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ORIGINAL ARTICLES.

SEXUAL NEUROTIC CONDITIONS.

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A certain class of cases are by no means infrequent in my office experience, and I suspect equally tax the patience of my professional neighbors. They are cases of which, perhaps, no two individuals will be alike, and yet there is such a general resemblance as will show the family traits. For lack of a fitting name, *sexual neurosis* is sufficiently expressive.

As I have said, the experiences of each patient are so peculiarly individual as to make it difficult to define any constant group of symptoms, so I will outline a few cases in brief, as they have been presented to me.

A young man comes to the office, in a bashful sort of a way, and states that there is something the matter with his sexual apparatus, and his description of the case is so very vague that you at first suspect some form of venereal disease. But no, he has never indulged in sexual intercourse. In a roundabout way you finally learn that "like other boys" he has masturbated to a greater or less extent, and usually, when the confession gets thus far, he thinks he is a *very great sinner*. But after all, perhaps, when you come to narrow down the matter, the patient has only ill-defined sensations of discomfort, with perhaps not even the usual penalty of excessive masturbation, namely, some extent of spermatorrhœa. Some of these cases have a degree of prostration, as

shown by the fact that after urinating, they complain of a sticky matter showing itself at the mouth of the urethra, undoubtedly a small quantity of the prostatic secretion thrown off by the pressure brought to bear in the act of urination. But then, your patient unfortunately, being thoroughly posted in the best literature of the day, assures you that his semen has been discharged backward into the bladder and is now passing off with his water, a bad state of things, the books will tell you so; and again he coolly tells you that if you are not sure that you can cure him, he had probably better go to the city where he understands there are men who make this trouble a "*spe-cial-i-ty*."

Another shade of trouble with some of these unhappy young men, is the belief that they are gradually becoming impotent as a penalty for their misdeeds. They have no particular reason for their fear. They have erections, but still they have a fancy that there is feebleness of virile power in some way, and one young man, not out of his teens, expressed to me a great deal of anxiety for fear he might wish to marry, and if he did, whether he would be able to perform the duties expected of him in such relation.

About the beginning of the current year (1879) a young man came to my office, being then recently married. He was a lusty, healthy, vigorous-looking fellow, but he sought advice for incompetency. He had then been married several weeks, and complained that his capacity for the sexual act was incomplete and unsatisfactory. I satisfied myself that his views of duty were somewhat extravagant, and probably his efforts unnecessarily abundant; and so I prescribed an expectant plan of medication, and directed a system of hygienic measures, of which *fasting sexually* was the important element, the result being that I learn his bride is now about to become a mother.

Now, I think this imperfect outline will sufficiently indicate many of the class of cases to which I refer. Doubtless, with a very large proportion of these, the pathological condition, and also the real necessity for medical treatment is expressed in the words of the comic song, "In my mind, in my mind." Nevertheless I am sure that there is a perverted condition of the nervous system in nearly all of these cases that is of considerable importance. A state, perhaps, of hypocondriasis in a degree—a condition of perverted nerve function, akin to the disturbed conditions to which we give the name of hysteria.

Well, then, in addition to these very ill-defined cases, we have pertaining, as I think, to the same general class of sexual neurotic patients, the various degrees and manifestations of spermatorrhœa; or, as Curschmann expresses it—and I think it a better expression—"abnormal seminal losses."

So far as the general history—etiology, progress, prognosis, etc., are concerned, I have seen no monogram that is so clear on the whole field of this condition as this of Curschmann, which will be found in Volume III of Ziemssen's Cyclopædia of Practical Medi-

cine. But while the general description of these cases here found is wonderfully satisfactory, the therapeutics, except in a very general way, is remarkably imperfect. A few paragraphs, however, are borrowed to very clearly describe the history, and which I suppose will correspond with general experience.

