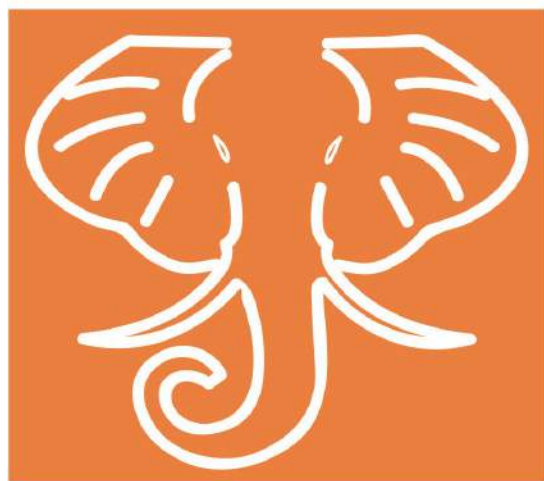


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MEDICAL LECTURES

TO

GENTLEMEN:

BY

JAMES McCLINTOCK, A. M., M. D.,

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In 1857 and 1858 Physician in Chief to the Philadelphia Hospital, Lunatic Asylum and Alms House; formerly Member of the Philadelphia Medical Society; Medico-Chirurgical College of Philadelphia; and American Medical Association.

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PROFESSOR JAMES McCLINTOCK, M. D.,
No. 823 Race Street, Philadelphia, Pa.

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TO THE READER.

For forty years past in my courses of instruction I have lectured more fully upon the subjects of this little book than was usual with medical teachers. The reading of "Tissot on Onanism," about fifty years ago, and my own observations convinced me there were few subjects so neglected, or that required more attention than the matters herein referred to. I was often requested to publish my thoughts, but as my instruction was always given extemporaneously, I put off from time to time, until my lectures in Concert Hall, in 1869. These were attended by such large audiences, many of whom had asked me to print, that I employed a Phonographer to write what I uttered. From his text I have made the following pages. Hoping they may do all the good I desire I respectfully leave them with you.

Philadelphia, 823 Race Street.

MEDICAL LECTURES.

LECTURE FIRST.

Gentlemen—

I am to call your attention to-night to some of the parts of the human body which in every way they can be examined are justly considered among the most important in the physical organization. I allude to the URINARY AND REPRODUCTIVE ORGANS of Man. I shall speak of their structure, their uses, the abuses to which they are frequently subjected, some of the diseases they are liable to, and suggest such general hygiene management as all can follow. Before a general audience I cannot enter into details of the medical treatment requisite for the diseases of which I shall speak; each case must be examined by itself, and such remedial means resorted to as its circumstances indicate. In all medical science there is not a single specific known to cure

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any one disease to which the body is liable; but it is true that after proper education, and experience in the actual observation of cases, some men can adapt remedies and make combinations that accomplish more satisfactory results than can be attained by those not properly informed. There is no royal road in the practice of medicine; men must acquire the knowledge necessary in this vocation by hard work, close observation, and the application of the best knowledge that can be attained in the ways I have mentioned.

Before engaging in the examination of the special subjects that are to constitute our theme I think it best to give you a general, but brief, account of the parts which compose the human body.

The human frame is made up of various parts which are technically called **ORGANS**. In the state of absolute health these organs subserve their different purposes in so perfect a manner that the functions of the body are performed with entire ease and

regularity; so that each organ does its duties without the cognizance of the others. A man in perfect health does not know, by any perceptible symptoms, that he has a stomach, a brain, or nerves.

All the constituents of the body are either SOLIDS or FLUIDS—the latter traversing the former in all directions. Among the Solids the following may be enumerated: *Bones*, the foundation of the body; *Cartilages*, elastic substances that protect the ends of the bones from friction, and answer other purposes; *Ligaments*, strong bands that tie the bones together and form coverings for the parts; *Muscles*, layers or masses, which constitute the flesh of animals, and which are used to bring the parts together and separate them from each other. The *Nerves* are masses of a so-called nervous substance in the skull, spine, and other locations, prolonged into white cords, which traverse the whole body, serving to unite and connect the different parts with each other, and with the brain, in the discharge of their

duties. The *Glands* are structures sometimes in the shape of a bag, which throw off various secretions that are used for different purposes, or else cast off as useless and effete. *Membranes* are the coverings and linings of various exposed parts, both on the outside and inside of the body. Thus the outer skin, and also the lining of the throat, stomach, &c., are membranes. *Fat* is found in many parts of the body acting as a cushion, and to give rotundity and fulness of development. The *Vessels* are divided into classes according to the fluid they convey, as arteries, veins, lacteals, &c. There are also some other solids which serve to complete the organization.

The FLUIDS may be divided into three general classes: 1st. Those which go to form blood, as *chyle*, *lymph*, &c. 2d. The *blood*, divided into two kinds, arterial and venous, from difference of color, properties, &c. The quantity of blood varies according to circumstances, but in a middle-aged healthy man it is generally estimated to be from

twenty-five to thirty pounds. 3d. The fluids that are formed from the blood, as the *sweat, saliva, &c.*

Few are aware of the disparity that exists between the solids and fluids, as to quantity, in the composition of the human body. Contrary to the general belief, the fluids largely preponderate;—thus, if a body under ordinary circumstances be equal to one hundred pounds, it will be found, after thorough drying, to weigh but ten to twenty pounds.

Where several organs unite to perform one function, an *apparatus* is said to be formed. Thus, several organs of dissimilar structure act together in breathing, and constitute the *Respiratory* (or *Breathing*) apparatus.

I present you the basis structure, or foundation of the body. It is called the **SKELETON**, a dried body. In it are two hundred and eleven distinct pieces, or *bones*, excluding thirty-two teeth, in the adult, and eight small bones in the ears. The

skeleton consists of the *Head*, containing twenty-two bones, divided into *Skull* and *Face*—in the first are eight bones; in the second fourteen bones. The *Trunk* has fifty-six bones; twenty-four vertebræ, turning bones, which form the back-bone or spine; twenty-four ribs, twelve on each side; one breast-bone, five pieces which prolong the spine, and two broad or plate like pieces. The trunk is divided into the neck, chest, abdomen or belly, and the pelvis or basin. The *upper* extremities, sixty-eight bones, divided into *shoulder*, two bones; the *arm*, one; the *fore-arm*, two; and the *hand*, twenty-nine bones on each side. The *inferior* extremities, sixty-four bones, divided into *thigh* one, *knee* one, *leg* two, and *foot* twenty-eight bones each. There is, besides, a horse-shoe like bone in the throat,—making two hundred and eleven in the skeleton.

Many of the bones move upon each other, forming joints; the ends, or opposing surfaces of these, and some others, are covered by a smooth elastic white substance called

cartilage. The contiguous parts of most bones are held together by bands, or bags of strong white inelastic, but flexible, threads which form *ligaments*. All the bones are covered by the same white threads, that make a close investment of fibrous tissue named *periosteum*, or bone covering. The skeleton is covered by masses of flesh called *muscles*. Of these there are between four and five hundred that have been named. The muscular fibres can shorten themselves so as to approximate different parts: this is *contractility*. Some of the muscles act under the control of the will and are called *voluntary*—others perform their functions without consciousness, and hence are described as *involuntary*; while there is a third class which is sometimes directed by the will, and at other times acts without such influence and is involuntary.

The muscles vary in size and form, and are connected with adjoining parts by white shining threads formed into cords and layers, and named *tendons*, or sinews. Every

muscle is surrounded by a thin skin of spongy substance which forms an investment for each piece, and a boundary between contiguous parts. This is called *Cellular Tissue*. To give symmetrical rotundity to the figure and fill up the spaces between the muscles and other parts, there are masses or layers of a white greasy granulated substance which is called *Fat*, or *Adipose Tissue*. Running to and among the parts I have mentioned are tubes which bring blood from the body and distribute it as they pass; these are *Arteries*. Accompanying the arteries, and also traversing the body without them, are vessels which return the blood not needed for the functions of the parts, to the chest, and are called *Veins*. Passing with the vessels, and in some places without them, are seen many cords of soft white substance; these are *Nerves*. Of the vessels and nerves I shall speak more fully when I refer to the circulatory and nervous apparatus. The organs thus far mentioned are mostly found upon the exterior of the skeleton.—

They are bound down, and entirely covered by a perfect investment named the *Skin*. This consists of three layers: one has in it small cells which secrete a coloring matter, a second is very soft and filled with vessels and nerves, the third or outer covering is a scaly layer called *Cuticle*, or *Epidermis*. Beneath the skin are many small masses with which hairs are connected; others send through the layers fine tubes that convey an effete watery substance from the blood to the outer surface to be cast off. It is calculated that a man's entire skin surface will measure seventy-two square feet, and every square inch is perforated by about twelve hundred orifices, of the tubes, or pores of the skin, by which the watery fluid just spoken of exudes, and that in this way there is cast out of the system about one pound of used up matter every day. Sometimes this substance passes off as a vapor, and is *insensible perspiration*—at other times this effete matter assumes a distinct fluid form and is then called *perspiration*, or *sweat*.

It is calculated if the tubes by which these "pores" empty were arranged in one line it would be twenty-eight miles long.

I will now pass to a brief exposition of the organs that are situated in the skeleton, or more or less protected by it. On each side of the face below the forehead we find a globular mass, the *Eye*, or organ of vision, which has connected with it pieces of fat, glandular substance, muscles, blood vessels, and nerves; the whole protected by the eye-lids, eye-lashes, and eye-brows. Below and between the eyes is a prominent bony and soft projection, the *Nose*; in it are two openings leading into cavernous spaces and tubes separated by a partition—these, the *nares* or *nostrils*, and the nose, form the organ of smell. Under the nose is the elliptical opening, of the *Mouth*, bounded by muscular substance, covered by the skin, and lined by a delicate structure called *mucus membrane* extending outwards and backwards, is an oblong cavity bounded on the sides by the teeth and cheeks, below by the tongue, and

above by the palate. On each side are three masses called *salivary glands*, which secrete the peculiar fluid poured into the mouth while eating. Behind the mouth is a moveable partition, the *soft palate*, from the centre of which hangs a tongue like piece, the *Uvula*. On each side the soft palate divides into two arches supported by pillars; between these are the *Tonsils*, or *almonds of the ears*. Behind the mouth is a cavity, the *Throat*, surrounded by a fleshy funnel-shaped bag, the *Pharynx*. In the throat beside the orifice from the mouth are openings from the nostrils, the ears, the windpipe and gullet—but of these I will speak presently. On each side of the head is an appendage called *External Ear*, from which runs a canal inwards to most complicated and beautiful structures which form the middle and internal ear; the whole constitute the *organ of hearing*. I have spoken of openings in the throat which lead to the windpipe and gullet: the back one is the orifice of the digestive tube, the front one is the mouth of

the windpipe which passing downwards to the chest is part of the *breathing apparatus*.

The respiratory or breathing apparatus consists of a tube called the *Windpipe*, and two spongy masses denominated *Lungs*. The upper part of the windpipe communicates with the mouth and nose; the lower part of the tube divides into smaller branches until they become so fine that they are imperceptible to the naked eye, and are lost in minute cells. The upper part of the windpipe, for about an inch and a half below the chin, is called the *Larynx*, or *vocal box*. The front part of this is very prominent in some individuals, especially males, and is named "Adam's Apple." Below the larynx, forming the middle of the windpipe for about five inches, is the *Trachea*, or *rough tube*. A little way below the upper part of the breast bone the trachea terminates by dividing into two tubes, which are called the *Bronchi*, and these proceed to various parts of the chest under the name of the *Bronchial Tubes*, and finally terminate in the small cells be-

fore mentioned, and known as *bronchial cells*. It is computed that these cells, which are not seen by the naked eye, number in both lungs six hundred millions.

The windpipe is made up chiefly of cartilaginous pieces, which are held together by certain most beautiful contrivances ; and the entire tube is lined by a kind of skin that runs from the nose and mouth down into the smallest bronchial cells, and is called a *Mucus Membrane*. It is supposed that if this membrane were removed from the windpipe and cells, and spread out it would cover a surface twelve feet square.

The windpipe is placed in front of the neck, in full view, while the lungs are hid from observation by the *Chest*, the walls of which are bony, covered by muscles and other substances, and lined by a delicate membrane, which also covers the lungs, and is called *Pleura*.

The right lung is thicker and shorter than the left, and is divided into three parts or *lobes*. The left lung is longer and thinner

than the right; it has but two parts or *lobes*. The front end of each lung is about opposite to the sixth rib, from which the end is prolonged backwards and downwards until it terminates opposite the tenth or eleventh rib. The chest is bounded in front by the breast bone and cartilages of the ribs, on each side by the ribs, behind by twelve vertebræ or pieces of the spine, below by an arched muscular and tendonous floor, the *Midriff*, or *Diaphragm*, which separates the cavity of the chest from the abdomen. A well formed male adult measures from thirty-four to forty inches around the chest.—All the boundaries of this part move sufficiently to allow of an alternate enlargement and diminution of its cavity.

A few inches below the head the pharynx or throat terminates in a membranous tube, that runs downwards for nine or ten inches in the back of the chest, the *Esophagus*, or *Gullet*, which penetrating the diaphragm to the left of the mesian line gets into the abdomen and ends in the *Stomach*. This a conoid-

al sac extending from under the ribs on the left side more or less obliquely across the belly into the right side. The stomach is large and bulging on the left side, and gradually lessens until it terminates in the *Intestinal Canal*; where it ends there is a thick ring called *Pylorus*, or *Porter*, which contracts the orifice of communication. Under ordinary circumstances the stomach will contain two to three pints of matter. The *Intestines*, or *Bowels*, commence at the right end of the stomach, and form a tube about thirty feet long, which terminates between the buttocks in the *Anus*. That portion of the canal beginning at the stomach is about twenty-four feet long; it is folded and packed so closely as to occupy the smallest possible space in the abdomen; this *small* bowel, divided into *Duodenum*, *Jejunum* and *Ilium*, ends in the large intestine or *Colon*, in the right side just inside of the bone which forms the side wall of the pelvis; from this point it passes upwards on the right side until it gets near the ribs, thence across to

the left side where it goes higher than the right side, and forming a curve passes down the left side to the point opposite to which it started. The large bowel is about five feet long, and terminates in the *Rectum*, or *straight Bowel*; this is about ten inches long, and running downwards in front of the back wall of the pelvis ends at the anus. The *Digestive Tube* begins at the lips, and includes the mouth, throat, esophagus, stomach, small and large intestines. That part of the tube in the abdomen and pelvis has four more or less perfect coats. The inner coat is *Mucus Membrane*, so arranged in plaits or folds that if it were stretched out it would be much longer than the rest of the tube, the outer coats are *cellular*, *muscular* and *serous* substance. This last, under the name of *Peritoneum*, lines the abdominal walls, and after covering the bowels forms folds which fasten the tube to the spine and contiguous parts. Between the layers of these folds are many blood vessels, nerves, numerous small masses called glands which

are connected with the bowels by small vessels named *Lacteals*, or *milk tubes*; these pass through the glands and run between the folds of peritoneum towards the spine and empty into the *Thoracic Duct*, which terminates in a vein in the lower part of the left side of the neck. Attached to the left side of the stomach is an ovoidal mass weighing usually about six ounces; it looks like a large clot of blood and is named *Spleen*. Behind the stomach lies a structure about nine inches long, half an inch thick, and from one to two inches wide, and named *Pancreas*, or *Sweet Bread*; it secretes a fluid like saliva. The pancreas is traversed by a tube or duct which enters the duodenum.

