

have myself observed the fact, after death from masturbation. In one case especially, the color and consistence of the brain were so remarkably different from those of a healthy person that no one could fail to observe it; in fact, it had the very same appearance as in some states of acute disease, and I have no doubt but that in many of these poor victims the brain is constantly in a state of inflammation, or wasting away. This is probably the true cause of that distress in the head, dimness of sight, and loss of hearing that many of these patients complain of, and which sometimes continue till they become deaf, blind, and insane.

This explanation of the way in which spermatorrhœa produces such various evils, will make our detailed account of its effects easily understood, and will also make clear the philosophy of its proper treatment, and what should be done for its prevention.

CAUSES OF SPERMATORRHŒA.

There are undoubtedly many causes of spermatorrhœa with which we are but imperfectly acquainted, and probably many that are not yet suspected. Mr. Lallemand remarks that "when it occurs spontaneously, during sleep, in a healthy and continent individual, it doubtless exerts a beneficial influence on the economy, by freeing it from a source of excitement, the prolonged accumulation of which might derange the animal functions. In these cases it has an effect analogous to that produced by the bleeding at the nose, during youth." If, however, the discharge becomes excessive, or continues longer than the state that first produced it, great evil may follow, as already shown. Probably the most frequent cause of spermatorrhœa is too frequent sexual excitement, especially in the form of masturbation. This leaves the organs in a state of irritation which stimulates them to constant activity, and makes them perfectly independent of the will. At first the emissions are always attended by erections and pleasurable sensations, during sleep, but in time they begin to occur without either erection or sensation, and finally take place in the day-time, whenever the bowels are moved, or the urine passed, and in extreme cases there is a constant running away of the semen without any intermission. To understand the reason of this constant and uncontrollable escape of the semen, I must refer to some of the anatomical details given in the description of the male organs. It is there shown that the semen passes, from the testes, along a pipe or duct, called the *vas deferens*, which opens into the urethra, through the prostate gland, by two little mouths called the *ejaculatory ducts*. These mouths are always shut in a healthy state, except under the influence of sexual excitement, and then they open to let the semen through, but afterward firmly close. If, however, they are called upon to do this too often, they become irritated or relaxed, and consequently are more disposed to open from slight causes, and have less power to close again. They are especially liable, when irritated, to be acted upon by the urine, which passes over them, and as the bladder itself soon partakes of the same irritation, the urine is being constantly passed, and is nearly always mixed with semen. The pressure of the rectum on the prostate gland, when the bowels are moved, will also cause the ducts to open, and this is the reason why many persons always lose semen when at stool. The ordinary motions of the body even will do the same, in bad cases, and more especially riding, running, leaping, or coughing. Finally, the ducts entirely lose the power of closing, from relaxation, and then the semen is constantly dribbling away.

Whenever the semen can be seen, there can of course be no mistake as to the

nature of the trouble, but very often it flows involuntarily without being visible, as before stated, and thus the individual may suffer without its being suspected what from. The manner in which this occurs will now be understood,—the ducts become sensitive to the touch of the *urine*, which in a healthy state produces no effect upon them, so that every time that fluid passes they open and allow the semen to escape along with it. The bladder itself being irritable also, owing to its intimate connection with the diseased parts, the urine cannot be long retained; the smallest quantity causes an irresistible desire to expel it, and thus the individual is constantly urinating, and constantly passing semen at the same time. It is only very recently that this fact has been ascertained, and doubtless numbers have died in this way, as before remarked, without the slightest suspicion being excited as to the cause of their death. The means by which this mode of seminal escape is ascertained are simple and sure, in practiced hands, as I can testify from abundant experience. They consist in examining the urine with a properly constructed microscope, which exhibits in it the presence of the *seminal animalcule*. These minute animals are nearly always to be found in the urine of those afflicted with spermatorrhœa, and their presence of course proves the escape of semen beyond a doubt. It is quite common for patients to remark that the urine is thick and ropy, particularly the last drops, and it is usually thought that this arises from inflammation of the bladder, but in most cases it is only from being mixed with semen. In this way I have been able to ascertain the true nature of a person's disease in numerous instances, and to apply the proper remedy, where previously they had been treated only for some *symptom* of that disease, and of course without any permanent benefit. Many times I have had respectable married men, of temperate habits, come to me with every symptom of spermatorrhœa, but who assured me that they had never been troubled with anything of the kind. They judged so, simply because they never *saw* anything pass from them, and they did not know that it could occur in any hidden form. On showing these people the semen in their urine they were amazed, and deeply regretted the want of information that had prevented them from knowing the cause of their suffering before. I have no doubt but that this hitherto undetected form of spermatorrhœa has been the cause of incalculable misery to thousands, and that it has condemned numbers to insanity and untimely death. It is perhaps necessary to remind the reader here that when the loss occurs in this way, it is from the ducts being *irritable*, and not from being relaxed. When really relaxed or open, the semen escapes, more or less, at all times.

