Mr. B., aged 65, came under observation in May, 1912, for an opinion as to the character of a lesion of the lower lip which was first noticed about six months previously as a small lump on the vermilion border which soon became irritated and broke down, probably from mechanical insult. Examination disclosed a flat ulceration occupying the middle third of the vermilion border, in the center of which was a projecting mass about the size of a large pea. The edges of the ulcer were neither elevated nor indurated, and showed practically a normal epithelial covering without thickening; on palpation the growth was felt to lie deeply within the body of the lip, being as apparent on the mucous as on the skin surface with definite protrusion on each surface. A group of nodules was felt in the submental region.

Although the superficial evidences of epithelioma were absent, the age of the patient, the location of the lesion and the presence of enlarged lymph-nodes in the submental region led to a diagnosis of epithelioma, and a radical operation was urged. Microscopic examination revealed not the expected epithelioma, however, but a small round-cell sarcoma. Neither the skin nor the mucosa was involved except as a result of ulceration. The projecting mass was composed only of blood and detritus. The growth occupied the body of the lip, infiltrating the muscular and fibrous structures as shown in Figures 1 to 4.

About six months after operation a nodule appeared at the anterior border of the sternomastoid muscle on the left side and was promptly removed, but unfortunately was lost without examination. Up to the present there has been no other recurrence.

On clinical evidence alone it would be extremely difficult if not impossible to make a diagnosis in such a case. A number of widely differing pathologic conditions might present such a picture, and accuracy of diagnosis in this location is of much importance, as a mistake may lead to an unnecessary mutilating operation or, on the other hand, to wholly inadequate treatment.

Darier[4] has emphasized this point in reporting a case of lymphosarcoma of the lower lip in which the clinical appearances all indicated epithelioma. Because of the frequency of epithelioma in this situation its presence will usually be assumed in cases presenting the aspects of malignancy unless appeal be made to the microscope, and since the rapid growth and tendency to wide-spread metastasis in sarcoma render early diagnosis even more important than in carcinoma, this appeal should be prompt, a biopsy being made in all such cases when the clinical manifestations are not so clear as to be unmistakable.

The involvement of the anatomically related lymph-nodes is generally regarded as definitely indicating carcinomatous disease; but Adami[5] shows that metastatic deposits in sarcoma also "may occur along the lymphatics so that malignant enlargement of superficial and other lymph-glands is not absolutely diagnostic of cancer. Borst ascribes this liability to lymphatic extension, especially to small round-cell sarcomas."

Malignant growths of the lower lip ordinarily possess such features as to place them in the domain of general surgery rather than of dermatology, yet dermatologists are keenly interested in all disease processes which involve the superficial tissues and are frequently obliged to pass judgment on those affecting the lips, among which primary sarcoma, even though it be rare, should be given consideration as a possibility.

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4. Darier, J.: Lymphosarcoma, Ann. de dermat. et de syph., 1911, Series 5, ii, 226.
5. Adami: Principles of Pathology, i, 701.

THE CONCEPTION OF HOMOSEXUALITY *

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Of the abnormal sexual manifestations that one encounters none, perhaps, is so enigmatical and to the average person so abhorrent as homosexuality. I have discussed this subject with many broad-minded, intelligent professional men and laymen and have been surprised to hear how utterly disgusted they become at the very mention of the name and how little they understand the whole problem. Yet I must confess that only a few years ago I entertained similar feelings and opinions regarding this subject. I can well recall my first scientific encounter with the problem, ten years ago, when I met a homosexual who was a patient in the Central Islip State Hospital. Since then I have devoted a great deal of time to the study of this complicated phenomenon, and it is therefore no wonder that my ideas have undergone a marked change. *Tout comprendre c'est tout pardonner,* I have met and studied a large number of homosexuals and have been convinced that a great injustice is done to a large class of human beings, most of whom are far from being the degenerates they are commonly believed to be.

In his "Three Contributions to the Sexual Theory," Freud introduces two terms which are very useful in discussing sexual aberrations. He calls the person from whom the sexual attraction emanates the sexual object and the action toward which the impulse strives the sexual aim. Bearing in mind these terms, we may define homosexuality or uranism as that form of sexual aberration in which the sexual object is a person of one's own sex. That is, the sexual object of the homosexual man is not a woman but a man, and the sexual object of a homosexual woman is not a man but a woman. It is for that reason that such individuals are also referred to as contrary sexuals or inverts.

