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THE DANGEROUS AGE IN MEN

THE DANGEROUS AGE IN MEN

A TREATISE ON THE PROSTATE GLAND

BY

CHESTER T. STONE, M.D.

*Clinical Assistant Surgeon, Urological Division,
Bellevue Hospital, New York City; Urologist,
Bergen County Hospital, Oradell, New Jersey;
Consultant Urologist, Rome State School, Rome,
New York*

PERSONAL IMPROVEMENT GUILD

52 East 19th Street, New York, N. Y.

∞ 1941 ∞

PERSONAL IMPROVEMENT GUILD

NINTH PRINTING—1941

PRINTED IN UNITED STATES OF AMERICA

PREFACE

DESPITE the modern trend away from secretive-ness and ignorance there still are many facts pertaining to man's physical and mental well-being that have been neglected. The prostate gland remains an unexplored country to the average layman. It is this gland which causes man's mental and physical suffering during his dangerous period.

It is with the purpose of describing this all-important gland, its changes and functions, of developing an honest knowledge of the rules necessary to preserve it from irritation and disease, or, if these have occurred, the precautions then to be observed, that this monograph is written.

CHESTER TILTON STONE, M. D.

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CHAPTER I

WHEN IS A MAN OLD?

OLD age has been the subject of essays from the time man first recorded his thoughts. Of these, Cicero's *De Senectute* is perhaps the best known. At least its mention calls to mind our classroom efforts to struggle through its stoical precepts. But Cicero does not exhaust the subject; he rather invites the attempt to add observations and findings from our broader modern life.

What is old age? We commonly think of dim sight, baldness, deafness, cracked voice, snowy hair, short memory and feebleness. Then comes the thought that many men young in years have some or all of these. We find old heads on young shoulders and young hearts beating in breasts of eighty winters, while a man may be bald or deaf at twenty. Many men have short memory and feebleness from birth, the voice may crack at any time, and the hair can turn white overnight.

The Indian Vedas have an expression: "He that can discriminate is the father of his father." They

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had evidently looked into the eyes of their younger generation and discovered that it knew already what they were about to teach. Wisdom and learning are no indication of a man's age.

There have been almost as many explanations of old age as there have been definitions of love. Perhaps all of them are true, and perhaps none of them. We do know that we don't want to grow old. It seems most unfortunate that old age cannot be prevented. Many disagreeable features of ageing, however, can be prevented or removed as the case may be. In this way man in his advancing years will have a calm and happy nature, and will hardly feel the pressure of age at all.

In the automotive industries, aviation and automobile engineers are constantly striving for greater riding comfort. Research men vie with each other for more fuel economy, and designers work with body lines to gain greater speed and less work for the engine. The latest result of this combined effort is the stream-lined car and airplane.

Physicians, surgeons, research men and highly trained specialists are trying to do much the same thing with the human body—more comfort for man's advancing years, increased resistance to disease, greater accomplishment with less expendi-

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ture of energy. It has been found with the human body, as in the automotive industry, that the older the model is the more repairs are required, and the harder it is to make them. For better transportation, the shape of the automobile body is the problem. In "stream-lining" the human being, the shape the body is in determines the treatment.

To discuss the human body organ by organ and disease by disease would be a task too monumental for this brief treatise, but in considering the prostate gland we have chosen one of the most troublesome organs of the male physique. With few exceptions, its disorders and diseases are the commonest and most disturbing of any condition affecting adult males. By properly caring for this organ, the entire body becomes much like a car brought up to date.

Medical authors have variously estimated that from thirty-five to ninety per cent of all adult males have trouble with the prostate gland. If we strike a rough average it is safe to say that sixty per cent of all men past forty are in this class.

There is, perhaps, no other organ in the body which houses such complexity—physical, sexual and psychic. It is, therefore, the most important of the sexual organs, and cannot be properly considered without a study of its different phases.

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Mere treatment of this gland, without regard for the exact nature of its involvement, will result in little benefit and may easily make matters worse. Neglect it entirely, and the whole body suffers.

A car owner, if he is a wise and careful man, takes his machine to an expert at the first sign of trouble. He does not let the pistons rust tight in the cylinders, the generators become corroded, or the batteries run down, and then expect to pass everything on the road. He prefers to keep his present machine working at maximum efficiency.

It is strange, but true, that this same man will neglect his own body—a machine which has no replacement parts, and which cannot be traded in for a new one—until everyone on the road passes him or he is discarded as useless. He then wonders what has happened and why he is not the man he used to be.

Life is no longer life with the pleasures of youth gone. Practically all energetic manifestations of life, and most certainly the joy of living, are governed by man's sexual power and capacity. No man is, therefore, old if his sex glands are active. So deferring old age resolves itself either into keeping these glands fit, or into bringing them back to their proper function.

Since without sexual power there can be no real

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bodily and mental strength or capacity, this power must be kept in a state of efficiency by the regular and proper exercise of the sexual function. (See Chapters VI and XII). A man may eat a well-balanced diet, he may get his required amount of sleep, he may take physical exercise faithfully and systematically, but without a well-ordered sexual life, both his bodily and mental vigor will remain below par. How far below will depend upon the amount of his irregularity.

Early observers and philosophers interested in sexology have frequently asserted that men who happened to have lived to a ripe old age invariably were persons known to have been more than ordinarily fond of the opposite sex, and known to have preserved their sexual loves longer than their less fortunate fellow-beings. One reason for this is that no organ in the human body can properly function without the stimulating aid of the internal secretion from the sex glands. A stallion lives longer than a gelding, and no eunuch, as a rule, lives to be over sixty-five.

It is very true that many men whose sex glands have been removed, and many whose sexual function is lacking or impaired, live to a good old age. It is equally true that many men die whose sex glands are active. Of the first group it may be said

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that they have, though living, lost interest in life. Nothing cheers them, and nothing gives them enjoyment. The second group die, to be sure, but while they live, life is a joy. It is full, well rounded, useful to the very end. When the end does come, it is never from senile rust.

The climacteric, or menopause, in woman has always been considered a critical period, and until the therapeutic discoveries of recent years all women have dreaded this event. Modern science can now overcome the causes of this fear, but without its aid a woman, during this period, is more susceptible to serious maladies. Not only does her menstruation stop at this time, but her whole glandular system undergoes a change, her nervous system is irritable and her mental poise disturbed. Her whole system is in fact so unbalanced that time is required to reestablish the equilibrium. It is the approach of old age in women who do not take the proper precautions to prevent it.

Man, too, has this menopause, or change of life. It comes at about the same period that women are afflicted. It is the age when the prostate gland becomes involved. His sexual ardor is easily aroused; he is obsessed with intolerable desires; his ejaculations are premature during intercourse and devoid of the normal amount of satisfaction;

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his pollutions (wet dreams) are frequent, and followed by a feeling of weakness and depression; he is troubled by various nervous phenomena bordering on neurasthenia; and his urinary functions are rebellious. If, at this time, he does not seek skilled medical care, the condition becomes chronic. The excitability gives way to depression, erections and emissions become less frequent, sexual desires disappear, indifference to female society supervenes, and the joy of living ceases. Proper treatment may save him. Otherwise, his external genitals become anemic, relaxed, shrunken and cold, and senility has another victim.

The attitude of men in this dangerous age toward women is typical. In some it approaches sexual mania. In all, dignity, honor, decency, and self-respect are more or less affected when they are in pursuit of their quarry. "Stage-door Johnnies" and "sugar-daddies" are good examples.

When our parents were forty they seemed old to us. Now that we have passed that milestone we look back and smile. How do you who have entered this dangerous period act and feel? Perhaps life now seems a burden, your interest in persons and things is not what it used to be, nothing holds attraction for you.

Someone has aptly said, "Almost all the good

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workmen live long." Working implies, when speaking of the body, the keeping of every part and organ functioning properly, and living means joy. Otherwise it is mere existence. If you begin to feel like a frowzy, timorous, peevish dotard, you are falsely old. Your youth cannot be restored, but you can be made not only to feel, but to act younger. And after all, a man is as old as he acts and feels.

