

absence of more extended inflammation. When the excoriations suppurate and form superficial ulcers, it may be impossible to distinguish them from beginning chancre, but by cleansing the parts and keeping them covered with iodoform or aristol herpetic ulcers will at once begin to improve, and in a few days will be entirely healed. An initial sclerosis may appear as a small excoriation, but underlying induration can be detected; the sore is indolent, and is soon accompanied by characteristic enlargement of the inguinal glands. In making a prognosis it must be remembered that chancre may follow in the site of an herpetic lesion if the longest period of incubation of syphilitic chancre has not elapsed between the date of exposure and that of the examination.

Treatment.—The local treatment of herpes progenerialis is that of balanitis. Recurrences may often be avoided by improvement of the general health and by hygienic living, including abstinence from alcohol, tobacco, and highly seasoned food. In obstinate cases the surface of the glans and prepuce may be hardened by the long-continued use of tannic acid in powder or in solution of water and alcohol.

HYPOCHONDRIASIS.

THE morbid mental states produced by real or fancied venereal disease are numerous, and are equalled only by the hypochondriasis springing from ignorance and perversion of the physiological functions of the sexual organs. These morbid mental conditions are of occurrence in both sexes, far more frequently in men than in women, the subjects being generally near the puberal epoch. The symptoms presented differ in grade of severity, and when of marked character they may result in more physical distress than the maladies themselves, of which there is either slight evidence or a mere dread. For practical purposes the sexual hypochondriac and the patient in terror of a venereal disease, actual, possible, or wholly imaginary, may be considered in the same category.

It is a matter of common remark that the physiology of the generative organs of the male sex is less understood by the average physician than that of the corresponding functions in women. In the management of the youths, commonly unmarried, who are sufferers from the mental states here considered, it is important to recall the following facts:

Among the mammalia of the lower animals the sexual propensity is in general gratified with impunity in promiscuous relations, the young males copulating with in-

dividuals of the other sex freely on the earliest impulse, when not restrained by stronger adult males and by females who are not ready to accept approaches. From this event dates the sexual life of the animal, the male, when no longer capable of performing the sexual act, being often killed by stronger and more ambitious rivals or being abandoned to die apart from the group of breeding animals. Throughout this sexual life the male animal has, in the state of nature, no seminal emissions and no perversion of controlling sexual instinct. As a rule, he refuses to solicit the female of his kind when she is pregnant. In many cases the period of activity of the sexual impulse of the female corresponds with that of the other sex, and beyond that season the two often exist together in a harmonious asexual life. Obviously, this arrangement is designed solely with the view of reproducing the species.

The female, as a rule impregnated at the earliest ovulation, begins with this event a sexual life which thereafter consists of a series of pregnancies and sucklings of offspring until she is incapable of further conception, when she also either dies or is killed, having fulfilled her part in the struggle for existence. There is no history of menstruation—a function which, with its important accessory phenomena in generations of transmitted tendencies, distinguishes the female of man alone in the animal creation.

When man is studied in his artificial social surroundings, he is seen at once to be amply fitted for the part he is to play in life of a broader scope and deeper intent than that of the brutes. The young human male is required by the written and unwritten laws of most civilized countries to deny himself the grati-

fication of his sexual appetite until he is capable of union with one woman and of providing for the support of a family. During the time which intervenes between the attainment of puberty and marriage there is a period of unrest, and in many cases even of physiological storms which ever and again disturb the tenor of his days. If he happens to be among the large number of lads who early in life have practised masturbation, a perusal of the advertisements of the charlatan, with their record of horrors, may awaken in his breast a dread of a frightful future. He comes to his physician or friend (well for him if the former be also the latter) with a tale of involuntary seminal emissions at night, with and without erection; an escape of semen when straining at stool; "lost manhood;" defective memory; spots dancing before the eyes; "impotence;" sexual debility; general weakness; and disinclination for society.