Most of the investigators agree that of the sexual aberration homosexuality is by far the most wide-spread. It is very difficult, however, to give a correct estimate of the number of inverts. Many attempts have been made, notably by Magnus Hirschfeld,[1] who has had more experience with homosexuality than any other person. Hirschfeld estimates the number of male inverts of the population at about 1.5 per cent. Dr. v. Romer estimates that the city of Amsterdam contains about 1.9 per cent. inverts. Following the direction of Magnus Hirschfeld I attempted to find out the proportion of inverts in Greater New York. I invoked the aid of six cultured inverts who were strangers to one another, so that they moved in entirely different circles. They were very anxious to assist me in this work, but after about eight months' observation I found that the results differed to such an extent that it was impossible to compute any definite estimate. All that I can say is that there are many thousands of homosexuals in New York City among all classes of society. Homosexuality is not a product of big cities. When we read the works of I. Bloch, M. Hirschfeld Moll, Havelock Ellis, and others, we are soon convinced that homosexuality is ubiquitous. One finds it among primitive and enlightened races during all epochs of history

*Read in the Section on Nervous and Mental Diseases of the American Medical Association, at the Sixty-Fourth Annual Session, held at Minneapolis, June, 1913.

1. Hirschfeld, Magnus: Das Ergebnis der statistischen Untersuchungen über den Prozentsatz der Homosexuellen, Jahrb. f. sexuelle Zwischenstufen, 1904, vi, 109.

Nor is homosexuality confined to defectives, as is commonly supposed. Investigators agree that homosexuality is no sign of mental or physical degeneration. Thus Ivan Bloch† says: "I no longer entertain any doubt that homosexuality is compatible with perfect mental and physical health." This same author quotes Magnus Hirschfeld as saying that homosexuality may occur in persons just as healthy as normal heterosexual persons. Similar ideas are expressed by Näcke and others. My own findings concur with these views. Most of the inverts I know belong to our highest types both mentally and physically and show absolutely no hereditary taints. Without entering into a detailed discussion of this question I will say that I am convinced that homosexuality as such is entirely independent of any defective heredity or other degenerative trends.

Inverts have been variously classified by different investigators of the subject, notably by Kiernan, Lydston, Krafft-Ebing, Hirschfeld, Bloch and others, but for our purpose it will suffice to mention that there are three classes:

1. Absolute inverts whose sexual object must always be of the same sex. Most of them entertain a *horror feminae* or are impotent when it comes to the performance of the normal heterosexual act. I saw a number of patients, who were ignorant of their inversion, who first consulted a physician for psychosexual impotence.

2. Amphigenous inverts (psychosexual hermaphrodites) in whom the inversion lacks the character of exclusiveness, and hence their sexual object may belong to either sex.

3. Occasional inverts who resort to homosexuality under certain external conditions, especially in case the normal sexual object is inaccessible. Such individuals are able to obtain sexual gratification from a person of the same sex.[2]

It is interesting to note how the inverts themselves view their inversion. Some take it as a matter of course and demand the same rights as the normal. They are perfectly contented with their lot, and seldom consult a physician. "I would not for the world have anybody interfere with my personality; I just wish to consult you about a *modus vivendi* for myself," writes a young inverted clergyman on asking me for an appointment. Some, however, struggle against it and consider it a morbid manifestation. It is only the latter who can be helped by treatment.

There may be some congenital inverts, but of the forty-nine cases that I have analyzed I always discovered one or more early affective sexual impressions which favored the development of homosexuality. In others a fixation of the inversion took place earlier or later in life through external favoring and inhibitory influences, such as exclusive relations with the same sex in boarding-schools, in the army, in the navy, in prison, etc. It is no simple matter to find these early unconscious impressions. It usually takes weeks and months of psychanalysis before they can be discovered. It is therefore comprehensible why such cases have been called congenital. It is only of late that some of these cases have been studied psychanalytically by Freud, Sadger and a few others.[3] Another point against the assumption of congenitality is the fact that hypnotism and other psychotherapeutic means may cure the inversion, which is hardly possible if it were congenital. Indeed, when we examine the literature on this particular point, we find that the authors are far from being in accord on the question of whether inversions are congenital or acquired. At first it was supposed that homosexuality was simply a vice acquired through excesses or through a suggestion in early life (Binet, Schrenck-Notzing). Krafft-Ebing assumed a congenital and an acquired form. Since then there has been a tendency to limit the acquired form as evidenced in the works of Moll and others. Hirschfeld assumes that homosexuality always contains a congenital element. Näcke refuses to recognize a congenital and acquired homosexuality but suggests instead the true and false inversions. He also describes that form which manifests itself late in life as tardive homosexuality and maintains that it is not acquired but based on a congenital basis. All these diversities are, in my opinion, due to the fact that none of these authors have gone deep enough with their patients.