CHAPTER II

THE MALE ORGANS OF GENERATION

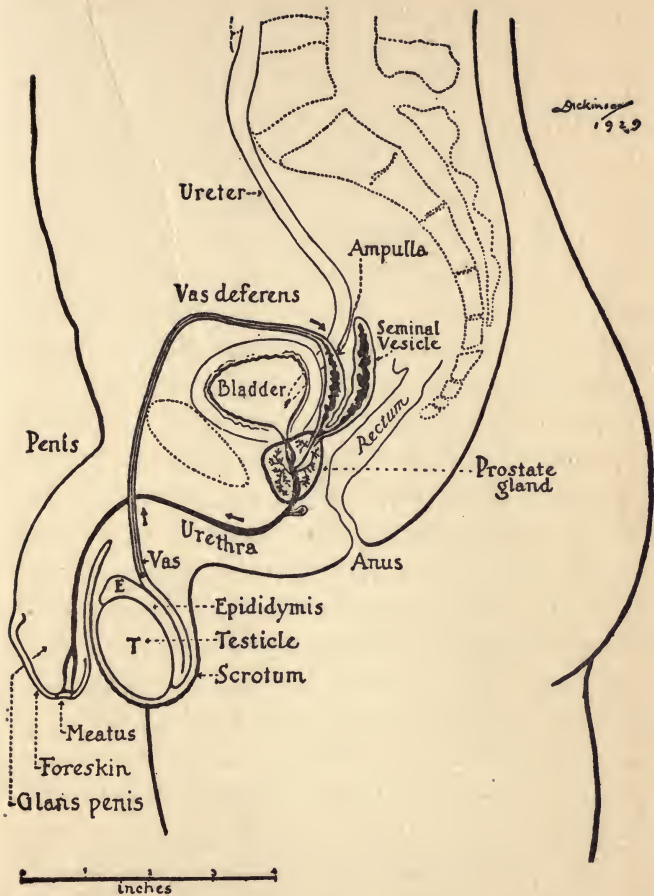
THE prostate gland is both a urinary and a sexual organ. It is also thought to have an internal secretion which aids the functional activity of the body. About the size of a horse-chestnut, it is situated at the neck of the bladder and is penetrated by the urethra. Irregular in form, the prostate is flattened from before backward, with its base upward where it blends with the muscles at the neck of the bladder. In this way it helps control the urine. The long axis of the prostate is vertical when the body is in a vertical position, and is about $1\frac{1}{4}$ inches long. Its transverse diameter, greatest near the base, measures about $1\frac{1}{2}$ inches, and its antero-posterior diameter measures (about) 1 inch. Its usual weight is from 20 to 25 grams, nearly the same as that of the testis.

The prostate and testicles, rudimentary in early life, increase rapidly in size toward puberty. At this time, as in the other genital organs, active

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evolution occurs, and from then on the structural and functional development of the one is intimately associated with that of the other. This continues up to the age of forty-five or fifty. It may then again increase in size, becoming double or triple its normal volume. This process is called hypertrophy. In some cases a reverse process occurs. The gland shrinks and becomes smaller. Atrophy is the term then applied, and frequently it is as troublesome as the hypertrophic condition. These will be discussed in a later chapter.

The prostate consists of two lateral lobes and a medium portion composed of muscular and glandular tissue. The muscular element represents about one-half of the entire mass. Part of the muscle fibers embrace the floor of the prostatic urethra, forming a ring of great firmness and strength around the fifteen or twenty openings of the prostatic ducts. These tubes carry the fluid from the secreting structure of the prostate, the prostatic glands, grape-like clusters which terminate in fine ducts leading into the tubes. The muscles about these tubes serve a double function; to prevent leakage of the prostatic fluid, and to intercept the backward flow of the semen and prostatic fluid during sexual congress. Muscular fibers intermingled with the glandular tissue initi-



From Dickinson's and Bryant's "Control of Conception. An Illustrated Medical Manual." Courtesy of the authors and The Williams and Wilkins Company.

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ate the forward propulsion of the mingled prostatic and seminal secretions, the ejaculation being further aided by the contraction of the surrounding muscles.

Two ejaculatory ducts pass through the substance of the prostate and empty upon the summit of the veru montanum, a small but important structure which forms part of the floor of the prostatic urethra. The fluid coming through these ducts from the seminal vesicles is mixed with the prostatic fluid at the time of ejaculation. It is here that the prostatic secretion serves to dilute the seminal fluid and to stimulate the spermatozoa to active movement.

The prostate gland is provided with a free blood supply as well as an extraordinary wealth of nerve fibers and nerve end organs. It is conceivable that the unusually rich blood and nerve supply may determine, on the one hand, the readiness with which the gland undergoes congestive changes, and on the other hand, the numerous local and general nervous manifestations associated with prostatic inflammation.

The prostate gland is essentially generative. It also serves to reinforce the bladder neck, although its imperfect development in the female, in children, and in eunuchs, appears to entail no defect

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in the muscular control. It is represented in the female by some poorly developed glands which open into the terminal portion of the urethra.

The urethra is the canal which conveys the urine from the bladder through the penis to the surface. It is lined with mucous membrane and conveys the seminal ejaculations during intercourse or whenever emissions occur. In its course it pierces the prostate gland from base to apex. For descriptive purposes it is divided into three portions, the prostatic, the membranous and the spongy. Its course is somewhat S-shaped. Hypertrophy of the prostate may greatly lengthen the canal by stretching its internal end upward. Imbedded in the sphincter of the urethra are two Cowper's glands. These produce an alkaline, glairy secretion, which probably acts to neutralize any acidity which might inhibit the activity of the spermatozoa.

The testes, two in number, are suspended in the scrotum from the groin, or inguinal region, by the spermatic cords. The left testicle hangs somewhat lower than the right in the majority of cases. Each gland consists of two portions, the testis proper and the epididymis. In each testis are from five to seven hundred little tubes, or tubules. The spermatozoa after being developed in these tubules

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are transmitted through the epididymis to the vas deferens. Thence, at orgasm, they reach the urethra through the ejaculatory duct. This duct is formed by the junction of the vas deferens and a narrow duct coming from the corresponding seminal vesicle.

The seminal vesicles are two hollow organs lying above the base of the prostate between the bladder and the rectum. They are two inches long and one-half inch in diameter, lie transversely along the upper border of the prostate, and incline upwards, especially at the outer end. They are bound to the bladder wall by a layer of tissue or fascia, continued upwards from the back of the prostate. Each seminal vesicle consists of a coiled and folded tube which will stretch to about six inches in length. At the inner and lower end is the narrow duct which unites with the corresponding vas deferens to form the ejaculatory duct. The function of the seminal vesicle is to store spermatic fluid, to which it adds a secretion of its own.

The penis consists of three longitudinal columns of erectile tissue. Two of the columns, the corpora cavernosa, much larger than the third, are placed side by side, while the third column, the corpus spongiosum, is placed on the under surface

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in a groove between the other two. It is through this portion that the urethra passes.

The corpora cavernosa are covered with muscle. They extend forward and inward, uniting with one another and with the corpus spongiosum to form the body of the penis. The corpus spongiosum at its origin consists of an expanded portion called the bulb. It is covered by muscle. At its distal extremity, that part farthest from the body, the corpus spongiosum becomes expanded and forms a cap which fits over the conical extremities of the corpora cavernosa. This is known as the glans penis. It slightly overlaps the corpora cavernosa and this projecting border is known as the corona. At the summit of the glans and slightly on its under surface, is the meatus, or external opening of the urethra. The three columns of the penis are bound together by fibrous tissue, each of the parts having a separate covering.

The penis is covered with skin, which is loose and freely movable. This allows for expansion of the organ. It is continued over the glans as a thin, firmly attached layer, resembling mucous membrane, and frequently described as such. From behind the corona a double fold of delicate skin is formed. This covers over the glans when the penis is flaccid, unless a circumcision has been per-

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formed. This is known as the prepuce. It disappears in the erect condition, leaving the skin over the body and glans in its true continuity. From just below the meatus, a small fold of skin, the frenum, passes to the under surface of the prepuce. The inner surface of the prepuce and the posterior portion of the skin over the glans contains sebaceous glands which secrete smegma.

The act of sexual intercourse is preceded, in the male, by a long or short period of excitement manifested by erection and rigidity of the penis. This is largely controlled by the nervous system. It may be due to distention of the seminal vesicles, to distention of the tubules of the testicle after prolonged continence, to congestion or irritation of the prostate or veru montanum, to a distended bladder, to friction, or to the imagination when thought of a female excites desire. This excitement may be arrested by a sudden feeling of disgust, modesty, or fear, and it sometimes happens that the excessive irritability is so intense that the male organ becomes flaccid without ejaculation. An occurrence of this kind frequently occasions such mortification and apprehension for the future that, from the mere dread of a similar accident, there is an incapacity for intercourse when, in all other respects, conditions are absolutely normal.

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A case in point is the man who has taken much pleasure where he found it, perhaps too often and too well. He decides to marry. The fear of sexual incapacity actually incapacitates him on his wedding night and he seeks medical advice. This is merely the influence of the nervous system upon the sexual organs.

In the cavernous bodies of the penis the arteries are large, contorted, provided with unusually thick muscular coats, and connected with the veins by vessels considerably larger than the capillaries elsewhere in the body. They are supported by a strong fibrous network which contains muscle fibers that subdivide each column, forming an irregular spongework. The interstices of this spongework consist of blood spaces which empty into the veins. When these spaces fill with blood the penis becomes enlarged and rigid. There is also a certain amount of obstruction to the outflow of the blood through compression of the veins and this, in addition to muscular contraction, increases the rigidity.

