

412

DISEASES
OF THE
MALE GENITAL ORGANS

By
Dr. W. KARO

ORCHITIS—NEURALGIA of TESTICLES

HYDROCELE—VARICOCELE

PROSTATITIS—IMPOTENCE

STERILITY and Sexual Neuroses.

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DISEASES OF THE MALE GENITAL ORGANS

By

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PREFACE

PRESENTING this small booklet on *genital diseases in men* I would like to state that my treatment is based on the experiences of my own practice extending over more than forty-five years. Owing to the limited space I can only deal here with the most common diseases and have restricted myself to an abbreviated discussion. The functional genital disorders are more thoroughly dealt with, not only because of their great general importance, but also that patients troubled with them formed almost 30 per cent. of my practice ; this gave me the opportunity of special interest in them.

Some readers may be surprised by the fact that I discuss surgical methods as well as the homœopathic treatment. I must once more stress the point, that Homœopathy is only *one* branch of general medicine, having its limits like all other methods. This fact should always be borne in mind. Hahnemann himself always made it clear that the best homœopath is not one who arbitrarily applies homœopathic drugs in cases where surgery should be the treatment of choice, but one who restricts the homœopathic method to patients and diseases where the homœopathic way is indicated.

DR. W. KARO

London

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CHAPTER I

ANATOMY AND PHYSIOLOGY OF THE MALE GENITAL ORGANS

WE differentiate between the procreative organs and the organs for copulation.

The male procreative organs are the testicles, *vas deferens* and the seminal vesicles.

The male copulative organ is the penis.

The two testicles or testes are the male sexual organs, producing the semen. They develop in the lumbar region during the foetal life, gradually descending through the opening in the lower part of the abdomen (the inguinal canal) into a pouch of skin, called the *scrotum*.

Each gland consists of two parts: the proper testicle and the epididymis.

The testicle is an oval shaped organ, covered on its upper and posterior margin by the oblong epididymis, a coiled tube, composed of convoluted vessels and ducts. The testicle continues above into the *vas deferens*, on which it is almost suspended. The *vas deferens* or duct of the testicle, together with the blood and lymphatic vessels and nerves forms the spermatic cord (*funiculus spermaticus*).

The testicles are covered by four distinct layers:

(1) The above mentioned scrotum, divided into two halves through a suture (*Raphe scroti*), stretching from the perineum to the penis.

(2) The joint tunic of the testical and seminal cord, under which lies the testicular muscle, connected with the deeper abdominal muscles, called *musculus cremaster* or *levator testis*.

(3) The separate covering, called *tunica vaginalis* proper testis. It is a double layer of serous membrane, with a small quantity of serous liquid between. This amount of serous liquid is apt to increase under morbid conditions, forming a so-called hydrocele.

(4) The tunica albuginea, a dense, fibrous, glossy white coat, comprising the testicle capsule.

The substance of the testicle is a soft, lightly yellowish glandular tissue, consisting of a series of minute tubes in which nerves and blood vessels run, lined by cells, from which the *spermatozoa* are formed (*caniculi seminiferi*).

Parts of the tunica albuginea run through the testicle, dividing it into many compartments.

One testicle contains 100-200 compartments, each containing twenty canaliculi. All these tubes communicate with one another, passing into the *epididymis* and from there into the *vas deferens*. Owing to the extremely convoluted nature of these ducts the passage from the testicle to the urethra is over 20 feet in length, although the actual distance of its two ends is only two or three inches.

The testicles produce the semen (sperma), a viscous whitish fluid. Its most important ingredient being the spermatozoa. Each spermatozoa shows a head, middle, and tail-piece. In the fully formed semen these spermatozoa are mixed not only with the fluid secreted by the lining membrane of the epididymis and of the seminal vesicles, but also with the viscous secretions of the prostatic and Cowper's glands. Nevertheless it contains spermatozoa in enormous numbers, the semen emitted at a single act of coitus (2-4 c.c.) usually containing 200 to 300 million spermatozoa. Their curious flagellate movements have always been of the greatest interest to all scientists observing these spermatozoa under the microscope. They can clearly be seen by magnifying.

The *vas deferens* is the excretory duct of the testicle, carrying the semen to the seminal vesicles and the urethra.

The two seminal vesicles are appendices of the seminal ducts, lying between the bottom of the bladder and rectum. They form two convoluted pouches, containing mucous fluid which mixes with the semen.

The massed lower part of each seminal vesicle links up in a joint duct with the end of the corresponding seminal canal at the upper posterior margin of the prostate, called the *ductus ejaculatorius*.

Both of the ductus ejaculatorii run separately and open with two round apertures in the prostatic part of the urethra.

The *prostate* is situated at the base of the bladder between the pubic bone and rectum. The urethra passes through it in such a way that the greater part of the prostatic gland lies under the urethra, the smaller part above.

It embraces the urethra rather like a signet ring.*

The prostate secretes a viscous fluid. It is this fluid to which the mobility of the spermatozoa is due.

The Cowper's glands are two glands of the size of a pea. They lie behind the bulb of the urethra, into which they empty themselves; they discharge a viscous liquid, lubricating the urethra and mixing with the seminal fluid.

The male copulative organ is the *penis*, which also encloses the greater part of the urethra.

For descriptive purposes we divide it into three parts: the root, the body, and the extremity. The root of the penis is triradiate in form, consisting of the diverging side-pieces, one each side and the bulb of the penis in the median plane. It is bound to the front of the pelvic symphysis by the fundiform and suspensory ligaments. The middle and longest part, the body of the penis, extends from the root to the anterior end of the corpora cavernosa (see below), while the extremity is formed by the glans penis.

The penis is a pendulous organ; in its flaccid condition cylindrical in shape, but when erected it assumes the form of a triangular prism with rounded angles, one side of the prism forming the back (*dorsum penis*).

The organ is composed of three cylindrical masses of erectile tissue bound together by fibrous tissue and covered with skin. Two of the masses are placed side by side; they are termed the *corpora cavernosa*. The third, median in position, and beneath the other two, is traversed by the urethra and is termed *corpus spongiosum* or corpus cavernosum urethrae.

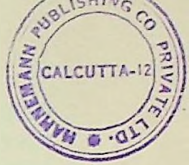
The corpora cavernosa penis form the greater part of the substance of the penis. They are cylindrical in shape and consist of a fibrous envelope and the cavernous tissue. The strong fibrous envelope consists of superficial and deep fibres. The superficial fibres are oblong, longish in

* Further details about the prostatic gland can be found in my booklet: *Urinary and Prostatic Troubles*. London, The Homœopathic Publishing Co. 1940.

direction and form a single tube which encloses the corpora. The deep fibres are arranged circularly around each corpus cavernosum, forming at their junction in the median plane the *septum* of the penis. From the internal surface of the fibrous envelope of the corpora cavernosa as well as from the side of the septum numerous trabeculae arise and cross the corpora cavernosa in all directions, subdividing them into a number of cavernous spaces and giving the entire structure a spongy appearance. These trabeculae consist of white fibrous tissue, elastic fibres and plain muscular fibres containing numerous arteries and nerves. The cavernous spaces are filled with blood and are lined with a layer of flattened cells, similar to the endothelial lining of the veins.

The extremity of the penis is formed by the glans penis ; it is somewhat conical in shape with a concave base. The projecting margin of its base is named the *corona glandis*, and the constriction behind the latter is termed the *neck* of the penis. The terminal part of the urethra runs through the glans, ending in a saggital slit on its apex.

The skin covering the penis is characterized by its thinness, its darker colour, its looseness of connection with the fibrous envelope of the organ and the absence of adipose tissue. At the root of the penis it is continuous with the skin over the pubes, scrotum and perineum. At the neck of the penis it is folded upon itself to form the the foreskin or prepuce, which overlays the glans for a variable distance. The internal layer of the prepuce is confluent along the line of the neck with the thin skin covering and firmly adhering to the glans and joins the mucous membrane of the urethra at the external urethral orifice. Its median fold is named *frenulum* of the prepuce. The prepuce is separated from the glans by a potential sac—the preputial sac—which presents two shallow cavities, one on each side of the frenulum. On the corona of the glans and the neck of the penis are numerous small glands, secreting a sebaceous material, called *smegma*, characterized by its very peculiar smell and substance.



CHAPTER II

DISEASES OF THE TESTICLE

EPIDIDYMITIS

INFLAMMATION of the epididymis is the most frequent disease of all ailments of the testicle.

We differentiate between the *acute* and the *chronic* epididymitis.

Acute epididymitis is either due to an inflammation of the urethra, or to an inflammatory process outside the uro-genital canal (metastatic epididymitis).

Inflammation of the urethra resulting in epididymitis may be caused by all kinds of bacterias, such as coli bacilli, tubercle bacilli, staphylococci, or streptococci, but the most frequent cause is the *gonococcus*. About 20 per cent. of all patients suffering from gonorrhœa develop an acute gonorrhœal epididymitis, especially patients whose gonorrhœa has been treated with strong local irrigations.

The metastatic epididymitis is always a local complication of a general infection of the organism, such as occurs in typhoid fever, small-pox, sepsis, etc. Here the bacilli are carried by the blood-stream to the epididymis, while all other parts of the genito-urinary canal show no symptoms of any infection whatsoever.

Other cases of epididymitis are due to injuries of the scrotum, a fall on the perineum, a blow against the scrotum, or sometimes an injury by riding, etc.

Symptoms and course. The acute epididymitis starts with high temperature and agonizing pains in the scrotum, radiating very soon to the thighs. Rapidly increasing swelling and redness of the scrotum develops. As a rule the swelling at first affects only a part of the epididymis, but later on tends to extend over the whole organ. In a great number of cases the inflammation is accompanied by an acute *hydrocele*, forming a tumour reaching the size of an orange or even bigger.

The patient is compelled to lie down, as standing erect greatly increases his pains.

In lighter cases the most alarming symptoms usually

diminish after a couple of days, the swelling gradually decreases, leaving behind a circumscribed tough infiltration in the epididymis. The scrotum is not sensitive to touch any more, so the patient can go about with the scrotum in a sling, although the swelling may remain for a couple of weeks or even longer.

In other cases the course is more violent. High temperature, excruciating pains and malaise continue; an abscess of the epididymis may develop and may break through the reddened and infiltrated skin of the scrotum; the other epididymis may become affected. Such a double epididymitis renders the patient sterile, at least in the majority of cases. As the seminal tubes are blocked by seroplastic effusion into the cellular tissue covering the epididymis the semen does not contain spermatozoa. This condition may be temporary or permanent.

The diagnosis is easy. At the onset we can ascertain by gently handling the organ that the disease is located in the epididymis only, and not in the proper portion of the testicle.