When we examine the theories advanced concerning the nature of inversion, we are soon confronted with the theory of hermaphroditism, which was brought into prominence by Lydston, Kiernan and Chevalier. It starts with the fact of anatomic hermaphroditism and shows that a certain degree of it really belongs to the normal. This leads to the conception of the original predisposition to bisexuality which changes in the course of development to monosexuality, leaving slight remnants of the stunted sex. This conception was then transferred to the psychic spheres and the inversion was conceived as an expression of psychic hermaphroditism. But to confirm this it would be necessary to find a regular correspondence between the inversion and the psychic and somatic signs of hermaphrodism which was not realized. Although one frequently finds in inverts a diminution of the sexual impulse and a slight anatomic stunting of the organs, it is by no means a regular or preponderate occurrence, so that one is forced to conclude that there is no relation between homosexuality and somatic hermaphrodism.

Many observers lay a great deal of stress on the so-called secondary and tertiary sex characteristics which are supposed to occur in inverts. Thus Hirschfeld, who bases his experience on 1,500 inverts, asserts that he never saw a homosexual who did not differ from a perfect man. As much as I respect the opinion of Dr. Hirschfeld I must say that I cannot quite agree with him. In my little experience I have seen many homosexuals without any of the secondary sex characters. I will admit, however, that I have not examined my patients as carefully as Hirschfeld has his. On the other hand I know that some men show some of the secondary sex characters who are absolutely heterosexual.

The bisexual theory expounded by Ulrich—*anima muliebris in corpore virili inclusa*—is entirely untenable. The same may be said of Krafft-Ebing's theory that the bisexual predisposition gives to the individual male and female brain-cells somatic sexual organs which develop toward puberty under the influence of the independent sex glands. All that can be said is that, although a bisexual predisposition may also be presumed for the inversion, we do not know wherein it exists beyond the anatomic formations and that we are dealing with disturbances experienced by the sexual impulse during its development.[4]

According to the theory of psychic hermaphroditism the sexual object of inverts would be the reverse of the

† Bloch, Ivan: Das Sexualleben unserer Zeit, Marcus, Berlin, 1909, p. 543.

2. Freud: Three Contributions to Sexual Theory, p. 2.

3. Similar views are expressed by Coriat in his paper on Homosexuality, New York Med. Jour., March, 1913.

4. Freud: Three Contributions to the Sexual Theory, p. 9.

normal. Thus the invert would succumb to the charms emanating from the manly qualities of body and mind; he would feel like a woman and look for the man. This conception, although true in a great many cases, does not by any means indicate the general character of the inversion. Many homosexuals retain their virility and look for feminine psychic features in their sexual object. Freud demonstrates this nicely by mentioning the fact that masculine prostitutes in offering themselves to inverts imitate to-day, as in antiquity, the dress and the attitudes of the woman. Moreover, among the Greeks, who numbered among their inverts some of the most manly men, it was surely not the masculine traits of the boy that attracted them but rather his physical resemblance to the woman as well as his feminine psychic qualities, such as shyness and demureness. When the boy grew up he ceased to be a sexual object for men and in turn became a lover of boys. All this goes to show that the sexual object in this case, as in many others, is not of the same sex, but that it unites both sex characters. It is a compromise between the impulses striving for the man and for the woman, but firmly conditioned by the masculinity of the body (the genitals). I purposely paraphrased Freud, as these points will have to be borne in mind later.

The sexual aim of inverts shows no uniformity. The popular idea of homosexual relations presupposes that inverts always practice fellatio or intercourse per anum. As a matter of fact these sexual aims are least practiced. Many homosexuals are as disgusted at the mention of these practices as normals. Some content themselves with an effusion of feelings. Ten of my analyzed cases never had any sexual relations with their sexual object. Some practiced mutual masturbation, others coitus *inter femora*.

Strange as it may seem, the diagnosis of homosexuality is not always an easy matter. In the first place it must be urged that a sporadic homosexual act does not necessarily mean homosexuality, nor does the absence of such acts signify heterosexuality. There is naturally no difficulty when one is confronted with an absolute invert who acknowledges his inversion. There are, however, a number of inverts who are really ignorant of their inversion. Eleven out of my forty-nine patients did not realize that they were homosexual, although nearly all of them had had homosexual experiences some time in their lives. They sought treatment for psychosexual impotence or for some neurosis. I have also seen patients who were treated for a long time for psychosexual impotence by prostatic massage, etc., who were all the time aware of their inversion. They kept silent because the treatment gave them pleasure or because they were ashamed or afraid to tell the doctor the true state of affairs. For many reasons the average doctor is not especially affable to a homosexual patient, and many a sensitive invert has had cause to regret his confidence in the doctor.

