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# SEXUAL IMPOTENCE

IN THE  
MALE AND FEMALE.

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BY

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*"Nam quicquid essentia dignum est,  
id etiam scientia dignum."*—LORD BACON.

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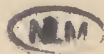


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D. H. Blackburne

TO

THOMAS STRETCH DOWSE, M.D.,

OF LONDON,

*Fellow of the Royal College of Physicians in Edinburgh, etc.,*

THIS LITTLE BOOK IS DEDICATED,

AS SOME EVIDENCE OF MY REGARD FOR HIM AS A FRIEND, AND OF MY APPRECIATION  
OF THE LEARNING AND ABILITY HE HAS DISPLAYED IN  
NEUROLOGICAL MEDICINE.





## PREFACE.

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Probably more unhappiness is caused by Sexual Impotence than by any other disease that afflicts mankind. This little work is written in the hope that my professional brethren may find it of service to them in the treatment of the affection in question, as it exists in the two sexes. The first edition, published nearly three years ago, related only to impotence in the male. The present edition considers the disorder in the female also.

43 W. 44th St., New York, May 1, 1887.



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## SEXUAL IMPOTENCE.

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By sexual impotence is to be understood an impossibility or difficulty in the accomplishment of the act of copulation. Impotence in the male, to which division of the subject the first section of this book is devoted, implies the existence of some malformation, disease, or derangement of the genital organs, either primary or secondary, by reason of which there is either

I. Absence of sexual desire.

II. Absence of the power of erection and of consequent intromission.

III. Absence of the power of ejaculating the seminal fluid into the vagina.

IV. Absence of the ability to experience pleasure during the act of copulation and at the time of the emission of the semen.

As is seen, impotence relates altogether to the act of intercourse, and therefore differs from sterility, with which, however, it is often confounded—the latter referring only to the inability to beget offspring. A man may be impotent without being sterile, and sterile without being impotent.

Under the heads as just given I propose in the present section to consider the subject of sexual impotence as it exists in the male of the human species.

In so doing I shall endeavor to correct certain erroneous theories which are very generally entertained, not only in regard to the normal exercise of the generative organs, but also relative to the abuses of which they are the subject. And I shall especially consider several forms of impotence of mental origin, which, though probably common enough, have not yet, I think, received the attention which they deserve.

The second section relates to sexual impotence as it exists in the female. The affection in women is by no means so important as it is in men. Nevertheless, it exists and is often the cause of much unhappiness. I have endeavored to treat it with sufficient thoroughness. It is considered under three heads.

I. Absence of sexual desire.

II. Inability by reason of physical conditions to allow of the entrance of the penis into the vagina.

III. Absence of the ability to experience the sexual orgasm.

## CHAPTER I.

### ABSENCE OF SEXUAL DESIRE.

WITHOUT venereal desire the act of sexual intercourse would probably be rarely if ever performed. Ambroise Paré,\* with his customary plainness of speech, says:

“A certain great pleasure accompanieth the function of the parts appointed for generation; and before it, in living creatures that are of a lusty age, when matter aboundeth in those parts, there goeth a certain fervent or furious desire; the causes thereof many, of which the chiefest is: That the kind may be preserved and kept forever by the propagation and institution of other living creatures of the same kind. For brute beasts, which want reason, and therefore cannot be solicitous for the preservation of their kind, never come to carnal copulation unless they be moved thereunto by a certain vehement provocation of unbridled lust, and, as it were, by the stimulation of venery. But man that is endowed with reason, being a divine and most noble creature, would never yield nor make his mind so subject to a

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\* “The Works of Ambrose Parey, Chyrurgeon to Henry II., Francis II., Charles IX., and Henry III., Kings of France,” etc. London, 1691. Chapter xxix. “*Why the generative parts are endowed with great pleasure,*” p. 534.

thing so abject and filthy as is carnal copulation, but that the venereous ticklings raised in those parts relax the severity of his mind; or reason admonisheth him that the memory of his name ought not to end with his life, but to be preserved unto all generations as far as may be possible by the propagation of his seed or issue."

I. ORIGINAL ABSENCE OF ALL SEXUAL DESIRE.— That there are persons in apparent good health who have never experienced sexual desires is undoubted, though the number of such individuals in the male sex is exceedingly small. It is said that Sir Isaac Newton never had sexual intercourse, and the fact has been brought forward as an illustration of the point in question, but I think unwarrantably. In all my experience but two cases of the kind have come under my observation, and these are of so interesting a character that I do not hesitate to give the details in this place.

Mr. W., aged 33, a strong, well-built, and apparently healthy man, consulted me, December 11, 1860, in order, as he said, to ascertain if anything could be done for him. He stated that he had never experienced the slightest desire for sexual intercourse nor any venereal excitement, though the latter he had repeatedly, by reading libidinous books and association with lewd women, endeavored to produce. So far, however, from the wished-for effect resulting, the consequence was always the opposite, his repugnance increasing, and if the attempts were persevered with, nausea and vomit-



ing, accompanied with nervous and physical prostration, ensued. He declared that he had never practiced masturbation, but that since he had attained the age of seventeen he had had in his sleep what he supposed were seminal emissions, about once in two or three months. Upon one occasion he had persisted in the attempt at intercourse, notwithstanding the absence of desire and the unpleasant mental and physical phenomena which were produced; but though there was a vigorous erection caused by manual solicitation on the part of the Circe upon whom the attempt was made, this was at once dissipated as soon as entrance was attempted. He was then about twenty-two years of age and the experiment taught him that there might be pleasure in masturbation. As I have said, however, he was very emphatic in declaring that he had never indulged in this vice; and as his language and manner were frank in the extreme I have no reason to doubt the truth of his declaration. Frequently, as he had informed me, he had endeavored to excite desire by imagining erotic scenes of various kinds, but though erections were produced, there was no desire. On the contrary, feelings of repugnance and disgust were at once excited.

Here apparently there was the ability to experience erections from psychical and tactile excitations, but the sexual appetite appeared to be undeveloped, and in addition there was the remarkable idiosyncrasy of disgust instead of pleasure being excited at the idea of copulation. But, for this latter circumstance, the

patient could undoubtedly have mechanically gone through the act of intercourse, and perhaps have experienced pleasure from the operation.

There were many reasons why this gentleman should marry. There was a considerable property held in trust for any children he might have, but which without offspring of his would go from his family partly to people strangers to him and partly to certain charitable institutions. And again, strange as it may seem, he liked the companionship of women and was anxious to have a home of his own, and a wife with whom he might at least associate in a platonic way. In his present condition, he felt that all these things were impossible, and so he had come to me hoping that in the resources of medicine there might be something that would alter his nature so as to make sexual intercourse possible to him, even if the development of desire were out of the question.

I saw no way of doing this, however, unless it might be possible for him to accomplish the sexual act notwithstanding the disgust, the faintness, the nausea and vomiting, and by perseverance to overcome the idiosyncrasy. He promised to make the attempt repeatedly, but he reported about a month afterward that the plan of treatment was impossible. He went into the civil war, and was killed at either Antietam or Gettysburg.

In the other case the patient, a man 27 years of age, had never experienced sexual desire, though the or-

gans were of full size and well-formed. Erections were readily produced by frictions of the penis, or by the application of heat, or even by lying on the back; but, instead of the ordinary venereal desires being excited, there was an overwhelming inclination to drink alcoholic liquor in large quantities, and a drunken debauch was the consequence. Towards women there was a strong feeling of disgust, and a still more powerful disinclination to sexual intercourse. Many times the attempt to effect entrance had been made while an erection existed, but at once the penis became flaccid. In this instance, there was the reciprocal effect of erections being produced by the desire for alcohol, and under such a circumstance masturbation had often been practiced. This patient eventually died comatose during a severe attack of cerebral congestion.

II. ACQUIRED ABSENCE OF DESIRE.—There are various circumstances which exert an influence in abolishing the natural sexual desire of the individual. Among these are :

*a. Mental preoccupation.*—It is well known that when the mind is intensely engaged with engrossing subjects of a character foreign to the animal passion, venereal excitement is not experienced. Every man is, more or less, familiar with this fact from his own experience, and in the majority of cases the impotence thus induced is of a temporary character—the desire returning with the cessation of the mental preoccupation. But, in some instances, the mind is so continuously ab-

sorbed with other thoughts and emotions that the sexual appetite is altogether abolished, and does not return even if there be periods of intellectual or emotional relaxation. Sir Isaac Newton, it is said, never had sexual intercourse. Perhaps it would be going too far to say that he never experienced the desire; but, occupied as his mind was with subjects requiring the most severe and continuous thought, it is quite probable that he was from this cause practically incapable of copulation. The mere diversion of the mind, even for an instant, is sufficient, as Sterne has ludicrously reminded us, to render a man temporarily sexually impotent.

Of this temporary impotence from a sudden cessation of the desire by the thoughts being suddenly diverted into another channel during the act of sexual intercourse, several interesting cases have come under my observation.

A gentleman, a married man, and the picture of robust health, consulted me for a trouble of the kind under which he labored. He had been recently married and was much attached to his wife, but for a year past whenever he had attempted sexual intercourse some thought often of a ludicrous character would take possession of his mind, and extinguish all desire at the very moment that the orgasm was beginning. At once the penis became flaccid and the act remained unaccomplished. As an instance, he informed me that the previous night he had made an effort to have connection with his wife. The erection was vigorous, but just as

the acme was being reached a funny story he had read that day in a comic newspaper flashed through his mind. His desire at once vanished, the penis lost its turgescence and the emission did not take place. On a previous occasion, under similar circumstances, the thought of a purchase he had concluded occurred to him, and a like result ensued.

These repeated failures and disappointments had created a great deal of mental disturbance. He had become low-spirited almost to the point of melancholia, and had several times entertained serious thoughts of suicide.

In another case, the patient, a young man, whose mind was severely taxed by the nature of his occupation, which was that of a professional gambler, experienced when his nightly work was over strong sexual desires which he was unable to gratify, for in the act of intercourse some technical matter connected with his business was sure to come up in his mind with the effect of extinguishing all desire and with it all power. In both these cases and in others which have come within the range of my personal experience, I found that the subjects were extremely impressionable individuals, and that the first occurrence of the kind which in most other persons would have made no lasting impression on the mind produced with them such an effect that at the next attempt at intercourse the fear was excited that a repetition of the disturbance would ensue, and as a consequence the apprehension was rea-

lized. After that, on every similar attempt, there was a like fear that some thought would obtrude itself, and owing to the exercise of the principle of "expectant attention," the thing upon which the mind was concentrated and which was so greatly feared occurred with painful punctuality. It is an essential feature to the due performance of sexual intercourse that the man should have confidence in himself. If this is weakened, and still more if it is destroyed, disappointment is sure to result, and a condition of impotence is established.

In the treatment of cases of this nature, it is necessary in the first place to rid the patient of his apprehension, so that he will make the attempt without experiencing the slightest fear that anything is going to occur to interrupt the normal performance of the act. The only way with which I am acquainted by which this can be done is for the patient to abstain absolutely from all attempts for several months. By this course the appetite usually becomes so strong, in a man otherwise vigorous, that the desire overrides all possible fears, and when once this result can be attained there is no longer any danger of a recurrence of the trouble.

I therefore advised the married gentleman to occupy a separate room from that used by his wife, and on no account to attempt intercourse for three months; I expected by this course to break up the habit into which his brain had fallen of associating incongruous ideas with the act of intercourse, as well as to allow

the center for the sexual appetite, to acquire, by repose, increased strength. With similar objects in view, I advised the other patient to take a sea voyage which he had in contemplation, and not to attempt intercourse till his return, which would not be for a period of nearly four months. The treatment was so perfectly successful with both subjects that there was not the least difficulty when the periods of probation had expired.

In another case, the patient, a civil engineer, and engaged in work requiring extensive mathematical calculations, found that his desires were altogether extinguished. There was nothing very astonishing in this, for such studies are of all things most calculated to divert the mind from sexual matters and to extinguish desire. So powerful is this influence, that MM. Grimaud de Caux and Martin Saint Ange \* advise the reading of mathematical treatises as one of the most effectual means of subduing excessive venereal excitement. Moreover, Broussais † has observed that the genesic power is weakened by the mental concentration required in mathematical studies. In his lectures on phrenology delivered before the Faculty of Medicine of Paris, he not only insisted upon this point, but he exhibited two heads of eminent deceased mathematicians who not only were never married but who had an

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\* "Histoire de la génération de l'homme," Paris, 1847, p. 294.

† "Cours de phrénologie," Paris, 1836, p. 183.

aversion to the female sex and who had never, as was said, had sexual intercourse.\*

But to return to the case of the engineer: while occupied with the calculations requisite to the higher performance of the extensive work on which he was engaged, and which required about fourteen hours daily of severe mental labor, he experienced no sexual desire and did not for over a year, though a married man, attempt intercourse. Indeed, his repugnance thereto was so great that for fear he might be tempted he had induced his wife to make a visit to Europe, and she had been absent several months, and had just returned when the case was brought to my attention.

Soon after her reappearance in his home, he had, so he informed me, more as a matter of duty and affection, than from any venereal inclination on his part, attempted sexual intercourse, but had miserably failed. There was no desire, and it was impossible to reawaken an appetite that had long been extinguished. Such a state of affairs could not long continue without the peace and harmony which had hitherto existed in his family being in great danger of disturbance. Already he was fearful that his wife would attribute his impotence to excesses with other women, and so he had determined to take medical advice in regard to his disorder.

I found, on examination, that there was no trouble

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\* *Op. cit.* p. 180.



with the functions or structure of the genital organs. The penis was of full size, and the testicles were large, firm and free from disease. Nocturnal emissions occurred on an average about once a month, generally with, but sometimes without, lascivious dreams. Erections often took place during the night, and were painful, but were unaccompanied with desire. Apparently they were the result of congestion of the cord from lying on the back, and from distension of the bladder with urine. The patient was satisfied that if his desires could once be awakened there would be no difficulty in the physiological performance of the sexual act, and he was now anxious that they should be restored to their former degree of activity. For while there had never been excesses, there had, up to the beginning of the period mentioned, been a full degree of sexual inclination and power. Conversation, however, with him, convinced me that there was no anxiety on his part for the restoration of his sexual health based upon any other feelings than a regard for the proprieties of the situation and a fear of the ultimate consequence to his health and his domestic felicity. As to venereal appetite there did not appear to be a vestige.

Upon mature reflection I saw no way of materially benefitting the patient except by his giving up his work for a time and devoting himself entirely to the society of his wife. At the same time I advised the application of statical electricity to the nape of the neck with the view of obtaining its counter-irritant action, as well as its

expectant effect on the mind of the patient. So strong were the motives by which he was actuated that he at once resigned his very lucrative situation and submitted himself to the treatment advised. He purchased a little villa near the city, moved into it with his wife, and practically renewed his courtship of seven years previously. In accordance, further, with my advice, he made no attempts at intercourse, but waited patiently for the revivification of his desires. His restoration to health was not long postponed, for within three months he began to experience propensities to which for so long a time he had been a stranger, and after that the complete recovery was well assured. Aided by the good sense of his wife, to whom I fully explained the situation, and who, confident of possessing her husband's affections, acted throughout with rare kindness and discretion, there was no interruption to the course of his restoration. He will not soon forget, however, that Urania is a more exacting and exhausting mistress than Venus herself.

A case is cited by Grimaud de Caux and Saint Ange in which a celebrated mathematician was always diverted from the complete performance of the sexual act by the recurrence to his mind of problems of geometry, or of equations which had occurred to him during the day. The treatment was different from that which I have recommended in similar cases, and consisted in his wife being advised not to allow the approaches of her husband unless he was in a state of semi-intoxication. It

was hoped that by this means his intelligence would be sufficiently weakened to allow of the exclusive empire of the sexual appetite over his mind. It is stated that entire success was the result. It appears to me, however, that the plan I have advised is on every account altogether preferable, especially as it has been uniformly successful.

There is a good deal of sexual indifference, and consequently of impotence, existing among men whose whole heart and soul are in exciting business occupations requiring all their mental energy and consequently leaving nothing for the mere animal passions. Such individuals have no pleasures in life beyond those connected with the acquisition of wealth—society, the dining-table, the card-table, the theatre, the opera, literature, amusements, good or bad, never allure them. If they are married they go to bed to sleep, if they can, for they are exhausted with the excitements and the anxieties of the day. If unmarried they return at evening to their solitary apartments to study the markets and to devise new combinations. Sexual intercourse is a matter of utter indifference; their desires are extinguished.

It is rarely the case that the physician is consulted by such people till, having accomplished their business objects, or failed in them, they find not only that they have no desire, but that it is impossible to re-arouse the sexual appetite. While it is true in other things that a man does not regret the loss of that which he does not

value it is very different as regards sexual matters. And though a person such as that referred to cares nothing for his virile power as such, there are secondary considerations which he feels he cannot disregard. Among these are the fear that in losing his sexual appetite he is laying the ground-work for future paralysis, even if the loss be not one of the early signs of the approach of that disease, the desire for offspring to whom he may transmit his wealth, and if single the wish for the comforts of a home and the society of some cultivated and refined woman.

Such cases are, however, difficult to manage. The thoughts, the emotions, the appetites even, have for so long a time been concentrated toward one particular point, that the task of diverting them into other channels is almost insurmountable. A second nature has been formed with objects in life and desires different from those originally inherent in the individual. Besides, with the diminution of the natural inclination for sexual intercourse there is very often, in these instances, a veritable loss of generative power, and the two conditions reacting on one another render the prognosis still more unfavorable. Still there are cases in which the power is simply deteriorated from its normal standard. To such the society of agreeable and virtuous women may be recommended as constituting an efficient aid to the other measures proposed. These should consist of entire change of habits and the devotion of a considerable portion of the time to amuse-

ments, physical exercise, and pursuits tending to the development of emotions different from those which have previously actuated him. Nothing can be better than the entire cessation of business pursuits and the undertaking of a course of foreign travel.

The treatment must be mainly moral and hygienic, but I think if there is the least suspicion of any impairment of the general health strychnia in small doses taken for a long time will be of service. I am quite sure I have derived benefit from the administration of a prescription consisting of one grain of the sulphate of strychnia to the ounce of water, the patient taking ten drops three times a day shortly before meals.

Usually, even in mild cases, several months are required before the extinguished sexual feeling is rekindled, and there is a still longer period before the normal degree of desire is obtained. In those instances in which there is also a loss of sexual power the prospect of recovery is, as I have said, still more remote; but the further consideration of this class of cases is more appropriate to the following chapter.

*b. Desire Extinguished by Masturbation.*—The normal sexual appetite and a condition of impotence are induced by masturbation when carried to excess, and this altogether independently of the loss of power which in such cases eventually ensues. The imagination is always a more potent excitor of the sexual desire than the physiological incentive supplied by nature. The masturbator relies on the fertility and extravagance of

the lewd images presented to his mind for the increase of the pleasure derived from his act, and frequently he adds to the vividness by reading obscene books or looking at filthy pictures. As he goes on he finds, in obedience to a law of the organism, that gradually the visions which once sufficed to produce the requisite venereal excitement have lost their power, just as some strongly savored substance would, if eaten for a long time, fail to produce pleasant impressions on the gustatory papillæ. Still more libidinous and unnatural representations are conceived by his mind and brought before his mental vision, and so on, till at last, should he attempt sexual intercourse, he finds that the reality is so much less than his imagination had led him to believe, that it is incapable of sufficiently rousing his appetite. He is, in fact, impotent to women; he no longer desires intercourse, but abandons himself to his fatal habit, knowing the almost limitless resources of his imagination in providing excitations to his desires. Such persons shun the society of women, become often true misogynists, and suffer an entire extinction of the sexual feeling.

Such cases are to be discriminated from those, much more common, in which there is a loss of the power of erection, a condition which sooner or later is the consequence of continued masturbatory excesses. The one is altogether a mental, the other a physical phenomenon, though very often both states exist in the same individual.

A young man, whose father wished him to marry, had been continually putting off, on one pretext or another, acceding to the paternal wishes, till at last he confessed that he had no desire for sexual intercourse, and begged that in future he might be let alone. The father, alarmed for his son's health, insisted on his consulting a physician, and at last, through much importunity, succeeded in getting his consent, and he came under my observation. At his first visit to me the young man requested that his father would leave the room, and then as soon as we were alone he confessed that for several years he had practiced masturbation, but only in moderation, that occasionally he had had sexual intercourse, and, as he said, under circumstances favorable to the due physiological performance of the act, but that after a mature consideration of all the points bearing upon the case, he had arrived at the conclusion that masturbation gave greater pleasure and was altogether less troublesome. In fact, that he had no desire whatever for sexual intercourse, but preferred to go on in the way he had begun and which he was frank enough to say was entirely satisfactory to him.

I endeavored to point out to him the inevitable consequences of the course he was pursuing, so far as his sexual power was concerned, as well as the mental degradation that was certain to ensue; but all in vain, and when he left me I had made up my mind that his was one of those cases of sexual perversion, to the consideration of which I shall presently come, and that a

cure by medical means was out of the question. The coolness and effrontery with which he conversed about the subject, and the reasons which he had to urge in his behalf, led me to this belief and also to the further conviction that there was a streak of insanity in his composition which would some day become wider and probably entirely overwhelm him. I neither saw nor heard anything of him until one day about a year afterward he entered my consulting-room in company with a rather pretty young woman, whom he introduced as his wife. Requesting her, after I had congratulated him, to step into the adjoining room, he informed me that after leaving me a year before he had thought over seriously what I had said to him, and had finally arrived at the conclusion that I was right, and that he would endeavor to change his course. He went so far as to pay several visits to the young lady his father wished him to marry, but compliance in that direction he found was entirely out of the question. Then he had for a while frequented houses of prostitution, but had never been able to bring himself to the point of attempting sexual intercourse. He had his own ideas of morality and decency and in his way was very conscientious, and these circumstances influenced him somewhat, but the main reason was that he had a deeply-rooted disgust for the sexual act and all its accompaniments, especially, so he said, with women who made a trade of its performance.

Then he had thought of forming permanent relations



with some one woman in order first to ascertain if he were capable of doing his part in the marriage relation. He took, as he said, one who he thought would answer the purpose, but after a week's residence with her he severed the association, having been unable to rouse sufficient desire to induce him to make any effort at connection.

But about a month before his return to me he had visited a circus that was passing through a village at which he was staying with a friend. Here he had become suddenly enamored with a young woman, one of the performers, who rode a bare-backed horse with great agility and daring. - He made propositions to her which she indignantly rejected, and finally offered marriage. He was at once accepted, the knot was tied the same day, and ever since then he has been the happiest of men. Upon the whole this was a better termination than might have been reasonably expected.

*c. Desire Extinguished by Perversion of the Sexual Appetite.* It sometimes happens that the perversion of sexual appetite goes much further than it did in the case of this young man, and that infinitely more unnatural and degrading acts than masturbation take the place of the normal physiological function. Such cases have received a considerable amount of attention from writers on medical jurisprudence, more in fact than from those on impotence, though they are worthy of much attention in this relation.

To begin with the most common example of the condition in question and which is more a vice in most

instances than it is a disease, we find that those addicted to pederasty are as a rule devoid of desire towards the opposite sex. As just intimated, the practice in question is generally a vice resorted to by debauchees who have exhausted the resources of the normal stimulus to the sexual act and who in this new procedure find for a while the pleasure which they can no longer derive from intercourse with women. But it is not to be questioned that there are others in whom it assumes more the phase of a disease and who often lament the tendencies to which they are subject, and which they are powerless to resist. In the one class of cases there is impotence from want of desire, the condition having been induced by the acts of the individual, while in the other there is a like condition resulting from inherent perversion of the sexual instinct.

Writing on this subject, Tardieu\* says: "I do not pretend to explain that which is incomprehensible, and thus to penetrate into the causes of pederasty. We can nevertheless ask if there is not something else in this vice than a moral perversion, than one of the forms of *psychopathia sexualis* of which Kaan has traced the history. Unbridled debauchery, exhausted sensuality, can alone account for pederastic habits as they exist in married men, and fathers of families, and reconcile with the desire for women the existence of these impulses to unnatural acts. We can form some idea on

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\* "Sur les attentats aux mœurs." 2<sup>m</sup>e édition. Paris, 1858, p. 125.

the subject from a perusal of the writings of pederasts containing the expression of their depraved passions.

“Casper has had in his possession a journal in which a man, member of an old family, had recorded, day by day, and for several years, his adventures, his passions, and his feelings. In this diary he had, with unexampled cynicism, avowed his shameful habits, which had extended through more than thirty years, and which had succeeded to an ardent love for the other sex. He had been initiated into these new pleasures by a procuress, and the description which he gives of his feelings is startling in its intensity. The pen refuses to write of the orgies depicted in this journal, or to repeat the names which he gave to the objects of his love. . . .

“I have had frequent occasion to read the correspondence of known pederasts and have found them applying to each other, under the forms of the most passionate language, idealistic names which legitimately belonged to the diction of the truest and most ardent love.

“But it is difficult not to admit the existence in some cases of a real pathological alteration of the moral faculties. When we witness the profound degradation, the revolting salacity of the individuals, who seek for and admit to their disgusting favors men who are gifted both with education and fortune, we might well be tempted to think that their sensations and reason are altered, but we can entertain no doubt on the subject, when we call to mind facts such as those I have had related to

me by a magistrate, who has displayed both ability and energy in the pursuit of pederasts. One of these men, who had fallen from a high position, to one of the lowest depravity, gathered about him the dirty children of the streets, knelt before them and kissed their feet with passionate submission before asking them to yield themselves to his infamous propositions. Another experienced singularly voluptuous sensations by having a vile wretch administer violent kicks on his gluteal region. What other idea can we entertain of such horrors, than that those guilty of them are actuated by the most pitiable and shameful insanity?"

Cases of sexual perversion leading to indifference toward the other sex and impotence have been described by Servaes,\* Kraft-Ebing,† Liman,‡ Le Grand du Saulle,§ Charcot and Magnan,|| and many others. Several instances have also been under my own observation. While it is not necessary to refer more fully to the disgusting details of all these cases, the description of some of them is indispensable to the thorough consideration of the subject under discussion.

Among the cases of undoubted sexual perversion

\* "Zur Kenntniss von der conträren Sexual-empfindung." *Archiv für Psychiatrie und Nervenkrankheiten*, 1876, p. 484.

† "Ueber gewisse Anomalien des Geschlechtstriebes," u. s. w. *Archiv für Psychiatrie*, 1877, p. 291.

‡ "Caspars Lehrbuch, 6<sup>te</sup> Auflage, p. 509.

§ "Les signes physiques des folies raisonnantes" (Discussion). *Annales médico-psychologiques*, Mai 1875, p. 431 et seq.

|| "Inversion du sens genital." *Archives de Neurologie*, No. 7, 1882, and 12, 1882.

which have been reported, is an interesting one, in which, however, the condition, though undoubtedly existing, was not recognized, and the details of which have been given by Beck.\* The instance is that of Sprague, who was tried in Brooklyn, in 1849, for highway robbery, said to have been committed under the following circumstances: He was a printer by trade, and one morning left his home to go to his place of business, when he was seen to rush up to a young lady, throw her down, and then, snatching one of her shoes, to run away. Although she had on a watch and chain and other articles of value, he did not attempt to take them, nor to offer any other violence than that mentioned. At his trial the defence of insanity was set up.

“The principal witness was the defendant’s father, a clergyman of the highest respectability, whose testimony was corroborated in every particular by several other witnesses, indeed by all the court thought it worth while to bring forward. *Charles Sprague’s paternal great-grandfather, grandmother, great-grand-uncle, and three great aunts, being four out of a family of six, and a cousin, are, or have been, insane. He had himself, in youth, received several severe blows and falls upon the head, and within a year from the last fall he began to suffer headache, and his friends observed an unnatural prominence of the eyes.* Simultaneously with this, Sprague began to exhibit a propensity to abstract and conceal the shoes of the female members of his family. In the majority of

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\* “Medical Jurisprudence,” vol. i, 1860, p. 732.

instances one shoe only was missed, and it was usually found about the house, having been thoroughly soaked with water, twisted up like a rope, and then hid away between a feather and straw bed, or in the depths of a trunk, or hung up in a closet with garments concealing it.

“Suspicion at once rested upon the servants, but the real agent being detected and questioned, remained silent, and on subsequent explanations, generally denied the possibility of his agency until within the last six years. During this period, when remonstrated with on his singular habit, he would admit that he must have taken the shoes, though he had no recollection of it, and did not know for what he wanted them. The intermissions in this practice have at no time exceeded three or four months at one time.

“After the practice became established, Sprague’s mother and sisters and the female servants habitually locked up their shoes; yet, occasionally one was missed and discovered twisted and crumpled after being wet. It was rumored at one time in the family that Sprague had attempted to remove the shoe from the foot of a domestic, and his sister alarmed her father at night on finding him abstracting her shoes from a locked drawer. In the early part of the year of the trial two females, one residing in Brooklyn, had a shoe or shoes taken from their feet while walking in the street in the evening, but the offender has never been certainly known.”

A case similar to this, so far as the object of the

thefts is concerned, has lately been under my observation, and will presently be more fully cited.

Some years since, in the city of Leipzig, a number of young girls were assaulted in the streets by a man wrapped in a cloak, who stuck a lancet into their arms just above the elbow and then quickly disappeared. Finally he was discovered and arrested. It then came out that he had been actuated by a morbid sexual impulse, that the incision of the lancet had been accompanied by a seminal emission, and that his whole existence had become absorbed in the alternate excitement and depression which preceded and succeeded the act.\*

In the discussion to which reference has already been made, M. Legrand du Saulle gives the particulars of a case which he had a short time previously examined. The patient was a young man of twenty years of age, a graduate of a college, of an æsthetic turn of mind, but of a cold and gloomy disposition, with contemplative, misanthropic and spiteful tendencies, who condemned himself to solitude, who fled from the world and exhibited the most decided repulsion, not only towards women in general, but towards all that could exhibit the least evidence of a feminine origin, or of the intervention or form of women. He felt himself, however, on the contrary, irresistibly drawn towards men and pictures,

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\* "A Treatise on Mental Unsoundness, Embracing a General View of Psychological Law." By Francis Wharton, LL.D. Philadelphia, 1873. p. 600, § 623.

statues, and images, representing man in a naked state. He possessed anatomical plates depicting the genital organs of man, the adjuncts to virility, and he was constantly looking out for a chance to see the penis of every man who stopped to urinate in his vicinity. He was one day arrested in a public urinal in the Place de la Bourse, where he and an old man were standing looking at each others' genital organs. The young man was the son of a hysterical mother; he had phimosis and slight atrophy of the testicles. For the former a surgical operation was performed, but for fear that some untoward event might take place, a statement of his condition before the operation was drawn up, dated and signed by M. Legrand du Saulle and M. Vidal, who had also examined the patient, in which it was set forth that the case was one of the most abnormal genesic perversion.

The following case, the details of which are given in the patient's own words, is reported by MM. Charcot and Magnan.\*

"My sensual feelings were manifested," he said, "from the time I was six years old, by an intense desire to see boys of my own age, or men, naked. It was not difficult for me to satisfy this inclination, for my parents lived near a barrack, and the soldiers put no restraint on the exhibition of their virile organs. One day I saw (I was then about eight years old) a soldier masturbat-

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\* *Op. cit.*, No. 7, p. 54.



ing. I imitated him, and experienced besides the pleasure of the imagination as to what the soldier was doing, the physical pleasure of the friction. I continued to give myself pleasure by exciting my imagination by the remembrance of naked men. My parents left N—— and went to live at B——. There I saw that the soldiers bathed in a little stream and in a completely naked state. I resolved, in order to obtain the satisfaction I wanted, to seat myself on the bank of the river, and to pretend to sketch the landscape, while, without appearing to do so, I could look at them. At about the age of fifteen, puberty was attained, and I derived much more satisfaction from my acts of masturbation. Moreover, I provoked erection and its results as much by imagination as by friction. More than once I had erection, the sexual orgasm, and seminal ejaculation solely through seeing the genital organs of a man. At night my imagination was excited and the like results ensued. At the age of twenty I stopped masturbating, but I was never able, notwithstanding all my efforts, to control the excitation of my imagination. Strong, handsome, and young men always provoked in me a strong emotion; a fine statue of a naked man also caused a like effect. The Apollo Belvidere excited me greatly. When I met a man whose youth and beauty excited my passion, I was tempted to please him, and if I had given a free rein to my feelings I would have shown him all possible kindnesses; I would have invited him to my house, and written to him on perfumed paper. I would

have sent him flowers and made him presents, and I would have deprived myself of many things in order that I might have rendered myself agreeable to him. I never did these things, but I was quite sure I was capable of doing them. I thought by refraining I might conquer the desires I experienced. I knew how to overcome the inclinations of which I speak, but I was never able to subdue the love I felt. Fortunately for me my love was changeable. Work and my studies are a great assistance to me against my venereal thoughts, but often sensuality prevails, and I am obliged to stop in the midst of the study of an intricate question by the sudden appearance of a naked man in my imagination. I have always fought as hard as I could against this sensuality, and I have often refrained from acts towards which I felt myself impelled, but I have never been able to extinguish the sensuality itself. The supreme satisfaction of this sensuality has never extended beyond the sight of a naked man, and especially the penis of a man, and I have never felt any inclination to enter a man or to be the passive object of a man. To see the genital organs of a strong and handsome man has always caused in me the highest voluptuous feelings.

“As to women, however beautiful they may be, they never excite in me the least desire. I have tried to love one, believing thus to turn my ideas into their natural channel, but notwithstanding her beauty and her assistance I have remained entirely unmoved, and erec-

tion, so easy with me at the sight of a man, has never even had a beginning. No woman has ever provoked in me the slightest sexual feeling.

“I admire the feminine toilet; I love to see a woman well dressed, for I am then reminded that if I should be a woman I would dress in that way. At the age of seventeen I dressed myself like a woman at a carnival, and I experienced an indescribable pleasure trailing my skirts on the floor, in arranging my false hair, and in putting on my low-necked dress. Until I had reached my twenty-second year I took the greatest pleasure in dressing a doll, and it affords me much pleasure even now.

“Ladies are astonished to find that I am as good a judge of the good or bad taste of their toilets, and at hearing me talk of things as if I were myself a woman.

“The love which I may feel for any particular woman passes quickly, for as another handsomer in my eyes makes her appearance the thought of the first disappears.

“For the last few months nocturnal emissions are not so frequent with me as they used to be. At present three weeks have elapsed since I have had one, but I continue to have my usual dreams and to desire always to see (nothing more) naked men.”

MM. Charcot and Magnan give a good many other particulars in regard to this interesting case, some of which are of great importance from a neurological point of view, but which have no very direct bearing

on the point at issue. He was advised to make the intellectual effort of substituting a woman for a man in the crises to which he was subject. He made many efforts in this direction, but his mind constantly turned to a naked man. Finally, however, after several months' contest he succeeded to some extent, and even went so far as to establish sexual relations with a woman, from which he derived voluptuous sensations. The moral effect was excellent, and for several days he had some repose from his former sensations. Being obliged, however, to quit Paris for a time, and then being forced to fight his former inclinations with his reason alone, he began to feel his unnatural proclivities again obtaining the ascendancy.

In this case, in addition to the moral treatment, recourse was had to hydrotherapy (cold affusions and douching) and to the administration of the bromide of potassium, which, it is said, diminished the intensity and duration of his desires without lessening their frequency.

The principal points of interest in the present connection which this case presents are the sexual excitement and ejaculation of semen produced by the sight of a naked man, a penis, or even of a nude statue, while at the same time there is absolute frigidity as regards woman. It is a true instance of sexual perversion, and of consequent impotence so far as concerns the female sex.

In another case, reported at great length by MM.

Charcot and Magnan, the subject had the sexual orgasm by thinking of the nails in women's shoes. It does not appear, however, that he was impotent as regards physiological sexual relations.

But in the following curious case there was a temporary state of impotence, and I therefore relate it as of interest in the present discussion.

The patient was thirty-seven years of age and of good constitution, but came of an eccentric family. He was studious, but learned with difficulty what he studied. He changed his occupation frequently, and would deprive himself of necessaries in order to purchase books and other articles to which he took a fancy.

At the age of five years, having been sleeping for several months with a female relative thirty years old, he experienced for the first time a singular phenomenon, which was no less than a genital excitement and an erection when he saw his bedfellow put on her night-cap. At about the same time he had occasion to see an old servant woman undress herself and put on her night-cap, and at once sexual excitement and an erection were produced. Later, the very idea of an old and wrinkled woman arrayed in a night-cap was sufficient to provoke the sexual orgasm. The sight of a night-cap by itself caused no disturbance, but contact with one caused erection and sometimes an emission. On the other hand he remembered that he had remained, at about his seventh year, absolutely irresponsive to attempts at masturbation made upon him by

one of his school-fellows. He had never sought any abnormal relations, and the sight of a naked man or woman had no effect upon him. Up to his twenty-second year, at which time he was married, he had never had sexual intercourse. He had married a woman twenty-five years old, pretty, and for whom he entertained a real affection. The first night of his marriage he remained impotent by the side of his young wife. On the second night the same condition existed, when, becoming desperate, he called up in his imagination the old wrinkled woman with her night-cap. The result was immediate, and he performed his marital duties effectively. During the next five years of married life he was forced to avail himself of this expedient, as he remained impotent till he recalled the image of the old woman and her night-cap. He deplored this singular situation, regarding it as a sort of profanation of his wife, but he does not appear to have been able to alter it. Other symptoms of deranged cerebral action supervened.

In another case, cited by the same authors, the subject, who was of an insane ancestry and was himself of a strong neurotic temperament, was compelled to masturbate whenever he saw a white apron. He became so infatuated with white aprons that the thought of one was sufficient to cause the sexual orgasm. Finally he took to stealing them, and was repeatedly arrested for thefts of these articles of dress. He entered a convent in order to prevent himself yielding to his

impulses, but after staying there three years his religious zeal flagged; he came out and at once began his old habits. A search was made of his premises, and a collection of white aprons, spotted with seminal stains, was found. He was then examined, and being found to be of unsound mind, was placed in a lunatic asylum.

After about a year he was discharged, and then had ideas of suicide, and became melancholic. He stopped stealing white aprons and formed relations with a woman. He was unable, however, to have intercourse with her unless he called to mind at the time the appearance of a white apron, just as he had formerly done when he practised onanism.

Cases in which the individual has the delusion that his or her sex is changed, are not to be confounded with those now under consideration. The first are veritable cases of intellectual monomania, and are not usually accompanied by any aberrant manifestations of the sexual appetite. I have considered them in another work,\* and pointed out their characteristics, chief among which is their excessive modesty and decorous bearing, so far as the genesic function is concerned. The other class, in which the individuals, knowing themselves to be men or women, assume the dress and imitate, as far as they can, the manners and actions of the opposite sex, I have also alluded to in another

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\* "A Treatise on Insanity in its Medical Relations," New York, 1883,

work,\* but propose to consider it at still further length, as well as some other phases of aberration, by giving the details of instances which have come under my own observation.

A case presenting some analogies with that already given of the young man who had a penchant for stealing women's shoes, was several years since under my care, and led me to the conclusion that in the one referred to there was also an aberrant sexual feeling as the basis of the acts.

The patient, a man somewhere about twenty-four years of age, was a member of a highly neurotic family. One uncle on his mother's side had died in an asylum, and his grandfather on his father's side had also died insane. One sister was subject to epilepsy and another to severe attacks of migraine. His father and mother, though both very excitable and impressionable, were, as far as known, free from disease. While cutting his teeth he had had two or three convulsions, but had passed through the period of dentition without further trouble.

When about seven years of age, a woman employed in the family as a servant taught him masturbation, and endeavored very frequently to cause him to have sexual intercourse with her. Upon one occasion she had practised friction on his penis with her foot without taking off her shoe, and this was the first time he had

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\* "The Diseases of the Scythians (*Morbus Fœminarum*), and Certain Analogous Conditions," *American Journal of Neurology and Psychiatry*.



derived any pleasure from her manœuvres. But from that time on, the sight of a woman's shoe caused sexual excitement and erections, and in a short time the mere idea of the object was sufficient for the purpose in question. After a time, however, when he had learned masturbation, he used to practice the act, while his whole mind was fixed on images of women's shoes of all kinds, and in all positions about him. There was scarcely a night, after he became eight or nine years of age, that he did not bring about the sexual orgasm by mental concentration. His school teacher was a woman, and while at school he was constantly endeavoring to get a look at her shoes and thus procure for himself sexual pleasure. Girls attended the school, but their shoes did not have the effect upon him that those of a woman did. It appeared, too, that the fact that the shoes were concealed by the long dress worn by a woman had something to do with the effect upon his sexual feelings.

