who do not love men but women, think only of satisfying a vulgar desire.

The noble traits of the Spartans even extended to their laws relating to sexual acts. With them homosexual love was forbidden and punished, although it was undoubtedly practiced secretly to a certain extent. Men who had sexual intercourse with each other were considered incapable of good and noble actions. In Bœotia pederasty was considered a state of matrimony. The same conditions prevailed in Elis and Thebes, and the famous sacred legion of three hundred Thebans was composed of warriors and their lovers. The barbarians condemned the practice and punished severely those addicted to the vice.

What I have said concerning the interpretations of the writing of the ancient authors, only refer to the historians. If we search further and read the poets, even the laymen must admit that the songs of these writers are honeycombed with perverted sexual senses. As an example let us take Anacreon's portrait of his friend Batyttus: "His hair is black and shining, his throat is like ivory and his hips are as beautiful as those of Pollux. Between his slender thighs, his thighs full of joy, I accomplished with modesty an immodest act, which really aspires to love." This ode is teeming with such perverted ideas, and is only excelled in its lupanar incidents by the works of Theocritus. If, as Lessing says, a poet should only feel what he writes, we can only draw one conclusion concerning the habits of the ancient poets.

In closing these cursory historic notes it is only just to make some compensatory statements: Pederasty and respect for women appear to have been in inverse ratio. At the time of which we write women enjoyed but little esteem. Undoubtedly the rigorous separation of the sexes accounts somewhat for pederasty. Female modesty was strictly respected. The Greeks were not indifferent to the propagation of the species, and celibacy, in spite of pederasty, was forbidden. The laws of Lycurgus imposed humiliating punishment on celibates, and in Corinth and Athens celibates were denied decent burial.

We find that pederasty was not prevalent in Rome until after the first period of the Roman Republic, but began to flourish after the Punic wars. The practice was brought to Rome from the Carthaginians. We have, however, evidence enough that it existed under the rule of the Cæsars. Even before this event Titus Veturius, a slave of C. Plautius, was punished by his master for having refused him his favors (Dionysius, Valerius Maximus). According to Polybius a boy could be bought for a talent in Rome. It is a noticeable fact that during the rule of the Cæsars celibacy existed to a great extent, while pederasty was the almost universal practice, although forbidden by laws. Suetonius says that Cæsar was often accused of pederasty. He certainly took along on his campaign a large number of gaily decorated goats for himself and favored officers. During his wars in Asia it is stated that he prostituted himself to Nicodemus. So well known was this that Curio gave him the name of Lupanar; others the Queen of Bithnia. Cicero also states that he sacrificed the flower of his youth to Nicodemus. But Cæsar was not indifferent to the opposite sex and was generally known as the husband of all wives and the wife of all husbands. In most respects Cæsar was effeminate. He did everything possible to attract his own sex by his personal appearance. He had himself carefully

dressed and his face smoothly shaved. He had his body depilated in order to give his skin an effeminate appearance to the touch. Octavius, the first Emperor of Rome, labored under the same accusation as Cæsar. Mark Antony says that he had intercourse with Cæsar, which was the price of his adoption. Of the excesses of Tiberius it is scarcely necessary to speak. He debauched the youths wholesale. Caligula did not pay much attention to the courtesans. Valerius Catullus openly said that Caligula had made him ill by his excesses. Mantegazza says that the following verses refer to Caligula:

"Tres uno in lectu. Stuprum duo perpetiuntur,
Et duo committunt; quatuor esse reor.
Falleris, extremis da singula crimina, et illum
Bis numeros medium, qui facit et patitur."

"There are three in one bed; two are passive in debauchery and two are active. I think there are four. You are in error. Impute one crime to those outside, but the man in the middle, who is both active and passive, you must count twice." This passage is clear enough to enable us to understand the vices attributed to Caligula. The son-in-law of Claudius, Pompey, was stabbed because he was found in the arms of a boy that Claudius himself loved. Nero had the young boy Sporus metamorphosed as far as possible into a woman and publicly married him, exacting for him all the honors due to the wife of a Cæsar. Some wag of the day remarked what a pity it was that Nero's father had not had the habits of his son. (I am indebted to Dr. Moll's *Conträre Sexualemfindung* for many of the historic facts given.)