The differential diagnosis between epididymitis and orchitis may be difficult in exceptional cases, though a primary orchitis is very rare.

The diagnosis must be extended to the cause of the affection. Is it a gonorrhœal infection, or is it due to coli bacilli or even to tuberculosis, etc.?

Treatment. Each patient suffering from an acute epididymitis must stay in bed and have the scrotum suspended. In the majority of cases cold wet compresses with diluted tinctures of *Arnica* or *Hamamelis* locally applied will ease the pains, while some patients prefer warm compresses. If the pain is severe, *tobacco* poultice should be applied. (A paper of chewing tobacco to a pint of warm water, mixed with a small piece of camphor.) The local treatment should be supported by giving *Aconite* 3x and *Belladonna* 3x alternately in frequent doses and by the rectal application of *Orka* suppositories. Very light diet and plenty of lemonade, barley water and milk are beneficial, after the bowels are flushed out.

As soon as the temperature is normal, the patient may be fitted with a suspensory bandage and allowed to go about. Drugs such as *Pulsatilla*, *Clematis*, *Conium*, *Gelsemium*, *Kalium iodatum* or *Sepia* can be considered.

Chronic epididymitis in the majority of cases is a *tuberculous* affection. Like all other tuberculous diseases it appears especially during puberty, but even children or senile patients may get it.

As a rule the tuberculous epididymitis is rarely, if ever, the first localization of the tuberculosis. In nearly all cases the lymph glands or the lungs, or the kidneys are primarily affected. Tuberculous epididymitis is often accompanied by a tuberculous affection of the prostate or of the seminal vesicles.

As a rule the onset of a tuberculous epididymitis is without any subjective symptom; it is only slight pain or pressure which calls the patient's attention to the infiltration of his epididymis. With the progress of the disease multiple abscesses are formed, sooner or later breaking through the reddened and infiltrated skin of the scrotum and thus forming fistules. These tuberculous fistules continue in some cases for many years until the whole epididymis had been melted down and discharged. In other cases, again, the fistules cicatrize much earlier. Here tough nodules remain in the epididymis united with the scar of the fistula by a fibrous cord.

The diagnosis of the tuberculous epididymitis is simple in the later period, though at its onset it may be difficult to differentiate between a tuberculous and any other form of epididymitis. The best diagnostic test is a dose of *Tuberculinum* 100x.

This provokes a local reaction, characterized by increased swelling, reddening and sensitiveness of the affected part; the reaction is often accompanied by high temperature and general ill-feeling. The meaning of such a positive reaction is that the *Tuberculin* has been digested locally, proving that the organism contains specific antibodies against tuberculosis. These specific anti-bodies are formed only when the organism has been infected with tubercle bacilli, hence the diagnostic value of such a reaction.

Therapy. Cases of primary tubercular epididymitis are always serious and should be treated only by an experienced physician. He has to state whether a local treatment or an internal constitutional one should be decided on. The local treatment may be a conservative one, such as the application of Ichthyol—or Iodine—

ointments, or local application of X-rays. By destroying the glandular parts the X-ray treatment may be effective in cases not too far advanced. The surgical treatment is far superior, it gives quicker and far better results. But we must always bear in mind that any local therapy is unable to cure the patient's constitution, the more so as in the majority of cases the epididymitis is not the only site of tuberculosis. A general constitutional treatment is therefore indicated.

The right diet, hygienic measures adapted to the individuality of the patient, climatic treatment in a mountain—or seaside resort, etc., are the basis of a rational treatment. It has to be supplemented by homœopathic treatment.

As I have dealt with this subject in my booklet on *Diseases of the Respiratory System* in Chapter VI, I restrict myself in underlining the efficiency of *Tuberculinum*. I usually give a dose of *Tuberculinum* 100x once a month, in addition to the specially indicated constitutional drug, such as *Calcarea*, *Kreosotum*, *Phosphorus*, *Silica*, etc.

ORCHITIS

Inflammation of the testicle (orchitis) is often mixed up with epididymitis; the conditions are often combined. In some cases the inflammation starts in the epididymis, extending later to the testicle itself. Other cases of orchitis develop without any affection of the epididymis; these cases of pure orchitis are of a metastatic nature developing during the course of an infectious disease, such as mumps, typhoid fever, malaria, etc.

Symptoms and course. As a rule orchitis is accompanied by alarming general symptoms: high temperature, restlessness, thirst, nausea, vomiting, cold perspiration, hiccough, etc.

Violent pains in the swollen testicle make the diagnosis easy. In slight cases the symptoms diminish in a few days, but in such cases the testicle often atrophies. In serious cases the patient is seized by rigor and increasing pains and general ill-feeling; suppuration of the testicle occurs, the abscess breaks through the swollen skin of the scrotum, discharging an odourless, yellowish substance. In some cases these fistules remain for years, closing slowly but eventually.

The treatment is the same as for an acute epididymitis. It should be individualized according to the cause of the disease and to the constitution of the patient.

The most suitable homœopathic drugs are *Arnica*, *Hypericum* and *Rhus toxicodendron*.

After recovery the patient must take nourishing food, supplemented by Orka Lime Food and Orka Tonicum.

He should protect the scrotum by a suspensory bandage.

NEURALGIA OF THE TESTICLE

Neuralgia of the testicle is one of the most agonizing troubles: excruciating pains radiate from the testicle to the thighs and lower parts of the abdomen.

Such cases though not very frequent, especially attack bachelors and widowers, whose sexual life has come to a standstill. As a rule the trouble passes away as soon as the sexual life has become normal again.

Symptoms and course. The characteristic symptom of this disease is the colic pain, radiating from the testicle without any local pathological conditions being found. The testicle has normal size, fullness and softness, but is extremely sensitive even to the slightest pressure. The intervals between the colics vary, in some cases they occur only once or twice during a week, in other more serious cases violent, spasmodic pains continue for hours, especially during night, making life intolerable. As a rule the patients feel better when lying down; sitting aggravates their condition.

The *cause* of the disease is unknown. These cases occur in patients with general innate neurasthenia, most of them deriving from psoric families.

The *treatment* is very difficult. We must try to improve the general constitution of the patient by the right dietetic and hygienic treatment. Psychotherapy plays an important part; psychoanalysis may be successful.

Homœopathic drugs such as *Argentum metallicum*, *Agnus castus*, *China*, *Cocculus*, *Capsicum*, *Phosphorus* or *Valeriana* can be considered as helpful.

TUMOURS OF THE TESTICLE

Tumours of the testicle are not very frequent; only 2 per cent. of all tumours are primarily located in this

organ. Most of these tumours are *cancer*, while *sarcoma* is very rare.

Cancer of the testicle may occur at any age, there are such cases even during boyhood, but as a rule they develop in early manhood or after the age of sixty.

The disease begins by forming distinct nodules ; their growth is slow in the early stages, gradually increasing and extending to the other organs of the scrotum. The tumour always causes pain, radiating from the testicle to the thighs and lower parts of the abdomen. The tumour is hard, sensitive to touch, becoming soft or even fluctuating sooner or later. The pains are burning, shooting upward along the spermatic cord ; the abdominal and inguinal glands become involved, the scrotum becomes reddened and infiltrated ; finally it ruptures, discharging a bleeding tumour. General cachexia sets in, involving all vital organs and a fatal end is inevitable.

The diagnosis may be difficult in the early period, because the condition is very similar to a tubercular or syphilitic affection, but in the later period there can be no doubt regarding the real nature of the disease.

The *treatment* is rather hopeless. An early operation may possibly be effective, but even the earliest operation gives no guarantee for preventing the developing of a general, fatal cancerous disease.

Some cases may come to a temporary standstill or even to a spontaneous cure, but we should never rely on such exceptions.

The homœopathic and general hygienic and dietetic treatment may alleviate the patient's symptoms ; we should restrict these measures to cases where an operation is either impossible or refused by the patient. In such cases drugs such as *Aurum metallicum*, *Carbo vegetabilis*, *Calcarea fluorata*, *Conium*, *Arsenicum* or *Silica* are advisable.

In a few cases the Orka Cancer remedy has proved to be helpful ; it contains *Calcarea*, *Carbo vegetabilis*, *Kalium nitricum*, *Conium*, *Sepia album*, *Phytolacca*, *Magnesium phosphorica*, and *Sedum repens*.

SARCOMA OF THE TESTICLE

Sarcoma of the testicle is a rare disease, usually developing in young men. Sarcoma differs from carcinoma by

the absence of pain. As a rule these tumours are ovoid, soft and usually fluctuating in some parts, while other areas are solid, consisting of a hard, but elastic tissue. The differential diagnosis between sarcoma and hydrocele (see next chapter) may be difficult in some cases. A test-puncture of the tumour with a thin aspirating needle may be the only means of obtaining a correct diagnosis.

Treatment. The only rational treatment is an early operation, before any other organs become involved. The results of an early operation are satisfactory. I recall three cases where I radically removed the sarcomatous testicle, and in all three cases the operation was a permanent success, and the patients never had a relapse.

When operation had been refused by the patient, the same drugs as mentioned for cancer patients can be tried.



CHAPTER III

DISEASES OF THE SPERMATIC CORD (HYDROCELE HÆMATOCELE GALACTOCELE SPERMATOCELE AND VARICOCELE)

HYDROCELE is a tumour inside the tunica vaginalis of the testicle which becomes filled with a serous fluid. It is either innate or acquired, and may be of an acute or chronic type.

In the *acute* cases the tumour develops very quickly, a large swelling of the scrotum can sometimes be seen in a couple of hours. An inflammatory process in the neighbourhood of the tunica such as gonorrhœal epididymitis, is the most common cause of such an acute hydrocele. The liquid in an acute hydrocele has a yellowish almost clear colour and is always transparent. Such an acute inflammatory hydrocele nearly always takes a most favourable course. If we keep the patient in bed, suspend the scrotum and apply wet hot compresses, all symptoms will disappear in a few days. Homœopathic drugs such as *Graphites*, *Cantharis*, *Pulsatilla* or *Rhododendron* should be given.

CHRONIC HYDROCELE is a very frequent disease with boys and men; it either develops on one side only, or on both sides of the scrotum.

The diagnosis of a hydrocele is generally simple. Some cases resemble a *hernia*, but the *translucency* of the hydrocele on one side and the absence of *gurgling movements* and of the *impulse on coughing*, both characteristic of hernia, render the diagnosis easy. In contradistinction to *epididymitis* chronic hydrocele does not cause any pains.

Translucency is the decisive test, but hydrocele is not excluded if the tumour is not transparent, because the fluid may be opaque (by a little blood) or the walls of the hydrocele have become too thick.