One day, while at school, and the teacher was sitting on a raised platform at the farther end of the room, the idea occurred to him that his sexual pleasure would be greater if he could hold one of her shoes in his hand for a moment. He acted on the idea at once, and going to where his teacher was seated, fell down on his knees, seized one of her shoes, and at once experienced greater pleasure than he had yet felt. At the moment of touching it the orgasm began. For this act, which was not understood, but was supposed to be a kind of insubor-

dination, he was severely punished. This did not deter him, however, from repeating the performance the next day, with a like result, both as regards the orgasm and the flogging. He did not care for the latter. On the contrary, it prolonged his pleasure.

But ere long the fact was recognized that something was wrong with him, and the teacher laid the matter before his parents. When asked why he had acted in such a disorderly manner at school, he simply replied that he could not help it, but gave no further explanation of his conduct. The result was, that he was removed from that school and sent to another kept by a man.

Although the material means of excitement were removed, he formed mental images of the other school, of the teacher at the end of the room, and of his going down on his knees, seizing her shoe and experiencing the sexual orgasm. The remembrance was generally, though not always, sufficient to cause excitement, erections, and sometimes the orgasm. He had frequently, when the excitement had been high and especially when he seized one of his teacher's shoes, had emissions, but at about his fourteenth year they generally, though not always, occurred during the orgasm. To produce this, he had only to practice friction of the glans, while he thought of a woman's shoe; but about this time the idea was conceived, that if he used such an object for masturbatory purposes, the pleasure would be increased. He therefore took a shoe sur-

reptitiously from a drawer in which one of the female servants kept her clothing, and made use of it in the manner which had suggested itself to him.

This act gave him greater pleasure than any which he had yet performed, and, thereafter, formed his only method of producing the sexual orgasm. Then he varied the enjoyment, and at the same time augmented it, by using a different shoe each time. To get them, he had to resort to theft, but, generally, he returned them to their proper places, after they had served his purpose. Some young female friends of his sisters, who were at the time paying them a visit, unknowingly contributed to his libidinous desires, by his taking their shoes, which he often did at night, by entering their room while they were asleep.

In all this time, he had never experienced the least sexual excitement, by thoughts of women, or by the sight of them, in a greater or less approach to complete nudity. Pictures of naked women, of their genital organs, or of men and women in the act of sexual intercourse, such, as in some schools, pass from boy to boy, never gave him any other feeling than one of intense disgust. It never occurred to him to think of the act of sexual intercourse, and no woman had ever caused him the slightest degree of amorous feeling. Nothing roused in him any sexual sensations, but the thought, the sight, or the use, of a woman's shoe.

When about eighteen years of age, he began a shop-keeping business in a small town, and among other

things kept women's shoes for sale. Here he derived great pleasure from fitting shoes on the women who patronized him, and in handling the shoes they had worn. Often he would experience the sexual orgasm while thus engaged, but nothing gave such intensely voluptuous sensations as the use of the shoe in masturbation.

Strange as it may seem, he had, as yet, no idea that he was doing anything specially degrading or wrong in acting as he did, or that he was injuring his health; but, shortly after going into business, and while fitting a shoe on a young woman, during which he had a strong erection, but no orgasm, he suddenly lost consciousness, and had a severe epileptic paroxysm.

A few days afterward, while engaged in masturbating in his usual manner, he had, immediately after the orgasm, another seizure, much more severe than the first, during which he bit his tongue severely, and bruised his face in falling, so that he was marked for several days. Becoming seriously alarmed, he determined to make every effort to stop his disgusting practices. This was hard work at first, and there were many relapses, but, finally, he succeeded to such an extent that he would go several weeks—on one occasion four months—without ever masturbating. He never, however, was able to prevent sexual excitement and erections at the sight of a woman's shoe, or the thought of it. He gave up fitting women with shoes; but, whenever one came into his shop to look at shoes

he experienced the usual manifestations of the idea. At last he gave up this department of his business, and began to turn his attention still more strenuously to the purpose of getting rid of the association, in his mind, between women's shoes and the genesic function.

But now a new phenomenon made its appearance. He had never, to his knowledge, had a nocturnal emission; probably owing to the fact that he had practised masturbation so often that there was no excitability to be provoked. Occasionally, he had dreamed of women's shoes, but the dream had, so far as he knew, never produced an emission. Now, however, with the stoppage of the voluntary excitations, a change in this respect had ensued, and almost every night he had vivid dreams of the exciting objects, accompanied by ejaculations of semen. He therefore reached the conclusion that his efforts had all come to naught, and he was strengthened in this conviction by the fact that he had had several nocturnal epileptic convulsions; at least, so he supposed, and there could be no doubt about the matter, from the fact that several times, on awakening, he had found his tongue sore from the wounds he had given it with his teeth, and blood-stained spots on the pillow.

Although, as I have said, he had never had the slightest sexual feeling towards women, or even associated with them, he determined to marry, in the hope that, by this means, he might be cured of his troubles. He

accordingly, after a short acquaintance, made matrimonial proposals to a young woman of attractive appearance, and shortly afterwards was married. He found, however, to his dismay, that he was impotent, so far as regarded normal physiological intercourse. If he thought of his wife's shoes he had an erection, but as soon as he made the attempt at intercourse the penis became flaccid and entrance was impossible. A whole week was passed, night after night, in fruitless attempts to consummate the marriage, and then he decided to obtain medical advice. He came to me, and, with great frankness, gave me the full history of his case, as I have stated it.

Upon examination I found the genital organs well formed and in every respect natural. He stated that every night since his marriage he had had a nocturnal emission, but that at every attempt to effect entrance the erection, however strong, had at once gone down, and he had failed. On two occasions emissions had occurred through the effect of his imagination and before he could place himself in position, but they were from thoughts of women's shoes, and not from any natural excitation. The very idea of sexual intercourse or even of sleeping in the same bed with a woman was unpleasant, and no blandishment of his wife had the slightest effect in causing desire, unless he thought of the usual objects. Then erection occurred, but the diversion of the thoughts in another direction at once led to its dissipation. By no effort of his will could he con-

tinue to think of the shoes and of the act to be performed at the same time.

I suggested to him that he should hang one of his wife's shoes at the head of the bed and keep it in sight while he made the effort at intercourse and continue to do so till he had become habituated to his new relation. I also advised that he should keep his thoughts as much on his wife and to try to imagine her conversion into a woman's shoe. At the same time I prescribed the bromide of sodium, to be taken in doses of fifteen grains, three times a day. I gave this as much for the relief of his epileptic condition as for anything else, though I was not unmindful of its power to lessen erethism of the sexual organs as well as of the brain. With instructions to continue this plan of treatment for ten days and then to return to me for further observation, I dismissed him.

At the expiration of the period named he again presented himself, and I knew as soon as I saw his face that there was some success. In the first place, he had had no epileptic attack, and in the next, and what he considered the most important, he had twice succeeded in having intercourse. He had gone somewhat farther than I had advised, and had taken his wife into his confidence relative to the influence of women's shoes in causing sexual excitement and erections. I scarcely believe he told her the whole story, but he revealed enough to excite her sympathy and to procure her assistance, and the result was as I have stated. After

this he had very little trouble, though occasionally he would fail. His wife became pregnant, but the child was still-born at the eighth month. There has been no subsequent pregnancy, though he tells me he has intercourse about once in ten days. He still has to think of women's shoes, but is confident that he is growing indifferent to that species of sexual excitation. He is still obliged to take the bromide for his epilepsy, though a nightly dose of thirty grains suffices to prevent the attacks. If he stops for longer than a week he is certain to have a paroxysm. He will, probably, have to take it during the rest of his life.

The foregoing is certainly a very remarkable case, for it shows not only the perversity of some natures as regards the sexual passion, but it also exhibits how much may be done by intense mental effort, even by a person not of very strong intellectual development in bringing matters back to a normal channel.

Dr. Cox,\* of Colorado, gives the particulars of a case which, though not so remarkable as the one I have just described, is nevertheless sufficiently interesting, not only in its genesic, but in its psychological relations. I cite it in his own language.

“This man has a wife and several beautiful children, and within the sanctity of his home, where he is always to be found during the evening, his precept and example are so noble and pure and good, that his in-

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\*“Transactions of the Colorado State Medical Society”—quoted in *The Alienist and Neurologist*, April, 1883, p. 345.



fluence is felt and praised by all of his many friends and admirers. But at stated periods, away from home, he is a holy terror to the biblical standard of those who have the promise of seeing God, an angel of mercy to the fast women whom he patronizes, and an insoluble enigma to all mankind.

“He has never been known to cohabit with a lewd woman, or to speak an immodest word; but he is a regular visitor, and, in his peculiar way, a liberal customer at certain houses of ill repute. His custom is to go early in the afternoon, select two or three of the largest girls in the house, and repair to a private room and lock the door. Here he divests himself of every stitch of clothing, from the waist upwards, but never removes his trowsers or boots. Then, lying prostrate upon the floor, with his hands lightly crossed over the abdomen and his eyes tightly closed, he commands his companions to walk over his naked chest, neck and face, taking care to stop at each step to grind his flesh with the heels of their boots. After this process has continued for some time, he begins to buy the wine for the girls to drink, but religiously abstains from taking a drop himself.

“About the only noticeable interest he takes in the proceeding is an occasional demand for a heavier girl, or for some means by which they can increase the severity of the punishment. The tramping process goes on uninterruptedly for two or three hours, at the end of which time he will have ordered a dozen or

more bottles of wine, besides paying the fair trampers handsomely for their time and trouble.

“One of his diversions is to make one of the girls stand on his chest with her entire weight on one boot-heel, and have the other girls spin her around till his flesh is torn and bleeding. He will also frequently direct a girl to place one foot across his eyes, with the boot-heel resting in one orbit and the other foot across his throat. He will keep her in this position for five or ten minutes, thus sustaining a weight of one hundred and fifty pounds or more. It would be impossible to mention all the means of torture that this man has invented and submitted to, but I merely mention these few facts as being samples of dozens which I have heard of.

“At the conclusion of one of these matinees, our hero puts himself through a course of rubbing his injured spots with his naked hands; and a very strange part of the story is the fact that by this simple process his bruises, scars and ecchymoses will almost entirely disappear within a very few minutes.

“Having thus rubbed himself back to a state of presentability, he resumes his clothing, pays his bill, and takes himself off to the marts of trade, but only to return and repeat the strange entertainment in about a week.”

The *rationale* of such a case would be difficult to discover, were it not for our acquaintance with similar instances, which teach us that by analogous methods

some men procure a species of venereal excitement, perhaps of a more exalted character than that to be obtained by the physiological and normal process of sexual intercourse. The fact, however, that this individual had children, shows that he was, at one time at least, not incapable of copulation. It would be interesting to know how long he has been addicted to the practice described by Dr. Cox, and also the age of his youngest child. I am of the opinion that he is impotent with women, and that his only means of obtaining the sexual orgasm is by subjecting himself to the treatment mentioned. There are men, or at least individuals in the image of man, who never experience the orgasm unless it is excited by acts of cruelty and bloodshed, either performed upon others or upon themselves. It appears to me that the subject of Dr. Cox's communication is one of these, and that while he is being bruised and mangled he is experiencing intense sexual pleasure, with repeated acts of seminal ejaculation.

Several cases of sexual inversion in which the subjects were disposed to form amatory attachments to other men, have been under my observation. They are even more distressing and disgusting than cases such as that the details of which I have just given ; but it is necessary for the elucidation of the subject to bring their details before the practitioner. So long as human nature exists such instances will occur and physicians must be prepared to treat them.

One of these was a young man, a cigar-dealer of this city, who, from a very early period of his life had contracted the habit of introducing substances into the anus for the purpose of having sexual pleasure. He had been led to the practice by seeing, while yet a very young child, a dog coupled with a bitch, and supposing that the connection was by the anus, he had inserted a wooden lead pencil into the corresponding opening of his own body. This had caused him some local pain but it had also produced a singular but voluptuous sensation the exact location of which he was then not able to fix.

At this time he was about seven years old. In a few days he repeated the operation with a like result, but on this occasion with the handle of a tooth brush well oiled. Again he experienced pleasure which was distinctly referable to the penis. After this he often performed this act, using always the same article with which to accomplish his purpose.

At about the age of ten he was initiated into masturbation and pederasty by the boys of a boarding-school to which he was sent. Masturbation, however, gave him no pleasure, neither did pederasty when he was the active agent. Indeed he had difficulty in getting an erection sufficiently vigorous for the purpose. His weakness in this respect was soon discovered, and he was relieved from that part of the performance very much in accordance with his wishes, as the rôle of the passive gave him more pleasure than that of the active

agent. Every night, therefore, he took part in these shameful performances and frequently to the extent of half a dozen or more times. On each occasion he experienced the voluptuous sensations to obtain which was rapidly becoming one of the chief objects of his life. He remained at the school five years, and then left it to go into a tobacco mercantile establishment to learn the business, but, as he said, with his health shattered, his nervous system irritable, with almost constant headaches, and with such a degree of relaxation of the sphincter ani as to sometimes make it impossible for him to hold his feces after they had once reached the rectum.

At this time he formed an association for pederastic purposes with a young man who was to take the active while he himself took the passive part. Articles of agreement were drawn up between them in which each swore eternal fidelity to the other, and in which they were called, respectively, husband and wife. They took a room together and at night slept in one bed. There were two beds in the room and both were occupied for a few minutes so as not to excite suspicion, and then the one who was in this disgusting arrangement to act the part of the "husband" came to his "wife's" bed and remained there during the night. Generally pederasty was practiced night and morning.

Frequently the passive agent would array himself in female attire and would sit up at night waiting for the other to return home—sometimes he was kept out late

by his business, which was that of a liquor dealer—and then would receive him with every demonstration of affection.

These relations continued for three years, at the end of which time the passive agent went into business as a cigar dealer, and his associate was obliged to leave the city, in consequence of a difficulty with the police in regard to a gambling operation in which he was engaged. The connection was, therefore, broken up, though with much regret and many manifestations of grief on both sides. He then resumed his performances on himself, though he was constantly on the lookout for a man with whom he could establish *rappports*, such as those which had been interrupted. He frequently fell in love at first sight, but was afraid to make advances, lest he should be refused, and perhaps exposed. All this time he had a very lively sense of the impropriety and illegality of his proceedings. He knew that if detected disgrace and severe punishment would be the result. He endeavored, however, to reconcile his mind to his conduct, by endeavoring to persuade himself that he could not help doing what he did; that the tendency was born in him, and, that though his body was that of a man, his soul was a woman's. He gave himself a woman's name, calling himself "Lida" whenever he was operating on himself, and insisting on being called so by his acquaintances, telling them some story about its being an abbreviation of his real name.

In all his life, he had never experienced the slightest sexual feeling for women. Upon one occasion he had passed the part of a night with a prostitute, but was unable to have connection, or even to have an erection. Since about his fifteenth year he had had strong erections while engaged in pederasty, and emissions of semen took place at each performance, though without there being any contact with the penis. Indeed, this organ was in such a hyperæsthetic state while the act was being performed on him, that he could not bear it to be touched. The least contact, even, with his clothing, was sufficient to produce a semi-epileptic paroxysm, in which, while there was no loss of consciousness, there were involuntary contraction of the muscles of the face, arms, and legs of both sides of the body, and an immediate relaxation of the sphincter of the bladder, attended with discharge of whatever urine might be in the viscus. This condition of enuresis was often manifested during sleep, but more especially when there had been no sexual relations that night.

Finally he formed a pederastic association with a man of about fifty years of age. As he said, it was not the kind he wanted, but he had, as he declared, no alternative. This man proved to be very salacious, and sometimes had relations with him three or four times in the course of the day and night. He had several times been under the charge of a surgeon of the city for fissure of the anus, but had never revealed the real circumstances to him.

About a year before he came under my observation he had had an epileptic fit during pederastic intercourse. This was after having had such connection four times in the course of one night, when he was greatly exhausted, and in an exceedingly hyperæsthetic condition. During this attack he bit his tongue. After this he had repeated seizures, some taking place during the pederastic acts, and others just after they were ended. All were apparently directly connected with them, except the two last, which had occurred while he was in his shop, and engaged in his legitimate business. In the second of these he had fallen against a hot stove and burnt his hands and chest quite severely. It was for treatment for his epileptic convulsions that he came to me.

As soon as he entered my consulting room, I was sure, from his appearance and manner, that there was some derangement of the genital system, but I was not prepared for the horrible instance of depravity the details of which, after some difficulty, I succeeded in eliciting from him. Here was a man about twenty-three or twenty-four years of age who for nearly twenty years had had sexual orgasm in the strangely unnatural way mentioned, more times than an average of once daily. He informed me that he had made a calculation, and was sure that he had either acted upon himself or been acted upon by others, at least ten thousand times! He was exceedingly thin; his eyes, black, were deep sunken in their sockets, his hair was black, thin, and dry; he



had no beard, and but a slight mustache ; his skin was sallow, and the expression of his face that of a person who has committed a crime, and is fearful of being discovered. While speaking, he kept his eyes cast towards the floor. After he had told me the story as I have given it, I proceeded to examine him more critically. I found that he had had repeated headaches, and attacks of vertigo ; that he had scarcely any appetite, that he suffered greatly from dyspepsia, that his bowels were sometimes constipated, and sometimes extremely loose ; that he had pains in his back, and that he had had for several months past, sharp, shooting electric-like pains in his legs, which he had taken for neuralgic pains, but which, from the peculiar gait, the absence of the patellar tendon-reflex, and the presence of other symptoms, were certainly indicative of the existence of locomotor ataxia. He also had incontinence of urine, and the ordinary phenomena of incoördination, met with in the affection in question. On submitting him to ophthalmoscopic examination, I ascertained that the left pupil was very considerably larger than the right, that there was neuro-retinitis on both sides, and that on the left side there had been several retinal hæmorrhages. The field of vision was considerably restricted in that eye. At times there had been diplopia.

Extending my examination to the genital organs, I found the penis extremely small, but the moment I touched it an involuntary shudder ran through his body, and, for the instant, he lost consciousness—the attack

was clearly epileptic in character. Although he could touch and handle the organ with comparative impunity—though when he retracted the prepuce, there were slight spasms—it was, he said, impossible for any one else to touch it without an epileptic seizure being produced. There was no phimosis. In its flaccid state, the penis was not larger round than a man's little finger, and did not exceed two and a half inches in length. I suspected from this conformation that he had taken the active part in pederasty, as well as the passive, to which he had confessed, but he assured me, that he had never done so half a dozen times in his life and that his penis had always been as small as it then was. The testicles were of about the normal size, though, perhaps, somewhat softer than they are usually found to be in the healthy state. The anus was extremely relaxed; to such an extent, in fact, that it would have been perfectly easy to have introduced the hand.

He informed me that at times his inclination towards being a woman was so great that he had been repeatedly strongly tempted to amputate the genital organs. He had been told by his paramours, however, that if he did so he would no longer be capable of experiencing pleasure in the pederastic act, and this had restrained him.

But with this tendency to femininity, he had a disgust for women, so far as the sexual feeling was concerned; and, as has been said, he had never felt in the slightest degree any venereal excitement in their pres-

ence and under circumstances calculated to produce the orgasm in normally constituted men.

There was nothing to do for this patient, so far as I could determine, but to give him the bromide of sodium, with the view of lessening his reflex excitability and arresting the epileptic paroxysms, to which he was subject. He promised to abstain from further pederastic acts, but I had no confidence in his protestations. Indeed, he said that he did not himself believe that he would be able to stop. He returned in about a week, better so far as the epilepsy was concerned, but with no improvement in other respects. He had committed pederasty, passively, five times in that period, a slight reduction from the average. I saw him, at intervals, for several months. So long as he took the bromide he was better, and his inclinations to his vice lessened in number and intensity. It had rendered him a little weaker in his legs, however, and he stopped taking it. His ataxic symptoms steadily became more profound. Finally in the winter of 1880-1881, he died of some lung trouble, in Cuba, whither he had gone for his health.

There are few cases on record in which a more decided inversion of the sexual feeling has been exhibited than in this instance. The exact mechanism of the production of the orgasm by friction against the mucous membrane of the rectum, is, of course, easy of explanation; but that it should have been put in action at so early a period, and without the ordinary physio-

logical process being developed, are certainly remarkable facts. And again, that when the glans penis began to exhibit excitability, it should, when excited, instead of leading to the sexual orgasm, result in an epileptic paroxysm is another extraordinary phenomenon.

In another case, the patient, a young man, twenty-eight years of age, consulted me for treatment for pederastic tendencies to which he was subject, and to which he had repeatedly yielded, though always afterwards experiencing the most intense feelings of remorse. He had never had sexual intercourse with women, nor had desire in that way. He had attempted it repeatedly, in order that he might, by success, be diverted from his pederastic inclinations, but had never succeeded. No excitations in connection with women caused him any sexual excitement. He was absolutely impotent with them.

This patient was of a different type from the other. He was well educated, had travelled extensively, and had ample means at his command. His family was of the highest respectability. All these circumstances increased the deep sorrow he felt at the tendencies which, in the most unaccountable manner, had been developed in him, and which had produced in him a feeling of the most profound melancholy.

The origin of the impulse was sudden, and occurred when he was about twelve years of age. He had been severely flogged at school for some boyish offense, and soon afterward experienced in the sexual organs sensa-

tions which he had never felt before, accompanied by an erection which lasted fully half an hour. That afternoon, he went into a river near by to bathe, in company with another boy, and, while in the water, he swam with his hands resting on the other boy's shoulders. He had often done this before, without having any sexual excitement provoked, but upon this occasion his penis came in contact with the gluteal region of his companion, and, instantly, he felt just such sensations as he had experienced when he had been flogged, and, like them, accompanied by an erection. They were close to shore, and before he knew what he was doing, he was performing a pederastic act. From this time on, while at school, he continued the practice, sometimes acting as the passive, but generally as the active agent. When he left school, he stopped for a long time, having become aware of the iniquity of his proceedings, but the sight of a naked man, or even the pictures or statues of such men, were sufficient to cause sexual excitement, but not reaching to the extent of emissions.

While at college he studied hard, and during the four years of his attendance never once yielded to his inclinations. He, however, frequently practised masturbation, and during the act always directed his mind toward the subject of the gluteal region of man, of naked men, and images of men committing pederasty. There was scarcely a night that he did not commit self-pollution. Nocturnal emissions, also, were common,

and were always accompanied by lascivious dreams, of which pederastic acts were the principal features.

All this injured his mind and weakened his generative organs. He cursed himself for his inability to refrain, and for the unnatural course which his sexual desires took. Several times he had attempted to turn them towards women, but in vain. They were absolutely incapable of rousing in him the least venereal excitement. He read romances of an indecent character, in which women were made to act lascivious parts; he bought obscene pictures and looked at them, hoping, by these means, to provoke a natural desire; but he was absolutely dead to all excitations of the kind. These things disgusted him, and, as he said, when he saw several naked prostitutes in obscene positions, he had a feeling of nausea that almost ended in vomiting. The society of virtuous women he could not bring himself to seek, on account of the sense of his utter unfitness, by reason of his moral turpitude for such associations. He was fast becoming morbid and full of eccentric notions relating to sexuality. For instance, he spent the whole of one evening drawing the gluteal regions of the great men of the world, and imagining that he was having pederastic relations with them.

Soon after leaving college, while stopping at a hotel in this city, a telegraphic message arrived for him late in the evening, just as he had undressed, and was going to bed. The bell-boy of the hotel, who brought it to him, was a rather handsome lad, and excited the desires

of the patient to an inordinate degree. He offered him a considerable sum of money to remain with him all night, and, without much persuasion, consent was obtained. He had never experienced such intense venereal excitement as he did that night, and he committed pederasty eleven times before morning. His remorse over this was very great and his physical suffering excessive. He could not walk for several days; had constant headache, and could not sleep. He sent for an ounce of laudanum, intending to take the whole of it, but, on reflection, contented himself with a little less than a teaspoonful. This gave him sleep, and some measure of relief from his other nervous symptoms. He recovered, however, went to Europe, and there indulged several times. Then he returned to New York, indulging two or three times, and, finally, he came to me, as I have stated.

I found that he was sincerely desirous of being cured of his tendencies, and of recovery. He had, with this latter end in view, formed the acquaintance of a young lady, but as he had never experienced any sexual inclinations towards women, he was afraid to think seriously of matrimony. Thus far, there had been apparently no serious inroads committed on his health, except as regarded his mind. He was subject to severe fits of depression, during which he suffered the keenest feelings of remorse, and had thoughts of suicide. He had never before consulted a physician.

I advised continuous association with virtuous women,

and a system of severe study of subjects that would require abstract thought of the highest kind. I suggested mathematics. He at once agreed to pursue the exact course I marked out for him in these respects.

I also recommended cold baths every morning, a liberal diet, and plenty of outdoor exercise, either of walking or horseback-riding.

I cauterized the nape of the neck and the lower dorsal and lumbar regions, and administered the bromide of sodium, in fifteen grain doses, three times a day. The cauterization was repeated every ten days. At the end of the third month there had been a very decided improvement. Bromism had been produced to a tolerably severe degree, and with its appearance, the unnatural proclivities towards men began to disappear. He no longer had images, such as had formerly haunted him, passing through his mind, and he could look at a nude statue of a man without feeling any sexual excitement. Occasionally, however, the impulse to pederasty would come over him, but it lasted only for a few minutes, and was never yielded to. He had not, however, had any inclination towards women. He had had but one nocturnal emission, and that was soon after beginning treatment.

All this was very favorable, and I determined to continue the treatment unchanged for another period of three months.

At the end of this time there had been still greater amendment. Sleep had become regular and sound ;



his melancholic disposition had almost disappeared; his abnormal sexual tendencies no longer existed. In fact, there was no venereal excitement of any kind. There were no emissions, no erections. Judging that the bromide had now been carried far enough, and that he had obtained such a degree of control over himself, as to prevent his returning to his former habits, I stopped its administration, and gave him, instead, the following prescription:

℞. Strychniæ sulph... .. gr. ij.  
 Acid. hypophosph. dil... .. ʒ ij.  
 M. ft. sol. Dose: ten drops three times a day.

He took this without interruption for three months. During this period he had no relapse. The images, which formerly excited him now disgusted him, for he associated them with some of the most remorseful feelings a man could have, and he had begun to take pleasure in the society of respectable women. He had not, however, experienced any but the faintest evidences of sexual excitement, though occasionally he had felt slight normal desires.

Over a year has now (March, 1883), elapsed, and he is still under treatment, though I have not seen him for two months. At that time he was strong and healthy, free from all pederastic tendencies; in fact, entertaining the liveliest disgust for it, and thinking seriously of marriage. He had had, several times, natural sexual desires, accompanied by erections, but a high sense of morality, which now exists in him, has prevented any

yielding. He has nerve to keep himself perfectly chaste till his marriage, and then to use with discretion whatever power he may have.

These cases will suffice to show two of the types of pederasts. There are others, but they are not essentially different from those that have been described, and the pen wearies of writing of such moral, physical and hygienic iniquities.

But there are other cases which require consideration, and which also lead to impotence, by causing a loss of the natural desire. Among these are those instances in which, without manual or other physical interference, the act of ejaculation, with excitement, is accomplished by a simple act of the imagination. A man, for instance, observes some woman, who proves to be capable of provoking sexual desire. He concentrates his attention on her, imagines the appearance of her vulva, and that he is effecting entrance, and then, step by step, by an effort of the will, brings before his mind's eye the successive stages of an act of sexual intercourse, and ends by experiencing the full sexual orgasm. There are men who never have any other form of orgasm but this; who cannot experience erections from the reality, but who accomplish this, and, in the way I have mentioned, readily, and often several times in the course of the day. As one of them said to me, "We have the stimulating influence of constant change, which we could never get in real sexual intercourse. We have the pick of the handsomest

women in town, and the enjoyment is infinitely greater than any intercourse could be." These men go into the street cars, the theatres and other public places, place themselves, so that they can fix their eyes on the centre of a woman's body, and then give a loose rein to the imagination. In a half minute, or a minute at furthest, the orgasm supervenes.

Three of these cases have come under my observation, and I have heard of others through these three. There appears to be a sort of association, or fellowship, with signs, by which they know each other. They have a coarse name which they apply to themselves, and to each other, and which may be paraphrased as "a man who has mental sexual intercourse." They profess to be able to tell by sight whether or not a man is one of the class in question.

One of the persons of the kind consulted me for epilepsy, which had been clearly brought about by the practice to which I refer. For several months he had had repeated attacks of fully developed epileptic paroxysms, not only during the orgasms produced by the method mentioned, but at night during sleep. He informed me that several of his class had "fits." This man had repeatedly had convulsions in the street, railway cars and other places. The last one had occurred in a picture-dealer's, a favorite place, with him, to observe nice-looking women. Having selected his "partner," he fixed his mind on her strongly, and imagined her in various lascivious positions. He had no diffi-

culty, he said, in bringing her image vividly before his mind in an entirely nude state. Then he went through a series of voluntary contractions of the gluteal and accelerator urinæ, and, perhaps, other muscles, and in less than a minute, generally, the emission with the orgasm took place. Sometimes, while mentally engaged with one woman, another would enter the apartment, handsomer or otherwise more attractive, and then he would change to her. He was able also to produce the orgasm by thinking of some woman whom he had previously seen, without the necessity of her being present before him. As to actual sexual intercourse, it gave him no pleasure, he was absolutely impotent with women and not even the imagination sufficed to awaken his desires in the attempt at connection.

Latterly, he had been unable to restrain the disposition to the production of the orgasm, which often took place at the mere sight of an attractive woman, and without being accompanied by an erection. At times there was no emission. Again, a painting or engraving of a woman, either clothed or in a nude or partially nude state, would cause an orgasm with or without erection or seminal ejaculation.

In this case, the penis and testicles were apparently in good condition, and there appeared to be no hyperæsthetic condition of the glans. He complained, however, of a burning sensation in the urethra whenever he passed his urine, and, on examination, I found an irritable state of the prostatic portion of the canal.

I treated this patient with large doses of bromide of sodium, twenty grains three times a day, and with urethral injections of cold water. His mental condition was entirely cured in the course of a few months, and the epilepsy was prevented while he continued to take the bromide. After that time I lost sight of him and, therefore, do not know whether there was, or not, any improvement in regard to the impotence. Probably there was not.

The other cases were similar in general features to this one. Epilepsy had been developed in each, but, as I only saw them once, I do not know the effects of the treatment.

The particulars of an interesting case of sexual perversion and impotence have been given me by a medical friend of this city, and with his permission I cite them here.

The subject was a foreign gentleman, about thirty-five years of age, whose whole life had been devoted to the gratification of his sexual appetite, and who seldom kept less than three mistresses at a time. When thirty years old he had married, but soon afterward his wife left him in consequence of his failing sexual powers and her objections to his mode of life.

Ordinarily he was unable to have an erection without obliging her to clothe herself in various fancy costumes, and to assume different positions, while he would sit and look at her till the desired result was obtained. Again, he would cause her to dress in a short, colored

chemise, and colored silk stockings, and then while she lay on a lounge he would regard her sometimes for over an hour before erection ensued. After a time this procedure failed, and he then resorted to the expedient of dressing her in the costumes of different nations, Persian, Egyptian, Hungarian, Swiss, etc. That these expedients also eventually failed there can be no doubt.

A case is reported,\* in which there was "mental intercourse" similar to that referred to in the foregoing instances, and as the history is interesting in other respects, I cite it without abridgment.

"The patient is a highly cultivated gentleman of high moral character, the father of three or four healthy children, the result of an unusually happy marriage. 'At an early age,' said he, 'long before puberty, even, I had acquired a taste for indoor games, female pursuits and even attire, although the latter desire was never satisfied farther than wearing girls' shoes. I was also an admirer of small waists in ladies and, at the age of fourteen, tried to procure or make for myself a pair of corsets. As I grew older, my fondness for female dress increased, but, having no sisters, I could find no opportunity to gratify it, farther than reading stories of female impersonations, etc. I composed several stories entitled 'Adventures in Hoops,' and constructed stories founded on such plots. They were printed and extensively copied. To this day I seldom miss an oppor-

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\* "Gynomania: A curious case of Masturbation." *The Medical Record*, March 19, 1881.

tunity to see men take female parts on the stage, especially the more refined ones, like Leon, etc.'

"At the age of twenty-one years, he began the use of corsets, of which he is still very fond, and, although he laced himself very tightly for several years, he seems to have suffered no injury from it. He confessed that he had always derived a certain amount of sensual gratification from their use, and although, at first, he experienced some pain in the pubic region, and erections, he has since found that as soon as his corsets are pulled quite tight, erections cease, and that coition, as well as voluntary discharges, are impossible when he is tightly laced.

"From fear of impotence or other evil that might result from masturbation before marriage, he carefully avoided voluntary discharges of semen and remained continent before marriage. He recollects, however, having had three involuntary emissions while awake. The first occurred while horseback riding, and induced him to abandon this otherwise healthful exercise. The others happened while putting on a pair of very tight shoes (ladies' boots, with French heels) and buttoning them.

"After marriage he abstained from corsets and other articles of female attire (with rare exceptions), until two children had satisfied him of his potency.

"About this time our patient began to yield to the temptations which everywhere beset him, and returned to the very source whence he had first derived unlaw-

ful pleasure. But I will let him tell it: 'I purchased,' said he, 'a very stylish pair of ladies' high boots, with French heels, which were at first tight enough to make me limp. These boots he boldly wore upon the promenade in fine weather, with trousers elevated to show the heel. In bad weather he was wont to put on these boots and button them in front of a long mirror, about once a week. This seldom failed to cause not only an erection, but also an emission.

"When this had lost its novelty, he purchased a pair of corsets, not having worn them since marriage. As often as practicable with concealment he wore these, and laced them sometimes to faintness. These two articles, buttoned boots and corsets, seemed to have a most peculiar infatuation for him. Often while riding in a street car, if a lady with a small waist or pretty foot sat opposite, he would have a sort of mental coition, he called it, with this innocent paramour—an emission. M. Roubaud mentions the only case at all similar, where a young man was impotent, except with a light-haired woman wearing corsets, high boots, and a silk dress. The last three articles had a powerful influence on our patient, whether they were worn by man or woman.

"After this he descended step by step down the ladder, purchasing various articles of female attire, until at length he bought a black silk dress, which he had made to fit him very tightly, and in which he took great pride. Curls and switches, false hair, earrings and breast pins, all aided in feeding this peculiar fire. He would even



sit for hours tightly laced, while a ladies' hair-dresser curled and frizzed his hair like a woman's. At length he went so far as to walk the city streets, and even attend church, wearing his new black silk dress, caught up on one side so as to expose a white fluted skirt, beneath which his high-heeled French boots were visible. With heavily padded chest, tightly squeezed waist, enormous bustle, his hair tortured into fantastic forms, his ears in screw-vises, and his feet crowded into the narrowest, and most uncomfortable boots, he would walk for miles, or dance for hours, with great pleasure. In fact, physical pain seemed essential to his happiness, and he thoroughly and deeply enjoyed it, if it were only the pain inflicted by female attire. He imitated women's manner and habits to some extent, yet never used his disguise for improper purposes, except to excite an occasional emission.

"As before stated, he had always been an advocate of tight-lacing, had read extensively upon the subject, and collected all the literature that in any way favored or defended it. He several times tried to lace himself tightly enough to faint away, but never could. He even persuaded his wife to lace, and daily tightened her corsets, until he actually reduced her waist nearly *six inches*, which also gave him sensual gratification. A child born of her soon after was perfectly healthy and well formed.

"He showed me," continues Dr. H., the physician who reports the case, "several pictures of himself, in all

sorts of dresses : as a ballet-girl, as Queen Elizabeth, as a Polish maiden, an old maid, the Goddess of Liberty, as Juliet, and in a plain street-dress, which he wore to church a few years ago.

“Many times he swore off, but in vain. Sometimes he would remain free from his peculiar vice for weeks and months, when it would return with renewed vigor. I found him eating largely of animal food, but not of fat meat. Nitrogenous food alone suited his palate. I advised vegetable diet, but he found it distasteful to such a degree that I was forced to withdraw it. He used no stimulants except weak tea and coffee. Gave bromides for awhile and hope at length to conquer.”

Sometimes there is, in individuals of a peculiarly impressionable nervous organization, sexual impotence as regards all women except those of a peculiar type, or clothed in a particular manner, or possessing some peculiarity, to which the person has become accustomed. Thus, in the case cited above from Roubaud,\* the patient was impotent to all women different from the one with whom he had previously had sexual relations.

“M. X., son of a general of the first Empire, was brought up at his father’s country seat, which he did not leave till he was eighteen years of age, when he went to the military school. During this long period of isolation in the country, he had been initiated, at the

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\* “*Traité de l’impuissance et de la stérilité,*” etc., Troisième édition. Paris, 1876, p. 373.

age of fourteen, into an experience of the pleasures of love, by a young lady, a friend of the family. This lady, then twenty-one years old, was a blonde, wore her hair in the English style, that is to say, in corkscrew curls, and in order to lessen the liability of detection in her amorous intrigue, she never had intercourse with her young lover except when clothed in her day attire, that is to say, wearing gaiter boots, corsets and a silk gown.

“All these details I mention purposely, for they had greater influence, not only over the degree of excitability of the genital function, but over its very existence, in the case of M. X.

“The young lady was of strong passions, and as it appeared, exhausted the strength of the young neophyte, and the severe regimen of the military school was no more than sufficient to restore to the genital organs the energy which had been seriously affected by too early and too frequent indulgence.

“But when the period of his study had passed, and he was sent to a garrison, and was disposed to enjoy the rights which nature had restored, he perceived that sexual desire was only provoked by certain women, and with the concurrence of certain circumstances. Thus, a brunette did not produce in him the slightest emotion, and a woman in her night-dress was sufficient to extinguish and freeze every amorous transport.

“In order that he might experience the venereal desire, it was necessary that the woman should be a

blonde, should wear gaiter boots, should be laced in a corset, wear a silk gown, and, in a word, fulfill all the requirements of the lady who had first caused M. X. to experience the sexual orgasm.

“And this was not by reason of any sentimental love, the magic power of which lasts through a lifetime. In his early sexual relations, M. X. had only been actuated by animal desire. His heart had never been touched, and after twenty-five years, in consulting me for his singular infirmity, he declared that he had loved with his heart but one woman, and to her he had never been able to render homage for, by a perverse coincidence, she was a brunette.

“His fortune, his name, his social position, made it a duty of M. X. to marry, but he had always resisted the solicitations of his family and his friends, for he knew that he would be incapable of availing himself of his marital rights, with a wife arrayed in the costume of the nuptial bed. Yet he was in good health, was of the sanguino-choleric temperament, was above the medium height and was of so strong a constitution that for fifteen years he had been an officer in a regiment of heavy cavalry.

“Evidently his impotence was relative only, for, when the woman was blonde and when the other conditions specified existed, he accomplished the sexual act with all the ardor of a healthy man and one of an amorous disposition.

“Retiring to civil life, and tormented more than ever

by his family on the subject of his marriage, he was anxious to make a last effort, and accordingly consulted me."

This patient was cured by moral means, to which reference will be more fully made hereafter.

These cases of impotence as regards certain women, while there is full sexual power with others, are not infrequently met with in medical practice, and, indeed, relative want of desire may be regarded as in some respects a normal phenomenon. A young man of strong passions, and yet educated and refined, will not be likely to exhibit desire toward an old, and ugly, and otherwise disagreeable hag. No matter how vigorous the animal part of his organism might be, or energetic the erection, both would give way, in presence of the absolute failure of sexual desire. But there are cases such as that cited from Roubaud, in which even trifling circumstances or conditions, or the influence of some long-continued habit, abolishes all desire, and renders the individual, for the time being at least, impotent unless the situation is in every respect assimilated to that to which he is accustomed. I have already given instances in which this state existed in regard to all women, and in which unless certain preliminaries were provided for, connection was not only impossible, but was often repulsive.

The absence of desire on the part of a young man towards an old and ugly woman is an entirely natural phenomenon, and one, therefore, not calling for medical

treatment, but cases like the following are certainly more or less abnormal, and are such as in regard to which physicians are often consulted.