The diagnosis should be based on the somatic and psychic elements of the case, especially the latter. Naturally the psychanalyst finds it easier to diagnose a difficult case than one who does not enter into the deeper psychologic mechanisms. Dreams are usually an excellent guide in the diagnosis of homosexuality, but it must be remembered that they should be judged by the latent and not by the manifest content by which Näcke judges them. I have analyzed many apparently sexual dreams whose latent content showed a homosexual wish.[5] We must also remember that not all erotic dreams of homosexuals are homosexual,[6] and that some apparently homosexual dreams have nothing to do with homosexuality as an inversion.[7] Furthermore, many homosexuals who are anxious to become heterosexual often show normal dreams; the dreams simply realize their wishes. I have observed this mechanism in many homosexuals, and it is for that reason that I cannot agree with Dr. Coriat, who states that the "dreams furnish us not only the best, but the *most incontrovertible* [the italics are mine] evidence of the result of treatment." There is a class of patients who do not show the characteristics of the invert who are nevertheless constantly afraid of becoming homosexual or fear lest some one should suspect them of homosexuality. I have seen a number of such patients who were classed as homosexuals. I also saw one of these patients in consultation with Dr. Hirschfeld, who diagnosed the case as a severe psychasthenia and saw nothing homosexual in the case. If such patients are questioned, one will find that they never were in love with any person of the same sex—an important diagnostic point—and they show besides many symptoms that one does not find in the inversions. These patients may be called unconscious homosexuals, and they often develop into paranoid states, a discussion of which cannot here be entered into.[8] I may add that the patient seen with Dr. Hirschfeld is now suffering from the paranoid form of dementia praecox.

As we are dealing with a psychic manifestation, the hope for a cure of homosexuality lies in psychotherapy. I can never comprehend why physicians invariably resort to bladder washing and rectal massage when they are consulted by homosexuals, unless it be to kill the homosexual cells in the prostate so that their place may be taken by heterosexual cells, as one physician expressed himself when one of my patients asked him how massage of the prostate would cure his inversion. It is an unfortunate fact that such ridiculous ideas are often heard in the discussion of psychosexual disturbances. Only a few months ago a patient told me that he was told by two physicians that his hope for a cure lay in castration.

When hypnosis came into vogue a great many workers in this field utilized it in the treatment of homosexuality.[9] It was soon found that it failed to come up to expectation. Some patients could not be hypnotized, others suffered relapses, and still others did not react to the suggestions. Indeed, very few sexologists place much trust in hypnotism as a cure for inversions. Of late Moll has advanced a new psychotherapeutic method which he calls the association therapy. It consists of a methodical development of the normal and a methodical suppression of the perverse associations.[10] It is too early to speak of the merits of this treatment; so far as my knowledge goes no one has used it besides Moll. In the treatment of my cases I use exclusively psychanalysis. Freud, Sadger and others, have used this method for a number of years,[11] and the results obtained are very gratifying. Besides, psychanalysis has the advan-

5. Brill: Psychanalysis; Its Theories and Practical Application p. 55.

6. Moll: Handbuch der Sexualwissenschaften, p. 654.

7. Freud: Ueber Infantile Sexualtheorien Sammlung Kleiner Schriften zur Neurosenlehre, Zweite Folge, Deuticke, Wien.

8. Brill: Psychanalysis; Its Theories and Practical Application, chap. VI.

9. Compare the works of Krafft-Ebing and Schrenck-Notzing

10. See Moll, Handbuch der Sexualwissenschaften, p. 662.

11. Freud: Three Contributions to the Sexual Theory Eine Kindheitserinnerung des Leonardo da Vinci. Sadger: Fragment der Psychoanalyse eines Homosexuellen, Jahrbuch f. sexuelle Zwischenstufen, ix; Ein Fall von multipler Perversion mit hysterischen Abszenen, Jahrb. f. psychoanal. and psychopath. Forschungen, ii; and Ist die Konträre Sexual Empfindung heilbar? Ztschr. f. Sexualwissensch., 1908.

tage over the other psychotherapeutic means in so far as it enters into the deeper mechanisms of the phenomena, and, although we have not yet a full explanation of the origin of inversions, it has revealed the psychic mechanism of its genesis and has essentially enriched the problem.