Immediately under the right ribs and stretching into the left side is found the *Liver*, the largest gland in the body. This organ is about twelve inches long, six to eight inches wide, and from one to five inches thick; it weighs about three and a half pounds. The liver is largely supplied with blood vessels, and nerves. Upon the under

side is placed a pear shaped bag called *Gall Bladder*. The liver consists of small grains which are aggregated to form the organ. Starting in each granule is a small tube which uniting with its fellows form the *Biliary Duct*; this passes a few inches and is joined by the *Cystic Duct*, or excretory tube of the gall bladder. The vessel thus formed is the *Common Duct*, which after passing a short space terminates near the pancreatic duct in the duodenum about four inches from the end of the stomach. In a healthy condition the liver secretes about four ounces of fluid, *Bile*, every day.

All the organs I have mentioned unite in one work and form the *Digestive Apparatus*. The process by which the food is changed, *Digestion*, is one of the most important and interesting in the animal economy. The food solid taken into the mouth is cut and ground by the teeth, *Mastication*, mixed with the saliva, *Insalivation*, carried into the throat, swallowed, *Deglutition*, passed down the esophagus into the stomach, where

meeting the juices there found, it is soaked and compressed by the walls of that organ and changed into a substance called *Chyme*; the process is *chymification*; the chyme goes out of the stomach into the duodenum where after passing about four inches it meets the bile and pancreatic fluid; after mixing with them the digesting matter is divided into two parts, one attaches itself closely to the inner wall of the bowel, and in its course onwards is increased by the nutritive portion of the second part, and converted by the process of chylification into chyle. As the chyle is forced along by the contractions of the muscular coat of the bowels the orifices of the little vessels before mentioned, lacteals, suck it up and it is carried by these tubes to the thoracic duct and conveyed to the vein in the neck previously referred to; it then passes into the circulation, and after being gradually formed into blood feeds every part of the body.

In the chest, between the lungs, encroaching upon the left side we find a sac of fibrous

structure called *Pericardium*, or *Heart Bag*, lined by a shining membrane of serous character like the pleura and peritoneum; within this is a conoidal organ of muscular and tendinous substance, *the Heart*; this lies base upwards, rather obliquely from the middle line towards the left side. The heart is about six inches long, four inches wide at the base, and varies from two to three inches in thickness; it weighs usually about six ounces. The base is nearly opposite the middle of the breast bone, while the apex will be found between the sixth and eighth ribs, as it may be contracted or relaxed.— The heart is divided by a partition into right and left sides. In the base of the organ are two cavities with ear like appendages, and called *Auricles*; below these and communicating with them by openings are two other cavities named *Ventricles*. Two large veins empty the blood from different parts of the body into the *right* auricle; when this is filled, each cavity holds about two ounces; its thin walls contract and the

fluid flows into the *right* ventricle; when the cavity is distended its thicker walls are shortened and the fluid is forced through the *Pulmonary Artery* into the lungs; thus far the blood is very dark colored, *Venous Blood*; in passing through the lungs it is changed, as I will explain presently, and assumes a bright hue, it is *Arterial Blood* now; the vessels gradually diminish in size until they are not perceptible to the naked eye, *Capillaries*, and terminate in the pulmonary veins, and these, four in number, pour it into the *left* auricle, this forces it the *left* ventricle, whose walls are very thick and strong, thence it is passed into a large artery, the *Aorta*, by whose branches it is distributed to all parts of the body.

As I have said, the blood passes through the lungs. This fluid is of two colors; the one dark colored, indeed almost black, called venous, and the other a bright red, named arterial blood. The dark colored blood, passing through minute vessels that are spread over the mucus membrane lining

the bronchial or air cells, is brought into contact with the air that is taken into the lungs by the act of *inspiration*. The taking in of air, or inspiration, is effected about sixteen times each minute, and, in ordinary circumstances about twenty inches of air pass into the lungs by each inspiration. By this contact with the air a great change is effected in the blood; it gives off carbonaceous matter that mixes with the air retained in the lungs, and its color is altered from purple, venous blood, to the bright red hue that indicates arterial blood. Other changes also occur.

The red blood contains more oxygen and has a greater capacity for heat than the darker blood. By the act of *expiration* the air not required in the lungs is thrown out with the carbonaceous matter before mentioned, and the same processes, inspiration and expiration are repeated several times in a minute, so that as the dark blood is brought into the lungs it may be constantly changed or revived. *Respiration* is form-

ed by the alternate acts of inspiration and expiration. It is then carried by appropriate vessels to the *Heart*, from which it is forced into arteries, that convey it to all parts of the body, where such quantities are supplied as are necessary for nutrition and other functions. The remainder, going on, meets with other blood, which had been previously sent to the part, and which, having performed its duty, is changed in color, and become purple or venous. The two fluids intimately mix, and are carried back to the heart to be sent through the lungs and go again through the circuit that has been described.

As the blood passes through the arteries they dilate and contract alternately, and a wave like movement is readily observed in any superficial artery, as at the wrist, this "movement" is the *Pulse*—this is synchronous with the contractions of the heart. The heart contracts or throws out the blood about seventy-two times per minute. The condition of the circulation is very closely

ascertained by counting the inspirations and multiplying them by four and a half; thus sixteen inspirations in a minute multiplied by four and a half equal seventy-two, a sufficient approximation for any practical purpose.

The whole blood of the body is estimated to be about twenty-eight pounds, sixteen ounces to the pound, equal to four hundred and forty-eight ounces. Please remember that in using the figures I have mentioned I do not imply mathematical accuracy, but I am sufficiently near the mark for all ordinary purposes.

Sometimes parts containing the same general elements, but in different shapes, are grouped together and called a *System*, *i. e.* the brain, spinal marrow, and nerves, are spoken of as one whole, and called the *Nervous System*.

This system is generally understood, even by the unskilled in anatomy, to be one of the most important in the body, and this popular impression is fully sustained by sci-

entific authority. One of the best statements of the uses of this system is given in a recent work, as follows—"The nervous system controls the functions of the animal economy, receives impressions from external objects, and transmits those impressions to the understanding." The correctness of this exposition will be readily appreciated when we remember that portions of this system are found in every part of the body, and that the different structures are tied together by the freely communicating and everywhere present nerves.

The *Brain* is the large soft mass situated in the skull. It varies in weight, in the male it is from forty to fifty-six ounces. Five-sixths of the mass form the *Cerebrum*, or great brain; the other sixth, lying in the back part of the head, is called *Cerebellum*, or little brain, and is situated under the first or great brain. Connected with the brain is a rounded cord, *the Spinal Marrow*, which traverses the canal formed by the vertebræ or bones of the spine. Passing to and from

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the brain and spinal marrow are white cords which I have spoken of as *Nerves*; those which go *out* convey power from within, while the ones which pass *in* transmit the sensations made by impressions received by the organs; the first are called nerves of *motion*, the second are the nerves of *sensation*. Besides these are the nerves which control particular functions, as seeing, &c., and are named nerves of *special* sense. Many years ago, 1848, I compared this arrangement of nervous matter and its functions to the Magnetic Telegraph, and an examination will demonstrate I think, the aptness of the simile. In addition to the parts mentioned we find in different parts of the body many nervous cords, with knot like arrangements in various places, *Ganglia*, which pass from organ to organ, uniting the various parts, and seeming to produce a sympathy of action between them. These irregular nerves form the *Sympathetic System*.

The nervous system has long been looked upon as the *medium* through which the

mind or soul operates. So important is this union of immaterial essence and material substance considered, that the most profound theologians, the best physiologists and physicians, and the learned of all professions, have spent much time and put forth many hypotheses with a view to explain this wonderful union. But thus far, although many beautiful speculations have been promulgated, the *manner* of the connexion and the mode in which the mind, an emanation from the Deity, is united with and operates through human organs, is not yet demonstrated. But notwithstanding no perfect exposition of the arrangement can be made by finite mortals, Providence has permitted us to learn enough of his wonderful works to apprehend at least the fact that mind and body reciprocally operate upon each other.

My hearers will please understand clearly that I repudiate entirely all ideas of materialism, or that perverted, so called, philosophy, that attempts to explain mental phenomena, by any known law of physiology or

other branch of natural science. My belief is, that in the functions of the human body an essence called mind, is so intimately connected with the bodily organs by means of the nervous system, that diseases or disorder of the functions of the body will interfere with the operations of the mind, and that derangements of mental functions will produce disorder or disease in the organs of the physical structure.

It is believed that diseases of the nervous and muscular systems prevail more in our own country than in any other. The American climate is far drier and more stimulating than the European, and it quickens the nervous system to far greater activity. This is one, among many reasons, for the acknowledged fact, that the Americans are quicker witted, more inventive, and, to use a home word, "smarter" than Europeans generally. Taken in connexion with the fact that the means of getting at least moderate wealth are within every one's reach, this peculiarity of climate gives us another national charac-

teristic, viz. the desire to "go ahead," to get rapidly rich, and the willingness to work incessantly, both with brain and hands, by day and by night, to accomplish this object.— Few are aware, amid the hurry of business, the incitements of ambition, and the almost universal abuse of the sexual organs, of the *physical* wear and tear they are all the while undergoing. The result is that they either break down suddenly with nervous prostration, heart disease, &c., or else (and more commonly) lay the foundation for life-long suffering, or for rapid decay, in dyspepsia, neuralgia, nervous weakness, insanity, spermatorrhœa, heart disease, or consumption.

The *Urinary* organs are the *Kidneys*, two, and the *Bladder*. Each kidney is of brown color, about four inches long, two wide, and one inch thick, and weighs about four ounces. The kidneys are placed in the back of the abdomen, in the loins, one on each side of the spine, and behind the bowels. A very good idea of them may be had from an examination of a sheep's kidney. Each

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organ is more or less convex, but flattened on each surface; the *front* or spinal edge has in it a deep notch, occupied by nerves and vessels passing in and out. The right kidney is lower down, nearer the pelvis, than the left. On the top of each kidney is a fatty like mass called the *capsule* of the kidney. When the kidney is cut through from side to side, its outer part for about half an inch in thickness is seen to be formed of small grains; the inner portion is an aggregation of small tubes which converge, and form many little nipple eminences—each of these has a small open depression at its apex; the “eminences” are surrounded by little bags which end in a tube, *Ureter*, about ten inches long, that runs to the back of the lower part of the bladder.

The kidneys are very liberally supplied with blood, and they *secrete* or form the fluid known as *Urine*. There is made from thirty-two to forty ounces, one quart to one quart and a quarter, of this fluid every day, under ordinary circumstances, but the quan-

tity is relatively greater in cold weather. The urine passes drop by drop through the ureters, or urine tubes, into the *Bladder*. As a general thing the urine is of pale straw color, with its acid, alkaline and other constituents so equally blended that it is of neutral character, but in some disordered or diseased conditions it changes in hue, becoming pale or a very dark color, and its composition is so disturbed that it is distinctly alkaline or acid, and from being comparatively inodorous it becomes fetid. At times some of its ingredients separate and form sandy granules which are called *Gravel*. Occasionally these "granules" grow together and form *Stone*. And in many other ways the functions of the kidneys are deranged either by disease in themselves, or sympathetically from irregular actions of other organs.

The *Bladder* is a somewhat oval sac, flattened at the base. It is situated in the pelvis or basin; in its general condition it will contain from one to two pints of fluid, but

when distended I have known it to hold from four to five pints of urine. The walls of the bladder are thin, and separable into four more or less perfect coats. The greater part of the organ is smooth and uniform, but as we approach the lower portion, at a contracted part called its *Neck*, changes occur. We find a firm substance about the size of a horse chestnut, up to middle age, equally divided into two parts or *lobes*, this is the *Prostrate Gland*. As life advances, especially in those who have committed sexual abuse, a prominence forms in the inside of the bladder between the two parts, and is called the *third lobe* of the prostrate. Up to middle age, in a healthy condition, the urine may be retained for several hours, but when enlargement occurs, or other diseases, of which I shall speak shortly, are present, the urine must be voided more frequently. If a finger be well oiled and passed gently, with the end curved forward, for a short distance through the anus, the size and location of the prostrate can be readily learn-

ed. Connected with the prostrate and running backwards obliquely from it are two oblong spongy bags called *Seminal Vesicles*. A short distance above these, towards the sides of of the bladder the ureters are seen penetrating the walls of the organ obliquely. Between the "vesicles" two hard tubes are placed; these come from the testicles, and will be explained directly. Within the prostrate is a short tube; the opening at the inner end of this is the *mouth* of the bladder, through which the urine, semen, and sometimes other fluids, pass into the urethra to be excreted at the outer end of that tube.

The *Sexual* organs are the *Penis* and *Testicles*. The first, penis, is attached by two *roots* or *legs* to the front bones of the pelvis, from which it passes downward, in the flaccid condition, from five to eight inches, and is cylindroidal in shape. It is divided into roots of which I have spoken, *body* and *head*, the roots passing from the pelvis form two rounded bodies, united in the middle, full of small caverns, and hence called the *Cav-*

ernous bodies; between and below these is an elongated spongy mass, the *Spongy* body, which passing to the ends of the cavernous bodies expands and forms a cap like covering which is the *head*, or glans, of the penis. The back part of the "head" is bounded by a prominent oblique ridge called the *crown* of the penis; between this and the ends of the cavernous bodies is a groove named the *neck* of the penis. The head is covered by a smooth skin of *mucus* membrane. The entire organ is protected by a sheath like covering of common skin, near the extremity of the organ this skin forms a more or less perfect fold, the *prepuce*. This skin covers the head in boyhood, and sometimes continues elongated, producing disorders to be referred to hereafter, and frequently the operation of circumcision must be performed to obtain relief. On the under surface it sends forward a little process which ties the prepuce to the head, and thus is formed the *frænum*, or *bridle*. Within the skin of the prepuce as it surrounds the neck of the pe

nis are many little pouches, like fingers of a glove, in which is formed a white secretion, *smegma*, if this be allowed to accumulate, or if careful washing of the parts be neglected, great irritation is excited, a discharge resembling gonorrhœa occurs, or ulceration like syphilis is formed; these "pouches" are called the *glands of Tyson*.

