

**ON SPERMATORRHŒA: HOW TO TREAT AND
CURE IT; WITH PRACTICAL OBSERVATIONS
ON THE PROFESSIONAL FALLACIES AND
POPULAR DELUSIONS WHICH PREVAIL IN
RELATION TO ITS NATURE,
CONSEQUENCES, AND TREATMENT**

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On Spermatorrhœa: Ow to Treat and Cure It; With Practical Observations on the Professional Fallacies and Popular Delusions Hich Prevail in Relation to Its Nature, Consequences, and Treatment by F. B. Courtenay

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F. B. COURTENAY

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P R E F A C E .

THE subject of Spermatorrhœa, under the combined influence of Professional Fallacies, Popular Delusions, and the vilest Quackery, has become, if not the "greatest of our social evils," an evil of such gigantic proportions, that I am sure every one at all acquainted with the subject will agree with me, even should he differ from the views I have expressed in the following pages, that it is time some attempt should be made to stem the torrent of *mis-treatment, causeless suffering, unnecessary alarm, and extortion* to which the Real and the Imaginary sufferers under this disorder are now alike exposed.

With this view, then, I venture to submit the following "*brochure*" to the profession, and to all interested in the question. How far it is calculated to fulfil the end proposed is not for me to say. I can only venture to express a hope that it may not entirely miss its aim; and should it not, I shall feel that the time I have devoted to my subject has not been altogether mis-spent.

F. B. COURTENAY.

2, CHANDOS STREET, CAVENDISH SQUARE,
December 30th, 1857.

ON SPERMATORRHOEA.

OF all the diseases to which man is liable, there are none which cause more intense mental anxiety to the sufferer, or more embitter his social relations and happiness, than those which affect his generative system or copulative powers. At the same time, prevalent and important as these disorders are, I know of no maladies "to which flesh is heir," the nature, consequences, and treatment of which are so surrounded and entangled by professional fallacies and popular delusions, as well as by the grossest and vilest impostures of quackery.

Dr. Pickford, in his truly valuable work on True and False Spermatorrhœa,* justly remarks, "Of all forms of Hypochondriasis,

* "On True and False Spermatorrhœa, with a view to the correction of wide-spread errors." Translated from the German of Dr. Pickford. Published by H. Baillière, 219, Regent Street, London.

“ there is none which presents a worse
“ character, and none which more embitters
“ human life, than that which takes the
“ sexual relations for the object of its gloomy
“ fancies.”

“ Terrified in all sorts of ways by philan-
“ thropists—often ill-advised by physicians—
“ and preyed upon in the most shameless
“ manner by quacks—patients suffering from
“ this terrible calamity are, in fact, deserving
“ of the greatest sympathy; and it is really
“ time that some explanation of their mis-
“ fortunes, accompanied by consolation, should
“ be afforded by the medical profession.”

These remarks, although made in reference to the state of this question in Germany, are equally applicable to its condition in this country. Indeed, it would be impossible to give a more accurate description of the position of this class of patients amongst ourselves.

It is now upwards of twenty-four years since I was first led to turn my especial attention to the study and treatment of the diseases of the genito-urinary organs. At

that period, and perhaps for some twelve or fourteen years after, some of the most important of the maladies to which the generative system is liable—such as the various forms of generative and copulative debility to which I shall have occasion hereafter to refer—were almost universally considered by the profession as imaginary disorders, the creation of half-crazed patients; whilst Spermatorrhœa, of which we now hear and read so much, was an unknown disease.

The publication of M. Lallemand's work, "*Des Pertes Seminales*," in France, and its subsequent translation and publication in this country by the late Mr. Mc Dougall, at once established the fact that these disorders were not so purely ideal or so unimportant as had hitherto been very generally supposed; and hence many members of the profession, who had previously ignored the existence of this class of maladies, were led to investigate the subject, and, as a necessary consequence, to admit the reality of such complaints. Indeed, even those who have not thought it worth their while to devote any especial

attention to the subject, have been compelled to acknowledge that such diseases do exist. Hence, it is, I think, now generally admitted, that maladies of this class are real. But, notwithstanding this unanimity, if we inquire further, and enter on the question of the frequency, importance, consequences, and treatment of these diseases (especially that of Spermatorrhœa) we shall meet with a great diversity of opinion. The professional disagreements and fallacies are very numerous on these questions. Some affect to consider these complaints as exceedingly rare and of trifling import, whilst according to others they are exceedingly prevalent, of the greatest importance, and their consequences most disastrous. Then again we find others entertaining opinions of every shade between these two extremes.

I would now, before entering on the consideration of this diversity of opinion in a merely medical point of view, offer some remarks on the general aspect which these different views present, their influence on the conduct of some members of the profession,

and the consequences hence entailed on the real or imaginary sufferers who seek their aid.

Some members of the profession, and very eminent members too, without venturing to deny the reality of this class of maladies, when consulted by patients who in reality or imagination are labouring under them, act as if they either deemed them ideal and of no importance, or else thought it beneath their dignity to undertake the treatment of such disorders. Now, to such I say, it is a fallacy to deny the reality of these diseases—a fallacy to treat them as of no importance—and a still greater fallacy to think their treatment beneath the dignity of the most exalted in the profession. To take the first of these objections: Even admitting that there is no reality in these diseases, that they exist only in the disordered imagination of the patient, it would still be a fallacy to treat the imaginary sufferer as one beneath consideration, inasmuch as it is equally within the scope of our duties to pay attention to mental irregularities as to physical disorders. An imaginary sufferer under