It was remarked above, in speaking of the causes of involuntary seminal emissions, that it probably arose most often from too frequent sexual excitement, especially in the form of masturbation. It may be as well to remark, however, to avoid misapprehension, that too frequent excitement in *any* form may act in the same way. There are undoubtedly many married men who much exceed the bounds of true moderation, and they are apt to think that no harm will follow from such excess, because it is *legitimate*. This is a great and a fatal mistake; such men are just as liable to suffer as if their gratification was sought under any other circumstances, and I very often have such come to me for advice. The physiological laws, by which health is maintained, are quite distinct from those moral enactments demanded by the welfare of society; and the observance of one of these can never give immunity for the infringement of the other.

It is not, however, excessive indulgence only that will cause spermatorrhœa, for

the very opposite of it may do the same. There are few men of warm temperament, if healthy, that can remain long strictly continent without having involuntary emissions during sleep. These, as before remarked, are sanitary efforts of nature to relieve herself, and when not too frequent may be beneficial rather than hurtful. Unfortunately, there is always a tendency, if the continence continues, for them to become more frequent, so as eventually to constitute a real disease, and thus many a virtuous young man, who has *never* indulged in any form, is subject to the same misfortunes as the licentious debauchee, or the victim of masturbation. This is a truth as important to be stated as any other, though its announcement may seem strange to those who hear it for the first time. There are, fortunately, many means that can be used, in such cases, to lessen this tendency to an undue increase of the discharge, and therefore these persons should know of their danger, in order that they may see the necessity for adopting such means. Over-exertion, or great agitation of the mind, will also cause spermatorrhœa, owing to the sympathy between the genital organs and the nervous system, and it is frequently produced in this way in merchants, students, professional men and others. I have known many men of business who always had involuntary emissions when they were much troubled about their affairs, and several law students have assured me that after any unusual application they suffered in the same way. Many other diseases of the generative organs will likewise lead to spermatorrhœa, and so will certain derangements of the neighboring parts, particularly long-continued constipation of the bowels, piles, and gravel. Certain medicines also, especially cantharides, phosphorus, iron, and opium, are very apt both to produce and aggravate it, and so will the use of tobacco, alcohol, and heating or highly-seasoned food. Among occasional causes still less likely to be suspected than any above referred to, may be mentioned *worms in the rectum*, various *skin diseases*, and diseases or injuries of the brain. Syphilitic and gonorrhœal affections also leave a tendency to spermatorrhœa, and often directly produce it. I have become satisfied also that in many children there is a predisposition to it, *inherited from their parents*, accompanied, in many cases, with a congenital weakness of the parts, which is frequently denoted by incontinence of urine. The most frequent cause, however, is sexual abuse, though the disease may not assume a very aggravated form till many years after; the follies and vices of youth being thus, in many instances, the originators of disease and misery in mature life.

The general effects already described may follow from great seminal loss occurring in any way, but when that loss is involuntary these effects are usually more severe, and several others are experienced that do not always accompany voluntary indulgence, even when excessive. In fact, involuntary loss is generally indicative of extensive and confirmed disease, and of course its symptoms are various.

Some of the first effects are exhibited upon the parts more immediately connected with the genitals, particularly the urinary organs. The irritation speedily extends from the ducts and vas deferens to the urethra, and finally to the bladder, which becomes in consequence so sensitive that it cannot retain the smallest quantity of urine without inconvenience. The patient is therefore constantly desirous to urinate, though but little fluid escapes when he does so, and is thus kept in a state of continual annoyance, so that he dislikes to join company, or to go anywhere in public, for fear that he should not find opportunities for relieving himself.