The spongy body is traversed by a canal, the *urethra*, through which the urine passes from the bladder; this runs beyond the penis to the mouth of the bladder; the part intervening between the prostrate and the spongy body is the *membranous* portion of the urethra, and is from half an inch to an inch long. Above the "roots" is a mass of fatty matter, the *mons veneris*, covered with hair.

Hanging from the penis and adjoining parts, between the thighs, is a bag, the *Scrotum*. Its outer surface is more or less covered by hair, within it there are a thin layer of muscular substance and a layer of *serous* membrane. Inside of these coverings

we find, on each side, an organ about an inch and a quarter long, three-quarters of an inch wide, and half an inch thick; these are the *Testicles*. The left testicle is usually an inch or so lower than the right. These organs are very liberally supplied with vessels and nerves, and are exquisitely sensitive. Each testicle is surrounded by a close coating of *fibrous* structure. Each organ consists of numerous small masses called *lobuli*, or little tubes. Every one of these bodies, *lobuli*, is made of a thread like tube which is folded and packed in such a way as to take the least possible room; if this were stretched out it would form a tube nearly a mile long. These tubes after many convolutions end in a conduit, on each side, that passes out of the scrotum and through the walls of the abdomen, and terminates in the base of the bladder. These conduits, or excretory tubes, are about ten inches long, and are named *vasa deferentia*. These vessels, nerves and other substances form cords, *spermatic cords*, which keep the testicles sus-

pended in the scrotum. The testicles secrete or form from the blood, of which they receive a large quantity as I have said, a creamy or white of egg like fluid, which is the *Semen*, or masculine liquor. The quantity of this liquor formed in a day varies according to the condition of the organs, whether quiescent or sexually excited; in the former case it may be from half a dram to a dram in twenty-four hours. When examined under the microscope there are found in semen many little tadpole like substances moving about quickly as though endowed with the most intense vitality; these are the *spermatozœa*, or seminal animalcules. It is generally believed that these bodies give to the semen impregnating or vitalizing power. The semen is the most concentrated or strongest secretion in the body. It is supposed that twenty-five ounces of blood are used in forming one ounce of this fluid. If this calculation be true, and it is sufficiently approximative to teach us an important lesson, we learn that the waste of one ounce of

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semen is equal to the loss of one-eighteenth of all the blood in the body. Please bear this fact in mind; I shall refer to it again.

It is not my purpose to explain how impregnation follows the union of the sexes; I have told you briefly of the structure of the sexual organs, by whose use we fulfil God's command "Be fruitful, and multiply, and replenish the earth."

I have not attempted a *minute* description of the body or its functions, but I have said enough to enable us to appreciate Shakespeare's beautiful exposition of the human being: "What a piece of work is man! How noble in reason! How infinite in faculties! in action, how like an angel! in apprehension, how like a god! the beauty of the world! the paragon of animals!"

There is no human act which yields so much pleasure as that afforded by the use of the sexual organs in the discharge of one of their functions—cohabitation with a woman. But it does not follow because God made our organs of generation and endow-

ed us, within certain limits, with the desire for, and power of sexual intercourse, that a man should be all the time thinking of it or trying to do it, although the absorbing thought with some men is how to get the most pleasure in sexual gratification in the shortest time.

Any machine if constantly worked will soon give out, while man, who is the "Temple of the living God," and made up by pieces of the most perfect machinery ever conceived of, seems to forget or ignore the fact that the excessive working of one part impairs its usefulness, or entirely destroys its power; nor does the mischief stop in the abused part, but through the connexion or sympathy which unites all parts into one harmonious whole, other organs, even seemingly remote ones, are disordered, the functions of all parts become perverted, health is permanently impaired, and loss of life is the forfeit paid for the abuse of the organs, or for the inordinant and wicked gratification of a natural and pleasure yielding function.

I have been asked very often how many times can a man practice sexual intercourse? My reply has been, and is, I cannot tell definitely. I know one man who is satisfied once a week, and I attend another whose average number of acts of sexual intercourse is *twenty* times every seven days. They are both of middle age; the first enjoys constant good health, and is placid in temper; the second, although naturally robust, is of irritable temper, has had quick attacks of dangerous character, and is almost certain, unless he stop in his mad career, and change his wicked course, that he will die in the sexual act, or from some sudden attack of disease in the head or heart, and which will be clearly traceable to his abuse of one of God's gifts. Many years ago a clerical friend asked me how often a man might have intercourse without injuring the health of his wife or himself. Before I replied, I inquired how often they did it? They were about thirty-five years old, and healthy; his answer was, "once

every day, and occasionally more than that to make up for lost time during her menstruation." I told him that once a week was enough for health and all proper pleasure. I added, you are a theologian and should remember Luther's opinion that twice a week was enough of this gratification for all reasonable and right minded people. The age at which sexual power commences, as indicated by the seminal secretion, varies, but in this climate at about fourteen years such changes are manifested in the male as show that he is passing from childhood to adolescence, the period of *Puberty* has arrived. The "changes" are seen in the moral as well as physical condition; in some cases the boy becomes more modest and reserved, while in others he gets bolder, more self possessed and shows traits of incipient manliness. In warmer climates puberty is developed earlier than here, while in cold latitudes it is generally later. At this period semen is formed, and its presence seems to give an energy and feelings not previously

possessed. The seminal formation indicates procreative power, but it is not the evidence of the *first* sexual desire, for this often exists years before the fluid is developed, but it is true that from this period, puberty, the virile power continues until old age, unless the man by his sexual abuse shall have so much impaired his vital powers as to destroy his capacity.

After the age of fifty, in ordinary cases, the power of man to do the sexual act diminishes until it is quite gone at from sixty to sixty-five years, but I have known it to continue much longer. Some years ago I had a patient between seventy-two and three years of age who assured me had sexual intercourse once a week, and could do it as well as when he was fifty. But this is an exceptional case. I have often heard men over sixty boast that they could perform the act as well as when they were forty, except that it *now*, at over sixty, took them a little longer. From this statement one might infer that from the commencement

of the effort it required a longer time for enjoyment than previously. A very slight analysis of facts will show that this story is not true; in any ordinary case if a man commence the sexual act at twenty, and few wait until that age, and practice it even moderately until sixty will have used up his venereal power; his *mind* can still *think* of the enjoyment as intensely as before, but the muscles which erect the penis have partially lost their power and do not obey the will as at earlier age. When he attempts the act he has thought of it intensely and is much excited, and when he tries the performance even with a half erect penis, the semen is soon ejected and he is done, without power to renew the effort until many hours or days elapse. Thus many men of this age die in the act, or very soon succumb after its performance. If men would only thank God for the pleasure he has enabled them to enjoy, and think that there is a limit to human power, they would not so strain themselves to attain what it is impossible for them to accomplish.

Man attains his stature and full development of his organs as a general thing between the *twentieth* and *twenty-fifth* year of his age, and if he be wise and wish to enjoy all his functions to a "good old age," he will not use his sexual organs in the generative act before this period. But how few "wise" people do we find; there are few, very few, that retain their virgin as St. Paul calls it until even the earliest year named. As soon as semen is formed most boys think they are quite or nearly men, and to prove their manly power they plunge into all kinds of venereal excesses. Although they have not the power of *procreation* until puberty is passed, it is an unfortunate, but positive fact that there are few boys who have not indulged in sexual excitation either by themselves or with other boys, in the abominable, wicked, and soul destroying habit of *Self-Pollution* or *Masturbation*. The word *Onanism* is sometimes used as a synonyme, but it differs greatly from the "secret vice." On this subject I

advise you to read the 38th chapter of Genesis and Dr. Adam Clarke's Commentary thereon. There is no age or condition of life in which there are not some who pursue this loathsome practice. As many of you are aware my experience as a physician runs back for more than forty years, in which time I have always had a very large private practice, I have been physician to public institutions, consulting physician and Physician in Chief to the Philadelphia Hospital, Lunatic Asylum and Alms House. I have taught some department of medical knowledge every year since 1829, I have been connected as teacher and Professor with many literary and Medical Institutions, my courses of instruction have included all the branches usually taught in Medical Colleges except Chemistry. Many of the most prominent physicians, and the most distinguished teachers and professors in our land have been my pupils. And I believe with two or three exceptions, I have taught Surgery longer than any man in the

United States. I do not state these facts boastingly, but for the information of those who do not know me or my history, and to show that my experience and means of observation have been as great as this country can afford.

Among the many that have been under my care for the relief of some of the diseases produced by masturbation, were the sons of Physicians, Clergymen, Judges, Lawyers, and all other vocations. I have treated many medical and theological students, and I am satisfied there are few, if any, institutions of learning from the primary school to the highest university in which there are not many victims of this devil hatched habit. Nor is the practice confined to any age, I have detected it in boys four years old, and found it in the man of sixty. I have seen it among married men as well as single men. I might give you many cases as illustrations, but time will not permit.

The space of an ordinary lecture or two

would afford me time to tell you the terrible effects of masturbation or excessive venery. I will refer in a short way to some of the derangements of the nervous and muscular systems and other organs. Afterwards I shall speak more particularly of some diseases that impair health and shorten life.

As a consequence of nervous derangements, the other systems of the body become more or less irregular in their functions. But no one system is more intimately connected with or readily sympathises with the nervous than the muscular system; hence diseases or disorders of the one are always accompanied or followed by some perverted action of the other.

The symptoms which indicate disease or disorder of these systems are very numerous. They show themselves sometimes in the head in the shape of headache, more or less severe, ringing and strange noises in the ears, imperfections of vision, motes floating, or flashes of light passing before the eyes,

itching and irritation of the nose, dryness of the mouth, and sour or disagreeable taste. In the throat and chest will sometimes be found difficulty of swallowing, irritation about the lungs as indicated by occasional attacks of difficulty of breathing, and indisposition or inability to lie down, irregular action of the heart, as palpitations, at times a feeling as though the heart had ceased occasionally to act, and the patient experiences most distressing sensations of weakness, sinking and death-like feeling; want of appetite, sickness of stomach, sensation of fulness, weight and uneasiness under the left lower ribs; heartburn and waterbrash often ensue. The patient sometimes experiences slight pains and uneasiness in the right side, which appear to pass to the shoulders or centre of the back, between the shoulder blades. He is troubled with flatulence and rumblings in the bowels; the bowels themselves are generally irregular, sometimes costive, at other times loose; the urine is occasionally discharged more fre-

quently than natural, in larger quantity, and of pale color; in other cases the quantity is small, the color deepened, and it appears to contain some foreign matter floating in it; while in other cases again there are frequent calls but difficulty is experienced in evacuating the bladder. There are pains in the back or uneasy sensations in that region, with a general feeling of lassitude or indisposition to take exercise or make bodily effort.

The foregoing symptoms, more or less combined, generally indicate either some lesion of the nervous or muscular system, or of both together, produced by the general causes previously referred to, or else some disorder of their functional action.

The excessive excitement accompanying the venereal act produces irregular determinations of blood which sometimes rupture one or more vessels in the lungs, to be followed by quick or slow consumption. Should the head be the congested part, apoplexy

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may come on and be succeeded by paralysis, epilepsy or insanity.

I might increase the list of ailments to much greater length, but I have said enough to show you the effects upon the general system of the violations of God's law, to which I have referred.

From the terrible effects of masturbation, part of which only have I detailed, one would naturally think that parents and physicians should be cognizant of the facts, but this is very often not the case; the father attributes the son's failing health to some peculiar *Providential affliction*, and if a hint of the true condition be given, he becomes angry that such vile conduct should be imputed to *his* son. The following statement will show that physicians are sometimes woefully ignorant of these matters. About twenty-five years ago I met Dr. B., an orthodox Quaker, a well informed Christian man, one of our best physicians and engaged in a large practice, he graduated about 1805. He said to me, "I am told Doctor that in

thy surgical lectures thee says much about masturbation." I replied "Yes, every year since I have been a teacher or professor in a medical institution I give, in my course, one or two lectures on this subject, and Doctor B. I am sorry to say I fear I am one of the few medical teachers that speak fully of this vice and its terrible consequences." Says my friend, "I have practised forty years and have seen very little of this thing; does thee think it is common?" I answered "No, Doctor, I do not *think* it is very common, I *know* it is practised much oftener than good people like you imagine. In your practice you have treated young persons affected thus and so, what think you are are the causes?" "I supposed such symptoms arose from dyspepsia, heart irritability or nervousness; but I know," added he, "that thee has had great means of observation, and, believing thee to know I shall examine more closely hereafter."

The object of the remarks I have made

will be but imperfectly attained unless we learn some means to prevent the practice by young boys, and, second, to adopt a course for those more advanced in life, that they can obtain the relief or cure of the terrible conditions they have plunged themselves into.

I trust that parents among my listeners are now satisfied of the great prevalence of this vice, and the great responsibility God has devolved upon them in giving them children to rear. My suggestions will be hygienic, and I will try to make them so plain that the most ignorant can follow them. *First.* From the earliest infancy the child should be so carefully fed that derangements of the digestive organs will be avoided, and the formation of worms in the bowels prevented. These parasites are supposed by many to be natural and necessary during childhood; this a great error, they are produced by improper diet, lack of proper cleanliness, &c. When they do exist they often accumulate in the lower bowel,

and establish irritation there which is readily communicated to the adjoining bladder and penis. It will generally be found that children thus afflicted urinate oftener than others, scratch the anus, and titillate the penis to relieve the irritation, and thus is established in the *very young*' a habit which often destroys life. In addition to proper feeding the child should be kept thoroughy clean.

Second. Children should always sleep *alone*. They should not be allowed to visit out-houses, or private rooms with servants or other boys. Whenever a call occurs for natural evacuations the mother should attend to her boy herself, or only intrust him to one whose age and proper principles justify the confidence. In *all* cases the greatest care should be taken that the bladder and bowels of the child are fully evacuated before he goes to bed.

I might give many cases to prove the necessity of the course mentioned, but I will not delay. I think my advice will be sufficient to all who know me.

