

and nothing was discovered beyond the ordinary impurities of London water, and sulphate of lime. A report to this effect was accordingly about to be given to the gentleman, and the matter considered as disposed of. Just, however, as the vessels were about to be emptied, one of the first chemists of the day came into the laboratory. Having heard what had been done, he said, 'Stop one moment; drop a little muriatic acid into that evaporated water. Now stir in it a morsel of gold leaf, and see if it dissolves.' *It did dissolve.* 'Then,' said he, 'ascertain, without causing any unnecessary alarm, whether a drain does not leak into the well of the pump from which the water was taken, and search for nitrate; and let the gentleman be directed to ask his medical adviser whether it may not be possible that nitrates disagree specifically with him.' Nitrate of lime was found. It was also discovered that an unsuspected sewer passed close to the pump, and the gentleman on whose behalf the investigation was made knew, of his own personal experience, that nitrate of potash had always produced distressing symptoms." Now, I do not mention this as an instance of extraordinary chemical knowledge, for the merest tyro knows that the nitro-muriatic acid is a solvent for gold, and that nitrate of lime is frequently generated in drains and sewers, but I do mention it as a proof of the diligent accuracy which the study of the experimental sciences produces in the mind.

Again; the study of botany consists essentially in the accurate observation of minute points of difference. How close, in many respects, is the resemblance between a cactus and some of the euphorbiaceæ; and yet the former is innocuous, the latter are irritant poisons.

But not only have these sciences the advantage of cultivating individually that particular faculty which is more especially exercised upon each; but what is, perhaps, more than all, they will strengthen within you, or rather confer upon you, that power of active attention to the subject upon which your minds should be engaged, which, I will venture, without fear of controversy, to affirm to be the germ of true excellence in any art or science whatever. "In the pursuit of science," to use the words of Dr. Aberbrombie, "this habit of the mind leads to sound knowledge and correct conclusions. In the affairs of ordinary life it is the source of promptitude. United to discretion and prudence, in the highest concerns of man, as a moral being, it brings him under the due influence of those important truths which are calculated to guide and regulate his motives, and his whole character and conduct in life. Such is the power of the habit of attention that it is not saying too much of it to affirm that it lies at the foundation of the whole character."

I think, then, that enough has been said to make it apparent that that course of study which I have been recommending as furnishing you with knowledge immediately applicable to your profession, will also prove of as great or even greater service indirectly by elaborating those faculties which will not only be essential to your acquiring a really sound knowledge of that profession, but will also give you an incalculable advantage in its practice. Just as while, by diligent and repeated dissection, you will, I trust, become thoroughly conversant with the descriptive anatomy of the human body, you will, at the same time, be acquiring that dexterity in the use of the scalpel which will hereafter be necessary, on many occasions, in order that you may turn that knowledge to account.*

THE SYMPTOMS, PATHOLOGY, CAUSES, AND TREATMENT

OF SPERMATORRŒA.

To the Editor of THE LANCET.

SIR,—Should you consider the following observations on *spermatorrhœa* possessing sufficient interest, perhaps you will do me the favour of inserting them in your valuable and widely-circulated Journal. I am, Sir, your obedient servant,

GEORGE N. DANGERFIELD, M.D.,
M.R.C.S.L.

Newport, Monmouthshire,
Oct. 23, 1843.

Involuntary discharge of the seminal fluid has attracted more or less the attention of medical writers from the time of Hippocrates downwards; but, unfortunately, of late, particularly in this country, this important and distressing affection has been almost exclusively consigned to the treatment of that mass of unprincipled and advertising pretenders, whose disgusting appeals for public sympathy and support are a disgrace to the English nation. We may ask ourselves who have been the cause? Doubtless the medical profession at large, but glad are we to see that a subject of such deep interest to society is now being submitted to honest and scientific investigation; and we cannot withhold a tribute which we believe is due to Lallemand for directing our attention to many points most essential both in the diag-

* We divide our report of this lecture at this place,—a natural division of the address occurring here,—and intend to publish the remaining half next week, the whole discourse requiring more space for its insertion than we are able to devote to it in one number.—ED. L.

nosis and the treatment of the affection. The following symptoms characterise the disease,—not that they are to be attributed exclusively to it, as every man of experience must have observed many of them in certain rare affections of the nervous system. Generally, however, I believe, on minute investigation they will be found to have had their origin in sexual abuse or derangement.