I have known men made completely wretched in this way, and in one case, recently, the individual was compelled to give up a profitable and pleasant occupation

merely because he could not remain at his post sufficiently long at a time. Ultimately this irritation may become so bad that all voluntary power over the bladder is lost, and the urine then escapes constantly, without the patient being able to control it. This irritation of the bladder is usually one of the first indications that a man has exceeded the bounds of moderation, though it does not always occur, even in the most confirmed cases of involuntary emission.

When the irritation has existed long in the bladder it is apt to extend along the ureters to the kidneys, and to produce there all the symptoms of inflammation of the kidneys, and of gravel, with great weakness and pain in the back. It is difficult to convince many patients that they have not these diseases, and still more difficult to show them, when they are uninformed, how their troubles really arise. In fact, I have known numerous cases where physicians themselves have been deceived, and where they have prescribed for these mere symptoms, supposing them to be the primary disease, without ever suspecting the truth.

Another part very apt to suffer from spermatorrhœa is the rectum or large intestine, which is in direct communication with the prostate gland and seminal vesicles, as may be seen by the illustrations. In some persons there is a constant feeling as if the bowels were about to be moved, with a bearing down sensation, and a partial protrusion of the intestine. In others there is a general uneasiness around the anus and perineum, which causes the patient to be continually shifting about on his seat, and moving as if he were in pain. Occasionally there is considerable irritation, or itching, and very often severe *piles*, from the circulation of the blood being impeded. In short, the rectum may be affected in many different ways, and so may the rest of the intestines from their connection with it. Sometimes there will be a partial paralysis of their muscles from the deprivation of nervous power, which, by arresting the peristaltic motion, will cause obstinate constipation. At other times the mucous coat partakes of the general irritation, and then we have diarrhœa exhibited, and no medication whatever can check it, so long as the spermatorrhœa continues.

Another symptom of spermatorrhœa sometimes met with is a peculiar irritation of the urethra and meatus urinarius, or external opening from the penis. This irritation is sometimes very slight, and only experienced after urinating, but at other times it becomes quite severe, and pretty constant, resembling, in fact, a real gonorrhœa, and being even accompanied by a discharge, showing the existence of inflammation. Many men have become much alarmed from this symptom, supposing it to be an infectious disease, and in several instances I have known it the cause of mutual suspicion, and much domestic unhappiness.

These local effects are usually the precursors of more general and severe ones, the connection of which with the true cause of all, it becomes more difficult to trace. In addition to a universal lassitude and weakness, there is experienced a remarkable loss of power in the lower limbs, owing to which the patient finds it impossible to walk far, or to stand long upon his feet, without being overcome with weariness, and feeling numbed in the legs and thighs. The slightest exertion makes him tremble and look pale, his heart flutters, or stops beating altogether, and he experiences a tendency to faint.

This distressing debility is sometimes so excessive that the individual becomes almost unable to move, and yet he may not be much fallen away, nor look very sick, so that uninformed persons are apt to think it is mere idleness or pretense. In the course of time, however, the stomach begins to suffer, and becomes so weak that diges-

tion is imperfectly performed, and then emaciation follows, which frequently becomes a complete and rapid wasting away. The loss of nervous power sometimes affects the diaphragm more especially, and then there is great difficulty in breathing, which with other sensations, leads to the belief that the lungs are diseased. And when this occurs along with palpitation of the heart, which originates much in the same way, the poor patient is in a state of constant worriment and fear, nothing being able to convince him that he has not consumption and heart disease all at once.

The head is not exempt from the general influence, and headache, rush of blood, dizziness, and constant drowsiness, are commonly complained of. Partial dimness, or loss of sight, is also frequently observed, as if a cobweb had been spread over the eye, which fills with water, and looks red on the slightest extra use of it. The eyelids, however, are more disposed to inflammation than the eye itself, and it is impossible to do them any good while the spermatorrhœa exists.