With the trained physician it is scarcely necessary to discuss this group of "symptoms." Involuntary nocturnal discharges of semen occurring in a young man several times during one night, or even on successive nights, are "unnatural" simply because the human male animal is not living in the state of nature briefly sketched above. These losses are of similar import whether occurring with erection and accompanied by a lascivious dream, or in the total unconsciousness of sleep. They are truly physiological, and amount to the price paid by the youth who is attempting to lead a correct life and who refuses to lower his moral standard. The frequency of these discharges has little bearing upon any question of disease, since in perfectly sound youths seminal losses may be even often repeated without detriment to the general

health. A frequency at one time is usually compensated for by a relative absence at another. The emissions may be followed on the succeeding day by a feeling of lassitude, slight frontal headache, and mental dulness, but the balance is always struck by nature, as there is usually afforded a respite from the sexual fever (if such it may be called), when the discharge or the series of successive discharges is at length for the time being made to cease. These losses wholly correspond in physiological function and meaning with the menstruation of the young woman, whose monthly flux in a sense represents the price paid by her for virginity, clean living, and a delay of the performance of the sexual function until she is solicited in marriage by an acceptable suitor. It is true that after marriage menstruation may occur periodically, but, as a rule, it is suspended during pregnancy. Married men also, temperately indulging in sexual relations, occasionally have periodical involuntary seminal losses. It is well known that the comeliness of a young girl is almost proportioned to the regularity and character of her monthly periods. None the less is it certain that the attractiveness of a youth leading a clean life—that which makes the eye of man and woman dwell on his person with a sense of delight, the promise of manhood writ large on his features and figure—is to a degree proportioned to his involuntary losses at night.

Nor is the periodicity observed in menstruation not perceptible in the corresponding function of the other sex, seeing that not only are married men at certain seasons of the month specially disposed to the gratification of sexual desire, but that the unmarried also, at certain times in the month more than at others, have an

access of similar import. There is, in fact, a prostatic no less than a uterine ebb and flow of sexual congestion, and the reverse, that is responsible for many phenomena of health and disease perceptible in the two sexes and often wretchedly misinterpreted. Many, indeed, of the "pollutions" of young men at night (suggesting the menstruation of women not accompanied by ovulation) are discharges largely made up of the prostatic fluid rather than of semen.

Much the same explanation can be given of the "losses at stool" on straining which are such a bugbear to the uninitiated. These losses, too, are largely made up of the fluids of the prostatic sinuses, expressed by pressure upon the gland exerted by a scybalous mass in the rectum. There is no evidence whatever that this "loss at stool" is, in the life of any continent man, a sign of disease. Men differ greatly in the quantity of prostatic secretion they furnish, precisely as they differ in the amount of salivary fluid supplied during mastication. There is no fixed standard for all men, as there is none for the food they daily eat and for the amount of excreta they void as a consequence of the assimilation of portions of that food. Indeed, many married men, regularly and temperately gratified sexually, find a notable quantity of the same glycerin-like secretion at the meatus urinarius after stool when the general health is absolutely unimpaired and their organs are in a normal state. The milky fluid seen by the sexual hypochondriac when actually engaged in voiding urine is, as is well known, not seminal in character, but is due to the presence of the alkaline phosphates, and originates in conditions wholly apart from the sexual organs. The clearing up of this cloudiness by the addition of a small

quantity of acid in the presence of the sufferer is usually of value in restoring his mental equilibrium.

At times the microscopical examination of the prostatic fluid exuded at stool, and even of the urine of the hypochondriac, reveals the presence of spermatozoa. Even here no evidence is presented that the person is the victim of disease. The spinal and other symptoms of true spermatorrhœa need not here be considered. As a morbid state it is unquestionably rare, and is not to be classed with the functional derangements of the puberal epoch and its sexual alternations of storm and calm.

Masturbation may be prolific of serious physical mischief; but many of its results are exaggerated, and for the great majority of youths who discover the nastiness and indecency of the habit, and who abandon it, no serious consequences ensue. This is the verdict of conservative and experienced physicians the world over. The worst of its results, for the majority of men, are mental—the sense of unmanliness, the loss of self-respect, and the dread of the future which it begets. The best recourse in this morbid mental state is a timely confession to a wise physician, the acceptance of some explanation of the physiological function of the sexual organs, and the receipt of a good deal of encouragement for the future. The youth should be informed clearly that during a young man's period of sexual probation he has a constant conflict to wage between his passions and his better self, from which conflict he should emerge a victor—if not wholly unscathed, at least like the soldier who has made a brave fight and has conquered, not without some resulting scars, the enemy that sought to vanquish him. The best of fathers and husbands are veterans of such conflicts.

"Impotency" is a condition of which a great number of men know nothing, however eloquently they may bewail its occurrence. Having suspected in themselves some weakness, they often attempt to perform the sexual act, chiefly with a view to experiment, and the novelty of the situation, the dread of failure, or the fear of contracting some disease has left them powerless; or, possibly, when engaged in fondling and caressing a female companion they have experienced a flow either of the prostatic or of the seminal fluid itself, which has persuaded them beyond peradventure of a "sexual weakness" with which they are afflicted.

