

Hygienic measures.—The first and most important factor in restoring an exhausted generative apparatus is *rest*, and by rest is meant not simply a more moderate degree of indulgence, but absolute cessation from all sexual excitement. Without this it is scarcely worth while for the physician or the patient to expect a cure. The period during which rest must be enjoined depends very much on the degree of exhaustion which has been reached. I have generally found that in those cases in which an erection sufficient for intromission does not take place, sexual repose for about a year is necessary. Again, the age of the patient and the length of time during which the condition has existed are factors to be considered in determining the question. In persons over forty, and in whom the condition has lasted six months, no attempt should be made for even a longer period than a year. With every unsuccessful effort, even though no emission occurs, the nervous excitability is still further lessened, and the *morale* materially lowered. Generally in these extreme cases there is no difficulty in securing the requisite quiescence. The patient is fully aware of his inability, and is in no mood to undertake what he knows will result in failure. It sometimes happens, however, that masturbation, with the erection almost *nil* and the orgasm imperfect, is practised, when the individual finds that intercourse is impossible. It is in this respect that the requirement of rest must be strictly enjoined.

But in those cases in which the emission takes place

too soon, and in which the erection, though feeble, is yet sufficient for intromission, more difficulty is experienced in enforcing the prescription of absolute rest. The patient may be profuse in his promises but niggardly in keeping them, unless the full consequences of his dereliction are placed before him. The physician will therefore in such instances be obliged to speak very plainly, and perhaps to present the alternative of perfect obedience or a change of medical adviser. There is nothing to be gained either by the physician or patient, unless the condition in question is complied with. I am thus emphatic on this point, because I have often found great difficulty in causing patients to obey the directions given in regard to it.

In connection with this subject *rest of mind from all lascivious thoughts* is of almost equal importance. A man cannot very readily, by simple act of the will, prevent such thoughts obtruding themselves upon him, but there is usually no great difficulty about the matter, if he can be made to keep his mind busy with something else. Those patients whose lives are spent in idleness are always more rebellious in this respect than those who have some occupation, especially if it be one in which mental concentration is required. If the circumstances of the patient admit of it, a course of study is often a very efficacious means of directing the mind from sexual matters, and the beneficial effects of travel in unfamiliar countries where there is much to engage the attention are not only of importance, in this respect,

but in many others are so obviously of advantage as not to require further consideration.

Baths.—If the strength of the patient is such as to insure a proper degree of reaction, *cold baths* are of decided benefit. In such cases they may be taken daily in the morning, and may be either *plunge* or *shower*, as may be preferred. *Sea baths* are especially tonic to most persons. *Warm baths* are sometimes useful, but in general they are better applied to the generative organs either alone or alternating with cold water. In such cases the water should be poured on the parts from a height of several feet, either in the form of a shower or stream, first the hot, and then the cold, a coarse towel being then used for drying and rubbing till a decided sense of heat is produced. There are few more powerful tonics than this mode of using water.

Douches, either of hot or cold water or of both, applied to the skin and the perineum, are of decided advantage. As in the former method, the hot and cold water may be used alternately, two minutes for each being an average period of application.

Turkish and Russian baths are also of service taken about twice a week, and not of long duration at any one time.

The diet should be full and nutritious, animal food forming a large proportion of it, and fat in some form being a prominent constituent. This latter may be taken in the form of cream or of cod-liver or other oil.

Glycerine may sometimes be substituted in the cases of those persons to whom oil is disagreeable.

Of drinks, tea and coffee are quite admissible, as is also a glass of Bordeaux, Burgundy or other good wine at dinner. The excessive use of alcoholic liquors is, however, prejudicial to the object in view.

Active bodily exercise is always of use, but should not be carried beyond the point of fatigue. If this precaution is neglected, more harm than good will be done. Horseback riding is in general not to be advised, unless in very great moderation.

In this connection it is necessary to remind the patient that he *must not sleep on his back*, and this especially if there are seminal emissions at night. In that posture an unnatural degree of erethism is produced in the sexual organs by the congestion which it permits in the spinal cord and cerebellum, and which occurring during sleep, when the influence of the higher parts of the brain are removed, leads to an automatic activity most injurious to the health of the organs. Many persons find it difficult to avoid this posture. Usually after a time, however, the individual going to bed with the idea strong in his mind that he is not to sleep on his back, avoids the position probably through unconscious cerebration. In other cases it is necessary to resort to some device in order to correct the habit. A towel tied around the waist with a hard knot in contact with the centre of the back will generally cause the patient to awaken when he gets on his back, and the knot presses

strongly against his skin. In other instances some more powerful agent is required. Belts have been made of leather with sharp tacks driven so that the points projected on the inside, though covered loosely with a thin cushion. When the individual rolls over on his back, after having put the belt around his waist, with the armed portion pressing lightly against the body, the sharp points of the tacks penetrate the skin, and awakening him cause him to turn over on his side. It is, however, rarely the case that these contrivances are necessary for any considerable period, as the habit is soon acquired of not sleeping on the back.