Third. As the boy gets older, explain fully and affectionately to him the course of living he should pursue, and caution him against beginning the habit either from natural impulse or the teachings of those older and more corrupt than himself. Until at least fifteen years old, all boys should avoid hot bread, pies, rich pudding and fried food, coffee, tea, stimulating drinks and tobacco. They ought to live on milk, water, bread, crackers, potatoes, rice, tomatoes and the ordinary vegetables, and fruits in their seasons. They should eat animal food but *once* a day, and that at dinner from twelve to two o'clock. They should be as much as possible in the open air. They should learn boxing, dancing, rowing and other athletic exercises. I advise you to send your sons to the gymnasium of my friend Mr. Thomas Barrett. They should be taught to enjoy life, that they are responsible beings, and that their early conduct makes or mars their subsequent existence. Parents should always be truthful to, and,

as far as possible, confidential with their boys. There is more sense and honor in children than people imagine. I know that some persons think it better to let children grow up ignorant of these matters, fearing they might excite improper thoughts. I pity these "mistaken souls," if they ever knew the fact, they forget that from the time of Adam we "are prone to evil as the sparks to fly upward."

When puberty is reached the boy passes somewhat from the control of the father, but *his* care should not be relaxed, and his affectionate watching should be continued. A boy at a school, or literary institution, even if before virtuous, and not practising self-pollution, is very apt to acquire the habit from the example or advice of others, and hence the necessity of special parental care. Free advice and full instruction should be freely given him, and some proper book upon this subject be placed in his hands for careful study. Such general hygienic course as I have advised for younger

boys should be carried out. Among the best means to induce and maintain health is bathing, by washing, or swimming. As access to open water cannot always be had, the most healthful and delightful method of bathing is by the *Turkish Bath*. No one who has not enjoyed this luxury can appreciate the feelings of buoyancy, and delightful sensations which follow the "bath." At the establishment of the Messrs. Elvins the "bath" is given in the most scientific and pleasant manner.

From my remarks in the beginning of this lecture, it must be obvious to you that it would be improper to suggest the use of drugs to you. I could tell you of some medicines that might do good where proper professional advice cannot be obtained, but the right and best course is to seek the aid of a good *Surgeon*, as soon as the boy's health begins to give way. He should be informed fully of all the facts, and his advice implicitly followed. Be very careful whom you select; many physicians will not

treat such cases, and comparatively few understand them, as was the case with my friend Dr. B. of whom I spoke a while ago.

It is a very good thing for all healthy persons of whatever age to spend a few minutes in bed after waking, for the purpose of turning, and stretching to get the blood circulating properly, and let the nervous system get fairly started in its work. But the very opposite course should be taken by boys and pollutors; when they wake up it is very usual for them to examine the virile organs, thus producing sexual excitement, which generally ends in masturbation. They should get up as soon as they fairly wake, and at the very beginning of the day banish or restrain all thoughts of sexual enjoyment. All such persons should lie on hard beds, and, if possible, avoid sleeping on the back. To induce pollutors and those who have nocturnal emissions to avoid lying on the back, they should make a knot in the middle of a long towel, and after placing the "knot" over the spine

tie it around the loins, and keep it on all night. All such persons should prevent lecherous thoughts, especially before going to or while in bed.

LECTURE SECOND.

I pass now to the examination of results manifested in the genital and urinary organs. Under ordinary circumstances the semen is evacuated only in the sexual act, but in the pollutor or sensualist it is discharged to such an extent without excitement as to impair health seriously, or develop diseases which destroy life. This discharge is named *Spermatorrhœa*, or sperm flow. After a discharge of urine, evacuation of the bowels, riding on horseback or straining in any way, the attention of the patient is arrested by a white of egg like effusion from the urethra which sometimes exudes drop by drop, or flows in a stream to the

extent of a teaspoonful or more in a day. Fortunately this discharge is not always pure semen, but is partially from the seminal vesicles, prostate gland and urethra, but still the drain is sufficient to produce in a few days many or all the symptoms I have mentioned. You will readily understand what terrible conditions may follow if you remember what I said of the quantity of blood necessary to make one ounce of this fluid. The sufferings of the opium eater are relatively nothing to the tortures of the sensualist; and although he is suffering a just punishment, it is pitiable to witness the gloom and agony that so frequently affect such persons.

The bladder lies upon the rectum, or last bowel, for a short distance above the anus, and sometimes sperm discharge is occasioned by piles and other diseases of the intestine.

Under ordinary circumstances the urine flows, after the discharge begins, in an uninterrupted stream until it is all evacuated;

and it is not voided more than once in four or five hours, if so often, and a healthy male after he evacuates his bladder as he goes to bed, can lie until he gets up again, without disturbance from the urinary secretion. But as very few men are "healthy" in these organs, about four out of every ten experience more or less severely the troubles I shall detail presently. But first I will state a fact well known to *properly* informed physicians, i. e., any organ or part used exclusively requires and receives more blood than is natural to it, and diseased action or irritation is established; hence the medical maxim "where there is irritation there will be a flux" or increase of fluids, and as a sequence diseased action will soon be established. In masturbators and sensualists, as a general thing, the flow of urine is not so free as in a healthy condition, and the manner of a discharge is greatly altered. The change to which I refer occurs so gradually that a patient is hardly conscious of it until he finds positive difficulty in urination, or

is annoyed by the frequency of the discharge. When his attention is called to the matter, he learns he desires to make water more frequently than before, that the stream is diminished in size, is more twisted than formerly, or comes out in two or three streams. He observes too that the call to pass water is more urgent, although no annoyance was felt till a few minutes before, and that when he tries to evacuate the stream will not begin at once, it passes drop by drop at first, and gradually increases in size, until the bladder, as he supposes, is emptied; but much to his surprise he finds when his penis is returned to its place that there is a dribbling of urine, or his inclinations to discharge are so strong he must expose the organ again, and allow the few drops of retained fluid to be forced out. There is established a deposit from the blood in the form of a thread like constriction, (there may be one or more of them) a swelling on some part of the tube, or an elongated deposit which greatly diminishes the size of

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the canal, and thus is formed *Stricture of the Urethra*. Besides the troubles I have mentioned, he will soon observe that more or less semen flows from the urethra, producing the distressing symptoms I referred to in speaking of spermatorrhœa. After this condition exists a longer or shorter time, he finds, to his great mortification, that when he attempts sexual connexion he is either unable to perform it, or he finishes before he hardly feels that he has commenced it, and in a very short time he becomes *Impotent*.

To his great mortification and increase of sufferings he will often be troubled with emissions of semen in his sleep, *Nocturnal Emissions*; and very often this discharge occurs without the amorous sensations which are occasionally present.

And all this too before a man is thirty years old; nor does his punishment cease here. He will be attacked with pain in the back, and chills resembling fever and ague, his urine will change in character some-

times being very light colored, but generally dark hued, very offensive, thicker than natural, and when quiet a short time depositing a sediment containing albumen, semen, purulent matter, sandy substance, or all combined. The bladder is rarely thoroughly emptied, the constituents of the urine separate from each other, and *gravel* or *stone* in the bladder is formed.

Beside these troubles, a stricture of the urethra, even not a very close one, will so retard the flow of urine that dilatation of the tube occurs behind the contracted part until quite a sac is formed, the stretching of parts bursts the lining membrane, the urine works its way down between the scrotum and anus, one or more swellings occur, orifices are formed by which matter is first discharged, then urine flows, continues indefinitely, and thus is developed *Fistulæ in Perineo*; and in a short time the poor sufferer becomes loathsome to himself and all the friends around him.

During this condition, stricture, if the pa-

tient take cold, commit an excess in diet, or drink a few glasses of intoxicating liquor, he may find that he can not pass water at all. In such a case distressing and dangerous symptoms are soon developed, a *Physician* is sent for, and he being as a rule ignorant of the anatomy of the parts cannot afford relief, for medicines are generally inefficient; an operation must be performed which the mere *practitioner* of medicine is incompetent to attempt, a *Surgeon* is called in and after much trouble he draws the fluid off by a *Catheter*, a hollow tube; but frequently he fails to accomplish the evacuation, and then he must perform a puncturing or cutting operation, from which, or the subsequent inflammation, or nervous shock, the patient may die.

All the symptoms and structural changes that I have mentioned may be produced by mechanical injuries of the parts, but in a large majority of cases they are occasioned by masturbation, or excessive venery.

If any of my youthful auditors be guilty

of the vices I have named, I wish here to caution them, if they have escaped thus far, not to flatter themselves they will elude the penalties of their wickedness, unless they quit *at once* their evil courses, and devote themselves to virtuous conduct, and live as rational and responsible beings should do.

A man affected by any of the ills I have mentioned should pursue the hygienic course and method of living I explained a while ago, page 56. The *special* treatment will be both medical and mechanical. He should put himself at once under the care of a practitioner of medicine. There should not be any concealments, perfect frankness must exist between attendant and patient. And here, gentlemen, if you know any one needing medical counsel for such ailments, advise him to consult a *Surgeon*. He is always best qualified in these cases; he is a better anatomist, and should be as good a Therapist as the physician or ordinary practitioner of medicine can possibly be. Naturally, the patient will be anxious to

know how long a time will be required for his treatment. Sciologists and quacks will promise to *cure* in a few weeks, but no well informed surgeon will commit himself as to time; he will pledge himself to give the patient his best care, and help him to regain his health in the shortest possible period.

From the earliest time of which we have any authentic record it has been known that men and women who indulged in promiscuous sexual intercourse were liable to disease of the parts, the consequences of which often pervaded the whole system, eating and destroying all the organs in its course, saturating the entire organization with such a virulent poison, that if either party have progeny they will be so tainted that they are frequently rotten, or have in them such diseased tendencies that their health is constantly impaired by some form of disordered action, and they become victims of any kind of derangement they may be exposed to. In many cases the disease is of so virulent a character that the lives of

the parties originally affected are speedily destroyed.

This terrible curse is called *Venereal Disease*. This disease is supposed by some to be of American origin; but a very superficial examination will show that it was known long before the discovery of this country. Indeed, many good historians insist that it was well known to, and described by Moses. As to its mode of origin we are equally in the dark in reference to this matter as to many other things. There are many ignorant, would be philosophers, who readily account for all phenomena by saying the parties were dirty, and the junction of filthy parts evolved the infectious disease which has been, and is, such a terrible scourge to the world. Or whether we take the view of some that it is a direct punishment from God for the violation of his law, the fact is well known that the disease prevails to an incalculable extent, and that its consequences are often manifested where they are rarely suspected. In no case proba-

bly is the saying of Scripture "that the sins of the father shall be visited upon the children to the third and fourth generation," so fearfully manifested as by the phenomena of this malady.

Venereal disease is manifested in *two* forms. In the *first* variety the irritation is usually confined to the affected organs and contiguous parts, and *generally* there are few indications of poisoning of the system, or constitutional disturbance. This "first variety" or "form" is called *Gonorrhœa*, or *Clap*. The second kind of disease is named *Syphilis*, or *Pox*. Both varieties of the disease are *infectious*, or communicable by the application of the *viris* to a susceptible part. I do not think either of them *contagious*, or that they can be contracted through the air, or from the effluvia of an affected person. Nor do I believe that the poison of clap will produce pox, or vice versa; but I do know that the diseases are often present in the same individual at one time.

I will now describe the manner in which

clap is manifested, and the course it generally pursues. In from one day to three weeks after a man has had improper sexual intercourse, (and by this I mean connexion with any other woman than his wife,) he will observe a trouble about the end of the penis; it feels larger and a little more tender than usual. An examination shows that the lips of the urethra are slightly swollen, and redder than natural. After some hours, or a few days, he will have more frequent calls to urinate than before; the urine will flow in a small stream, and the discharge will be accompanied by the most intense burning pain, and in some instances small quantities of blood will pass at each time of evacuation. After a day or two, in most cases, a whitish discharge will occur, and the *Ardor Urine*, or heat of urine will gradually diminish. This condition may continue from one to two weeks, and while it lasts there may be symptoms of fever, or other signs of constitutional disturbance, indicated by pain in the back,

headache, bad taste in the mouth, and slight chills. During the night the patient will frequently be wakened up by painful erections of the penis; this is *Chordee*. The organ is sometimes bent downwards like a bow, at other times it is drawn to one side. This state of things indicates great excitement or inflammation of the urethra. After a short time the discharge changes from a "whitish" to a yellow color. It resembles thick cream, and is called *Pus*. During the preceding stage if the prepuce be long it often becomes so swollen that it can not be retracted to expose the head of the penis, and thus is developed *Phymosis*. Sometimes when the covering is drawn back, it being unnaturally contracted, the head of the penis swells and the skin cannot be brought forward, and a very dangerous condition named *Paraphymosis* is manifested.

Although the "ardor urinæ" may diminish in the second stage it does not always subside, but continues more or less through the whole course of the disease. Sometime

after the discharge of matter is fully established, slight pain occurs in one of the testicles, accompanied by a dragging, disagreeable sensation in the groins, extending up to the back. The "discharge" diminishes, and may quit entirely; the patient flatters himself he is well or nearly so, but in the meantime the testicle increases in size, gets very heavy, and is exquisitely painful, developing the disease known as *Orchitis*, Inflammation of the Testicle, or *Hernia Humoralis*. In many cases signs of severe constitutional disturbance show themselves, such as chills followed by hot sensations, severe pain in the back, headache, nausea, and loss of appetite, ending in a perfect attack of fever. Gradually the disturbance ceases in the testicle first affected, a comparative quiet of a day or two follows, and then the same symptoms appear from derangement of the other testicle. Under proper treatment these evidences of diseased action generally disappear in from six to fourteen days; but I have known them to

remain much longer, and to end in suppuration and entire destruction of the testicle. While this disease of the testicles continues the patient generally congratulates himself that his gonorrhœa is gone, but to his chagrin he discovers that as the "orchitis" goes away the discharge from his urethra reappears, and, he finds that like Monsieur Tonson, his *friend* has come back again. About this time he may have a swelling in his groin, *Sympathetic Bubo*, although this is more likely to occur at an earlier stage; pains will be manifested in his joints, accompanied by stiffness and swelling—he has *Gonorrhœal Rheumatism*; or sometimes a rash of red pimples will show itself over many parts of the surface of the body, and this is called *Gonorrhœal Rash*.

During this time the frequent desire to urinate will pass away, and the burning in the evacuation disappear, but the purulent discharge is still present, although gradually diminishing until it ceases entirely.

If the patient live properly, do not rashly

expose himself, and be strictly temperate and virtuous, he will soon find himself entirely well; but if he commit a venereal or bacchanalian impropriety his disease is likely to re-appear, and he be subjected to all the pains and penalties he had previously undergone. Even after a man seems entirely recovered, he has, in many cases, a slimy discharge from his urethra which is called *Chronic Gonorrhœa*, or *Gleet*. This sometimes continues for months as a mere consequence of the previous clap, but all experienced surgeons know that it is more generally an evidence of stricture of the urethra. I refer you to my remarks on this condition.