Prostitution as it existed among the ancients was a sad condition of morals. When it flourished in Egypt and Rome with all its license, wealth and social recognition, there was moral palsy but mental activity. When the hetairæ were suppressed, their magnificent and harmonious banquets neglected, their songs unsung, sexual perversion and inversion became prevalent and mental and physical degeneration was the precipitate left. One was a condition of excessive normal sexual impulsion; the other abnormal sexual propulsion. Of two evils choose the lesser. The proper regulation of prostitution is necessary in our present social condition. History shows this to be a logical sequitur. Nothing but mental obtuseness, obscuration of physical facts and incoherence of a former adolescence can be the excuse for arguing otherwise.

ADVICE TO THE PROSPECTIVE MOTHER ASSISTANCE DURING HER CONFINEMENT AND CARE FOR A FEW DAYS FOLLOWING.

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Our advice to the prospective mother must necessarily be ineffective, owing to her inherent tendencies and conformity to custom. The advice to have been effective, should have been given and more or less closely observed by her progenitor mother. This advice not having been followed, if given, has led to a change in her anatomy and lessening of her vital and physical forces. Then does it look plausible that we can supplant those inherent defects, if such there be, by advice and rules of habit to be followed during gestation or just prior to confinement, and make her delivery as of yore?

I answer, no. We can do much, however, by hints and suggestions suited to each patient, to lead the prospective mother up to her time of confinement in the best possible manner, considering her heritage, inborn customs and acquired habits of dress, providing, however, that our enjoinders be observed, which will rarely be the case. In what way, then, can we be of most actual service to our patients in this now, but not formerly, critical period? I answer by mechanical art and skill. Some "old-timer" may say: "I have practiced medicine forty years and have only had occasion to use 'this mechanical art and skill' some three or four times during that period." I would suggest that the inference would be that even in these few cases mechanics only was used, devoid of the art and skill.

The question occurs to me: What kind of wives does the popular mind, more especially, perhaps, the middle and what is termed the upper classes, demand? Is it the straight-waisted, square-hipped and heavy-muscled woman of serfdom, with the old-time doctor of "give nature a chance" and the easy birth; or, is it the more symmetrical woman with slim waist, shapely hips and rounded muscles, with the skilled physician who is capable of and knows when and how to apply mechanics with art and skill? Regardless of what the popular mind prefers, we have for our patients, in the classes mentioned, those who do or are at least striving to conform to the second class described. And at least one of woman's great aims in life is nice appearance, and to be consistent with the fancies and demands of man for the beautiful. So we are face to face with a painful and difficult labor, which to be sure, as is claimed by the old-time faddist of "wait and give nature a chance," with a wise and grave look, will terminate at some time and in some way, as a rule, if given time enough. How often we know or hear of a physician sitting, lying or sleeping, usually the latter, about a woman in labor for twenty-four, thirty-six; yea, even seventy-two or more hours, with an occasional injunction, and as he may suppose consolation, "there is nothing to do but to wait and allow nature to have her course."

The contempt of the suffering woman for such a physician should impel her to have him thrown into the street for thus allowing her to unnecessarily suffer, beside imperiling her life, together with that of her child. And, too, for such an insulting remark to mechanical science, art and skill, he should be relegated to the accouchement of *squaws*. I will pass abnormal presentations with the hint that they are many times responsible for the delay and unnecessary suffering, which are finally righted in a measure and delivery accomplished without their having been recognized by the accoucheur who is over-dependent upon nature. There are a few cases, however, of such presentations and other abnormalities, in which nature throws up her hands, and mechanical assistance must be had, or the life of the mother or child or both will be sacrificed. Now these are the cases we are taught by the old-time faddist that mechanical interference will be admissible, hands to be preferred of course, though with a wise but grave look he reluctantly admits that forceps may be resorted to, even though an engine of torture they be.