Tapping of the tumour with a thin needle gives the definite diagnosis.

Cases, in which the fluid consists of blood, are termed

HÆMATOCELE ; when the fluid is *milky*, resembling *chyle*, we speak of GALACTOCELE, and finally, in cases where the fluid is filled with *spermatic elements*, we speak of SPERMATOCELE.

The *treatment* of all these varieties is the same.

In my own experiences internal therapy is useless ; we cannot rely on the external application of any ointment or tincture. Cases of chronic hydrocele are *surgical cases*. They can be treated either by tapping with or without injection of an iodine—or carbolic acid—solution into the sac, or by incision and excision of the sac. I always performed the latter operation under local anæsthesia with excellent and permanent results.

VARICOCELE is a disease of the spermatic cord, characterized by distension, extension and expansion of the cordal veins. The condition varies from a mere venous fullness to the expanding and lengthening of the veins to a considerable size. The walls of the veins may become either thickened or very thin. In some cases the veins become so large as to be actually discernible through the scrotal skin. As a rule only the left spermatic cord is affected.

Varicocele is a frequent disease, occurring especially with young men immediately after puberty. According to the army statistics about 15 per cent. of all recruits are affected ; in later life self-healing takes place, so that the disease with men over 40 is very rare.

The chief subjective symptom of the disease is a dragging sensation in the testicle, which may in some cases increase to the most painful colics ; it is especially marked in warm weather and after exertion. Under these conditions the mass of veins becomes very distinct and resembles a "bag of worms". The pain decreases rapidly when the patient lies down or with cold sponging of the scrotum.

The nervous system plays a predominant part. Some physicians say that varicocele should be regarded as a *neurosis*—not because it is of neurotic origin, but because the subjective symptoms are chiefly nervous in their nature. There is more or less pain in the testicle, radiating to the back and the loins, diminished sexual power with fear of total impotence ; spastic constipation, headache, dizziness, etc., complete the symptom picture.

The subjective symptoms are independent of the local pathological conditions. In some cases there are the most serious subjective complaints though the local abnormalities are negligible, while in other cases, characterized by an enormous extension and dilatation of the veins, the patient is not troubled in the least; he accidentally discovers the disease, noticing that the testicle hangs lower than usual and touching the parts feels the extended veins.

Treatment. In the majority of cases we can restrict the treatment to the advice to wear a suspensory bandage and prescribe the right dietetic treatment. The bowels should be cleansed daily by an enema until the bowel is cleared. Homœopathic drugs such as *Arnica*, *Hamamelis*, *Calcarea fluorata*, or *Pulsatilla* should be given.

The therapeutic task, however, is quite different with nervous patients. Here the psychological treatment is of the greatest importance. The doctor must gain the patient's confidence. The mind of these patients is set on their idea of losing their manhood; they are suffering from hypochondria and the multiformity of neurasthenic troubles, sometimes increased to suicidal mania. Such patients very often desire an operation. A conscientious surgeon should reject any such operation; he should rather assure the patient that his disease is almost harmless and that there is no danger at all of his losing virility.

The operation is only justified in exceptional cases, characterized by great involvement of the spermatic veins and an extremely stretched out scrotum.

The operation itself is not classified as serious and can always be performed under local anæsthesia. It consists mainly in ligaturing and removing the veins, without, of course, injuring the spermatic cord.

CHAPTER IV

PROSTATITIS

INFLAMMATION of the prostate is always due to a bacterial infection, though a simple congestion of the gland without bacterial infection may provoke almost the same symptoms, such as swelling, sensitiveness to touch, increased secretion of the glandular juice, etc. Such a congestion is most frequently due to sexual abuse, first of all to masturbation, and then to excessive riding or cycling, protracted constipation or retention of urine.

The microscopical examination of the prostatic secretion leads to the right diagnosis. In cases of pure congestion the prostatic juice shows the normal amount of lecithin—corpuscles, mixed with only a few leucocytes, while in cases of prostatitis the glandular secretion contains an extraordinarily great number of leucocytes and pus.

The bacterial infection of the prostate results either from the urethra, or by the blood-stream, or lymph-vessels.

Infection of the prostate by propagation from urethritis is the most common path. In about 90 per cent. of these cases the urethritis is gonorrhœal. The infection of the prostate through the blood-vessels and so-called metastatic prostatitis may start from any infectious spot of the body. Such a metastatic acute prostatitis occurs in cases of influenza, septic tonsillitis, carbuncle, or during the course of typhoid fever, pneumonia, erysipelas, etc.

The lymphogenic prostatitis is rare; it occurs only in cases of purulent inflammatory conditions in the immediate neighbourhood of the prostate, such as purulent piles, fissures of the rectum, etc.

Symptoms and course. Prostatitis is never a primary disease. It always follows an inflammatory or infectious disease either in the urogenital sphere or other part of the body, the symptoms being mixed with the symptoms of the primary disease. Generally speaking the most significant symptoms of acute prostatitis are pains in the perineum and rectum, accompanied by sensitiveness of

the prostate itself, disorders of micturition, such as frequent and painful micturition, the stream being of reduced size, or even entirely inhibited. Here the most alarming symptoms develop, such as violent shooting colics in the perineum, radiating into the thighs and back, painful desire for stool, difficult defæcation, high fever with shivering fits, thirst, restlessness and cold perspiration. In septic cases an abscess of the prostate develops; as soon as it breaks through either into the urethra or into the rectum, the more alarming symptoms diminish.

The *diagnosis* is made by rectal examination. The swelling of the prostate can be felt. There is throbbing in the prostate which is tender and unusually hot to the touch.

Treatment. Our first task is to alleviate the alarming symptoms. Frequent doses of *Aconite* 3x and *Belladonna* 2x are given alternately. Short hot hip baths, the hot water mixed with *Chamomilla*, or the local heat being applied to the perineum in the form of poultices are always helpful. Application of three leeches to the region of the bladder or perineum is another very good therapeutic method. As a rule this simple procedure gives an immediate relief, even in cases of complete retention of urine.

If in spite of all conservative treatments the patient is still unable to urinate, we must apply a catheter, or if it is impossible to pass the catheter through the swollen prostatic urethra, the bladder should be punctured suprapubically with a thin needle. These punctures can be repeated as often as the condition of the patient requires them; they are harmless, and in any case less injurious to the patient than a forced catheterism through an infected urethra.

Massage of the prostate is strictly forbidden.

When the alarming symptoms have gone, drugs such as *Bryonia*, *Clematis*, *Mercurius solubilis*, *Pulsatilla* or *Thuja* can be considered.

The after-treatment must be chosen according to the primary disease.

CHRONIC PROSTATITIS

Chronic prostatitis develops in some cases as a result of an acute prostatitis, but there are also cases without

any acute onset. A sharp distinction between acute and chronic prostatitis is impossible.

The clinical symptoms of *chronic* prostatitis differ only slightly from those of an *acute* prostatitis. The patients complain of pressure and pain, or at least from irritating sensations in the perineum and rectum, from all kinds of urinary disorders, but, first of all, from a disorder of their sexual functions. Many cases of chronic prostatitis are coupled with general neurasthenia. These patients are hypochondriacal, low in spirits, always thinking of their ailment; their preoccupation consists mostly in continuous self-observation, noticing the various ill-feelings and the scanty objective symptoms.

In contradistinction to the multiform variety of the subjective symptoms, the objective symptoms are alike in all cases. The prostate is very little, if not at all enlarged, in some cases even atrophied by inflammatory wrinkling. Its consistency is irregular, some spots being smooth whilst others are extremely hard and dense. The prostatic juice is increased, there is always a gleaty discharge from the urethra (prostatorrhœa), especially in the morning or after each urination or defæcation, accompanied by burning sensation in the meatus of the urethra. The urine is always cloudy.

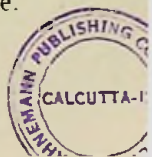
Frequent nocturnal seminal emissions, or even impotence, are characteristic symptoms.

The chronic prostatitis always extends over many, many years, very liable to acute exacerbations, sometimes developing into a general sepsis with fatal ending.

The *diagnosis* has to be based on the local conditions; the microscopic examination of the prostatic juice is decisive; there is always an enormous number of leucocytes in the prostatic secretion.

The *treatment* of a patient suffering from chronic prostatitis is very difficult. It depends on the personality of the doctor and requires the greatest caution and prudence. In the first place the doctor must gain the confidence of his patient, he must assure him that everything possible will be done to help and cure him. The local treatment of a diseased prostate or urethra should be restricted to a minimum. Only a slight massage once a week, if any at all, should be done.

The general treatment is of the utmost importance.



Rational psychotherapy, the right diet and physical exercise will prove to be very helpful. Constipation must be prevented and is best met by an oily compound ; paraffin oil or Agar Agar, Delax, etc., until daily reliefs are established.

Homœopathic drugs such as *Cyclamen*, *Aurum*, *Ferrum*, *Selenium* or *Zincum valeriana* should support the general treatment.

If the patient can afford it, a cure in a sanatorium or at a watering place can be recommended.

CHAPTER V

VENEREAL DISEASES, URETHRITIS, PHIMOSIS, BALANITIS, Etc.

THE first thing to remember about the venereal diseases proper, syphilis and gonorrhœa, is that it is illegal for laymen to treat them. I restrict myself, therefore, to a description of them so that the signs and symptoms can be quickly recognized and a medical man consulted.

SYPHILIS

This disease is said to have been introduced into Europe by the sailors of Columbus who had contracted it in the East Indies, and by the end of the fifteenth century it had become epidemic.

It is almost without exception contracted in sexual intercourse, but it is contagious. There are many authentic cases where it has been contracted by medical men and nurses ; by innocent kissing of relatives ; and through the using of infected towels, etc. The signs and symptoms should therefore be widely known.

Syphilis is due to a parasite, the *Spirochæta pallida*, a microscopic corkscrew-like body (often present in millions) which penetrates the mucous membranes of the penis, lips and other moist surfaces from an infected source. It lives in the blood and on the tissues.

These parasites show themselves usually in from ten days to six weeks and appear as a raised pimple or swelling which discharges on the infected part. This is the Primary Sore or Chancre, slightly elevated above the surface of the skin which becomes what is known as a "hard sore".

The next stage of the disease consists of a sore throat and a rash, like that of a slight scarlet fever, accompanied by swelling of the adjacent glands which generally appear six to nine weeks after the primary sore.

The final stage, in a neglected case, is the appearance of gummata. These are rounded tumours of varying

sizes occurring on any part of the body or in any organ of it. They finally break down from "hard" gummata into a bleeding mass at the expense of the tissue they are in or on.