The *bed* occupied by a patient suffering from nocturnal emissions should always be a hard hair mattress. I have repeatedly known emissions during sleep kept up in spite of all measures employed against them, solely by the fact that the bed used was made of feathers and almost overwhelmed the individual when he got into it. Such beds are too heating: they do not allow the body to radiate its natural heat, and they prevent the even transpiration from the skin. In the country such beds are still used, though they are now rarely seen in cities.

The question of marriage is one which a man who is threatened with impotence, or who already suffers from it in consequence of his excesses in youth or adult life, often submits to his medical adviser. It appears to me to be one which under these circumstances, both for the sake of the patient as well as that

of an innocent woman, should always be answered in the negative. In the first place, from a sanitary point of view marriage cannot lead to any beneficial result. It probably would conduce to increased excesses or at least to attempts in this direction which could not fail to be of deleterious effect upon the condition of the patient. Moreover, by advising a man sexually impotent to contract an obligation which the physician knows he cannot fulfil, an offence against good morals is committed, and a crime against society perpetrated, for which there is no excuse and which it is difficult to characterize in mild terms. But I have known physicians who make a great affectation of decency and religion to deliberately advise a broken down *roué* whom they knew to be sexually impotent to wed a young, vigorous and pure girl for the purpose of having his genital system stimulated to a higher point than had yet been reached.

Nevertheless one of these men thought it in the highest degree immoral that a young man of good health who had never abused his sexual system, who was troubled with frequent nocturnal emissions, and who had abstained from sexual intercourse though twenty-five years of age, should have been told by another physician that the emissions were an outburst of nature, and that sexual intercourse was indicated. It is said that the first duty of a physician is to his patient, and this is true so long as he performs it with a decent regard for his obligations to humanity, but it

appears to me that it would be just as proper for him to advise an impecunious patient to replenish his purse by picking some one's pocket as to advise his sexually impotent patient to contract a marriage he can never consummate. Fortunately, however, the question of morality can rarely if ever arise. It is injurious to an impotent patient to contract a marriage, for such a procedure prevents the rest to the debilitated organs which their condition so imperatively requires. Nothing in fact can do more harm.

Medical means.—There are no aphrodisiacs or special restorers of virility known to medical science, notwithstanding all that has been said in regard to certain remedies. But while this is true, there are agents which certainly have an indirect, in some cases a powerful influence in giving tone to the generative organs and in obviating some of the conditions to which the resultant impotence is due. These may be considered in two categories—those which are applied externally and those which are taken into the system as medicines.

External remedies.—First among these, and ranking high in the list of remedies, is *electricity*.

This agent is employed under three forms—Galvanism, Faradism, and Franklinism. In using galvanism the only rule in regard to the strength of the current is to bring into action as many cells as will produce a decided sense of discomfort to the patient. The electrodes should ordinarily consist of wet sponges, and

the application should be made to the spine, the perineum, the testicles through the scrotum, and the penis.

In applying the current to the spine, the whole of the vertebral column may be embraced within the circuit, though greater attention should be given to the lower dorsal, the lumbar and the sacral regions. I usually first apply one electrode—it makes no difference which—to the nape of the neck, and then stroke the back over the spinous processes with the other for three or four minutes, using a current strong enough to cause a considerable sensation of warmth and to produce redness of the skin. Then the upper electrode is placed over the middle of the dorsal region, and the other moved slowly down over the parts below a dozen times. The effect of the application is rather unpleasant, than otherwise, and the back continues to feel a sensation of warmth for an hour or more afterwards.

Then one electrode is placed over the sacrum and the other on the perineum, and both are kept in their position for about a minute. A current of somewhat less strength will be advisable for this application, as the patient will not generally endure one so strong as that used for the spine.

In making the application to the penis externally, one electrode may be placed on the perineum, and the other on the glans, the latter being removed every five or ten seconds, or the current broken by the arrangement for that purpose on one of the electrodes. Two or three minutes are sufficient for this purpose.