A married gentleman, who before entering into the matrimonial state, had been excessively given to sexual intercourse, but who had no reason to think that his powers were exhausted, or even materially weakened, found himself on his wedding night and for some days thereafter, absolutely incapable of consummating the marriage. His wife was a highly educated, intelligent, refined and beautiful woman ; he was devotedly attached to her, and on marrying had once and for all given up all the evil associations of his younger days. His passions were strong, but as soon as he attempted intercourse, the desire, which he had previously entertained, vanished at the thought that it was a profanation for a man like him to subject so beautiful and pure a woman to such an animal relation as sexual intercourse. "She is too good for me," he would say to himself, "I ought to have married a woman used to this sort of thing ; or, better still, have remained single and gone on in the old way." This happened several times, and then, in disgust with himself, he paid a visit to one of his former female associates, and in a short time satisfied himself that his powers were as good as ever. Again he essayed the act with his wife, and again he met with disappointment.

He had now been married a week, and the marriage was still unconsummated. He then came under my care.

A case like his presented very little difficulty: I reminded him of the fact that in all probability, however pure and noble his wife might be, there was no profanation in sexual intercourse, chastely undertaken; that she had sexual organs which were intended for the performance of certain functions; that these functions were all connected with the propagation of the human species; that there was but one way that I knew of by which the species could be propagated; that she had selected him as the one man who was to put her in the way of fulfilling her office in the grand scheme of nature, and that my advice to him was to lower his estimate of her angelic character, and to look upon her in the not less worthy light of a woman to be treated as other women are treated under like circumstances. He left, promising to be less exalted in his appreciation, but the next morning returned with the information that it was no use: he had tried his best, his erections were strong and repeated, but as soon as he went further towards the object he had in view his desire became utterly extinguished. "She was too good, too delicate for a mere animal like him; he could not desecrate her beautiful body by any such vile act," etc., etc.

From a few words which he let drop, I became convinced that the lady was not so platonic a creature as he thought, and, that if I could have a few words of conversation with her, I could probably end the matter to the satisfaction of both parties. I therefore expressed a wish to see his wife, and that afternoon, with his con-

currence, called on her at the hotel at which they were stopping during their wedding tour to New York. I found her to be a very sensible woman, not at all etherial, but anxious to do her share towards relieving her husband from his embarrassing position, of which she only half comprehended the character.

I requested her to be a little more free in her manner with her husband than she had yet been, and told her I thought that if she pursued that course there would be no further disappointment, but that she was not to act as though she had received any instruction from me, but rather as though she was disregarding what I had said to her. The details, of course, I left to her own good sense and womanly feeling. The plan was eminently successful, as her husband told me with great glee the next day. "She told me," he said, "that she did not want any doctors about her; that she could settle this affair herself." "The rest," he continued, "is confidential between her and me, but, by Heaven, it reminded me of old times!" It is scarcely necessary to add that there was no further trouble.

In another case, the patient, a gentleman who had been married several years, and had lived happily with a wife to whom he was much attached, found himself absolutely without desire, in a new house he had built for himself. He had, when he consulted me, lived in his new mansion six or seven months, and in all that time had experienced no desire for intercourse. He was about thirty years of age, and his wife twenty-five.



He consulted me, supposing that there was some nervous trouble threatening the extinction of his virile powers. I found, however, on examination, that the organs were in a perfectly normal condition, that he had strong erections at times, and had had several nocturnal emissions. I suggested that, probably, he was like the boy who had spelt well in the old school-house, but who, when reproved by his teacher for retrograding in his orthography, replied that "he could not get the hang of the new school-house." At first, he doubted the correctness of this explanation, but upon reflection became satisfied that I was right. To "make assurance doubly sure," he went, with his wife, to the other house, which was awaiting a tenant, and passing a night there, was very soon convinced that the former state of affairs could be easily restored. What to do, however, was the next question. To go back to his old residence was out of the question, and to live, as it appeared to him, he would have to live in the new one, was not to be thought of. I advised that he should move all the bed-room furniture from his chamber in the old house to the one he occupied in the new, and to otherwise fit up the room as nearly as possible like the one to which he had been so long accustomed. He at once saw the propriety of this suggestion, and, adopting it, had no further trouble. Piece by piece, after a few months, he displaced the old furniture, and this without any sacrifice of his normal desires.

Besides these classes of impotents, complete and par-

tial, from the absence of desire, there are others, in whom the condition is irregularly induced, through religious observance or superstition, and in whom it becomes permanent through a long continuance of sexual abstinence. Thus, members of the priesthood in certain denominations, who devote themselves to a life of celibacy and self-abnegation, eventually become absolutely free from desire, and consequently impotent. The same is true of whole sects, whose religious worship requires an entire abstinence from sexual intercourse. Before the stage is reached at which desire is abolished, great suffering is sometimes undergone, as was, for instance, the case with St. Anthony and others of those with whom the complete annihilation of sexual inclinations was considered an act agreeable to God. In regard to the Shakers, who profess to abstain from intercourse, and who probably do so, in most cases, the following account exhibits, to some extent, the state of mind and body thereby induced.

“An old Shaker, called Father Abijah Worster (who had been anointed Father in Mother Ann's day), a native of Harvard, Mass., and well known to the inhabitants of that town, told me, that one time some of his relatives entered and clung to him. I will relate his story; yet, if I had his words, I should lack the deep tone of thrilling horror which invariably accompanied the recital of such scenes by these visionary people. He says:

“As I was tossing, tumbling, rolling, jumping, throw-

ing myself against the wall, the chimney, the floor, the chairs, in fact, everything that did not keep out of the way, I felt that my blood was boiling, and every bone in my body was being sawn asunder; my flesh pinched with hot irons, and every hair on my head was a stinging reptile. I had laid me down to die, when Mother Ann came along, saying, 'Why, Abijah, there are some of the worst looking spirits on your shoulders I ever saw in my life.' I crawled along and laid me down at her feet, and prayed her, in mercy, to help me; she raised me up, and made a few resolute passes, from my head to my feet, with her hands, and I was relieved at once—and I have never doubted since; that,' he added, 'was the power of God in Mother.'

"This good old man died in 1839, upwards of ninety years of age; he related to me, as a REMARKABLE FACT, a few weeks before his death, that he had gained a complete dominion over all the passions of the first Adam. The young and beautiful, old and withered, were the same to him." \*

A patient who had voluntarily reduced himself to impotence by restraining his desires, was, several years since, under my charge. Originally of strong passions, he had, when about attaining his majority, made a vow to follow the example of Mani, and to abstain from all voluntary sexual excitement. He devoted himself to the study of philosophy, with the view of founding a

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\* Extract from an unpublished Manuscript on Shaker History. By an Eye-Witness. Boston, 1850.

sect, which should be purer in their lives than any that had previously existed. He began by curbing the sexual passions, and proposed, by degrees, to suppress all appetites, except those absolutely necessary to the existence of the individual, and these were to be indulged in to the lowest extent consistent with the preservation of life. As I have said, he was of strong sexual feeling, and for a long time he suffered very acutely. Libidinous images were constantly before him, and his dreams were only of sexual matters, of all possible variety. During this period, nocturnal emissions were common occurrences. The deprivation was soon calculated to excite disturbance, from the fact, that up to the period of his vow, he had indulged freely and had kept a mistress from the time that he was seventeen years old. Finally he succeeded in overcoming the sexual appetite, and he was able to pursue his studies with more assiduity than had previously been the case. He made a voyage to India, in order to perfect himself in certain branches of knowledge which he thought he could not study thoroughly at home. During his travels he was repeatedly thrown into company with attractive women, but he had so thoroughly conquered his sexual feelings, that they were to him, as he said, no more than logs of wood. He remained absent seven years, but had entirely abandoned all idea of forming a philosophical sect. Indeed, his travels had cured him, very effectually, of a good many absurd notions which he had contracted; among others, that of perpetual celibacy. As

he was a man of wealth, and his fondness for society had returned, he thought he would marry, but was apprehensive that he would not, owing to his lengthened period of continence, be able to perform the part of a husband in the marriage relation. During the whole time that he had been abroad he had had no connection, no nocturnal emissions, no lascivious dreams, and no erections based upon sexual desire. He had no other object in marrying than to obtain a home and its comforts, but would forego the idea if he was incapable of intercourse.

Upon examination I found that the genital organs were of normal form and condition, and, therefore, that no obstacle, so far as they were concerned, existed. Except for his assurance that he never experienced erections nor desire I should have pronounced him competent, but, in the face of his declarations, I was satisfied that he was suffering from mental impotence, and that his cure would have to be effected by moral means. I advised him to enter society, and to try to fix his affections upon some virtuous and attractive woman whom he would be satisfied to marry, and to wait patiently for the re-development of his sexual desires. He had no faith, however, in that plan of treatment, but went off, on his own responsibility, into all kinds of attempted sexual excesses. Several months afterward he returned, with the information that he was actually and permanently impotent. No excitations which he had employed had sufficed to induce

in him the slightest desire, and his condition, therefore, was a great deal worse than it had been. He had exhausted the means in an irregular way, which, had he followed my advice, would, there was reason to hope, have been gradually efficacious. Moreover, in his attempts at intercourse, he had contracted a chancre, and was already suffering from secondary manifestations. He was placed upon anti-syphilitic treatment, but soon afterward went to the Hot Springs of Arkansas, and, while in the West, married a prostitute, who wanted his money, and who had persuaded him she could cure him. I believe he is still living somewhere, but am quite sure there has been no return of sexual desire.

In this case there was a loss of power as well as of desire, and hence a double cause for the impotence which existed. The origin, however, was clearly in abolition of desire, the loss of power being a secondary phenomenon.

*Treatment.*—The treatment of cases in which, from any cause, the normal sexual desire of the individual has been lessened or abolished to such a degree as to render intercourse impossible, has been to a great extent indicated in the preceding pages, when each case has been under consideration. In general terms, it consists in the use of the bromides, in those instances in which there has been excess in any unnatural direction, such as pederasty, masturbation, or mental intercourse; and in the employment of such moral means in

them and in the other classes of cases as each particular instance may seem to require. Roubaud treated the case I have quoted from him by requiring his patient to take a full dose of tincture of cantharides, and then while under its influence to attempt connection with a dark woman who was without corset, gaiter boots and a silk robe. The attempt failed, but the effect upon the genital organs of the patient was such that he begged for another dose, satisfied that at the next experiment success would be attained. Fearful of exciting too intense a degree of cystitis, Roubaud, while pretending to give him cantharides gave him a potion free from this substance. The expectant attention of the patient was, however, so aroused that this dose had as strong an effect as the other, and he finally succeeded through the indirect influence (for it was absolutely inert), in effecting intercourse with a brunette without a corset. The confidence of the patient, however, in the medicine was so great that he was not willing to dispense with it, and though he continued to have sexual relations with dark women he always took his potion.

In the employment of moral means or those acting through the mind of the patient, nothing is of more importance than to give him confidence in himself, and in the means which may be adopted for his relief. If this point can be secured the battle is half won; without it victory is always doubtful.

And again, great delicacy is generally required in all

efforts intended to act through the mind which may be directed to the re-awakening of the physiological desire for sexual intercourse. In my experience the society of respectable women is ultimately more efficacious than that of loose women and prostitutes. In cases of simple loss of desire, the power is not materially effected: it is the inclination alone which is wanting, just as a man may possess good digestive powers, and yet have no appetite. Now, the sexual feeling is much more apt to be provoked by a woman impossible to be obtained without marriage than by one who can be had for the asking, or for a sum of money. The appetite, like that for the good things of the table, is whetted by the difficulties that are in the way, and hence the object is obtained by natural means under the regulations which law and social life impose. Of course there are cases, such as some of those described in this chapter, for whom it is impossible to recommend the society of virtuous women. They are altogether too infamous in habits and principles for the physician to think of subjecting decent women to their companionship. But there are others to whom this stigma is not applicable, and who, but for the refuge which the society of virtuous women is capable of affording, and the prospect held out of making a marriage, would either go over to prostitutes or ruin themselves with masturbation or other irregular sexual practices.



## CHAPTER II.

## ABSENCE OF THE POWER OF ERECTION AND OF CONSEQUENT INTROMISSION.

There are many more cases of impotence met with under this head than all others combined. It is the trouble, therefore, with the great majority of men who consult a physician or surgeon in order that their virile powers may be restored to them. No cause is, according to my experience, so destructive to the happiness of the average man as the loss of his virile power, while his desire still exists not measurably impaired. He may be abstinent, but at the same time if he discovers that he is sexually impotent, though he may not care to exercise his powers once a month, his peace of mind is interfered with to an extent that no other disease is capable of causing.

In impotence arising from the condition in question there is an impossibility of entering the vagina with the male organ owing to the fact that the latter remains in a state of flaccidity. This state may be the result of one or more of several causes, of which the following are the chief:

*Early Sexual Excesses.*—Perhaps of all the causes of failure of sexual power in adult life the induction of the sexual orgasm during infancy or youth is the

most frequent. The fact that voluptuous sensations can be excited in children who are yet in their nurses' arms is well known to physicians, who are often called upon to treat affections of the nervous system which are the direct result of such excitation. Epilepsy, chorea, and spinal diseases, causing paralysis, sometimes have this cause as their factor and the groundwork may be laid for still more deplorable conditions which are developed in after life. Into the consideration of these effects it does not come within the scope of this work to enter or to consider them at all except so far as they relate to sexual impotence.

It is a law of the organism that any function which is over-exerted before the organs producing it are fully matured is certain to lead to the derangement or even extinction of that function. A child whose brain is over-taxed by studies, which are in advance of those suitable for an immature brain, runs serious risks of becoming epileptic or imbecile. Another, who is set to the performance of physical work of too severe a character, is arrested in its growth, and becomes puny and feeble; and it is equally certain that a like result, so far as regards the generative system, will follow on a too early excitation of the sexual organs. In very young infants it is sometimes the case that in order to sooth them nurses titillate the genital organs and thus produce sensations which are agreeable and which are subsequently desired. Eventually the operation is performed by the child, and, being continued through

the period of puberty, leads to complete impotence from loss of power, and often from loss of desire also.

In such cases as these the ordinary manual excitation of the penis generally after a time becomes insufficient to produce an emission, and various processes are resorted to to provoke the requisite degree of excitability to cause a seminal ejaculation. From a very early period in the history of medicine the effects of early excesses have been thoroughly recognized. Hippocrates, in speaking of the disease now known as locomotor ataxia, or tabes dorsalis, says: \*

“This disease attacks young married people or those given to venereal excesses. There is no fever, and although they may eat a sufficient amount of food, they become emaciated. They have sensations of ants crawling along them, and every time that they go to stool or urinate they lose a certain quantity of their seminal fluid; they are incapable of generation, and they often have the sexual orgasm in their sleep.”

I cite this extract from Hippocrates merely for the purpose of showing that he recognized the fact that early sexual excesses lead to impotence, and not with the least intention of endorsing the rest of what he has said, much of which is clearly incorrect. This, however, will engage our attention further on.

Celsus† declares that the pleasures of love, if indulged

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\* De Morbis, Lib. 2, Cap. xlix.

† De Re medica, Lib. 1, Cap. ix.

in to excess, are always injurious to weak persons, and exhaust the vital powers.

Aretæus \* says: "Young people who are excessive in sexual matters acquire the appearance and diseases of the aged. They become pale, effeminate, indisposed to physical exertion, stupid and even imbecile. They are bent forward, their legs can no longer support them, they have a distaste for everything, they are incapable of everything and often they become paralytics.

Tissot, † among other evils of masturbation, calls attention to the facts that the organs of generation experience a large share of the evils of which they are the first cause. Many patients become incapable of having erection, and with others the seminal fluid is discharged by the slightest contact, and at the least approach to an erection. The same author, in referring to the early initiation of some children into the vice of masturbation, says: ‡ "It is proper to state that onanism is particularly dangerous in the cases of infants, and at any time before the age of puberty. Happily, it is not common to find monsters of either sex who commit this outrage upon them, but it is too true that they often commit it themselves." Again, in reference to the intervention of impotence as the result of masturbation, he lays special stress

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\* De Signis et Causarum.

† "L'Onanisme: Dissertation sur les maladies produites par la masturbation." Paris, 1805, p. 21.

‡ Op. cit., p. 81.

upon the fact that a kind of paralysis of the organs of generation is produced, and hence an impossibility of procuring erections.

Deslandes \* relative to sexual excesses, says: "As a final result the sensibility of the generative organs may be exhausted and may disappear. The manœuvres, which in the beginning had led promptly to the desired result, become incapable of reawakening a sensation, which little by little has become weaker, and at last annihilated. They may still be able to cause an erection of the penis, and even to produce a painful state of priapism, but they no longer cause the pleasure which they formerly induced. It would be better, when this kind of paralysis occurs, that the recollection of previous pleasures could be abolished, but it mercilessly remains, and it is that alone which prompts the unhappy individual to continue abuses. Tormented by this remembrance, the *blasé* masturbator provokes his turgid organs. Obtaining no satisfactory results in his methods, he invents new ones, which are at the same time eccentric, monstrous, and horrible. The thoughts which he once entertained were candid and innocent compared to those which now fill his mind, and the onanism he once practiced is almost a praiseworthy act beside that in which he indulges. The bare hand, which formerly sufficed to produce the orgasm, is no longer competent to that end, and the surface of the

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\* "De l'onanisme et des autres abus veneriens considerés dans leurs rapports avec la santé." Paris, 1805, p. 274.

penis, where previously the sensibility was situated, is now exhausted of its capacity to yield pleasure, and he is forced to seek it more profoundly where his hand has not yet reached; operations which would have formerly been regarded as causing torture are now performed without hesitation, at the dictation of the power within him. He wounds and tears the parts, recoiling at nothing, providing he can be made to feel. This condition lasts until these dangerous expedients in their turn fail, either because they eventually lose their power or because of the grave accidents which they produce."

Chopart relates the particulars of a case which is one of the most striking of the whole range of the clinical history of the subject, and which, as showing the terrible extremes to which masturbators may go, is worth citing in the present connection :

A shepherd of Languedoc, Gabriel Gallien, abandoned himself to masturbation at the age of fifteen, committing the act as many as fifteen times a day. Eventually he reached the point at which ejaculation rarely took place, sometimes continuing his efforts for an hour before emission occurred. It often happened to him to go into convulsions while he was perpetrating the act of masturbation, and to emit a few drops of blood instead of semen. For eleven years he used only his hands, but at about his twenty-sixth year, not being able to produce the ordinary sensation by this means, he adopted the expedient of introducing a

piece of wood about six inches long into the urethra several times every day. For sixteen years he made use of this procedure, but finally the lining membrane of the urethra became hard, callous, and altogether insensible; the piece of wood no longer answered the purpose which it had accomplished; he had a continual erection which nothing could dissipate.

During all this time he had an insuperable aversion to women, a by no means rare circumstance with masturbators; he became melancholic, neglected his work, and thought only of the means of satisfying his desires. Desperate, and attaining no success with the many expedients to which he had recourse, he one day decided to make an incision with his knife through the glans and in the direction of the urethra. This operation, far from causing him pain, procured him an agreeable sensation and produced an abundant seminal emission. From that time, happy in having made a discovery which permitted him to satisfy his inclinations, he often repeated the same experiment, and always with the same result.

After having performed this horrible mutilation perhaps a thousand times, the unfortunate wretch found that he had divided the penis from the meatus to the symphysis pubis into two equal parts. When hæmorrhage was particularly great, he arrested it by tying a cord around the penis. The corpora cavernosa, separated as they were, were equally capable of erection, but they diverged to the right and left. When the pe-

nis was divided as far as the symphysis the knife was no longer useful, and then there were new provisions, new chagrins, new attempts to obtain the pleasure he craved. Among the expedients to which he resorted was one with a piece of wood shorter than the one he had previously used, and which he introduced into the part of the urethra which remained to him. He thus succeeded in exciting the very orifices of the ejaculatory ducts and in causing an emission of semen. For ten years this procedure satisfied him, until one day he was so careless in the use of his stick of wood that it escaped from his fingers and slipped into his bladder. At once he experienced great pain, and all the efforts he made to expel the foreign body were without success. Finally, after intense suffering from retention of urine and hæmorrhage from the bladder, he consulted a surgeon, who was of course greatly astonished to find, instead of a single penis, two, each as large as the original. The great pain felt by the patient decided the surgeon to perform the operation of lithotomy, which having done he extracted the piece of wood—which from having been three months in the bladder was deeply incrustated with calcareous matter. After some serious drawbacks the patient recovered from the operation, but died about three months subsequently of phthisis, due to his long-continued and frequently repeated excesses.

Other cases have been recorded in which wounds have been inflicted for the purpose of re-exciting an



organ whose excitability to the ordinary stimulus was exhausted, but none on record equal this remarkable instance of the French shepherd. It is, however, from the more common examples that the greatest amount of knowledge is to be obtained and the proper deductions drawn; and hence the relation of a few additional ones, as recorded by others, and one or two from my own experience, will not be out of place in the present connection.

Deslandes refers to the case of a school teacher, who titillated the urethra by foreign bodies in order to obtain an emission. He generally used an iron wire, which he took the precaution to bend over at the end, so as to form a hook and thus avoid injury as far as possible to the lining membrane. One day, while engaged in the use of this instrument, and being a little more excited in his movements than usual, the hook caught in the wall of the canal and could not be withdrawn. He made many attempts, all of which failed; but still, notwithstanding his sufferings, shame prevented him from applying to a surgeon. He bent the distal end of the wire into the form of a ring so as to be able to exercise greater traction, but still he could not succeed, and in the midst of his exertions the ring was pulled off and the wire remained in the urethra. Driven then to despair and fearing death, he applied to a surgeon, Monsieur Fardeau, of Saumur.

The penis was found to be enormously swollen, as was also the skin of the scrotum. All the tissues which are

found at the point of insertion of the penis to the pubis were also in a state of great tumefaction, hot and painful. The abdomen was beginning to be tympanitic, there was a suppression of urine, the countenance was ruddy and the eyes suffused, the mind was beginning to wander, the pulse was hard, frequent, and small. Monsieur Fardeau took hold of the projecting wire, and, making traction on it, became satisfied that the other end was fast to some solid substance. Exploring the part with the greatest circumspection, he was not surprised to find that the hook was fixed in the internal border of the tuberosity of the ischium. An incision was made in this region, the hook was seen, and the wire was extracted by the perineum. The patient was at once relieved, and his health was completely re-established.

M. Sarailé\* reports the case of a man fifty years old, who for three years had masturbated with a darning-needle, which he introduced into the urethra. One day while using it, it escaped from his fingers and disappeared within the canal. Eight days afterwards it was extracted by an operation, after the patient had undergone much suffering.

Several cases in which masturbation by the urethra, when the excitation of the glans no longer sufficed to produce the orgasm, have come under my notice. In all the act had been begun at an early age, and had been frequently performed daily before the sensibility

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\* "Journal de med., chir. et pharm.," t. xxviii. p. 290.

of the glans was lost. In one of these instances the patient, a young man twenty-three years of age, had practised masturbation excessively from the time that he was nine years old. At about his fifteenth year the sensibility of the glans was nearly extinct, and, though emissions could be produced, the voluptuous sensations were almost nothing, and erection was very imperfect. He then began to make use of a penholder made of hard rubber, which he introduced to the extent of two or three inches into the urethra. In the course of three or four years this resource began to fail him. The lining membrane had also lost its sensibility, and had become thick and dense. He then procured a No. 3 gum-elastic catheter, which, being of less diameter than the penholder, admitted of being more readily introduced. This sufficed for several years, but eventually it also lost its power. During all this time, although he continued to work at his trade, that of plumbing, he suffered from many forms of derangement of his nervous system, such as headache, tremor, dimness of sight, deafness, and neuralgic pains in various parts of his body. He had never had sexual intercourse, and was altogether incapable of the act. At times he would suffer from violent erections, accompanied by intense pain in the genital organs and in the back, and occasionally by wandering of the mind; and in the course of ten or more hours these would be relieved by an emission of semen, usually during the night, and without the accompaniment of a dream or

any voluptuous sensation. For this condition he had consulted a surgeon, who had cauterized the spine with a white-hot iron, and given him the bromide of potassium, both very proper means. Finally, under the continued use of the bromide, he was greatly relieved. He had not recovered his virile power when he came under my notice. The penis was very small, and had not, so he informed me, been in the state of erection for over five years, not even the merely physical erection due to lying on the back or to an over-distended bladder. He had now become a master plumber and was anxious to marry, and it was for the cure of his impotence that he came under my care. It may suffice now to say, what will be dwelt upon at greater length hereafter, that he regained a sufficient degree of sexual power to admit of his marrying and having connection.

In another case the termination was not so fortunate. In this instance the patient had masturbated as far back as he could recollect, and when quite an infant was used by his nurse, a mulatto woman, to satisfy her sexual desires; frequently he would procure the orgasm a dozen or more times in the day, but after the age of puberty, when seminal emissions began to occur, he did not practice the act so often. He never, however, that he could recollect, went a whole day without masturbating two or three times.

At the age of twenty-one he was still practising the act, though with very little satisfaction, for the erec-

tions were very feeble, and the emissions scarcely caused the faintest voluptuous feeling. He began now to make experiments with himself, and at once obtained an increase of pleasure from the use of a hair glove which he wore, and which by its roughness served to produce a sufficient amount of sensibility in the glans; but finally this failed, as in their turn all devices do under such circumstances, and he was at a loss how to obtain the pleasure which was a craving night and day.

At last he thought it would answer the purpose if he lubricated his hand with strong ammoniacal liniment. He at once acted upon the suggestion, and finding it to be successful, adopted the plan, generally, however, being obliged to increase the strength of the liniment by adding an additional quantity of ammonia to it. The sensation produced upon the glans penis by this agent, so far from being painful, was the chief source of his pleasure, but the local effects were such as to cause him a certain degree of anxiety. Inflammation attended with great swelling and redness set in from the first, and every time that he employed the application the manifestations of serious disturbance became more marked, and they were not by any means limited to the penis, for there were a high degree of fever and more or less mental implication, consisting of hallucinations both of sight and hearing. At last a large ulcer was produced, which involved the whole of the anterior surface of the glans, and which ultimately resulted in

the sloughing of the prepuce, and of a considerable portion of the glans. The production of the orgasm, by some means or other, had, however, become absolutely necessary to him, and notwithstanding the fact that a gangrenous ulcer included more than one third of the penis he continued to apply strong ammonia to the raw surface and to obtain pleasure from the act.

Hitherto he had managed to keep his proceedings a secret from his family; but about this time exposure took place from spots of blood and pus being observed on his linen, and which he had forgotten to wash off. On being detected he made a full avowal to his father and with much apparent contrition and mental suffering begged that he might be cured of his infatuation. He left his home in company with his father to place himself under my care. At Fall River he got on board the steamboat that was just about to leave for New York, and at his request had a state-room apart from that of his father assigned him, pleading in excuse that the odor from his ulcer was such as to render it impossible for his father to be in close quarters with him without being rendered very uncomfortable. He pledged himself not to attempt masturbation. He entered the room at about nine o'clock at night, and that was the last that has ever been seen of him. In the morning the room was found empty, the bed not having been occupied. It was supposed by his father, who gave me the foregoing details, that he repeated the act of masturbation, and that, filled with remorse, he

had thrown himself into the water. During his whole life he had always manifested the most intense distaste for the society of women, and had informed his father that he had never felt the slightest desire for sexual intercourse.

Of course the earlier sexual excesses are initiated, the greater is the probability that impotence will be the result in after-life. It is very certain that there is a much greater precocity in this respect even among civilized nations than is probably believed, but which a little reflection will suffice to convince one does really exist. The practice which prevails among the very poorest classes, of men, women, and children occupying the same room, and not infrequently the same bed, irresistibly leads to an undue and early development of the sexual appetite. I have myself seen in the city of New York, boys and girls three or four years of age attempt intercourse in the manner in which they had seen their elders perform it, and this without the slightest idea that they were doing anything wrong, and in the very presence of their fathers and mothers, without any other reprimand than a laughing rebuke. In New Mexico, I have seen the like attempts made in the streets, and with the applause and encouragement of men and women. Acts of masturbation by mere children were at the time of which I speak, thirty years ago, commonly practised in the presence of adults without even attracting attention. The men of that Territory were noted for their impotence, and were often

subjects of incantations and other superstitious rites performed by old women who had the reputation of being able to cure the affliction in question. Many of them came under my own immediate observation, but instead of attributing the condition to its real cause they always charged it to some enemy acting through witchcraft, or to the direct agency of the devil.

Godard \* states that in Cairo he was informed that a little girl of six and a boy of five years of age had been seen in the act of sexual intercourse in the street, and that sometimes girls of three or four years old called to boys in the street to have sexual relations with them. It is not a subject for surprise, therefore, that precocity like this and other sexual excesses to which they are addicted render the men of the country impotent at an early period of their lives.

Relative to the question whether masturbation or sexual intercourse is more readily productive of impotence, different opinions have prevailed, but I think there can be no reasonable doubt that the first is more influential in bringing about the condition in question. This is not because it is in itself, so far as seminal loss is concerned, any more injurious, but for other reasons which I will proceed to state with as much succinctness as possible.

In the first place, the facilities for the performance of

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\* "Egypt et Palestine. Observations médicales et scientifiques." Paris, 1867, page 88.



masturbation are always to be obtained, and hence it allows of more frequent repetition than does sexual intercourse. The masturbator is always ready. He has only to retire to privacy for a few minutes and the act is accomplished. He can if he choose pollute himself a hundred or more times a day, and hence produce a degree of exhaustion impracticable if he restricted his acts to intercourse with women. If women were at his command, and he practiced copulation as frequently as he often does masturbation, there would be no difference so far as the orgasm and emission of semen are concerned. Indeed, the sexual act, as requiring a greater expenditure of muscular force not requisite in masturbation, would probably be the more injurious of the two. So far as relates to the orgasm and the seminal loss, it is a matter of no physiological or pathological importance where the semen is deposited, whether in the vagina of a woman, or in any other receptacle. It is the frequency of the act which tells so greatly as a factor for the destructive results in masturbation in comparison with those due to sexual intercourse.

Thus a young man who found himself impotent at the age of twenty-two informed me that he had began to masturbate at the age of nine, and had often performed the act ten or a dozen times a day for a month at a time. Such indulgence in sexual intercourse would be impracticable in any civilized country. Perhaps in Turkey and other eastern countries, where large harems are kept, there would be no difficulty about the matter,

but certainly it would be impossible in London, Paris or New York, notwithstanding the facilities which these and other large cities afford for forming sexual relations with women.

For this reason, mainly, it is that most of the cases of impotence which medical men have to treat are the result of excessive and premature indulgence in masturbation rather than in sexual intercourse.

The effect of masturbation in causing impotence is greater than that of sexual intercourse for the reason that in the former the mind is more strongly brought in to assist in the production of the orgasm than it is in the latter. The mere act of friction on the glans does not suffice to produce in the masturbator the necessary degree of venereal excitement. He forms various lascivious images in his imagination, and has them vividly before him while performing the act. The consequence is that after a time the normal excitation of contact with the female generative organs does not provoke the orgasm. The reality is so far below what he has frequently pictured to himself while masturbating that it is insufficient. He soon finds this out, and therefore often renounces the allurements of women, and devotes himself exclusively to his pernicious habit, from which, for a time at least, and a long time if he is temperate in the indulgence, he is certain to obtain the voluptuous sensations of which he is in search.

Examples of this fact are constantly coming under the care of the physician or surgeon. Men who have

for many years practised masturbation in moderation, and without any notable impairment of their general health, find themselves nearly entirely impotent in the marriage-bed. Such cases are especially apt to be met with in the persons of young men of strong passions, which they have been obliged to control either from the force of surrounding circumstances or because of their own sense of propriety so far as women are concerned, but who see no impropriety or loss of self-respect in the act of masturbation; or if they do, are too weak to resist the temptation. Such men when they marry find that sexual intercourse is far from satisfying their desire, and moreover, that it is less excitant of the genic feeling than the habit in which they have indulged. They avoid it, therefore, and practise in secret the vice to which they are devoted, or give themselves up to conjugal onanism in its various forms, a practice fully as bad, if not worse for him, besides being unsatisfying, unnatural, and demoralizing to another being.

Cases of this kind are especially frequent among students and other young men, who practise masturbation in early life, ignorant that they are injuring themselves, who subsequently discover their error, and who then make a determined and sometimes successful effort to overcome the habit. More frequently they only partially succeed, and continue the vice filled with remorse after each performance, vowing never again to indulge. Such persons are generally impressionable, and endowed with a high imagination besides; and yet

are from these facts particularly liable to continue masturbation up to the period of their marriage. The idea of sexual intercourse with a lewd woman is offensive to them, an exalted feeling of erotism governs them, and they look forward to the time when they can marry and indulge their passion with a woman for whom they would entertain a sincere affection. Meanwhile they continue to masturbate, imagining to themselves that they are realizing the dreams they have long experienced. At length they marry, and to their extreme distress and surprise find that they are nearly or quite impotent, and that the material blessing which has been conferred upon them in the love of a pure woman whom they love in return is not what they were led to expect. The anticipation has been greater than the reality. Fortunately such cases are not usually difficult ones to manage.

Thus a young theological student who began masturbation at school when twelve years of age, continued it up to his fifteenth year, when becoming aware of its deleterious effects he endeavored to stop. Previously he had indulged not over twice a day, but this for a person of his age (or even one of any age) was pernicious excess. After his determination he succeeded in reducing the number to about one in a week, but in the meantime he was troubled with repeated nocturnal emissions. Some one to whom he communicated the fact of the emissions told him that they occurred in consequence of the sudden decrease in the number of acts of mastur-

bation, and that they were much more injurious. He therefore resumed the practice, and upon several occasions indulged as often as eight or more times a day. It was no uncommon thing for him to have the orgasm three times without ceasing his manœuvres. In these exercises he always had in his mind an ideal, a lovely woman with light hair and blue eyes, one who exhibited towards him the most ardent affection. Things went on in this way till his eighteenth year, when he again made an effort to stop, and this time he succeeded better than on the former occasion. He now left college, and being religiously inclined, began the study of theology with the view of entering the ministry. Entering a theological seminary, he devoted himself to hard study, and had obtained so great a mastery over himself that he had not practised masturbation for over a year. He was, however, greatly troubled with nocturnal emissions three or four times a week at least, and for many weeks in succession as often as every night. There were many occasions in which he had two in a single night.

In consequence of all this he fell into a condition of great nervous prostration, in which the chief feature was cerebral hyperæmia, and which was further characterized by wakefulness, pain in the head, twitching of the muscles of the face, noises such as roaring and hissing in the ears, and an inability to concentrate his mind on the subjects of his study. At night his condition was particularly distressing, for he was afraid to go to

sleep even when towards morning he felt sleepy, lest he should have a seminal emission. In sheer desperation he had while awake in the long hours of the night masturbated several times, one after the other, and then met with a degree of mental composure which otherwise was never present. It really seemed to him as though the act of self-pollution was, after all, the only thing that gave him relief, and but for the consciousness that he was doing wrong and the inevitable feeling of remorse which tormented him the following day, he would have given himself up without restraint to the deleterious habit. In all these acts and in all the lascivious dreams which accompanied the emissions at night it was always a lovely, pure and religious woman with light hair and blue eyes with whom the intercourse in imagination took place. Finally, after continuance of the condition for nearly four years, during which period he was several times on the point of renouncing his intention of entering the ministry, he took orders, and settled down in charge of a country parish, unfit either mentally or physically for the duties he had assumed. But he began to find that it was indispensable for his usefulness, and he was much disposed to think for his health also, that he should marry. He had never in his life had sexual intercourse, and had never experienced the erotic manifestations which some young men of vigorous health and strong sexual power are apt to feel when thrown into intimate relation with women. Still he had no reason, so far as he could determine, to sus-

pect the existence of any inability to enter the marriage state, and as there was a young lady in his congregation who very nearly fulfilled all the requirements of his masturbatory imaginings and his lascivious dreams which accompanied nocturnal emissions, he resolved to propose for her both as a measure of feeling—for he was much attached to her—as well as of expediency. He did so, was accepted, and the marriage in due time took place. The first night was passed at a hotel in the city of New York, and the next morning the young husband called upon me in utter despair and with the information that he was impotent.

At first I thought his was one of those cases so frequently met with in young married men, in which there is temporary impotence from mere excess of desire or want of confidence, and which disappears in a few days under the use of some placebo ; but further inquiry, which resulted in the elicitation of the history just given, convinced me that a much more serious instance of genesic disturbance existed. I was satisfied that there was a state of great sexual debility present, which was the direct result of the excesses he had committed. Continual questioning led to the information that his desire had been moderately great, but that his sexual power had been utterly wanting. There had been no erection, or any approach to one, and the result was that after many attempts at intercourse in the expectation that success would attend the efforts, he had desisted, had gone to sleep, and during the night had had two

seminal emissions. In the morning the attempts were renewed, and again without success.

In this case there was no mental trouble, no sentimental idea to be fulfilled, no intercurrent thought rushing through his mind and abolishing all desire. So far as the mind went there was nothing except that he had to admit that the real woman lying by his side was incapable of causing the same degree of sexual excitement as had attended his mental images awake and asleep. As a strongly sapid substance destroys the perception of the tongue for delicate flavors, so the vivid images which had hitherto filled his mind had rendered the normal physiological stimulus of no avail, and in addition there was the loss of power consequent on excess, a result which is perhaps more clearly manifested in regard to the organs of reproduction than those concerned with any other function of the body.

The case was certainly a very unpromising one, but as the physical examination showed that the organs themselves were in good condition, I could not make up my mind that it was hopeless. I advised that he should at once occupy a separate room from that of his wife, that for the present no further attempts at sexual intercourse should be made, and that he should stay in New York about a month for the purpose of receiving such local and other treatment as his case required. This was, he declared, impossible, and he accordingly took his leave disgusted with himself for the hapless condition into which he had fallen and with me and the science of



medicine that he could not be cured in twenty-four hours.

But on the fifth day he returned, having in the meantime utterly failed to consummate the marriage, and ready to agree to any terms that I might impose which were at all likely to result in a restoration to sound sexual health. On my certificate that he was affected with a serious disorder of his nervous system, which required treatment, he readily procured a leave of absence from his congregation, and then he put himself definitely under my care. He and his wife occupied separate rooms in the hotel at which they stopped, and he pledged his honor that on no account would he attempt sexual intercourse till I gave him permission.

The first thing to do was to arrest the nocturnal emissions, of which he had had one, sometimes, more every night since his marriage. To this end I prohibited sleeping on the back, and enjoined the use, morning and night, of cold baths, with friction of the whole body after each with coarse towels. He was also to walk at least five miles every day, and to go to some place of amusement of a cheerful character every evening. Internally his food was to be of a highly nutritious character, of which fat in some form or other, preferably cream, was to constitute a large proportion. His dinner was to be taken not later than two o'clock and a couple of glasses of Burgundy were to be drunk with it. For medicine I prescribed the following:

℞ Sodii bromidi.....	℥ i.
Pepsin (Fairchild's).	
Pancreatin (Fairchild's).....	āā ʒ iss.
Glycerinæ.	
Aquæ.....	āā ʒ ii.

M. Dose, a teaspoonful in a little sugar and water three times a day after meals.

My objects in giving this mixture were to lessen the reflex and automatic excitability of the generative system, to relieve the cerebral hyperæmia, and to promote the digestion of food.

At bed-time he took a capsule of five grains of the monobromide of camphor.

Every morning I applied statical electricity to the penis and testicles, and to the whole length of the spinal cord, drawing inch sparks from the former organs, and from three to four inch sparks from the spine. This was continued for about fifteen minutes. Though painful the effect was all that could be desired: the blood-vessels of the penis became visibly distended, and the whole organ assumed a deeper red color than it had possessed, as he said, within his recollection. For several hours afterwards a warm pleasant glow was felt in the penis and scrotum.

Twice a week I applied by means of a urethral electrode a galvanic current from eight cells to the membranous and prostatic portions of the urethra, with the object of diminishing the morbid excitability which evidently existed in those parts. I may say that examination with the sound had previously demonstrated the

hyperæsthetic condition of the parts in question. I had at first thought of cauterizing them with Lallemand's instrument, but decided upon the galvanism as being the less painful and equally or more efficacious. In very severe cases, however, Lallemand's procedure is preferable.

Under this system of treatment the general health of the patient began to improve from the first. The nocturnal emissions ceased entirely on the fifth night. On the first night he had one, but without a dream; on the second, two; on the third, none; on the fourth, one; on the fifth, none, and there were no more while he was under my observation.

