland through the lymphatic vessels. The large abscess thus formed in the groin is very painful and demands immediate attention to prevent its progress. If neglected, it is almost certain to require an operation for its removal, which may sometimes be quite extensive.

This Gonorrhœal or "sympathetic" Bubo is **more**

apt to be a serious matter than the syphilitic one. It is also more painful.

Gonorrhœai Rheumatism: This is not of frequent occurrence, but is important because it needs different treatment from other forms of Rheumatism.

It is the most serious of all complications of Gonorrhœa. It attacks the joints, and may attack any or all of the joints of the body. More frequently only one is attacked. Men are more liable to the affection than women, in the proportion of 10 to 1.

Frequently the Gonococcus is found in the "lubricating" fluid of the inflamed joint.

TREATMENT OF GONORRHŒA.

In all cases of gonorrhœa advice should be obtained as early as possible; prompt attention insures a speedy cure, and it may be laid down as a general rule, that the longer the disease is allowed full scope, the more difficult and obstinate is its removal.

In the treatment it is necessary to draw a distinction between Anterior Gonorrhœa, the term used to designate infection of the first portion of the urethra alone, and Posterior Gonorrhœa, which is a term applied when the disease has extended to the deeper portions of the urinary canal.

By the exercise of proper care and treatment, the disease should never extend further back than the first two inches of the urethra.

Ordinary cases, with mild infection and good resistance on the part of the patient (i. e., strong constitution and vigorous healthy condition of the sexual organs), are relieved in a few days, and with

common attention and the observance of a few simple rules an average attack should not continue longer than twenty days.

This, however, only applies to those cases where the disease is taken in its incipiency and where no interference has taken place—by this we mean an attempt at self-cure by the use of any of the various nostrums advertised to cure in two or three days.

A complete “cure” does not mean merely a cessation of the purulent discharge, but the absence of any other evidence of disease—the morning drop, shreds in the urine, pus in the urine, etc., etc.

Method of Treatment.—From time immemorial, or at least since Gonorrhœa has afflicted the human race, a continued warfare has existed between the adherents of the *injection* treatment and the exponents of *internal medication*. Some faint-hearted individuals have compromised by claiming that the desired result could only be accomplished by the combined use of the two methods. Recently a new school has developed whose sole dependence, they say, is upon *irrigation* administered by the physician.

A brief consideration of the merits of these various forms of treatment is not out of place.

INJECTIONS.—This at first thought seems the ideal and only treatment. Gonorrhœa is a disease due to the presence of certain germs—Gonococci—in the urethra. Those germs are quickly destroyed the moment they come in contact with certain germicides. What could be easier than to inject into the diseased urethra a solution of one of these germicides? And

presto! the gonococcus is destroyed! This is true, as far as theory goes, but you must "first catch your gonococcus!" In other words, after the expiration of a few hours the germs have invaded the crypts and follicles of the urethral canal, and imbedded in these, and in the folds of the mucous membrane, the injected germicide fails to reach them. Does this mean, then, that injections are of no value? Not at all. *Injections are extremely valuable in Gonorrhœa!*

When?

At the proper moment!

In the proper manner!

Of the proper strength!

Of the proper drug!

INTERNAL MEDICATION.

This, it would seem, must surely reach the seat of disease, because it not only enters into the blood stream, but must pass out in the urine which flows through the urethra. But alas! On its way to the urethra this valuable remedy must also pass through other organs of the body, where it may do considerable harm, and it is still a problem how much of the remedy reaches the urethra. The quantity certainly varies; some drugs pass through the system easier than others.

Copaiba.—Probably over a quarter million pounds of *Copaiba* (more or less adulterated) passed through the systems of the citizens of the United States last year, and *Copaiba* is undoubtedly one of the most nauseating drugs ever discovered. Besides this objection, it causes, very frequently, indigestion, vomiting, purging and strangury, and in some persons a rash

all over the body, with severe kidney symptoms, even in ordinary doses. Beyond all this, no case of Gonorrhœa ever existed that could not be relieved without the aid of Copaiba, and in some hospital experiments made by me many years ago, I recorded seventeen exceptional cases treated by Copaiba alone, some of whom took a pint of the pure drug each month, and not one of whom was cured at the expiration of ninety days after beginning treatment.

Cubeb.—At the present time this drug is commonly used only in combination with Copaiba. Used alone, the kindest word that any one can say about it is that “it does not irritate the stomach as much as Copaiba.” In my experience it is not as valuable as Copaiba and in some cases seems even to make the disease worse.

Oil of Sandalwood.—This is probably seldom seen in pure condition, although some importers undoubtedly supply the true oil. It is commonly adulterated with Copaiba, which is much cheaper, and is often given in combination with that drug.

Its most enthusiastic supporters claim that Sandalwood Oil frequently cures when Copaiba and Cubeb fail, but as Copaiba and Cubeb frequently cure when Sandalwood fails, and as all three frequently—and very frequently—fail to cure at all, it is perhaps best to consider all in about the same class.

Kava Kava, Matico, Pichi, Turpentine and various other so-called anti-Gonorrhœics need only be mentioned. And yet all these drugs in the proper dose and scientifically prescribed are useful and al-

most indispensable to the specialist who would treat Gonorrhœa quickly and surely.

IRRIGATION.—This form of treatment consists in washing out the urethra twice daily with about a quart of some antiseptic solution.

It was first suggested in 1866 by M. Reliquet, of Paris, and elaborated by many subsequent physicians both in this country and Europe. This method, though it is an admirable one and very useful *in connection with other treatment*, and undoubtedly shortens the duration of the attack by nearly one-half, can only be administered in a properly equipped office; which necessitates the patient visiting his physician twice daily.

Yet Gonorrhœa, taken in time and treated scientifically, is most amenable to treatment.

BUT!—this treatment must consist not only in the careful selection of the remedies mentioned—injections—sedative, antiseptic or astringent, from nitrate of silver to sulfate of thallin, anti-gonorrhœics, and irrigations, but a combination of all and, added to them, many other remedies too numerous to even mention—including, not among the least, those drugs necessary to tone up and invigorate the sexual organs, for no part of the body can resist invasion of disease unless it be in a perfectly healthy condition—and, furthermore, such remedies as are needed to restore an enervated condition of general health.

When there is much inflammation, the bowels should be kept open with a Sedlitz Powder or an aperient draught such as the following:

R. Magnes. sulphatis, unciam j.
 Infus. sennæ comp., unc. vss.
 Ext. glycyrrh., scrup. ij.
 Tinct. jalapi, drachm iij.
 Spt. ammon. arom., drachm j.
 Mis. Fiat mist. aperient. Cap. $\frac{1}{4}$ partem pro re nata.

A cooling lotion may also be useful. Apply the following two or three times a day:

R. Muriat. ammon., drachm j.
 Liq. plumbi diacet., drachm ij.
 Spt. vini rect., unciam j.
 Aq. font., unc. v.

Mis. Fiat lotio. Sig. "Lotio."

[Carefully label "The Lotion."]

During the process of gonorrhœa, attention to cleanliness cannot be too strongly recommended.

A warm bath should be taken occasionally, and the penis should be bathed as frequently as possible in warm water, or creolin and water, to destroy the acrimony of the discharge, and to prevent its irritating action on the skin.

Great comfort will be experienced by the patient suspending the testicles in a small bag so as to support them while walking, etc.

This simple precaution frequently prevents swelled testicles, one of the most painful complications of gonorrhœa.

The diet should be carefully regulated in the early inflammatory stage; the food should be light, but nutritious, and not highly seasoned. Wines, spirits and malt liquors should be avoided; the patient may drink freely of thin linseed tea, or barley water.

The following may also be grateful: Cream of tartar, one oz.; boiling water, two quarts; strain and sweeten with lump sugar, according to taste.

In chronic conditions where the discharge is slight, but persists after continued treatment, frequent irrigation, accompanied by dilation of the infected portions of the urethra, will usually bring relief. Unfortunately this form of treatment requires rest after each administration, and the treatment must be given twice each day.

Moreover, its beneficial effect is marred unless the patient has almost complete rest, but no man who can afford the time to lay up need continue in misery.

We have frequently in this manner cured, in 14 to 20 days, cases which had been treated by various physicians for years, and which we had ourselves considered extremely slow to respond to the most careful medication.

Of course, as in all other walks of life, doing the right thing at the right minute means success, and if a patient is continually under observation the physician has an opportunity of exercising the full measure of his skill.

The Urethroscope. By the use of this instrument the entire length of the urethra can be examined with the eye. A small tube is first passed into the canal and through this an electric light on a slender carrier. The eye is applied to the end of the tube, with or without a lens intervening, and the tube slowly withdrawn. In this manner the whole urethra passes before the vision like a panorama, and the affected por-

tion can be easily recognized by one accustomed to the use of this very valuable aid to diagnosis.

Very small instruments can also be passed down this tube and the proper local medication applied to the exact seat of the disease with absolute precision.

The question naturally arises, when can a patient discontinue treatment, as the complete cessation of the discharge is no certain indication of the end of the disease?

Many times the Gonococci remain latent, hidden in the folds of mucous membrane—in the crypts and follicles of the urethra and prostate gland, in the seminal vesicles, etc., etc., breaking out with increased virulence after some indiscretion of drink or sexual indulgence.

This "latent" gonorrhœa may exist for months, or even years. One case in our own experience was undoubtedly dormant for twenty years.

The use of the anti-gonococcus serum is not to be commended, as the results, so far, are not commensurate with the expense and trouble. The best effects seem to be in cases of Gonorrhœal rheumatism.

SIMPLE URETHRITIS.

Simple, or Non-Specific Urethritis is an inflammatory discharge from the Urethra, which has a variety of causes. Injury, condition of the urine, excesses in eating or drinking, as well as sexual excess or strain, and also abnormal discharges from the female genital organs, leukorrhœa ("whites"), etc.

It is an old belief that if a man has intercourse with any woman during her menstrual period, he may contract a urethral discharge. This is entirely erro-

neous. The healthy menstrual flow from the female can never cause any disease in the man.

It is more than likely that this belief originated in the misrepresentation of the following passage from the Bible, seven days being the time in which Gonorrhœa usually appears:

“If any man lie with her at all and her flowers be upon him, he shall be unclean seven days.”

—(Lev. XV, 24.)

The Simple Urethritis is usually called “strain.”

In some very rare instances it dries up without treatment, in others it becomes serious and frequently cannot be distinguished from true Gonorrhœa, except by microscopic examination of the discharge.

A Urethritis may also be caused by Syphilis or a Chancroid within the urethra.

VARIOUS URETHRAL DISCHARGES.

The “sticky” discharge, following Gonorrhœa, or perhaps occurring some years after Gonorrhœa, can be of three kinds, totally undistinguishable to the naked eye. First, it may be a chronic Gonorrhœa; secondly, it may be mucus, and due to the over-activity of the mucous glands of the urethra; and, lastly, it may be a discharge of Prostatic fluid, either alone or accompanied by Seminal fluid. Excepting where the discharge is due to the presence of Gonococci, any astringent injection will do more harm than good, and even in these cases if a stricture can be located and dilated the discharge will probably disappear without further treatment. A purely mucous discharge would undoubtedly be increased by injections. Patients suffering from this trouble usually acquire the pernicious

habit of stripping the penis, trying to squeeze out a drop of discharge; probably nothing is more deleterious than this practice.

The shreds found in the urine in urethral inflammations must be carefully studied under the microscope by the educated eye in order that a proper appreciation of the condition may be obtained. These shreds are in the main of four varieties: epithelial shreds, pus threads, muco-pus shreds and mucous shreds. The fewer the pus cells in the shreds, the better is the prognosis. A large number of Gonococci and pus cells means prolonged treatment, and from the nature of the cells in the shreds the exact location of the lesion may be determined. It should be set down, as an inviolable rule, that marriage should not be permitted until the shreds contain no pus cells whatever, even after tests made by drinking malt liquor.

A CASE.

A very interesting and instructive case was that of a gentleman whose history follows: More than a year prior to his visit, following an attack of Gonorrhœa, he began to notice the occasional appearance of a drop of pus, during urination, and a cloudy condition of the urine. This affection was ascribed to the bladder by the first physician visited, who subjected him to all sorts of irrigations. From that time until he came into my office he had consulted ten physicians and surgeons in this and other cities. The bladder had been washed and re-washed, and he had taken through the mouth all the varieties of medicine known for the treatment of Urethritis and Cystitis.

The ten physicians whom he saw made six different diagnoses of his condition; one, with surgical tendencies, proclaimed the disease to be an enlarged prostate, and insisted upon an operation to remove it. Careful examination revealed to me a hitherto unexpected cause of the trouble, which was simply chronic inflammation of the seminal vesicles. Without surgical operation, by simple manipulation and proper medication, the patient slowly recovered. This case illustrates the importance of treating the disease and not the symptoms. The error made was in not finding out the cause of the condition, and treating that instead of treating the conditions or symptoms as found.

Chronic gonorrhœa and seminal weakness, arising from self-pollution, are frequently co-existent, though not necessarily connected.

