

a second—the former had given him large quantities of mercury for the supposed malady, and the latter following up the idea, had given him blue pill and taraxicum. Both had attributed all his symptoms to “Liver Disease.” On investigating the case I could not agree with him, that his headache, palpitations of the heart, loss of appetite, constipation, lassitude, apathy for former occupations and amusements, extreme nervousness and timidity, inability to take exercise or undergo the least fatigue, indifference to worldly prospects, (seeing that he had been only a month married) occasional dizziness of sight and impairment of memory, with almost constant insomnia, and a host of other minor symptoms were to be ascribed to chronic hepatitis. Accordingly I recommended him to leave at my house four or six ounces of the urine passed on the following morning.

Having examined it, I found it loaded with oxalate of lime crystals, and a copious admixture of dead and disorganized spermatozoa. I immediately obtained a clue to the diagnosis and treatment of his disease. The presence of spermatozoa clearly proved the existence of that form of spermatorrhœa, to which Lallemand has directed attention. In this variety, the discharge takes a retrograde route to the bladder, hardly any of it getting exit by the urethra; and such a condition of the genital organs is more frequently produced by onanism than natural indulgence. The oxalate of lime always indicates great debility and irritation of the system—general nervous exhaustion;* and we know that to such a state it is that the unfortunate victim of this practice reduces himself.

I had no hesitation, then, *in the absence of symptoms more clearly connected with hepatic disease*, in associating all his sufferings with the above-mentioned vice.

Now, it is extremely unlikely, that I should so soon have been enabled to arrive at the origin of the disease, were it not for the light thrown upon the matter by the microscope; but having once detected spermatozoa in the urine, the inference to be deduced was, that the involuntary emissions were the result, either of excessive sexual indulgence or masturbation; and the confessions of the patient removed any further difficulty. During the whole time that he was treated for the supposed liver disease, he himself more than suspected that his physicians had not traced his ailments to the fountain-head; and he expressed his astonishment, that, during the whole time he was under their treatment, they had

never inquired into his mode of life or habits. Suffice it to say, that after some hesitation, he admitted having been inordinately addicted to the practice, and stated that for the last three years he had been subject to involuntary emissions three or four times each night: that the consequent exhaustion was so great, that for a length of time he was accustomed to go to bed at ten o'clock, and rising again at twelve o'clock, he passed the next three or four hours in walking about his chamber, or in reading, in order to allow the interval to be passed over without involuntary emissions. Latterly, he had become impotent, and being recently married, his wretched condition preyed severely on his mind.

The treatment pursued was ultimately attended with success, and he now enjoys good health.*

I have selected the above example from amongst many others, in which I have diagnosed involuntary seminal discharges from the microscopical examination of the urine, a discovery first published by the celebrated Lallemand, who has contributed so much to our knowledge of the pathology of the genital and urinary apparatus.†

CASE III.—I was consulted in last March by a lady, in reference to the case of her son, a boy aged 8, of strumous habit, who from infancy had been subject to “wetting the bed” every night, no matter what precautions she adopted to prevent it. For the first three years this habit caused her no uneasiness, as she thought that as the child grew older, the habit would wear off; but at the expiration of this period, not finding any amendment taking place, she consulted her physician, who recommended a “whipping” to be administered every morning, a prescription which for some time she rigidly followed. Not deriving any benefit from this scientific treatment, she left the case to nature, until she brought him to me. Having made an examination of the urine, it was found to present the following characters—spec: grav: 1021 at temp: 65 deg. Fahr.; reddened litmus paper, was of a deep amber colour, depositing a yellowish sediment, which, on being examined microscopically, presented a copious collection of large-sized, lozenge-shaped crystals of lithic acid, without any admixture of epithelium, pus, or blood. In other respects the boy's

* It would be foreign to my purpose to enter into the details of the treatment I employed in the above case, and which I have found most serviceable in similar ones. This I hope to do at a future period, when I intend devoting some time to the consideration of this subject.

† A friend sent me some urine not long ago, in which he thought he had detected spermatozoa. I had no hesitation, even before examining the specimen, in differing from him—First, because he described them as moving about; whereas, when in the urine, they are always dead, and generally disorganized. Secondly, because I knew that his microscope did not magnify sufficiently to exhibit the characteristic tail of the spermatozoon, which requires a power of at least 500^o linear. The animalcules which he saw were a species of *Vibronis*, very frequently met with in decomposing urine.

* Donné has asserted, that oxalate of lime is always a sure indication of spermatorrhœa, I have frequently detected it in the urine of females, which at once upsets his doctrine—It would be more correct to state that it is frequently associated with that disease.