Those who are acquainted with the principles of psychanalysis will recall the close connection between the neuroses and the perversions. Every neurosis regularly shows some admixture of inversion, and during the analysis of a hysteria or compulsion neurosis one invariably finds some heterosexual and some homosexual roots. When we analyze a case of inversion we find that the masculine ideals of the invert regularly conceal the early infantile feminine ideals, usually the mother or foster-mother, which succumbed to repression at a very early age. Before the age of puberty the sexual feelings are usually unspecialized and the persistent desire for the man usually makes its appearance at or shortly before puberty. The lasting homosexual desire is usually brought about by the fact that the mother loses her rôle as an ideal forever, or for a long time, either through death, illness, or other estrangement. The later homosexual may then turn to his father, older brother or some other older man of his environment. Among the homosexual ideals, and besides the homosexual and heterosexual features hitherto desired, one's own person, one's own image, plays a great part; in other words, the road to homosexuality always passes over narcissism, that is, love for one's self. The stage of narcissism is characterized by the fact that the developing individual, while collecting into a unit his active auto-erotic sexual impulses in order to gain the love object, takes first himself, his own body, as the object, before going over to the object selection of a strange person. Narcissism is therefore a necessary stage of development in the transition from auto-erotism to the later love object. The love for one's own person, which only conceals the love for one's own genitals, represents a stage of development which is always present, and in a great many persons lasts a long time. The remaining road later leads to the choice of objects with similar genitals. As Sadger puts it:

> Every man usually has two primary and primitive sexual objects, and his future life depends on whether or not he finally remains fixed, and on which of the two the fixation takes place. For the man these two objects are his mother or foster-mother and his own person. To remain healthy he must rid himself of both, and not tarry too long with either of them.[12]

It is assumed that the invert could not get away from himself, that is, he was unable to free himself from the desire of requiring genitals similar to his own in the love object. He is more successful, however, in freeing himself from his mother-image which is brought about by identifying himself with her and thus taking himself as the sexual object. With the repression of the love for the mother there occurs a repression of love for all womankind. According to Sadger it follows the following trend of thought: "If the best of all women, my own mother, amounts to so little, how could any other woman stand the test?"[12] As soon as the analysis is entered on, one often finds that inverts are not at all indifferent to the charms of women, but as soon as any excitation is evoked by the woman it is at once transferred to a male object. This mechanism which gave origin to the inversion is thus repeated throughout life and their obsessive striving for the man proves to be determined by their restless flight from the woman.

It is also noteworthy that most inverts are only or favorite children. I have shown elsewhere that such children are usually overburdened with love[13] and hence remain insatiable for the rest of their lives. This accounts for the fact that when they tear themselves away from their mothers they often reject the whole sex.

These are some of the salient points brought out through the analysis of inverts which I shall illustrate by the following cases:

CASE 1.—W., aged 40, single, American, was referred to me for treatment by Dr. Frederick Peterson in December, 1910. He was an absolute invert, having attempted sexual intercourse once at the suggestion of his valet and failed. He showed some of the secondary sex characters. He had a very delicate skin, of which he was proud because it was just like his mother's, a scanty growth of hair on his face, and narrow shoulders, and broad hips. Psychically he recalled an old maid. He was very neurasthenic and crabbed, but his mood often changed to a feeling of self-sacrifice and marked consideration for others. He was very artistic, loved music, pictures, and took a great interest in architecture. He had had many homosexual experiences; he was loved by and loved men, and never entertained any sexual feeling for women. As soon as I entered into his life I found that he had a striking polymorphous perverse sexuality which continued into the age of puberty. His desire for looking was especially strong. At the age of from 6 to 8 he used to lock himself in the bathroom and look at himself naked in the mirror. He often put the mirror on the floor and excited himself by looking at his penis. Although he at first recalled no heterosexual experience, he later recalled many such incidents. Thus at the age of 6, while visiting a relative, he slept with a servant who practiced masturbation with him. She also taught him sexual intercourse. Five years later at the age of 11 years he met this servant and attempted intercourse with her. At the same age he had a number of sexual experiences with a girl of 14 years. His homosexual experiences began at the age of 9 years when he was taught fellatio by a classmate. He was his mother's pet. When he was young he was very much attached to her, but after the age of puberty he could never be with her without quarreling. His father he openly hated. I should like to give you a full analysis of this very interesting case, but I shall reserve this for another occasion, and will simply say that this case demonstrates with absolute certainty the psychologic mechanisms found by Freud and Sadger. After six months' treatment the patient left me perfectly cured and has remained so ever since.