On every night after the second he slept for from six to eight hours, and in the morning he awoke refreshed and cheerful. On the morning of the eleventh day he had an erection, which, however, was due to a distended bladder, but which nevertheless was the first of the kind he had experienced for several years.

On the fifteenth night he had a lascivious dream in which the usual images did not appear, or, if they did—and upon reflection he was a little doubtful on the point—they were much less distinct than they had been. They were not accompanied by an emission. The next morning he had another erection accompanied by a slight desire, and every morning thereafter while he remained under my care he had an erection, sometimes with and sometimes without sexual desire.

He had now been two weeks under treatment, and the general results may be summed up as follows :

Sound sleep every night.

Freedom from pain or other uncomfortable feeling in the head.

A strong, hearty appetite, with good gastric and intestinal digestion.

Cessation of the nocturnal emissions and of the lascivious dreams.

A return of the matutinal erections, and of normal desire in connection with them.

Frequently during the day desire with erections. These, however, were not as yet strong, and I continued my prohibition in regard to attempts at intercourse.

On the fifteenth I suspended the administration of the bromide of sodium, continuing, however, the mixture with the other ingredients unchanged ; and in addition I prescribed the following solution :

R Strychniæ sulph. . . . . gr. i.  
 Acidi hypophos, dil. . . . . ℥ i.  
 M. ft. sol.

Dose, ten drops three times a day before meals in a teaspoonful of the fluid extract of coca.

I gave this mixture for the reason that I know of no better tonic for the sexual organs, after the abnormal state of erethism into which they get by abuse has been relieved, than strychnia, hypophosphorous acid and coca. It is necessary, however, not to give it imme-

diately before going to bed, as without this precaution it may produce seminal emissions.

From this time on his condition continued to improve. He had gained over ten pounds in weight, was getting stronger every day and more cheerful, and altogether more normal in his mind. His erections were occasionally tolerably strong, but, as a rule, though he had several every day as a consequence of the very vivid desires which he experienced, they were not yet by any means of natural strength. He was very desirous of going home, being convinced that he could carry on all the treatment but the electric as well there as in New York. This was probably true, but as I attached a great deal of importance to this part of the management of the case, I declined to give my consent. He had now been under my charge for twenty days, and I felt confident that a week or two longer would complete the cure. On the night of the twenty-first day his wife left her bed and got into his, and he, in disregard of his pledge, attempted intercourse, and with a measurable degree of success. I judged, however, that the emission was premature. The next morning he was filled with remorse, and not only renewed his pledge, but promised, in addition, that his wife should go home and prepare the house for his return. This, however, was not what I wanted. I desired her presence, under restraint, as a constant stimulus to him, but I did not want things to be carried to extremes again till he was strong enough to act his part in a physio-

logical manner. There were, I have reason to believe, no further infractions of discipline. On the night of the thirty-second day he attempted intercourse with my partial consent. I knew he would do better if I allowed him to make the attempt with seeming reluctance than if I gave him full liberty to do as he pleased. In sexual matters, as in many others, the desire and the power are stronger with forbidden fruit than with that which can be had for the asking. The end fully justified the means, for he informed me the next morning, with great satisfaction, that I was over careful with him, and that he believed he had done all that could have been reasonably expected of him.

I then allowed him to go home, but continued all the treatment, excepting the electricity and the nightly dose of the mono-bromide of camphor. I thought he ought to continue the whole system, with the exceptions mentioned, for three or four months.

And I warned him in the most solemn manner that, under no circumstances, was he to have sexual intercourse more frequently than once a week for at least a year, and perhaps even longer. More than a year has now elapsed, and I have every reason to believe that he has strictly followed my injunction. He writes that he is determined not to go beyond the limit fixed, that his happiness is complete, and that neither he nor his wife are willing to exceed those moral and physiological bounds which nature has imposed; that she is pregnant, and that they both look forward to the birth

of the child as a sign that God has forgiven him the sins and indiscretions of his youth.

I have dwelt upon this case and its treatment at some length for the reason that it is a type of a large class, showing the ordinary effects of early and excessive masturbation, and for the additional reason that it shows what are, I think, the therapeutical principles which should prevail in their treatment. It would be very easy to adduce similar examples from my own experience, but as showing that the influence I speak of is distinctly recognized by other writers, I cite the following from Deslandes, which, although it relates to a member of the female sex, is equally applicable to males :

“Masturbation,” he says, “instead of the natural feeling, may induce in the sexual organs an irritability quite different from that caused by the act of intercourse, and which leads to results that are far from being agreeable. This fact was strongly impressed upon me by the case of a young woman who was often under my professional care. At a boarding-school she was taught masturbation, and gave herself up to it without restraint. At seventeen she was married, and had formed the most voluptuous ideas of the pleasures she was about to enjoy. But what a disappointment ! Marriage, instead of giving her pleasure, was the source of positive discomfort and infinite pain ; or rather, what was most frequently the case, she was completely insensible to the caresses of her husband. Again, a state of spasms and convulsions supervened after any attempt

on the part of her husband at intercourse, and lasted for some time afterward."

It is therefore an undoubted fact that masturbation is in itself more injurious to the integrity of the virile power than sexual intercourse, not only because it is more frequently repeated, but because it is generally effected through the influence of an exalted imagination, and not by the reflex irritation of distended vesiculæ seminales, the only physiological incentive to copulation.

But it is not only, as is generally supposed, to the loss of semen that the injurious effects of masturbation or of excessive indulgence are to be attributed. This is undoubtedly of some influence, but it is not, I think, the chief factor in causing impotence or other disturbances of the healthy condition of the system. The frequent production of the orgasm is of much more consequence, and it is to this cause that the various derangements of the nervous system, as well as weakness of the virile power, or its entire loss, are mainly to be ascribed. An idea is extremely prevalent that the loss of a few drops of seminal fluid causes more weakness of the system than the abstraction of a pint of blood: nothing could be more absurd. The seminal fluid is not secreted with any degree of rapidity, and if the orgasm be produced several times in the course of a brief period, it is after the second or third time, at furthest, unaccompanied by any emission of true semen. A patient of my own had intercourse eleven times during a period of less than eight hours. The first



three times were accompanied by emissions, but the last eight were entirely free from any discharge, though the orgasm was complete in each. Shortly after the eleventh time he had an epileptic fit, and became permanently impotent, never again experiencing an erection.

A young man, during an orgie at a house of prostitution, masturbated nine times in the course of about an hour. The first three times there were emissions, the fourth time only a little thin fluid escaped. The other five times the orgasm was experienced, unaccompanied by the slightest discharge of any kind.

The next morning he had incontinence of urine, and subsequently locomotor ataxia was developed. The penis was completely paralyzed.

These cases are sufficient to show that the evil effects of excess are not due to seminal loss, which in neither of the instances could have exceeded a teaspoonful in quantity.

Moreover, masturbation in boys before the age of puberty, is unattended by emissions of semen, and yet the injury to the system is greater at this period than at any other.

And in women the evil results of masturbation are fully as great as they are in men, and with them it is the orgasm alone that can do any damage, as there is no seminal discharge. Swediaur \* cites the case of a

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\* "Traité complet des maladies vénériennes." T. i., p. 160.

woman under his care who suffered from frequent venereal orgasms in her sleep, and who in consequence became affected with *tabes dorsalis*.

When we call to mind the immense disturbance of the nervous system consequent upon the development of the sexual orgasm, the mental vertigo, the muscular convulsion, the cardiac and respiratory excitement, the resemblance which all the phenomena have to those of an epileptic paroxysm into which they not infrequently pass by an almost imperceptible gradation, we can understand how the too frequent repetition must lead not only to an extinction of the natural desire and power, but to a long train of other disorders of much greater importance to the life and health of the individual. The idea of ascribing all these deleterious results to the loss of a few drops of seminal fluid is absurd. They would take place equally certainly, and probably with almost equal severity, if there were no seminal fluid at all; and, indeed, in some extreme cases of masturbation there is no seminal secretion in the true sense of the term, and yet the process of mental and physical decay goes on with even more sureness than in the early days of the victim's practice of the vice.

There are several conditions which may be induced by the immediate action of the orgasm which are in fact continuations of it, and which can in no sense be ascribed to the loss of semen. For the semen is as much out of the system when in the *vesiculæ seminales*

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This expressed want has led to the preparation of this work. The aim has been to prepare a handbook of sufficient scope to include everything of use to the general practitioner and student, and at the same time to be a compact, handy volume, giving the exact information desired at a quick reference. The wants of the specialist have also been taken into consideration, and the seeker after more extended knowledge will find much precise information relating to his special branch, to the etymology and meaning of words, etc.

## IT CONTAINS TABLES

1. Of the **ABBREVIATIONS** used in Medicine, Prefixes and Suffixes of Medical Words, etc.
2. Of the **ARTERIES**, with the Name, Origin, Distribution and Branches of each.
3. Of the **BACILLI**, giving the Name, Habitat, Characteristics of the Cultures (upon slides, gelatin, gelose, potato and bouillon). Description of the Cellules, the Influence of Oxygen and Heat, the Physiological Action, and Sundry Observations.
4. Of **GANGLIA**, with the Name, Location, Roots and Distribution of each.
5. Of **LEUCOMAÏNES**, giving the Name, Formula, Discoverer, Source and Physiological Action.
6. Of **MICROCOCCI**, giving the same information as in the case of the Bacilli.
7. Of **MUSCLES**, with the Name, Origin, Insertion, Innervation and Function.
8. Of **NERVES**, with the Name, Function, Origin, Distribution and Branches.
9. Of **PLEXUSES**, with the Name, Location, Derivation and Distribution.
10. Of **PTOMAÏNES**, with the Name, Formula, Discoverer, Source and Physiological Action.
11. Of **COMPARISON OF THERMOMETERS**; of all the most used **WEIGHTS AND MEASURES** of the world; of the **MINERAL SPRINGS OF THE U. S.**, **VITAL STATISTICS**, etc., etc.

Some of the material thus classified is not obtainable by English readers in any other work.

“The compact size of this Dictionary, its clear type, and its accuracy are fulfilling pointers to its coming popularity.”  
—John B. Hamilton, Surgeon-General U. S. Marine Hospital Service.

as the urine is out of the blood when in the bladder. The mere discharge of this from one receptacle to another cannot produce any effect upon the organism, the deleterious results being caused by the demand for the secretion of repeated quantities of semen, and not by the emission of a collection already secreted. When, therefore, we see, in addition to epilepsy, cerebral hemorrhage, chorea, insanity, neuralgia, and certain forms of spinal paralysis following the orgasm immediately, and, indeed, sometimes supervening synchronously with it, we cannot doubt its influence over the mind and body, or fail to perceive that its too frequent repetition must indubitably lead to grave disturbances of one or the other, or both.

Probably the act of masturbation or of sexual intercourse is somewhat more injurious to males than to females. More cases of disturbances caused thereby in boys and men than in girls and women come under the observation of physicians, but this is to a great extent due to the fact that females do not indulge in the vice of masturbation to anything like the extent to which it is practised by males—that is, so far as number is concerned. In individual cases, when it is once begun, I am inclined to think that girls and women carry it to a fully as great, if not a greater, extreme than do boys and men. The demoralization is greater, the sense of shame is more thoroughly abolished; but the other effects are certainly less than in the male sex. Still, disorders of body and mind do occur in them as the

results of continued excess, and not infrequently as the direct and immediate results of repeated orgasms within a short period. I have had two cases of paralysis of motion in both lower extremities occurring in women as the results of excessive coition during a single night, and very many of spinal irritation and other affections of the nervous system, the immediate effects of a like cause.

*Sexual excesses in adult life*, though often leading to impotence more or less permanent in character, are not so certain to result in that condition as those which are practised before the age of puberty, or before the body has attained to maturity. Still, cases of the kind are common enough, and undoubtedly the fact that almost every man who indulges in sexual intercourse does so to excess, is the cause of the supervention of impotence at an age when the individual ought to be in the full possession of all his powers. It is no uncommon thing to meet with men of fifty, forty, or even thirty, years of age, whose desires are as strong as they ever were, who are absolutely incapable of intercourse, or else possess the faculty in a very faint degree, and in whom the existing condition is clearly the result of excess.

It often happens that excess is committed without the individual being at all aware that he is exceeding the normal limits. The question then arises, what is excess? There are men who think it entirely within bounds to have intercourse once every twenty-four hours; others, again, indulge regularly twice a week; others once; still, others who think once a month suffi-

cient. It is exceedingly difficult to lay down any rule in the matter which will be applicable for all men; indeed, the task would be insuperable, for all men are not alike, and what would be excess for one would be moderation for another. But it may be said unhesitatingly that intercourse to the extent of once every twenty-four hours is excess for the strongest men who ever lived. There are many who can practise it without marked deterioration of their powers for several years, but the time inevitably comes, in advance of the normal period of diminution of power, when impotence begins to make its appearance. Twice a week is certainly excess for the majority of men, and will certainly lead to earlier than normal extinction of the sexual powers. Once a week is more generally applicable, and can as a rule in healthy men be taken as a guide from the twenty-fifth to the fortieth year. Previous to the twenty-first year sexual intercourse should not be practised at all; and between that age and twenty-five, if indulged in, it should certainly not be more frequently than once in ten or twelve days; and it is a law to which there are no exceptions that the greater the excess the sooner will the natural power be lost. If the individual desires to retain his ability to a green old age, he will not tax it too severely in his youth.

That the civilized man is in general excessive in the matter of sexual intercourse admits of no question, and we see the effects constantly in the early loss of the power. The reading of obscene books, the witnessing

of sexually suggestive plays, the very impediments which society necessarily places in the way of the unrestrained indulgence of the passions, act with some men as direct excitations to sexual indulgence. In civilized communities it will always happen that such causes act with much greater force than among savages, where, in fact, they are scarcely exhibited at all, and where the promptings of nature are alone the incentives to the act of copulation. The consequence is, that, other things being equal, the civilized man becomes impotent at a much earlier age than his uncivilized brother.

How many men of sixty years of age in the city of New York are capable of natural and satisfactory intercourse? Not one in twenty, and yet the power ought to be retained, and is, in the cases of those who have been temperate in its use up to, and even beyond, the age of three score and ten. Indeed, it is rare to find a man of fifty who has so husbanded his powers as to admit of his having sexual intercourse once a fortnight, and then the act is neither satisfactory to him nor the recipient. But at times a more serious evil than the comparatively early decay of the sexual power is observed as the consequence of excess, and this is the supervention of impotence either suddenly, after some extraordinary indulgence, or more gradually, in consequence of repeated excesses. In these cases the desire remains in as active a condition as it ever existed; attempts at intercourse are made, these fail; renewed efforts are made, with extraordinary excitants to erec-



tion; but all in vain, the penis remaining limp and flaccid to every normal and abnormal stimulus, and the condition becoming more profound with each failure.

The effect is by no means restricted to the generative organs. The patient becomes morbid, both from chagrin which follows his futile attempts at intercourse, and the apprehension, which is generally entertained, that some serious mental disease—insanity or imbecility, for instance—will result from the “softening of the brain” which he thinks has taken place, or is about to be produced. Besides this, he is the subject of regrets and remorse for his past offences against the laws of his being, and is just in that frame of mind which makes him an easy prey to the wiles of quacks and other medical impostors. He therefore runs from one to the other of these knaves and frauds: mesmerizers, clairvoyants, “natural healers,” anatomical museums, layers on of hands, faith-curers, etc., etc., in the vain search for something that will enable him to recover the power he has lost, with no other result than to deplete his pocket, in the meantime making constant attempts at sexual intercourse by experimenting with one woman after another, and always with the same issue—failure.

A careful examination of these cases, and full inquiry into the circumstances attending the condition, reveal the facts that there has been no erection at all, or else so feeble a one as to render the intromission of the penis into the vagina an impossibility. Sometimes an emission of semen has taken place, but this has been ex-

ternal to the vulva, and has only served to render the state still more deplorable, for it has occurred without an erection, and only as a consequence of the extreme debility of the whole generative apparatus.

And this brings us to the consideration of that *partial impotence* which is one of the most frequent results of sexual excesses, and in which the erection is so feeble and the erethism so great that emission and an imperfect orgasm ensue either before an entrance has been effected, or so soon thereafter that the act of intercourse is unsatisfactory to both parties. This condition is often preliminary to the more complete loss of power, and again it may continue for an indefinite period, or may disappear under treatment.

In other cases there is an erection, and the individual thinks, till he learns better by experience, that there is going to be no difficulty in accomplishing the act of sexual intercourse; but just as the attempt is made to effect entrance, although there may be no loss of desire and no mental difficulty in the way, the penis becomes flaccid, and again disappointment is the result, there being no emission and no orgasm.

These states of partial impotence are very common, especially in those persons who have arrived at middle age, but in whom normally there ought to be almost as great a degree of power as there ever was. For it is to be noted that when in the course of advancing years the period is approaching in which, according to physiological laws, the individual may expect to undergo the

natural loss of sexual power, which is the common lot of all men, the failure is shown, not by any imperfection in the act, but by the healthy demand for its repetition coming less frequently. Besides, in this physiological impotence the desire disappears *pari passu* with the power, and the individual accordingly yields gracefully to the merciless law of his being. In that impotence, however, which is brought about by the imprudence of the individual in committing the act of intercourse more frequently than he ought, or with extraneous accessories, which heat the imagination for the time being and leave it a blank thereafter, the desire often remains unimpaired, while the power is diminished or altogether lost, and there are consequently regrets, chagrins, disappointments, and a constant state of warfare between the flesh and the spirit. It may be laid down as a law, to which there are few, if any, exceptions, that whenever there is desire, without full power, the resulting impotence is a veritable disease, and not a physiological condition coming in the regular course of life.

In regard to the character of the excess that may result in complete or partial impotence, it is generally, though by no means always, in adults, sexual intercourse rather than masturbation. The latter is more especially, as we have seen, a habit of childhood and youth, though there are many men who practice it to the exclusion of sexual intercourse, or in connection therewith. In all these cases the same remarks may

be made in regard to it as were made in the previous chapter, with the additional observation, that it is equally as destructive to sexual power as it is to sexual desire, not, however, from any circumstance inherent in the act itself, but because it is certain to be more frequently repeated than it is possible generally to repeat the act of intercourse.

In addition, some men who find themselves impotent in all attempts to perform the sexual act, not from lack of desire, but from failure of power, are very apt to enter upon a systematic course of masturbation, a proceeding in which, to a still greater degradation of the sexual instinct and abolition of power, an emission and an orgasm can be procured without erection.

The same plan may be adopted by elderly men in whom natural desire and power have faded, but who reawaken both in an imperfect degree by lascivious practices of various kinds or even by indulgence in libidinous thoughts. These cases are among the most lamentable that come under notice, especially when the act is practiced so frequently and under such very disgusting accompaniments or excitants as tend to the production of various affections—such as epilepsy or cerebral hemorrhage, for instance, of the nervous system. I have had under observation, the case of an old man of seventy-three, who every afternoon had two young girls visit him, and practice buccal masturbation upon him one after the other, with scarcely a quarter of an hour's interval. Upon one occasion, on which the pro-

cedure was being effected, he suddenly became paralyzed on one side, and deprived of the power of speech as the result of the rupture of a blood vessel in his brain.

In another case, the patient, a man of over seventy, was affected with paralytic tremor due probably to disseminated sclerosis of the brain, which was clearly the result of excessive masturbation of which he had been guilty for several years. In this instance the appetite was unnaturally excited by lascivious books and pictures, and although he never obtained an erection, he succeeded by this system of over-stimulation in causing such a state of erethism that an imperfect emission and orgasm were produced. One day, while engaged in the act, he experienced a slight sensation of vertigo, and at once tremor began in the right hand. This became more severe, and gradually extended to the other hand, and the head and neck. Eventually both legs were similarly affected, and now he walks with a festinating gait and is evidently passing into a state of senile dementia.

In my experience, in every case in which masturbation is practiced to any considerable extent—and excess in these cases is the rule—by persons in whom the natural desire and power are in a state of physiological decline, more or less injury of the nervous system is entailed, and the life of the individual is materially shortened.

Sometimes, however, it is the case that the tendency to such acts is the consequence and not the cause of the

existing mental derangement. In several forms of insanity the proclivity in question is exhibited in an extreme degree and constitutes one of the most distressing manifestations. Many of the cases of sexual depravity witnessed in old men are prodromata of senile dementia, and in younger persons of general paralysis.\*

Another cause of impotence in adult life, the operation of which may begin in youth and continue till the individual is well advanced in years, or engages in sexual intercourse, is the *nocturnal emission of semen*. The influence of this factor is, however, in general very much overestimated, it being rarely the case that it of itself is productive of any serious disturbance of the health of the reproductive organs. On the contrary, it is in the great majority of cases a perfectly normal phenomenon, and one more calculated to do good than harm to the system, but when too frequent or when existing in conjunction with sexual excesses, nocturnal emissions are capable of causing marked deterioration of the sexual power or adding to that which is already present.

A few words in relation to the physiology of the subject will not be out of place, inasmuch as they may serve to place the matter in its true light, and relieve the anxiety which many physicians not infrequently feel in regard to patients in whom the condition exists, and which all their medical treatment does not suffice to abolish.

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\*A Treatise on Insanity in its Medical Relations. By William A Hammond, M.D. New York, 1883.

In young men of entirely chaste habits it generally happens that soon after the supervention of puberty nocturnal emissions begin to occur. So long as they are not more frequent than once in a fortnight, they are strictly within the limits of health, at least the health of civilized man. They show that in the course of the development of the reproductive system semen is being secreted, and that when the vesiculæ seminales become full, nature steps in, and in her own way empties them. If the young man keeps his thoughts pure, avoids late suppers and exciting amusements, which create emotional disturbance, and does not sleep on his back, nocturnal emissions would be unusual in their occurrence, and would, probably, in a young man past the age of sixteen, not occur as often as once in six months. But in practice it happens almost invariably that the thoughts are not kept pure, amorous romances and plays, the intermingling of the sexes, the sight of suggestive statues and pictures, association with other boys who indulge in lascivious conversations, the sight of animals copulating, and many other factors, are all so many excitants of the genesic function which cannot be avoided, and which in many cases it is not proper to avoid, unless we would have our boys grow up without any emotional development. The chaste and well instructed boy does not masturbate. The idea of such an act is disgusting to him, but he goes to bed, and in his sleep has a dream in which the impressions made through the day are revived, and the cerebrum not then having

the full control of the lower nerve centers, these act in accordance with the idea presented by the brain, and the sexual orgasm occurs. Such an event happening once in two or three weeks does no harm. But if by the reading of obscene books, looking at lascivious pictures, or what is perhaps still worse, immodest conduct or conversation with individuals of the other sex, the frequency of the emissions is materially increased, then the case is different, for not only may there then be general and nervous debility, and other evidences of bad health, but impotence more or less complete may be the result. If, in addition, masturbation be performed with all its accompaniments of lascivious images, nocturnal emissions are quite certain to ensue and to pass beyond a healthy standard as to frequency.

Sleeping on the back, by allowing the blood to settle in the spinal cord and medulla oblongata, so as to produce a state of passive congestion, and also by allowing these parts to become over-heated increases the reflex excitability of the generative organs, and hence predisposes to the occurrence of nocturnal emissions.

As stated, emissions during sleep are usually preceded or accompanied by lascivious dreams, but this is not always the case, as they sometimes occur without any such excitation. This, however, only happens in cases of advanced sexual debility, or in those instances in which the desire of the individual is extinguished.

In regard to *diurnal emissions*, physicians hear much from patients of their passing their semen when strain-



ing at stool and of its escaping with the urine. Though perhaps such cases are possible, they are certainly exceedingly rare. In my opinion not one case in a hundred of alleged escape of semen during defecation or urination is in reality an instance of such an event. In states of great constipation, in which the fecal mass is large and hard, a little prostatic fluid or urethral mucus may be squeezed out during severe straining, but the emptying of the vesiculæ seminales by such a cause is the rarest of occurrences, and when it does happen it is no great matter. In the whole course of my experience I have seen but one case in which there was an escape of semen during defecation, and in that there was some approach to an orgasm. The patient, a middle-aged man, had practised masturbation since childhood, had in adult years been excessively addicted to women, and had, moreover, further reduced his strength by an inordinate indulgence in the use of alcoholic liquors. In this instance, when defecation took place, great muscular efforts were requisite in order to effect the process, and almost invariably an imperfect orgasm with an emission of semen took place.

In regard to the passage of semen with the urine, an event which is supposed by some to occur in consequence of the secretion flowing back into the bladder and then being discharged during micturition, I am quite sure that this never happens in the way mentioned. It is not uncommon to find spermatozoa in the

urine first discharged after sexual intercourse, for the emission accompanying the orgasm always results in a little of the semen remaining in the urethra, to be washed out with the next passage of urine. But the notion of the semen, gradually and without orgasm, flowing back into the bladder and then being evacuated is the veriest nonsense in the world.

Among points interesting in this connection, Sir James Paget \* discusses the one now under notice, in the following words.

“As to semen passing with the urine, I am nearly certain that it never does so unless when an emission has lately taken place, or where there has been disease of a seminal vesicle. In the former case, some semen remaining in the walls of the urethra, or possibly having passed into the bladder, is washed out with the next stream of urine, and may be found in it with the microscope. I once examined, for many days in succession, the urine of a patient who was persuaded that he passed semen with it, and semen could always be found when he had had a nocturnal emission, but never on any other occasion. A former colleague of mine assured me that he had often observed the same thing after copulation, and this I believe is the whole truth concerning semen passing with the urine; whatever may chance to be left in the urethra after an emission is washed out. But that which frightens the ignorant

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\* “Clinical Lectures and Essays” (Sexual Hypochondriasis). New York, 1875, p. 271.

and the hypochondriacal is not even this: it is mucus of the urinary passages either quite healthy or in some trivial manner changed. This form of what is called spermatorrhœa, therefore, should be treated by instruction, which the merely ignorant will receive, and the hypochondriacal very likely will not.

“Not much unlike this misunderstanding about vesical mucus is another in which some people, chiefly middle-aged and elderly, with diminishing sexual powers, make themselves miserable. They find in their urine little flakes or threads of floating mucus, which they say are always washed out of the urethra at the beginning of the urine-stream, especially in the morning. They watch these with the greatest anxiety, and send them to you on bits of paper or of glass, begging you to examine them very carefully. I believe that they are bits of prostatic mucus secreted in the night and washed out with the morning urine. But whatever they may be they are not of the least importance. You may find them passed by men who neither know nor care anything about them and whom they never harm, and even hypochondriacs go on month after month passing them and yet suffering nothing but their mental misery.”

Cases in which this delusion is entertained are common enough in the practice of every physician, and the subjects of it are encouraged to believe in its truth by the various quacks who pretend to cure them, while at the same time exaggerating the importance of every

little out-of-the-way circumstance that may exist. They know well that their chief way to illicit gains is by frightening the patient in making him believe that he is on the high road to impotence, and softening of the brain, and that they alone recognize the danger he is in. In this way the patient is brought to a condition of what may be called "false impotence." He is afraid to make the attempt at sexual intercourse lest in failing he should have his worst fears realized.

Again, the patient supposes that he is subject to emissions of semen without the orgasm, and solely as the result of venereal excitement. It is true that in most persons, there is, under the condition in question, a slight glairy exudation from the meatus, but this is simply mucus secreted by the lining membrane, and its excretion is nothing more than a physiological phenomenon without the least pathological importance. In regard to this subject Sir James Paget says:\*

"Another subject of gloom and alarm to some is, that during sexual excitement, and, as they suppose, worse still, when they wake in the morning, they find a clear colorless fluid flowing from the urethra, or easily pressed from it. Here, again, the complaint is of that which is natural, and it will be quite as just if directed against tears during grief. The urethra naturally secretes mucus during sexual excitement; it secretes more or less in different persons, but some, I believe, in all: and as for the morning secretion, it is due either

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\* Op. cit., p. 273.

to some sexual excitement during sleep, forgotten before waking, or to the general condition of turgescence or erection of the sexual organs which in most healthy persons exists during sleep or some part of it. In no case is this clear urethral mucus a sign or consequence of disease, unless, indeed, where an excess of it is a residue of gonorrhœa. It is, I think, most abundant and most quickly formed in those whose sexual organs are more irritable than potent, but this is the worst that can be said of it; and even in these it is not the sexual organs, but some part of the nervous system, the brain or the spinal marrow, that is in the wrong. In no case does the secretion deserve to be called or treated as a disease."

These cases are almost as bad as those in which the subjects think they are becoming impotent because they have discovered that one testicle hangs lower than the other.

But there are involuntary diurnal emissions in which the semen is discharged with an orgasm in consequence of friction of the penis against the clothing, or as the result of lascivious thoughts or acts. But these conditions show loss of power with increase of irritability, and are usually the results of great excesses. The individual in whom they occur is generally impotent to the physiological stimulus to sexual intercourse.

In the first-named class of cases the patient may have emissions while walking, or especially while riding horseback. The emission is accompanied with an im-

perfect orgasm, and the erection is usually very feeble. Indeed, in most cases there is nothing that can with propriety be called an erection, only a slight turgescence of the penis being produced.

In the second the like series of events takes place in consequence of some impression of a voluptuous character being made upon the mind, not as in the cases described in the previous chapter, by his concurrence and action, but against his inclination. Indeed, in some instances the slightest reference to sexual matters in the presence of an individual of the class referred to, is sufficient to cause an emission. In one case that came under my observation, the patient, a man about forty years of age, who had exhausted his powers by great excesses, and had also brought the generative system to a state of great erethism, the sight of a woman getting into an omnibus and thus showing an inch or two of her ankles, or of another with bare neck and arms, was sufficient to cause an emission without erection and with scarcely the semblance of an orgasm.

Both these causes may lead to impotence, though often they are accompaniments of this state, and like it, are evidences of the weak condition of the generative system.

There are other factors besides excess which are capable of producing such a loss of virile power as to lessen or altogether abolish the capacity for erection, and consequently to render the individual impotent. Among these are various conditions and diseases both

of a general and local character, of the generative system specially, or of other parts of the body.

*Obesity*, due, as it often is, to defects in the processes of assimilation and elimination, may be accompanied by a feeble condition of the generative system. I have seen this fact markedly shown in the cases of two gentlemen, each of whom, though not exceeding five feet eight inches in height, weighed three hundred, and two hundred and eighty pounds respectively. There had never been excess in either case, both were married, and both, with the inception of the obese state, began to fail in the power of erection, till eventually sexual intercourse was, from this condition, rendered impossible. It will be understood here, that the difficulty was not a mechanical one of a protuberant abdomen—that question will be considered in the ensuing chapter—but one which related entirely to the power of erection.

Eventually both these gentlemen were cured, and the result established the correctness of the opinion given, that the impotence was the result of a constitutional cause. By enjoining a diet from which sugar, starch and fat were rigidly excluded, the weight was reduced sixty pounds in one case and forty seven in the other, not only with the effect of restoring the virile power, but with greatly improved health in other respects.

*Emaciation*, when extreme, is, even more than obesity, due to derangement of the nutritive system, and like it, may be productive of impotence. This condition is

still more liable to result when, in addition to general emaciation, the testicles and penis become the subjects of atrophy. Then the loss of virile power becomes a permanent condition, to remain during the life of the individual. Fortunately for the patient, there is, in these cases, a loss of desire as well as of power, so that in general the state is not one in which there are endless chagrins and disappointments. Exception, however, must be made in the cases of some married men who are unable from the first to consummate the marriage, or whose wives are *exigant* of their uxorial rights. Thus, I was consulted in the case of a Hebrew gentleman in good general health, although somewhat emaciated, and who found it impossible to escape from a matrimonial engagement into which, while in the possession of full virile power, he had entered. Trusting that his condition might not be as bad as it seemed, and indeed ignorant of the extent to which it reached, he married and came to New York with his wife on his wedding tour. The morning after his arrival he came to see me in a state of great mental distress and with the information that he was absolutely incapable of doing the duty of a husband. Upon examination I found the testicles in a state of extreme atrophy, being soft and not larger or thicker than a twenty-five cent piece, and the penis cold, thin and extremely flaccid. The general emaciation was not extreme, and while it was evident that the absorption of the tissues of the genital organs had been more rapid than that of other parts of the body, I could



discover no nervous or other affection of the parts to account for the state in which they were. I gave an unfavorable prognosis, and shortly afterwards the marriage was annulled in one of the Courts of Pennsylvania, from which State the couple came.

In another case, the patient, a gentleman who had been married several years and had had three children by his wife, became the subject of phthisis and of rapidly advancing emaciation. With the decline in his health there was also a rapid loss of sexual power, due, as I found on examination, to atrophy of the testicles. These organs were soft, flabby and not more than one half the natural size when the patient first came under my observation. The penis was also greatly reduced in size. In this instance there were extensive demands made on the patient's generative power, with which he was both indisposed and unable, even with the best intentions in the world, to comply. The prognosis was bad, and the patient died some two years afterward without the least recuperation of the procreative faculty.

Local emaciation of the generative organs may exist without the participation of the system at large, and is then due to some cause cutting off the nervous influence to the parts or depriving them of their due supply of blood. Certain brain affections, as, for instance, cerebral hæmorrhage, are sometimes followed by atrophy of the testicles. This result has been asserted to be particularly apt to ensue from injury or disease of the cere-

bellum. Gall\* observed several cases of the kind, and numerous other instances are referred to by Combe,† and other writers. Larrey,‡ in an elaborate paper, sustains Gall's theory, and adduces several cases in its support. In injury or disease of this part of the encephalic mass he asserts that, though in the beginning there may be an exaggeration of the sexual feeling and power, yet, as the morbid process advances, there will be a state of decided asthenia of the genital organs, combined with atrophy of the testicle of the side corresponding to that of the diseased lobe of the cerebellum, or of both if the whole of this part of the cerebellum be affected. In support of his remarks Larrey cites the case of a young soldier who, in Egypt, was struck on the back of the head by a large splinter of wood. Inflammation, supposed to be located in the cerebellum, supervened. He eventually so far recovered as to be sent back to France. Several years elapsed before he again came under Larrey's notice. It was then found that his genital organs were reduced

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\* "Cerebello vulnerato partes genitales sympathiam trahuntur. Gall, Vindobonnæ Austriacorum, duos milites, e vulnerato occipite, impotentes fieri observavit, quorum unus, duobus post annis, veneris appetentiam et copulandi potestatem iterum recepit, puerosque genuit. Formey, Berolinensis narravit nobis historiam cujusdam qui, occipite vulnerato, primum priapismo, dein impotentia vexatus est. Veruntamen sex post mensibus virilitatem recuperavit." "Phrenology; or, the Doctrine of the Mental Phenomena." By J. G. Spurzheim. Boston, 1833, vol. I, p. 150.

† A "System of Phrenology." Boston, 1834, p. 110.

‡ "Observations on Wounds." Translated from the French by E. F. Rivinus, M.D., Phila., 1832, p. 199.

in size to those of an infant a few months old. The power of erection was lost, and sexual desire had disappeared.

In another case a soldier was struck by the ball of a blunderbus, which, grazing the occipital protuberance, tore away the extensor muscles of the head in its passage from one side to the other. The patient immediately felt a violent pain in the occiput, and a sense of weight in the whole head, together with numbness of the lower extremities. His vision and hearing were so much impaired that he could hardly discern any large objects or understand the most piercing words. His testicles became reduced and wasted away, and his penis diminished in the same proportion and lost the power of erection.

The third case was that of a man who had received a sabre-cut through the occipital bone and dura mater, so that the right lobe of the cerebellum could be readily seen and touched. When the finger was pressed upon it ever so gently, vertigo, syncope and convulsions were induced, but no pain was experienced. After the first few days the patient lost the faculties of vision and hearing on the right, or opposite, side. At the same time there were violent pains along the course of the spine, and a kind of formication in the testicles, the size of which rapidly diminished, so that in less than a fortnight they were reduced to the size of small beans. The sexual passion became utterly extinguished.

In the fourth case the patient was struck on the back

of the head; among other consequences the right testicle became atrophied and the power of erection was lost.

In the fifth case, in consequence of a blow on the head with a piece of wood, an abscess of the right lobe of the cerebellum was produced, of which, in about three months, the patient died. The post-mortem examination showed entire disorganization of the right lobe and marked atrophy of the testicle of the opposite side.

In the sixth case, disease of the cerebellum was the consequence of erysipelas. The patient lived two months. Subsequently the post-mortem examination revealed the existence of an abscess, which had entirely taken the place of the left lobe of the cerebellum. The scrotum and penis were so much reduced from their original size as to be in the second stage of atrophy.

Three remarkable instances, showing the connection between cerebellar lesions and atrophy of the genital organs have been reported by Dr. John D. Fisher,\* of Boston.

The first was that of a man aged forty-five, who was seen soon after his death, which took place from pneumonia. The penis was small; the glans had evidently seldom, if ever, been uncovered. When exposed it was small, pale and pointed; all the parts of the organ resembled those of a boy not yet arrived at the age of

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\* "Contributions Illustrative of the Functions of the Cerebellum." *American Journal of the Medical Sciences*, Feb., 1839.

puberty. The scrotum was soft and flabby, and was empty. No testicles were anywhere to be found.

The head was large, measuring 22 inches in circumference. The brain was healthy and very large, weighing  $51\frac{1}{2}$  ounces. The relative proportion of the cerebellum to the cerebrum was much reduced, for while the latter weighed 47 ounces, the former weighed but  $4\frac{1}{2}$  ounces. According to Meckel and others the average weight of the cerebrum and cerebellum united is 48 ounces, and the weight of the cerebellum to that of the cerebrum is as 1 to 7 or as 1 to 8. In this case the cerebellum measured in its transverse diameter  $2\frac{1}{2}$  inches, and in thickness  $1\frac{1}{2}$  inches; antero-posteriorly  $2\frac{1}{2}$  and perpendicularly  $2\frac{1}{2}$  inches. It was therefore one-third less in size and weight than is ordinarily the case in an adult male, and was the exact weight of that of a female child six years old, whose body was examined at the same time.

The history of the patient is very interesting. The deficiency of testicles was discovered by Dr. Warren. The voice was like that of a woman; he had no beard; he never exhibited any amorous propensities, or desire for female society; as his mother expressed it, he was a virgin in feeling and conduct to the day of his death.

The second case was that of a man aged forty-one, who, while a passenger in a railway train, was injured by a collision, so that the back part of his neck was struck violently against the window frame of the car. The blow was so severe that he remained for some

time in a state of insensibility. At first it was thought that his skull was fractured, or his neck dislocated. He, however, regained his intelligence and was conveyed to his residence. Various symptoms connected with the nervous system supervened, and between the fourth and fifth weeks after the accident he made the discovery that he had lost the desire for sexual intercourse and the power of erection. The ordinary excitations failed altogether to cause any amorous feeling, and this condition, he was of opinion, had existed since the accident. The generative function continued dormant for two years, and six months later was only partially active.

The following case is particularly interesting owing to the fact that strong venereal desires existed, but in consequence of deficient power they could not be indulged. It is related by Dr. Whittemore, but is reported by Dr. Fisher :

An old man, aged seventy-three, had been married forty years, and had had eleven children. Soon after marriage he began to complain of dizziness and noises in the head, to which he was subject more or less till his death. In addition, he had intense vertigo and severe pain, together with partial deafness in the left ear. Then he had several attacks of hemiplegia, and after their occurrence was affected with morbid salacity, which continued with little intermission till about three months before his death, when it began to subside so that the desire became imperious but once or

twice during the night. There was, however, no ability to gratify it, owing to imperfect erection, and for a year there had been no seminal emission.

On the day after his death his brain was examined. The dura mater was adherent to the skull, the arachnoid was thickened, there was a large quantity of serous fluid in the pia mater, and the arteries were undergoing ossification. Otherwise the brain was healthy, except as regarded the cerebellum. The right lobe of this organ was normal; the left lobe was one-fifth smaller, and was found to have lost the greater part of its substance, owing to the formation of a cavity in its tissue. The sides of the cavity were in contact, but it had probably contained serum, which had escaped when it was laid open.

