

Even if he be strictly kept from vicious associates the child may learn the habit himself, and may sink and die from it while the parent is glorifying himself on the success of his precautions.

In the article on *Insanity* in Copland's *Dictionary of Practical Medicine*, the author, in pointing out the various causes of that terrible affliction, speaks in the following terms respecting self-abuse:

"Many, however, of those causes, which thus affect nervous energy, favor congestion of the brain, and occasion disease of other vital organs, tending to disorder the functions of the brain sympathetically. Of these, the most influential are masturbation and libertinism, or sexual excesses; sensuality in all its forms, and inordinate indulgence in the use of intoxicating substances and stimulants. The baneful influence of the *first* of these causes is very much greater, in both sexes, than is usually supposed; and is, I believe, a growing evil, with the diffusion of luxury, of precocious knowledge, and of the vices of civilization. It is even more prevalent in the female than in the male sex; and in the former it usually occasions various disorders connected with the sexual organs—as leucorrhœa, displacement of the uterus; difficult, or disordered, or suppressed, or profuse menstruation; both regular and irregular hysteria, catalepsy, ecstasis, vertigo, various states of disordered sensibility, etc., before it gives rise to mental disorder. In both sexes, epilepsy often precedes insanity from this cause; and either it or general paralysis often complicates the advanced progress of the mental disorder, when thus occasioned. Melancholia, the several grades of dementia, especially imbecility and monomania, are the more frequent forms of derangement proceeding from a vice which not only prostrates the physical powers, but also impairs the intellect, debases the moral affections, and altogether degrades the individual in the scale of social existence, even when manifest insanity does not arise from it."

Some persons think that masturbation produces only the same effects as natural excess, and in no greater degree, but this is a great mistake. There is the same exhaustion of the semen in both cases, but in self-abuse it is not accompanied by those *natural associations* that bring it about in a pleasing manner, and leave afterward a feeling of satisfaction. On the contrary it is induced almost wholly by a powerful exertion of the imagination alone, aided by manual means that are *felt* to be inappropriate, so that the act itself is but a very imperfect gratification, and the feelings that follow it are rather those of disgust and remorse than of pleasurable recollection. The facility with which the habit can be indulged also leads to its frequent repetition, and as the concurrence of a second party is not necessary there is nothing to prevent its growing and becoming fully confirmed. In fact, the individual becomes a slave to a vice that he himself despises, and which he feels is destroying him. The mental tortures of remorse, fear, and self-condemnation are then added to bodily exhaustion, and we need not wonder at the fearful havoc they produce. The licentious debauchee will often look back with a species of *pride* and vain-glory upon his numerous indulgences, even when he feels they are killing him, and he may even feel over again, by recollection, some of his former pleasures; but for the victim of masturbation there is not even this small solace. His pleasure is but incomplete at best, and clouded by dissatisfaction, while the recollection of it only excites disgust and fearful apprehensions.

In fact the evil effects of excessive natural indulgence, particularly the *mental* ones, bear no comparison, for severity, with those of self-abuse, nor are they nearly

so numerous and varied. Natural indulgence, it must also be recollected, *cannot* be practiced so frequently as masturbation, and consequently it can never cause such extensive mischief. It is but seldom that natural excesses cause insanity or idiocy, except secondarily in the offspring, but solitary vice *frequently* does so, both in the individual and in his children.

In the Massachusetts Report it is stated that 191 of the idiots examined were known to have practiced masturbation, and in 19 of them the habit was even countenanced by the parents or nurses! 116 of this number were males, and 75 females. In 420 who were born idiots, 102 were addicted to masturbation, and in 10 cases the idiocy of the children was "manifestly attributable to *self-abuse in the parents!*" These 10 *known* cases it should also be recollected justify the conclusion that there are really *many more*, though not ascertained, and make it clear that much of the idiocy found among children is owing to sexual vice in the parents! What a fearful fact is this to contemplate, and how important that it should be duly weighed, both by the moral reformer and legislator.

In the Annual Reports of the Massachusetts State Lunatic Asylum are also some valuable statistics, showing the connection between masturbation and insanity. In the Twelfth of these Reports, I find that the number of cases existing in the Institute caused by self-abuse is set down at *One Hundred and Thirty-nine*, and yet great pleasure is expressed that the vice has "*fewer victims than formerly.*" The decrease in the number is attributed, and justly, too, I have no doubt, if there be a decrease, to "the *information* that has been diffused on the subject, and the *warnings* that have reached the young through the various channels of intelligence that have been opened on this hitherto obscure subject."