During erection, the penis becomes hypersensitive, especially at the glans. Introduction of the organ into the vagina, pressure by the muscles, and friction increase this sensibility until orgasm occurs. At this time there is a peculiar indefinable

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sensation, almost immediately followed by spasmodic contractions of the seminal vesicles, the muscles of the prostate, the ejaculatory ducts and, at the climax of the orgasm, the semen is forcibly discharged from the urethra. This is followed by a feeling of lassitude, a general sense of fatigue of the generative organs, flaccidity of the penis, and a desire to relax and rest. Although this is the physiological mechanism of a seminal discharge, friction of the parts is not absolutely necessary, as is shown by the occurrence of orgasm during sleep.

CHAPTER III

PROSTATITIS AND ALLIED CONDITIONS

PROSTATITIS, or inflammation of the prostate gland, may be limited to the prostate gland, or the inflammation may include the seminal vesicles. The condition is then called prostato-vesiculitis. The classification is specific, that is, due to bacteria; and non-specific. Either of these groups may be acute, sub-acute, congestive, hemorrhagic or chronic. Specific or non-specific prostatic abscess, either localized or diffuse, may also be included.

An acute prostatitis implies a swollen gland. If this condition is an acute specific, gonorrhoea is a common cause. Infection usually reaches the prostate directly by way of the urethra. The symptoms are a slight frequency of urination, a dull pain or throbbing in the perineum (the space between the thighs from the rectal opening, or anus, to the genitalia) some burning in the urethra on urination, and some rectal pain with spasmodic

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contractions. As the condition advances, the symptoms become aggravated. There may be a slight bleeding from the penis.

A focal infection in the teeth or tonsils may also cause this condition. In this case the bacteria, or their toxins, reach the prostate through the blood stream. The same may be true in case of pyogenic (pus producing) infections like boils and carbuncles. In typhoid fever, tuberculosis, amebic dysentery, bilharzia, glanders, etc., the infection may be carried to the prostate by the blood stream, it may be transmitted through the urinary system, or it may come directly through the intestinal tract.

The non-specific types of acute prostatitis are further divided in their classification as to causes, mechanical, chemical, and traumatic. The symptoms are essentially those of the specific group. The treatment, of course, is different in each case.

The mechanical causes are many. They will be defined and explained under their proper headings in subsequent chapters. In this group the sexual element seems to be the greatest offender. Mechanical prostatitis results from coitus interruptus, coitus reservatus, coitus prolongatus, ejaculatio precox, masturbation, frustrated sexual excitement,

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continence, impotency, sexual excess, exposure to cold or wet or chilling of the extremities, horse-back or bicycle riding, etc.

Under the chemical group of causes come over-indulgence in drink; irritant action of impure alcohols, impure or irritating foods, drugs, or drinks, etc.

The traumatic group are caused by accidents and injuries affecting the prostatic area, urethra, rectum, or bladder.

A sub-acute prostatitis results after the acute symptoms have subsided. It may be specific or non-specific, and may be caused by any of the etiologic factors named above.

In congestive prostatitis, there is a marked influx of blood to the gland. This may be due to any of the above causes, but the symptoms and treatment are far different. Here, the lobes of the prostate may be two or three times enlarged. When infection is present, the inflammatory area breaks down and an abscess forms. This may rupture into the urethra, through the skin of the perineum, or into the rectum, leaving a cavity. If small, this cavity will contract and close with scar tissue; but if large it becomes a pus-pocket capable of holding sufficient pus to maintain an irritation and infection for months or even years.

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In some cases the entire gland is in this way destroyed.

The symptoms of this condition are a frequent desire to urinate; burning on urination; difficulty in urinating; cloudy urine; dull pain, heaviness, and discomfort in the perineum; and an uncomfortable feeling in the rectum. In some cases the urine shuts off entirely, so that the patient is unable to urinate. At first there is a urethral discharge, but this diminishes or ceases when complications begin. There is frequently a chill followed by a rise in temperature.

In hemorrhagic prostatitis there is visible blood in the discharge. This bleeding may also accompany or follow urination. The symptoms are similar but more severe than those of the congestive type. There is a frequency of urination both day and night, accompanied by pain and straining (tenesmus). The force of the urinary stream is less and urination is more difficult. Retention is more common, the sense of weight in the perineum is greater, pain, fullness, and pressure in the rectum are more pronounced, particularly when the bowels move. Sitting straight is uncomfortable, and patients sit edgewise to obtain relief. The temperature ranges around 102 degrees F. Hemorrhoids are often present.

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Chronic prostatitis is a low-grade inflammation of the gland. It is always of long standing, may be associated with enlargement of one or both lobes of the prostate, a normal-sized gland, or a decrease in size of one or both lobes. It may be either specific or non-specific and may be due to any of the bacterial, mechanical, chemical or traumatic causes described under acute prostatitis. In this condition the ducts which lead from the prostate to the urethra become plugged with mucous, pus, and inflammatory products. The secretions of the prostate are held in the gland by these plugs, causing it to swell.

The patient with chronic prostatitis may have no symptoms for years, he may have the symptoms of any of the four groups mentioned above, or he may complain of a dull pain and uncomfortable feeling in the perineum; a slight daily frequency of urination, six to seven times during his wakeful hours, and once at night; a slight burning on urination; a slight discharge, usually in the morning, during bowel movements, or when straining. This discharge is like the white of an egg in consistency and composition. There may be loss of sexual power, and nocturnal pollutions (wet dreams) may be frequent.

The treatment of chronic prostatitis demands

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absolute confidence in his physician on the part of the patient, because the condition is hidden and the symptoms often vague, but distressing. A long period of time is necessary before appreciable results are obtained, and the treatment must be frequent and uninterrupted. Improvement is slow but steady, if the patient gives the physician his hearty coöperation. A persistent hammering has won many a prizefight. This is equally true when battling with a prostate.

It is most important that patients under treatment should avoid anything which might cause further congestion of the prostate. For this reason his diet should be moderate and simple. Alcohol, sweets, and condiments are forbidden. The patient should protect his feet and wear rubbers or overshoes when exposed to rain or snow. Warm clothing should be worn and the feet and legs well protected. Woolen underwear and socks are advisable. Overcoats should be well lined in the back and a flannel abdominal binder worn during the winter months. When the patient starts wearing this binder he should never neglect to wear it until the weather becomes warm. Sitting on cold seats is to be avoided. The bowels must not be neglected. Exercise should be regular, and never carried to the point of fatigue. Calisthenics, sawing wood,

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walking, skating, surf bathing, golf, are all good. Long trips by automobile or by train are to be avoided. If traveling by water, walk the deck. Do not lie down for long periods. Never fail to heed the call to urinate or to move the bowels. Sleep on a moderately hard bed, and for only seven or eight hours at a time. If you wake at night with an erection due to a full bladder, urinate at once. Prolonged sexual continence is not favorable. Have regular intercourse once in eight to fifteen days. Sexual excitement without gratification has a bad effect upon the prostate. Come at once to the termination of the sexual act and fulfill it agreeably and completely in every case.

Abscess of the prostate may follow an acute prostatitis. It may follow smallpox, chicken pox, scarlet fever, measles, typhoid, or any acute infectious disease. The chief symptoms are a sudden chill, elevation of temperature, repeated attacks of retention, a constant heavy throbbing pain in the rectal region, sweating, and a headache. If the abscess ruptures, the symptoms clear. It may, however, rupture and close again. In this case the symptoms will return. Such an abscess may rupture into several organs and structures, but the most common location is the urethra, then the rectum, perineum, etc. An abscess of the prostate

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should receive immediate treatment, for unless it breaks spontaneously, or is aided surgically, the condition will remain chronic.

Atrophy, or diminution in the size of the prostate, occurs under a variety of conditions. Arrested development of the gland is found in combination with other congenital malformations of the genital organs, especially the testicles. When one testicle has failed to develop, there may be a corresponding arrest of development in the prostatic lobe of the same side. Not infrequently, however, both lobes of the prostate are fully developed when one testicle is infantile.

Castration before puberty results in arrested development of the prostate gland. Castration after puberty is followed by shrinking and diminution in size of the prostate. Castration at one time was supposed to be followed by diminution in size or atrophy of the hypertrophic prostate, and was practised as a method of treatment for this condition. Reduction in congestion of the organ is produced, but it is no longer the belief that shrinkage of the enlarged organ takes place.

Atrophy may follow inflammatory diseases of the gland, such as acute or chronic gonorrhoeal prostatitis, tuberculosis, pressure from calculi or cysts. It is not infrequently present in long standing cases of stricture of the urethra.