Budge\* found that by irritating the cerebellum movements of the testicles were produced. Thus he says:

“By a lucky coincidence I made the gratifying observation that in an old cat, whose testicles lay in the abdominal cavity, these organs, immediately after death, moved whenever the cerebellum was irritated by the scalpel or with caustic potash. The effect was such that whenever the right half of the cerebellum and the right half of the vermiform process were irritated, movements of the left testis ensued, and the reverse. Mere superficial irritation sufficed to produce this result. The movements of the testicles soon be-

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\* “Untersuchungen über das Nervensystem.” Heft, ii, p. 82.

came so palpable in this animal that there could be no doubt as to its reality. I hastened to open the entire skull and the abdominal cavity and found the testicles lying perfectly still and without any trace of movement. On irritating one side of the cerebellum the testicle of the opposite side swelled, quitted its position, and rose up so as to form a right angle with the spermatic cord, one side of the angle being directed forward. If I desisted from the irritation, the testicle returned to its position, and the movement was renewed on renewing the irritation. The experiment was repeated during half an hour with unvarying results. After the first irritation not three seconds elapsed before the movement followed. Subsequently the interval between the irritation and the effect was prolonged. The movement only lasted a short time and was diminished more and more. Alternately with the cerebellum I irritated the cerebrum, the corpora quadrigemina, the thalami optici, the corpora striata, but I have never seen the slightest movement result from the irritation of those parts."

Valentine confirms Budge's observations, but Volkmann has never been able to do so, and Müller discredits them altogether.

I have endeavored to satisfy myself in regard to these points by repeating Budge's experiments. In one instance, in which a cat was used, decided movements of the testicles were induced by irritating the cerebellum with a scalpel or with the continuous galvanic current



applied through two needles. The irritation of the left lobe produced movements in the right testicle, and *vice versa*. When the current was passed through both lobes, both testicles were moved and the penis was also brought into a state of erection. I was at first disposed to attach considerable importance to these facts, as indicating a very close relationship existing between the cerebellum and the generative organs; but by further observation I found that irritation of the medulla oblongata and of the cerebrum produced like movements in both testicles and in the penis. I also found that irritation of the cerebellum in either way I have mentioned caused movements of the intestines, of the abdominal muscles, and of the muscles of the thigh and back. My experiments were performed upon three cats just killed. I am hence disposed to attach less importance to Budge's observations than does Romberg,\* who quotes them with evident approbation. They are nevertheless interesting as showing that though the connection between the cerebellum and the sexual organs is not exclusive, there is a relation in which, however, other parts of the body participate and which likewise exists with other parts of the brain.†

There are various affections of the *spinal cord* which

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\* "A Manual of the Nervous Diseases of Man," Sydenham Society's Translation. Vol. ii. p. 33.

† My experiments were performed in 1856, and are detailed in a monograph on "The Physiology and Pathology of the Cerebellum," read before the New York County Medical Society, January 4th, 1869, and published in the *Journal of Psychological Medicine*, April, 1869, p. 209.

cause sexual impotence. During the actively inflammatory stage of these diseases there is often intense and long-continued priapism, but as the morbid process advances, loss of power is the result. Thus, taking *locomotor ataxia* as an example, we find that very generally during the first period of the disease there is an exaltation of sexual desire and power, and that nocturnal emissions are frequent, but that in the latter stages loss of virility, with or without atrophy of the testicles and penis, is apt to occur.

*Diseases* or *injuries* of the nerves supplying the generative organs may lead to impotence by causing atrophy of the parts concerned. Among these may be mentioned severe and long-continued *neuralgia* of the testis or of the cord, degenerative changes in the spermatic nerves, or tumors or other growths compressing them. The experiments of Obolensky on rabbits go to show that if the spermatic nerve be divided the corresponding testicle progressively wastes away and in a case of fatty degeneration of the nerve occurring in a man, the testicle of the same side was atrophied. In two cases of neuralgia of the testis in which, for their cure, I compressed the spermatic cord strongly, there was no permanent loss of power. Neither did the pressure cause atrophy of the testicle corresponding to the side on which the operation was performed.\*

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\* "Neuralgia of the Testis." Read before the New York Neurological Society, May 4th, 1880. *Neurological Contributions*, No. 3, 1881, p. 25.

The effects of excessive *horseback riding* in causing atrophy of the testicles, and consequent impotence, are well known to writers on the subject, but do not appear to have attracted the attention of the profession at large. In a recently published monograph\* I had occasion to inquire into this subject and will bring forward some of the results of my investigations.

From a very early period the idea has existed that the male inhabitants of the Caucasus are subject to a peculiar disease, the chief characteristics of which are the loss of the physiological and moral attributes of man, the supervention of impotence, the disappearance of the beard, the atrophy of the penis and testicles, and eventually the implication of the mind to such an extent that the subjects, believing themselves to be women, clothe themselves like women and adopt the manners, customs, and occupations of the female sex.

The first mention of the condition in question is that by Herodotus,† who states that when the Scythians were about leaving Syria and Palestine, which they had invaded, their rear guard pillaged the temple of Venus at Ascalon. The goddess was so enraged at the act of desecration that she caused the perpetrators to become like women, and further decreed that their posterity should be similarly affected. Herodotus accepts this story without question.

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\* "The Disease of the Scythians (Morbus Fœminarum) and other Analogous Conditions." *American Journal of Neurology and Psychiatry*, August, 1882, p. 339.

† "History of Herodotus" (Rawlinson's Translation), vol. i. p. 190.

Hippocrates\* is the next to refer to the matter, and as showing to what causes the "Father of Medicine" attributed the remarkable disease I quote his observations at length: "I have to make another allusion," he says, "and that is to the fact that among the Scythians many impotent persons are encountered, who occupy themselves with the work of women and who have a like pitch or tone of voice. They are called *anandrii*. The natives allege that the phenomena are caused by a god, and they venerate and worship those who are thus affected, fearing each one that he may himself become the subject of a like visitation. As for me, I regard this disease as being no more of divine origin than any other, for no disease has any pre-eminence in this respect. Each one has a natural cause, and no one can arise without the intervention of nature. Let me state what appears to me to be the cause of the affection.

"Horseback riding produces with the Scythians engorgements of the articulations, because the limbs are always hanging without support. With those who are severely visited the hip is drawn back and they are rendered lame. For the cure of this deformity they open the two veins which are near the ears. When the blood has ceased to flow they are overcome with weakness and fall asleep. On awaking some are found to be cured, but others are not. I presume that it is exactly by this treatment that the seminal fluid is

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\* *Ἐπεὶ ἀερῶν, ὑδάτων, τόπων.*

changed, for near the ears there are veins which render impotent those in whom they are cut. Now, I think that they divide these very veins. When after this operation they attempt to have sexual intercourse and fail, they are at first not disquieted, but if after two or three more trials they do not succeed, they imagine that they are being punished by some god whom they have offended. They then assume the attire of women, declare that they have lost their virility, associate exclusively with women, and follow like occupations.

“This disease attacks the rich and not the lower classes. The noble and the powerful are its chief victims, because they go much on horseback, while the poor do not. . . It is also met with in other people, for when equitation is the chief and habitual mode of exercise many must suffer from swellings of the joints, with sciatica and gout, and be deprived of sexual intercourse. These infirmities are widespread among the Scythians, who are the most impotent of men, in consequence of the cause specified and by reason of the fact that they constantly wear breeches and pass the greater part of the time on horseback. Thus they never touch the genital organs with the hands; and subdued by cold and restrained by the fatigue attendant on sexual pleasures, they do not attempt intercourse till they have in reality lost their virile power.”

It will be seen, therefore, that Hippocrates attributes the disease under notice indirectly to horseback riding

in excess, and directly to the division of veins near the ears, which he supposes to be in intimate relation with the generative organs.

Sprengel\* speaks of the pretended wise men among the Scythians who, rendered irritable by the abstinence to which they condemned themselves, fell into violent convulsions whenever they wished, or whenever the superstition of their countrymen required. The unintelligible words which they spoke while in this state caused them to be regarded as prophets. The Greeks called them *enares*, *anandries*, either because their prejudices obliged them to avoid intercourse with women, or because their excessive sensibility really changed their constitutions, and rendered them unfit for the generative act. He quotes Reinegg,† who in his description of the Caucasus says :

“The most remarkable of all the nomadic tribes of the Kuban is that called the Nogays or Mongutays. The members of this are distinguished from the others by the Mongolian features, which characterize their entire physical structure. The men are obese, large and swollen, the cheek bones very prominent, the eyes deep-sunken, and the beard sparse. When they are reduced by disease, or when they have attained to an advanced age, the skin of the whole body becomes wrinkled, the beard disappears altogether, and in this

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\* “*Histoire de la Médecine*” (French Translation of A. J. L. Jourdan). Paris, 1815, t. 1, p. 207.

† “*Beschreibung der Kaukasus*,” St. Petersburg, 1796, Th. 1, p. 269.

state they present a great resemblance to women. They become incapable of the procreative act, and their feelings as well as their actions cease to be like those of the sex to which they belong. Obligated to fly from the society of men, they seek that of women, whose dress they adopt."

Jules Klaproth,\* the son of the eminent chemist, has noticed the like facts in the Nogays of the Caucasus, and recognizes the accuracy of the description given by Hippocrates, and which I have already cited.

Chotomski † is authority for the statement that there are to this day many among the Tartars of the Caucasus who are affected with impotence as a consequence of excessive riding on horseback.

It therefore appears that there is good reason for believing that the male Scythians of an early day and their descendants, the inhabitants of the Caucasus of the present time, are particularly subject to sexual impotence, and that this condition is accompanied with such moral and physical changes in the affected individuals as to cause them to look like women, and to acquire the mental characteristics and instincts of the female sex.

There seems to be little doubt that the male Scythians were, and their Tartar descendents of the present day are, extremely addicted to the vice of masturba-

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\* "Reise in der Caucasus, und nach Georgien," Berlin, 1812, Th. 1. p. 285.

† Cited by Daremberg, in his translation of Hippocrates, Paris, 1843, p. 497.

tion, and that they are also subject to seminal losses not directly the result of voluntary acts. And this, notwithstanding the circumstance alleged by Hippocrates that the constant wearing of breeches prevents them carrying their hands to their genital organs. Sprengel \* declares that, as a consequence of the local excitement due to continual horseback riding, they are not only subject to the emissions resulting from the friction, but that they practise onanism to an inordinate extent. This latter habit is also, doubtless, aggravated by the circumstance that their nomadic life deprives them to a great degree of the ordinary facilities for sexual intercourse, women not accompanying them on their forays and other expeditions.

A similar explanation is given by Lallemand,† who reports several cases of impotence due to seminal losses as consequences of excessive equitation. According to him the friction and shocks to the perineum resulting from contact with the saddle cause irritation of the efferent ducts, thence the morbid process passes to the epididymis and the testicles, which are kept in an almost constant state of erethism. Emissions result spontaneously, and the condition in question prompts to the frequent commission of masturbation. Impotence is the ultimate consequence.

Another explanation of the abolition of sexual power from excessive horseback exercise is that of Darem-

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\* "Apologie der Hippokrates," Leipzig, 1792, Part ii. p. 610.

† "Des pertes séminales," Paris, 1836, Part i. p. 581.



berg,\* who ascribes it to the pressure exerted upon the spermatic vessels and the consequent interruption of the due course of their nutrition, and the loss of all procreative desire and ability. He does not appear to have had his attention drawn to the erethism of the sexual organs produced by excessive horseback exercise.

Under the heads of "Eviration" and "Maladie des Scythes," Nysten† speaks of the impotence resulting from inordinate equitation. It produces, he declares, complete loss of sexual desire, and an impossibility of erection in men who are otherwise vigorous and in good health. Foresters and country physicians, who pass a good deal of their time on horseback, are mentioned by him as among its subjects. The habitual compression of the vesiculæ seminales and of the prostate gland appears to him to interfere with the secreting process of the semen.

The object of the monograph to which reference has been made was to call attention to the fact that about thirty years ago, while stationed in New Mexico as a medical officer of the army, I became acquainted with the fact that the Pueblo Indians are in the habit of selecting some one male from among those living in a village and rendering him sexually impotent, reserving him at the same time for pederastic purposes. This person was called a *mujerado*, a corruption probably of

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\* Hippocrates (Translation), 1 Paris, 1843, Note 58, p. 497.

† "Dictionnaire de Médecine," etc., onzième édition, Paris, 1858.

the Spanish word *mujeriego*, which signifies feminine or womanish. There is no such word in Spanish as *mujerado*, but if there were it would, according to the construction of the language, mean "womaned," or, "made like a woman."

Two of these creatures came under my observation. The first was about thirty-five years old, rather tall and slim. There was not a vestige of beard, though I attached little importance to this fact, as the Indians rarely have any marked growth of the kind. His countenance was cheerful and his face was free from wrinkles, full and rounded, like that of most Indian women of his age. He was dressed exactly like a woman. On my expression of a desire to examine him more closely, he was directed to accompany me into an adjoining room, which he at once did, the chief going with us. He then at my request removed all his clothing. The first thing that attracted my notice was the extraordinary development of the mammary glands, which were as large as those of a child-bearing woman. He told me that he had nursed several infants whose mothers had died, and that he had given them plenty of milk from his breasts. I expressed my doubts of the truth of this assertion, but he persisted with vehemence that it was true. The chief would neither affirm nor deny its correctness, repeating, in answer to my inquiries, after the true Mexican fashion, "*Quisas, quien sabe!*"—"Perhaps so, I do not know.")

The abdomen was protuberant and the limbs were round, full, and soft.

Of course the most important parts to be inspected were the genital organs. There was no hair on the pubis; the penis was shrunken, but was otherwise normal; the prepuce could be readily retracted and the glans presented a healthy appearance, except that it was not larger than a thimble, which it very much resembled in shape. The whole organ was, in its flaccid condition, about an inch and a half in length. The scrotum was long and pendulous and contained the remains of the testicles, which had almost entirely disappeared. Each one was the size of a small filbert, as well as I could judge. Pressure upon them gave slight pain. I supposed that the glandular structure had become almost entirely atrophied, little besides connective tissue remaining. The spermatic cords could be distinctly felt up to the external abdominal rings. There was slight varicocele.

In all other respects the organs were normal, there being no deformity of any kind. I was surprised at this condition, for I had expected to see some form of hermaphroditism, or at least cryptorchism.

He informed me that he had been a *mujerado* for seven years, and that previous to that time he had possessed in full all the sexual attributes of a man. First, his testicles had begun to get smaller, and with their disappearance he had lost all sexual desire, all liking for

the companionship of men and for their ways, and had sought the society of the women. His penis had not at first diminished in size, but as it gradually lost the power of erection it had also become atrophied. Before he became a *mujcrado* he had, as he informed me with evident pride, possessed a large penis and his testicles were "*grandes como huevos*"—as large as eggs—a statement which the old chief unhesitatingly confirmed.

His voice was of high pitch, thin and cracked, especially when he became excited, which he did very readily; and he indulged in more gestulations than any Indian I had ever seen.

In the pueblo of Acoma, about twenty miles from Laguna, I ascertained that there was another *mujcrado*. Accompanied by the old Laguna chief I paid a visit to this village in the autumn of 1851, and had the opportunity of making a thorough examination of the individual who served in that capacity.

There was no remarkable development of the mammary glands; the pubis was devoid of hair; the penis was greatly shrunken, not being over an inch in length when flaccid, and of about the circumference of the little finger. The testicles apparently consisted of nothing but connective tissue, as no pain was experienced on strong pressure being applied to the soft flat masses, about the size of a kidney bean, which lay at the bottom of the scrotum. There was no genital deformity of any kind whatever.

The limbs and the whole body were full and round.

ed, and there was not a sign of hair anywhere except on the scalp. The voice was shrill and weak. As he stood naked before me, the whole appearance was more that of a woman than of a man. When he put on his woman's dress, it was impossible to discover any mark of difference between him and the women among whom he lived. He was apparently about thirty-six or seven years old, and had been a *mujerado* for nearly ten years.

These were the only *mujerados* I saw in New Mexico, though I was told that every pueblo had one, or even more. Their *raison d'être* is evidently to be found in the force of tradition, which still exists to a great extent with the Pueblo Indians of New Mexico. In referring further to that subject, I am actuated by a desire to shed as much light as possible upon a custom and its results, not only important from an anthropological but a neurological point of view, and which will doubtless disappear ere long before advancing civilization, even if they have not already done so.

I found it very difficult to ascertain the cause of the atrophy of the genital organs, and of the great changes which have been produced in other parts of the organism, but I finally succeeded in obtaining some information, which was certainly correct as far as it went, for it was derived from several authentic sources, including the subjects themselves, and was uniformly to the same effect.

A *mujerado* is an essential person in the saturnalia or

orgies, in which these Indians, like the ancient Greeks, Egyptians and other nations indulge. He is the chief passive agent in the pederastic ceremonies, which form so important a part in the performances. These take place in the spring of every year, and are conducted with the utmost secrecy, as regards the non-Indian part of the population. For the making of a *mujerado*, one of the most virile men is selected, and the act of masturbation is performed upon him many times every day. At the same time he is made to ride almost continuously on horseback. The genital organs are thus brought at first into a state of extreme erethism, so that the motion of the horse is sufficient to produce a discharge of seminal fluid, while at the same time the pressure of the body on the animal's back—for the riding is done without a saddle—interferes with their proper nutrition. It eventually happens that though an orgasm may be caused, emissions can no longer be effected, even upon the most intense degree of excitation. Finally the accomplishment of an orgasm becomes impossible. In the meantime the penis and testicles begin to shrink, and in time reach their lowest plane of degradation. Erections then altogether cease.

But the most decided changes are at the same time going on little by little in the instincts and proclivities of the subject. He loses his taste for those sports and occupations in which he formerly indulged, his courage disappears, and he becomes timid to such an extent

that if he is a man occupying a prominent place in the councils of the pueblo he is at once relieved of all power and responsibility, and his influence is at an end. If he is married, his wife and children pass from under his control, whether, however, through his wish or theirs, or by the orders of the council, I could not ascertain. They certainly became no more to him than other women and children of the pueblo.

At the same time no disgrace attaches to the condition of the *mujerado*. He is protected and supported by the pueblo, is held in some sort of honor, and need not work unless he chooses. Men, however, do not associate with him, but this is more in accordance with his wishes and inclinations than from any desire on their part to avoid him.

Indeed, his endeavor seems to be to assimilate himself as much as possible to the female sex, and to get rid as far as may be of all the attributes, mental and physical, of manhood. Nevertheless, the condition is one which is, I believe, forced upon him by the power of tradition, custom and public opinion, and which—recognizing the impossibility of escape—he assumes probably with reluctance in the first instance, but eventually with entire complaisance and assent.

I could not ascertain, with any degree of certainty, whether the *mujerados* were public property for pederastic purposes at any other times than at the annual orgies, but I am inclined to think that the chiefs or some of them have the right so to employ them, and that they

do avail themselves of the privilege. They avoided all reference to the subject, and professed the most complete ignorance of the matter when I questioned them directly thereon. The old chief, however, who acted as my escort, while not disposed to be communicative, was not altogether reticent on this point, and admitted, by unmistakable signs and with perfect equanimity, that he himself, in his younger days, had made use of the *mujerado* of his pueblo in the manner referred to.

The difference between the *mujerados* and the *enares*, as Herodotus calls them, of the Scythians, consists chiefly in the fact that the deprivation of virility is intentionally produced for a specific purpose in the Pueblo cases, while in the Scythians it is the incidental result of customs and other factors which exist among the people. As a whole, I am quite sure that it is in both instances due to causes of similar character.

The Pueblo Indians appear to recognize the influence of horseback riding as an efficient aid in their process for making a *mujerado*. It is certainly true, as I know from my own observations, that the nomadic American Indians, who are the representatives of the Scythians on the Western Continent, especially the Apaches and Navajos, possess small generative organs and limited sexual desire and power. From their very infancy they are accustomed to the use of the horse for going even the shortest distances. They rarely walk unless to the places where their horses are hitched, and they keep them generally within arm's reach; I have seen



them mount a horse to ride twenty-five feet to get the saddle ; one of the consequences of this practice is the arrest of development in the muscles of the lower extremities, their thighs are attenuated and their calves are as flat as the hand. They are entirely incapable of long foot marches.

While I have no statistics or very definite information on the subject, I am quite sure that impotence is common among them. I have often, when they had ascertained that I was a "medicine man," had young and apparently otherwise vigorous and healthy men beg me to give them some "strong medicine" to restore their virile power, and I am aware that the major part of the "pow-wowings" of their own "medicine men" is undertaken for the same purpose. An Apache or Navajo woman with more than two or three children would be a curiosity among them.

I have already spoken of the probable object had in mind in the creation of the *mujerados*. It is not at all improbable that the subjects of the "Disease of the Scythians" have from the earliest period been used for a like purpose. Bouhier\* asserts that they are the passive agents in pederasty, and that, therefore, they correspond to the *pathici* of the ancients, and, I may add, to the *mujerados* of the Pueblo Indians. A like view is held by Rosenbaum,† who regards the disease as also being produced by the practice in question, which is at

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\* "Recherches et dissertations sur Hérodote," Dijon, 1746, p. 240.

† "Geschichte der Lustseuche," Halle, 1837, t. 1, p. 141.

the same time therefore cause and effect. Interesting and important data relative to the mental and physical changes in the organism which result from this vice are given by Tardieu,\* Legrand du Saulle,† Moreau ‡ (de Tours), Godard,§ and other writers on sexual aberration, and the question is also discussed in its relations to impotence in the immediately preceding chapters of the present work.

*Certain medicines* have the power of lessening or destroying the sexual power of the individual to whom they are administered. Among them, and, according to some authors, one of the most efficient in this direction, is *iodine and its compounds*.

Iodine is usually given in the form of the iodide of potassium, and very often has to be continued for long periods and in extremely large doses. But the pure drug is not infrequently administered in the form of Lugol's solution, by inhalation of the vapor or by absorption through the skin.

Roubaud|| states that, having given the vapor of iodine by inhalation in the treatment of phthisis, he has observed four cases of impotence, with more or less atrophy of the testicles, supervening during or immediately after the treatment. In one of these cases, not

\* "Etude medico-legale sur les attentats aux mœurs," 7th edition, Paris, 1878.

† "Traité de médecine légale," Paris, 1874.

‡ "Des aberrations du sens genésique," 2d edition, Paris, 1880.

§ "Egypt et Palestine," Paris, 1867.

|| "Traite de l'impuissance," etc., Paris, 1876, p. 244.

withstanding the impossibility of erection, the venereal desire remained; and the testicles preserved almost their normal volume in the instances of the three others, in which there was very decided atrophy of the testicles; the sexual indifference was well marked, they had neither desire nor power, and they only sought medical advice in order to be able to perform their marital duties or to have children.

The iodide of potassium is not so powerful an agent as the uncombined drug in producing impotence and atrophy of the testicles; nevertheless, there is no doubt of its power in this respect. Roland\* cites two cases in which its influence was very distinctly manifested.

In a debate which took place before the Academy of Medicine of Paris, Rilliet asserted that the effect of iodine and its compounds, when long continued, was to cause atrophy of the mammary glands in females and of the testicles in males. This, however, was denied by Ricord, Piorry, Velpeau and others. Probably few physicians have administered the iodide of potassium in larger doses and for longer periods than have I, and yet I have never known it to produce either of the accidents mentioned. I have, however, often observed a diminution of both the sexual desire and the power while the medicine was being administered, but these effects disappeared soon after the administration of the remedy was stopped.

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\* "Bulletin de l'Académie Impériale de Médecine," t. xxv. 185; 1860; p. 382, *et seq.*

*Nitrate of potash*, though not, so far as I know, causing atrophy of the genital organs, is certainly a powerful anaphrodisiac, and when given for a long time to persons in good sexual health may abolish both the desire and the power of the individual. Having employed it several years ago in a case of satyriasis, in consequence of its use being recommended by MM. Grimaud de Caux and Martin Saint-Ange, I was not greatly surprised to see the effect in causing sexual impotence to two male patients to whom I gave it during a continuous period of six months for epilepsy. The case cited by the authors named is an instructive one, and the description will bear translation into English.

“A musician, of athletic build and florid complexion, and of an emotional temperament, was so urged by amorous desires that the sexual act, although repeated several times in the course of a few hours, did not suffice to cool his ardor. Hateful to himself, he feared the chastisement which divine anger inflicts on those who devote themselves to a life of voluptuousness, and came to ask my help. I bled him, subjected him to a course of cooling and calming medicine, and imposed a light diet, from all of which he received no benefit. My advice then was that he should marry, and he espoused a strong, robust daughter of a villager. At first he appeared to be better, but in a short time his wife suffered so greatly from his repeated embraces that he returned to his former course of life. Coming to me for further

relief I advised fasting and prayer, but these proving equally unsuccessful, he desired castration. This, however, I was unwilling to perform; but he was very anxious for the operation, and sought to gain, by presents, the consent and approval of those who opposed his wishes. He promised a horse that could amble beautifully, and whose value was not to be disdained, if I would accede to his wishes.

“I declare that my servants—not knowing the nature of his wish, and unacquainted with his satyr-like performances—have often made me blush when they would request me to do as the poor man wished. Little did they suspect that he wanted me to cut out the organs that made him a man.

“In thinking of the means that might cure this musician, I recollected that I had heard the illustrious Prevotius say that he had with nitre cured a man who suffered with nephritic pains due to the presence of a calculus. The patient was cured, but he became incapable of enjoying the pleasure of love. I resolved to make use of this remedy, so morning and night I gave him nitre dissolved in *eau de nymphæa*. The use of this salt for eight days reduced him to such a state of indifference, that he hardly sufficed for the wants of his wife.”\*

∨ In the instances in my own practice to which I have referred, the use of fifteen grains of nitrate of potash

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\* Cited by MM. Grimaud de Caux and Martin Saint-Ange, from Baldassar Timeus. *Cas Med.*, Lib iii., *Salacitas nitro curata*.

three times a day produced a gradual loss of sexual desire and power in both patients which at the end of a month was complete. It was nearly a year after the cessation of the administration of the drug before the normal condition was regained.

*Alcoholic liquors*, if taken very sparingly, perhaps exercise a stimulating influence over the genesic function, but if very moderate limits be exceeded the result is impotence of a more or less permanent and profound character, according to the extent of the excess.

Generally the desires and power both diminish or entirely fade away, but in some cases desire remains without the ability to accomplish the sexual act in an entirely satisfactory manner. Either erections fail altogether and intromission becomes impossible, or there are imperfect erections and premature emissions. Intercourse attempted during a state of intoxication is scarcely ever performed in a normal manner, and the individual, after a period of alcoholic indulgence, is generally incapable of physiological copulation for several days thereafter. Repeated and long continued acts of dissipation may often lead to absolute and permanent loss of the ability to have intercourse. In many of these cases the venereal appetite is not abated; on the contrary it may be notably increased, and then the individual, not being able to satisfy himself in a legitimate way, resorts to masturbation, which he performs with a vehemence and frequency almost amounting to fury. I have seen a great many habitual drunkards, but never

one in whose case the investigation was made who was not a masturbator and sexually impotent.

Most physicians whose practice is largely in the direction of diseases of the nervous system have noticed the decided influence of the *bromides* in causing a loss of virile power. In cases of epilepsy some one of the bromide salts is given often for several years without interruption, and it is almost invariably the case that after a few months the desire and power begin to become less. Occasionally the effects are permanent, but usually when the administration of the drug has ceased the normal state returns, especially if proper remedies be given. In one case under my charge there was atrophy of the penis and testicles. When this condition ensues a restoration is impossible.

There are other remedies and some substances used as food which are said to have the power of causing diminished sexual power, but the reputation rests, I think, on insufficient evidence. Among the former, however, may be mentioned *lead, antimony, arsenic, sulphide of carbon, conium, camphor*, and many others. Some of these, notably conium and camphor, have the effect of moderating the reflex excitability of the reproductive system, but they in no sense cause impotence.

Among the substances used as food, *lettuce, sorrel, cucumbers*, and *parsley* are said by some to have an aphrodisiac property, but I have never observed anything in their action to lead me to accept this view of their influence.

*Castration.*—It might reasonably be supposed that the operation of castration, by depriving a man of the glands which secrete the semen, would invariably render him incapable of sexual intercourse, but, as a matter of fact, such is by no means the certain effect of the procedure. Of course the removal always renders the individual sterile, but this is a very different thing, relating as it does solely to the taking away of the power to procreate children. The women of ancient Rome were well acquainted with the sexual power sometimes possessed by eunuchs, and knowing them to be sterile, knew also that they could make use of them to satisfy their libidinous desires without much fear of detection. Indeed, so well is the fact of their occasional virile power known in Egypt and other countries in which eunuchs are made, that not infrequently the whole generative apparatus is amputated, in order to prevent the possibility of sexual intercourse being performed.

*Mental causes.*—There are certain *mental causes* of a failure of sexual power which are among the most influential of all for the time being, but which, in general, are not difficult to manage, inasmuch as they do not depend upon any physical disorder. Among these are the following :

*Excessive desire.*—This is a not infrequent cause with the newly married man who finds himself utterly unable to obtain an erection, notwithstanding the fact of the strong desire by which he is actuated. In the intervals of his attempts his erections are not wanting in vigor,



but as soon as he endeavors to avail himself of his rights the penis becomes flaccid and intromission is an impossibility. Frequently a feeling of *anxiety* or *doubt* arises in the mind relative to the success of the act, and this adds greatly to the probability of an unfavorable result. John Hunter,\* in referring to this influence, cites the following case:

“A gentleman told me that he had lost his virility. After about an hour’s investigation of the case, I made out the following facts: That he had at unnecessary times strong erections, which showed that he had naturally this power; that the erections were accompanied with desire, which are all the natural powers wanted; but that there was still a defect somewhere, which I supposed to be from the mind. I inquired if all women were alike to him. His answer was no. Some women he could have connection with as well as ever. This brought the defect, whatever it was, into smaller compass, and it appeared that there was but one woman that produced this inability, and that it arose from a desire to perform the act with this woman, and which desire produced in the mind a doubt or fear of the want of success, which was the cause of the inability of performing the act. As this arose entirely from the state of the mind, produced by a particular circumstance, the mind was to be applied to for the cure, and I told him that he might be cured if he could perfectly rely upon his own power of self-denial. When I explained what

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\* “A Treatise on the Venereal Diseases,” Phila., 1859, p. 261.

I meant, he told me that he could depend upon every act of his will or resolution. I then told him that if he had a perfect confidence in himself in that respect, that he was to go to bed to this woman, but first promise to himself that he would not have any connection with her for six nights, let his inclinations and powers be what they would, which he engaged to do, and also to let me know the result. About a fortnight after he told me that this resolution had produced such an alteration in the state of his mind, that the power soon took place; for, instead of going to bed with fear of inability, he went with fears that he should be possessed with too much desire, too much power, so as to become uneasy to him, which really happened; for he would have been happy to have shortened the time, and when he had once broke the spell the mind and powers went on together, and his mind never returned to its former state."

The device of setting up a different line of thought or of emotion from that which fills the mind, will generally succeed in cases such as the foregoing. In the case of the recently married man, the old prescription of bread pills will suffice to restore the supposed loss of power as well as anything else in which the patient has confidence, or the mere direction to wait patiently, the assurance that the trouble is simply transitory, and the explanation of its cause, will, with a sensible person, prove equally efficacious. Most of the cases cure themselves in a few days at farthest.

*Fear*, from whatever cause arising, is a very powerful factor in temporarily producing impotence, and one which often causes a more or less permanent loss of sexual power. The individual engaged in illicit relations, with the apprehension of detection constantly before him, fails at the moment he attempts intercourse, from the absolute inability to maintain an erection; and, indeed, any emotion will, if strongly felt, almost invariably lead to a like result. A gentleman once, a member of the volunteer fire department, informed me that he was for several years practically impotent at night, for the reason that he never went to bed without the expectation of being called up to go to a fire, and the anxiety effectually prevented his having intercourse, although his desire was strong.

The effect of *superstition* in causing impotence is even, in our times, occasionally exhibited. In a former period this influence was more generally admitted, and it was supposed that witches and sorcerers had the power of casting a spell upon a man, and by this means to deprive him of the ability to accomplish the act of sexual intercourse. These individuals were in France known as the *noueurs d'aiguillette*, "the tiers of the knot." All that was necessary was that the person upon whom they pretended to impose their spell should thoroughly believe in it, and the impotence was an accomplished fact. Cases of the kind were a very common occurrence, so that after a while every man who found his virile powers becoming weaker laid the cause

upon some old man or woman who had the reputation of being a sorcerer or witch. Many of these poor wretches were burned at the stake or otherwise severely punished for this supposed crime.

The extent to which notions of the kind prevail at the present day is scarcely known among educated persons. Physicians, however, often meet with cases of purely imaginary impotence, which the subject religiously believes has been produced by an enemy, by a look or an incantation of some kind, or by causing him to eat some particular substance which has had the power conferred upon it of depriving him of his sexual functions. The consequence is that, actuated by the belief which he entertains, the attempts at intercourse result in failure, and hence he ceases to make any further efforts in this direction.

Only a short time ago a man consulted me for impotence with which he believed his wife had affected him so as to keep him continent during a visit he was about to make to New York. She had, he said, given him a singular glance as he left the house. He felt a peculiar thrill pass down his spine to his testicles, and after that, erection was impossible.

In another case a man from Long Island came to see me, bringing a lock of the hair of a woman who, he believed, had "laid a spell" on him by which he was rendered impotent. The woman in question, he explained, had wished him to marry her. He, however, had fixed his affections on another woman, and had married her,

whereupon the first, out of revenge, had caused the loss of his sexual power. The event had taken place on the fifth night after marriage. Up to that time he had done his part to his entire satisfaction, but on the fifth night, the disappointed woman, concealing her jealousy, had invited him and his bride to take tea with her, and on their return home he found himself in the condition mentioned. He had been told that I could cure him by treating a lock of the hair of the witch, and with much trouble he had succeeded in procuring this, in his opinion, indispensable prerequisite to cure, and had brought it to me.

Such cases, unless the patient can bring to bear a little common sense on the subject, are apt to pass on into a *hypochondriacal condition*, in which the whole attention of the individual is concentrated upon his generative organs. He examines them many times a day, measures them, and is constantly applying lotions and running from one physician to the other with stories of their deficient power, the shrinkage of his penis, the gradual disappearance of his testicles, etc., etc. Convinced that sexual intercourse is altogether beyond his powers, he abstains from any attempt, and continues to lament his sad condition. In one case of the kind that came under my observation, the patient, probably from some slight weakness of the organs due to previous excess, contracted the belief, soon after marriage, that his sexual power was gone, and that the result was due to atrophy of the testicles. As a matter

of fact, there was no change in the consistence or appearance of these organs, but it was impossible to convince him of this fact. Under the idea that phosphorus was a tonic to the generative system, and would cause the nutrition of the testicles to be better effected, he kept the scrotum well anointed with an ointment containing phosphorus, and drank no other liquid than phosphoric acid and water. In this case the conviction of absolute impotence was so strong, that it was impossible for an erection to take place, even under the most provoking circumstances. Indeed, he declared that all attempts in this direction were a mockery of Providence, and therefore in the highest degree sinful. In my recently published work on insanity\* I have treated the subject of hypochondriacal mania at length, and have adduced several examples of the length to which patients will go in their false beliefs relative to the state of their reproductive organs. From that book I cite the following instance: †

“A patient of my own, after great sexual excesses, took the idea that his penis and testicles were diminishing in size. He spent the greater part of each day in measuring them and recording the results in a book which he kept for the purpose. Finally he reached the conclusion that they had entirely disappeared, and although he did not go about lamenting the fact, he

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\* “A Treatise on Insanity and its Medical Relations.” New York, 1883.

† Op. cit. p. 480.

was examining the region as often as he could get the opportunity, and making a record of the results of his examination. As an interesting instance of the line of thought of a hypochondriacal maniac, I transcribe here a portion of his diary for one day :

“‘ November 4th. 9 A.M. The event that I have been fearing has at length occurred ; they have vanished ! absolutely vanished ! and I am ruined. Oh, my God ! how I am punished for my sin !

“‘ 9:30 A.M. Cold water does no good ; hot water is no better. Will try blistering.

“‘ 9:45 A.M. Not even a vestige of penis or testicles, not a vestige. I will consult a physician. No ; I cannot exhibit my misfortune. Applied blister.

“‘ 10 A.M. Removed blister to see if they really have gone. Alas ! is too true. Blistering can be of no possible service. Removed it.

“‘ 10:15 A.M. Reflected that if they were really gone there ought to be something left to show where they had been. Find ample evidence. A vast cavity at the bottom of my belly. Will consult a surgeon, but how in heaven can he help me ? Is there any medicine that can restore the organs when they have entirely gone as have mine ? It would be a mockery, a sinful mockery. God knows I have sinned enough.

“‘ 10:25 A.M. There is no doubt of it. They have gone, and I am a ruined man. I am no man. I am a eunuch, an unsexed man, a mere thing without purpose on the earth.

“ ‘ 11 A.M. I might sing in the choir if they are really gone. But oh, God! for me, a man, a strong, lusty, vigorous, boastful man, to be reduced to singing in a church choir. It is horrible! But what else am I fit for? My mind is certain to become weaker. I shall grow to be fat and pulpy. I will be an oyster, a big, disgusting oyster.

“ ‘ 11:10 A.M. Have just urinated, and had the most singular experience. The urine oozed out from the place where the penis used to be, but alas! where it no longer is.’ ”

This will suffice; there were hundreds of pages of such stuff. He finally came to see me, and brought his diary with him for my instruction. He with the utmost confidence in the correctness of his perceptions and judgment, attempted to demonstrate to me the complete absence of his penis and testicles. I could detect no deviation from the normal standard in either, but no arguments or tests that I could apply sufficed to undeceive him. He groaned and wept over his misfortunes, walked up and down the room cursing himself for his wickedness and the science of medicine for its inability to help him.

Such cases are extremely difficult of cure, the delusions becoming more and more strongly fixed, and very often extending in other directions. They constitute one of the most obstinate forms of insanity with which we have to deal.

There is, however, another form of hypochondria,



having its basis in real or supposed derangements of the sexual organs, and in which the prognosis is more hopeful. Cases of this variety are founded on the emotion of remorse for sexual misconduct in youth, and are further characterized by the display of a vast amount of ignorance in regard to the anatomy and physiology of the reproductive system. The following extract of a letter recently received from a young clergyman exhibits in a strong light most of the features of this form of sexual hypochondriasis :

“ . . . For oh, sir, I am one of the most unhappy and most afflicted of men, and if any one ever needed your assistance, I do.

“ In my youth I was guilty of the fearful sin of masturbation, and through it I know I have ruined myself both in this world and in the world to come. All my symptoms are clearly traceable to this cause. . . .

“ I will be as brief as possible :

“ First. In the first place, I cannot go into the society of ladies, even though they be of the most refined character (and of course I know no others), without having my semen escape. I do not have erections, but it flows from me involuntarily, and I feel weak and depressed mentally and physically for hours afterwards.

“ Second. Then again, when at stool, especially when I am constipated, and I am obliged to strain, the semen escapes, and again without erection.

“ Third. I have repeated nocturnal emissions, and they are accompanied by the most degradedly lascivious

dreams. When I awake I feel so wretched that I am tempted to commit suicide, rather than longer endure my suffering and contemplate my degradation.

“Fourth. I am engaged to a lovely girl, and yet on account of my sexual weakness I am afraid to marry. I feel that such a step would be the destruction of her and my happiness, and an act of the grossest immorality.

“Fifth. I am sure that my condition is known to every one I meet who has any knowledge of such disorders as mine. I find that physicians scrutinize me closely, as if endeavoring to make a diagnosis from my appearance, and that many others look at me sharply in the face, as if suspecting my trouble.

“Sixth. I have pains in my head and back; my digestion is bad; I have eructations of gas, and sometimes of a sour liquid and of food which I have just eaten, and I sleep very badly.

“Seventh. My penis is shrunken in size; my testicles are disappearing, both are softer than they ought to be, and one hangs a great deal lower than the other.

“Now you will see how desperate my case is. I have struggled manfully, I think, against the ills that bear so heavily upon me, but without success. I have applied to physicians, but they have given me no relief. One wanted to burn my urethra with nitrate of silver, but I defer the operation till I hear from you. I am willing to undergo any suffering to be cured of my affliction. . . .

“As to my virile powers, I scarcely dare to hope that they will ever be restored.”

It will very readily be seen by the physician that every circumstance on which this young gentleman relied to strengthen his conviction that he was impotent, was a purely natural phenomenon. Doubtless, as he says, he had in his youth committed masturbation. The remorse for conduct which he had learned was improper, and the persistence of nocturnal emissions, are the only features deserving of the least consideration as causes of his mental and physical state. I required him to come to New York. On examination I found the generative organs in good condition. By getting his thoughts from himself, enlarging his knowledge of the anatomy and physiology of his sexual system, insisting on a full diet, with plenty of out-door exercise, cold baths, and the administration of the mixture, the composition of which is given on page 118, the patient entirely recovered in a few weeks, and was shortly after married. If there had been any real difficulty in consummating the marriage, I think I would have heard of it.