Once upon a time syphilis was considered incurable. It is comparatively easily cured now *but the disease must be recognized early and treatment obtained at once.* The hard sore when treated by modern means can be cured almost at once and the secondary and tertiary stages prevented by some further treatment, *which must be undergone.*

The main line of treatment is by an arsenical preparation of which there are now more modern kinds less toxic than the original and more easy and certain in application. They kill the parasites and further applications prevent the arrival of more.

" SORES "

A medical man is able (and alone able because he can use all the machinery necessary and available) to diagnose syphilis correctly from the many "sores" which can arise on the male organ. There are, for example, "soft sores", which are little ulcer-pimples which form on the penis, and which are easily cured by cleanliness and the application of tinctures of iodine or a 5 per cent. solution of carbolic acid, or permanganate of potassium, etc.

There can also be various skin or glans penis surface inflammations such as eczematous, herpetic or papular eruptions (just as in all skin surfaces) and infection of the lesser kind as by the scabies insect. The *soft sore* which is small and may be multiple, may arise within a few days of intercourse. They never spread beyond the local lymphatic glands of the groin, etc., but these may become infected and ulcerate. The soft chancre is caused by the bacillus of Ducrey and can generally be quickly cured by the above remedies. It is, however, difficult to differentiate it, in some cases, from the hard sore of syphilis (they *may* come in the same position and be together) so in every case of doubt consult a medical man.

I cannot too strongly emphasize the importance of taking this terrible disease of syphilis in the early stages, for the sake of the patient's life and that of his family and children, and of the health of the community in general. The child in the womb may become infected by the

mother's blood ; or by the semen of the syphilitic father without the mother being infected. Nowadays the disease can be entirely eradicated from the system. Let no man imagine he can " get away with it " when the primary sore goes (as it does go) and presents outwardly no other sign of the disease. If he has not had the right intensive treatment the spirochætae will crop up again, and if they enter the ventricles of the brain lingering agonies of locomotor ataxy, general paralysis, and disease of any body organ may occur at any time.

The disease can be cured.

URETHRITIS

Inflammation of the urethra (urethritis) is not always a genuine disease. The urethra sometimes participates in all inflammatory processes of the genito-urinary organs by the infectious urine-flow. For instance in cases of tuberculosis of the kidneys a tubercular urethritis, characterized by the most alarming symptoms, develops ; in other cases, again, a stone, passing the urethra, by injuring the mucous membrane of the urethra, may be responsible for the urethritis ; but the majority of cases of urethritis is primary and due to an infection from outside. Here *gonorrhœal* urethritis is the most common as well as the most dangerous.

Gonorrhœal urethritis (Clap or Blenorrhœa) is always due to the *Gonococcus* ; it can be easily diagnosed by the microscopical examination of the purulent urethral discharge. The gonorrhœal infection of the urethra almost always follows sexual intercourse by transmission from mucous membrane to mucous membrane. An indirect transmission through dirty instruments, soiled clothes, etc., seldom if ever happens to *adults*, because the *gonococci* very quickly perish by dessication outside the body.

But with *infants*, especially the female, gonorrhœal urethritis and vaginitis through bath-sponges are frequent, and in the same manner gonorrhœal infection may reach the eyes.

Gonorrhœal urethritis usually develops about three to six days after the infectious intercourse. The symptoms and course of the disease differ, some cases are very mild without any alarming subjective symptoms, other cases

again are characterized by the most serious objective and subjective symptoms. In such cases the meatus of the urethra is swollen, reddened, discharging profuse greenish-yellowish matter. Micturition is very painful or even agonizing. The whole penis may be intensely cedematous and swollen. Sexual excitement, especially at night, causes most painful erections, called *chordee*, rendering sleep impossible. As a rule these alarming symptoms decrease in about a week, after which a thin watery discharge remains called *gleet*. In the majority of cases this discharge still contains gonococci and very often leads to acute relapses. A lingering gleet is in other cases due to an ulceration in the urethra, as shown by examination with a slender tube illuminated by electricity—the endoscope. The local application of nitrate of silver is the best method to cure the ulceration and to stop the discharge completely.

Treatment. Neither the allopathic nor the homœopathic treatment is, at least in a number of cases, satisfactory. Some cases, in spite of the greatest care, take an unfavourable turn, leading to the most serious complications, such as orchitis, gonorrhœal rheumatism or even heart diseases, whilst other cases may be radically cured in a couple of weeks. We do not know the reason for it, but it probably depends on the inherent susceptibilities and resistances of the body fluids. In any case gonorrhœa should always be looked upon as a serious disease, its treatment being sometimes more difficult than even the treatment of *syphilis*.

According to the law no layman is allowed to treat venereal diseases. I therefore restrict myself to a short review of the most usual methods.

During the first period of an acute urethritis, characterized by the most alarming symptoms, such as extreme swelling of the gland and prepuce, profuse discharge and intense pains during urination any local treatment of the urethra is forbidden. If the patient can afford it he should stay in bed, observe the strictest hygiene and personal cleanliness. He must avoid all stimulants, such as beer, coffee, tea, condiments, but can drink freely fresh water, barley or lithia water, and Adinolan tea to render his urine bland. If there is much urates in the urine, he should take bicarbonate of soda two hours after

each meal. It goes without saying that sexual intercourse must be avoided during the whole course of the disease, for all the time gonorrhœal organisms exist microscopically.

Hot baths, or hip baths, or bathing of the penis alone in warm water three to four times daily will materially decrease the pain and swelling and lessen the tendency to chordee. If chordee has already developed, cold bandages will alleviate the painful erections.

Aconite 3x is the most successful drug in these acute cases. The patient should take frequent doses at short intervals. We may alternate with *Cannabis* 3x-4x or *Apis* 6x. *Apis* is especially indicated in œdematous conditions, when the whole penis is swollen and reddened. *Mercurius solubilis*, *corrosivus* or *Cinnabaris* are suitable to cases with profuse greenish or bloody discharge, coupled with painful urination. *Belladonna* 2x-3x, when the micturition is burning and bloody. *Argentum metallicum* 6x or *Nitrate of Silver* 4x, *Gelsemium* 3x, but, first of all, *Cantharis* 6x should always be considered.

When the most acute symptoms have gone, constitutional drugs such as *Capsicum*, *Ferrum*, *Psorinum*, *Silica*, *Sulphur*, or *Thuja* may be given. As a rule the drug diagnosis is very difficult, because the majority of these cases do not give us enough symptoms to form a proper drug picture.

In the period of decline, when the discharge has diminished and there is no further pain during urination, the rational local treatment of the urethra should be started. This local treatment should never be arbitrary. Its quantity and quality must always correspond to the special condition of the individual local symptoms and to the microscopical tests of the discharge. The directions for local treatment must only be given by a qualified physician. It is his job to decide on, and how long, the treatment should be continued. He alone is capable of stating authoritatively whether the patient is cured or not. This question is extremely difficult to decide. Lack of any discharge does not prove that the patient is not infective any more. Nothing less than repeated and most careful microscopical examination of the urethral mucous can be accepted as evidence of a complete cure. No man, who has been suffering from gonorrhœa,

should marry whilst there is the slightest risk of his still being the subject of gonorrhœa ; otherwise he would be responsible for the gonorrhœal infection of his wife with all the dangerous consequences such as chronic inflammation of the womb or even septic peritonitis.

CHRONIC URETHRITIS (GLEET)

Chronic urethritis is characterized by the absence of alarming subjective or objective symptoms. The urethral discharge is scanty, watery or purulent, or there may be no discharge at all, the urine containing uniform shreds. Micturition is either almost painless or accompanied by slight burning or itching sensation. Some patients feel discomfort from sitting on a hard seat or from riding and cycling. As a rule all these troubles are aggravated by taking condiments and spirits, and after sexual intercourse.

Chronic gonorrhœal urethritis, if not properly attended, nearly always leads to frequent relapses, weakening the nervous system of the patient. These patients suffer from all kinds of irritations and radiating pains in the perineum, abdomen or legs ; spermatorrhœa and prostaticorrhœa ; are unable to concentrate on their occupation, thinking of nothing else but their complaints.

Chronic urethritis is nearly always associated with the formation of interstitial fibrous tissue. Its contraction leads to a narrowing of the urethra, so-called *strictures*.

The rational treatment of this condition is at least in the majority of cases satisfactory, though it may have to be continued over a longer period.

Local and general hygienic treatment should always be supplemented by psychological treatment.

Homœopathic drugs such as *Argentum, Aurum, Calcarea, Cimicifuga, Platinum, Sulphur, Thuja*, etc., will support the treatment.

PHIMOSIS, BALANITIS

Phimosis means a more or less marked narrowing of the prepuce opening ; it is always complicated by an irritating deposit of smegma under the foreskin, especially in the groove just behind the corona ; the membranous part of the prepuce is often more or less adherent to the glans penis, thus preventing the retraction of the foreskin

over the glans. This condition leads to irritation, inflammation or even deep erosions of the glans (Balanitis). If in such condition the prepuce is retracted and we cannot bring it forward again we have the condition of *paraphimosis*, which may lead to serious strangulation: the swollen glans become blue-black, cold and devoid of sensibility.

Phimosis is often accompanied by all sorts of nervous irritability; it is a very common condition with babies. If an infant is extremely nervous, waking and crying at night, the condition of the prepuce should be carefully examined; many of such cases can be cured by the removal of the irritating prepuce. Surgical interference is certainly not necessary in all cases. Absolute cleanliness of the genitals, especially bathing in warm chamomile tea or in diluted *Arnica* tincture, supplemented by some doses of *Belladonna* 3x or *Mercurius solubilis* 4x or *Sulphur* 4x, may in some cases alleviate the condition. But *paraphimosis* followed by strangulation of the glans, with œdematous swelling, calls for surgical interference.

Circumcision is a preventive measure anyway, especially for people living in a warm climate. That is the reason for religious circumcision among Jews and Moslems.

CHAPTER VI

SEXUAL NEUROSES

(SPERMATORRHEA, IMPOTENCE, STERILITY)

FUNCTIONAL disorders of the male genital organs are very common. We have to differentiate between three conditions :

- I. Sterility or *impotentia generandi*.
- II. The proper impotence or inability to have erections.
- III. Functional disorders such as priapismus, frequent pollutions, etc.

I. STERILITY

Sterility means inability to procreate in spite of normal sexual intercourse.

This condition may be due either to the deficiency of the semen, or to a mechanical obstruction preventing the semen penetrating into the ovum.

The deficiency of the semen may result either from absence of any spermatozoa (Azoospermia) or from deficient mobility of the spermatozoa (Necrospermia).