How often we hear the remarks, "forceps are to be used only when absolutely necessary," "remember that forceps are to be used only to save life," etc.; the humane side of the matter being entirely lost sight

of. It is appalling to know the wide-spread mutilation of the perineum of child-bearing women. It is so common, indeed, that we scarcely find a normal perineum after childbirth. Not the complete destruction of the pelvic floor, to be sure, but enough mutilation to destroy the esthetic effect, which is no small affair.

Now, what is the cause of all this? Not forceps, since they have always been relegated to the back-ground. I answer that it is due to the unskilful, inattentive and careless accoucheur, who is not up in this particular art. Note, if you please, the stride and advancement made in surgery, pathology and other branches of our art in the past few years, while obstetrics is still astride the same old hobbies of "wait and allow nature to have her course," "only use forceps as a last resort," etc. Properly constructed forceps, skilfully applied and carefully manipulated is the same boon to this branch of our art as asepsis has been to surgery and the microscope to pathology. What can be more grateful to the parturient woman than to have her suffering cut short, more beneficial at this period than to have her store of strength and vitality preserved, and of more lasting benefit than to have her perineum unmutated? A few whiffs of chloroform, the skilful use of a properly constructed pair of forceps, at the proper time and in a gentle manner, will accomplish all that is to be desired.

This does not mean that forceps are to be used regardless of circumstances; but that circumstances will nearly always warrant their usage. I have only a word of direction as to how and when to apply the forceps, skilfully and as soon as you can be of any assistance to your patient. Adapt yourself to the convenience of your patient and not she to your convenience. This bugaboo of squaring your patient across the bed, with feet on chairs and you seated between her limbs, is all uncalled for. You should take your patient as you find her, and without any flurry slip the forceps on by the sense of touch, allow them to gently lock, if not at once the first pain will usually lock them; gentle traction in the direction according as the presenting parts advance during contractions, the other hand to be the sentinel to guard the perineum and direct the movements of the presenting parts; the head delivered, now rests on the hand, and with a reasonable amount of care the shoulder will glide over the perineum and the task is over.

The placenta—the old-time faddist is not satisfied to have allowed his patient to fight her own battle thus far unassisted, but he would have her lay in the muck, exhausted as she is, yet another hour or two to allow the uterus, as he says, to regain itself sufficiently to loosen and expel the placenta. An old hobby conceived in ignorance, born of superstition and nurtured in tradition. The fact of the matter is, the placenta is usually loosened by the last expulsive contraction which empties the uterus of the child. Hence there is no occasion for any delay. The fingers of the convenient hand wound up in the cord close to the placenta, with the other hand grasping the fundus of the uterus through the abdominal wall, now gentle traction with firm compression like unto the squeezing of a sponge over the fundus, is all that is required to remove the placenta, and at the same time this firm hold on the uterus, crowding it over to the one side, will rid it of all clots as the placenta is expelled, and continual pressure and kneading for a short time will prevent relaxations and the subsequent

formation of clots, and thereby rid our patient of the annoying "after-pains."

Our patients, as a rule, are not kept in bed long enough after confinement, while their diet is too strenuously restricted during this period. The mother now has a rapidly developing child to nourish (instead of a slow and by a different process as before delivery), together with her own strength, to maintain, nurture, shield and protect. She should therefore be allowed a liberal diet of nourishing food. She should be confined absolutely to bed during the first three weeks after her delivery. The next three weeks she may divide her time between being up and about the house and resting on the couch, while the next three weeks should be spent in gradually resuming her household duties.

Regarding the use of the douche following delivery, there should be no fixed rule, but each case should be conducted according to indications and symptoms. The rise of temperature and a fetid discharge will be indicative of the douche, which should always be used with the patient in the recumbent posture, sterilized warm water probably being as effectual as any antiseptic combination. Sore nipples and suppurating breasts are in all cases preventable. The moisture and smegma conveyed to the nipple by the child's mouth and allowed to remain is a very prolific cause of trouble with the nipples. This, added to the traumatism sometimes caused by nursing, and we have the secret of sore nipples, and their manner of prevention indicated—cleanliness and protection from traumatism. Suppuration is usually due to damage done the nipples, use of the breast-pump and pressure on the milk ducts due to the dragging down of the breasts.