In the Thirteenth Report *One Hundred and Forty-five* cases are set down as caused by masturbation, and some very forcible remarks are made on the subject which I think it will be useful to copy.

"The causes of insanity may be divided into *voluntary* and *involuntary*. Of the former, the principal are *intemperance* and the *secret vice*; other causes may be of this class, such as hazardous speculation, many religious vagaries, imprudent exposures, and irregularities. None are so prominent as the two first named, and none so fully stain the character with guilt, which even the occurrence of hopeless disease can hardly wipe away. Intemperance disorders the senses, and induces apoplexy, epilepsy, and palsy. The cases from this cause are about as favorable for recovery as the majority of others, but are most sure to return if the habit of intemperance recurs. The secret vice produces the very worst form of insanity, because it is so difficult to avoid the continuance of the cause, and because the energies of the system are more prostrated by it than by almost any other cause. Such patients become degraded animals, so entirely abandoned to the habit, that hopeless dementia and driveling idiocy generally follow. A few can be influenced to abandon the practice, and a few others can be cured in spite of it; but in almost all cases the disease will become worse, and these dreadful consequences will ensue.

"The secret vice, though doubtless a frequent cause of insanity, and of other severe and fatal diseases *far more than is generally supposed* is most operative in preventing recovery from insanity, arising from this and other causes. *It is extensively and alarmingly the result of an active propensity excited by disease and unrestrained by reason, moral influences or self-respect.* Many cases of a favorable character progress toward recovery till this practice is commenced, then the patient becomes list-

less, is inclined to lie down or sit in a bent position, walks moderately, looks feeble, and feels weak and miserable. His mind loses its energies, its scope is circumscribed more and more, till this beastly indulgence occupies all his thoughts, and the remnant of all the physical powers are concentrated to this single effort of gross and debased animal nature. Thus the groveling sensualist lives, often a long life, a degraded sufferer, without a manly thought or a moral feeling worthy of his nature or his destiny, and finally leaves the world without the regret of his friends, a useless, burthensome, loathsome object of abhorrence and disgust."

In the two Reports, under the head of "*Relation of Cause to Recovery*," I find *two hundred and seventy-one* males enumerated, and *twenty-one* females, from masturbation and its effects; and of this number *one hundred and ninety-seven* males, and *twenty-seven* females were *incurable*! Only *two* of the females it will be observed being curable.

These Reports also throw much valuable light on the relation between masturbation, as a cause of insanity, and different occupations.

Some persons express fear that if this subject be generally discussed, and all are informed about it, this very publicity will increase the evil, by exciting an amount of attention that would not otherwise have been given to it. The fallacy of this will be evident enough, to all those who are acquainted with the nature and extent of the vice. It is *next to impossible* to prevent its being known, either naturally or from tuition, and, therefore, no harm can possibly result from proper information timely given, while on the other hand, numbers undoubtedly perish for want of it.

If it were true that a knowledge of the nature and consequences of this habit tends to its being practiced, we ought to find it most prevalent amongst those who have most of that knowledge, and least so amongst those who have the least of it. The truth is, however, *directly the reverse*, as every sensible person would pre-suppose, and as facts indubitably prove. Those who are educated as physicians, of course, study everything relating to the sexual system, and are acquainted with all its details, while mechanics, generally speaking, never study anything of the kind, because it is not necessary for them to do so. Now, let us see what proportion of the insane, from both these classes, are made so by masturbation.

In the Thirteenth Annual Report, I find that there are in the asylum *sixty-two* shoemakers, of whom *twenty-four* were made insane by masturbation, which shows that of the insanity existing in this class of the population, who certainly receive but little of this kind of information, nearly fifty per cent., or one-half, arises from self-abuse! Now what is the proportion when we refer to the medical profession? I can find physicians made insane by other causes, but neither in that Report, nor in the one for the preceding year, do I find *a single case* of one becoming insane from masturbation! These facts, so far from proving what some assert, that an intimate acquaintance with the physiology of the sexual system leads to its abuse, prove directly the reverse, and show conclusively that the best informed go the least astray.