When they do exist together, the disease assumes a most obstinate form. The value of the microscope is that it proves, with certainty, if spermatozoa, or the seminal fluid, be present in the discharge or in the urine. The treatment must vary accordingly. A new and unsuspected feature is introduced, which baffles the routine adopted by the general practitioner.

Frequently we are consulted by patients who have had gonorrhœa lasting, in spite of treatment, for months. We have found that treatment directed to strengthening of the generative organs and toning up the general system has produced almost miraculous results, the discharge ceasing in a very short time.

Hence the importance of a special and careful study of these diseases. In cases of mismanagement

or carelessness, and sometimes by suddenly stopping the discharge by means of astringent injections, an active inflammation of the testicles may occur, accompanied with much pain and swelling.

Under this common name is included EPIDIDYMITIS and ORCHITIS. These are acute inflammations of the epididymus or testicles respectively.

Of the two, epididymitis is the most common, and is most frequently caused by extension of inflammations of the urethra, prostate, etc., to the vas deferens.

A large percentage of all cases are due to improper treatment of gonorrhœa ("clap"), the use of injections at the wrong time, the use of patent medicines, etc.

For this reason any attempt on the part of an individual to treat himself by the aid of those widely advertised patent medicines for the cure of gonorrhœa often results in additional expense and suffering for the unfortunate would-be economist.

The following case occurred in our practice a short time ago. A gentleman, who had just returned from Europe, had three years before contracted gonorrhœa, which terminated in what he called "gleet"; he had been under the care of several physicians, the last a practitioner in Berlin, who prescribed an injection, which brought on swelled testicles. The testicles felt hard, and there was not the slightest inclination for sexual intercourse.

Examination of the seminal fluid showed that it was mixed with pus and contained *no living spermatozoa*, but dead, mutilated ones in abundance. Under careful treatment the inflammation subsided, and as

the testicles decreased in size, the seminal fluid regained its normal condition.

All these cases are very painful and are serious, because atrophy of the organ, with sterility, is a common sequel.

No advice as to treatment can be given, as each case must be treated differently and according to its own peculiar symptoms and conditions. The most skilful physician should at once be visited, that the patient may be spared the humiliation of becoming impotent, and especially if both testicles are involved.

Frequent examination of the urine, as well as the discharge, is absolutely necessary as a guide for treatment.

When the shreds in the urine consist only of mucus and no pus is present, the treatment should be modified, or discontinued, otherwise harm, instead of good, may result,

CHAPTER X.

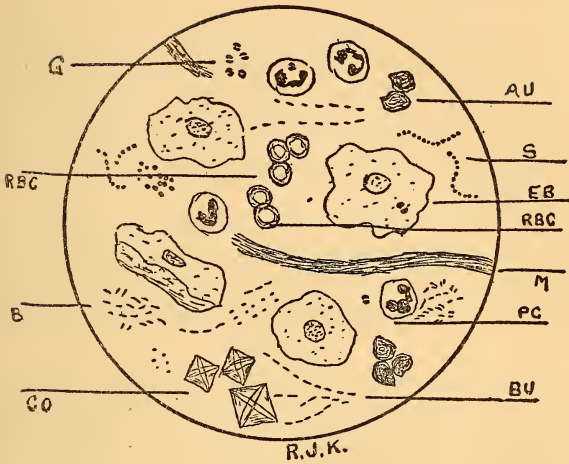
DISEASES OF THE MALE ORGANS OF GENERATION CONTINUED; CYSTITIS, STRICTURE, HYDROCELE, PHYMOSIS.

CYSTITIS.

Cystitis is the term applied to any inflammation of the bladder and arises from numerous causes. It is sometimes caused by diseases of the general or of the nervous system; colds and injuries are also causes. It is frequently the result of excesses of alcoholic beverages, also of large doses of some drugs. Prostatic disease and stone in the bladder may be the cause. Another cause is careless use of injections, or use of improper or too strong injections; or, a careless physician may carry the germs of the disease into the bladder on a dirty catheter, sound or other instrument. Another common cause is infection descending from the kidneys, etc.

But in the great majority of cases it is the consequence of careless treatment, or neglect, of inflammation of the urethra, Gonorrhœa, etc. If Gonorrhœa is the cause, the *Cystitis* is more likely to occur after indulgence in sexual excitement, highly seasoned food, or alcoholic beverages. Very commonly a small stricture is present.

PLATE III.



CHRONIC CYSTITIS, ETC.

- G.—Gonococci.
- R. B. C.—Red Blood Corpuscles.
- B.—Bacteria.
- C. O.—Calcium Oxalate.
- A. U.—Ammonia Urate.
- S.—Streptococci.
- E. B.—Epithelia from Bladder.
- M.—Shreds of Mucus.
- P. C.—Pus Corpuscles.
- B. U.—Bacilli Ureæ.

The urine in Cystitis is always cloudy, frequently contains blood, and is usually alkaline in reaction. The bacteria causing the disease can be found in it by the aid of the microscope. The urine commonly has the odor of ammonia, the result of decomposition.

If allowed to go unchecked, the walls of the bladder become thickened. Ulceration also takes place, which may terminate in Gangrene. This latter usually results in perforation of the bladder and death from peritonitis.

Pain is a more or less constant symptom, especially in voiding urine, and is often felt at the end of the penis. It may continue some time after urination is finished. A desire to urinate frequently is common.

STICTURE.

This affection cannot be considered lightly, as grave results may follow at any time. Once Gangrene has set in, the case is hopeless. Therefore, no time should be lost in beginning treatment.

The chronic form is less dangerous, and the pain and other symptoms less marked.

Treatment for this form must be continued until an absolutely normal condition is established, as an acute process may occur at any time.

This is in most cases due to the formation of cicatricial tissue in the urethra, and is generally caused by improper treatment or neglect of gonorrhœa, sometimes long-continued gleet, though there are cases in which it is produced by Onanism.

The first symptoms of stricture are a slight difficulty in the act of urinating, and a division or twisting of the stream of water.

In all cases, however slight, apply immediately for medical assistance.

HYDROCELE.

This is a chronic inflammation of the tunica vaginalis (*Periorchitis serosa chronica*). It is sometimes double, but usually only on one side.

The disease progresses by the effusion of a clear greenish or blood-tinged fluid until the sac contains in some instances as much as one or two quarts. Spermatozoa are sometimes found in this exudate.

The treatment is by a simple and entirely painless operation, and a cure is almost always possible.

PHYMOSIS.

This condition precludes the retraction of the foreskin back over the head of the penis. It is sometimes the result of inflammation, but more frequently a congenital deformity.

PARA-PHYMOSIS.

This condition is said to exist when the prepuce is retracted back of the glans of the penis, and cannot be drawn forward.

Both Phymosis and Para-Phymosis are accompanied by œdema, when Gonorrhœa of Chancroids are present. The remedy, of course, is Circumcision,* but where the inflammation is great a simple slit may be made in the foreskin, and the balance of the operation performed when the inflammation has subsided.

* See Chapter on Circumcision, page 148.

CHAPTER XI.

CIRCUMCISION.

Circumcision which, strictly speaking, consists in the simple removal of the foreskin, quickly and painlessly, an operation which a few generations ago was only performed upon the adult in cases of great malformation, etc., is now known to be a valuable procedure, not only from a eugenic and prophylactic standpoint, but for its therapeutic effect as well.

Anthropologists, and all scientific men to-day generally, consider the question of circumcision from its hygienic standpoint.

The Mosaic Law compels circumcision, and in our medical practice we have had occasion to note how few Jews contract syphilis, though no less subject to gonorrhœa than other nationalities.

We have also noticed that nearly eighty per cent. of the syphilitic cases we treated last year were in men whose foreskin covered the glans and formed a place for retention and growth of the syphilitic virus.

Any one who has seen the pale, elongated, small

glans penis in cases where the foreskin must be forcibly retracted cannot fail to appreciate that the naked glans, with its bright pink color and healthy appearance, is infinitely more to be considered the proper condition for the male organ.

For there can be no doubt whatever that the removal of a tight or redundant foreskin produces results surprisingly beneficial, not only physically, but morally. Undeveloped or shrunken organs attain normal growth after circumcision.

The operation of circumcision as performed at present is entirely without pain, and absence from ordinary business is not necessary.

Between the individual who has but a vestige of a foreskin and the one whose long prepuce tightly encloses the glans penis preventing its growth, frequently inhibiting a free passage of the urine, and completely preventing the ejaculation of seminal fluid, there are many grades of redundancy and phimosis.

A thin prepuce, slightly elongated, barely covering the glans penis and easily retracted, does not require operative interference as urgently as a heavier foreskin which is not so long but perhaps tighter. Exactly what cases demand surgical interference in the adult can only be determined by the experienced surgeon, although many neurotic conditions are relieved by circumcision where the actual state of the organ does not require it.

It frequently happens that children mentally deficient or subject to epileptiform fits are completely restored to mental and physical health by the simple

operation of circumcision. Where the opening is so small that the glans cannot be uncovered, or where the prepuce is so long that it is never retracted, the glans becomes irritated, tender and supersensitive. Inflammatory condition may also arise spontaneously, and severe cases have terminated in gangrene. Persons in this condition have caused grave injury in attempting connection, and the least harm that results is serious enough, i. e., a constant irritation which is often the cause of continued masturbation.

It would be hard to conceive for what purpose the forcible ejaculation of seminal fluid was devised if it was not necessary for the impregnation of the ovum, and yet this valuable feature of copulation is totally lost where the glans penis is covered with a heavy foreskin during the act of copulation, or where a tight foreskin encircling the penis above the glans causes sufficient stricture from pressure to nullify the ejaculatory effort. As figures sometimes prove more than mere theory, it is well to state in this connection that I have a record of several hundred cases where the marriage was unfruitful until circumcision was performed.

Venereal warts grow prolifically under a large foreskin. They always have a tendency to form a cancer, and under these circumstances this tendency is increased. I have operated on cases where a mass of warts as large as a hen's egg popped out when the foreskin was retracted.

Some writers upon this subject have considered the relation of tuberculosis and circumcision, selecting one race where circumcision is compulsory and com-

paring it with another race noted for the unusual size and tightness of the prepuce. I have endeavored to compile some statistics but, owing to racial differences, habits and characteristics, these figures are not to be considered as absolutely conclusive, but when the great disparity is considered, they become valuable. As far as I can prove these statistics, the figures are that, out of a given number of cases of tuberculosis, thirty-four per cent. were from the non-circumcised nation and only seven per cent. from the circumcised.

It was recently stated in a medical journal devoted to the cure and treatment of tuberculosis that seven out of ten males afflicted with tuberculosis had a redundant foreskin. The article, unfortunately, failed to mention anything regarding the covering of the clitoris in females.

Upon reviewing the many authorities who have written upon the subject, an unprejudiced observer would be forcibly impressed with the undoubted fact that persons who are circumcised are, without any regard to race or religion, healthier physically, possess greater powers of endurance, more freedom from certain diseases, i. e., the granulomata, tuberculosis, syphilis, etc., and are of undoubted superior average mental powers.

In the absence of statistics regarding circumcised individuals generally, those statistics which compare circumcised races with uncircumcised races seem to prove that the average length of life, all other things taken into consideration, is greater among the circumcised than among the uncircumcised.

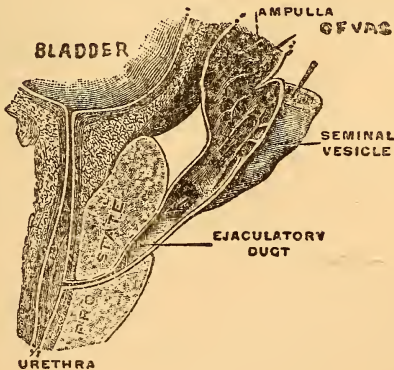
It is easy to appreciate that the foreskin was useful to protect the tender glans penis from injury when our ancient ancestors ran naked through the woods, and scrambled through the brier bushes, but coverings for the sexual organs came in time, and now with clothing over the entire body the prepuce is of as much use as the vermiform appendix, which is removed with more difficulty and danger, and more frequently

Like all other topics the subject of circumcision has given rise to argument and extremes of opinion. On the one hand a number of physicians advocate universal circumcision, regardless of conditions, and equally regardless of conditions an equal number of otherwise fair-minded physicians condemn the operation. And as in many similar situations, the solution of the problem lies in adopting a middle course. In other words, the condition existing in each individual case should govern the course to be pursued in that particular case, and no other. In general, however, it may be said that the prepuce in the human being is positively harmful in some cases, and in all cases at least useless, requiring constant attention, and through neglect liable to entail disease and suffering. Stout persons especially should be circumcised at any period of life, if they would retain their virility and manly vigor to a good age.

