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PART I.
ORIGINAL COMMUNICATIONS.

ART. VI.—*Cases of “Night,*” or “Moon Blindness,” and of ordinary Amaurosis, caused by Onanism and inordinate Venery; with Remarks.* By ROBERT CANE, M. R. C. S., Kilkenny.

I HAVE been induced to select the following cases, out of several similar ones, occurring in my practice, and to publish them, first, because of the rare occurrence of night blindness in England and Scotland, a fact proved by the admission of some of the best † writers on eye diseases in both of those countries ;

* I have taken the liberty of using the English term for this disease, in consequence of the indiscriminate use of the terms nyctalopia and hemeralopia, each of which names has been used to imply either night or day blindness, according to the arbitrary construction of those terms by individual writers, so that there is no fixed meaning for either of the technical terms.

† Upon the rarity of night blindness in Great Britain, Dr. Grant says, “nyctalopia is little known in this country ;” article Nyctalopia, page, 183. vol. iii. Cycl. Pract. Med. Dr. Mackenzie, in his splendid work on Eye Diseases, quotes a case of Dr. Pye's, and says, it is “a disease * * rare in this county,” page 817, third edition. Wardrop states that he had “never observed nyctalopia in Britain,” page

and secondly, because onanism and venery have not been recognized by systematic writers, as a most prevalent cause of amaurotic diseases, or dwelt upon as their importance deserves. Indeed, some writers, in enumerating the causes of amaurosis, have omitted them altogether,* while others, placing them low in the list of causes, have despatched them in a sentence; and no one writer I can call to mind has mentioned them at all as a source of night blindness. Now I believe it to be of consequence that the attention of the Profession should be directed to the frequency of such practices constituting a chief cause in the production of amaurosis; and by being continued, even during medical treatment, becoming antagonists to the skill of the physician who must search for the cause ere it will be admitted or can be removed; and if it remains undiscovered, and consequently unremoved, then will his treatment most assuredly terminate in failure. Amongst the vast variety of unmanageable diseases, which present themselves in practice, there are, perhaps, none more frequently embarrassing—none, except phthisis, with which so vast a number pass from the prescriber's study, just as they entered it, *opprobria* to his science. Such is, I believe, the experience of those who have had the most extended field of practice, and one of the objects of the present

191, vol. ii. of *Morbid Anatomy*. And Samuel Cooper, in his lectures delivered at the London University, speaking of cases of night blindness, says, "in this climate they are rare, and where they do occur are only relapses of persons who have been previously affected in hot climates," page 483, vol. v. *London Med. and Surg. Journal*. I do not know whether the disease be really more prevalent in Ireland generally, than it is in Britain, but I know that none of my patients were ever out of Ireland.

* Amongst the authors who incidentally mention venery and onanism, without attributing to them their due importance in constituting leading causes of amaurosis, are Mackenzie in his *Monograph*, Jacob in the *Cycl. of Pract. Medicine*, Tyrrell in *Costelloe's Cyclopædia*, and Copland, *Med. Dict.* While I find that Wardrop, in his admirable *Morbid Anatomy of the Eye*, Ware on the *Amaurosis*, and Mackintosh in his *Practice of Medicine*, omit it altogether; and none of those writers trace night blindness to such a cause.

paper is to direct attention to a class of amaurotic diseases, resulting from a specific cause, which cause being removed, the treatment becomes at once simple and eventually successful, if assistance be had before disorganization has taken place. And it is the more important that attention should be directed to this source, if I be correct in estimating onanism and venery as the most productive causes of the diseases in question, still more so if I be correct in declaring my belief, that if through want of suspicion, or false delicacy on the part of the prescriber, the practice is undiscovered ; or if suspected and discovered, he yet omits to denounce the crime, and to prophesy the sure and fearful results, so as to deter from its repetition ; the result of such omission will be the continuance of the infatuating practice, and the marked failure of all remedies prescribed. Of course, it requires great delicacy and peculiar tact and management to arrive at the essential knowledge ; but the intelligent physician will know how to proceed in his investigation without rudely shocking the innocent by a false charge, or offending even the guilty by a sudden or gross accusation. He will feel his way cautiously and steadily, he will gradually open the character of his patient, he will draw out the tendencies of his mind and of his pursuits ; he will win his confidence—while, perhaps by an allusion to some similar case, where venery produced similar symptoms, he will prepare his patient for a full disclosure, by letting him feel there is nothing new or singular in his case, and that his attendant's previous knowledge of such matters precludes the risk of his being shocked by a free confession, for he is already fully in possession, and the safe depository of, many such secrets. I have had several of those cases under my care, and as yet, the treatment of all those where the amaurosis was uncomplicated with mischief elsewhere, or not of an organic nature, has been satisfactory and successful ; while I am free to confess, that I have found, with but few exceptions, the amaurotic affections resulting from other causes most unmanageable.