Azoospermia is either primary or secondary. In primary cases the testicle does not produce spermatozoa; in secondary cases the spermatozoa, although normally produced, are unable to reach the female genital organs; this is either due to an obliteration or to a blockage of the seminal canal.

Primary azoospermia is the consequence of either innate or acquired absence of both testicles, or atrophy of the testicles through pressure (hydrocele, tumours, orchitis), or caused by repeated, too long extended X-ray irradiations of the testicles.

In other cases, again, serious injuries of the whole organism resulting from infectious diseases, alcoholism, morphinism, excessive obesity, etc., are responsible for the azoospermia.

The secondary azoospermia is the much more frequent one. In the majority of cases it is due to a gonorrhœal, tubercular or simple inflammation of the epididymis or other parts of the seminal canal, resulting in obliterating the seminal canal, thus prohibiting the passage of the spermatozoa.

Gonorrhœal infection of both epididymis leads in about 90 per cent. of all cases to a permanent azoospermia, providing that the epididymitis cannot be cured in three or four weeks.

Diagnosis. The microscopical examination of the semen is the only reliable method for a right diagnosis. If under the microscope the spermatozoa are absent, or if present are broken up or immobile they cannot produce pregnancy.

When even the most careful medical examination of the patient is insufficient, his sexual organs may be normal in shape, consistency and size, his semen may show the normal quality and quantity, we are still unable to decide whether or not the semen contains healthy spermatozoa. It is the microscopical test alone which proves the deficiency of the spermatozoa. In a case of azoospermia the microscope only shows lecithin corpuscula, corpula amylacea, epithelium, some crystals and, in most cases, leucocytes or even red blood-cells, but no spermatozoa.

If the microscopical examination of the semen only shows very few spermatozoa, we speak of an *Oligospermia*; this condition may likewise be responsible for the sterility, because in such cases the vitality of the spermatozoa is greatly diminished.

Sterility is not only due to the absence of spermatozoa, but also due to their immovability (necrospermia). The spermatozoa formed in the testicle are immovable in this organ, they obtain their vital movability by mixing with the normal prostatic juice. If the internal secretion of the prostate either by an inflammatory condition or by a tumour is greatly interfered with, if the glandular secretion contains too many leucocytes, blood, pus or other inflammatory products, the spermatozoa remain immovable and are incapable of penetration into the ovum.

Such necrospermia may be a temporary condition, e.g. in cases of an acute or chronic prostatitis, but in serious

cases, when we are unable to cure the prostate, the condition becomes a permanent one.

The diagnosis *necrospermia* can only be made by repeatedly examining the *fresh* semen, collected in a condom and obtained by a normal sexual intercourse. Semen, obtained by massage of the seminal vesicles or obtained in cases of spermatorrhœa does not prove anything, because here the vitalizing prostatic secretion is missing.

Sterility may also be due to a mechanical obstruction preventing the healthy semen reaching the female genital canal. For instance in a case of extreme hypospadiæ, where the urethral opening lies near the root of the penis, fertilization becomes almost impossible, because the semen, owing to abnormal situation of the urethral opening, runs outside the female genital. In a case of a very narrow urethral stricture of the male urethra or in a case of obliteration of the ejaculatorii ducts the passage of the semen may be blocked. In these cases the semen stemmed behind the obstacle flows into the bladder.

The deficiency of the semen during an otherwise normal sexual intercourse is called *Azoospermismus*. This condition may be due not only to a mechanical, but also to a psychological or a nervous condition. In these cases the nervous centre regulating the erection is not sufficiently working or the reflex necessary for erection does not loosen, psychically checked by fear of fertilization or other reasons. This fact is proved by the observation that with such patients the ejaculation is missing in normal intercourse, but is resulting normally in dream-life, when the unconscious mind is not troubled by fears.

A temporary azoospermia may also result from a momentary exhaustion of the ejaculatory centre either due to sexual excesses or due to other fatigue of the organism.

Therapy. The question, whether restoration of the ability to fecundate is possible or not, naturally depends on the cause of the sterility. If the condition is only due to a mechanical obstruction in the seminal flow, as in cases of hypospadiæ, epispadiæ, stricture of the urethra, etc., surgical treatment can be successful.

Needless to say that any treatment whatsoever is hopeless in cases of destruction or excessive malformation of the external genital organs.

On the other hand cases of a pure psychical azoospermia are often curable through psychotherapy, general hygienic and dietetic measures and homœopathic drugs such as *China 2x*, *Camphora 3x*, *Ginseng 2x*, *Selenium 4x*, etc.

The treatment is less favourable in cases of sterility due to a deficient quality of the otherwise rightly ejected semen (necrospermia). In cases of necrospermia due to inflammatory processes in the prostate, the proper treatment of the prostate can be successful.

Azoospermia in all its varieties scarcely ever yields to treatment. Even such cases of azoospermia due to an obstruction of the seminal canal, where the healthy testicles produce spermatozoa in great number, can only be exceptionally cured by an operation performing an artificial communication between the epididymis and the seminal canal lying above the obstruction.

IMPOTENCE

Impotence means the inability for normal sexual intercourse. It can be due :

- (1) to anatomical anomalies or anatomical diseases of the genital organs themselves, or of the nervous centres or nervous tracts innervating them ;
- (2) to purely functional disorders of the otherwise healthy genital organs.

Anatomical anomalies preventing the penis penetrating into the vagina result in a complete inability to sexual intercourse. For instance intercourse is impossible in cases of deficient development of the penis, often met with in cases of hypospadiæ, epispadiæ, ectopia vesicæ, etc. Malformations of the penis by tumours, elephantiasis, infiltrations of the corpora cavernosa are other causes for impotence.

Inflammation of the corpora cavernosa, a frequent complication of gonorrhœa, often results through diminished elasticity of the corpora cavernosa in marked deviations of the erected penis ; this so-called *chorda venerea* may only be *temporary* ; it becomes permanent if the inflammation results in the formation of cicatricial callosities, and here and there to destruction of the corpora cavernosa. The penis always deviates to the site of the callosity during erection.

In other cases, again, impotence is due to anomalies in the neighbourhood of the penis, such as large scrotal hernias, hydrocele, hæmatocele, elephantiasis of the scrotum, excessive abdominal fat, etc.

As mentioned before, impotence is in many instances due to diseases of the central or peripheral nervous system. The influence of brain diseases on the erectability of the penis is not yet entirely worked out. We only know that impotence often develops after a stroke, after a tumour or other injuries of the brain. But it is difficult to state whether these diseases of the brain have led to impotence by decreased sexual desire or through prevention of the erectability of the penis.

In cases of diseases of the spinal cord, such as locomotor ataxy or myelitis there is at first a short increase of the genital functions, but later on complete impotence. In such cases the sexual desire continues in spite of the impotence.

Disorders or insufficiency of the internal glandular secretion likewise lead to impotence. When the hormones of the male genital glands disappear from the circulation either through atrophy or through complete loss of the testicles (infantilism, eunuchism), sexual power vanishes. Functional disorders of the thyroid gland (myxœdema) and of the suprarenal glands have the same result.

General intoxication or infections of the body, due for instance to abuse of nicotine, spirits, morphine or other drugs or due to long extended medication with arsenic or bromide in strong doses sometimes lead to complete impotence. The same disaster can develop in cases of diabetes or chronic Bright's disease.

Another category of impotence concerns cases with purely functional disorders of patients otherwise absolutely healthy.

(1) Impotence in these cases can be due to absence of any sexual desire.

Before puberty and after the onset of senility absence of sexual desire is physiological. But complete deficiency of any sexual desire during and after puberty is extremely rare among men. Such men do not feel any sexual desire either to women generally, or the sexual desire shows itself only in presence of a quite definite type of women.

These cases have nothing to do with perversities such

as *sadismus*, *masochismus* or other kinds of psychopathological sexual conditions.

A complete deficiency of sexual desire can be likewise due to excessive exhaustion of the sexual organs through continued self-abuse or through exaggerated normal sexual intercourses. In such cases the genital organs are mostly slack, tender, the patients complaining about all kinds of neurasthenic troubles, fatigue, pressure in the head, sensation of cold in the neck, etc.

Another kind of complete impotence is met with among head workers, through complete absorption of the thoughts on scientific or technical problems.

(2) Another category of impotence is due to deficient or incomplete erection when attempting sexual intercourse. This may happen if the irritation of the nervous centre for the erection is insufficient or if the centre itself does not have the sufficient excitability, or psychical checking may prevent the course of the reflections in the irritated and normally reacting centre. Such a diminished sensibility of the nerves running from the genital organs to the spinal marrow checks the erection during the intercourse in cases of self-abuse. The excitability of the nervous centre may be temporary or permanent through general constitutional diseases, or through sexual excesses of all kinds. In such cases the patients never have an erection, neither when attempting sexual intercourse, nor during the sleep, nor when awaking in the morning.

Regarding psychic checking, in spite of normal excitability of the nervous centre, I refer to cases of impotence due to fear of infection, of impregnation, even the fear of failure of the erection during intercourse can suppress the erection completely. These patients have normal erections in dreams, or when masturbating, but during normal intercourse the erection does not develop on account of the psychic checking.

In another category of patients *ejaculatio præcox* either prevents the erection at all or the erection is of such a short duration that a normal intercourse is impossible.

Ejaculatio præcox is not always a symptom of a disease. It may occur in perfectly healthy men, and be due to extremely increased desire, for instance after a long period of abstinence. This kind of physiological *ejaculatio præcox* is always coupled with a complete sensuality.

whilst under pathological conditions the *ejaculatio præcox* due to pathological weakness of the nervous centre, is never accompanied by sensuality. Normal sexual intercourse is impossible for these patients; the ejaculation follows the first approaching of the woman, eventually at each voluptuous thought, gradually always quicker and finally the semen is discharged without any erection at all.

Such a condition may be due either to a local disease of the urethra posterior, to congestion and hyperæmia of the prostate, following masturbation, or interrupted intercourses, or to general nervous affections.

The *ejaculatio retardata* is the contrary of *ejaculatio præcox*, and generally it does not lead to impotence, but can do so in extreme cases, where there is no ejaculation at all.

This condition results from a deranged sensibility in the glans penis, for instance in cases of locomotor ataxy, or from fatigue of the nervous erection's centre in cases of sexual abuses, especially in cases of habitual coitus interruptus and finally from psychic checking.

Treatment. A successful cure in cases of impotence, due to anatomical malformation, can only be obtained by surgical treatment.

Chorda venerea in its early stage, when there is only an inflammatory infiltration of the corpora cavernosa without scars conservative treatment may be successful. Local hydrotherapeutic or electrical treatment should be supplemented by the indicated homœopathic drugs such as *Belladonna*, *Ambra*, *Cantharis*, etc. In all cases, where scars are already formed, leading to deviations of the erected penis, internal treatment will be useless.