The most marked effects, however, are exhibited in the *mind and feelings*. Mental activity becomes as difficult and unpleasant as bodily, and the patient becomes dull, listless, and moping, his memory fails, his judgment weakens, and all power of application seems lost. When he sits down to study anything, the powers of the mind appear to wander, so that he cannot bring them to bear on the desired point, and frequently he wakes up from a kind of dream and finds that he has quite forgotten the subject altogether. This listless abstraction often gets so bad that the individual is unfit for business of any kind, and not unfrequently it degenerates into insanity. I have known several instances of men failing in their business from this cause, which I have no doubt is oftener connected with human mistakes and errors than people suppose. In youth, especially, this effect is a very serious one, and the bright prospects of many a promising young man have been crushed in this way, without either himself or his friends suspecting the cause. If the records of college and business failures, and of our lunatic asylums, could all be properly written, the number of victims in each who have been made by this disease would astonish every one. And probably we may add also that *moral* failing has not unfrequently had the same origin.

The feelings and dispositions of patients of this class, in most cases undergo as decided changes as their mental powers, and equally to their disadvantage. Sometimes they become melancholy and sensitive to such a degree, that they burst into tears from the slightest cause, and constantly think they are purposely subjected to trials and insults that no one around them dreams of. At other times they become irritable and peevish, keeping all around them in as great a state of irritation as themselves, and firmly believing they are the most ill-used people in the world. Occasionally there is some peculiar form of monomania exhibited, one person believing that he is constantly pursued by some enemy, who wishes to deprive him of his life or fortune, while another firmly believes that some terrible misfortune is about to overtake him, from which he can by no effort whatever escape. It is but seldom there is any tendency to violence exhibited, at least toward others, the powers being too much depressed, but sometimes the patient will injure himself. Many instances are on record of monomaniacs, of this class, *castrating themselves*, under the idea that they could never be better while the genital organs remained. In general, there is a decided aversion to the opposite sex, and a shyness and embarrassment in approaching them. Many reputed *hermits* and *woman-haters* have been men of this kind.

In short, there is no end to the aberrations and vagaries of mind and feeling induced by continued spermatorrhœa.

There is, however, one melancholy effect of this disease, occasionally seen, which I would willingly pass over, if it were not necessary to disclose the whole truth, so that the real extent of the evil may be seen.

The effect I refer to is a tendency to *unnatural habits and vices*, which, in such cases, charity bids us look upon as resulting from a diseased brain, sympathizing with the derangements of other parts.

The following cases are selected partly from my own note-book, and partly from M. Lallemand's celebrated work, *Des Pertes Seminales*:

Case I. (Communicated by Dr. McDougall, in the preface to his *Translation of Lallemand*.)

"R. H—, æt. thirty-nine, passed the early part of his life in the country, and was in the habit of taking much and violent exercise. About the age of sixteen he entered a banking establishment in London, in which, by great diligence and steadiness of conduct, he rose, before he was twenty-five, to the post of cashier. The affairs of the house fell into disorder, and ultimately a bankruptcy occurred; Mr. H—, from the amount of confidence reposed in him by the partners of the firm, was much harassed during these unfortunate proceedings. Soon afterward he became manager of a large mercantile establishment in the city, and about this time commenced some speculations in foreign bonds. From fluctuations in the share market, he was a loser to a considerable extent; his mind was much harassed, and he began to suspect those about him of dishonesty toward their employers. On investigation these suspicions were proved to be totally unfounded; Mr. H— gave way to great violence of conduct, and resigned his situation. About this time his father died, and Mr. H— was much disappointed at finding that property which he had incorrectly believed entailed, and consequently his, as eldest son, was left by will to be equally divided between himself and the rest of his family. His conduct at this period was of the strangest description. He dreaded to go out into the streets of the town where his family resided, refused to join in their meals, and ultimately abruptly left their house to return to London. In 1837, his state had become such, that in consequence of his repeated letters, members of his family visited London, and on their return took him with them into Devonshire. About this time his mental disorder put on a decided aspect; and I had then, as well as later, ample opportunities of observing his conduct; and frequently heard his complaints. Emissaries were constantly on the search for him to arrest him for *unnatural* crimes committed in London; every one who met him in the street read in his countenance the crimes he had committed; tailors made his coats with the sleeves the wrong way of the cloth, in order to brand him with infamy; the sight of a policeman in the street alarmed him beyond measure; and often if a stranger happened to be walking for some little time in the same direction as himself, he would exclaim that he was one of the emissaries sent to seize him. At other times he would lock himself in his room and weep by the hour. He never took his meals with the family, and never tasted food or drink, without first preserving a portion for chemical analysis, as he was convinced his friends were in a conspiracy to poison him slowly, in order to wipe out the memory of his crimes. These ideas haunted him night and day. His digestion was much disordered; his sleep broken and restless, and his bowels excessively constipated. His face became flushed, and periodical attacks of