Symptoms.

When the disease is in its early stages the patient complains of weakness, restlessness, and listlessness; his manners are shy and nervous, with a remarkable air of timidity, and indisposition to answer questions; his complexion is generally pale, slightly emaciated, sometimes haggard and care-worn, exhibiting little or no interest in persons or things which formerly claimed his anxious attention and solicitude; he has disrelish for society; gradual loss of memory; dull pain and feeling of weakness, especially in the loins and lower extremities; fatigue on the least exertion; constipation; and a marked reserve as to the origin of his ailments. On further investigation the physician will find that he has been afflicted for some time with seminal emissions during sleep, accompanied by libidinous dreams and some slight pleasurable sensation; these emissions soon occur, with diminished erections of the penis and decreased pleasure, and ultimately the nocturnal discharges increase in frequency and abundance, without erection or pleasurable sensation at all. If an attempt be made at sexual intercourse the emission becomes more and more hurried, so that after a time the mere contact or sight of a female will produce it, and the following additional symptoms invariably soon make their appearance:—The disrelish for society increases; dyspeptic symptoms become more evident; inexplicable pains in all parts of the body; the mind more enfeebled and incapable of attention; the memory more fallacious; the disposition more morose; a general sadness, even to tears, upon trivial occasions. The aspect becomes dejected; the patient rarely raises his eyes from the ground, even when addressed: conscious of his wretched condition, and fearing discovery, he prefers solitude, and in many cases will not acknowledge his affliction, even on the repeated inquiries of the physician. The tendency to constipation generally increases with the disease; the urine is passed more frequently; the genital organs decrease in size, and denote feebleness; the testicles hang pendulous in the scrotum, which is void of rugæ; erections after a time cease altogether, the most exciting positions failing to produce them, or, if produced, are of so transient a nature that the act cannot be consummated; debility and loss of flesh increase; severe headach, giddiness, cough, and palpitation, are added to the catalogue of symp-

oms; and the patient frequently wishing for death, without the courage to destroy himself, exposes himself to dangers avoided by other men, trusting that chance will accomplish that which he has not the daring although the desire to effect. At length epilepsy, catalepsy, mania, or some other disease of the nervous system, makes its appearance, and the patient is relieved from his horrid state of existence by a premature death, the cause of which had frequently been entirely overlooked by his unsuspecting physician.

We are not to suppose, however, that all cases present the foregoing symptoms; frequently the nocturnal emissions cease altogether, or become less frequent, and the patient flatters himself his disease is removed; his weakness, however, gradually progressing, the physician suspects the cause and directs his attention to his urine, when he discovers that the nocturnal emissions have disappeared only to assume the character of diurnal pollutions. In this case, on examining the urine when fresh in the chamber-utensil, he will find it frequently contains a starchlike liquid, or brilliant granules, occupying or constituting the lower stratum of the contents of the vessel, and moveable with the slightest motion (while mucus, on the contrary, remains somewhat adherent), the urine at the same time evolving a nauseous odour. On directing his attention to this at the time of micturition he will generally observe the turbidness is only towards the end of the discharge,—in fact, frequently during the last expulsive efforts to empty the bladder; and by placing his finger at the orifice of the urethra he will find it moistened by a slimy substance, which, being collected on a bit of glass and placed under a microscope, the presence of spermatozoa will decide the question beyond all doubt, no other secretion containing them.* At all times, however, they are not visible without dilution. From notes taken by myself at Lallemand's *clinique*, I find he says,—“The semen requires to be mixed with a little water before the animalculæ become visible under the microscope, and sometimes half an hour must elapse before the fluid is of the right density; if too much time be lost, on the other hand, they again become invisible.” The animalculæ depend upon the health of the individual for their consistence; hence we find them thin and transparent in weak and debilitated subjects, and when disease has been of very long standing those even found in the vas deferens are changed in form, being oval, and, to use Lallemand's expression, “void of tails.”

