

circumstances in each case to indicate something more. There are cases so severe as to require the removal of the testicle, but fortunately they are rare.

Many sufferers would escape this affliction if they would wear a suspensory bandage in time, when the swelling and inconvenience are first observed, and many would have no return of it if they did not leave off the supporter too soon. The veins on the right side appear to be seldom subject to swelling, nearly all the cases being on the left side, though occasionally both are affected, but the left always the most so. This is probably owing to the position of the colon, or lower part of the large intestine, which descends on the left side, and by pressing on the veins prevents the blood from freely returning, and thus causes the swelling below. It is on this account that persons who suffer from constipation are most liable to varicocele, and that it is always worse when the bowels have been long unmoved and are full. It is for the same reason also that the left ovary, in females, is most apt to be affected with varicocele. Among other general causes of this disease may be mentioned excessive indulgence, masturbation, inflammation of the testicles, and ruptures or tumors in the abdomen. Very fat people are sometimes affected with it, owing to the pressure of the fat in the lower part of the abdomen, and those who wear trusses are liable to it from the pressure of the instrument, unless it be well made, and carefully adjusted. Riding, hard running, leaping, and lifting will also bring on swelled veins, and sometimes even burst them, particularly if the scrotum be much relaxed. It is most frequent at the age of puberty, though met with occasionally at other periods.

The characteristics of this disease are so clearly marked that a mistake can seldom occur in regard to it; the cord is plainly observed to be swelled, the enlargement being greatest below, on the testicle, and on pressure it feels like a roll of knotted cords, or a bunch of earth-worms. This swelling is always greatest at night, or after exertion, and from coughing or straining in any way. It may also be reduced by lying down, and by the application of cold. Many patients discover that it is nearly always much better *after coition*, and they are, therefore, apt to indulge frequently, under the idea that it does them good. This, however, is a great and fatal mistake, the temporary relief being merely owing to the contraction of the scrotum, and to the increased speed of the circulation, which always occurs immediately after coition. As soon as this temporary excitement is over, the relaxation is greater than before, and the swelling of the veins increases, as all those who have tried the experiment well know.

In general, if taken early, the disease may be readily checked by the means already described, but if neglected it may become very severe and obstinate, and sometimes give rise to neuralgic symptoms. There is also danger of wasting of the testes, as before remarked, owing to the circulation of the blood being impeded, and the usual supply of nutriment being thus cut off. Many instances of this kind are related in medical works, and I have seen several myself. In some cases the testes will waste away, and almost totally disappear in a few months after the varicocele commences. This, of course, destroys all sexual power and feeling, and makes the patient a eunuch. It is therefore advisable, if all the usual means fail of arresting the swelling, and particularly if wasting commences, to resort to some other treatment, and several modes have been adopted by different surgeons, with varied success. Sir Astley Cooper, and some others, used to cut away a piece of the scrotum, and then draw the parts together and let them heal. This, of course, made the scrotum less, and by drawing the testes

firmly up to the abdomen, afforded a beneficial support to the parts above. In many instances this operation has effected a cure, but in others the relief from it has been but slight. The disease has also reappeared, with all its former severity, many years after being cured in this way. This operation is not applicable to all cases of the disease, and even in skillful hands is frequently attended by great danger.

Besides this plan, some surgeons have cut through the veins, or tied them, and sometimes even cut part of them out. Of course, either of these plans leads to the destruction of the testes, besides being liable to cause inflammation of the veins, and other serious results, and they are therefore very objectionable, though often successful in curing the varicocele. M. Delpech, a celebrated French surgeon, operated upon a man in this way, and cured him, but the testes afterward wasted away, and this being unexpected and undesired, the man was so enraged that he assassinated the surgeon.

The only treatment that can effect a cure without sacrificing the testes is the application of *pressure* in such a way as to *lessen* the circulation of the blood in the veins, without stopping it entirely. This can sometimes be accomplished by a peculiarly formed truss or bandage, and at other times by a ring; but the making and fitting of these instruments is a matter of great difficulty, and requires to be done for each case separately. I have often had the pleasure of affording relief in this way, but only after immense trouble on my own part, and great perseverance and patience on the part of the patient.

When nothing else can be done, castration must be performed, and our surgical records give us many instances of this operation being resorted to.