The same applies to cases of impotence, due to anatomical diseases of the nervous centre or to chronic nephritis or advanced diabetes mellitus. All cases of a purely functional impotence are comparatively easier to cure. Psychotherapy, aided by general hygienic and dietetic measures as well as the indicated homœopathic drugs, will nearly always give satisfactory results. The physician must gain the patient's confidence. He should strongly urge that the disease is by no means a serious one. Every local treatment should be discarded. Patients addicted to masturbation should be encouraged by explaining to them that masturbation itself is not as

dangerous as the patient fears. There is hardly a man who at a certain period of his life has not masturbated, and it is a well-known fact that many prominent men as, for instance, Mahomed, Napoleon, etc., masturbated during their whole life, without suffering from any lessening of their capacities. But even great men have not always led blameless lives. Their example in the matter above should not be followed.

III. FUNCTIONAL DISORDERS OF THE GENITAL ORGANS

The most common functional disorders of the genital organs are frequent *pollutions* and *priapismus*.

A. Frequent pollutions. There are temporary nocturnal involuntary pollutions amongst men with a physiological and a normal appearance during puberty who have not had regular sexual intercourse. They are always accompanied by erotic dreams. The frequency of pollutions depends on the temperament and the mode of life of the individual. We therefore cannot give a special degree indicating when pollutions become a pathological condition; but they are pathological if they occur without any erotic dreams and feelings, leaving behind fatigue and low spirits instead of relief.

If the irritability of the sexual organs has reached such a climax that even the most insignificant sexual irritation, such as a social meeting with young women, or reading an erotic book, or even any erotic thought will provoke a pollution in daytime without any erection at all, such a condition is as a matter of course a pathological state. These patients are, as a rule, incapable or not desirous of having a normal sexual intercourse.

The pathological pollutions are either due to psychical causes, such as spiritual excitement, intellectual overstraining or to psychasthenic hypersensitiveness of the sexual sphere or to an extremely increased but inhibited sexual urge.

In other cases, again, the condition is due to local pathological alterations, such as congestion of the urethra posterior or of the colliculus seminalis, or to diseases of the rectum. The condition is not infrequent among patients addicted to self-abuse.

We must clearly differentiate between pollutions and spermatorrhœa.

If the muscle controlling the excretory ducts of the seminal vesicles is slackened as a result of a chronic inflammation or congestion, each pressure or even a slight contraction on the seminal vesicles can cause a discharge of semen from the vesicles into the urethra *without any sexual excitement*. That can happen either during urination or during stools.

A *temporary* spermatorrhœa among young, abstinent men should not be regarded too seriously; it can even be regarded as quite a physiological and normal evidence of function; but a very frequent almost regular discharge of semen at each urination or defæcation is a pathological symptom. The same applies to *prostatorrhœa*; the symptoms are the same as those of spermatorrhœa. It is only the microscopical examination of the discharge which enables us to differentiate between these two conditions.

Prostatorrhœa is due to diminished tone of the prostatic muscles controlling the excretory ducts of the gland.

Men with a healthy nervous system who do not trouble over such a prostatorrhœa or spermatorrhœa will never suffer from any consequences. Nervous individuals are alarmed about the discharge which, according to their own opinion, is responsible for their diminished strength, vigour and ability to work.

Encouraging enlightenment about the harmlessness of the symptoms is, in the majority of cases, sufficient to overcome the imagined injurious results of spermatorrhœa or prostatorrhœa.

Urethrorrhœa ex libidine is often mistaken for spermatorrhœa. Here the discharge does not consist of semen or prostatic juice, but only of a watery, stringy, glycerin-like secretion of the urethral and Cowper's glands. This urethrorrhœa is a common symptom in men addicted to self-abuse as well as in adults with strong sexual desire. It never troubles even-tempered men; only nervous patients are impressed by it.

Urethrorrhœa is never the cause, but only an accompanying symptom of the neurasthenia.

B. Priapismus. The term priapismus is applied to an erection of the penis extending over a much longer time than is normal.

It is only exceptionally due to a pathological increased sexual desire (satyriasis). As a rule it is not accompanied by any sexual feelings, being rather a symptom of a disease. It is often, but not always, coupled with pains in the penis.

Priapismus can have three different causes.

(1) Diseases of the penis itself, resulting in congestion and swelling of the corpora cavernosa, such as caused by gonorrhœal or simple urethritis or by metastatic infection, or by tumours in the penis.

(2) Diseases of the nervous system, resulting in irritation of the nerves acting on the erection. In locomotor ataxy, for instance, priapismus is an early symptom; it is also frequent in myelitis, cerebrospinal syphilis, incipient paralysis and mechanical injuries of the brain and spinal marrow.

(3) General diseases, such as leucæmia, resulting in thrombosis in the corpora cavernosa, or intoxication of the organism by aphrodisiacs, such as *Cantharis* or *Yohimbium*.

The therapy has to be adapted to the cause of the disease.

CHAPTER VII
MATERIA MEDICA
(alphabetically arranged)

ACONITUM 3x

General Indications. Acute feverish conditions. The conditions of a patient requiring *Aconitum* may be compared, according to Dr. Adams, with the condition of the outside world during a cyclone : everything is in agitation and motion.

Aggravation of all symptoms in the evening and at night.

Genito-urinary Symptoms. Painful micturition ; painful itching.

Special Indications. Acute cystitis and urethritis, orchitis, inflammation of the prepuce and glans penis.

ANTIMONIUM CRUDUM 3x-6x

General Indications. Disorders of the metabolism. Uric acid. Gout, disorders of the mucous membranes. Irritability, fretfulness.

Aggravation by wetness and cold, cold baths, by sun's heat. *Better* in the open air and during rest.

Genito-urinary Symptoms. Eczema of the genital organs, atrophy of the testicles and of the penis.

Special Indication. Impotence.

APIS MELLIFICA 6x

General Indications. Inflammations with tendency to exudation, cerebral irritation, drowsiness during the day, increasing weakness, depression and listlessness. Aggravation in the evening and during night, by heat ; better by cold. Thirstlessness in spite of fever.

Genito-urinary Symptoms. Frequent micturition, increased sexual instinct. Œdema of the glans and scrotum.

Special Indications. Cystitis, retentio urinae, paraphimosis.

ARGENTUM METALLICUM 6x

General Indications. Disorders of the mucous membranes, nerves, blood, kidneys and liver.

Dizziness, rheumatic pains in the joints.

Genito-urinary Symptoms. Frequent micturition, increased quantity of urine, especially at night. Pains in the testicles, aggravated by pressure of the clothes.

Special Indications. Gonorrhœal orchitis, spermatorrhœa.

ARNICA 3x-20x

General Indications. All kind of injuries. Violent pains all over the body, aggravated by exercise. Hot, reddened face.

Genito-urinary Symptoms. Increased sexual desire. Disorders of micturition.

Special Indications. Hydrocele, prostatorrhœa, spermatorrhœa.

ARSENICUM ALBUM 6x and high potencies

General Indications. Great weakness and debility, fear of death, unrest, sleeplessness, depression and melancholy. Great thirst, the patient drinks often, but a little at each time. All symptoms appear periodically. Aggravation by wet cold and at night. Better by warmth.

Genito-urinary Symptoms. Retentio urinae, burning pain during urination. Vesical hæmorrhage. Itching pains in the glans penis and in the prepuce. Œdematous inflammation of the prepuce.

Special Indications. Bright's disease, congestion of the kidneys. Cystitis, ulcers of the penis. Balanitis, eczema of the scrotum.

AURUM METALLICUM 6x

General Indications. Chronic diseases, mostly due to syphilitic or scrofulous disorders. Violent splitting and pricking pains at night, aggravated during rest and in the morning. Better in the open air and while walking. Dark complexioned patients, suffering from melancholia and suicidal mania.

Genito-urinary Symptoms. Painful retentio urinae, urine milky with increased sediment. Increased sexual

desire with spermatorrhœa at night. Itching of the scrotum. Infiltration of the spermatic cord.

Special Indications. Epididymitis, orchitis, chronic impotence. Atrophy of the testicle. Masturbation. Prostatorrhœa. Neuralgia of the testicle.

BELLADONNA 3x-6x

General Indications. Acute inflammations of the mucous and serous membranes, characterized by congestion of blood to head, face flushed and hot, dizziness, restlessness, delirium, convulsions. Pupils dilated. Pains appear suddenly, gradually increasing and suddenly disappearing; aggravated by laying down.

Genito-urinary Symptoms. Sexual desire diminished, spasmodic pains in the testicles and seminal cord, deficient erection.

Special Indications. Impotence, prostatitis, prostatorrhœa, epididymitis.

BRYONIA 3x-6x

General Indications. Choleric, lean patients with yellowish face, mental irritability, perspiration. All symptoms aggravated when walking in fresh air, by touch, in the night and morning; better by pressure or lying on the diseased site, by warmth or rest. Violent thirst.

Genito-urinary Symptoms. Frequent micturition with stabbing pains. Cutting pains in the external genital organs, in the testicles.

Special Indications. Urethritis, herpes genitalis.

CALCAREA CARBONICA 6x-30x

General Indications. Acts on the metabolism, especially indicated in chronic cases, characterized by emaciation despite good appetite; delicate appearance, pale face, exhausting perspiration, especially at night, restless sleep, nervous debility. Aggravation and recurrence of the symptoms after exposure to cold air or to damp, after cold baths and ablutions. Better in fresh air and in the morning.

Genito-urinary Symptoms. Increased sexual desire in spite of diminished sexual power.

Special Indications. Impotence, nocturnal pollutions, prostatorrhœa, spermatorrhœa.

CANNABIS SATIVA 3x-6x

General Indications. Inflammation of the mucous membranes, acts especially on the urinary canal.

Genito-urinary Symptoms. Cutting, burning pains in the urethra during urination, purulent discharge from the urethra.

Special Indications. Balanitis, gonorrhœa, prostatitis, chordee.

CANTHARIS 6x

General Indications. Specific action on the urinary canal. Cutting, burning pains.

Genito-urinary Symptoms. Painful erections, increased sexual irritation, bloody ejaculation; purulent-yellowish discharge from the urethra.

Special Indications. Acute gonorrhœa, priapismus.

CAPSICUM 6x

General Indications. Burning pains, dark reddened mucous membranes.

Genito-urinary Symptoms. Painful burning urination. Deficient sexual desire. Coldness of the scrotum.

Special Indications. Atrophy of the testicles. Impotence. Gonorrhœa.