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Senile atrophy develops after the age of fifty, although cases have been reported in the fortieth year.

Frequent urination is the most constant symptom of atrophy of the prostate. The patient averages six to eight times during the day and two to three times at night. Occasionally there is great urgency and constant desire to urinate. Involuntary discharge of the urine at night is not uncommon, and in a few cases complete incontinence is reported. Difficult urination, of gradual or sudden onset, is often present. The stream is poor and may be reduced to a dribble. Complete retention is rare.

Patients suffering from enlarged prostate often come to their physician complaining that there is something in their rectum which will not pass. The more the catharsis and straining at stool, the worse the condition gets. This is produced by pressure of the enlarged gland upon the rectum. This may become so great that all defecation is impossible.

Blows, kicks, falls on sharp-pointed instruments or objects, piercing with bone fragments in fracture of the pelvis, and many other injuries may affect the prostate gland. The symptoms and the treatment depend upon the cause and the extent of the injury.

Cysts due to blocking of the ducts of the gland gradually distend as the fluid accumulates. They

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give no symptoms when small, but large cysts press upon the bladder and rectum with characteristic symptoms. Retention of urine as well as radiating pains in the testicles and thighs may follow. A large cyst has been mistaken for a distended bladder. The contents of a cyst consists of thickened prostatic secretion, granular material and concretions.

Stones in the prostate may be found at any age after puberty, but they are more common and larger in old age. They may be formed from prostatic secretion and become scattered throughout the substance of one or both lobes, or a number of these may become cemented together to form irregular or nodular concretions. Calculi may also form in the kidneys or bladder, and during their passage become lodged in the prostate gland. Calculi may cause enlargement, inflammation, destruction or abscess. The symptoms are frequently obscure. Pain is usually present. It may be felt only during and after urination, in which case it is sharp and pricking. It may, on the other hand, be a constant aching not connected with urination and sometimes relieved by it. In these cases it is a pain felt in the rectum, testicle, perineum, groin, or thigh. Bowel movements usually aggravate the pain. Bloody urine is often present. In many cases

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there is a copious purulent discharge from the urethra. Frequent urination both day and night is a constant symptom. Small stones may be passed and occasionally difficult urination or retention are observed.

In tuberculosis of the prostate there is often a family history of this disease. An attack of gonorrhoea frequently precedes tuberculous prostatitis, but it is often found in patients who give a negative history. Tuberculous prostatitis is generally due to an extension of the disease from elsewhere in the body. The predisposing cause may be anything producing congestion in the gland. Stricture, sexual irregularities or excesses, constipation and injuries are among the many possibilities. There may be complete absence of symptoms until the condition is well advanced—a strong argument favoring periodic health examinations. Frequent urination both day and night is often present. The urethral discharge which appears is not infrequently mistaken for a gonorrhoeal infection. Blood may appear in the urine as well as in the emissions at an early stage. In late cases the desire to urinate is constant, there is pain and burning along the urethra, great straining, and the painful discharge of a few drops of urine at each attempt. The patient is robbed of his sleep and rapidly loses flesh.

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The patient should carefully observe all hygienic measures. His food should be simple, but nourishing. He should have plenty of sleep, an abundance of fresh air, and only a moderate amount of light work.

Malignant growths of the prostate have many of the symptoms of hypertrophy. In the beginning, like all cancerous conditions, they are usually painless. For this reason the onset is insidious and the condition overlooked or neglected until great damage is done. Years may elapse between the first symptoms and the time when the patient goes to a physician for his first examination.

The urinary disturbances are usually the first symptoms to appear. Frequency, five or six urinations at night, exertion to empty the bladder, prolongation of the act of urination, a small feeble stream, dribbling, and finally retention. Incontinence may follow. Bleeding is a common and important symptom. Pain, usually severe on urination, pain in the bladder and prostate, pain low down in the back, painful defecation, and pains in the legs add to the misery of this distressing condition.

CHAPTER IV

ENLARGED PROSTATE

EVERY man approaching the age of fifty is particularly interested in knowing what his chances are of escaping true enlargement, or hypertrophy of the prostate gland. Fifty is chosen because it is exceptional to find true enlargement of the prostate before this age. Cases in younger men are, however, occasionally observed. Statistics are encouraging, for they indicate that thirty-four per cent of men above sixty years of age have symptoms of hypertrophy. Of these, sixteen per cent show marked symptoms and six per cent very severe. This condition must not be confused with prostatitis, but it must be remembered that both acute and chronic prostatitis may occur in cases of hypertrophy.

A number of theories have been advanced as to the cause and nature of prostatic enlargement. A few of these only can be cited. Space forbids a discussion. These theoretical causes of prostatic en-

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largement are: a fibrous change from advancing age; sexual excess; ungratified sexual desire; perverted action of the testes; an attempt on the part of nature to counteract the pouching of the bladder accompanying its muscular degeneration; the change normal to advancing years; a chronic inflammatory process; a septic catarrhal infection; a new growth or tumor. There can be no doubt that many of these are contributing factors. How, will be shown later.

The process begins with a swelling of the smallest sac-like dilatations composing the prostate gland. This is due to a retention of the secretion which, under normal conditions, is periodically evacuated by ejaculation. This secretion thickens, becomes infected, pus and inflammatory products accumulate, and as none of this can escape, cysts are formed. As this cyst formation progresses throughout the prostate, the entire gland enlarges. Bacteria thrive on prostatic secretion. Their by-products stimulate further swelling and enlargement of the gland, and fibrous tissue increases throughout the whole glandular structure.

As the gland swells, it bulges into the rectum and into the bladder, interfering with bowel movements and increasing the size of the bladder floor. This usually carries the urethral opening to or near

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the summit of the projection and lengthens the canal. It is, therefore, evident that the neck of the bladder and the prostatic urethra become deformed and retention of urine results.

Many different theories have been proposed to explain this phenomenon of retention. One interesting conception is that contractions forcing the urine toward the neck of the bladder thrust the obstructing prostate against this opening as a stopper closes a bottle. Another is that the swollen gland in raising the bladder floor forms a dam. Only the urine which rises above this level is voided. That which remains causes the muscles to sag, thereby increasing the amount retained. Sooner or later this urine becomes infected and a cystitis results. The bladder muscles, in their effort to force out this excess urine past the obstructing prostate, thicken and develop a network of ridges called trabeculæ. As the obstruction grows, the bladder becomes stretched and the muscles lose their tone. A point is reached where the patient is unable to void, save for a few drops, and these with great pain and burning.

Before the symptoms of a true hypertrophy appear there is generally a preprostatic stage. It may come a number of years earlier, shortly after forty, and then either disappear or remain quies-

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cent. At this time the patient has attacks of frequent urination, burning when passing his urine, with perhaps some tenesmus (strain) and pain. His symptoms are out of all proportion to the involvement of his prostate and bladder. As hypertrophy approaches, the symptoms return in a more aggravated form. Urination is more frequent, the burning and tenesmus more intense, there is a sense of fullness and a feeling of pressure in the perineum and bladder, the stream is feeble and urination is difficult. There may be retention, dribbling, or incontinence.

Frequency of urination is due to bladder congestion, irritability of the nervous mechanism of the bladder and urethra, over-activity of the kidneys, or to residual urine in the bladder. Keeping in mind the theory that the prostate acts like a dam, it can be easily seen that if a patient normally voids twenty-four ounces of urine in four acts of micturition, he will pass six ounces each time, and will feel the desire to urinate whenever six ounces are present. If his prostate causes him to have three ounces of residual urine always remaining in his bladder after voiding, three ounces more, or a total of six ounces, will make his bladder feel full and he will desire to urinate. As he can now pass only three ounces on account of his prostate, he is

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forced to urinate eight times a day instead of four, in order to pass the same amount of water. His frequency would be, therefore, twice the normal.

It must be remembered that frequency of urination may be a symptom in many diseases (see Chapter X). Frequency, whenever it is mentioned in this discussion, is that caused by the prostate.

Night frequency is more significant as well as more distressing than that in the day time. In a man normally passing his urine four times a day and none at night, five times a day and once at night would be both a day and night frequency. If this same man urinated six times a day and three times a night, his night frequency would be relatively greater than his day, as he would only be going two more than his normal by day, but three more at night. Day implies the sixteen waking hours and night the eight hours for sleep.

As the patient is less active at night than during the day, the local circulation of the bladder and prostate becomes more sluggish. Congestion results, and the accumulation of smaller amounts of urine gives a feeling of fullness, and a desire to void. The change in posture from standing or sitting to lying alter the hydrostatic effect on the bladder. The intensity of these factors governs the number of times that a patient gets up. When

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night frequency first starts, the patient awakens with a feeling of fullness and a desire to urinate an hour or so before his usual time of arising. As the trouble advances, this time will come two to three or even four hours earlier. Soon, unless he receives treatment, he will start getting up twice or oftener. The usual ratio is six times a day to once at night, seven times a day to three at night, eight times a day to four at night, etc.