CASE 2.—O., 40 years old, single, American, was referred to me for treatment for psychosexual impotence by Dr. W. S. Reynolds in the beginning of May, 1909. The patient stated that he attempted intercourse at the age of 22 years and failed, and since then had been unable to get an erection without being helped by friction. For about a year before coming to me he attempted intercourse three times, for experimental reasons as he put it, and succeeded in getting only "half an erection." The patient was somewhat shy, and of the plethoric type. He gave a clear account of his life and soon became interested in the analysis. After studying him for two weeks I discovered that his impotence was due to homosexuality. His *vita sexualis* was characterized by a rather prolonged infantile sexuality. He wet the bed up to the age of 13 years. Between the ages of 6 and 8 years he practiced exhibitionism with a little girl. At the age of 12 years he began to masturbate, a practice which he continued to the time of treatment with Dr. Reynolds. He attempted heterosexual intercourse at the age of 22 years, and his first homosexual experience began at the age of 29 years and continued on and off whenever the occasion presented itself. These experiences

12. Sadger: Ein Fall von multipler Perversion, p. 112.

13. Brill: The Only or Favorite Child in Adult Life, New York State Jour. Med., September, 1912; reprinted as Chapter X in Psychanalysis, Its Theories and Practical Application, Saunders Publishing Co., Philadelphia.

were always accompanied by conflicts and feelings of remorse. When young he was very fond of his mother, but since the age of 8 years she had disgusted him because "she gave birth to so many children." This patient showed no secondary sex characters, although he himself thought that he did not have enough hair on his face and that his penis was small. His penis was slightly below the average. When I first discovered the patient's homosexuality I took a rather gloomy view of the prognosis. My reason for feeling so was that he entertained some vague ideas of reference. He imagined that whenever he came near men they made certain motions which meant to him that they considered him effeminate, but after ten months' treatment the patient left me cured. The analysis demonstrated almost all the homosexual mechanisms.

CASE 3.—Patient, aged 28 years, single, American, actor, was referred to me by Dr. Frederick Peterson in the beginning of March, 1912. The patient was anxious to be cured of homosexuality. He himself thought that it was congenital, as he recalled that he became sexually excited at the age of 5 years on the occasion of sleeping with his father. He showed no secondary sex characters, and analysis showed that for some time before this episode there was an affective sexual experience which prepared the soil for the later development of the inversion. This case was especially interesting because besides the homosexuality the patient also evinced very strong sadistic perversions. He entertained many sadistic fancies. He longed for the days when the people went around armed with dirks and daggers, and he usually carried a revolver in his pocket. He spent considerable time in the menagerie in front of the tiger's cage. He loved to see the tiger excited and to hear him roar and he imagined that he exerted a certain influence over the tiger. The analysis brought out all the mechanisms found by Freud and Sadger in their inverts, and after six months treatment the patient was discharged as cured, and has remained perfectly normal since.

I could cite a number of other cases of the different forms of homosexuality which I have cured by psychanalysis, but, as it is impossible to give here more than a few lines of cases that would consume hours of reading, I will close my paper with the wish that it may serve to throw some light on these obscure phenomena and remove some of the prejudices to which these unfortunates are subjected.

ABSTRACT OF DISCUSSION

DR. D'ORSAY HECHT, Chicago: I should like to ask Dr. Brill whether or not he made any special inquiry into the heredity of these homosexuals. As I recall it, he stated that they did not show any particular inheritance that could be of a degenerative type. I do not ask because I question his statement, but because, after all, I think that there is always a latitude in the interpretation of what constitutes inheritance, as to whether or not a person could inherit a certain tendency not rationally acquired, but having a physical basis which would permit these sexual perversions to take root and remain for all time.

I was also impressed with the effort of Dr. Brill to correct homosexuality by decrying it. But if in the eye of the specialist homosexuality is but a contravention, socially speaking, and if it has just as much right to a hearing from the point of view of a sexual act as has heterosexuality, I really cannot see why the homosexual should care to be delivered from his homosexuality, except that he feels disgraced by it. Then again, a large number of homosexuals are in no way abhorrent of themselves in respect to their natures; they seem to be perfectly happy and perfectly well adjusted, probably in a restricted sense, and these patients probably are not worth while treating as Dr. Brill treats them. If we accept homosexuality as a condition which has as much right to exist as heterosexuality, why should we address ourselves to the duty of treating it?