The following cases are arranged according to the dates of attendance.

CASE I.—June 2nd, 1838. Mr. —, aged 40, consulted me for complete loss of vision in the right eye, and increasing weakness of sight in the left eye. Both eyes small and grey; pupil of right eye broadly dilated and irregular on the upper edge, the iris being somewhat puckered. Nothing remarkable in the appearance of the left eye, except the conjunctiva, which looks muddy and watery in both eyes; the iris in both eyes moves but tardily under the stimulus of light. Can read very large print with the left eye, but only for a moment or two, when the letters spread. Is hardly sure that he distinguishes between light and shade with the right eye. Feels tottering in the street, which he attributes to his want of vision; countenance anxious; surface natural; pulse 110, tongue clean; but moist and flabby; contents of chest and abdomen healthy; feels depressed and weakly. States that the blindness has been creeping on him for the last month, but is particularly bad within the last week. In reply to inquiries, reads sometimes at night, does not drink, keeps good hours, and is not addicted to venery of any kind! Ordered,

℞ Pil. Hydrarg.

Pil. Coloc. c. āā. gr. v.

M. ft. pil. ii. h. s. s. et sumat cras mane Misturæ Sennæ

Comp. ʒ iss.

June 4th. Symptoms unimproved; complains of some stomach uneasiness, and a sense of giddiness in the head; medicine acted but slightly. Ordered,

Pil. Hydrarg. gr. v. hac nocte, et mane sumat sequent. haust.

℞ Carb. Magnesiae ʒ i.

Vini Rheii ʒ ss.

Aquæ Cinnam. ʒ ss.

Mannæ ʒ i. M.

Cucurbitulæ, cruent. applicentur nuchæ, et mittatur sanguis ad ʒ viii.

June 5th. Was cupped on yesterday, and got weak after the abstraction of two ounces of blood; medicine acted on his bowels; feels weaker and his sight is much worse; pulse feeble and 120; expresses his regret that he did not deal candidly with me on the first day, as he now fears he set me astray as to the true nature of his complaint. He now admits the long continued indulgence of the most morbid sexual propensities, such as the constant usage of artificial means of arousing exhausted passions, the particulars of which are revolting, and unnecessary to repeat here; suffice it that his acknowledgment altered my views of the nature of his case, and of the treatment. I apprised him that it was essential to his cure that those practices should be omitted, that otherwise he must calculate on certain blindness and a premature death. I directed him to drink a bottle of porter and to eat fresh meat at luncheon and dinner, and to use an ounce of the following mixture, thrice daily.

℞ Sulph. Quinæ ʒss.
Acidi Sulph. dil. ʒii.
Infusi, Rosar. ʒix. M.

He was continued under this treatment, the quinine being increased to five grain doses, and three glasses of port wine being added to his diet list, until the 12th of the ensuing July, being about five weeks, when the sight of both eyes was perfectly restored, and he has not since had any return of the disease.

CASE II.—October 5th, 1839. J. D., aged 34, under the middle size, slight, but muscularly made, countenance flushed and drowsy looking; complains of sense of fulness in the head and dimness of sight, to such an extent that he occasionally walks with his hands stretched before him to avoid being knocked, and some weeks ago he walked into the River Suir off the quay of Waterford. The pupils are broadly dilated, the left most so; iris sluggish under light; conjunctiva and sclerotics are deeply injected; is slightly dyspeptic; bowels confined;

pulse 90, and nothing unusual in its character; was in Stevens's Hospital in the early part of the summer, where he was put under mercury; had blistering ointment to his head, and a seton in his neck; thinks his sight was improved by the salivation, but it was as bad as ever in a few days after; but the mercury cured severe neuralgic pains in his arms and legs, which he then laboured under. The seton in his neck fell out, and he is now worse than when in Dublin.

This man's complaint is clearly traceable to his having married about three years since, and as he states it, "having used sinful means to force, and enable him to gratify desires oftener than nature wanted." The practices were omitted, and the following treatment adopted:

Cucurbitulæ C. nuchæ appl. et mittatur sanguis ad $\text{℥}xv$.