cerebral excitement occurred, during which he complained of vertigo, noise in the head, loss of sight, etc. He complained also of loss of memory, and frequently of bodily weakness, and lassitude. The best medical advice the neighborhood afforded was obtained, unavailingly; the opinions of the gentlemen consulted were that Mr. H— was laboring under aggravated hypochondriasis, complicated with monomania. Various causes were suggested as giving rise to the disorder, but no previous case of insanity was recollected in any branch of the family. Mr. H— now began to talk of leaving England for America, in order to avoid his persecutors; and to prevent this he was placed under the care of a private keeper. While with this person he frequently and bitterly complained of constant pollutions while at stool, with darting pain, and a sense of weight between the rectum and bladder. He had also urethral irritation, attended with discharge, pains in his loins, and in one groin, weakness of his legs, thick urine, piles, and obstinate costiveness. He kept a diary at this time, which is at present in my hands. Not a day is passed in this diary without mention of the distressing seminal discharges from which he suffered. These were treated as of no importance by his medical attendants, although he never ceased to complain of them, and solicited aid so long as he continued in confinement in England. When led away from his disorder into any discussion on public matters, he was, however, a most amusing and instructive companion; as a man of business he was equally acute, and to a stranger, as long as nothing was done to offend him, he was, to all appearance, a man of observation and experience in life. For about two years and a half he was under the care of various gentlemen, devoted to the insane, and at length he was discharged from an establishment near Bath, by the visiting magistrates, as a person confined without due cause. His first act was to commence legal proceedings against his friends for his detention, and having gained his action, he immediately proceeded to London, and waylaid and violently assaulted a gentleman of high commercial standing in the city. After this offense he was confined for a considerable period, in default of bail, and immediately on his liberation, it is believed that he proceeded to America. From this time nothing was heard of him until September, 1843, when a letter was received by a gentleman who formerly attended him, in which he stated that the same course of persecution was pursued toward him in America, as had been followed in England. He complained of not being able to obtain efficient medical treatment, although he had applied to the most eminent practitioners at Cincinnati, and afterward at Philadelphia and New York. After this, nothing more was heard of Mr. H— until the year 1845, when an American newspaper was forwarded to his friends by an unknown hand, containing an account of his death, and of an inquest held on him, headed 'Death of a Hermit in West Jersey.' It was stated that he had lived on a small farm, entirely alone, with the exception of a dog, and that he had shunned all intercourse with his neighbors. He was taken suddenly ill, applied to a neighboring farmer for assistance, but died in the course of the following day. From information subsequently obtained by his friends, it is believed he died of apoplexy, or perhaps, in one of the attacks of congestion of the brain, from which he frequently suffered before he left his native country.

"The symptoms of this unfortunate case strongly resemble those of the thirty-second and fifty-sixth cases related by M. Lallemand. It was more aggravated, however, and presented the somewhat uncommon feature of the patient's discovering the frequent pollutions, and constantly complaining of them; these, unfortunately, being

treated as matters of no importance. Mr. H—'s insanity at first, constantly had reference to his having either committed or been accused of committing unnatural crimes, and this idea never entirely left him, although during the latter part of his life, his more prominent hallucinations had reference to imaginary persecutors constantly watching him, and endeavoring to ruin him by spreading false reports, and to poison him by adulterating his food, and infusing noxious gases into the air. There can be little doubt, on taking into consideration his complaints of weight between the rectum and bladder, with darting pains, etc., in the same region, that the pollutions arose from irritation in the neighborhood of the prostate; and I think, that if at an early period of his disease this had been relieved, there would have been considerable hope of his recovery from the hallucinations he manifested."

This case I have selected as one that gives a great number of the symptoms usually observed, and as being well calculated to give a correct idea of the immense series of evils that often follow from this disease. The next case is also one of Dr. McDougall's, and is equally instructive. It is a perfect copy of numbers that have come under my notice.