I am wondering, too, whether or not the antisocial attitude toward the homosexual individual is, so far as the law is concerned, out of all proportion to the offense as it is conceived by the medical man. It is a fact that in Great Britain, for instance, the attitude on the part of the British law toward the offense of sodomy as a social crime is tremendously severe. But there must be something in homosexuality much more potential than merely the fact that the homosexuals are attracted by certain special attributes of the male, as stated by Dr. Brill; there must be something in homosexuality that far transcends what Dr. Brill conceives as homosexuality. I would ask Dr. Brill if the law takes this into consideration when it comes to the application of punishment for these offenses against society, such as, for instance, we have seen so well characterized in the celebrated case against Oscar Wilde. That, of course, was one of the most flagrant offenses of the kind, at least in the stratum of society in which it was practiced, of which we have knowledge.

DR. HOWELL T. PERSHING, Denver: I should like to ask Dr. Brill, when he has made the diagnosis and satisfied himself of the origin of the perversion, in what way he treats it.

DR. ROSS MOORE, Los Angeles: One point that occurred to me as Dr. Brill was reading, and which was not particularly clear to me, was this: In the early part of his paper he spoke about a number of patients coming to him for some psychosis or for impotence, who did not know before they came to him that they were homosexual, and I wondered whether Dr. Brill, or any of us in carrying on such work as Dr. Brill has carried on in his cases, might not be in danger of doing society an injury as society sees the matter, or the patient an injury, by suggesting to him the possibility of homosexual conditions —whether or not it is a cure to make the man understand that he is homosexual.

I want to ask also how much of the real fundamental psychanalysis according to Croy he used in these cases. I have wondered whether or not he has modified the idea of psychanalysis, as ordinarily practiced, etc., in the handling of these cases. I should be very glad to have him tell us a little about it.

DR. ALBERT E. STERNE, Indianapolis: I have found it difficult to reconcile the statement Dr. Brill has made, that these individuals were not mentally or physically in any sense alienated from that which is commonly regarded as normal, with the impression which I gained that there is a distinct abnormality presented by the individuals in the three cases reported in detail. It is very hard to reconcile oneself to experiences in conditions of this kind and not recognize certain collateral conditions that have been manifested by these individuals; in other words, to look on this homosexuality as an isolated phenomenon. We are not accustomed, of course, to regard this abnormality as a manifestation of a mental condition, while we do regard it as a marked evidence of degeneracy. This subject has, of course, considerable ethical importance.

It is hard for me again to realize, not only from the paper that Dr. Brill has given us, but also in personal conversations with him, how he can feel satisfied, and how he can convince others, that these individuals are absolutely cured. He simply takes the statement of the patient that he no longer indulges in the practice that he had earlier acknowledged. That may be convincing to Dr. Brill, but it is pretty difficult at a distance to be convinced.

DR. A. A. BRILL, New York: In some cases I found no hereditary factors. I did not go into any theories at all, but based conclusions on the results of mental examination of average patients. Most of these patients recover, though they are content to remain homosexual. Those who wish to get well are young adults if they are mentally normal. I tell them that it will take them a long time to recover, and that if they will leave the matter entirely to me I will start treatment; otherwise I will not start treatment.

The only way I could answer Dr. Pershing's question would be to give him the analysis of a typical case. But this would be impossible considering that I spend an hour with the patient six times a week for six months.

With reference to the question of determining that a person is homosexual:

A patient came to me who was said to have nothing the matter with his sexual life, but who had convulsions. I had seen him not more than three times when I said to him, "You are homosexual," and I explained what I meant. He told me that while at college he never indulged in sexual acts, and that for this reason he used to wrestle, during which he would have ejaculation, and he selected his partners. Unquestionably from the beginning of his existence he was homosexual, although he was able to have sexual intercourse with his wife, but he was compelled to marry when quite young; he was "prodded into it," as he said. He came to me to be treated for neurosis, but the neurosis was simply the result of homosexual lack of gratification.

We should be particularly careful not to suggest anything. I never tell a patient at once that he is homosexual. Be reasonably sure that he is homosexual and you need not then hesitate to tell him so.

Answering Dr. Sterne's question as to how I can determine that the patient is cured:

A patient who comes to me and tells me, for example, that he will commit suicide if he cannot be relieved of his terrible condition. When that patient suddenly changes and falls in love with a woman and marries her, I can see no reason to doubt that he is cured when he never had any such feeling before. Moreover, the man does not come to me at my solicitation. He comes to me with something definite; I follow the case for months or perhaps more than a year; I know him better than any one else in the world, and he has no reason to lie.

Those men are, as a rule, no different from a crowd of heterosexuals, and, further, they belong to some of the finest types. Those are the only cases that I have analyzed, and I believe that only persons of a high type should be analyzed, for those are the ones we should reclaim. We cannot accomplish anything satisfactory in the case of ignorant persons.