To prove this statement we have only to remember that the hardness, soreness and redness always begin about the nipples, or the outer and under side, or the lower and under side of the breasts, owing to the position the breasts are allowed to assume while the patient is in bed or while she is up and about. The preventive is a wide band about the body in such a manner as to support the breasts well up on the chest and prevent their dragging down to the sides while in bed, and more especially the first few days or week while the breasts are heavy. A support may be needed to prevent their dragging downward after the patient is up and about. The breast-pump should never be resorted to; it most often results in harm and can always be dispensed with.

To remove an excessive amount of secretion from the breasts, limit the amount of fluid taken by the patient, produce free catharsis and apply a firm bandage to the breasts; this will accomplish all that is desired. When the secretion is to be curtailed entirely, for any cause, a persistence in the above for a few days, limiting the catharsis somewhat, will be effective and complete; whereas the use of the breast-pump will only be transitory. I realize there is argument on the other side of this question; there is likewise on the old side of surgery.

QUID AVARUS? STULTUS ET INSANUS.

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NEW YORK.

I lived for eighteen months with James Henry Paine, the miser. He occupied a garret room at 177 Bleecker Street, New York; the little house belonged

to the Oothout estate. He was apparently 70 or 75 years old, tall, slim-built, with pointed chin; had a sharp, beak-like, rather red nose, whose point turned in to the upper lip; his mouth firm set; his eyes keen, furtive; his forehead high, retreating; bald on the top of the head, and he bore his head carried forward, bent from his shoulders; his walk was a shuffling of one foot in front of the other, about six inches to a step. His face was bearded. He dressed shabbily, or worse; no stockings, shoes tied together with pieces of twine.

It was his habit to go out every morning, at 9 o'clock, and return about the same hour at night or later. When he returned he usually had a bundle of newspapers under his arm. His garret room was littered with dailies. The climbing the stairs at night, to reach his room, would take him a long time. He burned a lamp, or a candle. When he had reached his room, he used to strip stark naked, and go to bed. He washed himself every morning from head to foot; he was the cleanest man bodily that I ever saw, though his clothing was ragged and dirty. He was an educated man; he said that he had an annuity of \$375 to live on. If you offered him food, he would eat it ravenously and talk of the current topics of the day with sound sense. He had no infirmity of speech, sight or hearing.

This man, in crossing Broadway one day, was knocked down and received a fracture of the hip. He was carried to his room, where he died (Dec. 23, 1885). After his death, a lawyer presented a paper to the surrogate of New York for probate as the man's last will and testament. It was dated Aug. 15, 1885. It contained only a few lines, by which he gave all he died possessed of to the lawyer. When notice of probate had been published, Mr. Charles F. Chickering, the piano manufacturer, brought to court an old brown-paper parcel, with contents; Mr. Paine, said he, had left that in his trust, seventeen years before. He had put it in his safe, had never opened it and did not know its contents. It was opened in court and found to contain nearly \$400,000 of currency and securities, \$14,400 in State bank bills, which should have been redeemed in 1863, \$40,000 in certificates of deposit which had been lying dormant in the Metropolitan Bank for seven years, and \$342,000 in national bank bills. "At simple interest," said Attorney-General Russell, "these sums, so lying useless, would have swelled to \$800,000, while the owner went shirtless and stockingless, ate broken crusts and rotten vegetables and slept naked in a stifling garret."

A trial of the case resulted to test the validity of the will, three nephews and a niece appearing as heirs. I was the medical expert in the case. I testified that at the time I knew him, Mr. Paine was incompetent to make a will. Hon. Leslie W. Russell, ex-Attorney-General of the State of New York, appeared for the contestants; ex-Governor Chamberlain of South Carolina for the legatee.

On cross-examination I was asked whether, in my opinion, a miser was a sane or an insane man? I answered that any man who neglected his duty to himself, to relatives, neighbors and to his God, in the possession of great wealth, was insane. This man, if he remembered that he possessed this wealth, failed in these duties. If he did not remember that he possessed it, this might be an evidence of mental incapacity.

Mr. Paine was born on the 10th of April, 1805, in