Other facts in the same Report also show that it is precisely this kind of knowledge that is needed, and that no other will either lead the thoughts from it or fortify against it. Thus among students the proportion of insane from masturbation is nearly *seventy-five* per cent., there being *eighteen* from this cause out of *twenty-five*; the balance of the cases being two from ill health, two from domestic affliction, two from religion, and one from epilepsy. Among merchants the proportion is about

fifty per cent.; among lawyers, about *thirty-three* per cent.; and among clergymen *fifty-six* per cent.!

The most frequent cause of insanity is set down as *intemperance*, but in numerous cases this has been first produced by masturbation, the patient resorting to alcoholic and other stimulants, merely as a temporary relief from the exhaustion produced by this practice. *Ill health* is also another frequent cause, and how often this arises from self-abuse is well known. In short, there is no doubt on my mind, after duly considering all the facts, that *solitary vice produces more insanity than all other causes put together*!

Another valuable fact also shown in these reports is the influence of occupation in leading to solitary vice. It is proved conclusively that light sedentary employments very much favor the formation of such habits, and that, on the contrary, active out-of-door occupation has the contrary effect. Thus, among "merchants, printers, students, and shoemakers," *fifty per cent.* of the insanity arises from masturbation, and only *twelve per cent.* from intemperance, while among carpenters, blacksmiths, and others who are actively employed, *thirty-five per cent.* of the insanity arises from intemperance, and only *thirteen per cent.* from masturbation. Among seamen, again, *fifty-four per cent.* of the insanity arises from intemperance, and only *eleven per cent.* from solitary vice. These facts should be duly weighed by parents when choosing employment for their sons. Many a youth of sanguine temperament, urgently requiring a muscular and mental occupation of the most varied kind, is condemned to the monotonous inactivity of a counting-house desk, the distasteful plodding of an office, or some merely intellectual profession, and in consequence becomes listless, dogged and self-debased. In such cases, the abundant vital energy that ought to have been expended in active exertion is retained, and by stimulating the sexual organs to an unnatural degree, leads to solitary vice, both as a gratification and a relief.

The effects of masturbation, most frequently met with, are weakness of the eyes, swelling and soreness of the eyelids, partial deafness, weakness of the limbs and back, headache, dizziness, flatulence, incontinence of urine, diarrhoea, or obstinate costiveness, palpitation of the heart, shortness of breath, loss of memory, and confusion of judgment, with melancholy, or irritable peevishness. Another effect also met with, in many cases, is a *partial loss of the power of speech*, or a tendency to stammer and stutter. This effect I have often observed in persons who had previously spoken as fluently as any one, and who could not imagine themselves what the difficulty arose from. Most frequently it is attributed simply to that loss of self-confidence and that feeling of shame which all self-abusers experience, and no doubt this does make it worse, but still the main cause of the impediment is a partial paralysis of the muscles of the throat, brought on by sympathy with the irritated parts below. Not unfrequently there is more or less difficulty in swallowing at the same time, with frequent sighing and gulping, as if there was wind in the throat. In fact, these symptoms are very similar to those observed in the *hysteria* of females, with which they are, to a great extent, identical, both in nature and origin.

Baldness is also a frequent occurrence to those who practice masturbation, and so is premature whitening of the hair.

Palsy and *epilepsy* are more frequently the results of this practice than is usually thought, and *paralysis* is quite commonly so. I have known many instances of young men becoming temporarily paralytic from excessive self-abuse, and very recently I was called to see an old man who was dying from paralysis brought on in this way.

These affections, though severe, need not be wondered at when the powerful sympathies of the generative organs are borne in mind, and when it is recollected what an exhaustion of the vital power is caused by their excessive action.

The best way, however, to exhibit the full effects of this baneful vice is to give a few illustrative cases, which will not only portray the prominent symptoms, but also indicate the course of treatment usually adopted. Some of them are contributed by M. Lallemand, and others I have selected from my own note-book.

"M. D—, of Philadelphia, of a very robust constitution, contracted the habit of masturbation while at school, when only eight years old. The first effect produced was a frequent desire to pass urine, and at twelve years of age this irritability had become so great that he was sometimes unable to retain his urine a quarter of an hour. Before entering a house he always took care to micturate several times in rapid succession, and notwithstanding this precaution, he soon experienced renewed uneasiness. He felt as though his bladder was never entirely empty, and the smallest quantity of urine induced spasmodic contractions. The irritability of the urinary organs diminished by degrees after the period of puberty, but never ceased entirely, notwithstanding the various means which were employed on different occasions.