℞ Pil. Coloc. c. gr. x. Ft. pil. ii. h. s. s.

The next day he felt much better; he continued under treatment until the latter end of November, in which time he was again cupped twice, had the seton replaced, and got aperients occasionally. He is now in the perfect possession of his sight.

Those two cases of amaurosis resulting from the same cause, illustrate very opposite states of the system, but both manageable under ordinary treatment as soon as the source was removed. The next four are cases of night blindness,* resulting from onanism.

CASE III.—April 26, 1840. W. B., aged 19, complains that he is "totally blind every night from dusk till morning;" looks to be in perfect health; says he now sees as well as any man, but expects to get blind to night as usual; pupils rather dilated,

* The following graphic sketch of nyctalopia by the eloquent Heberden is worth quoting: "Circa solis occasum res omnes cœperunt colore infici cœruleo, qui sensim increvit in speciem nubis, et brevè postea oculi adeo caligabant, ut candelæ lucem cernere vix posset. Crastino mane acies oculorum restituta est, cum vero advesperasceret, lumen similo modo omissum est." De Nyctalopia, page 282, Commentarii, Londinii, M.DCCC.II.

and iris rather slow in moving on exposure to light ; conjunctiva slightly injected ; pulse 86 and strong ; tongue white and flabby ; bowels regular ; is a strong made young man, brown eyes and hair, and ruddy complexion. His sight has been failing him at night for the last six weeks, and is much worse within the last fortnight ; three weeks ago he could see a halo round a candle, but now all is darkness ; he gropes his way to bed, a candle being quite useless. In reply to inquiries, states that he never had sexual intercourse, but that he has been about three years practising onanism ; latterly he has done so generally three times daily ; has frequent nocturnal emissions. Ordered to be bled to a pint ; to have blisters behind the ears ; and occasional aperients. On the eighth of May he got 3 grs. of blue pill night and morning, which touched his mouth by the 14th, and on the 16th he was well, and continues so still ; resolved never again to commit the crime which was blinding him.

CASE IV.—May 4th, 1840. J. Q——, aged 26, complains that he gets quite blind every evening as it grows dusk, and remains so until morning breaks ; that he has been in ill health these twelve months past, but was not blind at night until about two months since ; pupils natural size ; iris slow under light ; eyes and skin have a dull icteric tinge ; pulse 120, and feeble ; feels weak, and has lost his appetite ; tongue covered with a light brown coat, moist and flabby ; had pain in the right side about three months back ; right hypochondrium still swollen, and tender under pressure ; abdomen tumid, but does not appear to contain fluid ; the alvine discharges are scanty, but contain some bile ; urine high-coloured and small in quantity. Has practised onanism for the last seven years, and to a frightful extent ; has nocturnal emissions every night. Was directed to rub tart. ant. ointment over the right side, and to take night and morning the one-sixth of a grain of sulph. ferri, and 4 grs. of Rufus's pill, and to have porter and free animal diet. Under this treatment his general symptoms have improved ; the enlargement in the right side is much lessened ; the discoloration

of the skin is disappearing, and he feels stronger, but the night blindness still continues; as the hepatic symptoms have improved, I have commenced quinine with him, and he has discontinued his mal-practices.

CASE V.—May 20th, 1840. J—— K——, aged 18, complains he is blind at night; can barely see stars round a candle; feels weakly, but has no pain or sickness of any kind; is thin and emaciated; pupils a little dilated, and iris slothful; countenance pale; tongue moist, and, as in all those cases, morbidly soft and flabby; pulse 100, and feeble; bowels and kidneys acting healthily; admits he has been practising onanism since he was fifteen years old; has often practised it four times daily—latterly not so often; nocturnal emissions; has felt the blindness creeping on him for the last year; sees perfectly well during the day. The treatment has been an aperient, quinine pills, and nourishing diet. He is rapidly improving; he can now see objects at night, but cannot yet see to read or work.

CASE VI.—June 1st, 1840. P—— M——, aged 20, was jaundiced about a year ago, and still continues so, but thinks worse of his getting completely blind, which he does every night when “he sleeps it off till morning;” pupils dilated; iris sluggish; conjunctiva ochre yellow; tongue brown and flabby; pulse 120, and miserably weak; tenderness over region of liver, and dulness of sound up to sixth rib at right side; abdomen swollen, and with distinct fluctuation; alvine discharges without bile; urine scanty and high-coloured; has been for several years practising onanism, and knows it was it that “sickened” him. I am at present treating him for the ascites and hepatic disease, but confess I have no hope of his recovery; but will detail his case upon some future occasion, in connexion with such other analogous cases as I may happen to see.