"The other case to which I have alluded as particularly attracting my attention, and which came under my notice about the same time, was that of a young man of high intellectual power and general talents, studying medicine. This gentleman was one of my most constant companions, when almost suddenly, a serious change came over him—he shunned society, especially that of females, was morose, taciturn, and frequently shed tears; he sat sometimes for hours in a kind of abstraction, and on being aroused from it he could give no explanation of his thoughts and feelings; he constantly expressed to me his conviction that he should never succeed in his profession, and frequently exclaimed, that he was ruined both here and hereafter—body and soul—and by his own folly. About twelve months previous to this depression of spirits, he had a very severe attack of blennorrhagia, with orchitis and phymosis. This left a degree of irritability in the bladder, which required him to pass urine frequently. His digestion became so disordered that the simplest food would not remain on his stomach, and he had frequent eructations of fluid, which blazed like oil if spit into the fire. This gentleman's father was a physician, and being naturally anxious for his son, obtained for him the advice of many of the most eminent of the faculty. No improvement took place however. After he had been six months in this state, I had an opportunity of spending three weeks by the sea-side, and my friend accompanied me. We slept in the same room, and he was scarcely ever out of my sight. Before our return, his health was almost re-established, and his spirits had returned to their natural condition. Twelve months later, however, he again fell into the same state of despondency, and this time his condition was much worse than on the former occasion. He frequently remained in bed three parts of the day, and no threats or entreaties on the part of his father, could induce him to get up. His intellectual faculties were totally prostrated, and a vacant stare, which took the place of his natural lively expression, induced considerable fears of his ultimately becoming idiotic. I was the only person who possessed any influence over him, which may perhaps be attributed to his feeling that I was aware of the cause of his disorder. This state continued between three and four months, during which time I was with him as much as my other duties would permit, and frequently showed him the folly of the course he pursued. At the expiration of this time he gradually recovered. He has since had a slight relapse once only; he has pursued

his professional studies with success, and is at present a medical officer in her majesty's service.

"On this case, I need only remark, that the symptoms did not arise from involuntary seminal discharges, but from excessive discharges caused by abuse. The various treatment recommended by the distinguished practitioners consulted, proved unsuccessful, because the origin of the disorder was unrecognized, and the remedies consequently useless, while the habits of abuse were continued."

The following case is one of M. Lallemand's, and is chosen here as an illustration of the fact, already stated, that this disease may exist and become very serious, in married persons. It also shows how physicians may easily mistake the symptoms for those of other affections.

"In the month of January, 1824, I was requested to see M. de S—, affected with symptoms of cerebral congestion, from which he had suffered for some time. During several consultations I gathered the following facts:

"M. de S— was born in Switzerland of healthy parents, and his father died suddenly of affection of the brain. M. de S—, possessing a strong constitution and an active mind, received an excellent education, and at an early age turned his attention to the study of philosophy and metaphysics; he afterward studied moral philosophy and politics.

"After having spent some years in Paris, pursuing his favorite subjects, he was obliged to undertake the management of a manufactory, and to attend to details which wounded his pride. He became, by degrees, peevish and capricious—passed, without apparent cause, from an extravagant gaiety to a profound melancholy—was irritated by the slightest contradiction—showed no pleasure at fortunate events—and gave way to anger on improper occasions; at length he appeared to feel disgust and fatigue at correspondence or mental exertion."

At this period he married, and Dr. Butini, of Geneva, his medical attendant and friend, wrote respecting him, as follows:

"With this marriage the most happy period of his existence seemed to commence; but soon the germs of the disease, which so many causes had contributed to produce, became rapidly developed. It was perceived that M. de S— wrote slowly and with difficulty, and his style presented signs of the decay of his faculties; he stammered and expressed his ideas very imperfectly; he experienced, also, at times, attacks of vertigo, so severe as to make him fall, without, however, losing sensibility, or being attacked by convulsions.

"One day an attack which frightened the patient seriously, and left a deep impression on his family, came on whilst writing an ordinary letter. His medical attendants attributed this attack, which left a weakness of the right side of the body, to apoplexy. Twenty leeches were applied to the anus, and the danger seemed at an end.

"Similar attacks, however, occurred at Geneva, Montpellier, and several distinguished practitioners were consulted: some of these, struck by the misanthropic irritability of the patient, and his solitary habits, regarded the affection as purely hypochondriacal or nervous; others, taking into consideration his digestive disorder, considered it an affection of the liver; but the great number were of opinion that there existed a chronic affection of the brain, such as encephalitis, or chronic meningitis, arising from hereditary predisposition. This last opinion was held by Dr. Bailly (of Blois).