Frequency often leads to burning on urination. Constant passing of the urine and the resultant straining predispose to congestion and irritation of the bladder and urethra. Strongly acid or ammoniacal urine coming in contact with these inflamed membranes, causes them to burn. If crystals are present in the urine the burning is worse, as the sharp edges and corners of the crystals cut and scratch the inflamed tissues, leaving raw surfaces exposed to the acid urine.

A feeble stream, hesitancy on urination, and difficulty of urination are all symptoms of enlarged prostate. They are found in many other conditions, but when the prostate is involved they are caused by its obstruction of the bladder and urethra, weakened bladder muscles, and congestion of the surrounding tissues.

As the obstruction from the enlarged prostate

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increases, less urine is passed from the bladder. The muscles of the bladder become weakened and stretched from excessive straining against this increasing load and finally lose their tone. The patient is unable to void. This may be the first hint that the patient has of any trouble. Perhaps from the lack of a suitable place or on account of some pressing business, he has repressed a strong desire to urinate. He may have overeaten, or taken too many samples of his new liquor supply. Possibly he has become chilled or gone about with wet feet. When he finds that he cannot void, he strains to force out the water. Pain and a sense of fullness follows. He gets panicky and rushes to a doctor.

After a few treatments he can void again spontaneously. He stops going to the doctor who tried to convince him that he should continue until he has no residual urine. Unless these treatments are continued faithfully and regularly until the patient empties his bladder completely, there is bound to be a recurrence, and generally in a more severe form. The above condition is called acute retention.

Chronic retention follows an untreated acute attack. The patient passes less and less urine at more frequent intervals until he finally cannot urinate at all. If he does not seek aid he may die on ac-

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count of the damming back of the urine from the overfilled bladder into the kidneys. The kidneys in turn dilate, degenerate, and the resulting poisons and toxins are absorbed by the blood stream. At such times the urinary constituents which get into the blood stream cause a toxic condition or even death.

About sixteen per cent of the cases of prostatic enlargement are malignant. There is no certain knowledge as to the cause of cancer of the prostate. It occurs on the average about the sixty-fifth year. Like all cases of cancer, it is usually painless at the onset and gives but few symptoms in the beginning. Due to its insidious onset it may be overlooked or neglected for years after it first develops, and it may be discovered during the course of an examination by a physician before the patient is conscious that there is anything wrong.

Difficult urination is the most frequent and often the first symptom. The onset is gradual. The stream is delayed and small, the projection is feeble, and there is after-dribbling. There may be one or several attacks of retention, and eventually the patient becomes partly or completely dependent on the catheter. In some cases the onset is sudden, and the first symptom that of complete retention.

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Frequent urination occurs in eighty-seven per cent of the cases, but it is rarely a first symptom. The patient is forced to pass his water at intervals of two or three hours both day and night.

Pain is present in about seventy per cent of the cases. It is sometimes the initial symptom. The characteristic pain of prostatic carcinoma is not connected with urination, with obstruction to the flow of urine, with defecation, and is little affected by drugs. The pain is a dull, constant aching which persists over months or years. It may take the form of sciatica, which may be the prominent symptom, while those of the prostate are insignificant.

Blood is present in twelve per cent of the cases. It may be either dark or bright red.

Intestinal symptoms are comparatively frequent. There is constipation, and in the later stages intestinal obstruction. Occasionally, where the growth involves the rectum, symptoms of intestinal obstruction occur early and overshadow the urinary symptoms. This often leads to a faulty diagnosis of malignant disease of the rectum.

CHAPTER V

THE PROSTATE AND INFECTION

THE prostate gland may be a focus of infection causing symptoms elsewhere in the body. It may also be infected from various foci in the body, and prostatitis may result.

In the absence of definite symptoms indicating disease in the genito-urinary tract, the general practitioner recognizes the necessity for a local examination. He is familiar with the fact, well known to urologists, that infection of the prostate and seminal vesicles may persist for weeks or months without giving rise to urinary symptoms of sufficient gravity to attract attention. Chronic prostatitis may exist for years without producing symptoms of such nature as to cause the patient to seek medical advice. In acute cases, and in exacerbations of chronic cases, however, the manifestations are usually severe, leaving no doubt in the patient's mind as to the seat of the trouble.

It is rather remarkable that so little attention has been given the prostate as a focus of infection

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when other foci have been so much in the lime-light. Some physicians think first of the teeth, of the tonsils, and sinuses as possible sources of infection whenever patients come to them suffering with arthritis, myalgia, hypertension, albuminuria, functional gastro-intestinal disorders, etc. The prostate gland may be equally responsible for any of these and other conditions. The list is a large one and it need not concern us here. We should, however, like to emphasize the fact that when neurasthenic symptoms, psychic impotence, loss of "pep," worry and melancholia are present, the prostate should be examined as a probable source of infection. Even suicide is an occasional consequence of prostatitis.

The local symptom of an infected prostate are variable, the most constant being urethral discharge, urinary symptoms, aching in the groins, testicles or perineum. Sexually, the erections are weak or lacking, and premature ejaculation is frequent. Itching around the anus is also a most annoying symptom.

About eighty per cent of low backache in men is caused by infection of the prostate and vesicles. This backache is frequently described by the patient as "lumbago," and is often treated medically from that standpoint without proper investigation

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of its cause. If a cause is sought, no effort is made to consider the prostate. A typical description by a patient with a prostatic backache is that it is most pronounced on arising, but improves with activity, and subsides as the day progresses. It is a dull, aching type of pain, aggravated in many instances by sexual excitation.

Gonorrhœal rheumatism and gonorrhœal heart conditions come, as a rule, from a focus in the prostate. Various other conditions caused by staphylococci and streptococci, colon, tubercle and typhoid bacilli may be likewise traced to this source.

One can readily understand why infection of the prostate and vesicles may give rise to extensive disability in various parts of the body when it is considered that there is an abundance of blood and lymph channels in and around these structures. The prostate can produce symptoms in one of three ways: (1) by infected blood, borne from foci in the prostate; (2) by toxins, blood-borne from the prostate gland; (3) by reflex nervous impulses originating in this gland and resulting in pain in distant regions. The lymphatics are numerous and in a network on the lower and posterior surface of the organ.

Until recent years gonorrhœa was considered the

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cause of infected prostate glands. It is a cause, and there can be no doubt that it also renders the gland more susceptible to other infections. But to-day non-specific prostatitis occupies a more important place in the classification of genito-urinary diseases than the gonorrhoeal types.

Non-specific prostatitis is generally acquired innocently. A man may contract a urethritis from his wife by contact during the menses. Women who permit a profuse leukorrhoea to develop within their vagina from lack of personal hygiene are apt to infect their husbands. Prostatitis may result from such infection. Even should the man experience but few unpleasant symptoms, the organisms are planted within his prostate ready for development under favorable circumstances.

Long, tight foreskins which can with difficulty be retracted for cleansing purposes frequently harbor organisms which cause infection in the urethra and eventually in the prostate.

There are three routes by which infection reaches the prostate gland: (1) direct extension from infection of the posterior urethra, as in gonorrhoea; (2) through the lymphatics which surround the gland; (3) directly through the blood stream from infections elsewhere in the body.

The chief sources of infection are: (1) foci of

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infection such as teeth, tonsils, intestines, carbuncles, hemorrhoids; (2) acute infections represented by influenza, typhoid fever, scarlet fever, malaria; (3) injuries and infected wounds; (4) damage to the urethra from strong chemical injections, faulty passage of instruments, masturbation; (5) sexual irregularities (see Chapter VI).

Inasmuch as the average man has either personally been initiated into the ancient mysteries of gonorrhoea, or has had friends who have, it is his first thought when trouble occurs. If he has profited by former experience, he goes at once to a competent urologist. If he does not, he will do one of four things. Laboring under the false impression that he is suffering from a disgraceful disease, he keeps silent, sees no one, suffers needless mental anxiety and physical torture. The family doctor, however, will detect the symptoms, and either give him treatments or refer him to a urologist. Possibly the advertisement of some quack falls into his hands, and he spends all of his money with no results.

Suppose, for the sake of argument, that this patient is a married man. On the back of his neck is a huge carbuncle which is throwing pus and bacteria into the blood stream. The man's wife is pregnant, he has abstained from intercourse and

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his prostate is congested. His prostate becomes infected from the blood stream, and he develops a discharge. To him a discharge means but one thing, his friend and the druggist confirm his fears, the quack scares him half to death with his sales talk. Ignorance of the real condition thus ruins the domestic happiness of many a man, and subjects him to needless physical torture as well.