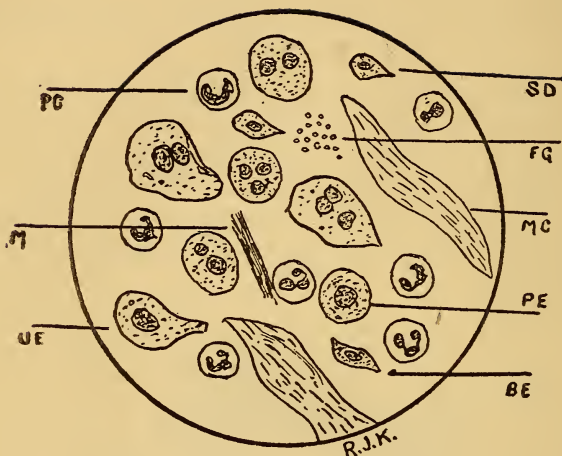
CHAPTER XII.

DISEASES OF THE PROSTATE GLAND—PROSTATORRHŒA, ETC., ETC.

The prostate is a gland peculiar to the male, and encircles the neck of the bladder and the first portion of the urethra, which portion is therefore termed the prostatic urethra. In shape and size it resembles a large chestnut, with the pointed portion directed away from the bladder. It can easily be felt through the rectum.



The ejaculatory ducts, which convey the semen from the seminal vesicles to the urethra, run through the prostate, and the mouths of these ducts open in the floor of the urethra in its prostatic portion.



CHRONIC PROSTATIC INFLAMMATION,
OF NON-SPECIFIC ORIGIN.

P. C.—Pus Corpuscles.

M.—Mucus Shreds.

U. E.—Urethra Epithelia.

S. D.—Epithelia from Seminal Ducts.

F. G.—Globules of Fat.

M. C.—Mucus Casts.

P. E.—Prostatic Epithelia.

B. E.—Epithelia from deep layer of bladder.

This gland also contains in its substance the sphincters of the bladder, which control the flow of urine.

The prostate has two distinct lobes in health; the so-called median lobe only exists when the prostate is hypertrophied and it then lies in front of the ejaculatory ducts.

The mucous secretion from the prostate serves to thin out the seminal fluid during coitus and lubricate the urethra.

PROSTATITIS OR INFLAMMATION OF THE PROSTATE may be either *acute* or *chronic*.

Acute Inflammation is not uncommon and is usually the result of extension of inflammation in the adjacent organs, most commonly Gonorrhœa or Gleet, though injury may be and sometimes is the cause.

A great number of cases of Prostatitis are brought on by the improper use of injections in the treatment of Gonorrhœa or the careless passage of a sound or bougie. In these cases the discharge is carried back to the prostatic portion of the urethra, and the prostate becomes infected.

I saw some years ago a fatal case of acute prostatitis, where the disease was directly the result of infection, carried into the prostatic urethra by a dirty catheter in the hands of a thoughtless surgeon.

The constant symptom is a severe pain and great tenderness. This pain is greatly aggravated when an attempt is made to evacuate the bowels, and in cases of constipation is usually so intense as to completely prohibit the act. The passage of urine is also painful and difficult.

Occasionally acute prostatitis may be followed by complete restoration, but unless proper treatment is early applied it becomes chronic and runs a long course.

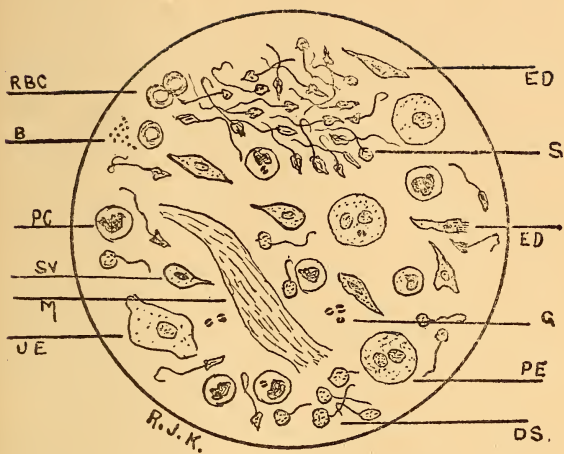
A great number of cases proceed to suppuration and the formation of abscesses, which frequently rupture into the bowels or urethra, and occasionally into the peritoneal cavity, which latter is, of course, almost necessarily fatal.

The formation of an abscess is more common where the prostatitis is the result of Gonorrhœa. The abscess may rupture into both the rectum and the urethra, forming a fistula, through which the urine will pass into the bowel.

About 25 per cent. of all cases of abscess in the prostate result fatally, in spite of the most careful treatment, while of those that are not treated more than double that number die.

The treatment of acute prostatitis, in addition to carefully selected medication, is absolute rest in bed, a diet consisting of milk and nothing else and the prompt application of poultices or leeches. Where the pain cannot be borne, opium, morphine or belladonna may be prescribed; preferably in the form of suppositories. A cathartic should always be given in the beginning of the disease. If an injection is being used for Gonorrhœa, it should be immediately stopped.

Chronic Prostatitis is much oftener seen than the acute; it arises from the same causes, most frequently following the acute form, though it sometimes begins gradually as a chronic condition. It commonly occurs with chronic Gonorrhœa or Gleet and in masturbators,



CHRONIC POSTERIOR URETHRITIS,
OF GONORRHŒAL ORIGIN.

R. B. C.—Red Blood Corpuscles.

B.—Bacteria.

P. C.—Pus Corpuscles.

S. V.—Epithelia from Seminal Vesicles.

M.—Mucus Shreds.

U. E.—Urethral Epithelia.

E. D.—Epithelia from the Ejaculatory Ducts.

S.—Spermatozoa,

G.—Gonococci.

P. E.—Prostatic Epithelia.

D. S.—Degenerated Spermatozoa with Granulation.

and, unless carefully treated, almost invariably results in hypertrophy of the prostate.

PROSTATORRHŒA, or chronic *Catarrhal Inflammation* of the prostate, is the name usually given to this disease. In this condition there is a cloudy discharge from the urethra in greater or less quantities, sometimes only a drop, or just sufficient to glue together the lips of the penis in the morning. Often there is quite a copious discharge of the fluid during defecation, and especially where the patient is constipated.

This disease is frequently mistaken for Gonorrhœa, and more often for Spermatorrhœa, which latter very commonly accompanies it. It must be apparent to any one, inasmuch as the ejaculatory ducts pass through the prostate and the seminal vesicles lie directly against it (see picture on page 153), that any disease of the prostate would necessarily involve some disturbance of the mechanism controlling the emission of semen.

In all these cases resort must be had to the microscope, by which alone we can determine with certainty the nature of the discharge; and a proper knowledge of this valuable aid to diagnosis, and the ability to properly interpret its revelations, is indispensable to the physician, who would understandingly treat these diseases. Should the microscope show the presence of spermatozoa, the discharge would consist of semen and the disease be diagnosed as Spermatorrhœa; while the presence of the Gonococcus would indicate Gonorrhœa, or Gleet, to be the source of the trouble.

On the other hand the absence of both of the above, or the presence of the peculiar crystals found in

the prostatic fluid, would clearly show that the discharge was from the prostate gland.

The very great majority of cases of Prostatorrhœa can be successfully treated, but this is not always an easy task. In addition to those local applications which would naturally suggest themselves, general medication is most important, and rest should not be overlooked; it must also be remembered that it is possible for a suppurative process to set in in these cases, as well as in the acute disease, with nearly as fatal results, and above all it should ever be borne in mind, especially when the patient is young, that Prostatorrhœa is a very common cause of sterility and occasionally of impotency.

HYPERTROPHY, or ENLARGEMENT OF THE PROSTATE, sometimes involving only one lobe, but usually the entire gland, with the formation of a "middle lobe," is a disease very common in old men, but not infrequently found in early life.

The causes of the disease are numerous. It is commonly found associated with varicocele, or any venous congestion of the surrounding organs, and it is also a common outcome of Prostatorrhœa.

In addition to this it results from Cystitis, Gonorrhœa and Gleet, without the previous existence of a Prostatorrhœa, and is almost always present in a greater or less degree after a life of sexual indulgence or masturbation.

A case occasionally occurs where no direct cause can be assigned for the trouble unless, perhaps, a forgotten injury; and last, but by no means least, Syphilis may bear an important part as the cause of the arterio-

sclerosis, which is invariably present in this condition. On page 176 of this book the subject of arterio-sclerosis is mentioned in connection with Syphilis.

The Prostate gland may grow until it reaches the size of a cocoanut, or even larger. It must be noted that this is not a true inflammation, but a growth, and as the prostate grows the length of the prostatic urethra increases and the passage becomes more curved, while the growth, extending backward, encroaches upon the cavity of the bladder and grows into the neck of the bladder in large nodules, which project into the opening of the urethra and cause more or less difficulty with the passage of urine.

As the hypertrophy increases the internal sphincter of the bladder ceases to exist, and this results in a dribbling of urine.

Behind the growth there is usually a distension in the bladder, and a pouch forms which always contains more or less fetid urine, and, unless a catheter is employed, the bladder is never completely emptied.

Sooner or later there comes a time when the catheter must be employed on every occasion where urination is necessary, and this distension of the bladder, and the careless use of unclean catheters, causes cystitis, stone in the bladder and a host of other affections, including inflammation of the kidney, etc., etc., one or the other of these eventually resulting fatally.

In almost every case the ejaculatory ducts become obliterated and sterility results.

The TREATMENT of Hypertrophied Prostate varies at different periods in the progress of the dis-

ease, and authorities differ greatly. One man may advocate surgical means at once, and proceed to extirpate the entire gland. Many forms of operations have been introduced for the complete or partial removal of the Prostate. Others believe in therapeutic measures, and advocate the use of various drugs, both internally and locally—still others advocate only local measures, and a number rely upon electricity very largely. It is perhaps best to adapt the treatment to the condition of the disease. It is only in very severe cases that an operation is absolutely necessary, while probably no case is so advanced that great relief cannot be given without resorting to the knife.

Injections into the prostate are of great benefit; medication is of great value; electricity is of great value; dieting, rest, massage and care, all have an important bearing on the cure, and by judiciously selecting the treatment, or combination of treatment, best suited to the exigencies of each particular case, failure should be a word unknown.

The cystitis usually present during the "catheter life," to which most cases are doomed, is most always due to the use of an unclean catheter, or to ignorance of the proper method of using it.

(See article on Cystitis, page 144.)

The careful, honest physician should always instruct his patients on these points and in the simplest possible language, disregarding, for the welfare of the patient, the hope of gain from any subsequent application that might be made to him in this connection.

CHAPTER XIII.

VENEREAL DISEASE; SYPHILIS OR POX; HISTORY; SYMPTOMS, PREVENTION AND TREATMENT. CHANCROIDS.

Syphilis first appeared in Europe in the fifteenth century.

Had the disease, since known by the name of Venereal, been a familiar one, possessing no features different from those already recognized as characterizing affections of the genital organs, and yielding to an already ascertained treatment, we naturally should expect that the authors who might notice it would never have thought of designating it as new and unknown; neither would they have expressed terror at encountering it, nor expressed their entire ignorance as to the remedy.

Such, however, we find to be the fact, from universal testimony of the writers of the age. The appearance, indeed, of this new form of disease was an event so important that mention of it was made, not only by physicians, but the historians living at the period also record the circumstance. We will cite the authority of Gonzalo Hernandez de Oveido, and refer our reader to his curious volume, in black letter, in the library of the British Museum. The date is 1526, "Sumario de la Natural Hystoria de las Indas"; and Oveido distinctly states the American origin of the venereal, and the inability of the physicians to cure it.

Another historian of the period, Lopez de Gomert, writes: "Because it was a new disease no one knew what to do." Other contemporary writers, Paul Jovius Guicciardini, etc., express themselves to the same effect. Most of the early writers attribute the disease to God's anger; some to conjunction of the planets; others, of more matter-of-fact views, were disposed to ascribe its origin to another kind of conjunction, of not so celestial a nature; for there are authors of this date who distinctly notice the primary sores of chancres, and trace them to their real origin—contagion by impure intercourse; they mention strong salivation by mercury as a cure.

Joseph Greenbank, who describes his own case in a work written with much purity of Latin for the age, attributes the cause to planetary influence. He wished to keep it secret from his friends, but they found him out "from the change in his complexion"; and no sooner was it known (and the fact shows in what terror the disease was held), than his dearest friends and relations fled his presence, as they would an enemy with a drawn sword."

The notion prevailed that it could be caught by merely breathing the same air with the infected person; hence the lower orders were driven into the woods and fields, and left to perish without solace or assistance.

It formed one of the charges against Cardinal Wolsey, that "when laboring under the venereal he had breathed upon the king in whispering to him." Hence, being looked upon as a contagious disease to which any one was liable, the physicians of the age

did not scruple to publish the cases of princes—and even churchmen—who had the disease—and most of the medical works on the subject are dedicated either to princes or dignitaries of the church.

Another opinion was very prevalent—even now the belief is not yet extinct—that any one having the disease, by transmitting it to another relieved himself; though it was asserted that, to make the experiment successful, it was necessary that the person to whom the infection was to be transferred should never before have had sexual intercourse. It is scarcely necessary to add that this atrocious and ridiculous belief gave rise to most disgraceful outrages.

