

treatment of affections of the genito-urinary organs. Since the surgeon is often called from home in cases of emergency, it is well to have these instruments fitted into trays (two are sufficient, each about thirteen by twelve inches). These trays may rest upon cleats in one or two drawers of the office-table. A hand valise is provided, into either side of which one of the trays will fit, so that the surgeon, when hurriedly called out, has only to transfer the trays from the drawers to the valise, and he is sure of having all his instruments with him. Without this arrangement, he is usually subjected to the expense and annoyance of having a double set of instruments, one for office, and the other for outside use.

Maisonneuve's urethrotome (Fig. 92).

Holt's or Voillemier's rupture instrument (Figs. 97, 98).

Author's silver catheter, size No. 7, French, with filiform bougie-conductor (Fig. 82).

Six filiform bougies, with screw-heads which will nicely fit any and all of the above.

Thompson's probe-pointed catheter (Fig. 106).

Otis's straight dilating urethrotome (Fig. 95).

Catheter-gauge, either Charrière-filière (Fig. 60), or Handerson's gauge (Fig. 62).

Tape-measure.

Set of acorn-pointed sounds, seven and a half inches long, Nos. 12 to 40 (Fig. 70).

Six acorn-pointed sounds, curved, alternate Nos. from 24 to 34 (Fig. 71).

Otis's (Fig. 75), or Weir's urethrometer (Fig. 76).

One or two meatometers, ranging from Nos. 16 to 34 (Fig. 73).

Twelve steel, nickel-plated sounds, Nos. 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36

38, and 40, their points conical and tapering to two sizes smaller than the shaft, and of Thompson's short curve.

Thompson's searcher for stone.

Two silver catheters, Nos. 8 and 22, Thompson's curve.

One compound catheter (Fig. 63).

Prostatic catheter.

Thompson's urethral forceps.

Potain's aspirator (Fig. 108).

Curved trocar and canula for puncture of the bladder (Fig. 109).

Syme's staff (Fig. 99).

Silver grooved director, 9 in. long.

Otis's staff for Jaque's flexible catheter (Fig. 65).

Probe-pointed meatotome (Fig. 84).

Phimosi forceps (Fig. 26).

Sands's artery forceps.

Strong, blunt-pointed scissors (Fig. 25).

Ear-syringe of hard rubber, the nozzle of which unscrews and allows Taylor's phimosi nozzle (Fig. 25) to be attached.

Straight bistoury and tenaculum.

Box containing vaseline.

" " needles and ligatures.

" " suppositories of morphine and belladonna.

" " styptic cotton.

A few fine flexible bougies, whalebone bougies, flexible catheters, and Jaque's catheter (Fig. 64).

Hypodermic syringe.

Thermometer.

N. B.—The danger of communicating disease from one patient to another by means of urethral instruments, especially those whose grooves or joints may harbor septic matter, should never be forgotten. All instruments should be scrupulously cleansed, and metallic ones be plunged for a few minutes into boiling water before they are used again. Moreover, the lubricant employed should contain a disinfectant, as, for instance, ten drops of the "impure carbolic acid" to each ounce of oil or vaseline.

## CHAPTER XXV.

## SEXUAL HYPOCHONDRIASIS.

No small proportion of the patients, who apply at the office of the venereal specialist, are afflicted only with hypochondriasis, relating either to the appearance or the functions of their genital organs. These patients may be divided into two classes: first, those who are ignorant of what the appearances of the genital organs normally are, or how far these appearances vary in sound persons, or who are ignorant of the influences which affect the function of these organs in all men, even the most healthy. This class of patients, if blessed with common sense and confidence in their medical adviser, need only information to set them all right.

But there is a second class of such patients, unfortunately the more numerous, whose minds are really unsound in reference to their sexual organs; who are unwilling to accept the statement of their physician that there is nothing the matter with them; who go on brooding over their imaginary trouble; who fall the ready victims of quacks; and who, after leading a miserable existence, a burden to themselves and their friends, sometimes become the inmates of a lunatic asylum, or seek a suicide's death. If such patients cannot be made to listen to reason, and a manly spirit cannot be roused up in them, there is no hope for them, for neither medicine nor surgery can cure them. I propose to mention some of the grounds of complaint, which the subjects of sexual fear or hypochondriasis most commonly set forth to their physician.