Relapses are characteristic of non-venereal prostatitis. The patient who does not know this jumps to the conclusion that he is in the hands of the wrong urologist and goes from one to another giving none of them a fair trial. Much valuable time is lost in this way, there is needless expense, and oftentimes he is never properly cured. Even when a patient suffering from a non-specific prostatitis has absolute confidence in one urologist, there are times when he is likely to get discouraged, for these cases are resistant to treatment, and the progress to a recovery is slow. Final success depends upon perseverance, finding and removing the cause, and the use of proper remedial measures.

It is surprising how insidious this disease may be. It may exist for a long time without symptoms, but ready to become active upon slight occasion. The habit of getting up a little earlier in the morning to urinate creeps upon the patient so

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gradually that he fails to notice the change. Then he is awakened once, perhaps twice at night. His bladder feels full and he is forced to get up. During the day he is forced to urinate more frequently. If he thinks about it at all he imagines the condition natural to his advancing years and lets it go at that. He continues to urinate more and more often during the day and finally is forced to get up every hour at night. There is an obscure sense of weight and discomfort in his lower abdomen and a fullness in his rectum which constantly annoys him. When he goes to the toilet he is forced to wait before the urine begins to flow, and then the stream is small, it has no force, and much of the urine dribbles down upon his clothes. The jolting whenever he rides on a train or in his car causes him discomfort, and he is forced to give up many of his social activities on account of the unwelcome demands on his time.

A friend advises him to see a urologist, but he feels that as long as he has passed his urine for forty or fifty years without help, he can continue to do so. He is really shrinking from acknowledging his weakness. He fears the verdict. "It is only temporary," he assures his friend. "Probably just a cold settled there. It will pass." And so he goes on, lulled into a false sense of security.

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His secluded life proves irksome. His digestion is impaired, his appetite poor, he is weakened from his inability to eat and his loss of sleep. He is getting fretful, irritable, and has lost much of his interest in his business. Life holds but little pleasure for him. Thinking to cheer the patient and get his thoughts away from his troubles, his friend arranges a party and invites him out to dine. The food is both abundant, rich, and highly seasoned. Wines and strong liquors flow freely. He suppresses his desire to urinate. His female companion is charming. It is snowing when he takes her home, and he gets his feet both wet and chilled. Next morning he is unable to void.

A urologist is hastily called and the patient is both surprised and chagrined to learn that he cannot be cured by one treatment.

Periodic visits to his physician would have prevented any or all of his difficulties. After the age of forty every man should have a complete periodic examination by a competent physician. In this way any condition which may be present will be discovered and cleared. Above all, many serious complications will in this way be avoided.

CHAPTER VI

SEXUAL LIFE AND THE PROSTATE

THERE is nothing of which men and women should know more and of which they know less than of sexual relationship. In this case ignorance is not bliss. It is the source of unhappiness, suffering, crime, vice, disease, and sorrow without end. Volumes could be, and have been, written on the subject. This brief chapter hints at only a few of the phases of sexual life which concern the prostate gland.

Opinions differ widely when it comes to determining what course of sexual activity best suits the needs of man. That mode of living which is ideal for one man proves enervating or destructive to another. No absolute or even approximate rule can be laid down for the frequency with which intercourse may take place within healthy limits. We may assume that conditions of physiological balance are fulfilled when intercourse is confined within the limits of legitimacy after the unusual excitement of novelty has passed; when the male

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and female are in perfect health, and no degree of lassitude follows intercourse after a proper period of rest; when there is no marked diminution of sexual desire except that which may be accounted for by age.

Sexual abstinence is advocated by some as the key to health, happiness, strength, and longevity. Philosophers, fanatics and cultists who have reached the age where to them any woman is but a utility for cooking, sewing on buttons and sweeping the floor, may well give this advice. Those poor unfortunates who are born without prostates, those whose prostates never developed, and those who have had them removed may well follow it.

✓ Sin and sex have been synonymous terms for so many centuries that sane teaching along these lines makes but slow progress against the ignorant raving of ages. Conservation of vital energy, the evils of sexual indulgence, the dire results of corporal sin have been preached by fanatics and cultists alike, and even some physicians, whose imaginations exceeded their knowledge and judgment, have advised extensively that men should conserve their seminal fluid and benefit thereby. It is therefore not to be wondered at that men of mature years who have had the fear of God and women

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pounded into them from their cradle days should ponder these matters, especially if their prostates are beginning to be troublesome.

We might do well to reason along with them. It is common knowledge that failure to exercise a muscle, an organ or a vital function of the body is an invitation to trouble. A young man goes to college and takes up athletics. His heart becomes enlarged, his lungs expand, and his muscles develop. When he graduates, if he keeps this in mind and exercises properly, he suffers no discomfort and even profits by the effort. If he follows in the footsteps of many college athletes, however, his heart weakens and becomes fatty, his lungs invite pneumonia or tuberculosis, and his muscles become soft and flabby. If this young man had never become an athlete he would not require systematic strenuous exercise to remain in a healthy condition after he left college.

The same holds true in case of the sexual function and the sexual organs. Once these organs have been accustomed to regular activity, and the sexual function becomes established, a periodicity is established for the discharge of the glandular secretions. If sexual activity is stopped, these secretions are not thrown out, more continue to form, and the prostate and vesicles swell and be-

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come distended in proportion to the amount retained.

A few examples might clarify the picture. Mr. A— is happily and successfully married. Both he and his wife are intellectually and sexually in tune. The longer they are married, the deeper is their love and understanding and their sexual communion is frequent, regular, and mutually satisfying. Mrs. A— dies and Mr. A—, now forty-five years old, worships her memory. He is constantly filled with desires, but cannot bring himself to contact with any other woman. He begins to develop the various symptoms discussed in Chapter IV, but not until the urinary symptoms appear does he consult a urologist. After a complete history is taken he receives a thorough examination. A few treatments clear up his symptoms and he is advised to marry. If he follows this advice he has a chance to again be a happy and a sexually normal man. If, however, he fails to follow this advice, he can be kept in a normal condition by regular periodic treatments. But he might not have gone to a physician, or even if he did he might have disregarded the advice and refused the treatments. In this case the prostate would have gone on swelling until finally a tumor of the prostate developed.

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Mr. B— has been constantly promiscuous since his early years. A friend of his caught syphilis. Mr. B— observed his friend's symptoms, read about the disease and decided to marry before he suffered a similar fate. As is often the case, he picked the wrong type of woman. Intercourse was distasteful to Mrs. B—. Mr. B— did not like to continue such a frigid relationship. He was afraid to be promiscuous again, so he refrained entirely and developed a prostatitis. Similar cases result when a man's wife becomes an invalid after active sexual relations have been established.

Mr. and Mrs. C— did not want children. They knew nothing of birth control. Both of them were of a rather amorous nature, so Mr. C— practised coitus interruptus, or withdrawal. This practise is an extreme shock to both participants, but the effects on the male are far more permanent and devastating. Mr. C— developed a neurosis, a loss of muscular tone, a flabby congested prostate, and irritation in the urethra.

The reader should now be able to picture more intelligently the consequences which the virile man suffers as he enters the fifth decade, if he is deprived of satisfactory relief from sexual tension. A few of the many reasons for such deprivation have been cited. There is a common belief, even

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among many physicians, that nocturnal pollutions, or the so-called "wet dreams," are nature's solution for this problem. This is true only in youth—before active sexual life is entered. A spontaneous emission will drain the prostate gland and vesicles completely, conveniently, and periodically. The tense seminal vesicles contract, and with the aid of the prostate force out their secretions, and they shrink to their normal size. During these youthful years the muscles of the prostate are strong and the secretion is less in quantity, thereby assuring complete relief.

When a man enters an active sexual life, the cells of his prostate gland as well as those of his testicles secrete more actively. In order to provide for this increase in the production of secretion, the muscles of the prostate stretch. As long as sexual activity is periodically indulged in, the prostate will exercise its normal function of expansion and contraction. Should the normal routine of this sex life be interrupted by continence, the prostate gland and vesicles will continue to fill with secretions. Continence produces flabby muscles, and the prostate becomes boggy. Periodic emissions occur, to be sure, but the force is gone from the muscles, the nerves which stimulate ejaculation during coitus are not functioning properly and the emis-

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sion only partly empties the prostate and vesicles. Unless this patient again establishes his sexual life, or goes to a urologist for proper massage and treatment, he is sure of a prostatitis.

As has been said before, many of these patients never consult a physician until their condition becomes unbearable. They will suffer untold agony rather than go to a physician. The fault is not entirely theirs. The trouble reverts to the earlier discussion of sin and sex—they are ashamed to go. There is nothing to be ashamed of. Prostatitis and prostatic hypertrophy are diseases of respectable men. Roués as a rule have atrophied prostates. Prostatitis is no punishment for the indiscretions of youth. Many more men who give a negative venereal history suffer from glandular disorders than those who were infected during their youth. Disorders of the prostate are the result of careless exercise of the sexual function, and from sexual stagnation.