When you suspect seminal fluid in the urine the turbid part should be filtered, and

* For a representation of healthy human zoospermata see Wagner's *Physiology*, translated by Dr. Willis.

a piece of the lowest part of the filter-paper cut out, and placed in a watch-glass, containing water, for twenty-four hours; the animalculæ will mix with the water, and a little placed under the microscope will decide the question. The turbid state of the urine towards the end of micturition, caused by the semen, however, cannot easily be confounded with opacity of the urine, caused by disease of either the bladder or urethra, because when the former is affected the whole of the urine presents nearly the same appearance, while diseases of the latter only render turbid the first part; so that when the first part of the urine is clear, and the last part only accompanied by an albumen-like matter, diurnal emissions may be with confidence diagnosticated. We have before mentioned constipation as an invariable accompaniment of spermatorrhœa, and frequently, when no evidence of the affection is given by the act of micturition, the expulsion of the fæces will disclose the nature of the malady. The patient will observe a slimy discharge from the urethra during the efforts made to expel the contents of the rectum; in other cases the semen, although expelled by the vesiculæ seminales, is not immediately emitted, but allowed to remain in the urethra, from which it escapes generally when the patient is readjusting his clothes; so that, in fact, the same loss of the seminal fluid takes place, which may easily be proved by the aid of the microscope. The foregoing is a description, doubtless, of an extreme case, but in symptomatology such is imperative,—generally, however, we are consulted in the earlier stages, and few of the desperate cases recorded by Lallemand, we may flatter ourselves, are seen in country.

Morbid Anatomy.

In noticing the pathological appearances which have been observed in fatal cases of spermatorrhœa, we must borrow from foreign authors, as few records are to be found in the writings of our own. I shall give Lallemand's experience on this point, because I have myself had opportunities of verifying much of it under his superintendence.

1. Testicles.—Generally white, soft, and more or less diminished in size.

2. Vasa deferentia.—Tortuosity of these vessels, and dilatation into pouches.

3. Vesiculæ seminales.—Thickened, in some cases filled with pus; in others with tubercular matter, and elaborated semen; their lining membrane is sometimes found dark, ulcerated, and sloughy.

4. Seminal ducts.—Dilatation of the orifices, with erosion and ulceration; the ducts themselves, in some cases, cartilaginous or ossified, in others dilated and separated from the structure of the prostate, the latter being in a state of suppuration.

Causes.

To simplify the subject as much as possible we will consider, first, the exciting cause, and see how far we can trace it to inflammation or irritation of the seminal organs, or prostatic portion of the urethra; and next the other causes, either of a mechanical nature, or operating sympathetically. On reviewing the morbid anatomy in conjunction with the symptoms, we see from the alteration of structure, &c., that inflammation in these cases must have been the cause of the disease; and when we reflect upon the structure of the parts concerned we can easily imagine how a state of chronic inflammation, or, at least, irritation of the mucous membrane of the urethra, especially at the prostatic portion, appears to be the most common cause of involuntary seminal discharges.

The causes producing this condition of the genito-urinary mucous membrane above described may be various, but we believe the most frequent are, irritation caused by masturbation; inordinate coition; gonorrhœa; simple blennorrhagia; phimosis; chronic eruptions on the prepuce, glands, &c.; strictures of the urethra, &c. These, however different in themselves, concur in one mode of operation to produce the effect; that is, in exciting a morbid state of the prostatic mucous membrane, extension of that state to the ejaculatory ducts and seminal vesicles, and hence involuntary spermatic discharges. We know a mixed state of debility and irritability, or increased sensibility to ordinary stimuli, to be the effect of chronic inflammation of mucous membranes, as instanced in chronic inflammation of the stomach, bladder, &c. (according to the well-known laws of nervous sympathy), causing those organs to eject their contents, which in a healthy state they would retain without being sensible of their presence. Precisely in the same pathological manner may we suppose a chronic irritation of the mucous membrane of the prostatic portion of the urethra, and the ejaculatory ducts and seminal vesicles, to give rise to involuntary spermatic discharges. Admitting, then, that such is the case (and I am led to this conclusion, also, from the fact, that in most cases of spermatorrhœa the passage of a bougie is attended with the greatest pain, and I have seen cases in which the morbid sensibility of the prostatic portion of the urethra has been such that I was obliged to desist from the attempt altogether), we may next inquire how such a state of chronic irritation or inflammation is produced? Lallemand almost invariably attributes it to masturbation, and in the climate in which he resides such propensities we believe to be much more common than in this country; for there is scarcely a school, either in the south of France or Italy, in which this horrid and disgusting practice is