#### HEMATOCELE, OR SWELLING OF THE SCROTUM AND SPERMATIC CORD FROM THE EFFUSION OF BLOOD.

This affection differs from hydrocele in being an effusion of blood, instead of water, either into the scrotum or spermatic cord. It is sometimes caused in performing the operation for removing the fluid in hydrocele, by wounding one of the blood-vessels, and thus allowing the blood to run into the cellular tissue, or tunica vaginalis. It may also occur spontaneously from the rupture of a branch of the spermatic vein, and may result from blows or sprains, the same as effusions of blood in other parts of the body.

This accident is rare, and seldom serious. If the patient keeps perfectly still, supports the scrotum with a bandage, and uses fomentations of hops, boiled in vinegar, or spirits of wine and water, or vinegar and water, and keeps the bowels gently relaxed, nothing more will in general be required. Sometimes, however, the blood-vessel remains open, the blood keeps flowing, and the swelling becomes so large, and presses so much on the testes that great distress is experienced. In these cases, an incision must be made, the blood let out, and the vessel tied, unless it can be closed by pinching it together externally, which may be done if the place of rupture is discovered. If there be any inflammation, it must be combated by leeches, cold lotions, and other usual remedies, and if it suppurates, a poultice must be applied.

#### PRURIGO, OR ITCHING OF THE SCROTUM.

This is one of those annoying complaints, which though not at all serious, are still sufficient to make any one suffering from them completely miserable, and even

sometimes almost desirous of death, as the only means of relief. The itching is sometimes felt without there being any unusual appearances in the parts, but more frequently a number of roundish red pimples are seen on the scrotum, which, by the patient's scratching to relieve himself, often become much enlarged and highly inflamed. In long-continued cases, the skin becomes considerably thickened and very hard, and a disagreeable discharge takes place from the sebaceous glands. I have known persons so tormented with this disease as to be frequently delirious, and utterly unable to obtain the slightest alleviation of their distress.

The real causes of prurigo are entirely unknown to us, but it is undoubtedly much aggravated, if not brought on, in many instances, by want of proper *cleanliness*. The plentiful and regular use of *cold water* would prevent more of this trouble than any kind of medication can ever cure. In many persons, the secretions of the parts are naturally very acrid, and if not speedily removed, they are sure to irritate every spot they touch.

Old persons are most subject to this complaint, though it occasionally attacks others, and it is usually confined to the genitals exclusively, but will sometimes extend down inside of the thighs and round the anus.

The treatment must be chiefly external, unless there be habitual indigestion or constipation, in which case a few simple alteratives may be of service. If constipation exists, a little epsom salts may be taken, and if the stomach be disordered, *five grains of Plummer's pill* may be given every other night, for five or six nights. The patient must be particularly cautioned not to rub the parts, and his dress should by no means be allowed to chafe them, nor should it be too warm and close. Even at night, the bed-clothes must be light, and the bed itself hard and cool. But little exercise should be taken, and that very gentle, and the parts should be thoroughly washed twice a day with warm soap and water. A cooling lotion may also be used during the day, of *vinegar and water*, with a little *laudanum*, or what is often better, *two grains of bichloride of mercury to two ounces of water*. Equal parts of *citrine ointment* and *fresh lard* also form an excellent application to be rubbed well over the parts at night. *Sulphur ointment* benefits in some cases, and a *sulphur vapor bath* still more so in others. It is especially important that the diet should be simple, light, and unstimulating, and that no alcoholic or fermented liquors should be taken.

Sometimes the itching arises from the presence of certain peculiar little *parasitic insects*, in which case they may be readily destroyed by rubbing on a little of the *white precipitate powder* occasionally. In fact this may also be used with a prospect of benefit whenever the skin is not much broken.

#### ELEPHANTIASIS SCROTIL.

This terrible disease is fortunately extremely rare in this part of the world, but still it is necessary to describe it in order to complete our treatise. It appears in the form of a peculiar swelling of the scrotum, caused by the infiltration into its integuments of a jelly-like albuminous fluid, which accumulates in some cases to a most enormous extent. The outer surface of the skin appears rough and chapped, or covered with large brown scales, so that it has somewhat the appearance of an elephant's foot. Sometimes, but not very frequently, a number of ulcers are formed, and the chapped places discharge an offensive sanious secretion.

This disease is chiefly confined to Barbadoes, though found in other of the West India Islands, and also in Egypt, Africa, Greece, and the East Indies.