I have now detailed six cases of affections of the retina, all resulting from improper use of the genitals—from practices, long recognized by the Profession as causes of diseased action; but, judging from the evidences furnished in my practice, I

would say, that those practices are generators of disease to an extent not as yet professionally recognized or known, and most essential to be known. For as well might a surgeon set about curing the hectic fever resulting from an incurably diseased joint, without removing the limb, as to cure amaurosis resulting from onanism or venery while the practice is undiscovered and unarrested. And I do think that in searching for those causes, one is not always depending upon mere conjecture, but that there are, occasionally at least, collateral aids which may be brought to assist the inquiry ; and it has more than once struck me, that there are some certain characters in the human countenance, the results of habitual indulgence in peculiar thoughts and desires, and constituted in a great degree by the action of the features, while indulging those thoughts ; and that those characters after a time become fixed, a physiognomy in itself, and differing from Lavater's system in being less fanciful and more real—in arising, not from the natural form of the features, but from the workings of mind and passion upon them, and which leave a sort of permanent impress behind. Thus there is in the mere animal man—the mere sensualist, a peculiar expression about the eye, partly caused by a corrugating of the lids at the outer canthus ; a peculiar expression of the eye itself, a slow and stealthy mode of moving it over, and up and down an object, a language in the glance itself ; while the lips are compressed and protruded, a “*tout ensemble*” not easy to analyze, but which the observer of human character soon becomes familiar with, and which, if his station or his profession be one permitting him to master men's secrets, will lead him to recognize a distinct order of the human family, many of whose diseases may be thus traced within a narrow compass, and to a positive source. I feel that the subject is altogether one of great delicacy, and requiring that it should be approached with caution and discretion. One, which I would hesitate to write upon, were it not that in matters where, morally and medically speaking, human happiness is so deeply at stake, it behoves

every man as far as in him lies to arrest crime and disease, and in effecting it, to speak just as freely as he thinks. Besides it is a point of much consequence to the junior practitioner to have attention directed to those so frequent and but too well concealed sources of disease, of which, perhaps, he never heard his lecturer speak, and regarding which his manual of medicine is nearly if not altogether silent. And while on this subject I will mention an observation which I have extended over a term of fourteen years. The first case of diabetes mellitus I ever witnessed occurred about the year 1826; that patient acknowledged to me that he dreaded onanism had caused his disease. Since then I have seen ten cases of diabetes; of that number six acknowledged onanism to its most destructive extent, one admitted it to the extent of using partially as a means to arouse passion for sexual intercourse, and the remaining three denied every thing of the kind, whether with truth I know not. But the admission of the other eight made a deep impression on my mind, and I cannot now meet an amaurotic, or a diabetic patient, in whose case, if, after due investigation, some other cause is not discoverable, without my mind reverting to this, in my practice at least, most frequent source of disease. Perhaps I am upon a hobby, as too many of the Profession are, but if I am, I have some reason to feel attached to it, as it has repeatedly carried me to a correct diagnosis, and a happy prognosis. And if in this article I have ventured to generalize too far, I shall yet make the "amende honorable," if the experience of others, and the results of my own future practice, shall enable me to discover that I have erred in saying—onanism first, and morbid venereal indulgence next, are the most prolific sources of amaurotic affections and of diabetes. On the pathology of amaurotic affections resulting from the causes I have mentioned I could offer but an hypothesis, but there are some points connected with the subject, where the anatomy of parts concerned, and well known physiological facts, supply a quantity of analogical reasoning, that in defect of better argument may be worth

examining. As to the question, whether the brain is directly concerned in action of the genitals further than the mere supplying of the act of volition, or is indirectly concerned by means of the sympathetic communications of the ganglionic system, arguments may be used at both sides; but it is worth recording. that Muller* appears to question that the cerebellum is the seat of sexual passion, and considers that Gall has not proved it to be so. If it is not, perhaps it may be yet ascertained that parts more central or anterior constitute the organ of amateness; and that it may be some part in connexion with the origin or course of the optic nerves; and if amaurosis be so frequent a result of the morbid exercise of sensual propensities, pathological inquiry into the precise seat of mischief may yet throw light upon important functions, and disputed points of physiology, as well as upon the true nature of an important disease,—an inquiry which may be prosecuted in large hospitals; but for which private practice in the provinces affords little or no opportunities, and an inquiry the result of which must be of importance, whether its results be negative or affirmative as to the sexual functions of the cerebellum, whether it proves the amaurosis I have been describing to originate in mere local congestion and pressure, or from hyperemia and sympathetic communication, † or from actual and direct communication

* “Gall regards the cerebellum as the organ of sexual impulse; the grounds on which this view is grounded are not conclusive.” Page 833, vol. i. Muller's Physiology, by Bailly.