With some the complaint is almost ludicrous, as, for instance, that one testicle hangs lower than the other—a condition, which obtains with the great majority of men; or the patient thinks that his penis or testicles are smaller than they ought to be, even when they are of very fair dimensions; or he complains of an itching or crawling sensation in the parts, which is not strange, while his thoughts are constantly directed upon them. Again, it is the cheesy excretion, which forms in the furrow at the base of the glans; a few herpetic vesicles appearing from time to time, or a slight eczema of the penis or the eczema marginatum, which is so often developed in the inguinal fold, that makes him unhappy. A prominent professional man applied to me, a few years ago, for a little follicular abscess on the sheath of the penis, which he kept open by constantly picking at it. His mind was perfectly clear on every other subject, but was insane on this. He imagined he had syphilis, and had communicated it to his wife and children. After a few months, he committed suicide. Again, enlarge-



ment of the scrotal veins, or varicocele, is a fruitful source of terror to many men. This, indeed, may exist to such an extent as to seriously incommode the patient, and to demand surgical interference; but, in a moderate degree, it is of trivial moment, and may be relieved by wearing a suspensory bandage.

But nocturnal emissions are the complaint of most of the subjects of sexual hypochondriasis, and these they will probably ascribe to masturbation, which they ignorantly practiced for a time in former years, until they had visited one of the vile "Museums of Anatomy" which infest our cities, and, either there or elsewhere had read the terrible pictures of the dire effects of this habit, which quacks are wont to conjure up. Their emissions did not occur until after they had abandoned self-abuse, and hence, with illogical reasoning, they "must be due to that practice." Even men in adult life, who have been left widowers after years of unimpaired sexual power, will ascribe nocturnal emissions due to their present continence, to early indiscretion. The subjects of nocturnal emissions will tell you that, after each emission, they feel weak and exhausted; that they have pain in the back; and that they find their memory failing. They are apt to imagine, also, that the natural moisture of the urethra is semen; that the viscid fluid which oozes from the canal on sexual excitement is semen, and that they pass semen on straining at stool or in their urine—the latter being shown by some shreds which it contains when first passed or by the sediment which is formed on standing.

Now these men are to be told some plain truths. Nocturnal emissions occur independently of the practice of masturbation. Some of the most frequent cases I have ever seen have been in men who had never committed self-abuse. They are incident to early manhood, especially between the ages of fifteen and thirty, and are less frequent as life advances. At this period, the genital functions are most active; the secretion of semen is constantly going on, and must find vent somewhere, like a loaded rectum or a distended bladder. For a man in the prime of life, and living continently, not to have an occasional nocturnal emission, is a rare exception. The frequency of these emissions will vary and yet be consistent with health, and will depend somewhat upon the purity of the thoughts of the individual, and upon whether the sexual desires have already been excited, as by masturbation, illicit sexual intercourse, or the marriage state. Hence masturbators and widowers will be more exposed to them than those who have been continent from their youth up. With regard to their frequency, it may be said in general, that once a month or once a fortnight is most common, but they may take place as often as two or three times a week without detriment to the health. They are very apt to occur in groups—and this is a point to be mentioned to patients—*i. e.*, he may be free from them for several weeks and then will have two or three on successive nights or the same night.

In ninety-nine cases out of one hundred, these emissions require no medical or surgical treatment. The chief danger from them lies in

the patient's attaching undue importance to them, in dwelling upon them, and making himself miserable over them. If he can be induced to give his mind and body pure thoughts and healthy exercise, and to look upon their occurrence as a physical necessity, nature will take care of the rest.

It is now many years ago since a young man, who, like most young men, had not been entirely free from self-abuse, picked up a small pamphlet written by the late Dr. Bell, superintendent of the McLean Insane Asylum, in which the sin and degradation, and the evils of masturbation were set forth. He at once abandoned the habit, but nocturnal emissions occurred and became a terror to him. He called upon Dr. Bell, and his first words, after announcing his mission, were to thank him for writing the pamphlet he had read. To his surprise, Dr. B. replied that he was sorry he had ever written it; that the first edition was exhausted, and that he would never allow another to be published. "Why?" "Because I believe that what I said of the *possible* evils of masturbation and nocturnal emissions was overdrawn, and has done more harm by the fears it has excited in young men, than a continuance of the practice itself would have done." "Well, what medicine shall I take?" "No medicine whatever" (second surprise of the young man). "I shall only lay down some hygienic rules for you to follow. You must expect your nocturnal emissions to occur from time to time, but must not mind them. They will be less and less frequent as you grow older, and, if you ever get married, they will cease." The young man had strength of mind enough to appreciate this advice and follow it. He found every word of the doctor's prognosis in his case to come true, and in hundreds of such cases which he afterwards met with in practice when himself a physician, the same advice, when accepted and followed, always proved successful.