Gonorrhœa is a painful, filthy, and sometimes dangerous condition, and it is very natural the patient desires to get clear of it in the shortest possible time; but here he finds a great difficulty; there is no knowing how long it will last. In the whole course of a physician's practice there are rarely as many difficulties presented in the treatment

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of any case as in the management of clap. In nearly every instance the presence of the disease must be concealed from the friends and family of the patient, and, in many cases to prevent detection, he is forced to go out, and attend to the duties of his vocation, while to accomplish a quick return to health he should be confined to bed for some days. Hence the dilemma of a truthful surgeon when asked by a patient how long a time will pass before he gets well. I have treated venereal diseases for forty-five years. Often I have had fifty patients at a time under my care, and I cannot yet say how soon a patient will get well of clap. Oftentimes I have seen the disease go away, and the patient continue well, after a treatment of from one to seven days. In the management of such cases a cure is not always effected when the discharge is stopped, or the running arrested. The patient should employ an honest man, and good surgeon, trust him implicitly, follow his directions, and be satisfied that he will be well and

safely cured in the shortest possible time. The average period of treatment in Gonorrhœa is six to eight weeks.

I have said that Gonorrhœa follows improper sexual intercourse, but there are other causes which produce diseases very similar to this condition, that may occur in the most virtuous people, and the presence of which often destroys the confidence of husband or wife in the chastity of the other. I have spoken of the elongated prepuce generally found in boys, and which sometimes continues through life, and suggested circumcision as the remedy. The secretion from the glands of Tyson occasionally produces such irritation that purulent matter is formed in large quantities, the part swells, trouble in urination comes on, and many of the symptoms of clap are developed; this condition is called *Blenorrhœa*. Although it is doubtful whether such discharge would inoculate or poison a sound person, it is certain that great annoyance is produced, and, if a man be married it will be almost im-

possible for him to convince his wife that he has not been incontinent. If a man have connexion with a woman just before, immediately after, or during her monthly discharge, he may be so contaminated that he will suffer from a disease presenting all the phenomena of virulent Gonorrhœa. Here is another exemplification of punishment following a violation of nature's laws. I do not assert that *all* men who have intercourse with menstruous women will be afflicted in this way, but I do allege that such consequences are sufficiently frequent to make men abstain at such times, if they wish to avoid personal suffering, and keep clear of the trouble that will be sure to follow from the complaints of their "better halves."

Women who are not as particular as they should be in keeping the generative organs in a perfectly clean condition, and others who suffer with irritation of the bladder, falling of the womb, or piles, are liable to a very troublesome disease called *Leucorrhœa*,

or *Whites*. This discharge is sometimes of so acrid a character that the patient suffers severely, and in many cases it is almost impossible to determine whether the disease be Leucorrhœa or Gonorrhœa. But though I know that in most of these cases the woman is entirely virtuous, the husband may contract such disease from her that it is almost impossible to convince him that she has been true to her marital vows.

From my previous remarks I think you are satisfied that no one can positively say how long a time must pass before a Gonorrhœa will get well or "run itself out." Many years ago I attended a man with severe clap who was entirely well after forty-eight hours treatment. I have seen many get well in a week, but generally a longer time is required to attain a satisfactory result. I know that many persons calling themselves doctors advertise that they treated thousands of cases with unerring certainty, and that they always cure in a few days. Beware of such pretenders, some

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of the worst cases I have ever seen have come from under the care of such people. Be careful how you use the prescriptions of friends, and others who have had the disease and were speedily cured by a remedy compounded by a physician, and which *never* fails. *There is no specific* for Gonorrhœa; nor are injections any more sure, although they are often used with great advantage, they are frequently more dangerous than internal medicines. They may dry up the discharge, but their use leaves a diseased condition which is frequently followed by stricture and other dangerous conditions. I might spend much time in the account of terrible cases I have seen as results of the malpractice to which I have referred, but I think I have said enough to warn you of the danger of tampering with this disease.

Until the patient secures the treatment of a good practitioner, he should keep as quiet as possible, live on mild diet, take some gentle saline medicine, wash the parts,

wrap the organ with a strip of muslin that has been saturated with water of ordinary temperature, sling it in such a way as to keep the head elevated. He should not use strings or ligatures, unless very loosely applied, around the parts.

It is said that "an ounce of prevention is better than a pound of cure," and, fortunately for men that will go astray they may generally avoid the penalty, by proper cleanliness and certain medical applications.

The *second* form of venereal disease, *Syphilis*, or *Pox*, shows itself in different ways, and hence medical men usually speak of it as *primary*, *secondary*, and *tertiary*. The *first*, primary, generally shows itself within a few days after the contaminating connexion, although it may not be evolved for three or four weeks. A slight uneasiness is generally felt in the head or fore-skin covering of the organ, which leads to examination, and then may be found a small red pimple, like a flea-bite. This gradually enlarges, the base hardens, while the apex becomes

white and soft ; after a while the top breaks, a little matter is discharged, an ulcer is formed, the centre of which is dug out, while the margins form a hard ring ; the base of the sore is firm ; the whole thing may not be larger than half a common pea. This is called a *True, Indurated Chancre*, or venereal sore. There may be more than one chancre, and there is no definite locality—they show themselves on the prepuce, head, or body of the organ, the mons venerus, the scrotum, and indeed, in any place where the virus is applied.

In some instances instead of appearing as a “pimple” the disease begins like a scratch, or abrasion, and men, especially married men, say they are chafed. This “scratch” gradually enlarges, and may pass around the part affected ; this is *Soft Chancre*, or non-indurated sore. Occasionally the sore rapidly enlarges, dark colored or black spots are formed, the parts are very much inflamed, pieces are soon eaten away and drop off ; this is the *Sloughing Ulcer*. Ignorant prac-

titioners and quacks to humbug patients, and to show their own importance, gravely assure their patient he has *Black*, or *French Pox*, and it is fortunate he had *him* for his attendant. In another phase of this disease it will be observed that while the sore seems to heal at one end it will gradually extend at the other, and go on until it eats away a great extent of the organ. This is called the *Phagedenic Ulcer*. The sloughing sore and this variety are more frequently accompanied by signs of constitutional disturbance of immediate kind, than are the others I have described.

So far the forms of disease I have referred to may be considered as *local*, and can generally be cured, if properly managed, in from two to six weeks, and without subsequent constitutional contamination; but the patient should be told plainly this is not always the case; there is constant risk. Under the best management failures occur; no doctor can *guarantee* a cure in any given

time, and none but a quack or ignorant pretender will assume to do so.

Soon after the manifestation of the symptoms I have detailed, more or less inflammation occurs in the affected part, and a painful red line passes from it to the groin, where inflammation of one or more glands occurs. If this happen early in the disease, while there is inflammation in or about the sore, the swelling is called *Sympathetic Bubo*, an effect of irritation such as may follow an injury, from any cause, of the limb below. But if the disease have existed some days, and a bubo occurs, it shows that the poison is entering the system, and is the first evidence of constitutional contamination. In many cases this swelling can be so treated that it will disappear without injury to the system; but in other instances the inflammation or virulence is so great that suppuration occurs, and a troublesome ulcer is left.

During the progress of the primary symptoms, or after they have disappeared, and

the patient flatters himself he is well, other phenomena are evolved constituting *secondary* symptoms. These may not show for several weeks after entire recovery *seems* to have been effected. The attention of the patient is attracted to his throat by a sensation of trifling soreness, and a little difficulty of swallowing; an examination shows great engorgement, and inflammation presenting a peculiar copperish-red appearance; and very often there are seen ulcers, similar to the primary sores, upon the uvula or some other part of the soft palate. If successful treatment be not adopted speedily, the disease may eat away the parts affected, impairing the power of enunciation. From the throat it passes to the hard palate, rotting away the membrane and bones there found, it reaches into the nose and upper jaw bones, and continues its ravages until these give way; thence it goes to the front, it attacks the nose, and corrodes away until it destroys this organ, and produces an unsightly and disgusting appearance. Dur-

ing this time so noisome an odor emanates from the patient, that he is loathsome to himself and those around him; or the disease may pass downwards into the wind-pipe; then the voice changes, becoming hoarse and rough, and is sometimes almost, if not wholly, lost, so that the poor fellow can only speak in whispers. Ulceration soon follows, cough comes on, blood is spat up, appetite diminishes, emaciation and hectic fever soon follow, and in a short time he dies of what is called *Galloping Consumption*.

During these symptoms, or after they have subsided, reddish pimples show themselves about the roots of the hair, and thence extending gradually, cover the whole body. Sometimes the eruption comes out in copper colored blotches, or crusty or horny formations. It presents different appearances, but in all cases it is a very unpleasant manifestation.

Many months are likely to pass before the patient gets clear of these secondary

symptoms, if they are cured at all, and there is still great reason to fear he must pass through another and more tedious ordeal. Towards the end of the secondary stage, or even weeks or months after he seems to be well, he will be attacked with severe pain in the shin, or in some bone superficially placed. This "pain" generally wakes him after midnight, continues several hours, and sometimes almost entirely disappears during the day. The affected part inflames, increases in size, and becomes very heavy. A special enlargement is seen about the middle of the affected part; this is called a *Node*, or venereal swelling, and thus the *Tertiary* stage is fully evolved. The disease passes along the bone, and when the ends are reached they gradually rot away, and the joints are destroyed, so that if he recovers he is crippled for life; or in lighter cases he suffers from some pain in the bones or joints, and has what is named *Venereal Rheumatism*. In almost all cases, after secondary or tertiary symptoms are developed, the

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system is so poisoned that if he become a father he transmits to his offspring some taint or diseased tendency which renders the child delicate and so fragile that its life gives way under causes which in proper development would produce little or no effect. I do not say that symptoms of pox, strictly speaking, are manifested in the progeny, but *I do most positively assert* that the seeds of many diseases which occasion early death are transmitted by the father, mother, or some other ancestor. I am perfectly satisfied, after the study and extended observation of nearly fifty years, that more diseases are developed, and more morbid tendencies transmitted, as consequences of improper use of the sexual organs, than from any other cause with which we are acquainted.

Can syphilis be prevented while improper sexual intercourse is practised? I answer, yes, by cleanliness, and the use of such medical preventive as the well informed Surgeon will explain. Every one knows that under proper management the primary

symptoms are readily controlled, and may be recovered from in a few days or weeks. But in all cases of either Gonorrhœa or Syphilis, the disease seems cured while it is in abeyance, and may readily be re-developed; hence the patient should continue a virtuous, temperate life, and use his medicines for weeks or months after all symptoms have subsided. This advice is specially and forcibly applicable in *all* cases of pox. As I have explained, there are various forms of syphilis. One stage may be followed by another, and another, until all have been passed, or the life of the patient is destroyed. It is not true that one form shows itself before the preceding one is gone. Experience has taught us many of the tricks of this disease, but we cannot explain why after weeks or months have passed and the patient is apparently well, new symptoms should show themselves and continue for months, years, or through life. All I say is *these* are the phenomena of the disease. I am often asked is secondary or tertiary sy-

philis curable, or do patients ever recover fully. I answer positively, *yes*, they are "curable," and patients do "recover" from either or both conditions. During my long practice I have frequently treated from fifty to one hundred venereal patients in a week, and although I have seen some die in a few months after the first manifestation, I *know* I have seen many recover from all varieties of this disease, and live for years in seeming good health and procreate robust children; still it is equally true many were mutilated, or never recovered some of their functions.

There are many diseases resembling pox that are not at all syphilitic. Where cleanliness is not practised the secretion from the glands of Tyson besides producing the disease I have spoken of as *Blenorrhœa*, sometimes is so acrid as to occasion an ulceration closely resembling chancre. Occasionally a tettery condition which is as hard to treat as true venereal disease is manifested, and may continue for months. The improper use of mercury is occasionally followed by

symptoms which closely resemble those of venereal. These affections are called *Pseudo*, or *False Syphilis*.

There are several diseases of the urinary and reproducing organs of which I shall speak hereafter. These are Bright's Disease, Diabetes, Catarrh of the Bladder, Diseases of the Prostrate Gland, Circocele, Varioccele, and Hydrocele.

I have not given you "fancy sketches" of the conditions to which I have referred. I have given you but one definition from a professional book. I have not copied a single statement from any written or printed medical work; I have not quoted anything; although I shall give you an extract presently. I have seen and treated much more than I have told you. All my statements are based upon my own experience, and you are all aware that I have seen and taught enough about these things to have acquired some character as authority upon all the subjects I have adverted to. I advise patients with syphilis to pursue the same hy-

gienic treatment, and recourse to surgical management that I mentioned when speaking of Gonorrhœa. I have avoided recommendations of medicines, for, as I think, the very best reason, viz., you would be more injured than benefitted by such advice. Go to a *good* Doctor, do exactly as he directs you—he is the means, under Providence, to cure you. I say avoid quacks and pretenders. I am aware that many physicians do not know how, or will not treat these cases; but there are qualified practitioners who attend them. It is not necessary that I speak of other than myself. For forty years in my teachings and practice I have made a *specialty* of the treatment of pollutors, sensualists, those suffering from affections of the kidneys and bladder, stricture of the urethra, and all forms of venereal disease. I devote six hours every day, except Sunday, from three o'clock to eight o'clock, p. m., to the particular management of these cases, either from personal applications or written communications. From

ten o'clock, a. m., to three o'clock, p. m., I attend to general cases. I know that the pledge charlatans make they will not use copaiva or mercury in the treatment of these diseases, and the parade of administering to thousands who have been given up by "other Doctors," and that they are the proper resort after all other means fail, induce many unwary persons to put themselves under the care of these *Quacks* and *ignorant pretenders*. But I am glad to say the time has come when well informed physicians are shaking off the fears of losing caste, &c., that have heretofore prevented them announcing and properly advertising that they will treat such diseases.

One of my former students, a classical scholar, thoroughly versed in medicine, a practitioner of thirty years, my friend H. J. Brown, A. M., M. D., formerly of this city, and now of Detroit, Michigan, has lately published a work on "Criminal Abortion," in which he gives such remarks as I think exactly appropriate, and which so thorough-

ly accord with my own sentiments on this subject, that I give you a long extract from his book :

“The better portion of the profession may look with contempt upon these quacks, and be content to denounce them as imposters and knaves, but they do so in vain; they have become too formidable for any such means to disturb them. They are indirectly protected by law, they derive immense revenues from their practice, and a depraved public opinion sustains them; they can well afford to laugh at such attempts to destroy them.

Reputable Physicians must openly treat Sexual Diseases as a specialty. A child may see that the evil will continue until good and true medical men devote themselves *exclusively and openly* to the treatment of all forms of sexual disorders. This is the professional Rubicon that must first be passed.