† In connexion with the subject of sympathetic communication, Copland mentions, “if the great sympathetic be divided in the upper part of the neck, the pupil becomes contracted and immoveable, and the eye wastes.” Art. Amaurosis, part I. Med. Dict. It is certainly remarkable what a number of filaments from the sympathetic nerve accompany the vessels constituting the circle of Willis.

In concluding this paper it strikes me as not unimportant that Heberden's solitary case of night blindness, and the majority of cases described by other authors, have nearly all occurred amongst sailors or soldiers, a class of persons much addicted to onanism, especially sailors, who appear to be frequent subjects of the disease.

between the organ of amateness and the origin or course of the optic nerves. There is strong presumptive evidence, that to the excitement of the sexual propensity, a certain impulse of blood to the brain is necessary. Thus, previous to the excitement of the local organs, there is an increase of power given to the heart's action, the circulation is accelerated, and the blood is driven forcibly through its channels, and a sense of heat and of fulness to the head is experienced as an early symptom of the approaching excitement. We may, therefore, venture to infer, that the stimulus of the circulation, increased in force and quantity, is driven towards the brain as a kind of pabulum essential to the perfect arousing of the nervous energy required. And in accordance with this view, is the fact, that the act of hanging, which increases the quantity of blood within the encephalon, is productive of erection and seminal emission, a circumstance, the knowledge of which, I believe there is little doubt, has suggested to exhausted old debauchees the abominable practice of compelling the required stimulus by a sort of partial strangulation; and perfectly in accordance with this view of the necessity of active circulation is Richerand's* animated sketch of the sanguine temperament. The use too of ardent spirits and of other stimulants, which are known excitants of sexual propensities, and which are usually productive of hurrying the circulation, and producing tendency to cerebral congestion, may be adduced as a further illustration. If we take this view, we can readily understand how the unnatural exercise or forcing of passion may induce a somewhat permanent state of congestion about the origin and course of the optic nerves, either by arterial dilatation, or venous engorgement, the result of loss of energy in the returning vessels, and thus produce amaurosis after the manner described by Ware, † as resulting from an

* See Richerand's *Physiology*, page 502.

† "A dilatation of the anterior portion of the *circulus arteriosus*, which I think highly probable has been the cause of the *gutta serena* in not a few of the instances where no particular account has been given." Page 428, vol. ii. Ware's *Observations relative to the Eye*.

overloaded state of the vessels, constituting the circle of Willis, and the influence of such a temporary congestion in producing temporal blindness is described in a case quoted in the *Medico-chirurgical Review*,* where onanism was regularly followed by defect of vision, which was thus produced almost at the will of the patient. Van Swieten,† too, alludes to the orgasm of passion affecting the sight as a natural phenomenon, while he mentions apoplexy as one of the consequences of its improper indulgence. It is in accordance with this view of increased circulation and probable congestion, that I have used depletion in those cases where plethora and other circumstances warranted such treatment; while in cases of an opposite character, where general debility and marasmus existed, with symptoms indicating local congestion and determination, which in such cases appear to be the result rather of loss of balance in the enfeebled circulating mass, than of over quantity or sthenic character, in those cases tonics and generous diet have been used with marked success, premising as the grand essential to the success of any treatment, the discontinuance of the lamentable vice which originated the disease.

ART. VII.—*Researches in Operative Midwifery*. No. IV.
The Forceps. By F. CHURCHILL, M.D., Physician to the
 Western Lying-in Hospital, &c., &c.

“Arte non vi.”

[Read at a Meeting of the Obstetrical Society.]

It will be at once admitted, I believe, that the greatest triumph of surgery is to diminish the frequency of operations,

* “She confessed that she was in the habit of polluting herself, and that she was immediately seized with complete blindness whenever she addicted herself to the practice.” Case occurring at Hotel Dieu, and quoted from *Journal Hebdom.* in *Med. Chir. Rev.* July, 1833.

† Vide his *Commentaries*, page 326, vol. x.