"At all these consultations, the necessity of abstaining from serious occupation, the utility of traveling—of various amusements, and of a strict regimen—and the importance of free evacuations from the bowels by means of purgatives and injections—were agreed on. Many of the practitioners recommended the frequent application of leeches to the anus, with milk diet, etc.; others thought that assafetida, baths, and camphor, were indicated.

"None of these modes of treatment produced any considerable amendment; the leeches weakened the patient, and the milk diet disordered his stomach. His constipation continued. Cold plunge baths, and cold effusion to the head, relieved the insupportable spasms M. de S— experienced in his legs and face; the waters of Aix, in Savoy, and the use of donches also appeared to produce some improvement.

"Still M. de S— became more irritable, and at the same time more apathetic. His attacks were more frequent and more violent, and he manifested greater indifference toward the persons and things he had before been partial to. The weakness of his limbs increased to such an extent that he frequently fell, even on the most level ground. His nights were restless, his sleep very light and often interrupted by nervous tremors, or acute pains accompanied with cramp. The cerebral congestion increased, and the imminent fear of apoplexy rendered leeches to the anus, venesection in the foot, tartar-emetie ointment, blisters, mustard pediluvia, and the application of ice to the head, necessary.

"Notwithstanding the employment of these energetic measures, another violent attack of congestion occurred. I was summoned on this occasion, and I found the patient restless, agitated, and incapable of remaining two minutes in the same place; his face was red, his eyes projecting, injected, and fixed, his physiognomy expressed extreme dread; his walk was uncertain, his legs bending under the weight of his body; his skin cold, and his pulse small and slow.

"The last circumstance attracted my attention, and I also recommended the application of leeches to the anus. M. de S— immediately threw himself into a violent passion, and asserted that leeches had *always weakened him without giving him any relief*. I was too much afraid of the occurrence of apoplexy to pay attention to this assertion, and I succeeded in obtaining the application of six leeches.

"The next day I found the patient very pale, and so weak that he was unable to walk—a source of much annoyance to him, as he manifested a constant desire for motion. An cedematous swelling of the parotid gland and of the right cheek followed, which was succeeded, a few days after, by a similar state of the left leg and foot.

"Sleep had become indispensable, and the patient was much reduced from the want of it; he told me with tears in his eyes, that he had lost his appetite and could no longer relieve his bowels. I also learned that he was habitually costive and flatulent; that he often had recourse to injections and purgatives in order to relieve his obstinate constipation, and, lastly, that his walks, and the evacuation of his bowels had lately become the sole objects of his thoughts and conversation.

"Having observed analogous symptoms in almost every person affected by diurnal pollutions, I made further inquiries respecting the attack, in which it was supposed that the right side had been paralyzed, and I was soon convinced that the intellectual powers had been wanting, and not the power in the hand which held the pen; both sides of the body had, in fact, retained an equal degree of strength.

"Struck by a remark of Dr. Butini's respecting the progress of the disease soon after marriage, I made inquiries of Mme. de S—, and learned that the character of her husband had become so uncertain, irritable, and tormenting, that his friends thought he must be unhappy in his marriage. I then suspected that the origin of the patient's disease had been mistaken, and I requested that his urine might be kept for my inspection. The appearance of the urine was sufficient to convince me that my suspicions were well founded; it was opaque, thick, of a fetid and nauseous odor, resembling that of water in which anatomical specimens have been macerated. By pouring it off slowly I obtained a flocculent cloud, like a very thick decoction of barley; a glairy, ropy, greenish matter remained, strongly adherent to the bottom of the vessel, and thick globules of a yellowish white color, non-adherent, like drops of pus, were mixed with this deposit. I was therefore convinced that spermatorrhœa existed, together with chronic inflammation of the prostate, and suppuration in the kidneys.

"Notwithstanding the state of M. de S—'s intellect, I was able at a favorable moment to obtain further information. At the age of sixteen, he had contracted blennorrhœa; this he carefully concealed, and succeeded in curing by the use of refrigerant drinks. The following year the blennorrhœa returned, and was removed by astringents. Two years afterward, from drinking freely of beer when heated, the discharge again appeared, and after some time it again returned, from the effects of horse exercise. Since that time M. de S— had felt little sexual desire, and had abstained from intercourse without regret. Ejaculation during coitus had always been very rapid. Fully convinced by combining all these circumstances, I explained to M. de S— the nature of his disease, and he promised me to observe carefully.

