

neuralgia of the entire brain; this condition may lead to insanity if not checked. We must give the patient rest and make him sleep, and feed him with milk, and not allow business cares or anxieties to worry him for at least one month.

The brain is enfeebled and hyperæsthetic, and the daily use of cephalic electrization will soon improve the nutrition and tone of the brain, and we shall cure our patient. In all cases build up and improve the nutrition of the central sensory nerve cells, as it is this condition of imperfect nutrition which causes neuralgia and hyperæsthesia. Cod-liver oil in small doses with the chloro-phosphide of arsenic in 15 minim doses after meals, and the daily use of the constant current in skillful hands will work wonders in many very severe cases. We have nerve exhaustion, a lowering of vital power in all these cases. We should always look for the cause of all these troubles, and we may perhaps light on some focus of irritation or a blood-poisoning.

In the early stage of progressive or general paralysis we may sometimes gain great benefit from centric galvanization, and cut off the wearing impressions which are being transmitted practically without cessation to the brain.

In the incipient stages of insanity the constant current of electricity is of immense value, as it, if properly applied, antagonizes the various congestive states of the brain, which, unchecked, result in organic disease. I have spoken of this at length in my forthcoming work on "Psychological Medicine and allied Nervous Diseases."—*Lancet and Clinic*.

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## AFFECTIONS OF THE EYE CAUSED BY MASTURBATION.

BY M. LANDESBURG, M. D.

The relation of masturbation to diseases of the eye has scarcely attracted the attention of the profession. In the best hand-books of ophthalmology there is no reference to this subject, and in the ophthalmic literature, as far as my knowledge goes, this fact is mentioned but twice only. Dieu (see Nagel's *Jahresberichte der Ophthalmologie*, 1872, p. 372) records the case of a boy of five years in whom amblyopia developed in consequence of masturbation. After the removal of the existing congenital phimosis, which was the exciting cause of the self-pollution, the latter was given up, and vision gradually improved to normal condition. Fœrster (see *Handbuch der gesammten Augenheilkunde*, von Græfe and Sæmich, V. vii., part V., p. 102) has witnessed instances of intractable chronic catarrh of the eye in patients of from twelve to twenty years, in whom onanism was ascertained to be the only cause of the affection. For my part, I have reason to assume that chronic inflammations of the eye, resulting from masturbation, are not of such rare occurrence as we might be led to infer from the scarcity of the published material on this subject. I remember having met in my practice with many cases of obstinate catarrhal affections of the eye which I had to give up in despair after a protracted course of unavailing treatment, or the patients left me in order to seek better advice. At the time, I was at a loss to account for the

intractableness of such cases. Catarrhal affections of the eye generally give a good prognosis, and are easily cured if properly attended to. I had to yield to the evidence that there are some forms of affection of the conjunctiva in which the treatment fails to bring about the usual beneficial effect. These forms I generally met with in children of either sex, but occasionally, also, in adults. When I afterward learned the intimate relation that exists between some morbid processes of the eye and masturbation, there was no doubt left to me about the nature of all those intractable cases which have been so mortifying to the self-confidence of the physician. This opinion was corroborated by the many other indications of self-pollution which I had observed in these patients, and the pathognomonic symptoms of which I utterly disregarded for want of the proper knowledge of this peculiar coincidence.

The first case that gave me the key to the problem, was a merchant, aged thirty-three years, who came to me suffering from chronic catarrh of both eyes. He had been for nine months under the care of a prominent oculist, who had tried every available remedy without any result. There were no anomalies of refraction or accommodation. Both eyes showed only the symptoms of chronic catarrh with slight blepharitis. The affection had lasted about a year. No reasonable cause of the morbid process could be elicited. There was no inflammation of the other mucous membranes. General health was good. The patient was in good circumstances, and temperate in his habit of drinking and smoking. He was very anxious to get rid of his trouble, and was willing to undergo any treatment for this purpose. I must say I was not a little astonished at the failure of the previous treatment, the traces of which (slight argyria) were seen on both eyes. I made a good prognosis, and promised a perfect cure.

In the course of the treatment, I was struck by the observation that the improvement I succeeded in bringing about in the condition of the eyes did not remain steady, but was interrupted by frequent exacerbations of the morbid process. For a long while I was baffled in all my efforts to find any plausible explanation of this strange incident. One day, when my patient came to me with a renewed relapse, it occurred to me that the pimples he had on his face were much more inflamed, and more numerous than on the preceding days. On further observation, I ascertained, beyond any doubt, that the increase of the inflammation and number of the pimples always coincided with the deterioration of the morbid process of the eye. The connection of pimples of the face with masturbation, I had frequent occasion to establish in either sex. I was roused to the suspicion whether the anomalous affection of the conjunctiva might not depend altogether upon masturbation. I inquired of the patient concerning his habits in regard to the other sex. He told me that, for the last eighteen months from the time he had incurred a gonorrhœa, he has discontinued all sexual intercourse with women. On further inquiry he confessed that from that time he has been masturbating about two or three times a week. The pimples of his face developed consequently. He has, also, observed that after masturbation, the condition of his face and of his eyes becomes worse. This coincidence impressed his mind so strongly, that he had spoken with his family physician about

it, but the latter had derided any possibility of such a relation.

I imparted to him my conviction that onanism has been in his case the only cause of his eye affection, and that no cure could be effected unless the habit was totally abandoned.

The patient being of a resolute nature, at once discontinued the practice, and had the satisfaction of seeing his eyes gradually improve, without any further treatment whatever. In the course of a month, all traces of the inflammation vanished, and the face became smooth and fair.

From this occurrence I made a point to inquire in every instance of intractable catarrh of the eye, after this possible error of youth. I learned from experience that it is very difficult to find out the truth in this matter in the male sex, but that it is almost impossible to ascertain it in the female one.

### CASE OF CHRONIC DYSENTERY CURED BY LARGE DOSE OF IPECACUANA.

BY W. S. WHITWELL, M. D.

Geo. L., mulatto, aged twenty-one, born in Jamaica. At the age of ten years went to Peru. When seventeen years old he had an attack of dysentery at Calloa. Passed blood with each stool, and at times had between twenty and thirty a day. After seven months he apparently recovered without treatment. Four months later he came to San Francisco, and on coming into the harbor had an attack of diarrhoea, which lasted ten days. When in Virginia City he was obliged to enter the hospital on account of still another attack which was soon checked, but which returned on his going to work. During the following year had three attacks of dysentery. In the fall of 1878, while in San Francisco, in consequence of a fresh attack he went to several of the hospitals in his endeavor to be cured; says that he took many kinds of medicine, and was at one time placed for a month or six weeks on milk diet, but still was not relieved. In September, 1879, he was brought to me looking pale, thin and enfeebled. Said that he had no natural passage, but merely a slimy, watery discharge, which was mixed with blood; that he felt much griping and was forced to go to the closet nearly every twenty minutes; that at night he was up from six to a dozen times; that he never slept soundly except for a few minutes, and that he was constantly grinding his teeth.

Told patient to go home and go to bed; to place a mustard poultice on the epigastric region, and to take one-third of the following prescription:

R Pulv. Ipecac..... ʒ ijss.  
Mucil. Acaciæ..... ʒ ij.

Patient, through a misunderstanding, took the whole, but kept it on his stomach with the aid of the mustard for three-quarters of an hour. He then thinks that he vomited about one-half. Had one passage about two hours later. Since this time he has had no griping, has slept soundly, and has had but one passage every day. There was