The size of the scrotum is sometimes almost past belief, and yet in some of the very worst cases, the patients enjoy excellent health, without any disturbances of the functions of other parts of the system, which shows that the disease is purely local. Mr. Liston removed one of these tumors which weighed *forty pounds*, which had been nineteen years growing! M. Delpech removed one that weighed *sixty pounds*

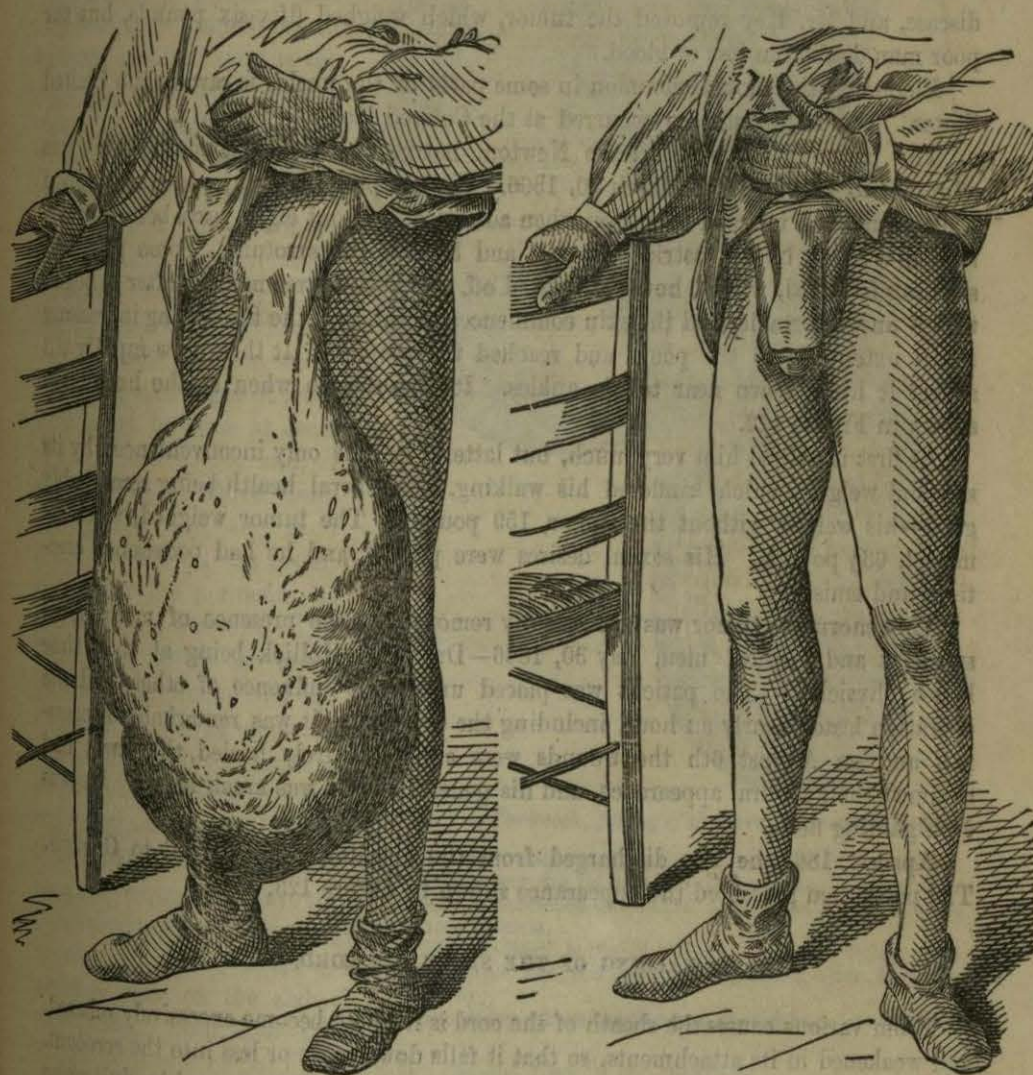


FIGURE 122.

FIGURE 123.

and Baron Larrey saw one in Egypt that weighed over a *hundred pounds*. Instances have even been known of their weighing over *two hundred pounds*, and sometimes the patients have even been able to sit upon them like a seat. Very often they hang down to the ankles, and are four or five feet in circumference. There is no cure for this affection, so far as yet known, and the only remedy is to remove it with the knife, which has frequently been done with perfect success. Dr. Picton of New

Orleans, removed one of these tumors from the scrotum of a negro, in 1837, which weighed *fifty-three pounds*, and had been growing for ten years. Much larger ones have, however, been removed, and sometimes even without destroying, or in any way injuring the genital organs, so that the patient has been as well and perfect afterward as ever he was before. It is, however, extremely difficult to preserve the genitals, and generally they have to be removed along with the diseased mass. The great danger is from loss of blood, and from this many of those operated upon have died. A Chinese named Hoo Loo came over to London to be operated upon for this disease, and Mr. Key removed the tumor, which weighed fifty-six pounds, but the poor man died from loss of blood.