"At the age of sixteen, M. D— endeavored to break off his injurious habits by sexual intercourse, but he found himself completely impotent, and shame induced him to return to masturbation. He afterward made further attempts to correct himself, but he experienced nocturnal pollutions, which often made him lose courage. At length, after many relapses, he succeeded completely, without observing any further nocturnal emissions. Still, his health, instead of improving, became more and more impaired. His erections were less frequent, less prolonged, incomplete, and, at length, gradually ceased, together with all venereal desire.

"At the age of twenty-eight, the state of his urine, its frequent discharge, and the wandering pains in the perineum and testicles, induced a fear of calculus; sounding, however, only showed a morbid sensibility of the urethra, especially toward the neck of the bladder.

"In the beginning of May, 1837, M. D— came to Montpellier in the following condition:—Much debilitated; unsteady in his walk; easily chilled, and taking cold very quickly; wandering pains all over his body; skin dry; memory impaired; digestion difficult; extremities cold; scrotum relaxed, and testicles soft, very sensitive, and often causing a dull pain, as if they were forcibly compressed; the semen—from the account he gave of the last nocturnal pollutions he had experienced—clear, aqueous and inodorous; seminal emissions with the last drops of urine, which were clammy, and passed with difficulty, and excited a sensation of tickling in the neighborhood of the anus, which extended to the orifice of the urethra; he often had diarrhoea, but at other times was very costive, and his stools were passed with difficulty and pain. He did not, however, often pass semen while at stool.

"I discovered, several days following, the presence of semen in M. D—'s urine, and catheterism showed an excessive irritability of the urethra, especially in the neighborhood of the prostate, which, on examination, was found slightly enlarged. Nearly a tablespoonful of blood followed the withdrawal of the catheter. The circumstances did not leave the least doubt on my mind as to the state of the mucous membrane in the vicinity of the ejaculatory ducts, and consequently I immediately performed cauterization, from the neck of the bladder as far as the membranous portion of the urethra. Twenty days afterward M. D— left Montpellier for Italy, and when he returned, three months afterward, he was completely cured, no involun-

tary seminal emissions having afterward appeared. His urine was transparent, and could be retained seven or eight hours without inconvenience; its discharge took place without effort, and was not accompanied by any remarkable sensation. Lastly, the patient's impotence, which had been present nearly twelve years, had given place to a virility previously unknown to him. I need hardly state that his physical and moral energy shared in this regeneration.

"I have often had occasion to notice the connection that exists between the spermatic and urinary organs; and I have shown that there is scarcely a cause of spermatorrhoea which does not act more or less on the bladder and kidneys. The cause I am now investigating affords us numerous examples of this connection—of which the case I have just related is a remarkable instance—the irritation of the urinary organs having been developed very rapidly, having shown very marked symptoms, and having existed alone during several years. The patient was only eight years of age when he first became addicted to masturbation; at this early age the urinary organs alone possessed activity, and therefore they alone were able to suffer disturbance of their functions; on this account the symptoms were confined for a long time to the urinary organs. The character of the symptoms showed that they arose from a chronic state of inflammation, or from an acute irritation of the urinary organs, and this state must have extended also toward the spermatic organs. Thus the increased secretion of the kidneys, and the extreme irritability of the bladder, would give a very clear idea of what took place in the spermatic organs at the period of puberty. As soon as the testicles began to act, they fell under the same influence as the kidneys; the seminal vesicles were in the same condition as the bladder; in other words, the semen was secreted in large quantities, and was retained a very short time in its reservoirs. Being therefore imperfectly formed, the usual effect on the erectile tissues produced by its presence did not take place, and coitus was impossible at the age of sixteen. The occurrence of impotence at so early an age is sufficient to show that diurnal pollutions had already commenced, although the patient did not discover them for a long time afterward. He was still, however, able to practice masturbation; and this is a circumstance which has great effect in preventing persons addicted to the vice, from renouncing their fatal habits. At a later period, nocturnal pollutions, which occurred after a few days' care, shook the patient's resolution. This is a much less serious circumstance than the one just mentioned, but at the same time much more common. At length the patient left off his habits, and his nocturnal pollutions disappeared; yet the disorder of his health continued to increase. His prudence, exercised too late, did not arise from the strength of his will, but from the weakness of his genital organs; the disappearance of his nocturnal emissions did not arise from the remedial measures used, but from the increase of his involuntary diurnal discharges, of which he only became aware long afterwards. These common errors are the more dangerous, because medical practitioners are apt to participate in them.