The manner in which the new disease ran its devastating course, spreading in different countries with a rapidity which, joined to a complete ignorance of treatment, truly appalled mankind, must be acknowledged to constitute a proof of its newness—and universal testimony leaves no doubt on that score. That it was first brought from the island of San Domingo, then called Hispaniola, by the followers of Columbus, there is abundant and satisfactory proof. Few of the Spaniards escaped who had connection with the native women, and the ships of Columbus proceeding to different ports, the disease spread over Europe with wondrous rapidity.

In 1526, Joseph Greenbank informs us, that, on returning from his travels, he found the disease prevailing all over Germany—in every town, city, camp, village, and cottage—as well as the greater part of Europe.

In the same year we are told by Sebastian Brant

that it had got to Great Britain; and in 1497, James IV. of Scotland, in consequence of the frightful prevalence of venereal in Edinburgh, issued the celebrated proclamation banishing the infected from the city. The original is preserved in the records of the town council, dated September 12, 1497, and it is a very curious document.

His Majesty "charges all manner of persons being "within the freedom of his burt, quilks are infectit, "or hes been infectit, uncurit with this said contagious "plage called the Grandgor, devoyd, red, and pass furt "of this toun, and compeir upon the sandis of Leith, "at ten hours before noon,—those evading this ordi- "nance, selle be brynt on the cheik with the marking "irne that they may be kennit in time to cum."

We may also cite here the more generally known "Arreste" of the Parliament of Paris, respecting the venereal, dated March 6, 1496, stating that "Because "in this City of Paris many persons were sick of a "certain disease called the 'Great Pocks,' which had "raged in this kingdom for the last two years, as well "in Paris as in other parts of France"; and as there was reason to apprehend that it would increase as the spring advanced, it was advised to provide accordingly. Thus all strangers having the disease were to leave in twenty-four hours, and forbidden to enter the city until perfectly cured.

The second article ordained, "that every citizen having the disease confine himself to his house." No communication was allowed between the sick and the inhabitants; and the city gates were carefully watched.

The general prevalence of the disease can only be

accounted for by the undoubted licentiousness of the age—as we have no reason for believing that then, any more than at present, could it be propagated except by actual contact of the venereal matter.

Syphilis or Pox is the most dangerous and malignant of all forms of venereal disease. It is contagious and chronic, with intermittent manifestations of indefinite duration and is undoubtedly caused by a specific micro-organism, probably the *Spirochæta Pallida*. Syphilis may remain in the system for years, producing in secondary and tertiary symptoms neoplasms and inflammatory lesions, which may affect any portion of the body. In syphilis we have a virulent blood-poison, through which every tissue is affected.

Indeed, the complicated mischief arising from this malady is known only to him who has an opportunity of seeing it in every stage and form under which it appears. The syphilitic disease kills great numbers in the prime of life, destroys the comfort of the matrimonial bed, and transmits morbid predispositions to declining years.

To conceal their imprudence the inexperienced permit themselves to be surcharged with mercury, which, in this variable climate, is liable to induce the most fatal inflammations and pulmonary diseases, to which, in this variable climate, is liable to induce the their families the slightest suspicion of the real cause of their death.

A more important feature in the history of the syphilitic disease is the fact of their transmission from the parents to the offspring. Infection may happen

when neither of the parents has at any time venereal swelling or ulceration, and perhaps many years after a cure has been apparently effected. Such conditions can usually be traced to carelessness, or neglect.

In these cases miscarriages frequently occur without evident cause; or should the child be born alive, it is covered with copper-colored spots on various parts of the body; the eyes are inflamed, and there is a mucous discharge from the nostrils. Should it unfortunately survive infancy, it will only be to fall a prey at a later period.

Dr. Hunter records a case of a couple who had been married twelve years, during which neither party was diseased, nor had been unfaithful. The husband had syphilis two years before marriage, but considered himself cured. The first two children were healthy; the next two feeble, and soon died; the last child was put out to nurse, and, having a sore mouth, soon affected the nurse.

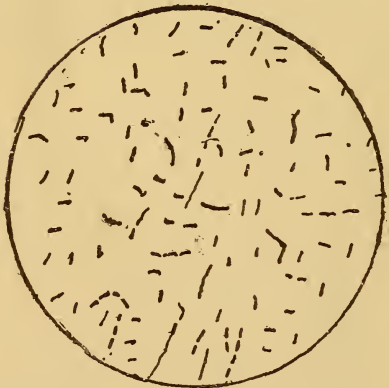
ETIOLOGY OF SYPHILIS.

For many years the cause of Syphilis was known to be some living organism, bacterium or protozoon.

The isolation of this organism has proved very difficult, and the task has been given up in despair by many aspirants to fame and fortune.

Countless alleged "discoveries" have been made only to be disproved.

It may be that in 1837 an investigator named Donn  really discovered the cause. There seems to be some doubt at this day as to the identity of his "*Vibrio*." However, during his time the "germ theory of disease" was not so much in evidence, and he



SYPHILIS BACILLUS OF DE LISLE AND JULIAN
INVOLUTION FORMS.

seems to have regarded the presence of the "*Vibrio*" in syphilitic pus, etc., more as a coincidence than as a cause.

After him came many observers, each with his successive "discovery." In fact, it seems to have been the fashion for each laboratory to have its special organism and to ridicule the work of others.

Out of this confusion of multitude a few individuals loomed more prominent than the others.

In the year 1884 Lustgarten called attention to a bacillus first described by him and by him called the *bacillus of syphilis*. This closely resembles the bacillus of tuberculosis, and is also similar to the Smegma bacillus, from which latter it can only be distinguished, if at all, by the most careful technique. Lustgarten failed to prove his claims, but it is interesting to note, in view of the possibility of morphological changes in the same organism, that his description refers to the bacilli as being either straight, curved or twisted, and sometimes bent upon themselves at almost right angles. Undoubtedly the same organism has been described by different observers in an entirely different manner, owing to different technique producing different varieties of involution forms. The next prominent claim was that of Joseph and Piorkowski, who succeeded in demonstrating a bacillus that existed in the seminal fluid in cases of syphilis, and which could be seen in that fluid long after all traces of the disease had vanished from other localities.

Shortly after this, Siegel, in Germany, came into the field with his "*Cytorrhcytes Luis*." This, while

marking an epoch in the study of the disease, did not find many adherents.

Meanwhile De Lisle and Julian in the Pasteur Institute in Paris, in 1901, found in the blood of syphilitics a certain polymorphous organism that seemed to fulfil every condition demanded. Dr. De Lisle, moreover, produced by inoculation of *horses* a serum that influenced the course of syphilis in a very marked degree. In fact, many cases treated with this serum have remained cured to this day.

In 1905 the last "discovery" of the cause of syphilis was made by two investigators in Germany, Schaudinn and Hoffman. They showed before the Medical Society in Berlin microscopic demonstrations of the "*Spirochæta Pallida*." It is probable this organism had already been noticed in France and also in Brussels, but Schaudinn and Hoffman deserve none the less credit for their investigations, and the very exhaustive experiments of Naguchi seem to prove beyond any doubt that the *Treponema P.* is indeed the cause of syphilis.

All investigators since have been engaged in efforts to either corroborate or disprove the claims of Schaudinn. The majority of observers have accepted the spirochæte; the work of investigation continues and the last word is not yet written.

While animals, with the exception of certain apes, are not inoculable with syphilis, or at least do not respond with characteristic symptoms, recent experiments made by me with sterilized serum taken from a horse suffering from "horse syphilis" ("*Beschäl-seuche*") seem to show a relation of this disease to



SPIROCHÆTA PALLIDA
Enlarged 500 Times.

human syphilis, inasmuch as this serum undoubtedly contains an antibody which when injected into the human system increases the effect of anti-syphilitic medication. Especially in cases where the disease is of recent origin.

Immunity.—There is probably no such thing as immunity to syphilis. It is certain that in our own practice more than one patient had two undoubted chancres; in one case in less than three years.

Colles' Law.—This celebrated Dublin surgeon claimed that "a woman who has borne a syphilitic child is immune to syphilis."

Profeta's Law.—Profeta, after Behrend, contended that if a woman with undoubted syphilis gives birth to a child which shows no sign of the disease, the child will not be subsequently infected by the mother even though it be breast-fed.

Transmission to Third Generation.—This question has found many adherents on both sides.

In considering all these three, we should not lose sight of the fact that syphilis may remain *latent* or *dormant* for many years, even for a lifetime. It may be that, owing to some peculiarity of the source of infection, a woman infected by the child she is carrying will show no violent manifestations of the disease. Regarding Profeta's theory, it is certainly no unusual thing to meet with cases of "late hereditary syphilis," while as to the third generation this "lateness" may by no effort of imagination extend to a lifetime, especially if medication be resorted to.

The commonest source of infection is, of course, impure sexual intercourse. The greater number of

prostitutes have, or have had, Syphilis, which is not surprising, when their chances of infection are considered: the majority of men, moreover, ignoring, or not considering, the possibilities of the spread of the disease, do not hesitate about infecting a woman of loose morals. The woman, on the other hand, driven by her necessities, makes no attempt to avoid the spread of the plague, and thus the disease progresses, and has progressed, since the days of Columbus to the present moment.

In France and other countries where houses of ill-fame are licensed by the authorities, and the inmates are under supervision and regularly inspected by official physicians, venereal diseases are more or less under control.

Were this system in operation in this country, the spread of these diseases would certainly be diminished; but hitherto the tendency among certain classes has been to ignore the existence of vice in any form; and loud and long have been the complaints of the ignorant self-righteous against any official recognition of the "Social Evil."

But, let all who will ignore it, the "Social Evil" does exist; it always has existed and always will exist; and we, as physicians of many years' experience in these diseases, both here and in other countries, are firmly convinced that were Puritanism and false modesty thrown aside, and stringent laws governing prostitution enacted and enforced, as a Nation we would avoid the sacrifice of the thousands of men, women and innocent children who annually fall a prey to this Secret Plague.

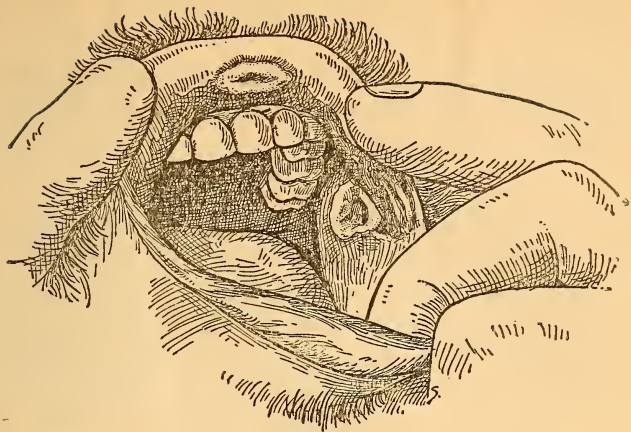
There also seems to be a reckless and brutal desire, on the part of persons with venereal disease, to "give it" to others; believing that by so doing they are benefiting themselves. Incredible as it may seem, there are, in this age of enlightenment, many men, ignorant and superstitious, and wicked enough, to believe that intercourse with a virgin will cure Syphilis. In our own practice, a short time ago, a patient admitted he had given an innocent young girl the disease; saying, he guessed "*she* wasn't straight," or he would have been cured.

The virus may gain entrance to the body through the unbroken mucous membrane or through a slight abrasion in the skin. And any part of the body may be the site of a chancre.

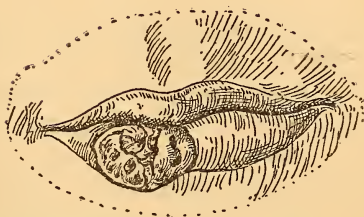
A patient of ours called upon us recently with an undoubted chancre in the mouth, and careful questioning revealed the fact that a little over three weeks before he had a tooth filled by a firm of dentists advertising extensively in the newspapers. Other points of his history being negative, we could only conclude that the infection was from one of the dentist's instruments, which had probably been used previously upon some one with a mucous patch in the mouth. This shows the importance of using great care in sterilizing instruments.

Another patient of ours undoubtedly received his infection from a tongue depressor used by a careless physician in examining his throat.

We have, in our practice, made it an inviolable rule to use a sterile, cheap, wooden tongue depressor, costing but a few cents per hundred; this enables us to



MUCOUS PATCHES IN MOUTH.
CASE 704. (1898.)



CHANCRE ON LIP FROM DRINKING OUT OF INFECTED CUP.
CASE 402. (1900.)

use a new one for each patient. Much misery would be saved were this practice universal among physicians.

SYMPTOMS (*Primary*).

Syphilis is an infectious disease affecting the entire system. At the point where the poison enters the body appears a sore, the initial lesion. These sores are called chancres; they are sometimes single, sometimes two, three or four are present. The chancre generally makes its appearance about twenty or twenty-five days after infection. These twenty days are termed the incubation period. It varies considerably, frequently being only ten or fifteen days, and cases are not uncommon where the chancre does not appear for six or eight weeks after the impure intercourse.

A small inflamed spot is first perceived, the scab drops off, and a larger one is formed beneath, which rapidly enlarges. An excavation appears in the center, the skin in the neighborhood is indurated and thickened, the hard base being characteristic of syphilitic sores.