CARBO VEGETABILIS 6x

General Indications. Low activity with rapid, faint pulse, skin very cold; sallow complexion; foul smelling secretions; thirst. Aggravation in the evening, in the open air and by exposure to cold.

Genito-urinary Symptoms. Increased urging to urinate, burning pains during urination. Diminished sexual desire.

Special Indications. Impotence. Prostatorrhœa.

CAUSTICUM 6x-30x

General Indications. Neuralgic pains, especially in the morning, aggravated by bending forward, by motion and exposure to cold and draught; improvement by rest and

warmth. Irritability, sallow complexion, perspiration due to motion.

Special Indications. Prostatitis. Enuresis.

CHAMOMILLA 3x

General Indications. Nervous disorders. Increased sensibility, neuralgias, spasmodic pains. Self-willed, morose, capricious mood. Aggravation by warmth and at night.

Special Genito-urinary Symptoms. Burning pains in the urinary canal.

Special Indication. Prostatitis.

CHINA 4x-6x

General Indications. Periodicity of all symptoms. Great weakness, perspiration. Aggravation in the evening and by touch.

Genito-urinary Symptoms. Increased micturition. Increased sexual desire. Painful erections.

Special Indications. Masturbation. Orchitis.

CIMICIFUGA 3x-6x

General Indications. Great anxiety and nervousness, melancholy, neuralgia.

Genito-urinary Symptoms. Frequent micturition. Pains in the testicles and seminal cord, especially on the right side.

Special Indications. Neuralgia spermatica.

CINNABARIS 4x-6x

General Indications. Syphilitic or psoric patients neuralgic pains in the face; inflammation of the mucous membranes.

Genito-urinary Symptoms. Greenish or bloody discharge from the urethra, painful urination. Swelling of the inguinal glands.

Special Indications. Balanitis, gonorrhœa.

CLEMATIS 3x-6x

General Indications. Uric acid—diathesis. Swelling of the lymphatic glands.

Genito-urinary Symptoms. Incontinence, cutting pains during urination. Yellowish-purulent discharge from the urethra. Painful erections and pollutions. Hard infiltrations in the testicle.

Special Indications. Gonorrhœa, stricture of the urethra, orchitis, epididymitis, funiculitis, prostatitis.

COCCULUS 3x-6x

General Indications. Spastic neuralgias, neurasthenia, exhaustion, nausea, aggravated by travelling.

Genito-urinary Symptoms. Colicky pains in the seminal cord and testicle.

Special Indication. Spermatic neuralgia.

COLOCYNTHIS 3x-6x

General Indications. Intolerable cutting pains, better by warmth and pressure on the abdomen and motion, aggravated during rest.

Genito-urinary Symptoms. Increased sexual desire. Colicky pains in the kidneys. Urine with offensive smell.

Special Indications. Paraphimosis, priapismus, cystitis.

CONIUM 6x

General Indications. Fits of dizziness and perspiration. Paralysis beginning in the feet, disorders of the venous circulation, enlargement of the glands.

Genito-urinary Symptoms. Spasmodic, burning pains in bladder and urethra, especially during urination. Weakness of the sexual functions, due to self-abuse.

Special Indications. Balanitis, Prostatorrhœa. Neuralgias of the testicle and spermatic cord. Impotence, pollutions, prostatitis, cystitis. Pruritus genitalis.

DIGITALIS 3x-6x

General Indications. Disorders of the circulatory organs, weak, irregular pulse, cyanosis.

Genito-urinary Symptoms. Cutting pains in the urinary

canal, urgent micturition. Increased sexual desire, erections, pollutions, yellowish discharge from the urethra.

Special Indications. Urethritis, gonorrhœa, balanitis, prostatitis, prostaticorrhœa, hydrocele.

FERRUM METALLICUM 6x

General Indications. Anæmic, psoric patients, chilliness, face pale alternating with congestion, flushes, giddiness, headache, rapid hard pulse. Periodicity of symptoms. Aggravation by excitement and warmth; better by walking.

Genito-urinary Symptoms. Incontinence, sexual desire increased, pollutions. Pain in the urethra.

Special indications. Hydrocele, spermatic neuralgia.

FERRUM PHOSPHORICUM 4x-6x

General Indications. Acute feverish conditions, colds, especially in anæmic patients, subjected to flushes of heat, redness of the face and to local congestions generally.

Genito-urinary Symptoms. Dull pain in the right testicle, dribbling of the urine, incontinence when coughing or sneezing.

Special Indications. Urethritis, orchitis, enuresis.

GELSEMIUM 3x-4x

General Indications. Great weakness, giddiness, headache, starting in the neck, spreading over the head and settling in one eye. Liable to taking cold, shivering fits, longing for warmth.

Genito-urinary Symptoms. Neuralgic pains in testicle and seminal cord.

Special Indications. Urethritis, impotence, epididymitis.

HAMAMELIS 3x

General Indications. Venous and passive hæmorrhages, rheumatic disorders, painfulness of the whole body.

Genito-urinary Symptoms. Burning pains during urination, deficient sexual desire.

Special Symptoms. Epididymitis, orchitis, neuralgia of the spermatic cord, cystitis.

HEPAR SULPHURIS 4x-6x

General Indications. Scrofulous patients with tendency to eruptions and to little festering wounds. Sensitiveness to pain, touch and mental irritability, even to fainting.

Genito-urinary Symptoms. Stabbing pains when urinating, dribbling of urine, purulent discharge from the urethra.

Special Indications. Balanitis, gonorrhœa, prostatitis, prostaticorrhœa, ulceration of the prepuce.

HYDRASTIS CANADENSIS 3x-6x

General Indications. Great weakness, feeling of fatigue in the morning after getting up.

Tough, yellowish viscid discharges. Senile catarrhs.

Genito-urinary Symptoms. Yellowish, viscid, purulent discharge from the urethra, increased sexual desire, nocturnal pollutions.

Special Indications. Gonorrhœa, cystitis, neuralgia of the spermatic cord. Pruritus genitalis.

HYOSCYAMUS NIGER 4x-6x

General Indications. Restlessness, weakness, pale face, dry, hacking, persistent cough, aggravated when lying down, better when sitting up.

Genito-urinary Symptoms. Incontinence, increased sexual desire in spite of diminished sexual power.

Special Indications. Impotence, spermatic neuralgia.

IGNATIA 3x-6x

General Indications. Mental emotion and agitation, rapidly changing symptoms. Aggravation by cough, warm drinks, by standing still, by coffee, spirits, tobacco, after meals, in bed in the evening and after getting up in the morning. Better by music, walking or diverting the mind.

Genito-urinary Symptoms. Burning, stabbing pains during micturition; itching and inflammation of the external genital organs. Pressure in the bladder.

Special Indications. Prostaticorrhœa, impotence, pruritus genitalis, polyuria.

IODINE 3x-6x and high potencies

General Indications. Emaciation in spite of good appetite. Tallow skin, dark hair, bulinia, glandular swelling. Aggravation by warmth, better by cold.

Genito-urinary Symptoms. Weakness of the genital organs, disorders of urination; urine greenish-brownish.

Special Indications. Orchitis, spermatic neuralgia, atrophy of the testicles.

IPECACUANHA 3x-6x

General Indications. Aversion to all food; nausea, vomiting, violent cough, rattling in bronchial tubes. Profuse bright red hæmorrhages.

Genito-urinary Symptoms. Painful micturition, mucous discharge from the urethra, bloody urine, containing increased amount of uric acid.

Special Indications. Urethritis, neuralgia of the testicle. Hæmaturia.

KALIUM BICHROMICUM 4x-8x

General Indications. Chronic inflammations, characterized by stringy, viscid secretion; disposition to ulcers and scrofulous glands.

Genito-urinary Symptoms. Pain in the glans penis and during micturition, thick yellowish viscid discharge from the urethra.

Special Indications. Urethritis, balanitis, *Ulcus molle et durum*.

KALIUM IODATUM 3x-6x

General Indications. Syphilitic conditions, exhausting night sweats, rapid emaciation, great weakness, thirst.

Genito-urinary Symptoms. Frequent micturition, yellowish-greenish discharge from the urethra, throbbing pains in the urinary canal.

Special Indications. Gonorrhœa, atrophy of the testicles.

LYCOPODIUM 10x-30x

General Indications. Great depression and fatigue, sallow complexion; aggravation 4-8 p.m. and indoors, better in the open air. Symptoms start in the right site.

Genito-urinary Symptoms. Cutting pains in the

perineum, radiating into the urethra and to the navel, all sexual functions weakened, sexual organs slackened.

Special Indications. Prostatorrhœa, impotence, balanitis.

MERCURIUS CORROSIVUS 6x

General Indications. Chronic inflammation of the mucous membranes. Profuse perspiration during night, giving no relief. Creeping chilliness in the evening; salivation, bad breath, flabby tongue with indented edges.

Genito-urinary Symptoms. Urethral opening extremely reddened, greenish-yellowish discharge from the urethra.

Special Indications. Urethritis, gonorrhœa, ulcera penis, prostatitis.

MERCURIUS SOLUBILIS 6x

Genito-urinary Symptoms. Painful micturition, yellowish discharge from the urethra, prepuce swollen and reddened, painful erections.

Special Indications. Phimosis, paraphimosis, gonorrhœa, balanitis, orchitis, epididymitis.

MEZEREUM 3x

General Indications. Neuralgic pains, aggravation by touch, movement, cold air and during night in bed; better in the open air.

Genito-urinary Symptoms. Burning pains during urination, prepuce and glans swollen and painful.

Special Indications. Urethritis, balanitis, gonorrhœa, orchitis.

NATRUM MURIATICUM 30x

General Indications. Disorders of the vegetative functions. Vertigo, headache, palpitation, faintness and weariness. Periodicity of all symptoms. Aggravation in cold and wet weather. Better in dry and warm weather.

Genito-urinary Symptoms. Burning, cutting pains after micturition, yellowish purulent discharge from the urethra. Genital organs slackened.

Special Indications. Urethritis, pollutions, prostatorrhœa, impotence, spermatic neuralgia, orchitis.

NATRUM SULPHURICUM 1x-6x

General Indications. Hydrogenoid constitution. Aggravation in damp weather, from living in damp houses or places, from lying on left side, movement, and in the evening. Better in the open air.

Special Urological Indications. Gonorrhœa, prostatitis.

NITRICUM ACIDUM 6x-12x

General Indications. Mental irritability, excitement depression, emaciation, physical weakness. Antidotes mercury; especially indicated in patients with dark complexion; the drug for elderly men.

Genito-urinary Symptoms. Drawing pains during urination, purulent discharge from the urethra, ulcers on the genital organs.

