

**TREATISE ON
SPERMATORRHEA,
IMPOTENCE, AND
STERILITY**

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Treatise on Spermatorrhea, Impotence, and Sterility by William Harvey King

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BY
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PREFACE.

THE author has had an extended experience in the particular line of diseases herein treated, and this experience has been embodied in the following pages. Those who are acquainted with him may think that the treatment is confined largely to the electrical side of it. While he has tried to give a very comprehensive *résumé* of the electrical treatment, he has endeavored to give a very complete description of the hygienic management, which is the keynote of the successful treatment of a large proportion of such cases, as well as the importance of the medical, mechanical, and hydropathic treatments, all of which have been fully discussed, and every detail thoroughly described.

Of all the works the author has read treating on this subject,—which are many,—with only few exceptions the authors are surgeons, and have treated the subject from a surgical standpoint. The diseases in this work are treated from a neuro-

logical, or, to be more accurate, from the doctor's and not the surgeon's point of view; for the author believes that the diseases are essentially, with few exceptions, of a neurological type, and, therefore, come under the physician's more than the surgeon's care. This will account for some of the ideas expressed, which are contrary to the generally accepted opinions.

64 WEST FIFTY-FIRST STREET,
NEW YORK, *July, 1896.*

SPERMATORRHEA.

THE normal ejaculation of semen is the result of certain reflex and motor impulses, caused by friction of the glans penis—sexual intercourse being the only perfectly physiological manner of producing it—on the walls of the vagina. If from any cause there develops within the body abnormal conditions which cause a loss of the semen, either by ejaculation or by a continual leakage, there is present the disease known as spermatorrhea.

Classification: A classification, which has become time-honored, is to divide spermatorrhea into three classes, namely: Nocturnal emissions, or emissions during the sleeping hours; diurnal pollutions, or those which take place abnormally during the waking hours; and spermatorrhea proper, which is the unconscious flow of the semen from the urethra without erection or special sensations. Dr. S. W. Gross* has given the term spermatorrhagia to the latter stage.

This classification is certainly an excellent one, but in studying the course of this disease it will be

* "Functional Disorders of the Male Sexual Organs."

seen the first symptoms which make their appearance are nocturnal emissions; and as the disease advances, diurnal pollutions and spermatorrhea proper follow in the order given, tracing the development from one stage to another, all of which, more or less, intermingle. I shall, therefore, preserve this classification, but shall at the same time divide spermatorrhea into three stages—nocturnal emissions, or first stage; diurnal pollutions, or second stage; and spermatorrhea or spermatorrhagia, or third stage, and describe the disease, when not arrested, as progressive, rather than one having distinct divisions.

Nocturnal emissions, or first stage: That a man can have nocturnal emissions and yet be perfectly healthy is a well-known fact. One of the principal questions arising in a physician's mind when consulted for nocturnal emissions, is whether the condition is physiological or pathological. Undoubtedly many a man has gone through various courses of treatment and suffered mental torment, which has also weakened him physically, for nocturnal emissions that have been physiological. On the other hand, I believe much harm has been done by the assurance that emissions were physiological when such was not the case.

In looking back over the history of this disease, we find at one time every form of discharge from the urethra was considered of grave import, and was

treated accordingly; but, like all extremes, the pendulum swung in the opposite direction, and I believe too far. Of fifty-two cases suffering from spermatorrhea which have consulted me, forty-one were chronic cases. Of these forty-one cases thirty-six had consulted physicians in the earlier stages, and had been assured that the discharges were healthy and need not cause the slightest worryment. In fact, some physicians had even assured them it was an indication of excellent health and great sexual vigor. All of these thirty-six cases became chronic, some incurable, and those that did recover required a much longer time to reach a cure than would have been necessary had the condition been rightly diagnosed at first.

It is therefore most important to be able to judge when first consulted as to the real nature of these discharges.

"There are many cases," says Dr. Milton,* "in which it is difficult to say whether they call for any treatment or not; but as a broad rule it may be stated that they do so whenever the patient feels worse after them, and that in men who have reached the age of three and four-and-twenty, anything beyond one emission a month requires attention."

This assertion led Dr. Black† to exclaim: "If it

* "Gonorrhoea and Spermatorrhea."

† "Functional Diseases of the Renal, Urinary, and Productive Organs."