Prolonged sexual stimulation without a satisfactory termination congests the prostate. So-called "petting," reading which stimulates sex desires, prolonging intercourse for extremely long periods without orgasm, are but a few of the causes. Not many years ago, sexual abstinence was suggested to those suffering from this congestion.

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Many patients were made worse, and not a few incurable, by following this advice.

Such patients following ungratified sexual excitement complain of excruciating pain in the lower back, with pain and heaviness in the testicles and along the cords. There has been a persistent erection lasting from some minutes to several hours. This erection may disappear only to be followed by another more prolonged and severe. There is evidence of a sexual neurosis. Pain appears in the shaft of the penis if the erection lasts a half hour or longer. This pain is mild at first but rapidly becomes almost unbearable. It advances up the cords and appears early in the perineum and rectum. Here it is sharp and stabbing and is followed by diarrhea and strain. The back pain may radiate to the kidney region of each side. There is a frequent desire to urinate, and if it is accomplished, momentary relief is afforded. Too often, however, the patient is unable to void, and there may be retention.

The general appearance of the patient is characteristic of the condition. His face is pale, strained and anxious, the features are somewhat pinched, and if in bed, he tosses from side to side in great agony. If he is able to walk, his gait is faltering, his legs far apart, and his back bent.

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In impotence there is inability to perform the sexual act. The patient begins having premature ejaculations which first occur soon after he inserts his penis into the vagina; then, as the condition progresses, just as he inserts it, and later, before he is able to insert it. Erections become weaker and weaker until intromission becomes impossible.

Constant emptying of the seminal vesicles is prevented by muscles which control the ducts. These muscles are also interwoven with those of the prostate gland, making the action of one organ dependent upon that of the other.

The first striking symptom of impotence is dribbling at the end of urination. This occurs in marked contrast to the normal sharply terminated expulsion of the stream. There is generally an incessant urgency and a marked frequency of from ten to fifteen urinations per day and three to five each night. Pollutions are frequent, reaching in some cases two to three in a single night. These leave the patient weak, dejected, nervous and ill-tempered. With a normal prostate sexual dreams often occur without pollutions. The dreams of a man who has abstained are often of long duration and complete an entire cycle of increasingly erotic pictures. The dreams of impotent men suffering from this loss of tone in the prostate are always

short. They begin at once with the act itself without any preliminaries. In this dream the patient and an unknown girl are in some unknown place and among unfamiliar surroundings. The ejaculation occurs during or before intromission just as it does when the patient is awake.

In such patients spermatozoa are found in the urine after straining at stool. The condition may reach such a state that pressure upon the abdomen or lifting of weights will cause semen to appear at the end of the penis.

If the general health withstands this condition of impotence and no psychic or neurotic symptoms appear, the patient becomes resigned to his unfortunate condition. The great excitability and increased sexual desires, however, cause unbearable annoyance. Dancing, the touch of a woman's hand—any slight stimulation, or mere thinking of the act—will cause embarrassing erections. Nervous irritability now manifests itself in many ways: palpitation of the heart, trembling of the voice, hand, and knees, blushing, and stuttering. Erotic ideas seriously handicap the patient's daily work and concentration is hardly possible.

As a means of escape from this condition patients seek relief in coitus. They are disappointed. Erection either fails entirely or ends in very rapid

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ejaculation. Normal orgasm occurs in four to six stages with periods of interruption, but in this case it is all over at once like an act of urination. There is no sensation and the patient has a feeling of dissatisfaction and depression. As total impotence approaches, even the normal morning erections grow less and less, until they finally cease.

Among the causes of impotence are excessive intercourse at an early age, prostatitis in youth, generally gonorrhoeal; irregular sexual congress, prolonged abstinence, interrupted periods of excess and abstinence, coitus interruptus, and all such practises where the orgasm cannot be complete.

Symptoms of impotence often have a most unfortunate psychic effect. Despondency and loss of confidence are common. Let this psychic perversion extend to the sexual sphere, as it easily may, and the patient feels that he is losing or has lost his virility. This not only contributes to the physical condition described above, but it reacts upon the general condition and causes all of the organs in the body to function poorly.

An impotent patient generally concentrates his thoughts upon the prostate gland and blames it as the cause of his troubles. He reads quack literature, tries every advertised preparation and appliance, and perhaps places himself in the clutches of

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some charlatan. With his mind keenly alert to every abnormal symptom even his normal feelings arouse his suspicions. Such cases are best handled by a urologist familiar with psychology, especially sexual psychology.

CHAPTER VII

SEMINAL VESICULITIS

IN considering the prostate gland, a short discussion of the seminal vesicles is necessary as the two organs are closely linked, both physically and functionally. So intimate is this association that frequently an involvement of one causes symptoms in the other, confusing the diagnosis and the treatment. Seminal vesiculitis is often the cause of a urinary disorder while the clinical features are those of a prostatitis.

Seminal vesiculitis may result from sexual excesses, withdrawal, injury and infection. Any of the organisms which were mentioned in Chapter III may cause the condition, but it generally follows a gonorrhoeal urethritis.

The symptoms of acute vesiculitis may manifest themselves in the urinary tract, the genital tract, and in the nervous system. Headache, constipation and a general run-down feeling are generally present. Troublesome erections occur at night.

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These are sufficiently persistent to disturb rest and sleep. Nocturnal emissions are frequent and these are accompanied by pain and may be stained with blood.

The urinary symptoms are bladder fullness, a feeling of inability to empty the bladder, frequency, burning, tenesmus (strain), dribbling, excessive urination, and pain. There may be a feeling of bladder fullness, not wholly relieved by passing the urine, which leads the patient to think that he cannot completely empty his bladder. All of these symptoms seldom occur in one case, but it is possible. A patient may merely complain of a backache, a tired feeling, slight frequency, and the general impression that something is wrong somewhere.

Chronic vesiculitis is more confusing in its symptomatology. A physician not trained in urology might easily attribute the urinary symptoms to the neurasthenic condition which is generally a predominant feature. Such a faulty diagnosis would lead to failure in treatment as the neurasthenia is due to the vesiculitis and will persist until the vesicles are treated. The neurasthenic symptoms are headaches, made worse by sexual excitement; loss of sleep; a feeling of numbness, of heat or cold in the limbs or back; anesthesia at

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times alternating with excessive sensitiveness of various portions of the body surface; a feeling of numbness and shrinking of the genitals; flushing of the face and embarrassment; indigestion and constipation; a mental lassitude with a tendency to melancholy brooding; a lack of desire to work; difficulty in concentrating thoughts; and fears of impotency. Insomnia is a very distressing symptom.

Some years ago, when the knowledge of vesiculitis was less, and patients suffering from these neurasthenic symptoms consulted those unfamiliar with urological conditions, they were considered imaginative, apprehensive, hypochondriacs. We now know that these symptoms come from a definite cause, and that sexual neurasthenia may accompany injury or disease of any part of the genital system. It must not be thought that all cases are due to the vesicles, for the prostate, the urethra, and the testicles may be equally to blame.

Urinary disturbances are not so marked in chronic vesiculitis as in the acute variety. A burning sensation may be present during urination. It may extend along the whole urethra, or it may be confined to one spot, either in the prostatic urethra or near the end of the penis. Frequency

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is not usually marked unless there is a posterior urethritis. Exposure to disease with its attending worry, or dissipation may also cause it. A discharge, white in color and sticky in character, may be present. It is a leakage from the seminal vesicles due to their thickening and lack of tone. Pus and blood at times accompany it. A dull pain in the perineum or groin may be present. This may, however, be simply a feeling of uneasiness, discomfort, or tickling.

Frequent persistent abnormal erections due to congestion of the vesicles interfere with sleep. Sexual desire is stimulated, and, if indulged in, results in painful ejaculation of blood tinged or bloody semen. Nocturnal emissions, accompanied by lascivious and pleasurable dreams at first, but later without dreams or even consciousness of the emission, are characteristic of this stage of vesiculitis.

As the disease progresses, the erections become faulty and less frequent. Ejaculations take place quickly, the lack of tone increases, erections cease, and complete or partial impotence results. If such patients indulge in intercourse it is not pleasurable and often unsatisfactory. Headache and a tired feeling follow it, and soon the patient loses sexual desire. If no emission occurs there will be slight

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perineal pain, a sense of discomfort, and nervous shock.