As intimated above, matrimony might be regarded as the best prescription in cases of nocturnal emissions, and it is the best prescription whenever practicable under such conditions of mutual attachment, etc., which are necessary to make married life happy. To marry simply for the sake of sexual intercourse, is likely to lead to greater unhappiness than can ever be caused by nocturnal emissions.

Illicit sexual intercourse, as a substitute for matrimony, is never to be recommended; first, because it is morally wrong, and the physician would take upon himself a fearful responsibility in advising it; and second, because the excesses which fornication always leads to, have an effect directly opposite to the one desired. In an admirable lecture<sup>1</sup> on sexual hypochondriasis, Sir James Paget says: "Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own

<sup>1</sup> Clinical Lectures and Essays by Sir James Paget, London, 1875.



choice and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrongdoing. But in the cases before us, and I can imagine none in which I would think differently, there is not ground enough for so much as raising a question about wrongdoing. Chastity does no harm to mind or body; discipline is excellent; marriage can be safely waited for; and among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said they were worse; and many, I know, have been made worse."

In all cases of frequent nocturnal emissions, the genital organs should be examined, and, whether phimosis exists or not, if the prepuce be long and redundant, circumcision is to be recommended (see chapter on Phimosis). A very marked varicocele may also render surgical interference desirable.

The hygienic rules to be given to the patient are very simple. It is better that the most substantial meal in the twenty-four hours should be taken at noon; the supper should be light, and food and drink be entirely avoided in the evening; the bedchamber should be well ventilated, a hair mattress preferred to a feather bed, and much covering avoided; the patient should sleep upon his side and not upon the back; a small pillow placed between the knees, so as to separate the thighs and prevent the scrotal organs from becoming heated, is sometimes desirable; and the patient should rise as soon as he wakes, emissions occurring most frequently during the semi-consciousness of the early morning nap. Tobacco in every form should be prohibited, since it not only increases the general irritability of the nervous system, but appears to have a direct influence in diminishing the tone of the genital organs and thus favoring seminal emissions. Above all, as already stated, the mind of the patient should be distracted from his complaint by constant occupation, and his general health be promoted by a plain but nourishing diet and by daily outdoor exercise, not carried to fatigue, since it is found by experience that when the strength is exhausted an emission is more likely to occur. Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood, however, that any weakness of the genital organs is often only one manifestation of a general weakness and irritability of the nervous system, which may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service:

R. Ferri et Quiniæ Citrat., ℥iij . . . . .	12
Strychniæ Sulph., gr. j . . . . .	06
Acidî Phosphoric. dilut., ℥ss . . . . .	15
Syr. Aurantii, ℥ij . . . . .	80
Aquam ad ℥iv . . . . .	145

M. et sig.—A teaspoonful (5.00) in water after each meal.

R. Strychniæ Sulph., gr. j . . . . .	06
Acidî Phosph. dilut., ℥iij . . . . .	90

M. et sig.—A teaspoonful (5.00) three times a day after eating.

The tincture of the chloride of iron and also ergot have been supposed, and I think justly so, to have a special tonic effect upon the genital organs, but they must be given in large doses, as for instance from half a drachm to a drachm (2.00–4.00) of either the tincture of iron or the fluid extract of ergot (Squibb's) in water after each meal. They may be combined as in the following prescription:

R. Tr. Ferri Chloridi, ℥iij . . . . .	90
Ext. Ergotæ fl. (Squibb's), ℥iij . . . . .	90

M. et sig.—A teaspoonful (4.00) in water after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious:

R. Potassi Bromidi, ℥j . . . . .	30
Tr. Ferri Chloridi, ℥j . . . . .	30
Aque, ℥iij . . . . .	90

M. et sig.—From one to two teaspoonfuls (4.00–8.00) in water after each meal and at bedtime.

Mention has already been made of the advisableness of circumcision when the prepuce is long. It may also be found upon the introduction of a sound that the urethra is oversensitive, especially in the prostatic region. In such cases, the introduction of a cold sound of full size, at first every third or fourth day and afterwards with greater frequency, will generally afford relief to the hyperæsthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of my deep urethral syringe or Guyon's flexible catheter and syringe. The severe cauterization with the porte-caustique of Lallemand, should, by all means, be avoided. In one severe case of nocturnal emissions occurring several times every night, Prof. J. H. Pooley<sup>1</sup> made a perineal incision, similar to that for median lithotomy, into the urethra just at the apex of the prostatic gland, and diverted the urine from its natural channel. The result was successful, but whether due to the mental or physical effect of the operation may be a question.

A few words are still necessary with regard to the special complaints made by these patients to their medical adviser, and which have for the most part been enumerated. Trifling as they may appear to him, they should yet be fully explained to them. The lassitude and backache which they experience after an emission, is nothing more than any person of impaired nervous power would feel after a long walk or other exercise. Their "loss of memory" is purely imaginary. They should be told that the natural condition of the urethra is one of moisture, like the inside of the mouth; that the amount of mois-

<sup>1</sup> N. Y. J. Med., vol. xxviii., 1878, p. 302.



ture will vary at different times; that it is especially liable to be increased by the erethism, occurring either with or without the knowledge of the patient during the hours of sleep, and hence is most perceptible in the morning on rising; that it is perfectly natural in men, as in the lower animals, to have the end of the penis smeared with a clear, viscid fluid when under sexual excitement (nature's object probably being to facilitate intromission); that a cloud or sediment will form in the most normal urine when allowed to stand for a few hours, and that no pair of optics ever born, unassisted by the microscope, could discover the presence of semen. But even should it occur, as it sometimes does, that a fluid actually containing spermatozoa is pressed out from the canal, especially on straining in passing a hard stool, it is nothing more than that overflow from the vesiculae seminales to which continent persons in robust health are liable. Spermatozoa left in the canal after such exertion, and particularly after a wet dream during the night, will naturally be washed away by, and be found in, the urine the next time it is passed.

The picture that I have given of masturbation and seminal emissions is very different from the one drawn by Lallemand, and by the charlatans of the present day, who, in their circulars, represent impotence, disease of the heart, consumption, paralysis, insanity, and idiocy, as a few of the consequences of self-abuse, which can only be cured by some nostrum of which they hold the secret. Masturbation is injurious, degrading, and beastly enough, not to require to be painted in any colors which are not consistent with truth. I have taken occasion to make inquiries of some of the most eminent physicians of our insane asylums as to what extent masturbation should be regarded as a cause of insanity, and they have expressed the decided opinion that it was mental weakness that led to masturbation, and not masturbation that led to mental weakness and insanity.

Paget's words on this point are worth quoting: "You may teach positively that masturbation does neither more nor less harm than sexual intercourse practiced with the same frequency in the same conditions of general health, and age, and circumstance. Practiced frequently by the very young, that is, at any time before or at the beginning of puberty, masturbation is very likely to produce exhaustion, effeminacy, over-sensitiveness, and nervousness, just as equally frequent copulation at the same age would probably produce them. Or, practiced every day, or many times in one day, at any age, either masturbation or copulation is likely to produce similar mischiefs, or greater. And the mischiefs are especially likely or nearly sure to happen, and to be the greatest, if the excesses are practiced by those who, by inheritance or circumstances, are liable to any nervous disease,—to 'spinal irritation,' epilepsy, insanity, or any other. But the mischiefs are due to the quantity, not to the method, of the excesses; and the quantity is to be estimated in relation to age, and the power of the nervous system. I have seen as numerous and as great evils consequent on excessive sexual intercourse as on excessive masturbation;

but I have not seen or heard anything to make me believe that occasional masturbation has any other effects on one who practices it than has sexual intercourse, nor anything justifying the dread with which sexual hypochondriacs regard the having occasionally practiced it. I wish I could say something worse of so nasty a practice; an uncleanness, a filthiness forbidden by God, an unmanliness despised by men."