The point of view for all questions of this order is that which regards equally the two sexes. The inexperienced youth should be like the inexperienced girl in the first approaches after marriage—shrinking, trembling, timid, and unprepared. It is estimated that from 60 to 70 per cent. of young husbands fail in the first sexual attempts after marriage, and whatever figures may here represent the truth must surely be applicable to the other sex. The truth is, that while the young of the lower animals are early taught by experience to perform the sexual act without dread and, in the wild state, for the most part without preference of individual, men and women reared in civilization and surrounded by the usual safeguards of social order require to mutually educate each other in the matter of physical union. Never is the sexual act so vigorously and effectively accomplished as when the strong emotion of love unites two human beings and elevates the performance of the brute to the level of a pure morality. Hence the complaints of "premature ejaculation of semen" and of "failure of erection" on the part of the hypochondriac

have no meaning when interpreted in the light of science.

The "lost manhood" of these fond youths is an echo from the outgivings of the parasites of the profession. Manhood in its best sense bears small proportion to the vigor and capabilities of the sexual organs. In so far as man is distinguishable from the brutes is he removed from their sexual habits and powers. The lower the individual in the scale of civilization, the more conspicuous, as a rule, is his sexual power and the number of resulting progeny. The negro, the Indian, and the half-breed are in this point widely removed from the highest types of the Anglo-Saxon. Even when in the grasp of disease, the tuberculous, the syphilitic, the leprous, the idiotic, and those burdened with the inherited and acquired maladies of the pauper fetch into the world their superfluous brood to be a burden to society and a reproach to civilization; while men and women far above them in the social scale, and superior alike in point of physical endurance and mental energy, perform the sexual act with far less inclination, frequency, and readiness. For some of the very noblest types of manhood and womanhood, indeed, indulgence in the sexual act is notably infrequent, the resulting offspring few, and the marriage state often unsought.

The listlessness, loss of memory, *muscæ volitantes*, and lack of physical energy cited by the hypochondriac as evidences of his condition are obvious misinterpretations of the changes from day to day incidental to all active lives. The fatigue of nervous anxiety is not necessarily morbid. The memory of some of the insane is remarkably good; it is a faculty conspicuously wanting among some of the greatest men of history, and in most

persons is largely the result of their education and environment.

"Impotence" is a word that for the expert has no longer a definite meaning. Every healthy adult male is, in the sense in which that word is popularly employed, both potent and impotent. Some men, like the negro, are capable of committing a rape as often as the occasion offers, merely to gratify lust; fortunately, they are few and usually meet with a violent end. Fortunately, also, the best type of man, living a clean life, is wholly unable to perform the sexual act save with the one woman in the world whose life is devoted to him alone. For the men within these two extremes a thousand accidents—disgust, anger, excessive bodily or mental fatigue, recent evacuation of the seminal vesicles, and who can say what else—daily render them "impotent" in the sense in which this word is often used.

Nor is the man who, living a clean life, chances to possess unusual sexual vigor, for this reason to be set down as a type of superb manhood. With infinite forecasting of the needs of the race, it is ordered that the sexual propensity be most eager, most energetic, and most effective in exercise at an early period of life, when the real vigor of a man, mental and physical, is actually immature. Obviously, all is planned with a view, first, to the perpetuation of the race, and, after that, to provision for the young of the family under the shelter of the roof reared by the strong hand and provided with sustenance by the experienced brain of the maturer man.

When the sexual hypochondriac oversteps the limits here set—those, namely, within which a fairly healthy youth passes through his period of sexual probation,

with a heart saddened and perhaps affrighted by the ghosts that beset his pathway—then he enters a pathological field which cannot be named without a sense of disgust. The unnatural practices which the records of history teach are as old as the Saturnalia of the Roman Empire, prevail only to a limited extent in our own day. Alienists, chiefly those connected with state institutions for the care of the insane, have probed the depths of this vileness, and with scientific precision have analyzed the symptoms of sexual psychopathy as they are betrayed in masochism, sadism, tribadism, sapphism, pederasty, sodomy, bestiality, erotomania, and satyriasis.

To the credit of humanity it may be added that these habits are often manifestations of insanity due to lesions of the nervous centres. The victims of these disorders are the frequent subjects of epilepsy, imbecility, or dementia, and often exhibit microcephalic, asymmetrical, or scar-compressed crania.

Syphilophobia is a term used to describe the condition in which patients become morbidly terror-stricken over the possibility of having incurred syphilis. The term may be used, if not with accuracy, at least usefully, to include those who are morbidly anxious lest any of the venereal diseases other than syphilis, such as gonorrhœa, have been incurred. It matters not what be the object of terror, the mental state is practically the same.