It must be borne in mind that a chancre may be *inside the urethra*. In these cases no early outward sign manifests itself, and only the practised physician can detect the existence of the disease. Apart from the resulting disturbances, we have here to deal with an ulcer hidden from sight, and continually irritated by the urine, which may progress until a large portion of the urethra is destroyed, or even until the penis is gangrenous, and only amputation of the organ will save the patient's life.

Many of the cases where Syphilis is suspected or undoubtedly present, and no history can be obtained of a chancre, are cases of this kind, i. e., where the initial lesion occurred in the urethra.

After a short time, or even when the original spot is healed, the glands in the groin (one or both) become affected, forming what are called buboes; these, unless promptly treated, may suppurate and burst. The throat, the nose, the skin, the bones, are successively attacked, and if neglected or maltreated, death may, and does frequently, ensue.

Secondary Symptoms.

For some weeks after a chancre is apparently healed, there comes a period of rest. During this time there is no outward manifestation of the disease, which is however only dormant, to break out again with renewed, increased virulence.

Then a slight redness is perceived on the scar, which becomes rather painful; or a swelling appears in the groin.

The patient has a feeling of lassitude, complains of headache, and frequently of pains in the muscles and bones. The headache is more severe at night, and is not relieved by the usual remedies.

A general sense of discomfort is experienced, and in a short time the well-marked secondary symptoms occur. Then the poison attacks the throat, the tongue, the gums and the palate; the roof of the mouth becomes red and inflamed; a small pimple is formed, which ulcerates and exposes the bony palate. If allowed to pass unchecked, the bone exfoliates, a connection is formed between the mouth and nose, the

voice is most unpleasantly changed, and an offensive discharge secreted.

About forty days after the chancre, sometimes much later, the Syphilitic Roseola, or Secondary Rash, appears; usually, on the chest or belly first.

This consists of a number of round or oval spots varying from the size of a pea to a dime, which at first are rose red, but turn brown; they disappear on pressure, do not itch, and do not scale off. Sometimes they are so numerous that the separate spots cannot be made out.

Following this eruption, if the disease remains unchecked, numerous other eruptions occur, ranging from a plain red spot, or a small lump, to a pustule. About this stage the appearance of the patient so closely resembles Small-pox that many have been sent to the Small-pox hospital by careless physicians.

The Mucous Patch. Almost everyone is familiar with the flat, irregularly round, or oval, ulcer in the mouth that is characteristic of Syphilis.

A common location is on the upper surface of the cheek near the molar teeth, or on the side of the tongue, but it may appear on the lips or anywhere in the mouth.

On the tongue white spots appear, especially in smokers.

When the tonsils are affected, ulcers appear similar in appearance to chancres. The soreness of the throat is not at first very severe; there is merely a slight tickling sensation when a crust or any dry food is swallowed. But this, if unchecked, is one of the most dangerous lesions of Syphilis.

The larynx, which is on the top of the windpipe, is next attacked, and if not arrested, this will result fatally.

Eruptions of the face and skin are one of the most common manifestations of Syphilis, especially when the disease is neglected or improperly treated.

They make the skin thick, rough and unequal; the countenance acquires a livid hue; the spots are generally of a reddish, brownish, or copper color, and appear and disappear repeatedly.

Tertiary Symptoms.

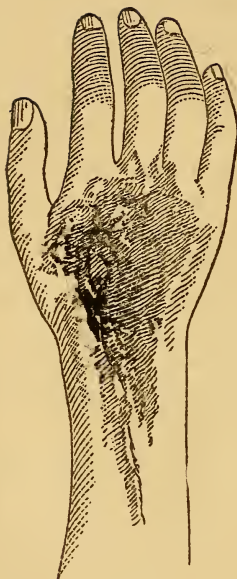
The numerous manifestations of the disease which come under this heading are not so frequently met with at this day, owing to the fact that the disease is more frequently treated in a skilful manner.

Too often, however, ignorance or carelessness on the part of the physician or patient results in hideous mutilations and deformities.

We see too often the manly form reduced to a mass of deformity, the skin covered with a noisome eruption, ulcers on various parts of the body. The flattened nose, the rotten teeth, the disgusting breath, the distorted bones, the ghastly and haggard appearance, all testify to the carelessness or criminal lack of knowledge of many an uneducated medical practitioner.

It is impossible to draw a definite line between the lesions of the secondary and tertiary stages, but the special manifestations of this period are:

I. CERTAIN SKIN ERUPTIONS, which have a tendency to ulcerate and destroy the deeper layers of the skin, so that scars are left after healing.



TERTIARY SYPHILIS IN THE HAND.
CASE 1103. (1891.)

The Rupial Sore is characteristic of the tertiary stage. A deep ulcer, covered with a dry crust. Serpiginous ulcers also appear.

II. GUMMATA—Gummy tumors may develop in any portion of the body. They result in ulceration and deformity.

Periostitis and necrosis affect the bones of the skull and extremities.

Iritis is common especially in hereditary form.

The testicles often become affected, resulting in complete incompetence.

III. Destruction of various tissues of the body (AMYLOID DEGENERATION).

The occurrence of this in the kidney or liver is of serious import.

INHERITED SYPHILIS.

Late investigations have proven that either the father or the mother may infect the offspring. In the former case the Spermatozoa carry the infection to the ovum of a healthy woman, and in the latter the ovum is either diseased before impregnation; or the woman may infect the fetus at any time during pregnancy, should she acquire Syphilis while the child is in the womb.

The most common result of Syphilitic infection of the unborn child is premature labor or still birth. One German authority claims that 83 per cent. of premature and still births are due to Syphilis; and a French accoucheur* found that over one-third of all Syphilitic pregnant women, examined by him, gave

* Charpentier.

birth to a dead child, mostly premature. This same investigator followed the subsequent history of 100 conceptions in Syphilitic women, and found that only six or seven (one passed out of reach) of the children were alive twelve months later.

In this connection, it is interesting to enquire how long Syphilis may lie latent in the blood after a slight course of treatment, which has been discontinued by the patient either through ignorance, carelessness or supposed economy? Many of these individuals marry, sometimes on the advice of an ignorant physician, but most often on their own responsibility. Of course, the longer the period of time which has elapsed since the disease last appeared, the less likelihood of the infection of the child; but no physician has a right to state that *any number of years* will ensure safety, without careful examination of the individual, including the blood and other secretions.

The writer has seen a case where no symptoms of Syphilis were noticed by the father for nine years, where the mother did not have the disease, as proven by examination, both at the time and subsequently, and yet the child was infected and was born dead, being even more deformed than the case depicted on page 169.

The subject of latent Syphilis will be found fully discussed in Doctor Kahn's work "Syphilis and Its Sequelæ," in connection with nervous and mental post-syphilitic conditions.

Frequently the child is not afflicted so severely but what life remains, and the pregnancy terminates

in the birth of a child who may be either perfectly healthy looking or, on the contrary, bear well-marked signs of the disease. Strange to say, when the child is born alive at full time it is usually healthy looking, but, in the great majority of these cases, within thirty days unmistakable symptoms of Syphilis appear.

The first of these is usually what is commonly called "snuffles." This is simply a Syphilitic rhinitis. Necrosis of the nasal bones begins about this stage. The skin shows an eruption shortly after the "snuffles" appear, usually first noticed on the buttocks. This eruption is most generally seen as irregular brown patches. Cracks in the lips, called Rhagades, are common and very characteristic. The hair, of course, falls off; and some authors describe a characteristic high-pitched cry in the child, particularly at night.

These are the principal symptoms to be seen in inherited Syphilis, that are not found in the acquired form. All the symptoms of the acquired form subsequently develop if the child lives, but children with congenital Syphilis rarely thrive. They generally have a weazened look, like "little old men." They grow very slowly, and the teeth, should they appear, are deformed and stunted.

These cases demand immediate attention and the best possible advice. The physician who makes a specialty of diseases of children should be preferred to the ordinary family doctor, or even to the specialist on Syphilis.

A late manifestation is a condition of the eye which interferes with vision. This is noticed as a "ground glass" appearance of the eyeball.



HEREDITARY SYPHILIS IN AN INFANT.
CASE 81. (1890.)

The Nose and Mouth: In the nose the first symptom might be called a "cold in the head," *Coryza*. Ulceration, first of the superficial, and then of the deep tissues, soon destroys the cartilage between the nostrils, and later the bone, resulting in the flat nose so frequently seen in old Syphilitics.

From the nose the disease spreads to the bones of the face. Frequently neglected ulcers in the mouth perforate the palate and leave an opening between the nose and mouth. A peculiar nasal sound to the voice is the result.

The Larynx: The Larynx is affected in both the Secondary and Tertiary stages. Ulceration involves the cartilages and the vocal cords, causing complete or partial loss of the voice.

Cough is usually present in the beginning of the disease, but is absent in the late stages: The process known as "clearing the throat" becomes a habit. Pain is present when swallowing, but usually otherwise absent. The Epiglottis is a favorite site for the attack, but swallowing is usually not interfered with.

The Lungs: Syphilis in the Lungs is rare. It may simulate Consumption.

Heart and Blood Vessels: The muscular walls of the heart become the seat of gummy tumors, and are replaced by fibrous tissue, which, of course, cannot perform the duties of the Heart Muscle.

The walls of the blood vessels, particularly of the arteries, become thickened; and, in some cases, the tube is completely closed. This is called Sclerogummatus Arteritis. Angina Pectoris occurs as a result of the obliteration of the Coronary Arteries.

The Blood: Examination of the blood during the progress of Syphilis is, to the experienced physician, the best evidence of the general constitutional disturbance of the disease. It indicates with absolute certainty the progress and severity of the infection, and demonstrates the existence of many conditions which would otherwise pass unnoticed. The so-called Wasserman Reaction or blood test, while not absolutely diagnostic, is of very great value if conducted in a thoroughly scientific manner.

Long experience and a thorough knowledge of laboratory technique is necessary to make these examinations.

As the disease progresses, various other changes take place in the blood corpuscles, and each separate condition of the blood has a special significance to the trained specialist. In fact, the examination of the blood is a most valuable and certain adjunct in the scientific treatment of Syphilis.

Anæmia is always present, and is especially marked in the late secondary and tertiary stages; and even in the period of rest, following the chancre, before the secondary symptoms set in, the hæmoglobin and the number of red blood cells are diminished, while the white blood cells increase in number. During this period, the administration of mercury, in any form, still further decreases the number of red cells.

Syphilitic cachexia occurs in those cases which are neglected or badly treated with mercury, etc., and sometimes in those instances where the patient has been much debilitated before contracting the disease.

These cachetic patients become greatly prostrat-

ed and frequently faint upon the slightest exertion. Heart beats grow weak and the breathing slow; digestion is also affected: in short, all the functions of the body seem to be at the lowest ebb. In this condition, life and death hang in the balance.

The Liver: The liver becomes affected in both the Secondary and Tertiary stages, and this organ is more frequently attacked than any other. The prognosis is unfavorable in most cases.

Some of the results of the disease in the liver are disturbance of nutrition, dyspepsia, loss of weight and appetite, etc., etc., etc.

Jaundice and Dropsy in the abdomen are among the late symptoms of a syphilitic liver. Pain may or may not be present.

The Kidneys: Acute Syphilis in the secondary stage is not uncommon in the kidneys, but is usually not recognized. Albumen is not always present in the urine. Sometimes Chronic Bright's Disease results, and in other cases death occurs in from ten days to three weeks.

In the tertiary stage Gummata develop, especially where the liver is syphilitic.

The Testicles: Syphilitic testicle may be confounded with ordinary swelled testicle or with tuberculosis of the testicle. There is usually no pain in the syphilitic variety, while the other two are painful. As a general rule the testicle is completely destroyed, and impotency results, unless prompt treatment is at once begun.

The Rectum: Here, in the Secondary stage, the result is ulceration of the mucous membrane lining

the Rectum. It is commonly mistaken by the patient for Piles.

In the Tertiary stage gummy tumors occur, which may result in Rectal Stricture.

The Bones: In the Secondary, and sometimes even in the Primary stage, inflammation of the bones occurs, evinced by the rheumatic pains so frequently complained of during this period. Later on in the disease, Syphilis in the bony structures is most common, and it is frequently the most serious manifestation of the Tertiary stage.

It is more than probable that the bone is never attacked, except where a blow or other injury has made a weak spot. This view is borne out by the fact that, while no bone in the body is free from attack, those bones most exposed to injury are the ones most commonly involved: the "shin-bone," skull, etc.

The inflammation may occur either in the periostium, covering the bone, or the bone itself, or, what is most common, both together.

The nature of the process varies; either the bone may be destroyed, or a new and abnormal growth of bone may begin which results in a thickening of the bony structure. Still another form may cause the formation of the so-called "syphilitic nodes," which are small tumors formed between the bone and the periostium. These frequently occur on the head, and vary in size from a pea to a hen's egg.

Sometimes gummy tumors form in the bones of the skull, and, growing from the inner surface, press upon the brain and cause paralysis, etc. Similar

tumors in the bones of the spinal column cause like disturbances in the cord.

Destruction of the bones of the nose and face are frequently seen.