Typical Indications. Urêthritis, prostatorrhœa, gonorrhœa, epididymitis, balanitis, *ulcus molle et durum*, condylomata, lata and acuminata.

NUX VOMICA 3x-20x

General Indications. The drug for brain-workers with sedentary habits and digestive disorders. Aggravation in the morning, after eating.

Genito-urinary Symptoms. Cutting, burning pains during urination, erections and pollutions, increased sexual desire in spite of physical weakness.

Special Indications. Masturbation, prostatorrhœa, impotence.

PHOSPHORUS 6x-100x

General Indications. Hæmorrhages, mental and physical prostration, sleepiness, dizziness, burning pains, pale face. Aggravation before midnight, during thunderstorm, from lying on left side.

Genito-urinary Symptoms. Incontinence, pollutions, erections, increased sexual desire alternating with greatest sexual weakness.

Special Indication. Spermatic neuralgia, impotence, prostatorrhœa, masturbation.

PHYTOLACCA 3x-6x

General Indications. Scrofulous or syphilitic patients with great weakness ; painful soreness and burning of the affected parts. Antidotes, *Mercury* and *Kalium iodatum*. Aggravation at night and during damp weather. Better when lying down or going out of doors.

Genito-urinary Symptoms. Drawing pains in the perineum, testicle and seminal cord.

Special Indications. Gonorrhœa, orchitis, neuralgia of the spermatic cord.

PLUMBUM METALLICUM 6x

General Indications. Bilious constitution, pale face, muscular atrophy ; colics, paralysis.

Genito-urinary Symptoms. Swelling of the testicles, neuralgic pains in the genital organs ; painful erections.

Special Indications. Spermatorrhœa, orchitis, spermatic neuralgia.

PULSATILLA 3x-20x

General Indications. Thirstless, chilly patients with thick yellowish discharges. Aggravation by warmth, indoors, better in the open air, when moving.

Genito-urinary Symptoms. Throbbing pains, burning discharge from the urethra, colicky pains in the testicles and seminal cord.

Special Indications. Urethritis, orchitis, epididymitis, chronic gonorrhœa, prostatorrhœa.

RHODODENDRON 3x-6x

General Indications. Rheumatic patients, aggravation before thunderstorm, in damp weather, during rest ; better when moving, by warmth.

Genito-urinary Symptoms. Pricking pains during urination, pain in the testicles, radiating to the loins.

Special Indications. Orchitis, epididymitis, spermatic neuralgia ; hydrocele.

RHUS TOXICODENDRON 6x

General Indications. All symptoms are due to cold and wetness ; great restlessness ; aggravation by rest and

damp, cold weather ; better by heat, movement, whilst beginning of movement aggravates.

Genito-urinary Symptoms. Throbbing pains during urination, irritation of the glans.

Special Indications. Balanitis, phimosis, pruritus genitalis.

SABINA 2x-3x

General Indications. Hæmorrhages, hypersensibility to music ; aggravation by month ; better in the open air.

Genito-urinary Symptoms. Yellowish discharge from the urethra ; inflammatory swelling of the prepuce ; increased sexual desire.

Special Indications. Phimosis, paraphimosis, balanitis, spermatic neuralgia, gonorrhœa, condylomata acuminata.

SECALE CORNUTUM 3x-6x

General Indications. Emaciation, debility, anxiety. Intolerance to external warmth and covering. Face pale ; excessive appetite and thirst.

Genito-urinary Symptoms. Burning and colicky pains during urination ; diminished sexual desire ; hæmorrhages.

Special Indications. Spermatic neuralgia, prostatorrhœa.

SELENIUM 6x-12x

General Indications. Neurasthenic patients with partial emaciation and tendency to headaches.

Genito-urinary Symptoms. Slackening of the genital organs. Deficient erection.

Special Indications. Prostatorrhœa, spermatorrhœa, impotence.

SEPIA 12x and higher

General Indications. Brunette patients, yellowish face with a brownish saddle-like pigmentation across the nose, slackening of all organs. Aggravation by rest, during meals, in the evening, during night. Better when walking and mid-day, in the open air, from cold bathing.

Genito-urinary Symptoms. Inflammation of glans and prepuce ; great weakness after sexual intercourse, pollutions.

Special Indications. Chronic gonorrhœa, ejaculatio præcox.

SILICA 6x and higher

General Indications. Tendency to suppuration ; scrofulous disorders of the metabolism ; fistula, perspiration at night. Aggravation by moist cold in daytime and evening ; better by warmth.

Genito-urinary Symptoms. Increased sexual desire in spite of physical weakness ; thick, offensive discharge from the urethra.

Special Indications. Chronic gonorrhœa, hydrocele, pollutions, ejaculatio præcox.

STAPHISAGRIA 6x

General Indications. Neurasthenic patients, great irritability ; itching, burning and crawling sensations. Aggravation in the evening and from touch ; better by scratching.

Genito-urinary Symptoms. Burning pains during and after urination ; inflammation of the glans ; pain in the testicle.

Special Indications. Orchitis, balanitis, condyloma, neuralgia spermatica, self-abuse, prostatitis, impotence.

SULPHUR 6x and higher

General Indications. Psoric and sycotic patients with lowered vitality. Tendency to chronicity and relapses. Aggravation at 11 a.m., from warmth, bathing, alcoholic stimulants, during night. All mucous membranes reddened and burning. Dirty skin, thirst, want of appetite. Improvement by movement. Irritability, depression, weakness.

Genito-urinary Symptoms. Coldness and slacking of the genital organs, nocturnal erections and pollution ; burning pains during and after urination.

Special Indications. Impotence, spermatorrhœa, gonorrhœa, balanitis.

THUJA (low and high potencies)

General Indications. Anti-sycotic remedy for thin and brunette patients with increased perspiration ; yellowish-green, purulent secretions ; bleeding cracks, flatulence.

Aggravation by cold wetness, in bed—warmth, in the morning and evening, from rest, stimulants, tobacco, washing.

Better from warmth, open air.

Genito-urinary Symptoms. Itching in the urethra, cutting pains during urination, greenish discharge from the urethra, erections and pollutions.

Special Indications. Gonorrhœa bubo, Cowperitis, balanitis, epididymitis, orchitis, ulcera penis, neuralgia spermatica, impotence.

ZINCUM METALLICUM 6x

General Symptoms. Nervous patients with offensive perspiration, unrest, fornication, sexual irritability. Aggravation by spirits, noises, touch, in the evening and at night. Better by rubbing, pressure and on the appearance of sweat.

Genito-urinary Symptoms. Swelling and pain in the testicles, incontinence during coughing and sneezing.

Special Indications. Spermatorrhœa due to masturbation, pollutions, ejaculatio præcox.

CHAPTER VIII

REPERTORY

(alphabetically arranged)

- ABSCESS, PERINEAL. *Hepar sulphuris, Mercurius solubilis, Silica.*
- PROSTATIC. *Carbo vegetabilis, Staphisagria, Pareira brava.*
- BALANITIS. *Nitricum acidum, Hepar sulphuris, Kalium bichromicum, Mercurius solubilis, Staphisagria, Strontium carbonicum, Sulphur, Thuja.*
- BLENORRHŒA. *See URETHRITIS.*
- BUBO. *Aurum metallicum, Carbo animalis, Mercurius iodatum, Calcium fluorata, Phytolacca, Thuja.*
- CARCINOMA. *Argentum metallicum, Arsenicum album, Calcarea fluorata, Conium, Lachesis, Phytolacca, Silica, Orka cancer remedy.*
- CLAP. *See URETHRITIS.*
- COWPERITIS. *Silica, Thuja, Psorinum.*
- EMISSIONS, SEMINAL. *Selenicum, Conium, Nux vomica, Lycopodium, Orka tonicum.*
- EPIDIDYMITIS. *Aurum metallicum, Clematis, Gelsemium, Graphites, Mercurius solubilis, Pulsatilla, Spongia, Thuja.*
- GALACTOCELE. *Kalium chloratum, Apis, Calcarea fluorata, Kalium iodatum.*
- GLEET. *See GONORRHŒA.*
- GONORRHŒA. *Cannabis sativa, Cantharis, Capsicum, Clematis, Hepar sulphuris, Hydrastis, Kalium iodatum, Mercurius corrosivus, Natrum sulphuricum, Nux vomica, Pulsatilla, Silica, Sulphur, Thuja, Psorinum.*

HERPES GENITALIS. *Anacardium, Clematis, Rhus toxicodendron.*

HYDROCELE. *Iodine, Kalium iodatum.*

IMPOTENCE. *Calcarea carbonicum, Capsicum, China, Cobalt, Conium, Hyoscyamus, Lycopodium, Phosphorus, Selenicum, Sulphur, Orka aphrodisiacum.*

NEURALGIA of the testicle; spermatica. *Berberis, Clematis, Pulsatilla, Rhododendron, Spongia, Staphisagria, Thuja, Orka tonicum.*

ORCHITIS. *Aurum metallicum, Barium carbonicum, Belladonna, Clematis, Hamamelis, Iodine, Mercurius aurat., Mercurius solubilis, Mezereum, Phytolacca, Pulsatilla, Rhododendron, Spongia, Staphisagria, Thuja.*

PARAPHIMOSIS. *Apis, Belladonna, Colocynthis, Graphites, Mercurius solubilis.*

PERINEAL ABSCESS. *See ABSCESS, PERINEAL.*

PERIURETHRITIS. *Hepar sulphuris, Silica.*

PHIMOSIS. *See PARAPHIMOSIS.*

PROSTATITIS. *Cannabis, Mercurius solubilis, Pulsatilla, Thuja, Orka suppositories.*

PROSTATORRHŒA. *Aurum metallicum, Calcarea carbonicum, Ferrum metallicum, Phosphorus, Selenium, Sulphur, Thuja, Orka Lime Food.*

SARCOMA OF THE TESTICLE. *Lapis alba, Calcarea fluorata, Conium, Silica.*

SEMINAL EMISSIONS. *See EMISSIONS, SEMINAL.*

SEXUAL NEUROSES. *Agnus casti, Valeriana, Cannabis, Selenicum, Orka tonicum.*

SPERMATOCELE. *Calcarea fluorata, Kalium chloratum, Lycopodium.*

SPERMATORRHŒA. *Calcarea phosphorica, China, Plumbum metallicum, Selenium, Sulphur, Tellurium, Zincum.*

URETHRITIS. *Aconitum, Apis, Belladonna, Cannabis, Cantharis, Ferrum phosphoricum, Mercurius corrosivus, Mercuris solubilis, Thuja.*

VARIOCELE. *Arnica, Hamamelis, Pulsatilla.*