Such an instance is a type of hundreds of others in all parts of the country. If the confidence of the patient can once be gained, there is never in my experience any difficulty in conducting the case to a successful termination.

**PATHOLOGY:** The pathology of sexual impotence arising from an impossibility of obtaining erections de-

pend upon the cause. Taking up the several factors which have any special importance so far as the theory of their action is concerned, we come, in the first place, to the consideration of the subject when the cause is any kind of sexual excess.

It may be asserted without the possibility of there being any error in the declaration, that any attempt at the performance of intercourse or any manœuvre undertaken before the age of puberty, is destructive more or less in accordance with the extent to which the actions in question are carried, of the genesic power of the individual. Such actions very generally tend to cause early puberty, so far at least as the secretion of semen is concerned, and early puberty of itself means an early loss of procreative power. This is only in accordance with the general law of the organism in regard not only to the generative function, but of all others of the system.

Moreover, if a function is exercised before the organs with which it is connected are prepared for use, by having attained to their development, demands are made upon them to which they are not prepared to respond. They are consequently overtaxed, and precocious exhaustion must be the inevitable result. The same result attends the too early use of any organ of the body. Take, for instance, the muscular system, which in a child is weak and delicate. If severe physical tasks be imposed upon the muscles, they not only break down, but the whole organism of the child becomes disor-

dered. Again, as regards the brain, which in early childhood is scarcely fit for any further use, so far as the mind is concerned, than that of receiving impressions of surrounding objects, if it be spurred on to the making of what to it are strong efforts towards acquiring knowledge, it is not long before the evidences of serious derangement make their appearance, and an era of suffering begins, which becomes more and more strongly marked with every act of mental exertion which the child may make.

But with the sexual apparatus the matter is worse, for while the muscles, the brain, and the organs are adapted to some use from the very earliest period of existence, those intended for the purposes of producing the species are absolutely incapable of fulfilling their office till the age of puberty be reached. The effects of their use, or rather abuse, for all use prior to that time is abuse, are therefore clearly to be seen from the very instant that they are subjected to the maltreatment in question.

The manner in which early excess acts, therefore, is by producing premature extinction of the virile power. A function which ought to be very little below its highest point at fifty years of age has come and gone at puberty or soon after. The nervous centres in connection with the organs are exhausted, the testicles have run through an imperfect process of development and are atrophied, the blood-vessels of the penis are shrunken, the erectile tissue of the organ is withered and inelastic.

If all these changes have not advanced to the highest point, and if the patient be still young, it is possible, under very favorable circumstances, for a second development to take place. In general this is readily effected. The individual stops short of actual ruin. He ascertains that the practices in which he is indulging are vicious, both from a mental and physical point of view, and merely through the restorative power of nature, after he has given it an opportunity to act, or through that factor in conjunction with proper medical treatment, his sexual organs recover their tone, and advance to something like the normal standard of health. It may, however, be asserted with absolute truth, that the boy who has before puberty indulged even moderately in masturbation, will never be as strong sexually as he would have been had he entirely refrained from the practice.

But in not a few cases the habits of the individual have become so firmly established, and his mental power over them is so greatly impaired, that he can make no successful effort to abandon his destructive practice. The processes of degradation which have been initiated go on to such further points under the continued forced excitation, and drain to which they are subjected, that recuperation is out of the question, and a permanent state of impotence is the result.

In the adult the morbid processes which are set up in consequence of excessive sexual indulgences are by no means so pronounced as those which have just been

described; neither are they so readily induced. The sexual organs will stand an immense amount of improper usage in the cases of some men; in others, however, their power of resistance is much less; and in all if the excess be continued there is danger that a condition of permanent impotence will be reached. This and all less pronounced states of sexual weakness may be due to nervous exhaustion, to paralysis of the erector muscles of the penis, to *vaso motor* disturbance causing a diminished flow of blood into the vessels of the organs, especially the penis, to consecutive atrophy of the testicles, or to two or more of these circumstances acting together, and these are the chief physical states which are induced in all cases of impotence coming under the present division of the subject. They will be more definitely considered in the remarks that will be made when the therapeutics proper to be employed are brought to the notice of the physician.

*Treatment.*—The treatment of impotence resulting from an inability to have an erection of the penis, and hence to effect an entrance into the vagina, or of that less severe form in which an imperfect erection is obtained, may be appropriately considered under the heads of *hygienic* and *medical*. And though some of the agents employed may very appropriately be embraced under either of these categories, it is a matter of no consequence, so long as it is borne in mind that the arrangement is one made only for purposes of convenience, and not with a view to scientific accuracy.

*Hygienic measures.*—The first and most important factor in restoring an exhausted generative apparatus is *rest*, and by rest is meant not simply a more moderate degree of indulgence, but absolute cessation from all sexual excitement. Without this it is scarcely worth while for the physician or the patient to expect a cure. The period during which rest must be enjoined depends very much on the degree of exhaustion which has been reached. I have generally found that in those cases in which an erection sufficient for intromission does not take place, sexual repose for about a year is necessary. Again, the age of the patient and the length of time during which the condition has existed are factors to be considered in determining the question. In persons over forty, and in whom the condition has lasted six months, no attempt should be made for even a longer period than a year. With every unsuccessful effort, even though no emission occurs, the nervous excitability is still further lessened, and the *morale* materially lowered. Generally in these extreme cases there is no difficulty in securing the requisite quiescence. The patient is fully aware of his inability, and is in no mood to undertake what he knows will result in failure. It sometimes happens, however, that masturbation, with the erection almost *nil* and the orgasm imperfect, is practised, when the individual finds that intercourse is impossible. It is in this respect that the requirement of rest must be strictly enjoined.

But in those cases in which the emission takes place



too soon, and in which the erection, though feeble, is yet sufficient for intromission, more difficulty is experienced in enforcing the prescription of absolute rest. The patient may be profuse in his promises but niggardly in keeping them, unless the full consequences of his dereliction are placed before him. The physician will therefore in such instances be obliged to speak very plainly, and perhaps to present the alternative of perfect obedience or a change of medical adviser. There is nothing to be gained either by the physician or patient, unless the condition in question is complied with. I am thus emphatic on this point, because I have often found great difficulty in causing patients to obey the directions given in regard to it.

In connection with this subject *rest of mind from all lascivious thoughts* is of almost equal importance. A man cannot very readily, by simple act of the will, prevent such thoughts obtruding themselves upon him, but there is usually no great difficulty about the matter, if he can be made to keep his mind busy with something else. Those patients whose lives are spent in idleness are always more rebellious in this respect than those who have some occupation, especially if it be one in which mental concentration is required. If the circumstances of the patient admit of it, a course of study is often a very efficacious means of directing the mind from sexual matters, and the beneficial effects of travel in unfamiliar countries where there is much to engage the attention are not only of importance, in this respect,

but in many others are so obviously of advantage as not to require further consideration.

*Baths.*—If the strength of the patient is such as to insure a proper degree of reaction, *cold baths* are of decided benefit. In such cases they may be taken daily in the morning, and may be either *plunge* or *shower*, as may be preferred. *Sea baths* are especially tonic to most persons. *Warm baths* are sometimes useful, but in general they are better applied to the generative organs either alone or alternating with cold water. In such cases the water should be poured on the parts from a height of several feet, either in the form of a shower or stream, first the hot, and then the cold, a coarse towel being then used for drying and rubbing till a decided sense of heat is produced. There are few more powerful tonics than this mode of using water.

*Douches*, either of hot or cold water or of both, applied to the skin and the perineum, are of decided advantage. As in the former method, the hot and cold water may be used alternately, two minutes for each being an average period of application.

*Turkish and Russian baths* are also of service taken about twice a week, and not of long duration at any one time.

*The diet* should be full and nutritious, animal food forming a large proportion of it, and fat in some form being a prominent constituent. This latter may be taken in the form of cream or of cod-liver or other oil.

Glycerine may sometimes be substituted in the cases of those persons to whom oil is disagreeable.

Of drinks, tea and coffee are quite admissible, as is also a glass of Bordeaux, Burgundy or other good wine at dinner. The excessive use of alcoholic liquors is, however, prejudicial to the object in view.

*Active bodily exercise* is always of use, but should not be carried beyond the point of fatigue. If this precaution is neglected, more harm than good will be done. Horseback riding is in general not to be advised, unless in very great moderation.

In this connection it is necessary to remind the patient that he *must not sleep on his back*, and this especially if there are seminal emissions at night. In that posture an unnatural degree of erethism is produced in the sexual organs by the congestion which it permits in the spinal cord and cerebellum, and which occurring during sleep, when the influence of the higher parts of the brain are removed, leads to an automatic activity most injurious to the health of the organs. Many persons find it difficult to avoid this posture. Usually after a time, however, the individual going to bed with the idea strong in his mind that he is not to sleep on his back, avoids the position probably through unconscious cerebration. In other cases it is necessary to resort to some device in order to correct the habit. A towel tied around the waist with a hard knot in contact with the centre of the back will generally cause the patient to awaken when he gets on his back, and the knot presses

strongly against his skin. In other instances some more powerful agent is required. Belts have been made of leather with sharp tacks driven so that the points projected on the inside, though covered loosely with a thin cushion. When the individual rolls over on his back, after having put the belt around his waist, with the armed portion pressing lightly against the body, the sharp points of the tacks penetrate the skin, and awakening him cause him to turn over on his side. It is, however, rarely the case that these contrivances are necessary for any considerable period, as the habit is soon acquired of not sleeping on the back.

The *bed* occupied by a patient suffering from nocturnal emissions should always be a hard hair mattress. I have repeatedly known emissions during sleep kept up in spite of all measures employed against them, solely by the fact that the bed used was made of feathers and almost overwhelmed the individual when he got into it. Such beds are too heating: they do not allow the body to radiate its natural heat, and they prevent the even transpiration from the skin. In the country such beds are still used, though they are now rarely seen in cities.

The question of marriage is one which a man who is threatened with impotence, or who already suffers from it in consequence of his excesses in youth or adult life, often submits to his medical adviser. It appears to me to be one which under these circumstances, both for the sake of the patient as well as that

of an innocent woman, should always be answered in the negative. In the first place, from a sanitary point of view marriage cannot lead to any beneficial result. It probably would conduce to increased excesses or at least to attempts in this direction which could not fail to be of deleterious effect upon the condition of the patient. Moreover, by advising a man sexually impotent to contract an obligation which the physician knows he cannot fulfil, an offence against good morals is committed, and a crime against society perpetrated, for which there is no excuse and which it is difficult to characterize in mild terms. But I have known physicians who make a great affectation of decency and religion to deliberately advise a broken down *roué* whom they knew to be sexually impotent to wed a young, vigorous and pure girl for the purpose of having his genital system stimulated to a higher point than had yet been reached.

Nevertheless one of these men thought it in the highest degree immoral that a young man of good health who had never abused his sexual system, who was troubled with frequent nocturnal emissions, and who had abstained from sexual intercourse though twenty-five years of age, should have been told by another physician that the emissions were an outburst of nature, and that sexual intercourse was indicated. It is said that the first duty of a physician is to his patient, and this is true so long as he performs it with a decent regard for his obligations to humanity, but it

appears to me that it would be just as proper for him to advise an impecunious patient to replenish his purse by picking some one's pocket as to advise his sexually impotent patient to contract a marriage he can never consummate. Fortunately, however, the question of morality can rarely if ever arise. It is injurious to an impotent patient to contract a marriage, for such a procedure prevents the rest to the debilitated organs which their condition so imperatively requires. Nothing in fact can do more harm.

*Medical means.*—There are no aphrodisiacs or special restorers of virility known to medical science, notwithstanding all that has been said in regard to certain remedies. But while this is true, there are agents which certainly have an indirect, in some cases a powerful influence in giving tone to the generative organs and in obviating some of the conditions to which the resultant impotence is due. These may be considered in two categories—those which are applied externally and those which are taken into the system as medicines.

*External remedies.*—First among these, and ranking high in the list of remedies, is *electricity*.

This agent is employed under three forms—Galvanism, Faradism, and Franklinism. In using galvanism the only rule in regard to the strength of the current is to bring into action as many cells as will produce a decided sense of discomfort to the patient. The electrodes should ordinarily consist of wet sponges, and

the application should be made to the spine, the perineum, the testicles through the scrotum, and the penis.

In applying the current to the spine, the whole of the vertebral column may be embraced within the circuit, though greater attention should be given to the lower dorsal, the lumbar and the sacral regions. I usually first apply one electrode—it makes no difference which—to the nape of the neck, and then stroke the back over the spinous processes with the other for three or four minutes, using a current strong enough to cause a considerable sensation of warmth and to produce redness of the skin. Then the upper electrode is placed over the middle of the dorsal region, and the other moved slowly down over the parts below a dozen times. The effect of the application is rather unpleasant, than otherwise, and the back continues to feel a sensation of warmth for an hour or more afterwards.

Then one electrode is placed over the sacrum and the other on the perineum, and both are kept in their position for about a minute. A current of somewhat less strength will be advisable for this application, as the patient will not generally endure one so strong as that used for the spine.

In making the application to the penis externally, one electrode may be placed on the perineum, and the other on the glans, the latter being removed every five or ten seconds, or the current broken by the arrangement for that purpose on one of the electrodes. Two or three minutes are sufficient for this purpose.

It is sometimes the case that the impotence depends in a great measure on an anæsthetic condition not only of the glans but of the whole penis. In such a case the electrode should be passed over the whole organ, and the strength of the current should be such as to cause considerable discomfort if not actual pain.

In those cases in which nocturnal emissions are frequent and the erethism is so great that emissions take place without erection or on slight provocation, it is sometimes necessary to apply the electricity to the interior of the organ. A special electrode is necessary for the purpose. It is made of some non-conducting material, except at the very extremity, which is metallic and is in connection with a wire running through the instrument and attached to one of the conductors leading from the battery. This electrode is introduced into the urethra, and the metallic point brought into contact with the orifices of the seminal ducts or to the prostatic portion of the urethra, as the case may seem to require. As a remedy for nocturnal emissions or analogous conditions it is far superior to the cauterization recommended by Lallemand, and far less painful.

The application of galvanism in this manner is also extremely useful in cases of nervous exhaustion, or in paralysis of the erector muscles of the penis, the accelerator urinæ, etc. In this internal use, the other pole—the sponge electrode—should be applied to the perineum, the sacrum or the pubis, or alternately to each of these regions, so as to send a current through



the penis in all directions. The strength of the current need rarely exceed that from four or six Léclanché cells, and it requires to be frequently interrupted to avoid too great a degree of irritation.

In applying galvanism to the testicles, care must be taken to provide that the current be not too strong, that from four or six cells being generally amply sufficient. Very intense currents cause a good deal of pain and may induce syncope, an accident which has occurred in my own experience. But the beneficial effects of this use of the agent are often very decided, even after the organs have begun to become soft and to enter upon a state of atrophy. The nutrition is improved and a condition of greater firmness induced. With these changes a return to sexual health is often initiated.

*Faradism* is also of great value in the form of impotence under consideration. Its mode of use is not essentially different from that of galvanism, except in certain respects to be noted.

In applying the current to the spine, one of the electrodes should consist of the wire brush; the other, a wet sponge is placed high up on the neck, and the wire brush is carried down the spine slowly, the action being repeated a dozen or more times. The operation is a painful one, but the reflex stimulating action is very decided. The nutrition of the cord is improved, its normal degree of activity restored and the cure of the impotence materially facilitated.

For the relief of the anæsthetic condition of the glans, which sometimes is a cause of the non-excitability of the penis, one pole, the wet sponge, is placed over the lumbar or sacral region, while the other, the wire brush, is placed on the glans. A mild current is used at first, and this is gradually increased as the patient becomes more used to it, till one of considerable intensity and causing decided pain is reached. The object is to make a marked impression on the terminal extremities of the nerves of the part, and this cannot be done without exciting more or less pain. Two or three minutes are enough for this application, which, however, ought to be repeated, sometimes daily, and at others every alternate day.

For application to the interior of the urethra the faradaic current is useful, though in general not as desirable a means of employing electricity as the galvanic current. An electrode of the same kind as that previously mentioned is introduced, and being attached to the induction machine a current is passed as in the other instance.

Faradaic currents employed in the ways referred to should be frequently interrupted. Slowly interrupted currents are of little service, and cause fully as much pain as those in which the interruptions are rapid.

*Franklinic* or *Statical Electricity*, though not of such varied uses as the forms mentioned, is still capable of being employed with great advantage, and is, in some respects the preferable kind to administer. The manner

in which I generally employ it when I have decided that it is the variety of electricity most suitable to the case is as follows:\*

The patient being seated on the insulated platform, the clothing being unremoved, sparks are drawn by means of a large brass ball from along the whole length of the spine. The effect of this is to produce a counter-irritant action and a degree of reflex excitation which no other form of electricity so safely and effectually affords. Each spark leaves a slight elevation of the skin, and the whole surface is reddened. The penis frequently enlarges under the influence, and if the sparks be drawn from the sacral region, erections will often be produced, even in cases in which they have not taken place for several months under the influence of venereal excitement. By means of a brass electrode enclosed within a glass cylinder perforated at one end, devised by Dr. W. J. Morton, the action can be directed with great exactness.

This electrode is also admirably adapted for application to the perineum. Indeed it would be difficult to conduct sparks from this region without some such appliance.

For the relief of anæsthesia of the glans the statical electricity is fully as effectual as galvanism, perhaps even more so. For this purpose I use an electrode,

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\* The machine which I use is of four revolving plates of thirty inches each, and three stationary plates, made for me by Messrs. J. & H. Berge, of this city.

also invented by Dr. Morton, so arranged that, while the sponge extremity is on the body, the spark can be made to pass between two balls capable of being brought close together or separated as may be necessary. In applying it to the glans penis the dry sponge disk is brought into close contact with the organ, and the brass balls being separated a half inch or more, a powerful effect is produced. In several cases I have succeeded, by means of this apparatus and statical electricity, on restoring sensibility to the glans and adjacent tissues when galvanism and faradism had failed.

On the whole I am quite satisfied that in the several forms of electricity which I have mentioned, the physician has the most important of all means for the treatment of enfeebled conditions of the generative system. There are other useful adjuncts to be presently mentioned, but they can none of them, or all of them combined, take the place of electricity.

A word more in regard to what not to use. All belts, disks, and other contrivances to be permanently worn are worse than useless. Many of these affairs furnish no electricity at all, being faultily constructed, while others only pass a current around the body, no portion of which enters at any point, and others, again, though making the body a part of the circuit, generate so feeble and irregular a current that it cannot be of the slightest service.

Among other agents of external application may be mentioned *massage*, *percussion*, *urtication*, and *flagellation*.

I have no personal experience with any one of them. The two latter were in use before electricity was brought into notice as a remedy, and though probably of some service then, are scarcely worthy of notice now. Flagellation, at one time, was resorted to as a temporary stimulus to an exhausted generative system, but I do not know that it is employed now. It was applied to the buttocks, and there is evidence to show that it was occasionally officacious in causing erection and even of reducing the orgasm, but its influence was never anything more than of the most transient character. Rousseau \* speaks of its effects upon him in his childhood. Meibomius † wrote a treatise directed in great part to an account of its virtues in this direction, and the Abbe Boileau ‡ adduces many examples of its efficacy. *Urtication* was flagellation performed with nettles, and exerted a similar though perhaps for the time being a stronger influence than when ordinary lashes were used.

Mondat § devised an *exhausting apparatus* into which the penis is put, and then the rim being pressed strongly against the pubes the air is sucked out by a pump and an approach to a vacuum thus

\* "Confessions," civ. i.

† "De flagiorum usu in re medica et venerea et lumborum renumque." London, 1765.

‡ "The History of the Flagellants, otherwise of Religious Flagellations among different Nations, and especially among Christians," etc. London, 1783.

§ Op. cit. p. 155.

created. As a consequence the penis at once becomes filled with blood and a mechanical erection is the result. I have tried this arrangement in several cases, but have never known it to do any good, not even for the purpose of obtaining a single act of intercourse. As soon as the air is readmitted and the instrument is removed the blood leaves the penis, and flaccidity is the immediate result. Upon one patient who employed it every application was attended with an emission and orgasm, but without the least feeling of pleasure. In careless hands it is very evident that it might cause rupture of the vessels or even of the tissue of the penis.

*Sinapisms* have been recommended by Roubaud\* as being of decided efficacy in some cases. He makes a cataplasm composed of linseed meal and ground mustard, used in varying proportions according to the effect desired, and in which the penis is then enveloped. It is kept in this situation for from ten minutes to a quarter of an hour. Relative to its action he says:

“The application to the penis of a sinapism, even when the effect is lessened by linseed, is not always unattended with pain, and copulation practised under the excitation it causes is rather a punishment than a pleasure. To calm the pain, which sometimes is slight and transitory, I prescribe lotions of cold water to the penis, and this simple means permits of intercourse without suffering.

“The sinapism is an energetic means of treatment,

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\* Op. cit. p. 155.

and requires prudence and circumspection in its use. If it be applied blindly, the penis will be exposed to inflammation and perhaps even gangrene may result. In general it is necessary to remove the cataplasm as soon as the patient begins to feel the burning. Almost always a sufficient effect will then have been produced. A new application ought not to be made before the next day, or perhaps several days afterward. The total number of these applications cannot be predetermined. It depends upon the effect obtained and the state of irritation produced in the penis."

*Internal remedies.*—It would be very easy to extend this division of the subject to a great limit by calling attention to all the medicines for impotence which have been recommended by writers on the subject. There is scarcely a remedy of the materia medica which has not at some time or other enjoyed a reputation for the cure of the affection in question. This is due to the fact that, as we have seen, some forms of loss of sexual power are entirely mental, and are cured by whatever obtains the confidence of the patient. It is not astonishing, therefore, to find that substances with the most opposite therapeutical properties have been found equally beneficial in giving the ability for sexual intercourse. Bread pills are fully as efficacious in these varieties of impotence as the most powerful agent, provided the patient receives them with confidence in their influence.

But while, as I have said, there are no special aphro-

disiacs, there are certainly medicines which improve the tone of the generative organs by their influence upon the nervous system as a whole. Among these, *phosphorus* is entitled to a good deal of consideration.

Probably the most advantageous manner of giving phosphorus is in the form of the phosphide of zinc, a tenth of a grain of which may be administered three times a day in pill form, or it may be given in solution, in oil, or in a pure form, as pills in doses of the sixtieth of a grain three times a day. It requires to be given for several weeks in order to the production of any permanent effect, though in a few cases I have known great benefit to be derived from its use after two or three days.

Ointments containing phosphorus have been applied to the penis and scrotum, but they are of no more value than such as may be due to the absorption into the system of a minute portion of phosphorus. They would be just as efficacious if applied to the head.

*The dilute hypophosphorus acid* is also an eligible form in which to administer phosphorus. It undergoes very speedy decomposition in the stomach, and the odor is perceived in the eructations from the stomach. The dose is from ten to thirty drops, in a sufficiency of water, three times a day, preferably at meal-times. The taste is pleasant, and on that account it is preferred by patients to any other form of phosphorus.

*The dilute phosphoric acid*, though probably not so powerful a remedy as those just mentioned, is never-



theless a useful medicine in the treatment of impotence. It is doubtful, however, if its effect is exactly that of phosphorus, which is certainly a tonic and stimulant to the whole nervous system. Phosphoric acid is probably no more influential in curing the affection under consideration than would be nitric, hydrochloric, or any other mineral acid. It is a general tonic and nothing more. The doses, from ten to fifty drops properly diluted with water, are taken preferably at meal-time so as to mix with the food. It makes a pleasant drink.

*Nux vomica* and one of its active principles, *strychnia*, are also medicines of great value in the treatment of impotence coming from excess. The former may be given in doses of the third of a grain of the extract in pills, or preferably combined with the phosphide of zinc. A pill which I use largely in the affection in question is thus composed :

℞ Zinci phosphidi.....gr. x.  
 Nucis vomicæ ext.....gr. xxxiii.  
 M. ft. in pill No. C.

Dose, one three times a day after meals.

There are few, if any, internal remedies so generally efficacious in the alleviation or cure of impotence arising from sexual excesses as this combination.

*Strychnia* may be given in pill or in solution, in water, in doses varying from the sixty-fourth to the twenty-fourth of a grain, or more, of the sulphate, three times a day. It is preferably given in gradually increasing

doses, starting with the quantity first named and carry them slowly up to the last designated amount.

Instead of using water as a solvent it is much better to employ either the dilute hypophosphorus acid or the dilute phosphoric acid. The combination of the former which I am in the habit of prescribing is as follows :

℞ Strychniæ sulphatis.....gr. iii.  
Acidi hypophosphori diluti.....oz. iv.

M. ft. sol. Dose, ten drops in water three times a day, the doses to be increased a drop every day up to twenty-five drops.

In this way a regular increase of the dose is effected until, at the end of fifteen days, the patient is taking twenty-five drops, a little more than the twenty-fifth of a grain three times daily. The dose may then be kept at this point for ten days, and then again increased up to forty or even fifty drops. If the patient is then markedly better, the further administration should be stopped for a fortnight, and then the medicine may be resumed in doses of ten drops three times a day, as before, with a slight increase. So long as benefit is derived this course may be continued. I have persevered in this way with it for over a year with the most happy results.

If after carrying the doses up to fifty drops there is no alleviation whatever, it is scarcely worth while to repeat the procedure.

The phosphoric acid may be given in like manner, and in those cases which are occasionally met with in

which the hypophosphorus acid is not well borne by the stomach it is to be preferred. In the use of both medicines the quantity of water used as a diluent should be increased as the dose is augmented, until, when forty or fifty drops are given, the amount should be a tumblerful. In some cases in which the system is greatly reduced iron is of benefit, and it may be added to the mixture first given in the form of phosphate, or it may be given separately in any other combination of a tonic character, or singly.

*Cod-liver oil* is, I think, a very valuable adjunct, and I rarely treat a case of impotence of the kind under notice without giving it in some form or other: an emulsion with the hypophosphites is a very eligible preparation.

With the exception of one agent of reputed aphrodisiac properties there are no others of any special value in the treatment of impotence. Derangements of other organs, however, require to be met, such as dyspepsia, when pepsin may be given; diarrhœa, which is to be treated as in ordinary cases, and so on with other non-essential conditions. The substance to which reference is made is *cantharides*, and a few words in regard to it are necessary, if only to point out the dangers attendant on its administration.

Cantharides act on the generative system as a violent irritant, but this effect is altogether secondary to its influence in causing inflammation of the bladder. In large doses they produce this effect very speedily, and, with it, often cause a state of satyriasis characterized by in-

tense, long-continued priapism with irresistible impulses to sexual intercourse or masturbation, which frequent repetition does not mitigate. Many instances of their poisonous effects are cited by authors, and not a few deaths have been the consequence of their improper administration.

But occasionally in some cases of impotence of recent occurrence benefit may be derived from the cautious administration of cantharides. The only admissible form is the tincture, and this I usually give in doses of fifteen drops three times a day, increasing the doses a drop for those of each day till slight strangury is produced. If there is going to be any beneficial effect it will be experienced at or about this time; if not, it is scarcely worth while to persevere with the remedy in this manner.

For the impotence which results from disease existing in the brain or spinal cord no special treatment is necessary or proper, as the therapeutical measures should be directed against the affection of which the impotence is only a secondary condition. To do otherwise would often be extremely prejudicial to the patient affected with organic disease. For instance, loss of sexual power is often a state present in locomotor ataxia. Phosphorus and strychnia are contraindicated in locomotor ataxia, and if administered will quite certainly increase the spinal trouble and at the same time render the impotence more profound.

And in general in all cases of symptomatic impotence

of the form under notice the treatment is to be directed against the original disease which is the cause. When that is remedied the sexual weakness will probably also disappear, but if not, then the remedial measures mentioned can be brought to bear against it.

I have said nothing of cauterization of the urethra after the manner recommended by Lallemand and followed by very many surgeons of the present time, for the reason that I think it is a most pernicious practice, and one that can scarcely ever fail to do harm without doing any good commensurate with the pain and danger attendant on its employment. There is nothing that can be done by cauterization that cannot be better and more safely effected by electricity in any of the ways mentioned. I have cauterized many patients in my time, before I knew better, and I have caused a great deal of suffering thereby and conferred a very small modicum of good, and I therefore cauterize no longer. I have seen violent inflammation of the urethra, stricture, orchitis, epididymitis, and cystitis produced by it. Some of these accidents have occurred in my own practice, and others in the experience of other surgeons. To be sure, in the great majority of cases the operation does nothing more than cause a great deal of pain and a more or less severe inflammation of the urethra, but these events are quite unnecessary, as they never follow the proper use of electricity, and the latter is far more beneficial than is cauterization in giving tone to the parts and arresting involuntary seminal discharges.

## CHAPTER III.

ABSENCE OF THE POWER OF EJACULATING THE  
SEMINAL FLUID INTO THE VAGINA.

Impotence, from the cause to be considered in the present chapter, may be due to malformation, disease, or some other anomaly of the penis, to like conditions of the testicles or their annexæ, or to some condition existing in the body as a whole, preventing the emission of the seminal fluid into the vagina.

THE PENIS.—*Absence of the penis.* The penis may be absent from birth. Cases of the kind have been cited by authors, and among them is one referred to by Foderé.\* The case was that of a young soldier, full of courage and strength, who had well-formed testicles, but where the penis ought to have been, had only a button like the nipple of the mammary gland, in which the urethra terminated. He declared that he was born so, and that sometimes, in presence of young persons of the other sex, the button swelled, and that by friction, a thin white liquid was expelled.

Nélaton reports the case of an infant brought to him for examination by a midwife. The child was two days old, and was perfectly well formed and healthy, except

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\* "Traité de médecine légale et d'hygiène publique." Paris, 1813, t. i p. 364.

that there was an entire absence of the penis. There were no traces of that organ, no cicatrix, nothing. The scrotum was well formed, and the testicles were in the proper places. The urine escaped by the rectum. There was, in fact, a kind of cloaca, such as is met with in birds and some other animals.

In such cases impotence is the inherent condition of the organism. In the other cases it may be acquired, though just as absolute, from the *amputation or destruction of the penis*, but in such cases the organ must have been removed to a very considerable part of its extent. How much this must necessarily be in order to prevent entrance and ejaculation into the vagina, it is difficult to determine *à priori*. I know of a case in which the organ was wounded by the accidental discharge of a pistol carried in the trousers pocket, and in which a surgical operation removed all of it but about one inch; but the man in whom this occurred assured me that he was able to discharge semen into the vagina; at any rate, he got married after his mutilation, and within a year thereafter his wife had a child. There was never any complaint from either party in regard to the manner in which the conjugal duties were performed.

Less than an inch, I think, would not be sufficient to effect entrance and emission into the vagina, though it might be enough to give the sexual orgasm and pleasurable sensations.

During the recent war, and since its close, several cases of partial destruction of the penis from gunshot

injury have come under my notice, but in all these enough of the organ remained to serve the purposes of sexual intercourse.

In surgical operations requiring the amputation of the penis as much of the organ should be left as possible. I have only removed it twice, and in both these instances not more than half an inch could be spared to the patient. I never heard of the result so far as intercourse or the orgasm was concerned.

*Smallness of the penis* as a cause of impotence cannot be very effective. Foderé \* is scarcely inclined to admit it as a factor. Occasionally, however, it exists, and Roubaud † gives the following case as in point :

“A student of medicine, nineteen or twenty years of age, and a Brazilian by birth, came to consult me. He was thin, his voice feminine, the muscular system scarcely developed. His face and chest were devoid of hair, and there was very little on the pubes. Before showing me his organ the patient informed me that he not only had desire, but also frequent erections, and that when he masturbated, the emission took place with all the ordinary voluptuous sensation, but that when he had intercourse, no matter how great an effort he might make, ejaculation never occurred. The case was singular, and before losing myself with hypotheses relative to a nervous sur-excitation which might have placed an obstacle to the free circulation of the semen,

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\* Op. cit. p. 366.

† Op. cit. p. 93.



I asked to see the organs of generation. What was my astonishment to find a penis almost imperceptible, of which it was difficult to discover the glans. The scrotum, the testicles, the vasa deferentia, all the apparatus were equally liliputian. The penis when in a state of erection was of about the circumference of the quill of a porcupine, and about two inches in length. The testicles were hardly of the size of a filbert, and were difficult to find when the scrotum, becoming relaxed, left them without its support."

A case in which the penis was no longer than that described was some years since under my observation. It was of about the circumference of an ordinary lead pencil, and about two inches in length. It was well formed in other respects and copulation was performed not very satisfactorily, I was led to believe, but yet not altogether without pleasure.

*Great size of the penis.* This can hardly be a cause of impotence except in regard to some women. As Foderé\* says, the extreme dimensions of the penis may cause the sexual act to be painful to both parties, and may give raise to contusions and abrasions. Zacchias cites the case of a Roman courtesan who always had an attack of syncope when she had sexual relations with one of her lovers who possessed a very large penis. Neither extreme smallness of the penis, nor its great size, are capable of being alleviated by remedial mea-

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\* Op. cit. p. 365.

tures. The apparatus of Mondat previously mentioned has been recommended for the former condition, but it is quite useless for such a purpose, or indeed for any other.

*Bifurcation of the penis*, either of itself or with its ordinary accompaniment, extrophy of the bladder, may be a cause of relative impotence, but scarcely of the absolute loss of the power of ejaculating the semen into the vagina. Goré (de Boulogne) communicated in 1844 to the Academy of Sciences the case of a double penis, of which the two corpora cavernosa were perfectly separated and provided each with a urethral canal, and Isidore Geoffroy Saint Hilaire reported the case of an adult in whom the two organs were separate and placed one above the other. In this instance the urine and semen flowed through both penises.

*Suture of the penis*. By this term is understood a condition in which the under surface of the penis does not exist; being merged in the scrotum, a single cutaneous envelop therefore encloses both the penis and testicles so that the organ is incapable of erection.

In a case of the kind which came under the care of J. L. Petit, an operation was performed by which the penis was separated from its attachment, but it still continued to preserve its abnormal curve. Bouisson operated in a similar case, and with better success, for the

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\* Comptes rendus de l'Académie des Sciences. June 1, 1844.

† Ibid., 1844.

individual was able to eject the urine to some distance and even to have emissions with erections.

*Anomalies of the urethra* may lead to impotence of the kind under consideration. *Hypospadias*, in which the orifice of the urethra is on the under surface of the penis, is one of these, provided the opening is so far back as to cause the semen to be ejaculated externally to the vagina. In some of these cases a surgical operation may be effective in closing the original opening, and making one far enough in front to allow of emission into the vagina during sexual intercourse.

In *epispadias* the opening is also farther towards the proximal extremity of the penis than is normal, but it is on the superior surface. Here, again, if the opening is sufficiently far back the emission during intercourse will take place outside of the vagina. In other cases in which it is nearer the distal extremity emission into the vagina is possible.

Besides these vices of conformation the penis is subject to certain diseases which interfere more or less effectually with the ejaculation of semen into the vagina. *Strictures of the urethra* are among the chief of these.

In stricture of the urethra the calibre of the canal may be so greatly reduced as to prevent the passage of the semen from the penis. It is obstructed by the narrowed portion of the urethra and flows backward into the bladder. Besides this there is no doubt that strictures of the urethra can, when not so great as to pre-

vent the passage of the semen, interfere very materially with the capacity for erection, and hence they become another cause of impotence. Civiale pointed out this fact when he said :

“ Among the other local effects of strictures of the urethra which are worthy of the attention of the practitioner, since they furnish valuable indications for the establishment of a diagnosis and for appreciating the progress of the disease, are those which relate to the function of generation. Erections do not take place as they do ordinarily in healthy men, either because the penis cannot, owing to the rigidity of the canal, assume the proper position, or because the blood does not come in sufficient quantity to the corpora spongiosa and corpora cavernosa.” \*

Several cases, partly confirmatory of these remarks of the great French surgeon, have come under my observation, in which not only the power but the desire was also extinguished ; but I am inclined to think that these results were to be attributed altogether to the moral associations of the condition. A patient, for instance, has a stricture, and, as is often the case, in diseases of the kind, allows his mind to dwell on the subject, till a state of hypochondriasis is induced. No phase of mental derangement is more calculated to abolish sexual desire than this, for not only is there a condition of aber-

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\* “*Traité pratique sur les maladies des organes genito-urinaires,*” Paris, p. 148.

ration, but the mind is constantly preoccupied with a single engrossing subject to the exclusion of all other topics and even of so absorbing a one as the sexual feeling. Besides, there are some men, and it would be well if there were more of them, who think it dishonest while suffering from any disease of the generative organs to have intercourse, and if under peculiar circumstances they are carried away for the moment by the height of their passion the power is apt to fail at the very moment when it is required. The principle to which allusion has already been made is also influential. The individual with a stricture is often doubtful in regard to his ability to accomplish the sexual act in a satisfactory manner. To doubt is to fail.

But I have been consulted in cases in which there was no such mental trouble and in which the only function lacking to the act of intercourse was the non-ejaculation of the seminal fluid into the vagina. It may be said that such cases come under the head of sterility, an assertion which would be very true so far as the practical results are concerned, but as the act of sexual intercourse consists in the essential features, intromission, a pleasurable orgasm and ejaculation of semen into the vagina, it follows that one of the elements of the perfectibility is wanting. Besides, the non-ejaculation of semen interferes, there is reason to believe, with the voluptuous sensations experienced by both parties.

Impotence depending on this cause is to be treated by the surgical means proper in the management of ure-

thral stricture, by dilatation, electrolysis, or incision, as the case may appear to require. With the relief of the condition, the sexual act can of course be performed in its entirety.

*Spasmodic Stricture.*—Although there probably is no such thing as a permanent spasmodic stricture of the urethra I am quite sure that there is such an affection, lasting from a few minutes to an hour or more, and which, while it lasts, effectually prevents the emission of semen or the passage of the urine. In speaking of this subject MM. Grimaud de Caux and Martin Saint-Ange say :

“ Finally we must admit the existence of another form of stricture of the urethra: it is that which is caused by a nervous state of the canal which becomes so much contracted as to entirely obliterate its calibre, the sides being brought in contact with each other. Such an obstacle to the passage of the urine is never more than temporary, lasting at most only an hour or two, although by its frequent repetition causing much suffering to those who are its subjects. It was an affection of the kind in question which rendered J. J. Rousseau so unhappy, and so unsupportable to himself and others. He was supposed to suffer from stone in the bladder. Morand, however, could never detect such a body by sounding, so Rousseau had recourse to ‘Frère Côme,’ who, having penetrated, though with difficulty, to the bladder, found it to be free from a calculus. This examination rendered him for the time a little more quiet,

but the spasms of the urethra having reappeared, hypochondria supervened to darken the mental horizon of the philosopher and to disgust him, as every one knows, with all the objects of his love and friendship. If the author of "Emile" had lived in our day, under the influence of the progress of science in the treatment of diseases of the urinary passages, it is more than probable that the greater part of his life, especially its end, would have felt the full power of his character and genius, which being of late development would have illuminated his existence in his old age."

I have seen several cases in the course of my experience in which the condition of the author of the "Confessions" was almost exactly repeated, leading to great unhappiness, both as regarded its effect upon the marriage relation and the mind generally. The description of one or two of these instances will tend more distinctly to the elucidation of the main points of the affection than any merely didactic account.

A gentleman who had never been addicted to women before marriage but who since that event had been excessive in marital indulgence had suffered for many years with a degree of nervous irritability which put him out of humour with himself and all the rest of humanity with which he had anything to do. He was apt to be attacked periodically with neuralgia of the fifth pair of nerves, sometimes on one side and again on the other, and at these periods he was particularly liable to the occurrence of morbid feelings, which affected

him acutely and which plunged him into the lowest depths of despair. Frequently at such times he had thought seriously of suicide, and upon one occasion had made elaborate preparations for its perpetration. Fortunately the paroxysm disappeared as suddenly as it had supervened, and his thoughts underwent an immediate change. At these periods there was often an incongruous desire for sexual intercourse and of the most irresistible character, and, strange to say, he never had desire at other times. But though he made frequent attempts at sexual intercourse, and though there were strong erection and orgasm attended with a certain amount of pleasure, there was no emission; but the convulsive movements of the muscles concerned were almost immediately followed by a sharp pain deep in the urethra, and which extended apparently to the rectum, though in this situation being a dull dragging sensation, as though the organ were greatly distended. This did not happen once only, but every time that he had connection the like series of phenomena took place, and as he could not explain the circumstance it caused him a great deal of additional distress. He would have abstained from intercourse, but his sexual appetite at these times was very active, and although he controlled it to a great extent, he could not altogether obtain the mastery of his desire. He was rapidly getting to be hypochondriacal on the subject, as the belief was being entertained that he was becoming sterile owing to a non-secretion of semen. He was very much averse to attempting sexual inter



course at other times than when his paroxysms of mental depression and neuralgia attacked him, as he had no desire during these intervals; in fact, the idea was extremely repugnant to him. But at my earnest suggestion he consented to make an effort in that direction, and the result was his entire satisfaction, that he was in every respect capable of the physiological performance of the act of sexual intercourse.

