

GEORGE SCHLAGENHAUF, M.D., Washington University, St. Louis, 1875, from heart disease, after a long illness, at his home, Altamont, Ill., January 9, aged 53.

JAMES P. EPES, M.D., University College of Medicine, Richmond, Va., 1898, in New York City after an operation for appendicitis, January 11, aged 30.

NATHANIEL S. SIEVERS, M.D., University of Pennsylvania, 1867, at his home in Salem, N. C., after an illness of several years, January 12, aged 60.

WILLIAM P. CONNALLY, M.D., Tennessee Medical College, Knoxville, 1894, of Atlanta, at Abilene, Texas, from consumption, January 13, aged 26.

ADOLPHUS J. DENNIS, M.D., Kansas City Medical College, 1900, from consumption, January 5, at St. Joseph's Hospital, Kansas City, aged 23.

CHARLES B. BORDEN, M.D., Bellevue Hospital Medical College, New York, 1877, from pneumonia, January 9, at his home in Stamford, Conn.

HORACE HALBERT, M.D., University of Buffalo, N. Y., 1851, at his home in Canastota, N. Y., January 11, after a long illness.

ALBERT H. SNEAD, M.D., College of Physicians and Surgeons, N. Y., 1858, at his home in Waco, Texas, January 8, aged 63.

WILLIAM A. WRIGHT, M.D., University of Nashville, Tenn., 1857, at his home in Rives, Tenn., January 10, aged 75.

Correspondence.

Self-Castration.

CAMDEN, N. J.

To the Editor:—Emil L., a young white man, was brought to the Cooper Hospital about midnight of September 26. A couple of hours previously he had castrated himself, removing the entire scrotum. When he came into the hospital his appearance indicated that he had lost considerable blood, and the severed vessels were still bleeding. Examination revealed that the scrotum had been amputated close to the urethra, and the spermatic cords were retracted into the external abdominal rings. The vessels of the cords were ligated and the cutaneous flaps of the wound were sutured in the median line. A week subsequently the wound had healed by first intention; and when cicatrization and contraction are complete there will remain only a median raphe, in close contact with the penis.

For a day or two after admission the man was reticent, and it was difficult to induce him to speak of the act or of the causes that impelled him to it. But, later, he became more communicative, and in describing his operation he said he first tied a cord around the scrotum, above where he intended to cut, believing this was necessary to save him from a dangerous loss of blood. He then seized the scrotum and testicles in his left hand, and with a razor cut from above downward, with a sawing motion, severing successively all the structures. He said the "tendons" were more difficult to cut than the skin; that there was not much bleeding at first, but it became more severe in a few minutes. When asked if he was not tempted to abandon the procedure when he felt the pain of the cut, he replied that the pain was not very great, and he thought the flow of blood tended to prevent much suffering. He observed that the cord placed around the scrotum to prevent bleeding did not remain in position after the parts were severed, and to this fact he attributes the greater flow of blood that subsequently ensued. To the remark that he might have amputated the penis in his haste, he laughingly replied that he was careful not to do that.

A native of Switzerland, 27 years of age, he has resided in this country fourteen years; a florist by occupation. His father, six brothers and three sisters are living, his mother dead, the cause of her death unknown. From his description the members of his father's family were probably of a melancholy temperament and easily excited. Concerning himself, he says he was always despondent, that his employers did not use him right; that he was nervous, and his memory poor. He always had some pain in his testicles, and frequently pain in the back.

He never practiced masturbation; never had sexual intercourse, and never experienced strong desire for it. Involuntary emissions occurred at intervals of a month or six weeks, with the result that the pain in the back and testicles became less severe for a short period. Socially, he was always a recluse, and never associated with the opposite sex.

When questioned as to the immediate motive that prompted him to mutilate himself, he replied that it was because of the pain he experienced, and he thought by this means to obtain relief. He felt that his lack of success in life and his inability to please were due to the condition of his sexual organs, and he hoped by removing the offending members to obtain relief from the various influences that made him unhappy and a constant sufferer. He further said he had for years meditated on the desirability of removing the testicles in certain individuals, to prevent the transmission of undesirable traits to posterity. He had no knowledge of the Skopzi, and is not familiar with the practices of that sect.

On the seventh day following the removal of the testicles an involuntary seminal emission occurred, during sleep, but was unattended with a lascivious dream: it caused him to awake immediately. The stain on the linen was examined ten hours later, and presented all the characteristics of dried semen. Washed with dilute acetic acid, a slide was moistened with the resulting mixture, and the microscope revealed the presence of spermatozoa, but not in large quantities, there being, on an average, three to five in the field of observation. Following the emission, there was considerable pain in the wound.

The testicles, wrapped in a handkerchief, were taken with the patient to the hospital. They were of normal size and consistency, and minute inspection reveals that they were free from disease.

DANIEL STROCH, M.D.

Comments on Dr. Deaver's Article "Walled Off."

MELTON, DEL., Jan. 19, 1901.

To the Editor:—Dr. Deaver's article in THE JOURNAL of A. M. A., of January 5, is interesting as well as instructive. We all appreciate an early diagnosis as much as early treatment, and his statement "Let me insist that you have your cases of appendicitis operated on, yes, immediately after the onset of the initial pain," seems rather strong. For my own benefit and also for a large number of the profession, we would like the Doctor to give us the symptoms of the initial pain, its character and location. The symptoms of appendicitis are so varied and deceptive that I am sure many hesitate to operate, owing to the fact of being unable to arrive at an early positive diagnosis. We are inclined to think that should the Doctor's advice be taken many abdomens would be opened and normal conditions in relation to the appendix be found. I appreciate very much the Doctor's article and am not writing in the spirit of criticism, but as a seeker after truth, appreciating, as the Doctor does, the value of an early operation if one is necessary, but seeking for infallible signs whereby one may not err in an early diagnosis. Could we be as positive of the symptoms and physical signs of appendicitis as we are of empyema or pleurisy with effusion then we would not hesitate to follow the advice. Every physician feels a great responsibility resting upon him when called to cases in which the symptoms are indicative of appendicitis—to operate or not to operate is the question. He asks: Am I warranted in subjecting the patient to the dangers of an operation while some doubt exists in regard to the diagnosis? We believe in many cases it is impossible to make an early diagnosis unless the abdomen be opened. The Doctor's advice may apply very well to hospital, but the same can not always be carried out in private, practice. For the sake of diagnosis are we justified in opening the abdomen if no diseased appendix is found? . . . Many will frankly admit that they can not make a diagnosis of appendicitis in its early stage, and while having read all the literature at my command on the subject I admit I could make a better diagnosis after the abdomen was opened than before. We would like to hear from the Doctor again on the early symptoms and positive diagnosis of the disease.

R. B. HOPKINS, M.D.