Elephantiasis, though common in some parts of the world, is rare in the United States. The following case occurred at the Colored Home in this city.

The patient's name was Isaac Newton, native of Georgia, aged 22. He was admitted to the hospital March 20, 1866. He had previously enjoyed general good health, and was in good condition when admitted. About eight years before, while leaping a fence, he fell astride the rail and bruised the scrotum. Some pain and swelling followed, which, however, passed off, and about three months after it began to feel uncomfortable, and the skin commenced to thicken, the thickening increasing till it extended up the penis, and reached the prepuce. It then grew rapidly till at last it hung down near to his ankles. Its appearance when at the hospital is shown in Figure 122.

At first it pained him very much, but latterly he was only inconvenienced by its size and weight, which hindered his walking, his general health being remarkably good—his weight without the tumor, 159 pounds. The tumor weighed, when removed, 63½ pounds. His sexual desires were perfect, and he had occasional erections and emissions.

This enormous tumor was successfully removed, in the presence of many noted surgeons and medical men, May 30, 1866—Dr. G. F. Hollick being at that time house physician. The patient was placed under the influence of ether, and the operation lasted nearly an hour, including the dressing. It was remarkably successful, and on August 6th the wounds were almost entirely healed, the parts had assumed their natural appearance, and his general health was much better. He was even gaining flesh.

April 2, 1867, he was discharged from the hospital, and returned to Georgia. The parts then presented the appearance shown in Figure 123.

#### FALLING OF THE SPERMATIC CORD.

From various causes the sheath of the cord is liable to become excessively relaxed, and weakened in its attachments, so that it falls down more or less into the scrotum. This is indicated by a sense of weight and fullness in the scrotum, and by dull pains in the groin, with uneasiness in the testicle. On examination, a kind of knotty tumor is felt just over the testicle, or down on one side of it, which may be gradually pushed up into the abdomen, and which draws itself up to a great extent when the person lies down. This tumor is the cord, which has fallen in a heap and presses on the testes. In the morning it is seldom to be seen, except very slightly, but usually reappears when the patient has been on his feet a short time. It is also worse in hot weather, and after great fatigue, or much nervous agitation. Strain-

ing from constipation will also tend to bring it down worse, and so will sexual excesses.

This is simply a local weakness, but it may nevertheless lead to very unpleasant consequences if allowed to continue unchecked. The constant pressure on the testes becomes very painful, and may lead to inflammation, or hydrocele, and ultimately the cord may form false attachments and grow fast in its wrong position, so that no means can afterward remove it. The treatment is simple but requires perseverance. The parts must be regularly bathed with cold astringent washes, such as alum-water and solution of sugar of lead. This must be done at least morning and night, and, if possible, two or three times during the day, the fluid being dashed on the groin, and under the perineum, as well as on the scrotum. The dress must not be too warm between the limbs, and no lifting or straining must be practiced. As little standing, as possible is also advisable, and constipation must be particularly avoided. The most