Repeated examinations with sounds had previously convinced me that there was no organic obstruction of the urethra, and the fact that there had never been any difficulty in voiding urine was of itself sufficient evidence on this point; but to make it absolutely certain that there was an ejaculation of semen, which, however, failed to reach the meatus, I desired him to bring me the urine which he passed immediately after the act of intercourse while under the influence of one of his attacks. This he did, and on examining the sediment with the microscope it was found to consist almost entirely of semen, with the normal proportion of spermatozoa, dead, however, from the influence of the urine. It was very certain therefore that my patient was suffering from a spasmodic contraction, of the urethra which closed the canal and caused the seminal fluid to be thrown back into the bladder.

I treated this patient by galvanism. A urethral electrode was passed down to the veru montanum every day while he was exposed to the affection, and a current from ten of Hill's gravity cells was passed through it to

another electrode introduced into the rectum. This was done for about five minutes at each seance. At the same time and during the intervals of health the bromide of sodium was administered in doses of fifteen grains a day.

I began this treatment at the very beginning of one of his paroxysms, and continued the galvanism for the ten days that it lasted. During this period there was no improvement, but during the whole of the next paroxysm, intercourse was performed in a perfectly satisfactory, manner, and moreover there was a notable diminution in his desire, which had become more like that of a man in a normal condition.

In the other case the patient, a young man twenty-five years of age, had been guilty of gross excesses, though thus far there had been no notable diminution of sexual power. One night, however, while in the act of sexual intercourse, he was surprised by an intense pain in the rectum, and by the non-emission of semen. The pain was of such an agonizing character that he almost fainted. It lasted, however, only for a few seconds, but it was more than an hour before he had entirely recovered from the nervous shock of the occurrence. For several days thereafter he was afraid to make a further attempt at sexual intercourse, but finally his desires overcame his discretion, and again there was the intense pain in the rectum and the non-emission of semen, with all the subsequent phenomena which characterized the former attack. The following morning he came under my notice.

In answer to my inquiries he informed me that he had passed a full stream of urine ever since the first attack and that he had never suffered from gonorrhœa or any other venereal disease. On examination with sounds I found that there was no evidence of a stricture; I therefore came to the conclusion that his case, like the other, was one of spasmodic contraction of the urethra and of the muscles of the perineum. I treated him with electricity as in the foregoing instance, giving him the current from ten cells daily for about five minutes. This was continued for two weeks. At the end of that period he made another attempt at sexual intercourse, but owing to the condition of his mind and his apprehension that the pain would return he was unable to obtain an erection. The next day, however, he met with better success, and this time without pain, and with a free ejaculation of semen.

This condition appears to present some analogy with the spasm of the urethra sometimes observed in nervous individuals and which prevents them passing urine while they are particularly desirous of so doing. They will stand sometimes for an hour with the bladder nearly full, making every effort to evacuate it and yet unable to cause a single drop to flow.

Again, it presents some features similar to the state called by Sir James Paget\* "Stammering with the urinary organs," but the cases that he adduces and the

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\* Surgical Lectures and Essays. New York, 1875, page 77.

remarks he makes upon them are intended to refer entirely to the bladder, as the following remarks show :

“ Stammering urinary organs are not rare, and they may be known by observing sometimes in the same person the exact parrallelism between the difficulty of expelling urine and that of expelling the air in ordinary speech-stammering. The patient can often pass his urine without any trouble, especially at customary times and places, and when he does so the stream is full and strong. But at other times he suffers all the distress that he might have with a very bad urethral stricture. He cannot pass a drop of urine; or after a few drops there comes a painful check, and the more he strains the less he passes, and then complete retention may ensue, and overfilling of the bladder. In their characters the cases may closely resemble one of the ordinary instances of so-called congestive stricture, in which rapid swelling of some part of the mucous membrane narrows or closes the part of the canal which is least capable of distention. But the circumstances with which the difficulty arises are in the two patients very different. The stammering with the bladder occurs with just the same condition as the stammering speech. There are few stammerers in speech so bad but that they can talk or read fluently when they are alone or with those with whom they are most familiar, or when they are entirely thoughtless as to their manner of speaking. Their worst times are when with strangers or with persons or in places that are associated in their minds with stam-

mering. It is just so with the bladder and urethra. One patient told me that although he could usually pass urine well, yet there was one person with whom nothing could induce him to walk, because once when he was with her he wanted to pass urine, retired and failed. His experience of the effects of association of thoughts made him sure that if he were again in the same circumstances the same distress would come on him more intensely. Another, a clergyman, always passed a catheter before going into his pulpit. He had often had nervous trouble with his bladder; and once or more having felt a horrid need of passing urine while he was preaching, he found himself at the end of his sermon unable to pass any. He said he felt sure that if he were to go to his pulpit without the assurance of an empty bladder, which his catheter (a No. 12; passed easily) gave him, he should be possessed with a desire to pass urine and then should have retention. As a speech-stammerer might be unable to utter a word, so would he be unable to pass a drop of urine again. Another patient has described himself as driven to all kinds of devices to bring about an association of ideas or of actions with which to best succeed in emptying his bladder. He must walk up and down his room and stand or sit in some customary singular position, and then be very careful not to direct his mind either too much or too little to what he has to do, and then to let the urine run as inconsiderately as he can."

Sir James is, I think, mistaken in locating this trouble

in the bladder. It is undoubtedly due to a spasm of the organic muscular fibres of the urethra and of the compressor urethræ muscle. It is exactly similar to the condition sometimes excited in nervous individuals by attempts to pass a bougie. The canal closes tightly against the point of the instrument, but a steady gentle pressure continued for a few minutes usually overcomes the obstruction. The remarkable fact, one which all physicians and surgeons have observed, is that the condition should be excited by mental influences and certain associations of ideas. I have known men who could not urinate when asked to do so, unless the water above the urinal were allowed to run at the same time, so that the idea of a flowing stream should be excited in their minds. The fact is common enough, and it is one well known to people generally. I recollect when a college boy being witness to a wager between two men that one of them could not urinate in the other's hat. A ring of curious spectators was formed around the individual desirous of exhibiting his powers of urination; he had a full bladder, he said; he prepared himself, held the hat of his adversary in his hand, but not a drop would come and the more the lookers-on laughed and cheered, and the more he strained the less real ability he seemed to exhibit. At last the referee announced that the time, a half an hour, was up, and he lost his bet without having passed a single drop. Five minutes afterward, in the solitude of a woody lane, he evacuated over a pint.

Such conditions remind us forcibly of those states of

impotence considered in the preceding chapter in which certain associations of ideas are necessary to the physiological performance of the sexual act.

Relative to the non-ejaculation of the semen, to which the foregoing remarks apply, the state has been confounded with another, aspermatism, to which attention will presently be directed, but which is quite a different condition.

The emission of the semen may fail to occur in consequence of *paralysis of the compressor urethræ muscles*, by which condition, though it is deposited in the urethra, it is not ejaculated from the meatus, but after some time slowly oozes out. Acton regards this state as due a lack of consentaneous action on the part of the several factors which go to make up the orgasm; but it is very evident, I think, that the explanation I have given is the correct one. That the semen enters the urethra at the time of the orgasm I have ascertained in several cases, of which the following is an example:

A gentleman who had long been engaged in literary pursuits, and whose habits were sedentary, became the subject of spinal irritation. He consulted me a few days before his marriage, and I found tenderness over the spinous processes of the lower dorsal and lumber vertebræ, with great muscular weakness of the lower extremities. He had occasionally suffered from nocturnal emissions, had never had sexual intercourse, and denied masturbation very energetically. As he was about being married he preferred to delay any active

treatment until after that event had taken place. I therefore did nothing for him beyond prescribing a chalybeate tonic. A month afterward he returned for treatment, and then he informed me that though he had had erections, and that though so far as he knew the sexual orgasm was complete, yet that there had never been a seminal emission during the act of intercourse. But immediately after withdrawal the semen began to flow, and it continued to pass out slowly for several hours. He had ascertained that by pressing the fingers along the course of the urethra on the under surface of the penis, he could cause the flow to take place more rapidly.

Upon introducing a sound I found that the urethra was in a healthy condition as regarded size and sensibility, and I could find no cause for the trouble beyond a possible paralysis of the ejaculatory muscles. I treated him with galvanism and faradism internally applied, together with counter-irritation to the spine, and the internal administration of iron, quinine and strychnia, and after about two months he began to improve, but it was a year before the ejaculation took place with any force.

I have had quite a number of cases similar to the foregoing, but not of so severe a character, in men of advanced years, in whom, though there were emissions of semen, yet they were not complete, a portion, often more than two thirds remaining in the urethra and gradually oozing out during an hour or so. These cases are generally improved by electricity, though occasionally they resist all treatment.



Acton\* gives the following case as occurring in his practice: "The patient was an American. Erection was perfect, but emission did not follow. When erection ceased there was occasionally a slight oozing from the urethra. Strange to say, this patient had emissions at night once or twice a week. The testicles were small. A short time since he had been operated upon for varicocele without any good effect. He had also been cauterized. Slight stricture existed, as was ascertained by the bulbous instrument, but a conical bougie passed easily. In this instance there was apparently nothing but a want of consentaneous actions between emission and erection, both being perfect at different times."

A very slight examination of this case, as detailed, suffices to show that Mr. Acton's† explanation of it is not correct. If the emission had been perfect the patient would have had the semen discharged as in the normal manner instead of its oozing out gradually in the way stated. The condition was nevertheless one in which, as in the case I have given, the discharge took place without there being sufficient strength in the muscles to force it to the orifice of the urethra.

MM. Grimaud de Caux and Martin Saint-Ange‡ have a clear idea of such instances, as is seen in the following quotation which I make from their work:

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\* "The Functions and Disorders of the Reproductive Organs," etc. Fourth American edition, Philadelphia, 1875, page 223.

† Op. cit. page 340.

‡ Op. cit. p. 340.

“As we have seen,” they say, “there exist in relation with the penis certain muscles, of which some, as the two ischio-cavernosa, are concerned with the phenomena of the erection, and serve to direct the organ in the act of copulation, and others, as the bulbo-cavernosa and the constrictor, compress the canal of the urethra, and by this means accelerate the flow of the seminal fluid in the phenomena of ejaculation. It often happens that these muscles are paralyzed or that their irritability is extinguished. From each of these conditions it results either that the erections are incomplete and sexual intercourse is thereby rendered impossible, or more frequently that the erection having taken place the seminal fluid not being submitted to the action is not ejaculated in a duly physiological manner.”

It is bad enough to have this state as a disease, but it is still worse to induce it artificially, as I have known to be the case in several instances.

The authors just cited state that it is no uncommon circumstance for women whose object it is to prevent impregnation, to press during the act of sexual intercourse upon the urethra of the male just in front of the *veru montanum* in such a manner as to prevent the passage of the semen through the canal, and cause it to be directed backward into the bladder. Eventually, as they do not fail to point out, the urethra acquires the habitude thus imposed upon it, and the semen always and under all circumstances passes into the bladder, the

individual becoming in consequence not only incapable of physiological intercourse, but sterile.

I am very sure that this practice is followed to no inconsiderable extent at the present day and in this country, but there is another which is sometimes practised which is probably still worse in its ultimate consequences, and that is the wearing during sexual intercourse of an india-rubber ring around the penis so as to compress the urethra and thus prevent the emission of semen. I have known of three instances in which such a contrivance was worn, and in each the consequence was that the individual was rendered sterile by the invariable passage of the semen into the bladder, even after the ring was no longer worn. In one of these cases the patient, a married man, had worn the ring at every connection he had had with his first wife, who did not desire children. After having been married over ten years she died, and in two or three years afterwards the man married again. This time both he and his wife desired children, but impregnation was impossible, for no emission of semen took place from the meatus, the whole of it apparently passing back into the bladder. That there was semen was shown by microscopical examination.

Both the other cases occurred in young men who had adopted this means of carrying on with safety certain illicit relations which they had formed, but in both the resultant condition, as was also the case with the instance first mentioned, became permanent. The exact

anatomical alteration which is produced in such cases is not definitely known. I am inclined to think, however, that the pressure exerted changes the direction of the seminal ducts so that the mouths are made to open backward toward the bladder instead of forward in the direction of the meatus.

A similar condition might be produced by enlargement of the prostate, but none such have ever occurred in my experience.

The emission of semen may, strange as it may appear, be entirely prevented by extreme erection. One such instance only has come under my observation, and one other only of similar character has been published. The latter, as quoted by Roubaud \* from Cockburn, is as follows:

A noble Venetian married a young lady with whom his sexual relations were entirely satisfactory except in one respect, and this the most essential of all, for there was not the emission of a single drop of semen. During the sleep that occurred after his failures he had lascivious dreams with seminal emissions, but during intercourse there was no such accompaniment. All kinds of remedies were used without effect, till finally the ambassadors of the republic of Venice at the several European courts were requested to consult the most famous physicians in regard to the case. Among others the matter was laid before Cockburn, who attributed the difficulty to a too vigorous erection, by which the walls

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\*Op. cit. p. 188.

of the urethra were brought together. During the lascivious dreams which took place, the erection, not being so strong, emission was effected.

In the case which was under my observation, the patient, a gentleman of about forty years of age, single, and not excessive in sexual matters previous to the occurrence in question, formed relations with a very attractive young woman, who drew largely on his virile power. After the first connection, he never had another, without the erection being remarkably vigorous, and lasting sometimes an hour after the act had come to an end. During these connections not a drop of semen escaped from the urethra, nor, so far as I could determine, was there at such times any passage of the seminal fluid into the bladder. It appeared to be an instance of what Roubaud has called *aspermatisms*, a condition in which there is no semen, or at least none that enters the urethra.

The patient did not suffer from priapism, for there was an excess of desire and an apparent excess of power; nor was he troubled with erections at other times than when with his mistress. Things had gone on in this way for several weeks when, fearing that disease of some kind might be the consequence, he placed himself under my care. I did nothing for him but give him large doses of the bromide of sodium, thirty grains three times a day for a week, and the trouble gradually disappeared within that period.

Priapism may lead to a like result as in the case cited

by Lallemand \* of a soldier who, falling on the sacrum from a height, had permanent erections without desire, which no acts of masturbation or of intercourse sufficed to dissipate, and the orgasms of which were unaccompanied by the ejaculation of a drop of semen.

Relative to the condition which he has happily called "aspermatism," and of which the foregoing are examples, due to excessive erection, Roubaud cites the following, which occurred within his own experience :

"A young man twenty years of age, of sound health and of a sanguine temperament, consulted me under the following circumstances: 'I have,' said the patient, 'no difficulty in obtaining erections; my sexual desires are sufficiently strong, but I have never experienced the pleasures of love. The intromission of the penis into the vagina of a woman is effected without difficulty and without pain, but this being accomplished, I cannot, no matter how strong efforts I may make, experience the voluptuous sensations of which my friends speak. After a longer or shorter period of ineffectual exertion, during which I call to my mind all the resources of my imagination and of my amorous energy, I become fatigued, and my penis, participating in the general state in which I am, becomes flaccid without its being possible to obtain an ejaculation.'

"In the examination which I made of this young man I ascertained that ejaculations have never taken place while he was awake, either by masturbation or

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\* "Des pertes seminales involontaires." Montpellier, 1836-42, t. ii. p. 64.

by copulation, but that sometimes during sleep either under the influence of lascivious dreams, or without them, there had been an emission. About this, however, there was the curious circumstance that, if from any cause whatever the patient awoke during the ejaculation, an immediate arrest of the process took place, so that he had never obtained an idea of sexual pleasure."

Roubaud very properly, I think, attributes these and similar instances to the spasmodic state of the ejaculatory ducts by which their orifices are closed and the semen prevented passing into the urethra. There is therefore no accumulation of this fluid in the urethra, or passage of it backward into the bladder. For its treatment, depending, as he concedes that the condition does, on excessive venereal ardor, he recommends anti-spasmodics. Nothing better than some one of the bromides in full doses could be desired, together with the use of galvanism internally, applied in the manner already mentioned.

In other cases the seminal ducts may be obliterated through inflammation, the latter sometimes doubtless produced by cauterization after Lallemand's method, of which MM. Grimaud de Caux and Martin Saint-Ange\* say that "European cauterization makes more eunuchs than does oriental polygamy."

*Anomalies of the Prepuce.* Phimosi may be so intense in character as to prevent the emission of semen,

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\* Op. cit. p. 339.

besides interfering very essentially with the development of the full degree of pleasure attendant on the act of intercourse. In such a case the enlargement of the penis during erection, meeting with the resistance of the narrow prepuce, causes a closure of the urethra, and the seminal fluid is not emitted till a state of flaccidity ensues. Three such cases only have occurred within the range of my experience, but I suppose it is a state not very uncommon. In one of the instances under my charge the patient, a prominent gentleman of a neighboring state, had acquired the affection gradually during the two or three years before I saw him, though he had never had gonorrhœa, balanitis, or any kind of preputial inflammation. In the condition of flaccidity there was no obstruction to the free passage of the urine, but when erection existed this was not the case, and during the sexual orgasm, though there was no pain, the ordinary feeling of pleasure was much lessened, and there was no emission of semen till the erection passed off. I operated on him by circumcision with entire success.

In the other case the patient was a young gentleman who was about to marry, and who had had a contracted prepuce from childhood. He had never masturbated nor had nocturnal emissions so far as he knew, but before coming to see me he had visited a woman in order to ascertain whether or not he was capable of performing the sexual act, having some doubt upon the subject in consequence of what one of his medical



friends had told him. A few days subsequently he came to me with the information that something would have to be done to him as in his present condition there was no emission during intercourse.

Upon examination I found that it was impossible to retract the prepuce, and that the glans was very considerably smaller than it ought to have been. I advised an operation, to which he at once consented, and I heard of no further trouble.

The condition in question, though treated of at length by writers on the subject, in all its other relations, does not appear to have attracted attention as a cause of impotence. Its effect in lessening or entirely abolishing the normal feeling of pleasure experienced in sexual intercourse will be more appropriately considered in the following chapter.

*The glans* may be the seat of *anæsthesia* of such a character as to interfere very materially with the production of the orgasm, and the consequent emission of semen. This condition has been mentioned as a cause of deficient erection; but there is another kind, different perhaps only in degree, in which the erection is sufficiently strong, in which the act of intercourse is begun, but in which, notwithstanding all efforts that may be made, there is no orgasm. This state is due to *anæsthesia*, probably both to tactile and heat impressions. Such at least has been the condition in the cases that have come under my observation.

As the result of many determinations, I have ascer-

tained that in the normal condition of flaccidity the glans is about one fourth as sensitive to touch as the end of the index finger. On the latter, the two points of the æsthesiometer can be distinguished at the distance of  $\frac{1}{1\frac{1}{2}}$  of an inch. On the glans, they cannot be discriminated at a less distance than  $\frac{4}{1\frac{1}{2}}$  of an inch. During erection the sensibility is exalted to such a degree that the two points can be distinguished readily at the distance of  $\frac{2}{1\frac{1}{2}}$  of an inch. I presume that during the orgasm the sensibility is still further increased.

Now, in the cases under consideration, in which friction of the glans against the walls of the vagina does not suffice to induce the orgasm, I have found that the points of the æsthesiometer require to be separated to the extent of  $\frac{7}{1\frac{1}{2}}$  of an inch before they can be distinguished as two distinct impressions in the flaccid state of the penis, and that during erection there is not a greater advance towards increased sensibility than such as is shown by the points being distinguished, though in some cases not very clearly, at  $\frac{5}{1\frac{1}{2}}$  of an inch apart.

Moreover, in the healthy condition of the flaccid penis, it is very easy for differences of temperature of five or six degrees to be distinguished, and in the state of erection half this difference can be readily determined.

In the anæsthetic condition, however, of the flaccid penis, a glass cylinder of water at  $98^{\circ}$  could not, when brought in contact with the glans, be distinguished from one containing water at  $108^{\circ}$ . During erection

one of  $98^{\circ}$  could not be recognized as different in temperature from one of  $105^{\circ}$ . At  $106^{\circ}$  a difference could be detected.

The condition in question is, therefore, I think, certainly one of anæsthesia.

Electricity in any one of its forms generally suffices for the cure of this derangement of the normal state. Franklinic electricity is to be preferred ; but, if it is not available, either of the other varieties may be employed, and in the manner recommended in the previous chapter.

*Hyperæsthesia* of the glans may be so intense as to cause the emission and orgasm to take place before entrance is effected. In such cases it is, of course, a true cause of impotence. Usually this state is induced by excesses either of masturbation or of intercourse, and the glans is thrown into such a condition of irritability that the reflex actions necessary to the orgasm take place on the slightest provocation. This derangement, as well as that of anæsthesia, has already been considered under another head in the previous chapter. It only requires notice here, not as a cause of lack of power, as it is in those instances in which friction against the clothing, even without sexual excitement, is sufficient to produce an emission with scarcely any other sign of an orgasm, but as a cause of impotence when attempts are made at sexual intercourse and the emission takes place externally to the vagina. Of course, pathologically, the two conditions are nearly identical, that now under notice being only an early stage of the other.

For its treatment I have found that the bromides taken internally, and lotions of a solution of tannic acid in water, in the proportion of ten grains to the ounce, constituted the best method of treatment, abstinence from sexual intercourse for several months being a necessary adjunct. The effect of the tannic acid is to decrease the sensibility of the terminal extremities of the nerves in the glans, and thus to render them less apt to be excited by slight impressions. Sometimes the affection is difficult of cure, and if not taken in time is exceedingly prone to pass into that more advanced stage in which frictions without venereal excitement are sufficient to cause an emission.

In addition to the vices of conformation, and diseases to which attention has already been directed, the penis may be the seat of various affections which prevent intromission, and hence are causes of impotence. Such cases are, however, rare, and for the reason that before that point is reached the patient generally consults a surgeon, who performs whatever operation may be necessary.

THE TESTICLES.—Diseases of the testicles are more apt to lead to sterility than to impotence. Often, however, both conditions exist. In so far as they produce impotence with or without sterility, they require notice in this connection.

*Absence of the Testicles.*—Complete absence of the testicles as a congenital condition probably does not exist, though numerous cases of the kind were re-

ported by the older authors. Thus Cabriol \* describes the case of a young man hanged for robbery at Montpellier, and whose autopsy he conducted. "Among other things," he says, "the most curious was, that nowhere were there any testicles, either externally or internally, although we found his vesiculæ seminales as full of semen as those of any man I had ever anatomized. The fact astonished all who assisted in the examination."

It is now the generally received opinion that when the testicles are not found in the scrotum they are retained either in the inguinal canals or somewhere within the abdominal cavity. In such instances it is usually the case that they are atrophied and that the sexual power of the individual is very materially lessened. In those cases in which only one testicle has failed to descend into the scrotum the ability to have intercourse is not usually markedly diminished, but when both have been retained it is almost invariably the case that the individual has neither desire nor power, neither orgasm nor emission of the semen. In fact, he assumes in many respects the mental and physical attributes of the female sex. These phenomena are due, not to the original absence of the organs, but to the fact that owing to the abnormal position they occupy, they have not undergone the development which occurs at puberty, and that consequently they fail to secrete semen. Besides this, the organs suffer

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\* Quoted by Roubaud. Op. cit. p. 543.

a positive atrophy, as indeed does every organ, the development of which may be from any cause arrested.

But if the individual should, after puberty, or even shortly before that period, be deprived of his testicles, though of course sterility is the consequence, it is not always the result that absolute impotence supervenes. As we have seen in the immediately foregoing chapter, desire may exist. It is equally a fact that in certain rare cases erections and the ability of intromission, with the emission of a fluid—composed of the prostatic secretion that from Cowper's glands, urethral mucus, etc.—may take place in individuals who have been deprived of their testicles. In some instances there is a mild kind of orgasm, accompanied by a certain degree of voluptuous feeling. Thus, Sir Astley Cooper \* removed both testicles from a man, and the patient four days after had an emission of a fluid from the meatus resembling the seminal liquid.

“For nearly the first twelve months he stated that he had emissions *in coitu*, or that he had the sensations of emission. That then he had erections and coitus at distant intervals but without the sensation of emission. After two years he had erections very rarely and very imperfectly, and they generally ceased immediately upon the attempt at coitus. Ten years after the operation he said he had during the past year been only once connected.

“Twenty-eight years after the operation he stated

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\* “Diseases of the Testes,” London.

that for years he had seldom any erection and then that it was imperfect, that he had no emissions from the first year of the operation; that he had for many years only a few times attempted coitus, but unsuccessfully; that he had once or twice dreams of desire and a sensation of emission, but without the slightest appearance of it. The penis was shrivelled and wasted. He was in the habit of shaving once a week and sometimes twice. His voice, naturally very feeble, remained as at the time of the operation."

Such cases are, however, only exceptional, and though in the East, chief eunuchs may have harems and may experience the shadow of desire, it is not at all probable that they are actuated by any much stronger feeling than the wish to make a display of their wealth.

*Arrest of the Development of the Testicles.*—After their entrance into the scrotum the testicles may at any period of infantile life—that is, before puberty—cease to grow, or at least they do not grow in size or in the tendency to assume their proper function as rapidly as should be the case. As a rule such a state, if profound, passes to complete impotence, but there are cases in which, notwithstanding the non-development of the organs, sexual intercourse has been begun, and under its influence the organs have grown until they have almost reached the normal size. Thus Wilson\* relates the case of a gentleman twenty-six years of age who applied to him for advice relative to the advisability

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\* Lectures on the Urinary and Genital Organs, London, p. 424.

of his getting married. On examination it was discovered that his penis and testicles were not larger than those of a boy of eight years old. He had never experienced sexual desires till he became acquainted with the lady whom he desired to marry. Then he had had erections and nocturnal emissions. He married and had several children, and two years afterward it was found that his testicles were nearly as large as those of an adult man.

Such cases are, however, quite exceptional. I have never seen one of the kind. On the other hand, I have frequently been consulted by men who were suffering from an arrest of development of the testicles, but not to an extreme degree, supervening, in fact, at about the age of puberty, in whom there was some sexual power and which was capable of being still further developed by proper therapeutical measures. Doubtless such cases, if left to themselves, especially with the habits of masturbation or other sexual excess into which the individuals have fallen, would terminate in active atrophy and complete loss of power.

But, by improving the habits, administering cod liver oil and the hypophosphites or phosphorus, together with a full and nutritious diet, and, above all, by the use of electricity, in the form of galvanism to the testicles, after the manner described, the relief of the patient is not a matter of much difficulty. But it is essential to this result that there should still be some desire or some power. If both be utterly exting-



uished, there is nothing to be gained by subjecting the patient to treatment, as the case is certainly hopeless.

*Atrophy of the testicles* is, when established, a cause of impotence, for which there is no successful treatment known. In the beginning, if the cause can be ascertained and removed, there is some hope of arresting the degenerative process.

The average weight of the adult human testicles is about five drachms, but it is difficult, if not impossible, to determine the weight, during life, to even an approximation. A testicle, however, weighing less than three drachms, would certainly be in a state of atrophy; more is to be determined by the size and the consistency.

The most common cause of atrophy of the testicle is orchitis, and especially, according to my experience, the disease supervening on parotitis. The inflammation of the testicle accompanying gonorrhœa is not usually situated in the body of the gland, and hence is not so apt to be followed by atrophy. Blows and injuries of various kinds are, however, comparatively prolific causes of atrophy from the inflammation which they produce.

Injuries or diseases of the brain or spinal cord are sometimes followed by atrophy of the testicles. Many cases in support of these facts are given by authors and several have come under my own observation. In one instance a man was struck on the back of the head with a cart-rung and although the blow inflicted no very

severe injury on the part, atrophy of the testicles supervened. In this case the degeneration went on so rapidly that at the end of two months there was nothing in the scrotum but two masses of soft amorphous substance.

In another case a man fell from a perpendicular bank over fifteen feet high, and struck his head violently against the earth below. He was taken up senseless but soon recovered from the immediate effects of the injury. Six months afterward he came under my observation and I found that both testicles had almost entirely disappeared.

In the previous chapter, I have adduced several instances of injury of the cerebellum causing atrophy of the testicles and impotence. In certain *injuries of the spinal cord* atrophy of the testicles is liable to supervene. Cases have been reported in which blows on the nape of the neck and on the lumbar region of the spine have led to this result. Two cases of the kind came under my notice several years ago, in one of which a dragoon fell from a stable loft and struck the lower part of the spine against a stall-partition. Paraplegia was the immediate result, and in a few days the testicles began to atrophy. In the course of less than three weeks there were no vestiges of them to be perceived.

In the other case, a man was shot in a street fight, the ball grazing the spinous process of the fourth lumbar vertebra, but not inflicting any damage to the bone beyond

taking off about half an inch of its end. No other injury resulted except atrophy of the testicles which began soon afterward, and in four or five months had become complete.

*Discases of the spinal cord* are sometimes followed or accompanied by atrophy of the testicles, but as the subject has already been referred to in the preceding chapter, it is not necessary to go over the matter again, further than to say that in some cases of organic diseases of the spinal cord, those in which there is great reflex excitability, as in antero-lateral sclerosis, and in some instances of congestion, I have seen patients suffering from atrophy of the testicles in a marked degree and yet exhibiting very decided sexual desire and power of intromission. In one case of the kind—lateral sclerosis—the testicles were not to be distinguished, but the patient was subject to the most ungovernable desires, with erections, which repeated acts of masturbation and of intercourse failed to relieve. The condition was quieted by the administration of several doses of the bromide of sodium of one hundred grains each.

The other diseases of the testes do not require special consideration. If they are of the nature of malignant disease they require the removal of the affected organ, and even if they are not, the treatment comes under the head of general surgery. The like is true of the annexæ of the testicles.

*Bodily Deformity or Peculiarity.* The body may be so deformed as to render intercourse in the ordinary man-

ner impracticable, owing to the impossibility of bringing the penis into close relations with the vagina. Certain diseases of the spinal cord may cause such extensive contractions of the lower extremities as to produce this result. Thus, in a case of spinal meningitis of a chronic character under my charge, the right leg was flexed to its utmost extent on the thigh, and the thigh on the pelvis in such a manner as to cross the lower part of the abdomen, while the left leg and left thigh were similarly contracted, though not to as great a degree. The consequence was that it was impossible to approach the female according to the natural method, or indeed after any position so far as I could determine. The patient was troubled with intense sexual desire and he had frequent emissions, but intercourse was impossible.

In another case the patient, a young man, married about two years, became the subject of lateral spinal sclerosis, and among the symptoms exhibited were violent tonic contractions of the lower extremities. These contractions would last sometimes for two weeks at a time and during their existence sexual intercourse was impossible. They were not accompanied with pain, and as his desires were strong and he was attached to his wife, he bitterly lamented his condition. While in the condition referred to, the lower extremities were drawn up strongly against the abdomen, and at the same time adducted to the utmost extent. Many attempts were made at intercourse, but the situation

was such that it was quite impossible for the penis to enter the vagina. At first there were frequent intermissions during which the parts were straightened out, but eventually they become permanently contracted and pressed forcibly against the abdomen, rendering sexual intercourse a physical impossibility.

*Tumors* of the neighboring parts might act in a similar manner, as would also extensive elephantiasis of the scrotum.

*Excessive corpulency*, as it affects desire and power, has already been considered, but it still remains for me to notice it so far as it presents a physical impediment to sexual intercourse. It is obvious that with men of very enormous abdomens intercourse is impossible. In speaking of this subject Roubaud\* says: "The sense of propriety and of morality seems to revolt against medical prescriptions on the subject, and in justification I must support myself by the authority of Lisfranc. 'We can,' he says, 'to make things easy for married people, permit the positions which are most agreeable. Religion does not interpose when the object in view is the multiplication of the species. It is more contrary to the spirit of the dogmas of religion to enjoy sterile pleasures than to seek to render them fruitful by means which nature and the instinct of all animals indicates. I am not to be understood as recommending to married people those postures invented

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\* Op. cit. 205.

by the most ungovernable debauchery and libertinage, which, so far from curing sterility, cause this condition. Let those deceitful attitudes which seem to offer the image of pleasure to corrupt and withered hearts, remain in the places where love has never entered without horror; in those places, where pleasure is a monster to which sacrifices are made, with the transports of madness. Hymen, more anxious to give energy to pleasure than to multiply the sacrifices which are demanded, banishes from his mysteries everything that can give umbrage to modesty and decency—for they are one, whatever the cynic may say. Every position that tends to take away from pleasure the fruits that belong to it is contrary to natural laws, and every one which diminishes the obstacles to conception ought to be advised in those cases that require them.\*

This appears to me to be sound doctrine and at the same time in accordance not only with the laws of nature but with those of common sense and propriety. Physicians are sometimes consulted in regard to this matter, and it is well that they should be prepared to give advice which is in accordance with physiology and decency. Undoubtedly all positions other than that which appears to be instinctive in man, are inimical to fertility, but if that posture be impossible by means of physical impediments it is strictly in accord-

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\* "De l'Homme et de la Femme Considérés Physiquement dans l'État de Mariage." 1784, t. i. p. 389.

ance with science to assume that which is least removed from the one which propriety and nature indicate when they are free to choose.

At the same time, it appears proper to point out that some of the attitudes assumed during the act of intercourse are in the highest degree injurious as liable to induce diseases of great severity. In regard to this point the citation of a few authorities will perhaps give additional weight to this statement.

MM. Grimaud de Caux and Martin Saint-Ange,\* in regard to the subject, say :

“The generative act absorbs all the physical and moral faculties ; it is that in which nature expends the greatest possible amount of vitality and innervation ; it is a transitory convulsion, a short accession of epilepsy, which for the moment overpowers all the muscular forces. Consequently it is dangerous to indulge, without taking into account all individual conditions of time, circumstance, and even of place and position.

“Let us see what the treatises on physiology tell us in regard to the muscular power put in action in order to keep an individual in the erect posture. First, there is the head, which by its weight tends to fall forward. It is necessary to restrain it by attaching muscles to its posterior part. Then there is the vertebral column, which, besides carrying the head, supports also the chest and abdomen. These organs, like the head, tend to fall forward, and so are held in position

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\*“ Histoire de la Génération de l'Homme,” etc. Paris, 1847, p. 257.

by the vertebral column. Muscles, the most powerful in the whole range of animal mechanics, occupy the posterior and inferior part of the trunk to oppose this tendency, and there is, besides, the pelvis, which, in addition to the weight of its own organs, carries also that of the vertebral column and the head, and which, with all its burden, has no other points of support than the two round heads of the femurs inserted into corresponding round cavities. The situation is manifestly precarious, for the relations of these cavities with the heads of the bones are such as to render every movement easy of execution. We perceive, then, that the trunk is only maintained in the erect attitude by the observance of a perfect equilibrium, and this equilibrium is the result of the combination of a great number of muscular actions. If the power which acts on the anterior part were to yield, the vertebral column would at once fall backward, and a like movement would be made to the front if the posterior actions were to fail. It is not necessary to pursue further the exposition of the system of animal mechanics: what we have said is sufficient for our object. It will be readily seen that to maintain the erect position the co-ordinate action of a great number of muscles is necessary, and that the failure of any one of them would inevitably lead to a fall. It is therefore a matter of great imprudence to exercise, while in this position a function which so materially depresses the muscular strength as does the act of sexual intercourse.



“The sitting posture presents inconveniences less numerous but quite as real and as serious. In the horizontal position, on the contrary, there is no muscular effort, the body rests in its entire weight on the plain which supports it, and it is this attitude which should be preferred in sexual intercourse. To resume: the act of generation is one in which all the forces tend towards a single aim, and the recumbent posture is the most favorable, by reason of the fact that it diverts no muscular strength and imposes no muscular fatigue.”

Sanctorius,\* who, notwithstanding the fact of his holding many absurd notions, enunciated many sound ideas, says:

“The use of coition after meat, and standing is doubtful. After meat it diverts the offices of the entrails; standing it diverts the muscles and diminishes their beneficial perspiration.”

Tissot † makes the following observations in regard to this subject:

“An able surgeon spoke to me one day of a man who indulged in a singular taste, and who worshipped those daughters of Venus who belong to the lowest strata of life, only when he could approach them in the street corners and then in a standing posture. The patient became greatly debilitated, had severe pains in

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\* “*Medicina Statica; or, Rules of Health,*” etc. Englished by J. D., London, 1676. Aphorism, xl. p. 154.

† “*L’onanisme: Dissertation sur les Maladies produites par la masturbation.*” Paris, 1805, p. 88.

the regions of the kidneys, and atrophy, or wasting of the thighs and legs, and paralysis of these parts. These phenomena appeared to be due to the attitude assumed in his acts of sexual intercourse. He died after having been confined to bed for six months, and in a condition equally calculated to inspire pity and fright. . . .

“When an individual loses his forces by two channels at the same time the weakness is very much increased. A person who is standing or sitting has need in order to maintain himself in these positions, especially the first, to make use of a great many muscles, and this lessens the animal spirits. Weak persons, who cannot stand erect for an instant without experiencing fatigue, sick persons who cannot even sit without experiencing the same result, prove this beyond a doubt. In lying, no expenditure of strength is necessary. It is very certain that the act of sexual intercourse performed in either of the first-named postures will cause much more exhaustion than when the attitude is that of lying at full length.”

Relative to the special effects produced by the standing position in sexual intercourse, Morgagni,\* Gauthier de Claubry,† Leudet,‡ and Ollivier (d’Angers)§

\* *Opera.* Ep. 62.

† *Journal Générale de la Société Médicale de Paris.*

‡ “Recherches cliniques sur la congestion de la moële épinière à la suite d’efforts violentes.” *Archives générales de Médecine*, Mars, 1863.

§ “Traité des maladies de la moële épinière,” etc. Troisième édition, Paris, 1837, t. ii. obs. lxxiii. p. 44.

have expressed themselves with decision, and the latter gives the case of a man who was excessive in the matter of sexual indulgence, during which he always assumed the erect posture. Since two months, observing that he was injuring himself, he became more moderate, but still continued the same fatiguing posture. As a consequence, he was affected with congestion of the spinal cord, with its ordinary concomitants of paralysis of the lower extremities, lumbar pains, etc.

Carre\* assigns the factor in question as one of the causes of locomotor ataxia, when he says:

“Excess in venereal indulgence, especially in the vertical position, acts in the same manner [causing congestion of the cord, as the first step towards locomotor ataxia]. In the horizontal position, on the contrary, the flow of blood is more easy, and the effect less marked.”

In my own experience I have known, several times, serious results to follow the constant use of the position in question during sexual intercourse. In one of these instances the patient, an elderly gentleman, who had long been addicted to the employment of the erect posture in his amatory indulgences, was, on one occasion (and, I may add, the last), seized with a violent tremor in both lower extremities at the occurrence of the orgasm, and this continued, without intermission, for forty-eight hours. At the end of that time he ascertained that his lower extremities were semi-paralyzed,

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\* “Nouvelles recherches sur l'ataxie locomotrice,” etc. Paris, 1865. p. 257.

and that he had lost all sexual power. Under the use of strychnia he recovered to a great extent the use of his limbs, but he has never been able to have intercourse since.

In another case the patient, who had never before adopted that posture, was induced to do so by a rather lascivious woman with whom he was cohabiting. The effect was a sudden loss of power in both lower extremities, syncope, lasting several minutes, and on recovery from this, a partial paralysis of both lower extremities with incontinence of urine, owing to insufficiency of the sphincter of the bladder. In the course of a few weeks recovery took place under the use of electricity and strychnia, except as regarded the bladder, the sphincter of which still, after five years, remains weak.

From these remarks it will be seen that though we are justified in recommending or sanctioning any posture in sexual intercourse which bodily peculiarities may render necessary for the accomplishment of the act of procreating the species, yet, that all changes from the position that physiology teaches is most suitable for the purpose are made with risk, and that all such deviations are otherwise not to be countenanced.