"The next day he called me aside, and told me that the last drops of urine were viscid, and that during an evacuation of the bowels, he had passed a sufficient quantity of a similar matter to fill the palm of his hand.

"Eight days after, another attack of cerebral congestion occurred, followed by stertorous breathing, cold skin, and an inappreciable pulse; the patient fell into a kind of syncope, of which he died on the 1st of March, 1824."

Not long since I had under my care the editor of a newspaper, whose case was almost identical with the one above, and who was first made sick, as he informed me, by excessive agitation during an election campaign.

Constipation has been spoken of as a cause of spermatorrhœa, but few persons would suppose it *could* have the effects that sometimes follow from it. The next case, however, will convince the most skeptical, and though it is not often that we have such a severe case, there are yet plenty that are bad enough.

"M. de B— consulted me in the month of May, 1834, respecting a cerebral affection, on whose nature distinguished physicians could not agree, but which all regarded as very serious.

"He was of a middle height with a large chest and a well-developed muscular system; his hair brown and curly, his beard thick, his face full and deeply colored. Notwithstanding these signs of apparent strength and health, I noticed that his knees were slightly bent, and that he was unable to remain long standing without shifting the weight of his body from one leg to the other; his voice was weak and husky; the motions of his tongue seemed embarrassed, and he articulated his words in a confused manner; his attitude was timid, and his manner had something of incertitude and fear; he had been married fifteen days.

"His mother-in-law and his young wife, who accompanied him, informed me that within this period he had several attacks of congestion of the brain, during which his face was highly injected. At the first of these attacks the surgeon, called in the night, had bled him to the extent of three pounds, *in order to prevent apoplexy*; repeated venesection, and the frequent application of leeches, had relieved such attacks of congestion, but had not prevented their recurrence. The patient had become subject to attacks of vertigo, and was unable to look upward without feeling yiddy; his legs had become so weak that he had fallen several times, even when walking on level ground; his ideas had lost their clearness, and his memory failed rapidly.

"These symptoms had spread consternation through both the family of my patient and that of his wife, especially as several practitioners of reputation were agreed as to the existence of some serious disease of the brain, although they could not decide as to its nature. Most of them, however, were inclined to suspect *ramollissement* (softening).

"The countenance of the patient during this recital, the coincidence of the congestion with the period of his marriage, and the bad effects of blood-letting, made me suspect the nature of the disorder, and induced me to carefully question him separately. When we were alone, he told me, stammering, that an unexpected occurrence immediately after his marriage, had at first prevented any conjugal intimacy, and that afterward he had found himself completely impotent. He attributed this misfortune to the attacks of cerebral congestion, and to the bleedings he had undergone. On further inquiry, however, I discovered that he was affected by diurnal pollutions.

"The following is the history I obtained from this patient by dint of questioning:—At the age of sixteen he possessed a very strong constitution, and an ardent and passionate character. At school he contracted the habit of masturbation, and at the end of three months he had frequent nocturnal pollutions, with pain in the chest and troublesome palpitations, which warned him of the danger of the vice, and he renounced it forever. When he became free from the restraints of school, he subdued the ardor of his temperament by the most violent exercises—especially that of the chase—and he attached himself to agricultural pursuits with much energy.

"This new mode of life so completely re-established his health, that he was tormented by energetic and continued erections, to subdue which he employed river-baths, even in the coldest seasons. He never committed excesses of any kind, and had never suffered from any blennorrhœic or syphilitic affection.

"In 1831, the erections were slightly mitigated, but he became very much constipated, which he attributed to the constant use of horse exercise.

"In 1832, he experienced some numbness and creeping sensations in his feet and legs.

"In 1833, frequent dazzling of sight occurred, with vertigo, difficulty of vision, and flushes of heat toward the head and face; the patient attributed all these symptoms to the effects of his still-increasing constipation.

"At the same time that these symptoms occurred, the patient's erections became rarer, less energetic, and after a time, incomplete; his fitness for intellectual labor diminished; the cerebral congestions became more frequent, and more severe; his face became habitually very red; his head burning; an almost constant fixed pain came on in the orbits, and his character became fickle and contradictory.