Argue the matter as you will, so long as good men stand aloof, rougish quacks will

continue to exert their demoralising power over society. The profession must therefore be committed to a special, open, practical business antagonism to this form of quackery. Duty and humanity alike demand that the very best men in the profession should take hold of the matter openly and above board, with a firm and manly grasp. The London Lancet, in reviewing Acton's book on the reproductive system, says, 'The only way by which some of the most important functional ailments and aberrant physiologic states afflicting humanity can be rescued from the grasp of the most disgusting and villainous quackery, and treated with benefit to the patient, is by scientific and conscientious practitioners *openly* taking them under their own charge.' Another medical writer says, 'Until the monster quackery is seized by the throat and hurled from his throne, ascended and held by force of brazen impudence and popular advertising, by responsible medical men in each community who will devote themselves *publicly and*

especially to the treatment of sexual dis-
eases, we cannot hope to be delivered
from the manifold and terrible evils which
beset society from this cause, among which
not the least is the prevalent crime of fœti-
cide.'

“*The difficulties in the way.* This is a very
bold stand; but it is a very sacred mission.
Many reputable physicians are very reluc-
tant about becoming identified publicly
with the treatment of impure diseases, not
because they fear that public opinion might
associate them with this tribe of medical
Ishmaelites, the venereal quacks. But this
could not occur with the thinking and
really moral public; only with the portion
of it whose opinion is characteristically in-
consistent, fitful and worthless. And shall
a badly educated public opinion, which
might venture to trace some approval of the
sin of the patient in the professional ser-
vices rendered, deter a man of purity and
courage from discharging an imperative
and obvious duty to society? For the same

reason no physician of reputation could attend the diseases induced by intemperance and other like causes, without similar implication.

“The odium of an act often consists in the way in which it is done, and this is of that kind. Acton, of London, is esteemed no less a gentleman and surgeon because he makes the treatment of sexual diseases a specialty. And whose medical opinions are quoted with greater confidence, and whose memory more revered than Hunter’s, the father of venereal surgery in England? Ricord and Cullerier, devoted to the same specialty, are princes among the surgeons of Paris, and magnates of the city; so is Sigmund, of Vienna. It may be hinted that this will do in Europe, but not in America. But why? Are they less moral there than here? Alas for the truth! I know we are accustomed to think of Paris as the most iniquitous city on earth; but the fact is undeniable that to-day New York is before Paris in this particular; and the smaller

towns of France suffer nothing, nay gain much, in comparison with the interior towns of America. Fœticide is less prevalent in Europe than in the United States, especially in those portions of it in which foundling institutions exist. The damage to society arising from syphilis is not so great in Hamburg, Vienna, or Paris, as in the large cities of our own country. The explanation is found in the fact that the most eminent medical men of the nation are in *open* charge of this branch of practice and control it, and that they exert a paramount influence in the organization of foundling homes and venereal hospitals.

“Acting upon the wholesome maxim that an evil which cannot be absolutely abated should be controlled, they seize hold of it with a bold and steady arm. We place no restraint upon disease and make no provision for those who fall into temptation, lest we forsooth abet vice and license crime! How much better that we should receive the instruction which the larger experience

of the older nations of the world furnishes, and promptly adopt its better way of dealing with a prevalent vice, and restraining the ravages of a terrible disease.

“But it must not be forgotten that this branch of practice is by no means confined to the treatment of impure disease, nor of patients who have contracted them in a blameworthy way. Many sexual disorders are due to ignorance and misfortune. This is true of sufferers from excesses of the marriage bed ignorantly indulged in; of the innocent wife afflicted by the embraces of a truant and diseased husband; of the subjects of masturbation taught it in youth and not aware of its ruinous effects; and of that very large class of sufferers from hereditary syphilis. Again, many of the disorders of the sexual system are due to other causes than impure disease or polluting habits—to colds, to local injuries, to other organic injuries, and general bad health. Disorders of the sexual system arising in this blameless way alone are very numerous.—

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Now, shall this class of innocent sufferers be abandoned to the quacks? Can there be a more honorable calling than that of ministering to the wants of such victims of misfortune and disease? But why abandon the guilty, even the guiltiest, to the quack, and treat them as exiles from humanity, given over and sealed to irretrievable infamy and ruin? Did not Jesus heal Mary Magdelene? Did he not declare that Publicans and Harlots should enter into the kingdom of Heaven before the Pharisees and great men? Which means that Publicans who sinned above board, and Harlots who sinned by profession, guilty as they were, were nevertheless proper subjects of his mission; and when they desired to be healed, were more deserving of his compassion, and had better hope of his forgiveness, than the hypocritical aristocracy who committed all the crimes of the Publicans and Harlots in secret, and covered them over with long prayers and a show of alms-giving in public. By what authority then can the physician of the se-

verest morality stand aloof from such sufferers? Morality is a code of laws for the instruction and reformation of the guilty. Human salvation itself is based upon the fact that the world which it would save is guilty. Who then shall cast the first stone? Jesus with the Magdelene demonstrated the practical operation of the gospel; as its Great Physician, he stood to the lowest in moral health. Medicine is a system of humanity working under the gospel; its portals then must be thrown widely open that every form of disease may enter; and he only is the Good Samaritan-Physician who asks no unnecessary questions, but hastens to pour into the wounds of the suffering the oil and wine of his benign profession!

“*How the Venereal Quacks have gained their place of power.* It being settled then, that there is really no grave difficulty in the way of good men publicly devoting themselves to the treatment of sexual diseases, that they in point of fact, find an imperative duty devolving upon them, and a wide

field for honorable service opened to them, (a field almost unequalled for the exercise of humanity,) the question arises as to how, in a business point of view, these quacks may be deposed from their place of power over tempted women. A word in regard to the way in which they gained that power may help us. A few physicians, (happily very few) righteous over much, declined sexual practice for the reason that being a transgressor he deserves no aid of medicine or human sympathy. Other physicians, (a much larger class) anxious to derive a liberal revenue therefrom, exerted themselves especially to obtain patients of this kind and treat them *under cover*, lest the business might prejudice other departments of practice. When, from whatever cause, legitimate sources of cure were closed or veiled, the victims of disease would naturally be attracted by the open solicitations of those who sought such patients. This was the auspicious opportunity for unscrupulous adventurers, and the venereal quacks quick to

discover the advantage, came boldly before the public by extensive and persistent advertising, and secured attention and patronage. In their intercourse with society, some physicians have shown so much bad temper in the defence of what they deemed legitimate practice, done so much to excite the suspicions, and so little to enlighten the judgment of the masses, in the bewilderment of a predominating confusion and distrust, the people largely sought refuge in quackery. Others have been busy with medical ethics, some of the rules of which are but illy calculated to promote a harmony among the members of the profession, defend the suffering from quackery, or command the respect and confidence of the public. Whilst then some have been practising phariseeism, and others duplicity, and still others wasting their time and temper in fruitless debates about "pathies" and impracticable ethics, these shrewd quacks have been energetically using the various forms of successful advertising, and have come to

occupy the places which rightfully belong to other men.

“*Physicians must Advertise.* From the foregoing we may understand the secret of successful quackery; the quack lives by advertising: especially by seizing auspicious opportunities. Let the man of education advertise too, and the quack will be more than matched in his strong hold; for he will have skill, education and character against him. Let him advertise as extensively as does the quack—by the newspapers, by pamphlets, and small books, in short by whatever forms are known to be most successful. For each physician to exert a silent influence against the evil in the discharge of the duties of private practice, is to do but little of the very much that needs to be done. All good physicians have been doing this for years, but quackery and foeticide have assumed a magnitude which makes every virtuous member of society stand aghast. The quack has the start of the regular physician. One advertising quack is more extensively

known than any three of the best medical men in the state taken together, and will do more harm in a year than they can repair in a lifetime in a private way. Until good men are known to an equal extent as specialists in this particular practice, there can be no advantageous contact between the moral forces of virtuous and vicious practice; and between skill and incapacity. The quack has become strong in printer's ink, and so must the regular physician be who would enter into successful competition. The evil has become a public one, and must be met by a public remedy.

“*Medical Etiquette.* Public opinion will universally sustain this plan of general advertising. The man of business especially will approve it. Medical etiquette alone may utter an objection. And what is medical etiquette? A dozen physicians in a given community, having no authority but such as they assume, who by no means engross all the talent, learning and character of the fifty doctors who compose the pro-

fession in that community, band together and call themselves a medical society, and make rules not only for their own government, but ungenerously attempt to foist them upon public attention as the authoritative rules of the Medical Profession as a body, to which every medical man, no matter what his qualifications, must render obedience or be denounced. This is medical etiquette. One of these rules is, that it is unprofessional to advertise, as if that were only suited to the more vulgar business of the merchant and mechanic.

“Such societies have special advantages, no doubt, and perhaps others; but this unauthorized censorship over those who do not wish to avail themselves of whatever advantages they may possess is an assumption which they must cease to exercise or forfeit the good opinion of thinking men both in and out of the profession. The assurance of this little junto of twelve, this attempt of the few to bind the many, may hold young doctors in terror of printer’s ink, but it will

do little more. It is entirely harmless, harmless in its puerility, and eminently ridiculous in view of the well known fact, commonly acknowledged among physicians, that there never was a society of this kind that did not violate its own rules. Even the American Medical Association, (of which we were one of the founders, but have long since withdrawn) the most important conventional body in the country, has just furnished an instance of this in offering a prize for an essay on criminal abortion, for popular circulation, and awarding to a Boston physician the prize for a very good and much needed little book.

“It is a very happy beginning in a very desirable quarter; but look at in a business point of view. Whatever else it may accomplish, (and it will accomplish much else, for which the writer deserves public gratitude), it is the best professional advertisement that physicians could issue, and covers much of the very ground we are taking; and whatever else the association

may have intended, it could not have made a stronger concession to the demand for popular medical papers and books, which involves the plan of general advertising.

“Such works are needed; but to be consistent, the society should expunge all about advertising from its rules. A Medical Diploma is the highest legal and scientific authority a physician can possess in this country. Professor Meigs says, ‘I look upon that diploma as an authority given me by state commissioners, and in the name of the state constituting me judge, to act at my peril under the indications of an upright and enlightened conscientious judgment.’ The instructions and privileges of such a document are paramount to the interdict of all irresponsible medical societies. How the holder shall become known to the public is simply a matter of business of which he is the sole judge, and advertising is not forbidden, nor even discountenanced, by the high authority under which he acts. The manner in which he shall practice is left to

his judgment and conscience, and he must stand or fall by its results as judged of by the people. We grant that Diplomas are often issued by medical schools of a low grade, and that incompetent persons often hold them, but this does not destroy their authoritative character. It would no doubt be a very important and desirable gain if every aspirant for the degree of M. D. either before or after he has attained it, and as an imperative condition of his right to practice the profession of medicine should be obliged to pass the ordeal of examination, according to a very high standard of preliminary and scientific attainment, of a board of national examiners, constituted by law, who should have no pecuniary interest in the number of persons passed. But until such advance, or some other equivalent safeguard can be reached, the Diploma, such as it is, must remain the controlling charter of privilege to its holder, and ought to protect him from ungenerous interference, and invidious distinction.

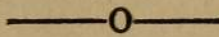
“It then remains for medical men of ed-

ucation and character in every community, to devote themselves assiduously to this special practice, if they would discharge an imperative duty of the times, and accomplish a great work; to take a bold, open, and conscientious stand against this form of quackery; to meet it in every way—by extensive newspaper advertising, by familiarly written pamphlets and books addressed to the masses, explaining its tricks and its dangers, putting youth on their guard, and cautioning women; in short, by any and every honest and proper means promising success. No untruth should be uttered in their advertisements, none need be, none would be by men of truth, such as the emergency requires; no superhuman cures need be guaranteed, nor certificates forged to prove them; nothing need be said not entirely consistent with the quiet of a good conscience, or consonant with an unblemished reputation. The sky of public opinion will soon clear, and the brightest star will prove to be the one which rose in the thickest cloud.”

APPENDIX.

**BIOGRAPHY,
LETTERS, RESOLUTIONS,
AND
TESTIMONIALS.**

BIOGRAPHICAL SKETCH.



In the Boston Medical and Surgical Journal, one of the oldest, most respectable and influential periodicals in the country, for many years past edited by J. V. C. Smith, M. D., formerly the efficient Mayor of Boston, there have appeared short biographical notices of some of the most prominent physicians of the land. Among these there was published in vol. 47, No. 25, (Wednesday, January 22d, 1851), the following sketch of JAMES McCLINTOCK M. D.:

“How curious is it that nature produces men, constituted intellectually, morally and physically, to act the part of pioneers—

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squatters, both in the wilderness of this world at large, and in the wilds of science and art. And how surely do these giants secure to themselves the finger of scorn and derision for overstepping the mark prescribed by a 'just precedent.' How certainly will jealous mediocrity shrug the shoulder and turn up the eye in holy horror, at the enormities of a character which it can neither fathom nor imitate.

“John McClintock, the father of James, emigrated from Tyrone County, Ireland, in the year 1807. The latter was born in Lancaster County, Pennsylvania, in 1809. The father, in the following year, moved to Philadelphia, and engaged in mercantile pursuits, and was for many years successful, but in the sequel experienced the reverses almost inseparable from such business in this country. However sweet may be the uses of adversity in their result, they are bitter in their experience. The stimulus of poverty, to the robust mind, has produced

characters which the world has admired and valued; they alone are placed upon the scroll of history. The countless numbers who have been overwhelmed, are forgotten or overlooked. Dr. Warren, in his Diary, has described the trials of a young physician through this fiery ordeal, this "vale of tears," with an eloquence and truth that leave nothing to desire. The physician in a large city, who by his mind alone can compete with wealth and talent is no ordinary man. Such is the man whose sketch we now attempt.

"James commenced the study of medicine in the office of Dr. John Eberle, in 1826. He had received a good English education, and possessed considerable knowledge of the Latin and Greek languages, with a slight acquaintance with the French and German. The medical profession was the object of his boyish dreams; he would be a doctor, and not only that, but he would be a 'head doctor.' Years before he had entered a medical

office, he had read medical works with avidity, and had subjected his family to various annoyances, by his dissections of animals. His absorbing love of the profession, his zeal and untiring industry, made him the favorite of his preceptor.

“The value of such a preceptor as Eberle to the active and erratic McClintock was great. His extensive learning, his cool judgment, and general simplicity and truthfulness of character, were well calculated to lead the pupil to studious, systematic and persevering labor. After drilling him in the strictest medical portion of his studies, and giving him an opportunity to witness an extensive office practice, he transferred him to the office of Dr. George McClellan, to be taught the principles and practice of surgery. To those who knew McClellan, it is no slight praise to say that McClintock was the student of whom he was most proud, and his assistant in many important operations.