It is seldom that in the venereal diseases any more wretched complexus of symptoms is presented than in a well-marked case of syphilophobia. The weird of the thing seizes alike on men and women, and while it endures, life is usually embittered, the happiness of a home often blighted, and the body wasted under the ner-

vous strain. Sleep, digestion, nutrition, and peace of mind vanish; the tongue becomes dry, the eyes haggard, the person neglected. From this extreme there is every gradation to the other, where there is simply a short-lived and happily-ended anxiety. Only an abounding selfishness can impel men to these conditions, but many patients claim that their unending terror is based on apprehensions for another—a wife, a betrothed, a daughter, a sister, a husband, or a friend. This condition may endure for but a few days or weeks, or it may last for years. It may even be for a long while shared in full measure by a consort. In a few cases we have seen men and women go insane under the burden of the anxiety. In these extreme instances it may well be believed that the insanity was lingering unrecognized until the accident suggesting fear of venereal disease became the immediate and exciting cause of the disaster.

The bases of the suspicions of these people are widely different. Some individuals exhibit tangible lesions of the surface, which they choose to misinterpret, after a real or fancied exposure to venereal disease. Thus a facial acne, a keratosis pilaris of the outer faces of the thighs and arms, a telangiectasis ("spider cancer") of the surface of the chest, some innocent mollusca of the scrotum, or a few aphthous ulcers of the mouth due to indigestion, serve as unmistakable signs of syphilis. Often in their restless anxiety these victims swallow medicaments with a view to eradicating the malady with which they are convinced they are infected, and these drugs, by the production of a medicamentous rash, add to the supposed evidences of disease.

When no lesions are present on which to build these anxieties, a basis is readily discovered in the anatomical

peculiarities of the body. In this way the bluish tinge at the rim of the corona glandis is taken to be a sign of "gangrene;" the fungiform papillæ of the tongue are named as "mucous patches;" the reddish hue of the meatus externus urinarius indicates "inflammation." In some cases the testicles are too closely drawn up to the body; in others they are too lax; in yet others the penis is shrinking; in women the vulva is beset with "papules" when its follicles are unusually conspicuous. If these unfortunates once become possessed of works on medicine, they are usually worse distraught. It is not at all surprising that even classical illustrations of this singular craze are furnished in the persons of physicians themselves. The subject, even though it seem to have a ludicrous side, is not without its tragic aspects. We have known men to take their lives in despondency over such fancied disorder. The trained physician must be ready to appreciate every phase of the madness.

The treatment of the several forms of hypochondriasis described requires the utmost skill, prudence, and good judgment on the part of the physician. The chief remedy at hand is a knowledge of the truth. This alone is often sufficient. A common-sense explanation and a little encouragement often suffice to remove a persistent cloud of shame and dread. Unfortunately, as the history of the world clearly proves, men and women will not always listen to the truth. Sympathy does good at times; at others it is worse than useless, and ridicule, even scolding, may answer the end better. For the obstinate subjects who refuse all aid of this character and persist in retailing their long list of symptoms to the ear of the physician, he may even make shift to accomplish his end by wholesome threats. It

may be wise in cases to point to the idiotic condition that occasionally crowns a labor of the sort upon which the hypochondriac is engaged, or even, as a last resort, to make it appear that, since the patient will listen to neither truth nor reason, his friends must be made acquainted with the facts in his case. The last is often an effective argument. It is a pitiable fact that some of these states are utterly hopeless. The patients either belong to the insane class or are of those of whom it was long since written that even brayed in a mortar their folly will not depart from them.

For the young male sexual hypochondriac important advice touches his moral surroundings; but over and above this he should be made to abandon tobacco and alcohol, to employ the flesh-brush after his cool morning bath, to avoid hot and Turkish baths, and even cold bathing at night, which is apt to be followed by undue stimulation when he is well warmed in bed. His food should be nutritious and simple. It is a common error for these young persons to attempt living on a slim diet to avoid stimulating the sexual propensity. All medicines of the sort commonly given to allay nervous excitability, such as bromide of potassium, are rigidly to be excluded. For these subjects they are vile remedies, and they exert an injurious effect upon the mental tone of the person who relies upon them. From a scientific point of view, they are given with a wholly false conception of the end to be attained. The bowels should be evacuated daily, and there should be open-air living and physical exercise. The dance, theatrical performances, club life, and the perusal of certain kinds of literature are equally harmful. To persons of this class medical books are to be especially prohibited.