"Almost every healthy adult male (quoting from Curschmann in Ziemssen) during the years of sexual activity, loses, from time to time, a certain quantity of semen at night during sleep, generally with erotic dreams, accompanied by erection and special sensations, unless seminal evacuation be produced by coitus or other mechanical cause (masturbation). This kind of loss is called a *pollution*. They, of course, occur most frequently during the years of greatest sexual activity; but the period of their first occurrence varies extremely in different individuals, according to their mental and bodily conditions—such as training, temperament, mode of life, and direction of thought. The same circumstances also determine the frequency of the pollutions, which occur in some persons once a week or oftener, in others once a month or less frequently. Even in the same individuals they occur with no regularity, but greatly vary from temporary causes.

"Usually," says Curschmann, "the day after the seminal losses there is a feeling of relief and lightness, or at any rate, an absence of any subjective or objective suffering; and from this alone it can be determined whether the pollution is to be considered as normal. It is a complete mistake to try to decide whether they are healthy or not, simply by enumerating them, as some of the best authors are inclined to do; for what will be very injurious to one man, requiring medical intervention, will in another be quite within the bounds of health."

Thus far, or to this extent, it will be perceived that Curschmann does not regard nocturnal seminal losses as particularly abnormal *per se*, but if the pollutions become, for the particular individual, more frequently repeated—I mean relatively—or, "even when there is not the least irregularity about the act itself, it yet proves itself to be excessive, if instead of leaving no trace behind, or a feeling of relief, it is followed the next day by a general dullness and weakness, headache, diminution of mental activity, and the like."

During the past season I have had under my care two of these cases coming very sharply under the category just described. The pollutions are not frequent—once in ten days, sometimes two weeks—occasionally two or three nocturnal emissions within a day or two, and then an interval of a fortnight. And yet after each seminal loss there is lassitude, headache, mental depression, etc., to such an extent for several days as to quite unfit these patients for their usual pursuits. And this state of things has continued despite the "care of many doctors" for a long time without material change, better or worse.

The late Dr. Bumstead, of New York City, contributed a paper on spermatorrhœa to the *American Practitioner* in one of the numbers for the past year, which contains in brief space as much good, sound sense as is often met with in a medical journal. His notions of therapeutics are rather hygienic than much reliance on drugs. And particularly he appears to give but little importance to the popular and accepted theory of masturbation being the cause of nocturnal seminal losses. Furthermore, that occasional losses of this character, as frequent as once in a fortnight or less even, is rather to be regarded as normal. Hence we will not be surprised at this statement: "In ninety-nine cases out of one hundred, these emissions require no medical or surgical treatment. The chief danger from them lies in the patient attaching undue importance to them, in dwelling upon them and making himself miserable over them. If he can be induced to give his mind and body pure thoughts and healthy exercise, and to look upon their occurrence as a physical necessity, nature will take care of the rest."

Still he does find certain indications for medication, and, indeed, we suspect few of these patients could be detained long upon a strict hygienic system; thus he employs bromide of potash and strychnia to control the frequency of the emissions; iron, or iron and strychnia to meet the conditions of anæmia and imperfect nerve nutrition; equal parts of tincture ferri chloridi and fluid extract of ergot, given in one-drachm doses, is also a favorite prescription with Dr. B. I have used all these plans of therapeutics with varying degrees of satisfactory results.

The treatment by iron and ergot has been, perhaps, quite as satisfactory with me as any one special formula, as this appears to stimulate nutrition and give tone to the sexual nervous system. But after all no special plan of medication has, in my hands, proved successful to a marked degree.

In one or two cases I have resorted to the following plan with considerable satisfaction:

The supposed time of seminal emission was anticipated by using at each bed-time a suppository in the rectum, containing one-fortieth grain atropia sulphate, and during the interval I have directed the following:

R. Bro. pot.....	ʒiii.
Fluid ext. bell.....	ʒi.
Phosph. acid dilut.....	ʒvi.
Water and syrup, ad.....	ʒvi.

Mix and give a dessert spoonful at 10 A. M., 3 P. M. and at bed-time.

This plan has, in the two cases alluded to, lessened the frequency of pollutions, and more particularly, it has relieved almost entirely the headache and mental and physical lassitude, thus converting what Curschmann regards as a grave manifestation—an abnormal seminal loss—into a form not uncommon with healthy men, and not requiring interference.