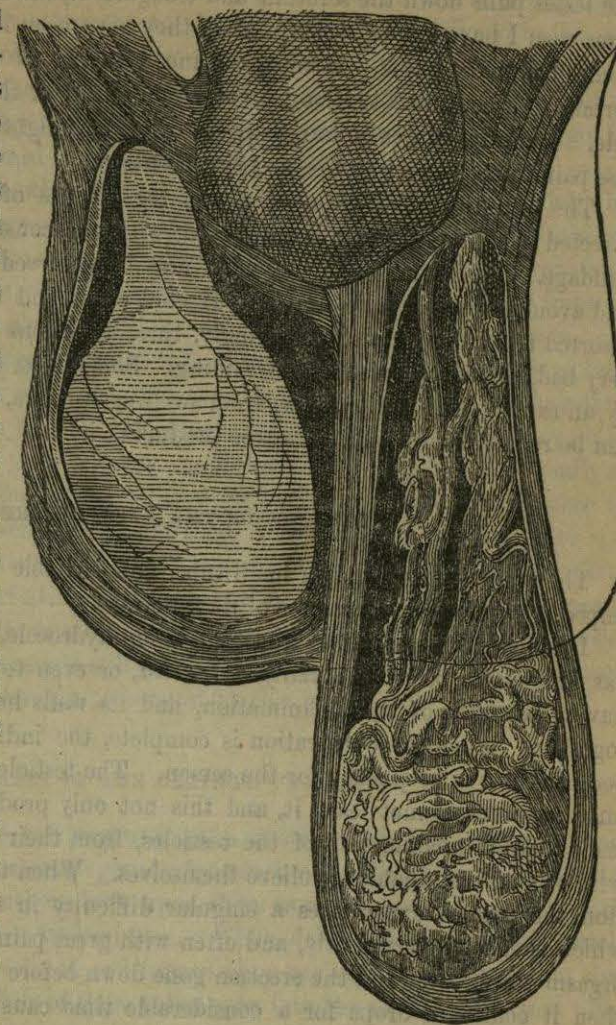


FIGURE 124.—*Varicocele, falling of the Cord, or dropped Testicle.*

This is a very common disease, and a very troublesome one. It will be seen how the veins are swelled and knotted, and how the Scrotum is stretched downward, as if a heavy weight were hung in the Scrotum.

The Testicle itself is buried under the mass of fallen cords in very bad cases, a truss, and blood-vessels, and the pressure they exert, often causes it to waste away.

The line shows where the Scrotum should be. Both these instruments should be put on before the patient rises in the morning.

Falling of the cord usually results either from general debility, straining, sexual excesses, or fatigue upon the feet. It may occur only on one side or on both.

#### RELAXATION OF THE SCROTUM.

This affection is something like falling of the spermatic cord, being produced by similar causes, and requiring similar treatment. It results from a weakness in

the fibers of the dartos and great cremaster muscle, owing to which the weight of the testes pulls down the scrotum and elongates it, sometimes to a great extent. In some men I have known it hang, when they have been long upon their feet, full six inches below the pubes. Besides the inconvenience of the falling itself, it is nearly certain if it continues too long, to bring on falling of the cord, and probably hydrocele. It always causes an annoying sensation of weight and dragging, with more or less pain in the groin and weakness in the limbs.

The only treatment required is the regular use of cold astringent washes, as directed in falling of the spermatic cord, with the constant wearing of a suspensory bandage. The same precaution must also be observed as to regulating the bowels, and avoiding excesses and fatigue. If cold water and the suspensory bandage were resorted to in time, and perseveringly, these affections would scarcely ever become very bad, unless from sudden straining. Sometimes, however relaxation is caused by unusual weight in the testes, from swelling, tumors, or hydrocele, and, of course, can be removed only with the cause producing it.

#### DISEASES OF THE VASA DEFERENTIA.

The vas deferens is only a small tube, and is liable to several accidents that will impede the proper performance of its functions.

It is not unfrequent after a recovery from hydrocele, or hernia humoralis, for the vas deferens to become partially *obstructed*, or even totally *obliterated*, owing to its having partaken of the inflammation, and its walls having, in consequence, grown together. When the obliteration is complete, the individual is, of course, sterile, because there is no passage for the semen. The testicle may be perfect in its action, but the semen cannot leave it, and this not only produces sterility, but sometimes leads to fatal inflammation of the testicles, from their being constantly overcharged with semen, and unable to relieve themselves. When there is only a partial obstruction the patient experiences a singular difficulty in the evacuation of the semen, which is effected very slowly, and often with great pain. In some of these cases the orgasm will be over and the erection gone down before the semen begins to flow, and then it comes in drops for a considerable time causing great inconvenience and annoyance.

Unfortunately we know of no remedy for this difficulty when it has long existed, but when it is merely a temporary result of acute inflammation, it is of course only necessary to subdue that to give relief. The great point is to prevent such an action, by checking all inflammatory action in the testes, and other parts which lead to the vas deferens, before it becomes affected. This trouble is mostly caused by neglecting hydrocele and orchitis too long, or by improperly treating them, though it may also be brought about by blows over the groin. A temporary obstruction of the vas deferens often arises from its being pressed upon by a swelled vein, or by tumors in the testicle and groin, in which case it is of course relieved only when such cause is removed. It is advisable to let such causes exist as little time as possible, because the retention of the semen may injure the testicle. I have known an improperly constructed truss press on the spermatic cord and close the vas deferens, so that the person was quite sterile while he wore it.