Syphilitic inflammation in the bones is usually painful, but not always.

Inherited Syphilis interferes with the growth of the bones and causes deformities.

The Eye: Any and all parts of the eye may be affected in the disease. A chancre may occur there, from using an infected handkerchief or cloth to wipe the eye, or rubbing the eye with an infected hand. Inflammation of the iris (*Iritis*) is of common occurrence; Keratitis is also frequently found, and even the Retina may be affected. *Optic Neuritis* may vary from slight amblyopia to absolute loss of vision. A gummy tumor of the optic nerve may cause partial or complete blindness.

Space prevents us referring to many other Syphilitic lesions of the eye. Fifty-seven per cent. of all diseases of the eye are due to Syphilis.

SYPHILIS OF THE NERVOUS SYSTEM.

Syphilis is undoubtedly the most important factor in all diseases of the Nervous System.

The Brain and Spinal Cord: Syphilis affects nerve tissue in three ways:

First: The arteries in the brain or spinal cord may become diseased and ruptured, causing a hemorrhage into the brain substance or the cord. This results in Apoplexy and Paralysis.

Second: Growths of gummatous tumors occur

in the Brain and in the membranes covering the brain and cord. The effects are, at first, Headaches, sometimes very severe; occurring mostly at night; and later on more serious complications occur: Epilepsy or Paralysis of one or both extremities.

Third: The neurones or nerve cells may also be acted upon by the Syphilitic virus. This results in degenerative changes in the nerve tissues and gives rise to those diseases termed Para-Syphilitic, which might with good reason be called *quarternary Syphilis*.

Sometimes one or more of the cranial nerves are affected, involving the part of the head or the sense which is controlled by that nerve. Blindness, loss of hearing, etc., are instances of this condition.

It may be laid down as a general rule that the diseases of the first two groups occur from one to six years after the infection and that the third group of diseases never occur before the sixth year. Fournier collected statistics of a number of cases of nervous conditions where a history of Syphilis and the treatment for it were known to a certainty. In 94% the treatment was insufficient, 76% being for less than six months.

In the spinal cord, gummy tumors in the membranes are more common than in the cord itself. Locomotor ataxia, generally called a post-syphilitic disease, involves the posterior part of the Spinal Cord, etc. The earliest symptoms of this disease are sharp shooting pains, which the patient usually calls rheumatism. Loss of Knee Jerk and the Argyle-Robertson

pupil, where the pupil contracts to vision, but not to light, are also early symptoms. Then the Ataxic walk appears, with numbness of the feet, and a sense of a belt around the body. The patient usually first notices this Ataxia in his inability to walk straight in the dark. There are other symptoms; but the above, when present, are sufficient to diagnose the disease.

There is one bright ray of hope to the Syphilitic. Most authorities agree that Nervous Diseases of Syphilitic origin are more susceptible to treatment than those from other causes. This statement must be modified. General Paresis is not curable by any known means, and Locomotor Ataxia only occasionally so. Epilepsy also, as a rule, is incurable, but tumors of Syphilitic nature respond readily to treatment, and if the nervous tissue be not destroyed recovery rapidly follows.

POST-SYPHILITIC AFFECTIONS.

A certain group of diseases are so frequently associated with Syphilis, or follow a syphilitic infection, that the term post-syphilitic, or para-syphilitic, has been applied to them; vide Fournier's excellent article, "*Les Affections Parasymphilitiques.*"

Among the most prominent of these are Locomotor Ataxia, Dementia Paralytica (Paresis), certain forms of Epilepsy, and many other nervous affections, particularly those which have as an etiological factor *Arterio-Sclerosis*.

About 5 per cent. of all uncured Syphilitics eventually die of *General Paresis*. Owing to its de-

structive action on the brain, Syphilis must also be considered one of the chief causes of insanity. Numerous excellent authorities have claimed Syphilis as a cause of one disease or another until nearly the whole list of maladies has been covered in this way.

A word or two more regarding *Arterio-Sclerosis*. Briefly, this is, as its name indicates, a hardening of the walls of the arteries. Much attention has recently been paid to this subject, and the present tendency is to consider Syphilis the principal cause of this condition.

Among the results of Arterio-Sclerosis are Aneurism, Cardiac disturbances (Angina Pectoris, etc.), Kidney troubles (Bright's disease), Cirrhosis of the Liver, etc., and, besides the nervous diseases previously mentioned, Cerebral Hemorrhage, Aneurisms, etc., causing Paralysis, Aphasia, and many other disturbances too numerous to mention.

It would require a special treatise many times the size of this little book to even partially discuss the frightful sequelæ of this most fearful disease.

Syphilis, perhaps, may not be regarded as a directly fatal disease, although its effects are so deplorable, especially in bad constitutions. It is indirectly that this disease is so very destructive to life by poisoning and debilitating the system, and thus rendering it vulnerable to innumerable other infections.

In questioning patients in hospitals and dispensaries as to their previous history, how often is it found that venereal disease is the first link of the chain which is dragging them to the grave! For a

long time after Syphilis was first known, no hospital would receive patients suffering from this disease, and the poorer classes of them were driven to the woods and fields and left to die without comfort or assistance, even by medical men. Some years after, the mercurial treatment was adopted, which, with a few exceptions, is used by physicians at the present day. Now, it may be confidently asserted that as much misery has been and is caused by the improper use of mercury as by the disease itself. Witness the rotten skulls and diseased bones exhibited in our anatomical collections!

It must be remembered that if properly treated Syphilis should never reach even the tertiary stage, and it is the tertiary and quarternary stage that is most disastrous.

Let us again urge all patients suffering from Syphilis in any of its forms to apply at once to a qualified and experienced medical man.

While it would be manifestly an exaggeration to say that all cases can escape some unpleasant results, yet modern science has given us methods that are far in advance of a generation ago.

As there is practically no immunity to the disease, a person after complete recovery can again get a chancre and contract the disease immediately. This has often occurred in our own practice. But when a patient still has Syphilis in his system he cannot get a second chancre, nor will the virus from his own chancre, used to inoculate him on another part of his body, produce any sore. This last fact has been made

use of to prove doubtful cases. The first fact proves the falsity of the opinion held by some persons that Syphilis is incurable.

TREATMENT OF SYPHILIS.

Even at this present day ignorant practitioners will cauterize a chancre, with the idea that by thus burning and destroying the diseased tissues they can prevent the disease from permeating the system.

The falsity of this theory was demonstrated many years ago. In the time of Hunter, science had advanced thus far.

It is now definitely known that the development of a chancre is as follows: Through an abrasion in the skin or mucous membrane, the Syphilitic virus gains entrance, and from this beginning gradually becomes systematic. And it is not until the disease has involved the entire system that the initial lesion makes its appearance.

This is invariably at the point where the virus originally gained entrance to the body. And at this point, therefore, appears the chancre.

This appearance demonstrates the presence of the constitutional disease. The patient has that dread disease, Syphilis, and no local applications to the sore will be of the slightest benefit beyond the relief of that sore.

In a few weeks, if no other treatment is taken, secondary symptoms will appear and the disease progress steadily.

On the other hand, if the proper constitutional

treatment is intelligently administered, the chancre will usually, without any further attention, disappear of itself, and the secondary symptoms, the eruption, the mucous patches in the mouth and the falling out of the hair, in the majority of cases, need not appear at all.

Many a poor unfortunate sufferer has been the victim of the "burn it off" fallacy, and escaped a miserable ending only by the most heroic methods and the earnest efforts of the skilful specialist.

Those cases of Syphilis pronounced incurable are invariably cases where improper treatment has been used, or where the treatment has been neglected by the patient. It is also in the neglected cases that Brain and Nerve Syphilis develops, Paresis, Locomotor Ataxia, etc. Such neglected or badly treated cases appear to us usually in the tertiary stage, it may be years after the original chancre. They prove very stubborn and respond to remedial agents very slowly indeed. Although nearly all of these cases can be brought to a successful termination, it is only after a prolonged course of treatment. These cases are unusual ones, and the fault lies, not with the remedies nor from the nature of the disease, but with the patient himself. And this does not modify our opinion that Syphilis can in all cases be eradicated.

The modern, scientific methods of treatment have reduced the time necessary for a complete cure of Syphilis from *years* to *months*, but, nevertheless, many patients have in the past, and will probably in the future, cease taking the medicine before the cure is complete. The disease, after a longer or shorter

interval, then returns, and the whole course of treatment has to be renewed. This deplorable neglect is most reprehensible, and is as unfair to the physician as it is disastrous to the patient.

Remarkable changes in the treatment of Syphilis have recently been brought about by the introduction of the preparation of arsenic known under various names as Dioxy-diamido-arseno-benzol, or the Ehrlich-Hata experiment No. 606. A few preliminary historical words may not be amiss.

Arsenic has been for ages an empirical remedy for all forms of skin diseases. It has been administered with food to improve the "slickness" of horses' coats, etc., etc. Arsenic "eaters" are famed for beautiful skins. A few years ago every form of skin trouble was treated with arsenic. In later years some discrimination has been used in its administration for many forms of dermatoses. In others the efficacy of the remedy has been hampered by the poisonous nature of the drug. In other words, a dose large enough to produce a beneficial effect has been large enough to produce also poisonous results.

A little over eight years ago some coal-tar combinations of arsenic known as Aryl-arsenates were found to be less poisonous than the older forms, and with the advent of these preparations attention was called to the fact that arsenic was of considerable value in the treatment of syphilis, but open to the usual objection, i. e.: It required an almost poisonous dose to produce any effect upon the disease. In the new form this objection was removed and a larger field of medication opened.

The first of these compounds was called "Atoxyl" for brevity. It was really Arsenic-acid-anilide. At once many enthusiasts claimed miraculous results from its use. Soon, however, cases of occasional failure began to be reported, then some disastrous results were noted, and shortly after its most earnest advocates began to have doubts. About this time, modifications of the original preparation were introduced. Perhaps the best of these, at least the one with which we had most success, was the Para-amino-phenyl-arsenate of Soda, to which its makers gave a trade name. Of this particular preparation we have given over a thousand injections without deleterious effects. Our reports of these have already been published.

Effects upon syphilis of all these arsenical salts were, and are, decidedly beneficial. Judiciously used and combined with other treatment the symptoms disappear more rapidly and the general health suffers less. Our own experience does not favor their administration alone.

We have found the most decided benefit from their use in the secondary and tertiary stages, and especially in stubborn skin or mucous lesions, such as mucous patches in the mouth, ulcers on the legs, cracking of the hands, and in some para-syphilitic nervous conditions.

One injection of 606 was at first supposed to be sufficient, but so many relapses occurred after the first injection from two in twelve are now recommended.

This has still further hampered investigations, it being hard to persuade a patient to submit to a second injection, for the reason that these injections

cause in most cases excruciating pain—so much so indeed that some have recommended the administration of morphine at the same time as the 606.

This and the fact that it is advisable to confine the patient to his bed for a week, and that in spite of this precaution several fatalities have resulted, have caused the medical profession to look with growing disfavor upon the preparation.

My personal experience with both 606 and Neo-Salvarsan has not been as satisfactory as the early reports seemed to promise.

I much prefer the simpler arsenical salts mentioned above—as the results are more uniform in proper doses and their administration is not followed by painful or dangerous sequelæ.

Ehrlich's subsequent discovery, Experiment "914" or NEO-SALVARSAN, is supposed to be as efficacious as the original "606" but less poisonous. It contains 23% of arsenic, about 1 grain to the smaller dose, or about ten times the maximum dose of white arsenic.

GALYL and LUDYL are two new arsenical compounds similar to "606." I have used Galyl with very satisfactory results.

Recently experiments have been made with a substance in which antimony has been substituted for arsenic. This is yet in the experimental stage, but it seems to be more effective than arsenic in nervous manifestations, and less poisonous.

I have studied the subject closely—I have reviewed the mode of treatment from the earliest period up to the present time, and I must unhesitatingly and emphatically declare that the treatment can be reduced

to a certainty; that the means exist of eradicating the disease from the constitution without the smallest inconvenience to the patient; that the appearance of secondary symptoms can be prevented with the numerous skin troubles to which they give rise; and this applies to all who have taken large doses of mercury, or have been otherwise improperly treated.

It may appear that very rarely an unusual case of Syphilis occurs which seems not to yield to any treatment whatever.

This I am convinced, if true, is due to a personal idiosyncrasy which results in a failure of the system to develop any anti-body in the blood without the presence of which medicine is not effective.

In several cases of this nature I have obtained excellent results by an injection of a serum containing such anti-bodies.

One injection seems sufficient, probably because the anti-bodies injected into the bloodstream not only affect the disease but by their very presence stimulate the production in the system of similar substances which were before not produced at all or if produced were in insufficient quantities.

CHANCROIDS.

The Chancroid ("Soft Chancre") is simply a local ulcer, and its influence, except where a bubo

occurs, is confined to the spot where it appears. It is contagious, and is due to a pus-forming bacterium; but it is not syphilitic, nor does it ever develop into Syphilis.

Some years ago it was believed otherwise, but we know to-day that in those cases where constitutional Syphilis develops after a Chancroid, that there has been a double infection, which has escaped the eye of the examiner.