"In the case of M. D— the irritability of the canal was very great, and the effect of the cauterization was correspondingly prompt and decided."

The above case is a highly instructive one, because it shows both how early the habit of masturbation may be commenced, and also what a general disturbance of the economy it may lead to. The following case is also a very important one, and shows how very readily the symptoms of spermatorrhoea may be thought to indicate other diseases, and what mistakes may be made in consequence:

I am indebted for this very remarkable case to the kindness of Dr. Daniel,

of Cette. "On the 26th of May, 1836, I was called to F—, a baker, aged twenty-two; I found him in bed, in the following condition:—great moral prostration, carried even to a hatred of existence; prostration of strength; anæmia; lips pale and shriveled; remarkable pallidity; eyes sunken; expression of countenance dull; great emaciation; skin hot and dry; pulse small; voice hoarse, and so low that it was with difficulty a few words could be heard by approaching the ear; constant cough, scarcely permitting an instant's repose; general wandering pains, most severe in the loins, and the sides of the chest; great irritability of the stomach—vomiting being excited after taking almost any kind of liquor or solid food.

"At first I thought that I recognized in this patient the symptoms of phthisis laryngea, complicated with chronic gastritis; but the examination of his chest and abdomen did not support this opinion. The epigastric region was not painful on pressure; the respiratory murmur was heard all over the chest, and percussion emitted a healthy sound, except under the left false ribs, where it was slightly dull, and the patient felt pain.

"His debility did not permit me to practice abstraction of blood; and indeed, the pleuropneumonia of the left side did not seem either very extensive or very acute. I therefore ordered a large blister to be applied over the affected spot, and prescribed a solution of tartar-emetica, and a strict diet. The pain in the side disappeared, and two days afterward, the stomach could retain milk and barley-water. Still nothing explained the patient's emaciation; his almost total loss of voice, hoarseness and constant cough. His parents attributed these symptoms to hereditary phthisis, and mentioned that several members of the family had died of that disease. Minute and repeated examination of F—'s chest, however, assured me that this was not the case. On the other hand, the symptoms were very severe, and I could not discover any visceral lesion sufficient to account for them. In this state of uncertainty, your views on spermatorrhœa attracted my attention. I immediately questioned the patient respecting his past life, and learnt that at the age of seventeen he practiced masturbation with such fury that he had frequently passed aqueous semen, mixed with blood: frightened by these accidents, he had corrected himself completely. But, after about a fortnight's abstinence, he noticed that his urine contained a deposit of thick, whitish, flocculent matter. He never attached any importance to this, although during four years, he observed it constantly, and noticed that it was more abundant after he had been much fatigued in his business. He observed also, that the last drops of urine were thick and viscid, and that a small quantity of viscid matter generally remained at the orifice of the urethra. His bad symptoms first commenced at this time; his erections and desires entirely disappeared; and, by the time he had attained the age of twenty-one, he was obliged to give up his employment, and shortly afterward, his symptoms becoming aggravated, he was unable to quit his bed.

"I examined his urine, and found it in the condition he had described; the deposit contained in it being about an ounce in quantity. I noticed that his testicles were soft, and his scrotum flaccid. He agreed with eagerness to my proposition of cauterizing the prostatic portion of the urethra, and I performed it on the following day. The effect of the cauterization was rapid; the second night afterward the patient slept soundly; the third day, a change was observed in his voice; and erections occurred during the night. On the fourth day the patient was able to get up and take some light food, which was well digested; his wandering pains had disappeared, and, by the ninth day after the cauterization, the patient's strength had returned."

CHAPTER L.

EROTOMANIA AND SATYRIASIS.

THESE two affections are usually confounded together, but there is considerable difference in their nature, though their manifestations are similar. In both of them there is an unnatural excitation of sexual desire, so that it sometimes becomes utterly uncontrollable, and gratification is sought at any cost. In these cases there is a real furore, or madness, which arises from *disease*, and is not a mere moral aberration, as uninformed people suppose.

Satyriasis arises from a disease of the sexual organs, or of some of the adjoining parts, which keeps them in a constant state of irritation, sometimes so great that the patient cannot obtain the slightest relief, either sleeping or awake, but is kept the whole time in a state of furious excitement.