## CHAPTER IV.

ABSENCE OF THE ABILITY TO EXPERIENCE PLEASURE  
DURING THE ACT OF COPULATION AND DURING THE  
EMISSION OF THE SEMEN.

The essential parts of an act of sexual intercourse are the emission of semen and the experiencing of a sensation of physical pleasure for a short period before the ejaculation takes place, during its continuance, and for a short time after its cessation. This sensation, originating in the glans penis, is not confined to that part of the body, but extends to the neighboring regions, and in some persons is felt as a voluptuous thrill through the spine and upper and lower extremities. But for the experience of these voluptuous sensations, which the average adult man acquires, it is quite certain that he would abstain, to a great extent, if not altogether, from sexual intercourse. But it sometimes happens that, while the desires are in general strong and the sexual power all that can be desired, there is a deficiency of pleasurable feeling attendant on the ejaculation of the semen, and that at times there is a complete absence of such feeling. This may be either relative or absolute; that is, it may exist only as regards some particular woman or women, or it may be a permanent condition present at all times of sexual intercourse and with all women.

It is undoubtedly true that with most men the voluptuous feelings experienced during sexual intercourse vary greatly in accordance with the degree of eagerness with which any particular act may be approached. If the individual is impelled by the emotion of love the pleasure is infinitely greater than when he is actuated by a mere animal feeling, such as he might experience for a prostitute, or when doing the duties of the marriage-bed from a sense of obligation from which he would gladly be relieved. In the one case there is desire stimulated by love, and, as a consequence, all the physiological phenomena of the procreative act are of the most exalted kind; in the other there is sexual indifference, and the legitimate result is not only a minimum of pleasure, but also a diminution of the other accompaniments of copulation.

For this condition there is, of course, no remedy which the physician can apply. In fact it is not in any respect pathological, and though patients often consult us in cases of this kind, ignorant of the physiology of the subject, the functions of the medical adviser are fulfilled when he gives them a little instruction in regard to the laws of their being and some advice relative to the influence that might be exerted through the emotion of love. The matter, in fact, is one which is entirely within the control of the patient, unless, indeed, there be some other manifestation than deficiency of pleasure.

But in the other kind, that in which there is deficient pleasure under all circumstances of love or variety, the

state is abnormal, and is a proper instance for medical intervention. In cases of the kind the patient is actuated by affection as well as by animal passion, the desire is powerful, the erections are vigorous, and yet the orgasm, perfect in all other respects, causes little or no pleasure. The condition is analogous to loss or impairment of the sense of taste. In such instances the tactile sensibility of the tongue is unaffected, but the gustatory faculty is lessened or abolished. In the other category of cases the sensibility of the glans to friction is undiminished, but, either the nerves, which are concerned in the transmission of the pleasurable sensations, have had their impressionability obtunded or there is some derangement of the nerve centre in relation with these nerves. In other words, the trouble is either in the penis or it is in the brain.

Now, as regards the ordinary sensibility of the glans, and its capacity for being excited by friction, there is, as I have said, in these cases, no derangement. It is probable that the centre for this action resides in the spinal cord, and that the centres for erection and excitability by ideation, as well as that for pleasure, reside in the cerebral cortex. For the due physiological functioning of this centre, two anatomical points must be in a normal condition: the nerves in which the sensation originates, and by which it is transmitted to the brain, and the cortical centre by which it is received and appreciated. If either of these be diseased or tem-

porarily deranged, the function will be correspondingly impaired.

The actions of certain drugs afford us valuable information in regard to the subject. Thus, cantharides may produce priapism and strong desire, sometimes reaching to the extent of veritable insanity, and yet the pleasure derived from the sexual act, or that of masturbation, is very slight, and often is not experienced at all. In other cases, it excites priapism, without either desire for the act of intercourse, or pleasure during its performance. Thus, Stillé\* quotes Dieu to the effect that, while in twenty-five cases in which the drug was administered, priapism was a constant occurrence, and sexual desire was very rare, in a case of poisoning by this drug, in a man, which came to my knowledge, though the patient was not under my charge, it was stated, that while the individual had intercourse with his wife thirty-one times in a single night, besides masturbating frequently, there was intense desire and permanent priapism, though there was entire absence of pleasure.

Again, in priapism due to central disease, there is often a tendency to sexual intercourse, toward which the individual feels impelled, but from which he derives no pleasure. In a previous chapter, I have cited a case from Lallemand to this effect, and there are many others that could be adduced.

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\* Therapeutics and Materia Medica. Philadelphia, 1864. vol. i p. 355.



It is seen, therefore, that the centres for erection are different from those for pleasure, and that there is, probably, a special set of nerve-fibres in the glans, and other parts of the penis, whose function it is to be excited to the point of causing them to transmit pleasurable sensations to the brain.

When proceeding from a centric cause, the loss of pleasure during sexual intercourse is unaccompanied by other abnormal phenomena, and when there is no feeling of satiety, indifference or disgust, it is almost always attended by certain symptoms of disordered brain-action. Cases of the kind usually occur in men who have severely overtaxed their brains, and who, in consequence, are less impressionable than when in a normal state. The same persons, frequently, do not appreciate the flavor of different articles of food ; they complain that "things do not taste to them as they did ;" they may even lose the appreciation of things of beauty which once would have infallibly delighted them, and music no longer gives them pleasure. These are the indications of an exhausted brain, and there are others of a more local character, such as pain in the head, vertigo, and an inability to concentrate the mind, which are generally present.

Such cases require moderate sexual indulgence, a cessation of the excessive mental work, in which the patient is engaged, and a mode of life calculated to give the brain a change from the labor to which it has become habituated. At the same time, medical treatment

will generally be of very decided service, and this should consist mainly of cod-liver oil, strychnia, iron and quinine. The strychnia may be advantageously given according to either of the formulæ already specified, and in gradually increasing doses, up to the twenty-fourth or twentieth of a grain. The other remedies have nothing special about their administration.

The diet ought to be full and nutritious, animal food forming a considerable proportion of it, and a glass or two of Bordeaux or Burgundy at dinner will generally prove of service. Moderate physical exercise cannot be dispensed with. It is very certain that sedentary pursuits interfere materially with the development of pleasurable sensations during sexual intercourse, mainly, probably, for the reason that such work is chiefly of a mental character. On the other hand, excessive bodily exertion is still more prejudicial to the production of the full physiological feeling. I have had gentlemen addicted to severe athletic exercises tell me, that one of the results was the decided diminution of the voluptuous sensations of copulation. The element of fatigue, mental or physical, is antagonistic to sexual enjoyment.

Again, there are cases in which mental pre-occupation is fully as efficacious in destroying pleasure, as we have already seen that it is, in abolishing desire and power. If there are engrossing subjects engaging the attention, other than that which ought to be promin

ently in the mind of the individual, it is very certain that the pleasure of the act will be at its minimum.

In the other form of the affection, the seat appears to be in the penis. The desire is strong, the power sufficient, the mind is in concurrence, the emission and the orgasm occur, and yet there is scarcely the vestige of a voluptuous sensation. Instances of the kind are quite common and they are most apt to be met with in those who have been excessive in sexual indulgence. That this is a cause can be readily ascertained by questioning those persons who have had repeated connections in the course of a single night, or other short period of time. The information is invariably given, that, though the pleasurable feeling was great during the first act, it gradually became less, till, after half a dozen or more, there was no longer the slightest degree of enjoyment accompanying the performance.

Again, it is a normal circumstance, that, as the individual advances in life, after he passes about the forty-fifth or fiftieth year, the sensibility of the nerves of the glans becomes blunted, and the pleasure of the act of sexual intercourse is, accordingly, correspondingly lessened. Physicians are constantly consulted in regard to these cases, by men who cannot be satisfied with the condition, though it is as natural as gray hair or a wrinkled face. Nothing, so far as I know, can be done to restore the sensibility of youth.

And there are persons in whom the voluptuous sensations ordinarily experienced, are inherently deficient.

They are, for the most part, individuals who have not only been chaste in act, but also in thought. For such, time and opportunity will be all that are necessary to develop the feeling to its normal standard. But for those who cannot allege chastity as the cause, the prospect of relief is not so promising. These subjects appear to be analogous to those who are blind to certain colors, deaf to certain sounds, or whose gustatory nerves cannot appreciate certain flavors, or whose olfactory nerves cannot distinguish certain odors. I have only met with one such case, and, I presume, they are exceedingly rare.

The instance in question was that of a gentleman about thirty years of age, a manufacturer of silverware, and in excellent health. In his youth he had never masturbated, though he had had repeated emissions during sleep. At the age of twenty-five, he married a healthy and vigorous lady five years his junior, to whom he was much attached. On his wedding-night, he had intercourse which was characterized by an emission, attended with the ordinary convulsive movements, but without the least sensation of pleasure. In the morning, feeling a strong desire, and having a vigorous erection, he again had connection, but again there was no pleasure. There was, he said, a certain degree of mental satisfaction almost amounting to positive enjoyment on both occasions, but not the slightest feeling in the glans or in any other part of the body.

Previous to his marriage he had never had sexual intercourse, although he was frequently visited by strong desires and erections. A high sense of morality restrained him from any illicit indulgence. About once in ten days he had had an emission at night, but though he always awoke at the time, he had never been conscious of any pleasurable feeling attendant on the orgasm.

He had frequently heard the sexual act spoken of as one attended with very intense pleasure, and hence upon his marriage he had to admit a certain degree of disappointment. So far as his wife was concerned everything was satisfactory. The trouble, he was convinced, resided entirely with himself.

It was about six months after his marriage that he consulted me. His wife was then far advanced in pregnancy, so that there could be no question in regard to his sexual ability. On examination I could detect no sign of disease or derangement in any part of the sexual apparatus. The glans appeared to be endowed with the normal degree of tactile sensibility and sensibility to heat and pain. It was only the sensibility to venereal excitement that was absent.

I advised electricity—galvanism—applied daily to the glans by means of a wet sponge, and also faradism through the medium of water. But after six months' use of these agents there was no improvement, and he discontinued them. Several years have now elapsed. He has three children, but he tells me that never once

has sexual intercourse given him any more pleasure than the feeling of *bien aise*, of which he formerly spoke.

I am inclined to think that the operation of *circumcision*, when performed in early life, generally lessens the voluptuous sensations of sexual intercourse, and that even when done in later years the same result sometimes follows. In regard to the former point it is almost impossible to arrive at positive conclusions, owing to the want of a fixed standard. It is something like the question which some two or three hundred years ago agitated medical philosophers; that is, whether the man or the woman had the more pleasure in the act of sexual intercourse? After wasting elaborate arguments on one side and the other, the problem remained as undetermined as ever, and it always must be unsolvable, unless we can be men and women alternately.

But the information afforded us by some who have been circumcised soon after puberty, and who have subsequently indulged in sexual intercourse, is to the effect that when there had been a possibility of uncovering the glans during intercourse, the operation had very decidedly diminished the voluptuous feelings afterward experienced. In the cases where there had been no possibility of retracting the prepuce, the operation has not only increased the pleasure, but has in some cases developed it from nothing.

I believe that nature intended the glans to be habitually

nearly covered by the prepuce when the penis is in a non-erect state, and that this is necessary for the preservation of the full degree of sensibility of the glans, and that circumcision, by allowing the glans to be constantly exposed to the atmosphere and to friction from the clothing, has the effect of toughening the delicate membrane covering it and of diminishing its sensibility. It acts just as exposure to all kinds of weather and hard manual labor do on hands that have hitherto been kept gloved, and which have done no work. The skin is rendered thick and rough and the tactile sensibility of the fingers is greatly lessened. The ends of the fingers of a man who has never done any hard work will distinguish the two points of an æsthesiometer at less than  $\frac{1}{16}$  of an inch apart, while those of a bricklayer, for instance, can not feel the two points at double that distance.

*Extreme narrowness of the prepuce*, by which there exists an impossibility of uncovering the glans, is an effectual bar to the pleasure of sexual intercourse. For this condition, an operation, either of circumcision or of slitting up the prepuce, removes the difficulty, and in a short time the sensibility of the glans, if not always existing, is developed to its normal extent.

I have seen one case of insensibility of the glans which was apparently the result of frequent and long-continued immersion in the sea. The patient was a Jewish gentleman, and one summer, while residing at the sea shore, it was his habit to take three baths in the

ocean each day, remaining in the water about an hour each time. Whether this was the cause of his partial impotence from insensibility of the glans, which came on gradually before the summer was over, may admit of some question, but the relation of cause and effect seems probable. By keeping the glans enclosed in the end of a condom, having previously lubricated it well with vaseline, the sensibility was restored in the course of a couple of months.



SECTION II.

Sexual Impotence in the Female.



## SECTION II.

It has been asserted by those who have regarded the matter superficially that impotence can only exist in the female by reason of mere mechanical impediment. We have seen in the preceding section that there are other causes of impotence in the male than such as are physical in their character, and that the like is the case also in the female sex will be readily apparent on a little reflection and a consideration of the several elements of normal sexual intercourse.

Adopting, therefore, the classification, so far as it is applicable, under which impotence in the male is considered in this treatise, we have as the causes of the like condition in females:

1. Absence of sexual desire.
2. Inability, by reason of physical conditions, to allow of the entrance of the penis into the vagina.
3. Absence of the ability to experience the sexual orgasm.

## CHAPTER I.

## ABSENCE OF SEXUAL DESIRE.

In the consideration of this division of the subject it must be borne in mind that women as a sex exhibit far less intensity of sexual desire than do men. As an English writer has remarked, it is well for the sanctity of the family that it is so. The education of women in civilized communities, and the restrictions imposed upon them by the customs of society, are, moreover, often such as to stand in the way of the development of the sexual appetite. It would be well for the future of the human race if a like retardation could be accomplished in males.

a. Lack of sexual desire in women may be the result of *absence* or *arrest of development of the clitoris*. It is doubtful if the first of these conditions ever exists as an original defect. It is not infrequently in our day produced by the surgeon, and among certain savage nations it is brought about by the law of custom.

In those cases that have come under my observation in which the clitoris has been removed by surgical operation, while there has been a notable diminution of sexual desire, there has been no absolute loss of this appetite. While it is probably true that without the possession of the peculiar sensibility with which the clitoris is endowed the desire for sexual intercourse

would be at its minimum, it is equally a fact that the feeling in question is often of mental origin, and that the generative organs play a secondary part, so far at least as concerns the sequence of sensations. A look, a touch, a thought may be the starting point.

Besides, it is very certain that the clitoris is not the only one of the parts constituting the organs of generation by the excitation of which sexual desire can be developed, for the lining membrane of the vagina and of nearly the whole vulva are similarly endowed, though in a much less degree. Indeed, there are reasons for believing that the neck and mouth of the uterus are supplied with sensibility like in character to that possessed by the clitoris.

*Extreme smallness of the clitoris* is likewise a cause of absent or deficient sexual desire. Several cases in which this abnormality existed, have come under my notice, and in all it was the apparent cause of the frigidity that existed. In one of these the clitoris was scarcely larger than a mustard seed, and in the possessor, a married woman, twenty-two years of age, there had never been experienced the slightest disposition toward intercourse. She was of a mild temperament in all other respects, affectionate in her nature, and devotedly attached to her husband. Intercourse was not disgusting; as it is to some women, but while she passively submitted herself to her husband's wishes, there was not the slightest desire excited by his caresses. At times a slight feeling of pleasure was developed in the

external generative organs, but this was not sufficient to produce a wish for a continuance of the act, and in a little while it disappeared.

Of course such cases as these of absence and smallness of the clitoris are quite beyond the reach of remedial measures. Roubaud\* is guardedly disposed to recommend that as in accordance with a well-known physiological law an organ is developed in direct proportion to its usage, erotic excitations, either moral or physical, should be employed. Such means, however, it appears to me—and doubtless all medical men in this country will agree with me—are altogether inadmissible. No woman could employ them herself, or submit to their use by others, without incurring the risk of utter demoralization. Besides, I think it exceedingly doubtful that the clitoris, like a muscle, increases in size by use. The muscular tissue under the action of the will undergoes contraction and in the process is consumed, new substance taking the place of the old, and almost invariably in excess of the requirements of the occasion. But with the clitoris and other erectile organs no such active metamorphosis, regressive or progressive, takes place, and hence there is no surplus of new formation. There is no evidence to show that the clitoris is larger in those women who indulge to great excess in sexual intercourse, or in masturbation, than it is in others who are temperate or even entirely abstinent. It is only when the organ is not present or

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\*Op. cit. p. 455.

is abnormally small that there is a lack of sexual desires. Doubtless, if in such cases the most extensive course of manual excitation were resorted to, there would not be the slightest result so far as the increase of the size of the clitoris is concerned.

b. There are instances of lack of sexual desire for which no such cause as the one just considered can be found, or in fact any other cause. This I shall designate *original absence of sexual desire*.

Roubaud expresses doubt in regard to the existence of idiopathic absence of sexual desire in women, and asserts that no case of the kind has ever come under his observation. But although such instances are probably rare, there is no question in my mind that they are occasionally met with, and due to inherent defect of organization, independent of any obvious cause, and by reason of which sexual desire does not exist. This condition Roubaud calls "organic idiopathic frigidity." Not only, he asserts, have no cases of this kind come under his notice, but he states that he has not been able to discover them in the writings of others. Whenever women have asserted that they have never experienced sexual desire he has always found the cause to exist either in moral circumstances or in general or local conditions affecting the generative apparatus. That this view is erroneous will, I think, be shown by a consideration of the following cases.

Mrs. C. had been married two years when she con

sulted me. During that period she had never had the slightest development of the sexual appetite, nor during her whole life had she experienced any feeling of desire. She was at the time I saw her about twenty-five years old; was well formed, and of healthy appearance. She had never had any serious illness, except scarlet fever in early childhood; had menstruated at sixteen, and had always been regular with her periods. On examination, the clitoris was found to be as well developed as it is in the majority of women; the ovaries could be distinctly felt, and were apparently normal, and the uterus was of full size. Sexual intercourse had never been painful to her, but was productive of no pleasurable sensations. She had never experienced the orgasm. The tactile sensibility and the ability to feel pain were not below the normal standard in any part of the external organs of generation. She had always yielded willingly to the wishes of her husband, and was anxious to be, as she said, "like other women." Various devices had been tried with the object of developing sexual desire, but the only effect had been to inspire her with a feeling of disgust. She loved her husband, and was anxious to do all in her power to please him, hence her visit to me. I was obliged, however, to tell her that I thought her case out of the reach of medical science. As well might I have attempted to change the color of her hair. But as the hair does occasionally undergo a radical alteration of hue, I told her that it was barely possible that through



the action of natural though unknown causes she might experience the relief she sought. In answer to her inquiry, I told her that I saw no reason why she might not become pregnant, and in fact some two or three years thereafter she had a child, and her husband informed me that she was beginning to acquire sexual desire.

In such a case as this it appears that the most rational explanation of the absence of sexual desire and its subsequent acquirement is to be found in the view that the system, so far as regards the faculty in question, is retarded in development. We see very frequently that certain mental characteristics make their appearance at a comparatively late period of life, and there is no reason, so far as I can perceive, why a like condition may not exist as regards the sexual appetite.

In the following case, however, this explanation does not apply.

Mrs. O., thirty-five years of age, and married for over fifteen years, had never experienced sexual desire. There were no evidences of organic disease or malformation of any part of the generative apparatus. There was no aversion to sexual intercourse, and at times she had derived pleasurable sensations therefrom, but this did not excite desire for a repetition of the act; neither did the caresses of her husband develop erotic feelings. Menstruation was regular, both as regards time and quantity, and the general health has always been excellent.

In this case there was nothing but original defect of organization to which the lack of sexual desire could be attributed. As we do not know in what part of the nervous system the sexual appetite is situated it is impossible to locate the abnormality. There appears to be no indication for treatment, for no part of the generative apparatus seems to be at fault.

## CHAPTER II.

INABILITY BY REASON OF PATHOLOGICAL OBSTACLES  
TO ALLOW OF THE ENTRANCE OF THE  
PENIS INTO THE VAGINA.

The causes coming under this category that prevent copulation may be arranged under two heads.

*a.* Abnormal conformation of the external sexual organs.

*b.* Acquired diseased conditions of the external sexual organs.

*a.* This division of the subject includes :

1st. *Abnormal states of the vulva.*

*Absence of the vulvar opening* has been observed in a very few instances in conjunction with other serious malformations, such as obliteration of the vagina, in whole or in part. In these cases there are neither labia majora or minora or clitoris, but the part presents a smooth united surface devoid of hair.\* Occasionally instances occur in which the vulva, while containing all the organs, is very imperfectly developed, remaining during adult life as small as it was in infancy.

Again, there are other abnormalities of development which are more curious from a pathological point of view than they are of interest in connection with the present subject. These consist of various forms of ar-

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\*Roubaud. Op. cit. p. 386.

rest of development of the vulva and the anus, and of the vulva and the bladder.

All the conditions mentioned are entirely beyond the reach of remedial measures, and are such as effectually to prevent sexual intercourse. But there are others in which there is hope for relief by means of surgical interference, such as those cases in which the vagina while present does not open externally, and in which it may be reached by the knife and a practicable entrance made. No general rules can be laid down in regard to the exact nature of the operation to be performed. Each individual case must be judged by itself.

*Occlusion of the vulva* to such an extent as to prevent the introduction of the male organ is not very infrequent. It may depend upon a vicious conformation of the pelvis by which the vagina is compressed in one of its diameters, or upon the existence of congenital exostoses by means of which the pelvic opening is more or less occluded, and the vagina correspondingly diminished in calibre. In these cases nothing in the way of remedial interference is admissible.

The entrance into the vagina may be closed wholly or in part by various abnormalities of the soft parts. Thus the *labia* may be *adherent* or may be of such a size as to materially interfere with the entrance of the penis into the vagina. Adhesions either of the great or small lips are not generally unamenable to relief by surgical means. These may consist either in the use of the bistoury or of its handle, or of simple traction, according

to the completeness of the adhesion. When redundant, as they are apt to be in the women of Africa, and as they occasionally are in those of more temperate zones, they may be readily excised. The labia are also subject to morbid growths of various kinds, which, by their size, may interfere with the normal performance of the act of sexual intercourse. These also generally require the use of the knife, the ligature or of some escharotic according to their character. *Encysted tumors* of the labia may be treated by excision of a portion of the sac, evacuation of the contents, and the cauterization of the walls with the tincture of iodine or a solution of either the nitrate of silver or of the chloride of zinc. Entire ablation is, however, the only operation which entirely guards against a reappearance.

Hydrocele of the labia majora may exist either on one or both sides. It is to be treated in the same way as the like disease in man affecting the tunica vaginalis testis.

*Vegetations*, syphilitic or resulting from the puerperal state, may be so profuse as to prevent sexual intercourse. For the former the actual cautery or the ligature should be employed. The latter disappear spontaneously after the state of pregnancy is accomplished.

*Hernia* of the labia majora may exist in consequence of the protrusion of a portion of the abdominal contents through the inguinal canal, and may be so large as to prevent the intromission of the penis. It is, of

course, to be treated according to the surgical principles applicable to such cases.

The *clitoris* may be of such size as to interfere materially with the normal performance of the act of sexual intercourse. Cases are on record in which it is reported that the organ was of the dimensions of the penis, but these statements are scarcely worthy of credit. Probably the size has never exceeded that of the thumb, unless the augmentation has been due to acquired hypertrophy or the growth of tumors. In any case the excision of the organ may be performed, if the circumstances are such as to require the operation.

The *vagina* may, as I have already stated, be absent, or it may exist in a more or less complete form. In some of these cases there is an entire absence of the uterus also. The propriety of an operation must be determined from a consideration of the conditions accompanying each individual case and should be more or less tentative in character. In those cases in which the vagina terminates below in a *cul de sac* much may often be done by the surgeon for the relief of the patient. When the organ is, however, absent, and especially in those cases in which there is no uterus, operative interference can scarcely be justifiable.

*Narrowness of the vagina* to such an extent as to impede sexual intercourse is by no means an uncommon occurrence. It is the one of all those abnormal conditions mentioned for which relief is most apt to be

sought. Fortunately, however unpromising the case may appear to be, it rarely happens that sufficient amelioration cannot be effected.

At times the constriction is confined to a limited part of the vagina; at others, and usually, it involves the whole length of the canal. Roubaud\* cites two interesting cases.

The first is that of a young woman whose vagina was so narrow as scarcely to admit of the passage of a goose quill. At each menstrual period she experienced a strong and painful sense of tension in the womb, and the flow took place slowly and with difficulty. At the age of sixteen she was married to a young and vigorous man, whose embraces she was not able to receive. Visited by physicians, she was declared by them to be incapable of having sexual intercourse. Nevertheless, after eleven years of impotence and sterility, and without the vagina increasing in diameter, this woman became pregnant. Her state, as may well be imagined, inspired her friends with the utmost concern, for it was foreseen that labor would be impossible by the natural passage. But towards the fifth month of pregnancy the vagina began to dilate, and by the time delivery was expected it had acquired such dimensions as to admit of the birth of the child.

In another woman the vagina was as greatly constricted throughout its whole extent as in the case just mentioned. She was also married to a man of strong

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Op. cit., page 403.

sexual desires, but, owing to her unfortunate condition she was unable to submit herself to his approaches, and the marriage was about to be declared null and void, when the physician who was consulted put in practice the following described procedure: First, he employed emollient fomentations; then he introduced a pessary of gentian root throughout the whole extent of the canal, and increased it in size till at last he could pass one made of the pith of corn-stalk. Finally he introduced a piece of compressed sponge. These several substances imbibing the vaginal secretions so dilated the vagina that it became ample for all its functions.

A like course of treatment would probably be followed by beneficial results in all similar cases. It would be well, however, to substitute the stem of the lycopodium for gentian root, and to use compressed sponge for the subsequent treatment. There are also various mechanical contrivances acting by screws in such a manner that their leaves can be expanded after the manner of one kind of vaginal speculum so that when inserted after dilatation has been produced to some extent by the means specified, further expansion can be effected.

The *hymen* may be so dense in structure as to constitute a real impediment to sexual intercourse, or the vaginal canal may be closed by one or more *adventitious membranes* placed at various distances from the external opening. These cases present no difficulty for the sur-



geon, as they may be as easily divided or entirely excised as the particular circumstances attendant thereon appear to require. It is rarely the case that the proper operative interference has not been secured before womanhood is reached, or at any rate when the menstrual flow is about to take place. It is to provide for the exit of the catemenia rather than for the act of sexual intercourse that membranes closing the vagina are incised or cut away altogether.

Besides these conditions there are others which, though not preventing sexual intercourse, are of such a character as to render the act painful, and hence unnatural. It is scarcely necessary to do more than to refer to these. Among them are vesico-vaginal and recto-vaginal fistulæ, syphilitic and other ulcerations, vaginitis and various wounds and injuries. These are, of course, to be treated according to the general principles of surgery. It is rarely that the physician or surgeon is called upon to treat them as causes of sexual impotence.

## CHAPTER III.

## VAGINISM.

Although the condition to which the late Doctor Marion Sims gave the designation *vaginism* was known before he wrote upon the subject, it is this distinguished physician to whom we owe the first complete and systematic account of a disease which is of all others the most common as a cause of female sexual impotence. Dr. Sims\* defined vaginism as an excessive hyperæsthesia of the hymen and vulva associated with such a degree of spasmodic and involuntary contraction of the sphincter vaginæ as to prevent sexual intercourse. This definition gives in short compass the most prominent symptoms of the opposition, which are pain and spasm, on coition being attempted, or indeed when any foreign body, as the finger, for instance, is introduced into the vagina. Nevertheless, there are occasionally cases met with in which the pain is situated either above or below the hymen, which is not the seat of special tenderness. Again, the sphincter vaginæ is not the only muscle in which spasmodic contractions are observed, and at times they are altogether absent, the excessive hyperæsthesia constituting the only marked symptom of the affection.

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\* Transactions of the Royal Obstetric Society, 1862.

Sir James Simpson\* regards the disease as being due to a state of hyperæsthesia of the pudic nerve, while Dr. Grailly Hewitt† considers that the disorder, while not always due to the same cause, is essentially the result of a local alteration or irritation of the nerves at the spot itself. However this may be, there is in my opinion no doubt that vaginism is a consequence of some disorder of the nervous system, and that this is in a large proportion of cases located in the spinal cord constituting the condition known as spinal irritation, or anæmia of the posterior columns of the spinal cord.

A characteristic of the pain and spasm of vaginism is the fact that they are more strongly marked on a slight touch of the affected parts than when steady pressure is made. I have had cases under my charge in which the introduction of the finger or even of a sound into the vagina would cause the greatest agony, while two or three fingers if held in position firmly produced very little suffering. In these instances the intromission of the penis was not accompanied by much local disturbance so long as the organ was kept in a state of quietude. So soon, however, as friction of the penis against the vaginal walls was produced, the pain became insupportable, and efforts at intercourse had to be brought to an end.

It is not surprising that women suffering from vagin-

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\* Clinical Lecture on the Diseases of Women. New York: 1871, page 284.

† Diseases of Women. Second American edition. Philadelphia: 1873, p. 706.

ism shudder at the very idea of sexual intercourse. Experience has taught them that the pain and distress are greater than any that they have previously had to endure. In consequence they soon renounce all attempts of the kind, and eventually, if not relieved, no matter how erotic they may have been, lose all desire of a venereal character.

Vaginism is not, of course, limited in its influence to the matter of sexual intercourse. Derangements of menstruation, leucorrhœa, and various abnormal mental conditions approaching and even reaching the state of actual insanity are often produced. With these, however, we need not concern ourselves at this time.

So far as copulation is concerned, the two disturbing factors are, as we have already seen, pain and spasms. These may exist in various proportions relative to each other. In some cases, if the woman can endure the pain, intercourse is possible, for there is little or no spasm of the sphincter vaginæ. In others the spasm is the main feature, the slightest touch being sufficient to develop it, while there is a minimum of pain. In this respect the vagina appears to be not unlike the urethra, which in some cases closes spasmodically as soon as an effort at passing a catheter or sound is made.

Vaginism rarely makes its appearance before puberty, and, indeed, it may be said that in the vast majority of cases it does not arise except during the generative period of the woman. It is, therefore, not often seen after the cessation of the menses, nor before copulation

has taken place. In those cases of early development of the affection the first evidence of its existence is generally obtained by the patient herself through her own sense of touch during bathing or otherwise.

Among its predisposing causes hysteria probably stands first. It is very doubtful whether it is induced directly by sexual excesses or by masturbation, though I have had one case under my charge in which, apparently it owed its origin to the repeated introduction for masturbatory purposes, of foreign bodies into the vagina. In like manner cases are met with in which a disproportion between the dimensions of the penis and those of the vagina is the most obvious cause. Not long ago a lady consulted me for the affection in question who a month previously had been married to her second husband, a strong and passionate man. She had never experienced any discomfort from sexual intercourse with her first husband, but with the present one the act had from the first been painful, and latterly had become insupportable, and almost impossible. Examination revealed the true state of affairs. There was extraordinary hyperæsthesia at the situation of the *carunculæ mytriformes*, and strong spasm of the *sphincter vaginæ* on the attempt to introduce the finger. Suitable inquiries revealed the fact that the disproportion in size between the sexual parts of herself and her husband was such that intercourse had never been satisfactory to either party. She was quite sure that to that cause, and to that alone the vaginism was

due. There was no marked narrowness of the vagina, so that the misfortune was not of her making. I requested her to send **her** husband to me, and then, on inspection of the parts concerned, found that there was no doubt as to where the responsibility should be placed.

But such causes are only capable of developing vaginism in a woman in whom the predisposition already exists, and often this predisposition is so strong that no other influence than that of copulation is necessary to the complete establishment of the affection. The hysterical diathesis, for instance, undoubtedly has great influence in promoting vaginism, and is of still greater power in spinal irritation, when the seat of the disease is in the lumbar region of the cord.

In regard to the spinal origin of many cases of vaginism my experience is very decided. It is rarely the case that in vaginism we do not also find tenderness of the lumbar portion of the spinal, and many of the other symptoms associated with anæmia of the posterior columns of this region of the cord.

The treatment of vaginism is as satisfactory as that of any other disease known to science. Indeed, with our present knowledge of the nature of the affection, and of the therapeutical actions of remedies, failure to cure a case of the disease is almost out of the question. Without touching upon doubtful remedies, or mentioning those that might from theoretical reasons be beneficial, I shall briefly describe the plan of treat-

ment which has been uniformly successful in my hands.

In the first place, the parts should be freely bathed with a 10-per-cent. solution of the hydrochlorate of cocaine, and, after the morbid hyperæsthesia is in a measure subdued, a plug of lint, saturated with the solution, should be inserted into the vagina and kept in place with another of dry lint. These should be changed twice daily for fresh ones.

With the institution of these measures a large dose of the bromide of sodium, potassium or ammonium should be administered. I generally give from fifty to one hundred grains in a third of a tumbler of water, and in a few hours begin with a solution of an ounce and a half to four ounces of water, a teaspoonful (about twenty-five grains) being given three times a day.

If spinal tenderness is discovered to exist the part in question should be painted daily with the tincture of iodine, or a blister should be applied, or the actual cautery used, or sparks drawn from the region by the large brass ball of a statical electrical machine while the patient sits on the insulated stool. If these latter measures be neglected, the disease, although it will be temporarily relieved by the cocaine and bromide, will certainly return so soon as the influence of these agents has passed off.

When a disproportion in size exists in the case of a married woman between the sexual organs of herself and her husband, means should be taken to overcome

the obstacle. These should be directed to the matter of stretching the vagina so as to admit of intercourse being effected without pain. This can be done while the patient is under the influence of a general anæsthetic, or after a few days' treatment with cocaine and some one of the bromides, as above described, by the hand of the surgeon, or by means of an instrument such as the bivalve or trivalve speculum. This method is altogether preferable to that with slowly dilating substances, such as compressed sponge, gentian root, etc. In these cases to which reference has been made forcible dilatation with the fingers was effected in the manner described, and with entire success. Subsequently the patient became pregnant and there was no further trouble. Of course no means of stretching the vagina is comparable to the passage of a fœtus, but, unfortunately, it is generally the case that the condition of vaginism is almost prohibitive of the intervention of pregnancy.



## CHAPTER IV.

ABSENCE OF THE ABILITY TO EXPERIENCE THE  
SEXUAL ORGASM.

Every physician of experience is aware of the fact that not a few women pass through married life extending over many years without ever having felt the slightest degree of pleasure from sexual intercourse. He also knows that there are others who, having originally been possessed of the normal capacity in this respect, lose it very early in life, or at a period far anterior to that at which it would naturally be expected to disappear.

The social life of woman is such as to impose on her restraints which do not exist, with such full force at least, with the male sex. She may be bound to a brutal or otherwise disgusting man, with whom the very idea of intercourse is horrible. The mental element enters so fully into the act of coition that it is not surprising that under such circumstances there should be an entire failure on the part of the woman, when, perhaps, with a man capable of arousing the emotion of love a very different state of affairs would result. This is a matter that is often overlooked. The affection which may once have existed between the parties has gone from one or both. If it has disappeared from the husband, he does not approach his wife unless

urged thereto by mere animal instinct. He abstains altogether, or he seeks satisfaction for his emotion and his appetite from some woman capable of arousing both. But with women the case is altogether different, unless with the members of the class who make a merchandise of their bodies, and even with them the sentiment of love, transient though it may be, is often aroused. With the rest, it is doubtful if in one-tenth of the instances of intercourse they experience the slightest pleasurable sensation from first to last. The virtuous married woman submits passively and is impotent. She loses the power of accomplishing her part of the sexual act; or if married through the force of circumstances that she cannot resist to a man she abhors, she never experiences the least pleasure from his embraces. On the contrary, they inspire her with supreme loathing.

. In such cases as these the physician can do nothing; death or the divorce court opens the only way to relief, and then a second and happier marriage completes the cure.

There is another species of impotence met with in women which, though not complete, is distressing and often leads to nervous complications of a serious character. It is that form in which, with strong desire and the ability to experience the orgasm in all its intensity, this condition is never attained for the reason that the man has reached the acme while the woman has not arrived at this point. With this result the penis be-

comes flaccid, and the act is at an end so far as the man is concerned, while the woman remains with her nervous system excited to a high pitch, and brought to a state of expectancy which is not realized. It is generally the case that women are slower to reach the height of the venereal paroxysm than are men. From the beginning of the act they experience a certain degree of pleasure, but this is not developed to its utmost extent as rapidly as it is with the opposite sex. Probably in a state of nature there is no difference in this respect between men and women, but civilization has imposed restrictions on the development of the sexual appetite in the one sex, while it has set few or no limits to its exercise in the other. The consequence is an impetuosity in men and a shrinking delicacy and reserve in women. It often happens that with the continuance of sexual relations this inequality in a great measure disappears, but this is not by any means always the case, and many women with strong desires and loving their husbands go through life with scarcely an idea of what sexual intercourse really is, they never having experienced to the full the pleasurable sensations characteristic of coition.

For many such cases as these the remedial measures, though they may not consist of more than a few sensible though plain spoken words, should be addressed to the husband. If, however, it appears that there is any necessity for stimulating the sexual faculty of the wo-

man, the following prescription may be given with probable advantage:

℞ Cannabis indicæ ext.,  
 Nucis vomicæ ext., ää ʒ ss.  
 Aloes ext. aquosæ, gr. x.  
 M. ft. pil No. C.  
 Dose, one three times a day.

In addition, hot water vaginal douches should be used just before going to bed. Under the use of these measures I have had patients under my charge experience decided benefit. So much under the influence of habit is the whole matter of sexual intercourse that improvement when once effected is likely to become permanent.

*Masturbation* is among the chief causes of indifference of women for sexual intercourse, and consequent inability to experience the orgasm during coition. The reasons for this effect are almost identical with those given for a like condition existing in men who have been addicted to this vice. The images formed by the imagination are so much more intense than those met with in actual life that the latter do not produce the degree of excitation necessary for the production of the orgasm. This constitutes a condition of actual impotence according to the system of classification laid down in this work.

It is difficult to treat with success cases such as those now under consideration even under the most favorable circumstances. It generally happens that these

cannot be obtained. First among them is the total renunciation of the habit of masturbation; second, absolute rest of the sexual organs, so far as intercourse is concerned, for a period long enough to enable them to recover their lost tone. This varies in different cases, but is not often less than a year. Third, the avoidance of all lascivious associations or thoughts. To secure these conditions is, as I have said, difficult. Without them it is scarcely worth while for the physician to undertake the case. If, however, they can be secured, there is a fair prospect that in time a cure can be accomplished. It will be facilitated by social intercourse with men and women of high moral character. Medicines are of little use unless there is some special indication to be met. The treatment is not so much physical as mental. I am not now considering the question of the effects of masturbation, except so far as they relate to sexual indifference and impotence as regards the male sex. If I were, there would of course be much to say on the subject.

*Excessive sexual intercourse* is also productive of effects in women similar to those which follow it in men. In these cases the nerve cells of the centre presiding over the function doubtless become exhausted, and no longer properly respond to the stimulus which in natural conditions sets them in action. There is no erection of the clitoris or of the other parts in contiguity that, like it, are endowed with erectile tissue; no development of pleasure from the friction of the penis against these

organs and the vagina, and if the orgasm is reached the result is imperfect and the voluptuous sensations at their minimum. With this condition it sometimes happens that desire remains as strong as ever, while at other times it is extinct.

Such cases are to be treated on the same principles as those laid down in the first section of this work for the management of the like condition in men. Chief among them is entire abstinence and the avoidance of every factor calculated through the sight, the hearing, the touch, the memory, to stimulate organs already exhausted. At the same time, a mild tonic treatment should be adopted. The prescription given on page 120 answers very well, and in addition the wine of coca may be advantageously taken—a wineglassful at each meal. If the sensibility of the erectile tissues and the lining membrane of the vagina are notably diminished, electricity may be used with benefit. It is, in my opinion, far superior to the embrocations recommended by some French authorities. These contain some stimulating substance, such as mustard, ammonia, alcohol, etc., and may be used when electricity is not available. The faradaic current applied by means of a wet sponge placed in the vulva while the other is held in contact with the lumbar or vulvar region, is an eligible form of administering electricity. The galvanic current may, however, be employed, and in some cases acts better than the faradaic.

In all such instances the wife should sleep apart from her husband, and preferably in separate rooms. The reasons for this course are obvious, and need not therefore be further specified.













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