not indulged in to an incredible extent. We can readily imagine how a constantly-excited state of the organs of generation, either in the natural or in an unnatural manner, especially the latter, may produce the state of the urethra described; and we find most of the cases recorded by Lallemand* and Mr. Phillips† traceable to this cause. An organ thus irritated increases in sensibility, and is excited to its peculiar action by the slightest stimulus; a less quantity of semen than in a healthy state suffices to produce in the commencement energetic desires; these being gratified either in a natural or unnatural manner, the morbid action increases; nocturnal pollutions soon follow, and even diurnal, that is, emissions, take place when the patient strains at stool or voids his urine, when he takes the exercise of riding, or in severe cases, when he simply indulges in lascivious ideas. Inordinate coitus, although in rare instances, as I have myself witnessed in young married men, when there must have been a predisposition, has been the proximate cause. The mechanical irritation from without, combined with the frequent and violent contraction of the ejaculatory ducts and seminal vesiculæ, are sufficient to account for the effect, as we know that organs discharging their contents on mucous membranes, and having a continuance of the same ramifying in their cavities, under frequent stimulation suffer hyperæmic tumefaction, increased vascularity and irritability; is it, therefore, unreasonable to suppose that the same effects will be produced by the same cause in the parts in question?

The manner in which blennorrhagic or gonorrhoeal inflammation leads to involuntary seminal discharges is too obvious to require many remarks: these depending upon inflammation of the mucous membrane of the urethra, we have only to suppose it passed into a chronic stage, and the induction of morbid sensibility in the urethra, ejaculatory ducts, and vesiculæ seminales, to have the principal condition upon which spermatorrhœa depends. I have stated phymosis as a cause of these emissions; this, I believe, acts by producing (from the irritation kept up by the accumulation of acrid sebaceous matter between the glands and prepuce) irritation, if not inflammation, in the urethra, the extension of which is the cause of the disease; or, as Lallemand supposes, by keeping up a constant irritation of the part, it leads to the practice of onanism, which as before stated is the most frequent cause of the malady. I am led to this conclusion by the fact of having seen severe cases of spermatorrhœa cured by Lallemand, by the removal of the prepuce alone.

Severe chronic eruptions, by extending up the urethra, give rise in some instances to the affection, as also disease of the prostate gland, either idiopathic, or as the result of blennorrhagic or gonorrhœal inflammation; in some severe cases the gland has suppurated, the mucous membrane through which the ducts open into the urethra has become ulcerated, the small sphincters at the mouths of the ejaculatory ducts have been eroded and destroyed; hence have arisen seminal incontinence and constant escape of the fluid. In other cases, again, the orifices of the vesicular canals become tumefied, &c., so as to preclude the vesiculæ acting as receptacles for the semen, which accordingly accumulating in the vasa deferentia and ejaculatory ducts, is frequently expelled by the slightest action of the perineal and ejaculatory muscles. Other affections of the vesiculæ may produce the same effect, but the limits of this essay will not allow us to enter upon them.

Again; morbid affections of the bladder frequently give rise to the affection. Lallemand has justly remarked, that morbid irritability of the bladder is frequently accompanied by a similar state of the spermatic passages, and that the morbid predisposition which prevails in the one usually characterises the other. He also remarks, that those children who in infancy are affected with irritability of the bladder, are in after life exceedingly prone to an analogous irritability of the spermatic organs, and spermatorrhœa occurring in such persons he has found more difficult to cure. Seminal emissions are sometimes caused by calculi in the bladder, either giving rise to chronic inflammation or exciting irregular and spasmodic action in the perineal and ejaculatory muscles. Another cause of pollution is stricture of the urethra; this, we believe, acts principally by producing dilatation and consequent loss of tone of the ejaculatory ducts, so that in the violent expulsive efforts to empty the bladder or rectum, the contents of the vesiculæ are discharged also. We sometimes find that the semen in these cases is not discharged from the urethra, but regurgitates into the bladder, mixes with the urine, and is discharged with it. M. Petit* (whose description has been copied by Sauvages) gives a case of this kind.

Affections of the anus and rectum next claim our attention, as giving rise to involuntary spermatic discharges; they are hæmorrhoids, fissures of the anus, the presence of ascarides in the rectum, strictures of the rectum, and chronic diarrhœa. These may operate in two ways, either by producing involuntary spasms of the perineal muscles, and muscles concerned in the act of emission, or by exciting irritation or inflammation

* Des Pertes Seminales Involontaires. Paris, 1839.

† Medical Gazette, May, 1843.