The diseases that are most likely to produce satyriasis, are those of the urethra and prostate gland, though sometimes gravel, or even the piles will originate it. Dr. Curling remarks that "The irritation attending the morbid condition of the mucous membrane of the prostatic portions of the urethra tends, in a very material degree, to excite both the excessive seminal discharge, and the secretions of the prostate, and to produce that morbid craving for indulgence and abuse, which persons who have brought themselves to this state, find so difficult to repress and resist. It is well known that any irritation at the orifice of an excretory duct usually acts as a stimulus to the secretion of the gland. Thus, hurtful matter in the duodenum produces a flow of bile; and a foreign body in the conjunctiva, as an inverted eyelash, a discharge of tears. So it is with the testes, when irritation exists at the orifices of the excretory ducts. The disorder at this part, moreover, appears to react on the brain, and to become, in part, the cause of the patient's mind being constantly occupied with subjects of sexual excitement, and of his indifference and apathy to other matters. So that the local disease induced by abuse powerfully aids in perpetuating the mischief, and, judging from the experience which I have had in these cases, is the object to which our treatment should be first directed."

In many of these cases it is of no use reasoning with the patient, and telling him to control himself, unless the exciting disease be also corrected; it would, in short, be of little more use than telling him he must not give way to a diarrhœa or any other morbid action. In a note in Dr. Curling's work this truth is well laid down, and applied to a class of cases for which usually no excuse is thought to exist. The writer says, "This is a truth, I fear, not sufficiently impressed on the minds of medical men. One would be loath to offer any apology for the vicious habits and indulgences to which, it is well known, *old men* are occasionally addicted,—a melancholy example of the kind, in the higher ranks of life, having lately been brought under public notice. I cannot but think, however, that, in many instances, these cases are not undeserving of professional sympathy, and that the erotic longings which

sometimes continue to distress the aged, long after the period at which, in the course of nature, they should have ceased, depend as much on physical infirmity as mental depravity, the former inciting and producing the morbid desires. If these propensities were regarded and treated as symptoms of disease (and that they frequently occur in connection with affections of the urinary passage is well known to practical surgeons), I believe they would often subside, and the distressing results to which they lead would be altogether avoided."

The same remarks also apply to every other period of life, and especially to youth, as every physician of experience in such matters must be well aware. I know that, in numerous instances, the sexual feelings of young persons are preternaturally excited by local disease, and that their genital organs are thus kept in a state of excitement by causes over which they have no control. This fact should be kept always in view when considering such cases, and we should recollect that a medical prescription may often accomplish reform, when a moral precept has failed, of which the foregoing chapters of this work will furnish many illustrations.

I was once consulted by a married man, the father of a family, whose habits had always been strictly moral and proper, but who suddenly found himself subject to occasional fits of the most intense sexual excitement, over which he had but little control. So completely was he the slave of his morbid feelings, in fact, that it was with the greatest difficulty he kept himself from the most disgraceful and licentious indulgence. He had latterly shut himself up alone when one of these fits came on, and was at other times in constant fear that he should, some time or other, ruin his reputation forever, even if he did nothing more serious. The condition of this man was truly pitiable, subject as he was to a state of misery for which, if it were known, he would receive condemnation instead of sympathy. "Every one would tell me," he remarked, with tears in his eyes, "that it was disgraceful, and that I ought not to give way to it, but I cannot help it though it were to save my life, and I have sent for you because I think you must understand my true position." I found, on examination, that this gentleman was affected with a chronic inflammation of the prostate gland, and lower part of the urethra, which was liable, from various slight causes, to become temporarily worse, and to produce that excitation of the genitals above described. He distinctly remembered that before each of the fits he had either taken some severe exercise, or been subject to some unusual mental agitation, or perhaps had committed some error in drink or diet, which seemed to bring it on. But of late the parts had become so extremely sensitive that the simplest excitement of any kind brought on an attack, and it was scarcely possible for him to avoid one long together.

I immediately informed him of the cause of his trouble, and as it was not the result of abuse of any kind, and apparently not unusually severe, I felt justified in promising him relief, and immediately put him under proper treatment. The diet and drink were rigidly regulated, bathing and regular exercise enjoined, and a tonic of iron and gentian administered. I also found it necessary to use the caustic internally, and to advise astringent lotions, with occasional injections to keep the bowels free. Under this treatment the irritation soon began to subside, and in two months he had no return of his erotic fits. Now if this man had committed some gross immorality during one of these periods of excitement, it would have been considered merely as the result of moral depravity, and nothing would have been thought of but *punishment*, instead of medical treatment. It is unfortunately true that moral

depravity is often the only cause of such improper actions, and then they ought to be visited accordingly; my object here is not to apologize for anything of *that* kind, but simply to show that there are often *other* cases, of a totally different character, which should be considered in a different light.