“During his pupilage, young McClintock enjoyed the advantage afforded by the practice of the Pennsylvania Hospital and Philadelphia Almshouse Infirmary. He attended and practised post-obit examinations and dissections with the utmost ardor. He attended the first course of lectures delivered in the Jefferson College, in Prune Street, in a building which the College had rented. He was one of the first graduates of that school, after its occupation of its present site.

“The incorporation of Jefferson College formed an epoch in the history of American medicine. The question was agitated in the Legislature with a zeal and an interest that usually characterize partisan measures. Years rolled on before the profession of Philadelphia could be reconciled to the legitimacy of a second college. These prejudices operated against the graduates of the Jefferson and other colleges, until time, talent, and success verified the fact that

competition in science, as in everything else, is the life of enterprise. From 1829 to 1832, McClintock assisted the adjunct professor in the dissecting hall, and in 1833 he delivered a course of Lectures on Obstetrics to a private class in the college.

“In 1830 he was appointed one of the vaccine physicians for the city. This office he held until 1841. In 1832 he was attached to one of the city cholera hospitals, and was on duty in the prison on the dreadful outbreak of cholera in August. In 1838 he opened a dissecting room, and commenced to deliver Lectures on Anatomy and Surgery to the largest private classes ever collected in this country. This was due mainly to his independence and great power of demonstrative teaching. Neither the talented and accomplished Godman, nor the energetic McClellan, drew such classes to hear them. Avoiding all *attachment* or *sympathy* to those who are *supposed* to distribute patronage to rising merit, he boldly

struck out a line of action for himself, and was successful in maintaining it. In 1839 he was appointed one of the attending physicians to the Almshouse Infirmary; which station he filled for several years. In 1841 he was appointed Professor of Anatomy and Physiology, in Castleton, Vt.; he also lectured in Pittsfield, Mass. In 1842 he returned to Philadelphia, and re-established the 'School of Anatomy.' This year he declined the chair of Anatomy in the Washington University, Baltimore.

“He continued to lecture to large private classes up to 1847, when he applied for an act of incorporation for the '*Philadelphia Collège of Medicine*,' with the same powers as the other schools. He had no difficulty in obtaining it. In every county of the State were physicians who had been his pupils, and were his warm personal friends. The bill passed both houses, with a rapidity almost unprecedented. In the following *summer* the first session was held in the hall

of the College of Pharmacy. Soon the Adelphi Hall, in Fifth Street, below Walnut, was purchased, and the second course was delivered during the winter of 1847-8 in this large and commodious building, where the faculty still teach. It will thus be seen that the School has two full courses annually—one commencing in October and ending in March, the other commencing in March and ending in July. Every facility for medical instruction which Philadelphia affords is at the command of this flourishing school—which during the last year numbered some two hundred and twenty pupils, and bids fair to improve largely in the year coming.

“As a lecturer Dr. McClintock is off-hand, extemporaneous and ready—using neither written lectures nor notes. He is, perhaps, the most happy demonstrative lecturer in this country, particularly in Anatomy and Surgery. His denominational connexion is with the Methodists, among whom one of his brothers is a distinguished preacher,

and is also a classic author. The general tone of Dr. McClintock's character is that of openness and bonhomie, perhaps too frank for a cringing, wealth-loving community, who are apt to adopt Talleyrand's notion, and consider language as the means of concealing their thoughts. Feeling his own strength, he scorns the little arts of the weak, and hence is a mark for the imbecile, malicious and saintly. As an operator, he is firm, cautious and rapid, with full confidence in his own abilities. In his domestic relations he is most happy, at least in the Israelitish sense, having a large and amiable family, to which he is most affectionately and tenderly devoted. This beautiful trait of character is very winning in men of his energy and ambition, and contrasts finely with the more masculine points. As a friend, he is true and faithful, and will at any time defend those whom he respects or loves. Of course, as an enemy he is equally open, decided and manly. His is the sanguine temperament, with a large head cov-

ered with light curly hair, a broad chest, and well-built and compact frame. He is well calculated to endure the labors of his most arduous profession.

“Long may he live, to show to young men without friends or fortune what can be done by a manly self-reliance, and an energy and industry which will not acknowledge that there is such a word as *fail*.”

“The following Letter was reported to the Philadelphia Preachers' Meeting, held June 21st, 1869, by the Committee appointed to draft resolutions expressive of its appreciation of Dr. McClintock's Lecture on the Human Voice, which was unanimously adopted.

NATHAN B. DURELL, *Secretary.*

Prof. James McClintock, M. D.

DEAR SIR:

We take pleasure in saying that we listened to your learned, yet wisely

popularised Lecture on Monday, the 14th inst., with delight, and we trust with profit. Your evident familiarity with the subject so ably handled gives us the assurance of correctness in such statements as you had not time fully to illustrate.

Accept our thanks, dear sir, with the assurance of our best wishes and earnest prayers for your present and eternal welfare.

ISAAC MAST,
JOHN RUTH,
S. W. THOMAS,
M. H. SISTY,
Committee."

"Philadelphia, May 7th, 1869.

PROF. JAMES McCLINTOCK, M. D.

Dear Sir :

Having learned that you have obtained from Dr. Auzoux, of Paris, a large collection of Models and other Preparations, with the intention of giving popular Lectures on Anatomy, Physiology, &c.,

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and believing that such information as you can impart will be beneficial to our fellow-citizens, request you to give a course in our city, at as early a day as may be convenient to you.

We are, respectfully,

Yours, &c.,

HENRY D. MOORE, Collector of the Port,
GEN. HENRY H. BINGHAM, Post Master,
HON. JAMES POLLOCK, Ex-Governor of
Pennsylvania, and Director of the U.
S. Mint,

HON. DANIEL M. FOX, Mayor of Philada.
HON. MORTON McMICHAEL, Ex-Mayor
of Philadelphia,

HON. ALEXANDER HENRY, Ex-Mayor of
Philadelphia,

HON. RICHARD VAUX, Ex-Mayor of Phil-
adelphia,

GEN. HECTOR TYNDALE,

THOMAS S. SMITH, Esq., former Collector
of the Port,

WILLIAM DEVINE, Esq., Manufacturer,

HON. SAMUEL J. RANDALL, M. C. first
district, Pennsylvania,

GEN. J. T. OWEN, Recorder of Deeds,
C. A. WALBORN, ESQ., Ex-Post Master,
JOHN R. READ, ESQ.
GEN. PETER LYLE, Sheriff of Philadelphia,
W. J. MULLEN, ESQ., Prison Agent,
J. R. BURDEN, M. D., formerly Speaker
of the Senate of Pennsylvania.

“To the Editor of the Daily State Gazette.

Trenton, N. J., September 10, 1869.

In view of the course of Lectures on Physiology, &c., soon to be delivered in this city by Professor James McClintock, of Philadelphia, I beg to say to the citizens of Trenton, and to all others to whom it may concern, that having listened to Medical Lectures from Professors connected with Colleges in the cities of New York, Philadelphia, Cincinnati, St. Louis, and Paris, and having heard many lectures by Professor McClintock, I am free to say that the latter can and does impart more instruction in a

given time than any Medical Lecturer to whom I ever listened. I recommend everybody to attend his Lectures.

J. R. FREESE, M. D."

From the Journal and Statesman.

Wilmington, Del., Friday, October 8th, 1869.

DR. McCLINTOCK'S LECTURE.—The following correspondence explains itself:

Wilmington, Sept. 30th, 1869.

James McClintock, M. D.

DEAR DOCTOR:—We have heard of the interest of your popular course of Lectures on the Science of Life, the art of preserving health, &c. The people need, and very many desire, increased intelligence on these practical subjects. Believing that you have the ability and taste to unfold these themes appropriately, and, concerned for the improvement and advantage of the community, of which we constitute a part, we invite you to fix an early day, for the delivery of

your useful course of Lectures in our city of Wilmington.

REV. ALFRED COOKMAN,
CHARLES B. SHAW ESQ.
HON. CHARLES B. LORE,
REV. G. W. FOLWELL,
REV. W. H. H. MARSH,
REV. SAMUEL L. GRACEY,
REV. J. F. CLYMER.

From the Lancaster Intelligencer.

Monday Evening, January 3rd, 1870.

“*A Great Lecturer.*—Dr. James McClintock delivered his last Lecture on Saturday evening to an audience composed solely of gentlemen. His manner of handling the important subjects treated of in a special Lecture was most appropriate and worthy of all commendation. It is a rare thing that our citizens are favored with lectures of such a high character as those which have been delivered here by Professor McClintock.”

I

The following Resolutions from the minutes of the "Philadelphia College of Medicine," August 28th, 1853, will show the estimation in which Professor McClintock was held by his associates. Dr. J. R. Burden, President, and Dr. Robert Kilduffe, Secretary, pro tem.—

Resolved, That it is with feelings of sincere regret the Corporators of the Philadelphia College of Medicine have received the resignation of Dr. McClintock, as Professor of Anatomy,* in that Institution—a situation held by him since the organization of the College.

Resolved, That as the Founder of the Philadelphia College, Dr. McClintock is deserving of much praise, in adding another to the many excellent means of Medical Instruction existing in Philadelphia; and in the opinion of this Board, much of the success of the Philadelphia College is to be at-

* Dr. McClintock had previously resigned the Chair of Surgery in the College.

tributed to his great business energy and capacity as a Lecturer and Demonstrator of this branch of teaching, in which department we believe *he has no superior living.*"

From the Philadelphia Evening Herald.

May 31st, 1869.

*“ Merited Testimonials. —*At the close of the course of Lectures at Concert Hall, by Prof. James McClintock, M. D., the *Rev. Samuel W. Thomas* was called to preside, and the following were unanimously adopted:

“ Whereas, Professor James McClintock, having completed his course of Lectures to Ladies and Gentlemen on Anatomy, Physiology, and Hygiene, we deem it eminently due to him, and becoming in us, to express our satisfaction derived therefrom, therefore,

“ Resolved, That we bear willing testimony to the interesting, able and successful manner in which he has discharged his difficult task of imparting a knowledge of these im-

portant matters in language adapted to the comprehension even of those before unacquainted with the subject.

“ *Resolved*, That we most earnestly commend his highly instructive Lectures to all desirous of obtaining information respecting the wonderful organization of our physical being, and the laws by which it may be preserved, and our health and happiness promoted.

“ *Resolved*, That a copy of these Resolutions be presented to the Professor, with our earnest request that he resume his Lectures at his earliest convenience.”

On the succeeding evening, at the close of the course to *Gentlemen* only, the *Rev. John Chambers* presided, and the following were offered by *Dr. J. E. Harned*:

“ *Whereas*, We, as a class, have listened with great satisfaction and instruction to the course of popular Lectures delivered by Professor James McClintock, feel it our du-

ty, in justice to ourselves, and as a mark of our sincere regard and esteem for him, to adopt unanimously, the following Resolutions:

“*Resolved*, That we, his fellow-citizens, tender him our grateful acknowledgments for his valuable Lectures, and most cordially recommend him to any intelligent community wherever he may travel, as a most able Lecturer, and thoroughly competent instructor of Anatomy, Surgery, Physiology and Hygiene.

“*Resolved*, That we earnestly request him to repeat his course of Lectures in this city at his earliest convenience.

“*Resolved*, That a copy of these Resolutions be presented to him with our warmest wishes for his success.”

From the Daily State Gazette.

Trenton, N. J., Sept. 24, 1869.

“At an impromptu meeting of the admirers of Prof. McClintock, whereof Baltus

Pickel, Esq. was chairman, the following Preamble and Resolutions offered by Dr. J. R. Freese, were unanimously adopted :

“ *Whereas*, We, who have attended the course of Anatomical, Physiological, and Hygienic Lectures, just concluded in this city by Professor James McClintock, M. D., of Philadelphia, have been highly pleased, and greatly instructed therewith, therefore,

“ *Resolved*, That we heartily approve of both the matter and manner of Professor McClintock’s Lectures, and believe no one can attend without being pleased and greatly instructed in matters relating to their own well-being.

“ *Resolved*, That we return the Professor our thanks for the chaste, courteous, yet eloquent and forcible manner in which the Lectures have been delivered, and most heartily commend the course to any and all communities that may be so fortunate as to secure their delivery.

“ *Resolved*, That we should be pleased to

have the Professor to repeat the course of Lectures in this city whenever it may suit his convenience.”

From the Daily True American.

Trenton, N. J., Sept. 10th, 1869.

“Those of our citizens who are acquainted with the Rev. Dr. Halsey, Presbyterian clergyman of Norristown, Pa., will read with interest the following expression of his opinion after hearing Dr. McClintock’s Lectures.:

“That he had, when a young man, studied medicine; attended lectures by the most distinguished teachers in the medical colleges of America, and that from any one, or from all of them, he had not obtained as much clear, solid knowledge, as he had gained by listening to Dr. McClintock’s course in this borough. I must also add that the Lectures have been characterized by concise, chaste, and appropriate language. While those who have, as I have,

attended the entire series of Lectures, will cheerfully bear testimony that while full of instruction, they have not been marred by an improper expression, or aught that could offend the most fastidious taste."

"*Prof. James McClintock, M. D.,*
of Philadelphia:—

The undersigned being personally acquainted with Professor James McClintock, M. D., as a practitioner of Medicine and Surgery, and being familiar with his history, testify to his high character as a teacher and as one of the most successful Physicians and Surgeons of this city, and recommend him to the public in the various towns and cities he may visit.

Philadelphia, March 7th, 1869.

Rev. Joseph Castle, D. D.,
" P. Coombe,
" G. D. Carrow, D. D.,
" John Walker Jackson,
" J. Cunningham, M. D.,
" B. H. Nadal, D. D.,
" C. Cooke, D. D.,
" R. W. Humphreys,
" William L. Gray,
" Joseph Mason,

REV. T. C. Murphy, M. D.,
 “ R. H. Pattison, D. D.,
 “ George W. Lybrand,
 “ Alexander M. Wiggins,
 “ T. A. Fernley,
 “ L. D. McClintock,
 “ George W. McLaughlin.”

From Ministers of the Methodist Episcopal
 Church in New Jersey:—

“ We, the undersigned, being acquainted with the personal and professional character of James McClintock, M. D., do hereby, with great pleasure, recommend him as competent to give ‘advice’ and to practice his profession as Physician and Surgeon; he being eminently distinguished in both departments.

Millville, New Jersey, March 22d, 1869.

Charles H. Whitecar,
 William Walton,
 L. Rusling,
 A. E. Ballard,
 A. K. Street,
 George K. Morris.”

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OPINIONS OF THE PRESS.