* Mémoires de l'Académie de Chirurgie, tome i., p. 434.

first in the anterior wall of the rectum, and hence to the urethra and vesiculæ seminales. Hypospadias, hernia, and varicocele have been stated to give rise to this affection,—the first from the congenital largeness of the urethra and orifices of the ejaculatory ducts, the two last from a reflex nervous action, by which the muscles of the perineum and penis are excited into sympathetic movement.

Certain affections of the cerebellum and spinal cord also occasionally give rise to involuntary emissions, but these we must leave for another opportunity. Although I have stated my belief that involuntary seminal emissions are generally produced by irritation or inflammation of the prostatic portion of the urethra, I do not for a moment intend to assume that they cannot arise from other causes, for I believe I have seen in practice cases entirely independent of this cause, and arising from an apparent predisposition to debility and feebleness of the genital organs, which have suffered injury from very trifling excitement; thus denoting a want of tone of the nervous system in general, but particularly in that portion distributed to the genito-urinary organs. Lallemand gives, as indications of this predisposition, congenital phymosis, hernia, varicocele, and incontinence of urine, and, as far as my observation goes, he is correct. We find, also, in his clinical lectures he says,—"Prolonged continence is followed by spermatorrhoea and impotence in almost all cases. I have come to this conclusion from observation in private practice in a set of men who, by religious obligations, are prevented sexual intercourse; the system is at first relieved by nocturnal emissions, but which, by a kind of habit, frequently change for diurnal losses." How far this is correct I have had no opportunity of judging.

We are not to conclude, however, from these observations, that all nocturnal emissions are to be looked upon as morbid. After the age of puberty, more especially if sexual intercourse has been indulged in, and from some cause the individual is induced to lead a life of continence, it is no more than natural that occasional relief to the embarrassed organs should be effected by the discharge of their superabundant secretion; hence, under such circumstances, in robust persons, this must be looked upon as an effort of nature, having a salutary rather than an injurious tendency, and consequently requires no comment. Having taken in review, as far as due limits will permit, the causes, symptoms, and morbid anatomy of the disease, we now come to the

Treatment.

Throwing aside all the nostrums which disgrace the public journals of our day, we will endeavour to treat the disease upon rational principles, taking the causes separately, as far as our experience will allow

us, trusting the present spirit of honourable investigation will, ere long, add link after link to that chain, which we must acknowledge at the present time is far from complete. In the first place, then, where any of the morbid phenomena we have described depends simply on the practice of masturbation, and which we believe is most commonly the case, particularly in the early stages, however much it may be disavowed by the patient, it is at once evident that the abandonment of this vicious practice is the only rational road to recovery. The same remark will apply to excessive coitus, but where the pollutions have become excessive, either with or without the patient's knowledge, we may generally conclude that a state of the urethra is produced which requires particular attention; and from my observation, cauterisation of the prostatic portion of the urethra has, especially in the hands of Lallemand, been the most successful practice.

The best method of effecting this is by means of Lallemand's instrument, which may be had of Mr. Weiss; it consists of a curved or straight platinum canula, or tube, about the size of a middle-sized catheter, through which works a metallic caustic-holder, grooved at the further extremity for about an inch, to contain the caustic; the nitrate of silver should be powdered, placed in the groove, and fused over a spirit-lamp; by this means it becomes so fixed that escape is next to impossible; at the other end of the instrument there is a sliding screw, or stop, which enables the operator to limit the protrusion of the caustic-holder from the canula; another sliding stop attached to the canula serves to prevent the instrument passing further into the canal than the part to be cauterised, which should be fixed upon by the operator beforehand. The patient should be placed upon a bed in the position for passing a catheter; the instrument, previously oiled, introduced to the prostatic portion; the caustic-holder projected from the canula and applied from the neck of the bladder to the membranous portion of the urethra, but particularly to the inferior surface, being the part where the orifices of the ejaculatory ducts are situated; and it is well to follow up the operation by a hip-bath and laxative enema. Many fears have been expressed relative to the evil consequences of applying caustic to the urethra; as far as my own experience goes, I have never found any ill effects arise, and my observation has been rather extensive in the wards of the Hospital of St. Eloi, at Montpellier, and elsewhere. I certainly remember, on one occasion, rather severe symptoms of inflammation following the operation, requiring leeches to the perineum, emollient cataplasms, and hip-bath; but I believe the simple administration of a laxative enema, with twenty minutes in the hip-bath, will generally

prevent any such consequences following the operation.