It is sometimes the case that the impotence depends in a great measure on an anæsthetic condition not only of the glans but of the whole penis. In such a case the electrode should be passed over the whole organ, and the strength of the current should be such as to cause considerable discomfort if not actual pain.

In those cases in which nocturnal emissions are frequent and the erethism is so great that emissions take place without erection or on slight provocation, it is sometimes necessary to apply the electricity to the interior of the organ. A special electrode is necessary for the purpose. It is made of some non-conducting material, except at the very extremity, which is metallic and is in connection with a wire running through the instrument and attached to one of the conductors leading from the battery. This electrode is introduced into the urethra, and the metallic point brought into contact with the orifices of the seminal ducts or to the prostatic portion of the urethra, as the case may seem to require. As a remedy for nocturnal emissions or analogous conditions it is far superior to the cauterization recommended by Lallemand, and far less painful.

The application of galvanism in this manner is also extremely useful in cases of nervous exhaustion, or in paralysis of the erector muscles of the penis, the accelerator urinæ, etc. In this internal use, the other pole—the sponge electrode—should be applied to the perineum, the sacrum or the pubis, or alternately to each of these regions, so as to send a current through

the penis in all directions. The strength of the current need rarely exceed that from four or six Léclanché cells, and it requires to be frequently interrupted to avoid too great a degree of irritation.

In applying galvanism to the testicles, care must be taken to provide that the current be not too strong, that from four or six cells being generally amply sufficient. Very intense currents cause a good deal of pain and may induce syncope, an accident which has occurred in my own experience. But the beneficial effects of this use of the agent are often very decided, even after the organs have begun to become soft and to enter upon a state of atrophy. The nutrition is improved and a condition of greater firmness induced. With these changes a return to sexual health is often initiated.

Faradism is also of great value in the form of impotence under consideration. Its mode of use is not essentially different from that of galvanism, except in certain respects to be noted.

In applying the current to the spine, one of the electrodes should consist of the wire brush; the other, a wet sponge is placed high up on the neck, and the wire brush is carried down the spine slowly, the action being repeated a dozen or more times. The operation is a painful one, but the reflex stimulating action is very decided. The nutrition of the cord is improved, its normal degree of activity restored and the cure of the impotence materially facilitated.

For the relief of the anæsthetic condition of the glans, which sometimes is a cause of the non-excitability of the penis, one pole, the wet sponge, is placed over the lumbar or sacral region, while the other, the wire brush, is placed on the glans. A mild current is used at first, and this is gradually increased as the patient becomes more used to it, till one of considerable intensity and causing decided pain is reached. The object is to make a marked impression on the terminal extremities of the nerves of the part, and this cannot be done without exciting more or less pain. Two or three minutes are enough for this application, which, however, ought to be repeated, sometimes daily, and at others every alternate day.

For application to the interior of the urethra the faradaic current is useful, though in general not as desirable a means of employing electricity as the galvanic current. An electrode of the same kind as that previously mentioned is introduced, and being attached to the induction machine a current is passed as in the other instance.

Faradaic currents employed in the ways referred to should be frequently interrupted. Slowly interrupted currents are of little service, and cause fully as much pain as those in which the interruptions are rapid.

Franklinic or *Statical Electricity*, though not of such varied uses as the forms mentioned, is still capable of being employed with great advantage, and is, in some respects the preferable kind to administer. The manner

in which I generally employ it when I have decided that it is the variety of electricity most suitable to the case is as follows:*

The patient being seated on the insulated platform, the clothing being unremoved, sparks are drawn by means of a large brass ball from along the whole length of the spine. The effect of this is to produce a counter-irritant action and a degree of reflex excitation which no other form of electricity so safely and effectually affords. Each spark leaves a slight elevation of the skin, and the whole surface is reddened. The penis frequently enlarges under the influence, and if the sparks be drawn from the sacral region, erections will often be produced, even in cases in which they have not taken place for several months under the influence of venereal excitement. By means of a brass electrode enclosed within a glass cylinder perforated at one end, devised by Dr. W. J. Morton, the action can be directed with great exactness.

This electrode is also admirably adapted for application to the perineum. Indeed it would be difficult to conduct sparks from this region without some such appliance.

For the relief of anæsthesia of the glans the statical electricity is fully as effectual as galvanism, perhaps even more so. For this purpose I use an electrode,

* The machine which I use is of four revolving plates of thirty inches each, and three stationary plates, made for me by Messrs. J. & H. Berge, of this city.