There are other complaints of the sexual hypochondriac into which we have not the space fully to enter. I refer particularly to those odd caprices which these organs sometimes exhibit under varying mental emotions—even in the most robust and healthy individuals. Perhaps the most frequent complaint is that of too speedy ejaculation, which may take place on attempting intercourse with any woman or with some one woman in particular, especially if the attempt be the first one with her. Here the mind is chiefly at fault; over-anxiety to perform the act well is very likely to lead to its being performed badly. It occurs less frequently in married life than in single, and is a defect which diminishes with age, as old men well know. If art can do anything to hasten its cure it will be by means already mentioned: circumcision if the prepuce be long; the cold sound in cases of irritability of the prostate, ergot and the tincture of iron internally; last, but not least, matrimony, or, in lieu of that, some other object in life than sexual gratification.

Cases of absolute impotence in men of good health, and who have not greatly abused their powers, must be rare; I can recall but three or four in many years of practice. These I have treated with almost every remedy which I had ever heard of, but I never found any benefit accrue to the patient. Most frequently the impotence is merely imaginary. It is safe to tell any man who has erections at night that he is not impotent. Matrimony is the remedy for this imaginary evil, but, like the boy who did not want to go into the water until he first knew how to swim, the patient desires to be satisfied beforehand of his competency. This he cannot do by trial with women of the town; the conditions under which such attempts are made are obviously so different from those of married life as to require no comment.

Finally, the satisfactory accomplishment of the sexual act will be influenced by the merest whim or fancy. One man will be told by a friend some story of his sexual weakness, and, with this in his memory, he, too, for a time will find himself defective. A coarse word or some personal remark made by a woman may take away all desire for her, while the power remains the same with others. Excessive desire, especially with gratification long delayed, may also temporarily deprive a man of his power. Roubaud<sup>1</sup> relates a story of a young Frenchman, living in the country, where he was initiated into the pleasures of Venus by a governess, who was a blonde, and always

<sup>1</sup> Traité de l'impuissance et de la stérilité, 3d ed., 1876, p. 371.



wore when she met him English boots, corsets, and a silk dress. When old enough, it became desirable for family reasons that he should be married, but he found himself impotent except under the above-named conditions; the woman at the time of connection must be dressed, must be of a blonde complexion, must wear English boots, corsets, and a silk dress, in which case his powers were as great as could be desired. Under the pretence of giving him a powerful medicine, Roubaud administered a "placebo," which cured him.<sup>1</sup> This story is here told to show how much a man's powers are influenced by his mental condition, and to enforce the importance of paying attention to the *morale* as well as the *physique* in the treatment of disorders of the genital functions.

<sup>1</sup> This story reminds one of another concerning a sailor who was so accustomed to passing his water over a railing into the sea, that, when on shore, he could only relieve his bladder by piddling into a well.

## PART II.

### THE CHANCROID AND ITS COMPLICATIONS.

#### CHAPTER I.

##### THE CHANCROID, OR SIMPLE CHANCRE

I ADOPT the name of "chancroid" to designate the "contagious and local ulcer of the genitals," the history of which has been given in the Introduction of the present work.

Among the most important names which have been given it, especially in modern times, are the "simple," "soft," "non-infecting," or "non-indurated chancre" by various authors; the "chancrelle" by Diday; and the "chancre" by Hebra, Zeissl, Reder, and others of the modern German school. Hence the student will observe, when reading German authors, that "a chancre" spoken of, means what we here call "chancroid." What we here call a "true chancre" is designated by the Germans as "the initial lesion of syphilis," as it truly is. The nomenclature followed in this work is, however, the one usually adopted in this country.

Most modern French authors designate this disease as the "simple chancre," in contradistinction to the "syphilitic chancre," the initial lesion of syphilis; and, unless the term "chancroid," now so commonly recognized, be adopted, this name appears to be the most acceptable. Lancereaux calls it "*false or local syphilis*." Its secretion may be taken up by the lymphatics and conveyed to the nearest ganglion, there to set up inflammation and the formation of matter possessing the same power of reproduction as the secretion of the sore itself; but its farther progress is arrested within the ganglion; it never gains access to, nor contaminates the general circulation; and, since its influence is thus confined to the neighborhood of the point of implantation of the virus, it must be regarded as a local disease.

THE CHANCROIDAL POISON.—In the Introduction to the present work, reasons have been set forth to show that the chancroid is not dependent upon a *specific virus*, in the same sense that we attach to the word "virus" when speaking of syphilis or variola. That it possesses a contagious element or poison is unquestionable, but we believe that this poison, under certain conditions and especially when