Sometimes the vas deferens becomes *dilated*, or *relaxed*, so that its size is much increased, and it nearly or quite loses the power of retaining the semen, or becomes

so full of it as to produce inconvenience. The causes of this trouble are unknown, though it most probably results from *retaining the semen*, when it is nearly ready to flow, as often as from any other cause. I have known men afflicted in this way who habitually tried to prevent the flow from continuing, from a mistaken idea that if they could lessen the discharge they would not be so much weakened by coition. It is scarcely necessary to say that such practices do *not* lessen the discharge, but merely make it finish afterward in an unseen and dangerous form.

It is not easy to ascertain when the vas deferens is enlarged or relaxed, but when there is good reason to suppose it is so the treatment is simple. Cold lotions of alum-water or sugar of lead, as recommended in former articles, must be constantly used, or ice may be frequently applied so as to astringe the parts, and all improper habits must be immediately abandoned.

In addition to these, the vas deferens is liable to several other affections, as scrofula and tumors for instance, which are, however, very rarely seen, and as their treatment in no way differs from that for the same affections in other parts, they do not require any special notice. In some few cases the vas deferens has been totally absent from birth, while the testes and other organs were perfect. In this state the semen is formed, erection even occurs, but there is no *emission*, because there is no passage from the testes. This condition of the parts is nearly sure to lead to orchitis, or spermatocele, from the irritation of the retained semen, unless the patient's desires are weak, or kept much under control. If the vas deferens of an animal be cut out, or tied, it is found that the testicle still secretes the semen, though it cannot escape, showing that the power of secretion is not lost by the impossibility of emission.

#### DISEASES OF THE SEMINAL VESICLES.

The precise use of these two organs is yet a matter of dispute among physiologists, some regarding them as real glands, by which a peculiar liquor is secreted to mix with the semen, while others look upon them as mere *reservoirs* in which the semen accumulates previous to its emission. When dried and injected, the vesicles are seen to be two tubes convoluted and turned upon each other so closely that their parts look like cells. The ends of these tubes open into the vas deferens, just where the ejaculatory duct commences.

It appears certain that the vesicles have considerable contractile powers, and this has favored the idea of their being intended to contain the semen, and afterward eject it during coition. When examined after death, however, they do not contain semen, but are filled with a yellowish fluid apparently peculiar to themselves. Their precise use is therefore as yet unknown.

They appear to be subject to obstruction and obliteration like the vas deferens, but we have no means of detecting such derangements, nor can we propose any remedy.

#### HYPOSPADIAS.

This term means a case where the end of the urethra does not come to the end of the penis, but opens *underneath*, the passage not reaching the whole length of the organ. This state of things sometimes follows severe venereal cases, and other accidents, but its causes when congenital are of course unknown to us, and unfortunately but little success generally attends its treatment.

This malformation is a cause of great trouble and annoyance in urinating, and interferes more or less with the power of impregnating, though it by no means prevents it altogether, as was formerly supposed.

Sometimes the opening is close by the frænum, and during erection it is firmly closed, owing to the pressure, so that the semen cannot escape from the urethra. In such cases there cannot be impregnation, unless the semen flows after the erection has somewhat subsided, but this it will not always do, because it may run backward into the bladder, and in such cases the patient is necessarily impotent.

When the semen escapes freely, providing it be within the female organ, conception may or may not take place, according to circumstances, let the opening be where it may.

At other times the opening is so near the body that the semen, when it does escape, cannot enter the female organs. In such cases the only resort left is artificial impregnation, as before explained.

The nearer the opening is to the end of the penis, generally speaking, the more chance there is of success, and the nearer it is to the body the less. In some situations any kind of treatment is out of the question. When it is close to the body, the urine and semen run down the scrotum or perineum, causing constant irritation and annoyance, unless an instrument be worn to prevent it.

Sometimes there are two openings, but they seldom communicate, and the fluids nearly always escape by one only.

It was formerly considered, even by the most eminent surgeons, that it was impossible to operate with any prospect of success in these cases, from the nature of the parts, and from the constant flow of urine; they therefore advised to leave them alone, and provide the sufferer with the best remedial instruments, to lessen the inconvenience. In modern times, however, success has attended numerous attempts to correct this malformation, and under favorable circumstances it is always attempted.