DIURETICS IN CARDIAC DISEASE

A GENERAL REVIEW *

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In considering the subject of diuretics in cardiac disease it is essential that we frame in our minds some tentative idea of the forms of cardiac disease in which it is desirable to resort to diuretics at all; secondly, that we form a clear idea of the manner in which the lesion of the heart affects the action of the kidney; and thirdly, that we consider the mode of action by virtue of which the particular diuretic drugs under consideration may be expected to remedy these disturbed conditions.

With full realization that I am making rough and arbitrary divisions, I may say that one might consider the advisability of resorting to diuretic measures in five forms of disease of the circulation: (1) infective endocarditis; (2) arteriosclerosis with periodic attacks of the various disturbances associated with localized arteriosclerosis, vertigo, headaches, transitory cardiac asthma or pulmonary edema, angina pectoris and vasomotor crises; (3) chronic or paroxysmal hypertension without edema; (4) acute cardiac overstrain, and (5) broken systemic compensation with chronic passive congestion, and edema with or without general anasarca, ascites, hydrothorax or hydropericardium, arising from myocardial weakness, valvular insufficiency or adherent pericardium.

In acute and chronic infective endocarditis one encounters, it is true, a scanty urine with albumin and red blood-cells just as in passive congestion; but as Baehr[1] has shown, this is due to the presence of a true infective glomerulonephritis with emboli of *Streptococcus viridans* in the loops of capillaries in the glomeruli, and it should accordingly be treated as a primary nephritis rather than as a primary heart disease. I shall therefore leave this question to be discussed by Dr. Christian.

In the groups of arteriosclerosis and of chronic hypertension one might well be tempted to resort to diuretics to remove products of auto-intoxication or to relieve a possible plethora, but in either case it would be questionable whether or not such an effect could be secured or would be desirable. It is useless to try to lower the blood-pressure by removing water from the blood by diuresis, because that water is immediately replaced from the tissues, and in some cases diuretics may even drive an excess of water from the tissues into the blood (Weber[2]). In both of these conditions, as von Noorden[3] has shown, it is better to spare the arteries and kidneys from overwork by light diet and restriction of salt and water than to remove these substances from the system with diuretics.

In acute cardiac overstrain, on the other hand, such as we meet in athletes after a boat race, a football game or a tug of war, or in the less romantic walks of life in persons who have performed feats of strength or exertion involving hard lifting, pushing or pulling, one is often confronted by a scanty urine containing albumin, casts and even red blood-cells (A. R. B. Myers,[4] da Costa,[5] Meylan[6]). This is due entirely to the congestion of the kidney resulting from venous stasis during the overstrain, and is therefore of primary cardiac origin; but, as these writers have shown, it is of entirely transitory duration and clears up when the strain is over and the heart once more under normal conditions. From a very complete study of the history of many decades of Harvard oarsmen, moreover, Meylan has shown that neither the heart nor the kidney shows signs of damage in after years, and the condition therefore can be left to take care of itself without the intervention of diuretic measures.

The chief condition in which active intervention to induce diuresis is advisable is in broken systemic compensation with edema from stasis in the systemic veins either from failure of the right ventricle, tricuspid stenosis or adherent pericardium (especially Pick's pericarditic pseudocirrhosis). In all cases of passive congestion the changes in the circulation closely simulate those observed in asphyxia, and Cohnheim and Roy[7] have shown that in the kidney the first effect of asphyxia is a constriction of the renal vessels and diminution or cessation of flow of urine. This constriction has its origin in the vasomotor center and is absent if the nerves to the kidney are cut or become paralyzed, under

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1. Baehr, G.: Glomerular Lesions of Subacute Bacterial Endocarditis, Am. Jour. Med. Sc., 1912, cxliv, 327.
2. Weber, S.: Ueber die Beeinflussung der Resorption durch Diuretica, Verhandl. d. Kong. f. inn. Med., 1906, xxiii, 518.
3. Von Noorden: Clinical Treatise on Disease of Metabolism, 1903.
4. Myers, A. R. B.: Etiology and Prevalence of Diseases of the Heart Among Soldiers, London, 1870.
5. da Costa, J. M.: On the Irritable Heart: a Clinical Study of a Form of Functional Cardiac Diseases and Its Consequences, Am. Jour. Med. Sc., 1871, lxi, 17.
6. Meylan, G. L.: Harvard University Oarsmen, Harvard Grad. Mag., 1904, xii, 362, 543.
7. Cohnheim, J., and Roy, C. S.: Untersuchungen über die Circulation in der Niere, Virchows' Arch. f. path. Anat., 1883, xcii, 424.