I have frequently seen cases cured by one cauterisation, and think, as Lallemand justly observes, there is no means which so effectually removes the irritation, debility, excessive sensibility, and want of tone of the spermatic organs which prevail in this affection; for in destroying the surface of the engorged tissues it produces a contraction of the parts, gives them new energy, and restores them to the due performance of their wonted healthy functions. With cauterisation I have generally found a hemlock-poultice to the perineum, or a compress wetted with cold water, constantly applied, and occasional clysters of the same, of essential service, together with mild laxatives, country air, and gentle exercise; sometimes small doses of cubebs, with a few drops of tincture of opium, are of service. In all cases a total abandonment of all species of abuse, and, at least, a temporary disuse of coition, be absolutely to be enforced.

When the cause has been blennorrhagic or gonorrhoeal inflammation, the prostatic portion of the urethra is frequently more severely diseased and the gland enlarged; hence there is considerable tenderness on pressure in that region. In this case leeches applied over the seat of tenderness, followed by blisters and counter-irritants previously to cauterisation, will be advisable. Where the affection is traceable to congenital phymosis, in many cases no permanent relief will be attained without excision of the prepuce, from the impossibility of removing the acrid discharges producing the irritation. In some cases, however, the end may be attained by warm water frequently injected between the prepuce and the gland by means of a long pointed syringe, and I have found a weak solution of diacetate of lead well answer this purpose. I have seen some cases which had resisted various injections and other means, immediately cured by excision of the prepuce.

When the bladder is the seat of chronic inflammation this should be treated in the usual way, but I have seen no means so effectual as cauterisation of the mucous surface of the bladder itself; this may be easily accomplished by the aid of Lallemand's curved instrument. When the inflammation is subdued, if the involuntary pollutions continue, the same means must be had recourse to as advised for simple irritation.

Chronic cutaneous affections producing spermatorrhoea should be treated by sulphur-baths, alteratives, &c. In some cases, where cauterisation of the prostatic portion of the urethra has failed, from the known sympathy subsisting between the parts, the nitrate of silver has been applied to the orifice of the urethra and commencement of the canal only, with apparent benefit.

Fissures of the rectum frequently require

division of the sphincter ani; for more detailed treatment we must refer the reader to the modern works of surgical writers.

The treatment of piles is too familiar to require comment.

Constipation should always be removed by mild laxatives; I have found a warm-water injection every morning frequently serve this purpose.

When spermatorrhœa is traceable to disease of the brain or spinal cord, these, of course, require our special attention; such, however, we believe to be of rare occurrence, and the limits of this paper will not admit of more than a passing remark.

Strictures of the urethra should be removed by the ordinary modes of dilatation or cauterisation, and a healthy state of the prostatic portion of the urethra restored by the means before recommended.

The presence of ascarides in the rectum has been stated as capable of producing this affection, and I think I have found them produce, more frequently, nocturnal than diurnal emissions, probably from the fact of their being generally more active during the night, and, consequently, causing more irritation. Three or four doses of calomel and aloes, worked off by a senna-draught, will generally remove them from the rectum; when, if pollutions and morbid irritability of the part continue, one cauterisation will commonly be found sufficient for their removal.

Cauterisation should not be too frequently performed; ten or fifteen days should elapse between each application. Pain, and sometimes a slight bloody discharge, follow the operation; both of which disappear in a few hours. The changing of diurnal losses for nocturnal ones, attended with erections and increased pleasurable sensation, may be always looked upon as a good sign.

I have, as yet, confined my remarks to cases having for their origin local irritation or inflammation, I must now consider the treatment of those which are dependant upon constitutional idiosyncrasy, excessive sensibility, or irritability of the system in general and spermatic organs in particular, traceable to no abuse or immoderate sexual indulgence. I have invariably found in such cases great constitutional debility, requiring the use of warm and general tonics, as the stimulant bitters and the preparations of iron in particular. Cold and salt-water baths, and all other means calculated to restore the tone of the system; injections of cold water, both by the urethra and rectum; the cold douche directed against the perineum by means of an appropriate instrument; injections of a weak decoction of cinchona or oak-bark; and the occasional passing of a bougie, have sometimes proved beneficial. Would not electricity be of some service, directed though the prostatic portion of the urethra?