A Chancroid may develop immediately after impure connection, and thus differs from Syphilis, which has a period of incubation before the chancre.

These sores are usually round in outline, and almost invariably there are two or more present.

Chancroids yield very easily and quickly to treatment, and in two-thirds of the cases there are no complications. In the other third, however, a bubo appears in the groin. We have seen that a bubo is a frequent accompaniment of Syphilis, and have also spoken of the "sympathetic" bubo of gonorrhœa or "clap." Of the three varieties, the bubo caused by a Chancroid is the most to be feared. It is usually very virulent, requires to be opened and cleaned out, and heals very slowly.

The Chancroid is not as common as the Chancre, and it is becoming more rare every year. It usually occurs in persons of uncleanly habits.

It is frequently very difficult to determine whether an ulcer on the penis is a Chancre or a Chancroid. Examination of the blood and discharge from the ulcer is about the only means of deciding.

There are cases where the ignorant physician, mistaking a Chancroid for a Chancre, and desiring

"to be on the safe side," has given mercury until the patient, who never had Syphilis at all, nearly dies as the result of the so-called "safe-side" treatment.

These sad cases often call upon us after their system has been wrecked by mercury, and all their strength gone. Realizing the appalling condition they are in, they attribute it all to Syphilis, and can hardly believe us when we tell them that they never had Syphilis and that their condition is due entirely to the mercury they have been taking.

On the other hand, those cases are even more sad, where the careless physician has pronounced the disease Chancroids, when it is in reality Syphilis. This man afterwards comes to us, with his mouth full of sores (mucous patches), his hair falling out, eruptions on his body, and pains in his bones; or, perhaps, in even worse condition; all of which could have been avoided had the opinion of a competent medical adviser been obtained at the outset of the trouble.

And we cannot too strongly condemn the physician who aims "not to alarm the patient," and therefore deceives him as to the real nature of the disease, telling him he has only Chancroids when the disease is Syphilis. This physician is guilty of criminal negligence, because the patient may, in his ignorance, spread the disease and infect some one near and dear to him; which he would have been careful to avoid doing had he known the real nature of his malady.

The treatment of chancroid is the same as of any local sore—antiseptics are applied and the ulcer is kept clean.

In cases where there is any doubt, an examination of the patient's blood will usually decide the question.

The original complement fixation test of the blood has been modified by various experimenters, and other diagnostic methods have recently been perfected, so that today diagnosis of syphilis is not a mere matter of guesswork.

The Board of Health of New York City and other large cities will make for any reputable physician free of charge a test of the blood of any patient unable to pay for same.

PROPHYLAXIS.

In order to prevent the syphilitic virus from infecting the whole body it is necessary to apply a preventative or germicide immediately, as experiments have shown even a single hour may be sufficient to infect the entire system. Various substances have been used, but Calomel ointment seems to be the most efficient.

The following very valuable lotion has proved in thousands of cases a preventive against the disease:

Concentrated solution of chloride of lime.....	2 oz.
Rectified spirits of wine.....	2 oz.
Spring water.....	8 oz.

(Make a lotion for external use only.)

CHAPTER XIV.

VENEREAL DISEASES IN RELATION TO MARRIAGE AND PUBLIC HEALTH.

Venerereal diseases in their method of origin and in their effect affect very gravely both the apparatus and process designed by nature for the propagation of the human race. This fact carefully considered brings to our mind once more

“Man’s Mission on Earth.”

The object of marriage being the procreation of offspring that shall be physically, mentally and morally sound, it becomes axiomatic that persons afflicted with diseases that affect the sexual organs should be forbidden to marry until they are completely cured, or until there is no possibility of contagion.

The difference in this connection between Syphilis and Gonorrhœa is that where a man is affected with Gonorrhœa the harm he can do by marrying is limited to this: He can infect his wife and ruin her procreative ability, her health and happiness, and, if he has a child, that child may be blind from *Ophthalmia Neonatorum*, or if not blind may be puny and sickly. Gonorrhœa is not hereditary. The harm done would stop at this. Whereas, if a man marries while he is afflicted with Syphilis he *can not only* infect his wife, but his offspring, for many generations, may be syphilitic.

The question so often asked every physician, “When should a syphilitic marry?” or “Should he marry at all?” are questions that it *is* indeed hard to answer.

I believe that no man should give up hope of getting married because he has, or had, Syphilis. I say this because I have not for some years past seen any case of Syphilis that was not amenable to treatment, if persisted in for a reasonable period.

Many years ago we used to see a few cases, one or two, or three, out of a thousand that seemed to resist all remedies.

Now, we have more scientific means of diagnosis, and more modern forms of treatment, and I am inclined to the belief that even those stubborn cases of olden days would now respond to the latest improved methods.

When the Syphilitic may marry is quite another question. The old rule was four years of treatment and four subsequent years without treatment, during which time no symptoms appeared. At present, authorities differ. In England, Sir Jonathan Hutchinson has repeatedly stated that "if the treatment has been continued for two years after the chancre appeared a man may safely marry." This is the general opinion in England. In Germany, Lederman says, "Generally speaking, marriage may be allowed if at least five years have elapsed since the infection and the patient has received energetic and thorough treatment. Providing no manifestations have appeared within two years."

Other German authorities vary; some reducing the required limit of time to thirty months.

In France, from two to three years is considered sufficient if treatment is thorough.

Fournier, one of the world's leading syphilographers, states the law to be "At least two years' treatment and a subsequent period of one and one-half years during which time no treatment has been taken, and no symptoms have appeared." Gougerot, one of the latest writers, practically agrees with Fournier.

In the United States the period is generally shorter than in Europe. A well-known New York physician recently brought upon himself much adverse criticism by shortening the time to eighteen months.

I believe that the disease can be cured in many cases in a very much shorter time than is generally supposed, but only by the most careful attention to the details of the treatment. But before marriage there is no doubt that several examinations of the blood should be made, a month or more apart, with a negative result three consecutive times.

Cases that have been treated irregularly, and those of long standing, must each have a law to itself.

Fournier collected a complete history of 20 cases of *Syphilitics*, who married without sufficient treatment. These marriages resulted in 28 pregnancies from which only *three* healthy children were born.

Either Syphilis or Gonorrhœa are the cause of nearly all cases of sterility and abortion. One of New York's most famous Gynecologists once told me that if Syphilis and Gonorrhœa were unknown his practice would be reduced sixty per cent.; and this statement was made before the discovery of the relation of Syphilis to Cancer.

Recent investigations prove that Syphilis is at

the least a predisposing cause of Cancer. About 80% of cases of Cancer of the tongue give a Syphilitic history.

Although several States recognize syphilis as cause for divorce, the State of Michigan deserves credit for being the first to legislate against venereal diseases. By a law passed in 1899, any man who, having had either gonorrhœa or syphilis, marries without being cured, is guilty of a felony. The maximum punishment is imprisonment for five years and one thousand dollars fine.

The so-called Eugenic Laws existing in some states are not sufficiently efficient to merit discussion.

Every father or mother of either the prospective bride or bridegroom should demand from the other party a certificate of health, signed by a competent physician, under oath stating, *inter alia*, that laboratory tests show the absence of either Syphilis or Gonorrhœa. An honest, innocent individual could not object to this, and a dishonest, unclean person would be estopped from spreading contagion.

I am frequently asked to give such a certificate, and where I can give a "clean bill of health" I invariably verify it before a Notary Public, without being asked to do so, believing that it is a serious matter and deserves serious handling.

CHAPTER XV.—APPENDIX.

“EX TABULIS ÆGROTORUM MEIS.”

(Selections from our Case-Book.)

In adding these cases, we may be permitted to observe that they are selected, not because they are the worst which have come under our observation and treatment, but as being interesting to the general reader, and as containing some point likely to be useful as an example.

These cases are correct in every particular, they are true to nature, and are a fair sample of those which we are, and have been for years, meeting daily in our extensive practice.

In publishing these cases we have violated no confidences, as the case number on our books has alone been used. Inviolable secrecy should be the rule of every physician.

That our success in treatment has been so uniform, we attribute to our extreme care in diagnosis, and to the use of purely natural remedies, avoiding those dangerous mineral poisons so entirely depended upon by many.

R. J. KAHN,

2 East 9th Street,
New York City.

CASE 1,787. (1889.)

New Orleans, Jan. 11.

“Sirs—A perusal of your excellent work has induced me to hope you will be able to render me some assistance, and I feel the greatest confidence in submitting the following case for your opinion and advice. I am twenty-four years of age. At the age of fifteen I was induced to indulge in the habit of self-abuse, which I practised unremittingly for six years. Though I have entirely given up the practice for the last two years, I am, however, suffering from the evil effects. During the time above mentioned I led an extremely regular life, never drank much spirituous liquor, nor had intercourse with females. In fact, so timid was I that I had not courage enough to address a woman on the subject. I am remarkably short and was very slender. Every morning when I awoke a yellowish matter, which had issued from my mouth during the night, stained the pillow. I constantly complained of a rush of blood to the head and of great nervousness. My sight and memory began to fail me. I felt pain over the abdomen after each act, but was still ignorant of the enormity of the vice and of its dire effects. Last spring, whilst at church, I had a fainting spell. I was brought home unconscious. My medical adviser at that time hinted at the practice of self-pollution as the cause of the trouble. This opened my eyes to the truth, though I concealed it from him. My sufferings, mentally and bodily, now became dreadful. My intellectual faculties became entirely confused. I was reduced to a mere skeleton. My eyes were quite dead and hollow, and black streaks

were perceptible below my eyelids. I staggered in walking, and was frequently near falling. I was always dizzy, and suffered greatly with my head, for which no one could account. From shame I did not reveal my condition till, being affected with a pain in the chest, I consulted a doctor and was somewhat relieved. My accumulated sufferings now brought on a profound melancholy. Traveling being recommended, I came up to New York, where change of scene and plenty of exercise worked a great improvement in my condition; still, however, I have severe sufferings, which I beg leave to enumerate to you.

"I have involuntary emissions of semen both when asleep and when awake, in the company of females or before a fire. I am affected with constant dizziness in the head. My sense of hearing, as well as that of sight, is impaired—a sort of mist before my eyes—a kind of undulating pain in the chest.

"I am entirely incapacitated for sexual intercourse. A feeling of terror is continually hanging over me. Such is as accurate an account as I can give of my present and former state; may I, therefore, beg your immediate reply, as I am in great distress. Please make an appointment for me, that I may call to see you as soon as possible.

"I am, yours truly,

"W. R. T.

If ever a subject presented himself, exemplifying all the dire effects of self-abuse, it was this individual, and the description of his case, as contained in his let-

ter, proved to be quite accurate upon subsequent examination. The order in which the disastrous consequences of this habit were observed to follow each other, is in perfect accord with the pathological principles advanced in the previous part of this work; in fact, this one case would serve as an illustration of all I have said on the subject.

In the first place, the patient was unusually short and very thin. Here we see how the practice of masturbation, by disturbing and retarding the functions of digestion, had impaired the nutrition and, consequently, the growth of the entire body. Coincident with, and dependent upon this condition of mal-nutrition, both the central and peripheral nervous system came under the ban of the malignant encroachments upon the bodily economy, and, following the rule of dissolution, the higher functions became first affected. Melancholia, so perceptible in this case, failure of all the intellectual faculties, reasoning power and memory, demonstrated all too clearly the mad-house as the ultimate goal. The aberration of the special senses, notably vision, followed, and later the staggering gait, the wandering pains, and the muscular weakness, indicated the further progress of the disease upon the nervous system, while the involuntary seminal discharges, and the total inability to accomplish sexual intercourse were still further instances of the pernicious effects of masturbation.

After impressing on this patient the absolute necessity of abandoning this habit, which, according to his own account, he had already done, I undertook the treatment of the case; and by prescribing

such medicines and diet as the complicated nature of the patient's condition required, I succeeded in restoring him to the enjoyment of perfect health.

CASE 1,619. (1890.)

"Rangoon, January 20, 1890.

"Dr. Kahn.

"Dear Sir:—I find myself constrained to fly to you at last, and reveal a secret which I can no longer keep to myself. You will readily understand what it is, although I am filled with shame and confusion to acknowledge it even to you. But I feel assured that placing myself into your hands only will save me and make me once more a man among my fellowmen.

"I am one of those unhappy beings who early fell a victim to that pernicious and accursed habit, self-pollution, which has already rendered me impotent, and it will not be long, perhaps, before its symptoms exhibit themselves in all their severity upon me. Would to God that I had never known this soul-destroying crime. How happy had I been if, even after knowing it, I had that moral restraint upon myself to check it, as a rational being and a Christian ought to do. I was led into knowledge of this forbidden habit (I curse the day it was) at such an early stage as fourteen. I am now entering upon twenty-four, and it will be as superfluous as unnecessary to tell you to what state these nearly ten years' indulgence in this nefarious act must have reduced me. You can divine that yourself better than I can describe.

"Your little work which fell into my hands, providentially, I think, soon convinced me of my impru-

dence, and awakened me to a true sense of my position, and made me look, as if with a new eye, upon the blackness of this vice, which I have at last given up, I hope forever.