The mode of operation is simply to pass a small sharp-pointed instrument straight through the penis, along where the natural opening should be, and thus make an artificial passage, which is kept open by bougies till the cut edges have healed and there is no danger of it growing up again. When this is fully accomplished a catheter is introduced, and the edges of the old opening underneath are made raw and held together, by needles or other contrivances, till they adhere, and thus the opening is closed. In this way a new passage is formed in the proper direction, and the old unnatural one is permanently obliterated. There are, however, many circumstances that may make the success of the operation very uncertain, and some that may forbid it being attempted.

In general the proper canal of the urethra exists, but in a small state, and is closed only at the very end by a thick membrane. This membrane may usually be easily cut through and the canal enlarged by bougies, by which means, if the false opening can be closed, a perfect cure can be obtained. Sometimes, however, there is no trace of the urethra, and the passage has to be cut through the solid flesh the whole distance, which is apt to excite so much inflammation that no bougie can be worn, and then all grows up again. The false opening is also so large in some cases, or the edges are so thin, that it cannot be closed, and then the new opening may be of little use, though it be formed. In some of these cases, however, a small tube can be worn internally, extending just past the opening underneath, so as to conduct the semen

and urine to the proper opening at the end; or a piece of gum elastic, or oiled silk, may be worn firmly over the opening, *externally*, to effect the same object. By such means many a sufferer has been enabled to urinate in comfort in the natural way, and many an impotent man has become a father.

Instances have been known where the false opening was *between the testicles*, or even in the *perineum*, and yet it has been perfectly closed and a new one made the whole length of the penis. Such operations, however, require great skill in the surgeon and much endurance in the patient.

In many instances, when the false opening is near the end of the penis, it will be found that the proper passage is continued the whole length of the organ, and merely closed at the mouth by a skin. I knew a man who was troubled in this way, the opening being just at the base of the glans, who could close it with his finger and send the urine along the natural passage till it made the skin at the end project. Having heard me explain about this in some of my lectures, he determined to try and operate himself. Accordingly he took the sharp end of a penknife, and where the skin projected strongly he made a small puncture very readily, through which the urine escaped immediately. The inflammation soon subsided, and the new opening remained, so that by always closing the old one with his finger, he could urinate as well as if nothing was wrong. I told him that the old opening could be easily closed permanently by another slight operation, but he felt so well content with what was already done, and suffered so little inconvenience, that he would not consent to anything further.

One of the greatest difficulties is in keeping a catheter in sufficiently long to make the urine flow down the new passage while the old opening grows together. Very often the place will be nearly closed, and then a rush of urine will come and break it open, destroying all that had been done. In old cases, also, the edges are apt to be very thin and ragged and the orifice large, so that a perfect juncture is next to impossible. If there is any scrofulous tendency also, the probability of it ever closing is very small. In many of these cases, as in external abscess of the prostate gland, the wound may be perfectly healed for a time, but break out again without any apparent reason.

Many of these deformities can be corrected in infancy, or early youth, and they should therefore be always shown to experienced surgeons *immediately* they are detected, and not concealed as they are by some parents. It is difficult to say to what age success is possible in such cases; probably there is no particular limit. Some have been operated upon at thirty, and others even at forty or more, but the earlier the better. In general the development of the penis is more or less imperfect above the false opening, and when the full generative power is desirable this must also be corrected, by means explained in another article. Sometimes it is even necessary to effect this development before the operation can be performed.

#### EPISPADIAS.

This affection is precisely the reverse of the former, the false opening being on the *top* of the penis instead of underneath. It is much more rare than hypospadias, and is somewhat more difficult to treat, owing to the opening being farther from the natural passage. The orifice will sometimes be near the end and sometimes close by the pubic bone, occasionally being a little on one side.

The mode of operation is exactly the same as in hypospadias, but, as before remarked, it is more difficult, and the chances of success are less.

#### PHYMOSIS.

In this malformation the skin of the prepuce comes completely over the glans, and the opening at the end is so contracted that it can never be drawn back. This condition of the organ is both unpleasant, annoying, and dangerous, because it prevents proper cleanliness, and thus disposes to various diseases. The secretion of the glandulæ odoriferæ is apt to accumulate under the skin, and, in conjunction with the urine, to create serious inflammation. Calculi will also form, like those in the bladder, and the swelling will sometimes be so great that neither semen nor urine can pass. In many cases of phymosis the swelling is so great as to cause severe pain during erection, and the glans is so compressed in consequence that the semen cannot escape, and thus the individual is impotent.