With regard to diet in the treatment of this affection, all alcoholic and malt liquors should be abandoned; the food should be light, nourishing, and unstimulating. Gentle, but regular exercise, and a residence in the country or by the sea-side, are highly advisable.

Much has been written on the subject of masturbation by Lallemand, who considers it the most frequent cause of spermatorrhœa; and so universally is this disgusting practice indulged in, in the south, especially, in his immediate neighbourhood, that we find him, in his clinical lectures, proposing the following means of preventing it:—"The best means of curbing this tendency, both in youths and adults, is muscular exercise, pushed to fatigue; the powers of the system, by these means, are exhausted, and nature, wishing to restore her wonted energy, seeks repose; and thus the vicious propensities are suspended for a time by refreshing sleep. Once the habit broken, we know how ready nature is to return to the proper discharge of her healthy functions."

We afterwards find another note on this head, containing the following sentiments, with which I shall conclude the subject, as it perfectly coincides with my own ideas: "These coercive measures are principally applicable to youth; after the age of puberty the secretion of the semen cannot be suspended or sensibly diminished without more or less injury to the health; the accumulation of this fluid in the seminal vesicles must naturally produce importunate erections, inevitable relapses, or nocturnal or diurnal pollutions, all of which cannot be prevented but by sexual intercourse. This is the only remedy that can recal to a healthy state the altered functions and modify the morbid sensibility of the organs; it is the sole effectual means, both for the present and future, that can reform unnatural tastes, as it enables the patient to perceive the immense distance which separates his melancholy and disgusting pleasures from those naturally and physiologically procured."

Sir,—The monthly parcel of my bookseller has just furnished me with *THE LANCET* for the last four weeks, in the number of which published on the 14th of October I find a communication entitled "Observations on Spermatorrhœa, by W. H. Ranking, Esq., M.D.," apparently containing much of the matter of which my essay on spermatorrhœa (acknowledged as received by you last week) is composed, in fact, the one seeming to be almost a plagiarism of the other. Should you, however, still honour me by the publication of my communication, I shall feel particularly obliged by your appending this note. I am, Sir, your obedient servant,

G. N. DANGERFIELD, M.D.
Newport, Monmouthshire, Nov. 2, 1843.

EMPLOYMENT OF NAPHTHA IN PULMONARY DISEASE.

DR. HASTINGS presents his compliments to the editor of the *THE LANCET*, and begs to forward the accompanying case, which was furnished to him by Mr. Proctor, a highly intelligent and respectable practitioner, of the firm of Dickson and Proctor, Witham, Essex.

Albemarle-street, Nov. 8, 1843.

Charles Perry, aged 24, by trade a carrier, born and always resided at Wickham Bishops, in Essex. His parents were long-lived and healthy. Hair red, complexion florid, and skin fine and clear. His general health was good until last February, when he sought relief for an attack of acute bronchitis. The prominent symptoms were then severe cough, frothy expectoration, difficulty of breathing, and considerable fever. This state of things soon subsided, but the difficulty of breathing and cough recurred, accompanied with expectoration of a well-marked purulent character, and nocturnal perspirations, followed by great emaciation and consequent debility. On applying the ear to the right side of the chest anteriorly, pectoriloquy and a gurgling râle were perceptible. Variable treatment was pursued until April, when, as improvement had not manifested itself, he withdrew from my care, and placed himself under Dr. Baker, of Maldon, who endeavoured to gain admission for him into the Colchester Hospital, but failed in consequence of his disease being pulmonary consumption in the last stage. Dr. Baker treated him for consumption, until an attack of hæmoptysis in July led him again to consult me. His condition was now more feeble than at his former visit. Under the use of the acetate of lead and opium the spitting of blood shortly disappeared, leaving all the previous symptoms of pulmonary consumption unmitigated. Being unacquainted with any treatment possessing the power of stopping the ravages of this disease, I determined to try naphtha, not with any expectation that a beneficial result would ensue, for I must add I had not the slightest faith in its (*alleged*) powers in this formidable malady. On the 3rd of August, then, I prescribed the following:—

R Rectified naphtha, ʒj;

Sed. liq. of opium, ʒij. Mix for drops, of which he took fifteen drops three times a-day in a little water. The naphtha was persevered in for about two months, when he reported himself well, and resumed his employment of carrier between Witham and London, having gained about two stone in weight during the treatment.

The first remarkable change was a disappearance of the nocturnal perspirations,