“The long continuance, however, played all the mischief imaginable upon me. My health visibly gave way to it. My memory fails me, and is no faithful companion of mine to trust. My mind is daily sinking into a state of stupefaction, and is unwilling or unable to exert itself, and my strength is so prostrate that I feel an utter aversion to all bodily exercise.

“Yet, to all outward appearance, I look hearty and strong, being corpulent; and none, I think, would suspect me as addicted to this vice, unless, indeed, a keen observer discover it, if that be possible, in my eyes, which look vague and dull. It appears to me strange that, unlike many who were subject to this vitiating habit, I have ample hair about my face, thick moustaches coming on my upper lip, and have ample and thick whiskers; I feel no particular pain about back or loins worth mentioning. My bowels are generally costive, testicles pendulous, and penis rather shorter than the ordinary length. I get emissions at night, on an average of perhaps once a week.

“These, sir, as I describe to you, are the symptoms as appear to me. I do not know by what wonderful Providence I am still kept to look like a man, although without the essence or attribute. I can only fly to you at this extremity, and look upon you, next to the Almighty, as one who alone can restore and give back to me all I have brutally and ignorantly lost.

I have not been in circumstances till now to apply to you for your help.

“Give, sir, I beseech you, such attention to the case of one who throws himself into your hands as the severity of this disorder merits. All your instructions will be thankfully and gratefully obeyed. Awaiting your reply with greatest anxiety, I beg to remain, sir, your obedient servant,

“Please address me thus: To Mr.———, care of Exp. Co. (to be called for).”

Remarks.—This gentleman required active treatment for a period of four months. He has since married. A few months ago we received a letter announcing that his wife had been safely delivered of a boy.

CASE 3,765. (1890.)

A clergyman, about thirty years of age, consulted us not long ago in reference to generative debility, arising from habits, the ultimate results of which were unforeseen, but now sufficient to embitter existence.

About three months previous to the date of his first application to us, he married, and much to his surprise and mortification, had been unable to con-

summate the ends of that institution, in consequence of premature and involuntary emission preceding every attempt, and the immediate subsequent failure of erectile power.

After waiting a few weeks he became painfully convinced that without interference this state would become permanent; and in his interview with us, we elicited the fact that, when a school-boy, he was initiated by some of his precocious fellow-pupils into the habit of self-pollution. This, indeed, became truly a habit, from which he dreaded no ill consequences, excepting from its too frequent repetition, and generally twice a week, by manual friction, he was accustomed to seek that relief for which the sexual propensity is the natural outlet.

He told us that he never feared the loss of power, though occasionally haunted by ill-defined nervous indigestion, the true cause of which never occurred to his thoughts, and the absence of all apprehension arose from the supposed consciousness that he never lashed those organs to efforts for which they did not appear perfectly prone and capable.

Now, however, the tendency of this injurious habit flashed upon his conviction in all its terrible reality.

It appears that during ten years previously to his marriage he had been the subject of nocturnal emissions occurring irregularly, but generally once in every five or six days; but to this he was accustomed to attach not the slightest importance, under the idea that the discharge was perfectly natural, and in no way connected with the habit of his boyhood.

The consciousness of his impotence, and the per-

ception of its cause, preyed upon his mind so as to render him completely wretched, unfit not merely to reciprocate the interchange of domestic and matrimonial felicity, but unnerved for all the purposes of serious thought, and the high duties of his sacred vocation. In full possession of the facts of the case, and having secured his unlimited confidence, we commenced the treatment of his deplorable infirmity, by the topical application of cold astringent washes to the enfeebled organs, with a view to destroy the morbid irritability, and added to this a course of alterative and tonic remedies, at the same time insisting upon a resolute abstinence from all attempts at sexual gratification during that period.

The primary effects of these restorative agencies was the entire suspension of nightly emissions; and at the end of seven weeks, desire became so ungovernable, that, attempting intercourse, our patient had the happiness to find the healthy and natural action of the generative organs entirely restored; a circumstance that in itself tended, by its effects upon his joyous mind, to maintain their newly acquired power.

We received a letter from him a month afterwards, conveying the grateful expression of his warmest thanks; and we had afterwards the satisfaction to perceive, from an announcement in the newspaper published in the locality in which he resides, that he has become a parent, doubtless very much to the mutual satisfaction of himself and the partner of his affections.

CASE 1,900. (1874.)

With the permission of a gentleman, whose intro-

duction, professionally, to me has terminated in the formation of a lasting friendship, I transcribe such portions of one of his letters as will illustrate his position on his first application to me for advice, and the results of my treatment. He observed: "From my earliest youth I have manifested a susceptible temperament, highly and easily excitable, and, in reference to the sex, the long suffering victim of passions which I never sought to control. An ardent imagination was the bane of my school days, and, in the society of youths over whom, as well as myself, no vigilant eye was watching, or perhaps evaded, I gave loose to the indulgence of each prurient emotion as it rose; while feebleness, loss of appetite, and the incipient symptoms of consumption resulted as the disregarded indications of violence, unnaturally inflicted upon my debilitated powers through self-pollution. I was always accounted what the world calls 'nervous,' and, under the hope of recruiting my shattered constitution, and that I might no longer be tempted to seek for gratification in unhallowed propensities, I determined to marry. My wife was every way worthy of manly choice, and in the first impulse of passion, and until the charm of novelty was destroyed, I indulged in sexual intercourse at every opportunity and underwent no uneasiness from the failure of sexual power.

"This state of things did not last long. Anxiously hoping for offspring, and feeling hourly that some strange change had befallen me, the dreadful truth flashed upon my tortured conscience, and I felt that the excess of youth, though of slow retribution, was dreadfully sure and painful in a maturer age. And

now the long train of my nervous ailments darkened around me with tenfold severity; my wife's very silence reproached me with more keenness than open recrimination; I cursed my very being, or rather the weakness that had rendered me the victim of that early and horrible delusion. I doubted of my powers, weakened as they truly were, till the very doubt ensured their incapacity; despair, self-loathing, and an apparent cureless melancholy infested the first years of manhood with gloom, and the prospect with hopelessness; as to the gratification of my wish to perpetuate my name, that I had long resigned as a well-merited impossibility.

“My ordinary medical adviser either did not or would not understand me, and was fain to treat the ailments which evidently distressed all around me upon principles which (knowing he was ignorant of the true cause of such suffering) could only tend to aggravate the mischief.”

It will be seen from the above deplorable condition to which self-abuse and excessive sexual indulgence had reduced this gentleman. He further writes:

“Under these circumstances, as I confess with much reluctance, and with not the slightest hope of benefit, I ventured, first anonymously, to consult you by letter. The tone of your reply emboldened me to make a personal application, and confidence and respect became mutual; your manner riveted that confidence, and from that hour I found a friend who has inspired the gratitude every man must feel who has been rescued from the cold and cheerless jaws of destruction. I followed your remedies, I implicitly

adopted your general advice, and incipient improvement kindled hopes as to the ultimate result, which has been most happily realized.

“I shall not easily forget the feeling with which my first-born was placed in my arms. Death has removed her, with whom, but for the circumstances previous to our union, I might have passed, in the first years of married life, a happier time; at least I feel the returned possession of vigorous manhood, my nervous apprehensions of incapacity are scattered to the winds, and the bitterness of her loss is mitigated in no trifling measure by the consciousness that she saw and hailed my returning health before I was deprived of her forever.”

Case 403 (1903) is a good illustration of an attack of Chronic Prostatitis, brought on by careless treatment of an ordinary case of “clap.”

Mr. ——— called at our office, East Ninth Street, and gave the following history: Eight months before he contracted Gonorrhœa. Being his first attack he did not realize the nature of the trouble for some days; but, making a confidant of a friend, older than himself, he was enlightened as to the true nature of the disease. His friend offered, also, to lend him a prescription, which he had found efficacious in similar conditions. The druggist to whom the young man took the prescription to be filled, had, also, his own remedy, which he induced the sufferer to try. After swallowing innumerable doses of nauseous mixtures, without any relief, he tried various, largely advertised,

nostrums, both internally and in the form of injections.

In the meantime the discharge had greatly changed in character; originally a pure pus, it later became muco-purulent, and, subsequently, of a semi-transparent, mucous character. At this stage the patient visited his family physician, who prescribed an astringent injection, and passed a bougee, to ascertain if a stricture existed. This injection the patient had used, more or less, regularly, for the two months preceding his visit to us. His condition at the time of his visit was really pitiful.

The testicles were pendulous and tender, and the penis soft, moist and shrunken. His general health had suffered greatly, and he had also lost in weight. Even his mind seemed to have shared the universal depression.

A microscopical examination showed that the discharge contained no gonococci, but was composed of prostatic fluid, mucus and semen.

The most careful and vigorous medication was necessary in this case, and though the patient fully recovered, it was not until the treatment had been prolonged for twenty-four weeks.

This letter explains itself:

Dear Dr. Kahn:

I have had a good week of it, although I have had a cold in the head and on the lungs. I can feel that I am much better than I used to be, even with a cold. My head is much better, and I am stronger in every way. No emission this week, I am glad also to report. I really think I am in better health than I have

been for two years or more, and at all times think my visit to you Providential.

My face and head have for the past week been flushed with new life, probably blood ought to be—must be richer, and my old trouble, a pressure against the ear drums, is sometimes present, but I am not complaining. I have no occasion to complain. On the contrary, I have a great deal which I shall write about when not pressed for time to thank you for. I no longer dread the day's work before me, but step out in the march of life with more strength than I have known for some months; with hope beaming in the heart, I feel more truly than I used to that life is worth living; work I have in view for myself seems such as I can accomplish if I only will to do so. Am going home over Sunday, shall call to see you on my return on Monday or Tuesday evening.

Yours gratefully,

To Dr. Kahn,

East 9th St., N. Y. City.

The following letters and comments exemplify a very common condition.

Meriden, Conn., Jan. 8th, 1907.

Gentlemen:—Please send me one of your special mailing cases that I may send you a sample of my urine by mail. I got a clap fourteen months ago and have been treating ever since. I have seen six doctors, and I still have strings in my urine, which is sometimes cloudy, and I have a sticky drop on the end of my penis every morning, also some trouble holding my water. I enclose your consultation fee. Please tell

me what you can do and how long it will take. It is taking the life out of me. I feel tired all the time and my sexual power is failing me lately. Would the old clap cause this?

I am a silver plater, thirty years old, and I want to get married. Please answer at once.

Yours truly,

G—————

To Drs. Kahn and Jordan,
East 9th St., N. Y. City.

Note.—This case was extremely complicated. An old urethritis with prostatitis (considerable enlargement of the prostate), vesiculitis and cystitis. The seminal vesicles were inflamed and the walls relaxed. The semen escaped almost constantly. The old Gonorrhœa, not masturbation, was the cause of this.

Twelve weeks were required in this case. No injection was used. The urine gradually cleared up, the loss of semen stopped, and two weeks after all treatment had been discontinued we received this letter:

Dear Doctor:—

I think you have made a good job of my case. I can hold my water a long time now and make a good stream. The urine is all clear and has no more strings in it. I feel as strong as a two-year-old, and I can have sexual intercourse nearly as well now as I could ten years ago. I am glad you think I am cured. I think so, too, but I will send you a sample of urine as you suggest in a month from now.

Yours truly,

G—————

To Dr. Kahn,
East 9th St., N. Y. City.

Notice to Patients.

The numerous inquiries made by persons reading former editions of this little treatise is our apology for the following instructions to those desirous of obtaining advice or treatment:

I. The Doctor's residence and consulting rooms are at the southeast corner of Ninth Street and Fifth Avenue, New York City, with **Private Entrance** for patients at **No. Two East Ninth Street.**

II. The office hours are from ten in the morning until two in the afternoon, and from five in the evening until eight. On Sundays and Legal Holidays, from ten until two only. Special appointments may be made for any hour during the day or evening, from ten o'clock until eight, by writing a few days in advance. **Appointments may also be made by telephone.** (See Telephone Book for number.)

III. The Doctor's practice is confined exclusively to the treatment of men.

IV. The Consulting Fee, including complete physical examination, and microscopical and chemical analyses of the urine, is Three Dollars.

V. Microscopical examination of the urine is of the utmost importance. Those desiring advice should send or bring with them a sample of their urine passed that morning, immediately after rising. Be careful to include the first portion passed and the last few drops. A two-ounce bottle full is sufficient. Upon application we will send without charge a mailing case containing an empty bottle of the proper size in which the patient may send a sample of his urine. This case is approved by the Post-Office authorities, and the urine may thus be sent by mail free from observation.

VI. In all cases where a microscopical examination of the Blood is required a personal visit is absolutely necessary. It is also desirable where Urethral Discharges or freshly voided Urine are to be examined by the microscope. When desired, the vitality of his seminal fluid, etc., may be observed through the microscope by the patient himself.

VII. All letters and parcels should be addressed

DR. R. J. KAHN,
Two East Ninth street
(Southeast Corner of Fifth Avenue),
New York City, N. Y.

For telephone number see Telephone Book.