The means of giving relief are very simple. It is only necessary to introduce an instrument carefully under the skin and cut up the prepuce, so as to let it open. This may be done with but little trouble or pain, and with slight danger from inflammation if a simple dressing of cold water be applied. It is sometimes necessary to cut off the edges of the wound a little with scissors, particularly if they are always callous, or ragged. The whole prepuce is at times so hard and unyielding that it becomes necessary to practice complete *circumcision*.

#### PARAPHYMOSIS.

In this case the prepuce is drawn back over the head of the penis, compressing the organ like a tightly-drawn cord. In some it is permanently in this situation, while in others the patient has drawn it over the glans and has not been able to slip it back again, owing to the smallness of the opening and the swelling of the parts. When it results from this cause, it will often be sufficient to use cold lotions for a time, to reduce the swelling, and then lubricate the parts with some belladonna ointment, when the prepuce may be drawn over without difficulty. Sometimes a little bleeding may be necessary, or a few leeches on some of the neighboring parts.

The only certain cure is to cut the prepuce in the same way as for phymosis, which will of course prevent any return of the difficulty. Patients with phymosis are very apt to change that trouble into paraphymosis by their attempts to draw the prepuce back and to stretch it.

In young children both these states may exist without causing any great annoyance, but as they approach puberty serious trouble may be experienced suddenly. It is, therefore, very necessary for parents to observe such accidents, and watch their progress, particularly near puberty, so that the surgeon may be applied to in time. Many a man has suffered for life, both *physically* and *morally*, from neglect of this kind while he was a child.

I once knew an instance of a youth who had a permanent paraphymosis that had never caused him any trouble till he was about twelve years old, when it began to pain him whenever he urinated, and later, when erection occurred, severely. When about fourteen years of age, in consequence of some unusual irritation, the parts swelled very much, and the prepuce was drawn so tightly around that the glans was

perfectly strangulated. Not being in the habit of speaking about such matters to his parents, he concealed it till the agony was so great he could hold out no longer. On a physician being sent for it was found that the parts had begun to gangrene, and the urine had been retained so long that inflammation of the bladder had also supervened. By prompt treatment the most urgent symptoms were alleviated, and after a time the prepuce was cut through, so as to give permanent relief. The patient, however, came very near losing the organ itself, if not his life, through want of a proper confidence and habit of communication between him and his parents.

Both phymosis and paraphymosis may result from the inflammation attendant upon other diseases, particularly those of a venereal or syphiloid character, and then it is usually only requisite to remove the primary affection to give relief, though sometimes the operation is needed.

It is necessary to state here that many a child has become addicted to masturbation, and has perished in consequence, simply from having a neglected phymosis; the secretion accumulating under the skin, causing constant irritation and leading to manipulations that would not otherwise be thought of.

I have known many men operate upon *themselves*, and successfully too, for both these affections; a penknife, or pair of scissors being the only instrument used. No cutting should, however, be practiced on these parts when there is venereal disease, because the wound may *inoculate*, and thus the disease be spread.

In some persons the prepuce is absent altogether, and attempts have been made, under such circumstances, to form a new one by bringing forward the skin below, but no great success has attended the operation, nor is it at all essential. The only reason given for desiring it is that the glans is apt to lose part of its sensibility when constantly uncovered, which is undoubtedly the case, as may be seen among Jews and others who have been circumcised; but this is a slight inconvenience, even if it is not often an advantage, as it certainly makes the person less liable to contract disease.

#### PARALYSIS OF THE MUSCLES OF THE PENIS.

I first observed this affection in the person of a patient, aged about fifty-three, having previously seen no account of it whatever. Since then I have met with other cases in persons of different ages, though always past thirty. In the first case it was apparently the forerunner of general paralysis, an attack of which was experienced some two months later, but partially recovered from. In other cases I have also regarded it as a sign that general paralysis, or apoplexy, was threatened, though it did not always immediately follow.

In this disease the secretion of the semen is not affected, nor is the flow of blood interfered with, the organ becoming as full and as firm as before, but there is no power to raise and direct it. The first case yielded in the course of a week to galvanism, and some others were alleviated by warm baths and stimulant lotions, but others again remained, notwithstanding all that could be done. These were mostly old people, with an obvious predisposition to paralysis. In some cases I have had reason to think that the attack was brought on by previous sexual excesses.

#### PRIAPISM, OR INVOLUNTARY ERECTION.

By this term is meant an unnatural and involuntary erection of the penis. In some persons it occurs only at intervals, but in others it is constant for a long time,