Satyriasis is very apt to follow from the first attempt at masturbation and from excessive indulgence, particularly in those who use stimulating food or drink. I have also known tobacco and opium to bring on an attack, and still more frequently certain medicines when improperly used, such as cantharides and phosphorus.

Erotomania differs from satyriasis as respects the seat of the disease, which in this case is in the *brain*, and not in the genitals, they being affected only secondarily. It is in fact a species of mania or insanity in which the mind is constantly occupied with sexual matters, and a constant morbid desire is experienced for indulgence, sometimes even when the patient is completely impotent. Dr. Copeland draws the distinction between the two diseases very clearly, and I will, therefore, quote his words, merely remarking that *nymphomania*, to which he refers, is merely the same disease in the female as satyriasis in the male:

"*Erotomania—Monomanie erotique* of ESQUIROL—is characterized by an excessive love of some object, real or imaginary. It is a mental affection in which amorous ideas are as fixed and dominant, as religious ideas are in religious monomania or melancholia. *Erotomania* is very different from satyriasis and nymphomania. In the latter, the mischief is in the reproductive organs; in the former, it is in the mind. The one is a physical, the other a moral disorder. *Erotomania* is the result of an excited imagination, unrestrained by the powers of the understanding; satyriasis and nymphomania proceed from the local irritation of the sexual organs, reacting upon the brain, and exciting the passions beyond the restraints of reason. In the former, there is neither indecency nor the want of chastity; in the latter, there is unrestrained expression of sexual desire and excitement. The one is commonly caused by ungratified or disappointed affection excited in a virtuous mind; the other, by inordinate irritation or indulgence of the sexual passion.

"In *erotomania*, the eyes are bright, the manner and expressions tender and passionate, and the actions free, without passing the limits of decency. Self and selfish interests are all forgotten in the devotion paid, often in secret, to the object of the mind's adoration. A state of ecstasy often occurs in the contemplation of the perfections which the imagination attaches to the subject of its admiration. The bodily functions languish during this state of moral disorder; the countenance becomes pale and depressed; the features shrunk; the body emaciated; the temper inquiet and irritable; and the mind agitated and despairing. The ideas continually revert to the loved and desired object; and opposition or endeavors to turn them in a different direction only render them more concentrated and determined in their devotion. At last, parents and fortune are abandoned, social ties broken asunder, and the most painful difficulties are encountered in order to obtain the object of admiration.

"In some cases, the attempts made by the patient to conceal and overcome this affection occasion a state of irritative fever, with sadness, depression, loss of appetite, emaciation, etc., which has not inappropriately been termed by LORRY *Erotic Fever*, and which, after continuing an indeterminate period, may even terminate fatally. When a young person becomes sad, absent in mind, pale and emaciated, sighs frequently, sheds tears without any obvious reason, is incapable of mental or bodily

exertion, scarcely speaks to any one, loses appetite, etc., it is sufficiently evident that the mind is inordinately possessed by some desired object. If a strong effort be not made to dispossess it of the predominant sentiment, or if the object of desire be not obtained, the symptoms become still more distressing. The corporeal functions languish, the eyes sink, the pulse becomes weak and irregular, and the nights disturbed and sleepless. At last a form of slow hectic is produced; and the weaker organs, especially the lungs and heart, are the seat of slowly-produced disease; the whole frame is blighted, and the patient sinks from the injurious influence of the mental affection on the vital organs.

"This form of moral disorder may increase, and affect the intellect in a much more serious manner, until general insanity or mania is developed; and, with the progress of time, it may at last terminate in dementia or incoherent insanity. In each of these, the primary character of the disorder, or the original moral affection, will still continue to be manifested by the frequent suggestion of the same train of ideas, or recurrence to the object of devotion."