North Western Christian Advocate, Chicago, Ill.—“Dr. McClintock, of Philadelphia, has long been acknowledged one of the most scientific, wise, skilful and successful practitioners of the age.”

City Item, Philadelphia.—“It would be insulting to the established reputation of this eminent practitioner, (Dr. James McClintock) to commend him to the public. No physician in the country stands higher or is more universally esteemed.”

Boston Journal, Mass.—“Prof. James McClintock, one of the most talented physicians of the country.”

Daily Times, New York.—“The wisest and best men in the country have been patients of Dr. James McClintock; some of our greatest physicians have been his pupils.”

The Journal and Statesman, Wilmington, Del.—“Prof. James McClintock’s skill, learning and scientific research have placed him foremost on the list of distinguished professors and popular lecturers.”

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Lancaster Intelligencer, Pa.—“We do but re-echo the sentiment of all who heard him, (Dr. McClintock) when we say that he is one of the most entertaining lecturers in America.”

“*Daily Gazette and Bulletin*, Williamsport, Pa.—“Dr. McClintock is a fine speaker; his rhetoric admirable, his elocution faultless, and his subject one which forty years of experience has made him entire master of.” “Those who require the services of an experienced Physician and Surgeon, need not have the least hesitation in placing themselves under the Doctor’s care, as we know him to be a most competent physician of the highest standing.”

Sunday Dispatch, Philad.—“Dr. McClintock is a gentleman of culture, high standing, and long experience as a medical and surgical teacher and demonstrator.”

Sunday Transcript, Philad.—“The high character of Prof. McClintock as a teacher of medicine is a full guarantee that the Lectures will be able and instructive.”

National Defender, Norristown, Pa.—“The Professor has surpassed himself, as

the continued attention and frequent applause of his audience has testified."

The Herald and Free Press, Norristown, Pa.—“Prof. McClintock is one of the most experienced Physicians and Surgeons.

Norristown Republican.—“The Professor is a pleasant speaker, and will no doubt instruct as well as please our citizens.”

Norristown Register.—“It is seldom that our people have an opportunity to listen to so eloquent and instructive a speaker.”

Daily State Gazette, Trenton, N. J.—“Prof. James McClintock delivered an able Lecture which was received with interest and applause, on Physiology as a part of Common School Education, in the New Jersey Normal School, before the National Educational Convention, by invitation.”

Bordentown Register, N. J.—“Professor James McClintock, of Philadelphia, who is probably the ablest medical Lecturer of the age.”

Monmouth Inquirer, N. J.—“He (Dr. McClintock) is said, in point of oratory, to resemble, and, in compass of voice, to excel the celebrated temperance orator Gough.”

Monmouth Democrat, N. J.—“Prof. McClintock, an eminent savan, who has stood at the head of the medical profession in Philadelphia, for a quarter of a century.”

Pioneer, Bridgeton, N. J.—“Dr. McClintock was the most popular Lecturer in the city, (Philadelphia) and is recognized as one of the first Physicians and Surgeons of the age.”

Sunday Atlas, Philad.—“Prof. McClintock stands in the very front rank of the medical profession in this city.”

The Age, Philad.—“In this city it is hardly necessary so speak of Dr. McClintock’s great capacity and experience, for he is acknowledged to be one of the most eloquent and instructive teachers the country has ever produced.”

Sunday Mercury, Philad.—“One of our first physicians, who has been acknowledged to be one of the best teachers and practitioners of the age.”

The Philadelphia Inquirer.—“Prof. McClintock, has been a practitioner and teacher in this city for more than a generation, and is well known to be one of our most successful Physicians and Surgeons.”

Evening Bulletin.—"Dr. McClintock has always been distinguished as a liberalist, and as a Lecturer equalled by few, excelled by none, and his experience as a Physician and Surgeon of forty years standing has been as extensive as any man's in this city."

Evening Telegraph.—"Prof. McClintock has long been known as a learned and eloquent teacher of medicine."

The Evening Star.—"Prof. James McClintock now one of our oldest Physicians and most popular teachers."

The Press.—"In this city where he, Dr. McClintock, is so well known as one of the highest professional authorities."

Evening Herald.—"If any man in America can by the versatility of his descriptions, and the enthusiasm inspired by the love of his theme cause the skeleton of man to appear to speak with a voice rich in illustrations of utility and beauty that man is Professor James McClintock, our learned townsman."

Sunday Times.—"Prof. James McClintock, our justly celebrated teacher of Anatomy and Surgery having attained the highest pinnacle of fame in the profession, has always been very liberal in imparting information to non-professionals."

North American and Gazette.—"Dr. McClintock is too well known to the Philadelphia public, to need any reference from us."

The Morning Post.—"Prof. McClintock has devoted the greater part of his life to his profession. He is a fluent speaker, and is thoroughly versed in the subject on which he will Lecture."

Public Ledger.—"Dr. McClintock is one of our best Medical Lecturers, a Physician of culture and ripe experience."

Daily True American, Trenton, N. J.—"Dr. McClintock is wonderfully effective as a teacher, he is thoroughly versed in his subject, and is eloquent in his expositions."

Daily State Gazette, Trenton, N. J.—"The Lectures of Dr. McClintock are all that was claimed of them. These Lectures are very edifying and profitable."

Daily Commercial, Wilmington, Del.—"Dr. McClintock is one of the most eloquent speakers that has ever visited our city, and as a medical teacher he has long been acknowledged to have few equals, and no superior."

The Methodist, New York.—"Prof. James McClintock is an able teacher and experienced Physician and Surgeon."

The Christian Advocate, New York, (From its Philadelphia correspondent).—"Dr. McClintock having been invited at a previous session to address us, very generously complied on Monday last. The attendance was large, and the distinguished Lecturer, in an address of two hours' length, kept the attention of his clerical auditors without weariness either on his part or

ours. The subject was Eloquence. With perfect familiarity with the subject, and an excellent model in himself, we enjoyed a rich treat.'

The Lycoming Standard, Williamsport, Pa.—
“From Dr. McClintock's great capacity, vast experience, and extended practice, there is no man better fitted to give the people advice, and heal them in case they are sick.”

Newark Daily Mercury, N. J.—“Dr. McClintock is well known as a man of integrity and superior medical attainments, and entire confidence may be reposed in any statement he makes.”

PROFESSOR JAMES McCLINTOCK, M. D.,
No. 823 Race Street, Philadelphia, Pa.,

or one of his Assistant Physicians, may be consulted Daily, (except Sunday,) from three o'clock to eight o'clock, P. M., on all Derangements of the Kidneys, Bladder, and Reproductive Organs.

Consulting Letters will be answered promptly. Please write the names of the Post Office, County, and State.

This Book can be obtained at Professor McClintock's Offices, No. 823 Race Street, Philadelphia, Pa. Price 50 cents. It may also be bought of all Periodical Dealers and Booksellers, or from the Offices by Mail. Persons wishing for the Lectures will please enclose 50 cents, and the names of the Post Office, County, and State, and the Book will be sent by return Mail.

MEDICAL LECTURES

TO

GENTLEMEN:

BY

JAMES McCLINTOCK, A. M., M. D.

PUBLISHED BY

PROFESSOR JAMES McCLINTOCK, M. D.,

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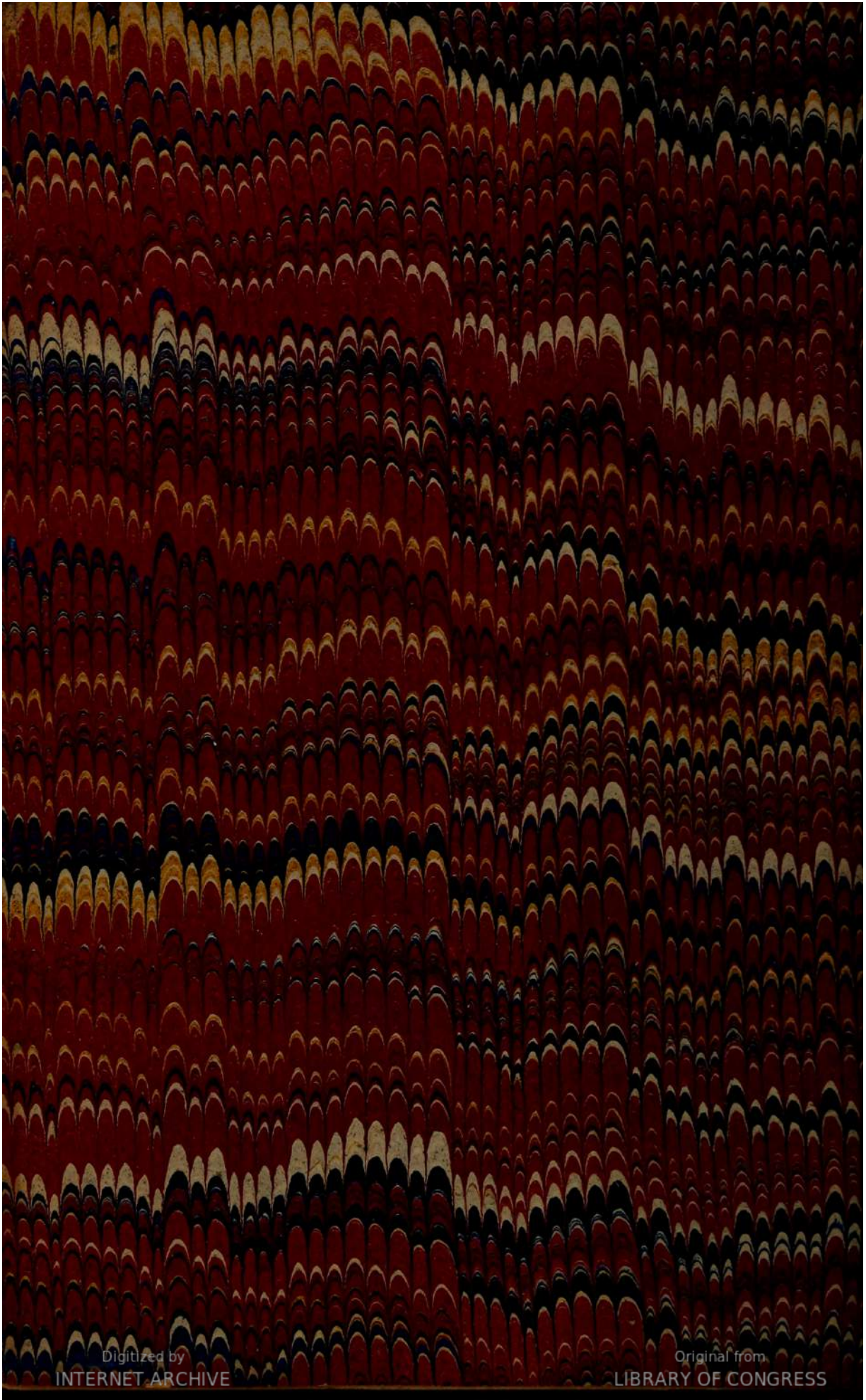
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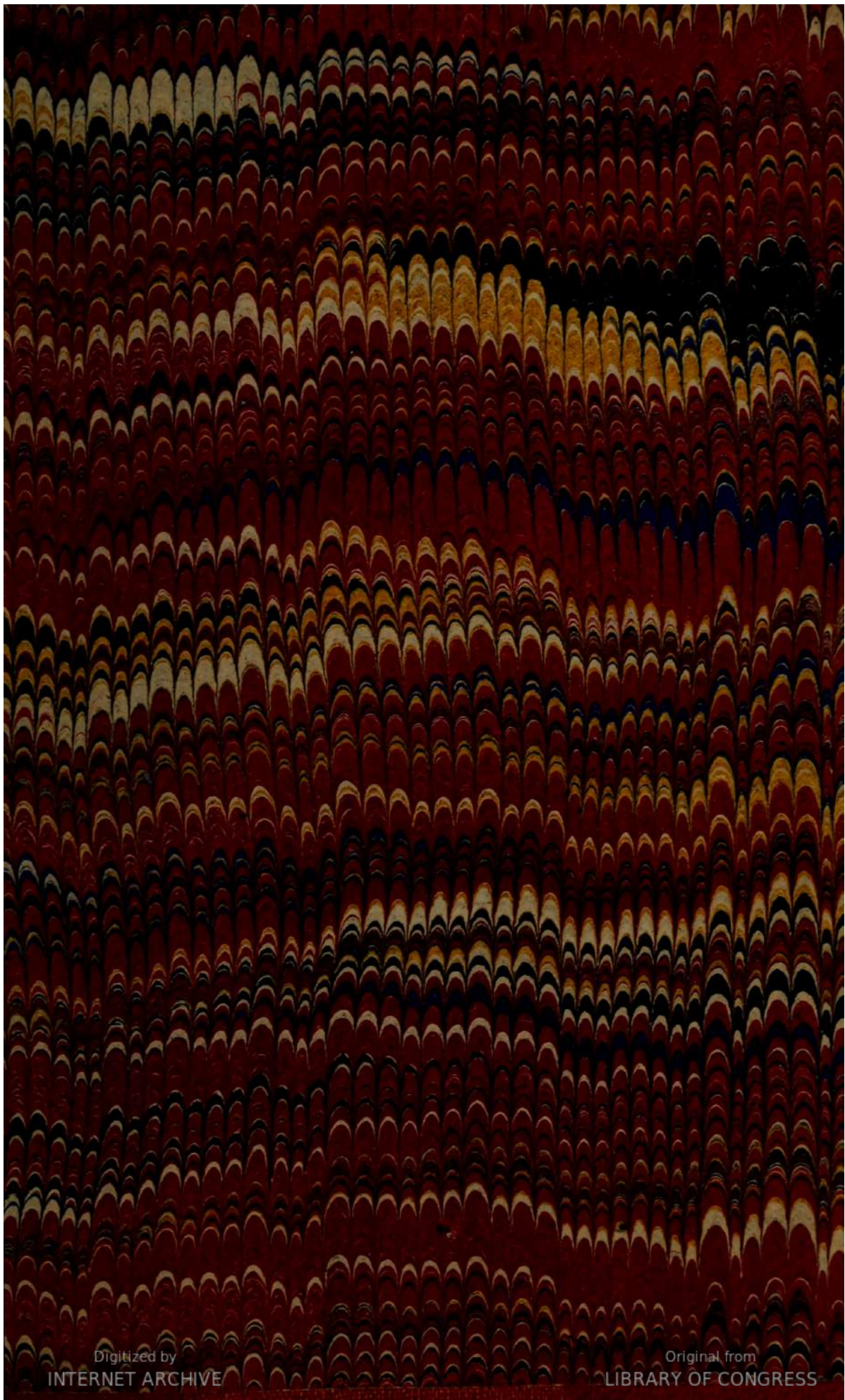
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