The treatment of these cases requires great skill and experience on the part of the physician, and frequently a continued observation for a long time, in order to determine what the exciting cause really is. It may be wholly moral or wholly physical, or it may be partly both, and this must be ascertained before any good can be accomplished. The fact is *philosophy* is required as much as *physiology*, and the most *perfect confidence* must exist between the physician and the patient. *The affections* have often much to do with these peculiar troubles, and it should not be forgotten that there is a great difference in the *temperaments* of different persons, and also in the *sensitiveness* or *impressibility* of their natures. Some physicians always recommend *marriage* in these cases, to single people, and there is no doubt but it is sometimes what is required, but at other times it is *highly improper*. In certain forms of physical derangement especially, marriage would only aggravate the evil, and the patient would in all probability ultimately become totally unfit for the married state. This advice therefore, if followed, would not only fail of doing any good to persons so situated, but would make *two unhappy instead of one*.—It will be seen that some forms of erotomania are identical with what is called, commonly, *love sickness*.

Erotomania, or love madness, is a form of mania most often seen among women, but not unknown among men. It is simply a morbidly excited state of the sentiment of affection, or love, and may be exhibited toward very different objects, and in many different ways. It no doubt always originates in sexuality, and its most natural form is that of love for one of the opposite sex; but if it cannot be indulged in that way, it will expend itself upon other objects. Thus, unmarried females, of naturally warm affections, often bestow their wealth of love upon children, or animals, or even upon inanimate objects. Sometimes they become really mad, and then it is pitiful indeed to see them lavishing the tenderest attentions, or the most intense devotion, upon something which can never render them the slightest return. There is not the least thought of self in any way, nor the least regard for the worthiness or unworthiness of the object. There is nothing but love, absorbing love, which causes complete blindness to everything but the supposed perfections of the being beloved. Bodily or moral deformities, the most obvious to others, are either unseen or totally disregarded, while any desirable attributes which nature may have totally forgotten, are easily supplied by the imagination in perfection.

Moore has well expressed this in his well-known lines:

"Oh! what was love made for, if it be not the same,
Through joy and through torment, through glory and shame?
I know not, I ask not, if guilt's in thy heart,
I but know that I love thee, whatever thou art!"

This is love pure and devoted, totally regardless of all else, and ready to undergo any trial or sacrifice whatever, not only without regret, but rejoicing in them as a privilege. Such an intense and absorbing sentiment readily becomes an uncontrollable mania, terrible in its fierceness, pitiful in its melancholy, or ridiculous in its strange eccentricities. Shakespeare gives us some of the best illustrations of love madness that we have—Juliet, Ophelia, and many others, are perfect, each in its own way. Even poor old Lear, king though he be, is one of the same class. All his love was concentrated on his daughter, and when he thought they were ungrateful, and did not return it, he went raving mad.

In short, love when starved, blighted, betrayed, or slighted, may result in the most fearful depravity, the most terrible crimes, the most maudlin absurdities, the most heartrending despair, or the most touching devotion to some beautiful scheme of mercy and benevolence. Happy indeed when it takes the last direction, as fortunately, in women, it is very apt to do.

In those of a pious disposition, thwarted love is apt to become ecstatic devotion. The Deity, the Saviour, some saint, or favorite preacher, takes the place of the lover, and is adored with an intensity proportionate to their exaltation.

In all great religious excitements, camp-meetings, and revivals, it is impossible to overlook the part which is played by the erotic feeling. Nothing contributes more to the fervor and devotion, and to that intensity of emotional activity usually witnessed at such gatherings. In fact, it is not uncommon to see, on such occasions, exhibitions of erotomania as unmistakable as any to be met with in medical practice, but disguised, both to the individuals themselves and to those around, under the semblance of religious ecstasy.

It must be remembered, however, that in erotomania, even in its utmost intensity, there is not necessarily, nor commonly, either indecency or want of chastity; on the contrary, there is more often a shrinking modesty and reserve. It is not sensual passion, from organic excitement, but simply excess of love, heightened by restraint and excited imagination.

In this respect it differs essentially from *satyriasis*, or *nymphomania*, as it is sometimes called; this results from physical causes, from excitement of the sexual organs acting upon the brain, and producing intense desire for amative indulgence, not love but passion, or true *sexual mania*.

When in excess, this becomes the fiercest and most uncontrollable of all animal impulses, constituting in fact a true madness, the victims of which will dare or endure anything whatever to procure the indulgence for which they crave. No fear or thought of consequences, no restraints of morality or decency have the slightest weight, when the mania is fairly developed.

Indulging in libidinous thoughts, and giving loose rein to the imagination, will of course intensify the erotic fever, and so far it is due to the patient's own neglect of self-control; but beyond and above all this, in cases of real satyriasis, there is a