Such impotence is not psychical. It is due to lack of tone from constant irritation in the vesicles. Cases of impotence in men under forty-five are generally due to chronic seminal vesiculitis. While the picture looks unfavorable to these patients, so much so, in fact, that it is difficult to persuade them to take their treatments regularly, they feel more than repaid for their efforts in the end. Men suffering from this condition should first choose a reliable urologist, place absolute confidence in him, and remember that recovery is slow but sure. To such men renewed vigor will return.

CHAPTER VIII

PREVENTION OF PROSTATISM

“A MORBID state of mind and body due to prostatic disease,” reads the definition of prostatism. The first step in prevention is to make every man approaching forty acutely aware of this morbid state and to remedy existing conditions, thereby avoiding progressive enlargement of the prostate gland. In this way much loss of time will be saved in the period of man’s most economic usefulness, when his mental capacity is at its peak, and his physical resistance is nearing its inevitable decline. With this accomplished, the resulting serenity of mind and body should add to his joy of living and increase his fruitful years.

An effort is made in this brief treatise to show the complexity of conditions which may befall the prostate gland. Nearly all of them are avoidable if men will only take the proper precautions in time. Of those diseases which affect the gland, either through ignorance, neglect, or necessity, but few require operation if the case is properly

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handled. And of these cases in which the knife seems to be the only solution, many escape surgical intervention by regular and systematic treatments. Rarely do patients with prostatic involvement need to be operated on immediately. There are cases of extreme emergency, to be sure, but whenever possible it is best to treat. Surgery can always follow if necessary.

Until recent years the prostate gland was ignored by physicians treating gonorrhoea. Now, no patient is discharged until the laboratory reports that smears made from prostatic secretions are free not only of gonococci, but of other organisms and pus as well. This in itself is a big step toward prevention of prostatism, and it is already showing results in that the enormous number of possible candidates for enlarged prostate is being reduced.

Since infection is the underlying cause of most prostatic disorders, the logical preventive measure is to have regular periodic medical examinations whereby any infective process in the body may be found and cleared up. Chief among infections which threaten the prostate are those of the urethra. These, whether specific or non-specific, require adequate treatment, and this can only be obtained by visiting a physician. Patients

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as a rule are concerned only with the visible manifestations of urethritis. As soon as the burning stops, the discharge disappears, and the morning drop has gone, they consider themselves cured, and fail to return. Many cases of prostatitis follow this neglect.

If men would only go to a physician when the first symptom of prostatic disturbance appears, few would ever need an operation. This is the age of prevention, but little can be accomplished without the coöperation of those needing the attention. Many an automobile wreck has been prevented by replacing a lost cotter pin or tightening a nut, but the car had to be first taken to an expert who found and corrected the difficulty. The need is even greater with the human body.

Beverages containing alcohol, particularly the impure alcohols, are direct irritants to the bladder neck. If a diseased condition is lying dormant in the prostate it will surely be stirred up and made active by drink. The same holds true to a lesser degree when spices and highly seasoned food are eaten.

Undue exposure to inclement weather is an invitation to prostatism. Not infrequently a prostatic attack may be traced to the bleachers, where the patient, exposed to wind, snow or rain, has in

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his excitement ignored the call to urinate. No game, under such conditions, is ever worth the ensuing torture.

In Chapter VI we have given a few hints and suggestions on the important bearing of sexual hygiene on the prostate gland. There is a great need for such instruction, for much of a man's present as well as his future welfare depends upon such knowledge. Any reliable urologist will inform a patient who wants and needs advice on practices which should be avoided, and any other sexual problem upon which he wishes enlightenment.

The easy chair has become a source of calamity for men past forty. It requires no effort to become a sitter. Modern transportation has made walking a lost art, and the average man of the white-collar class shuns exercise as consistently as a tramp does a wood pile. Muscular exercise is necessary, and without it there is loss of tone followed by nervous irritability. Vitality is lowered and resistance to disease is so lessened that any infection may enter the system and prove serious.

The prostate gland suffers as much, if not more, than any other organ, with the possible exception of the heart, from this lack of exercise. Prolonged sitting or lying leads to congestion in the prostate.

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The results of this have been described elsewhere.

Many men after forty offer fatigue as an excuse for their easy-chair life. They require more rest and they tire easily on exertion, so they say. As a matter of fact, lack of exercise causes the fatigue. No lung is properly aërated while its owner sits in conference embalmed with tobacco smoke and compressed by a stomach distended with rich and unnecessary food. Our modern business man then sits in his car and rides home, where he sits to relate the day's happenings to his family until it is time to sit down for dinner. After the meal he either sits near the radio to enjoy the artistic achievements of others, sits and plays bridge or sits in the theater to watch others perform—perhaps he is so tired that he just sits. Finally, exhausted by this strenuous day he seeks his bed that he may be sufficiently rested for the next day's sitting.

Every disease calls for a remedy, and with modern man sitting has become a disease. Exercise is the natural antidote for this incubative pastime. It should be made a pleasure. No man derives benefit by jumping from his bed, like a fireman at the sound of the gong, and standing before an open window in a semi-narcotic state while some

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radio announcer tells him which muscle to wriggle next.

The general condition of the patient, his previous physical activity particularly during his adolescence, and the form of activity which is best suited and most enjoyed must be considered when choosing the proper exercise for each case. Whatever form of exercise is chosen should be taken regularly, for the same length of time and preferably at the same time each day.

Exercise should be moderate and never carried to the point of fatigue. It should be sufficient to increase the general circulation and of such a nature that it includes the abdominal muscles, thereby tending to remove pelvic congestion. Brisk walking followed by a rub down and change of clothing, golf for those who have no arterial hardening or high blood pressure, and sawing wood are to be recommended. Fishing and hunting not only require tramping in the open air, but make one forget that he is exercising, and the sport itself banishes worries of every sort. Hiking through the country, woods or mountains may be made a real sport if combined with a study of animal or plant life. A camera, a pair of binoculars, a net, or a powerful magnifying glass add to the pleasure.

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While following any of these suggestions, woolen underclothing should be worn, and damp sweaty clothing should not be allowed to dry upon the body. A shower bath followed by a rub down doubles the value of the exercise. It is important to see that the feet are kept dry and warm at all times.

No man can say that he has no time for recreation and exercise—whether he is an employer whose day is filled with business problems, or whether he is a humble employee who drudges through his working hours and comes home physically tired. Many men, it is true, claim that their days are so full that it would be impossible for them to squeeze in time for anything more. Their difficulty is a common one. With proper planning so much of their wasted time may be saved that with their day's work done, and their exercise taken, they will find that they have more time left for a hobby. A hobby is a necessity for any man.

For those suffering from that morbid state of mind and body, due to prostatic disease, a hobby is particularly beneficial. With the mind and body occupied outside of business hours, if one is working, the annoying symptoms caused by the prostate gland become less distressing. Such occupa-

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tion is even more necessary if a man is retired or out of work, for with nothing to do his thoughts are centered on himself and his condition. Then heaven help the sufferer, his family and his friends.

CHAPTER IX

SPEAKING OF OPERATIONS

MUCH can be done for a patient suffering from involvement of the prostate gland. How much depends, of course, upon his promptness in seeking aid, the amount of obstruction that he has, the complications and their severity, the physical condition of the patient, and the character of the obstruction.

If men would only visit their physician regularly there would be but few operations on the prostate. Even if they would go to him when the first symptoms of trouble appear, the majority could be relieved by treatment. This cannot be emphasized too much. At that, the average man reading the warning will shake his head, wait, and continue to wonder why he is passing his urine so often, and how long it will be before the condition quiets down by itself.

It is perhaps trite to say that every man dreads the knife. The thought of it is perhaps worse than the actuality, and many postpone medical atten-

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tion, fearing that "operation" will be the verdict. It is pitiful to see the number of people who deliberately neglect their health because of this unfortunate obsession. Fortunately, the trend of medicine and surgery to-day is toward prevention. Even among good surgeons, wherever a condition can be cured as effectively without resort to an operation, there is an increasing tendency to do so. This is real progress, for the means is of much less importance than the end. The "case" has become the "patient," and the "end" should be the cure and later happiness of the human being.

When one considers the ready accessibility and adaptation of the male and female genito-urinary tracts to instrumental inspection and therapeutic application, it seems but reasonable to avoid surgical procedures, at least until other measures have been tried. The tremendous strides in the perfection of urological instruments, as well as improved technique in their employment, have made this possible.

It is not our purpose to discuss the various operations on the prostate, or the removal of a part or the whole of it. There is, in this chapter, an intentional reiteration of facts, advice, and pleas given with the hope that men will realize that the question of operation lies largely in their own

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hands. Once this is universally appreciated, operations on the prostate gland will be rare.

Fortunately the premonitory symptoms of disturbances in the prostate come a year or more before the gland enlarges or becomes much involved. The wise patient will hasten to his physician when these signs first appear. By a thorough examination at this time the data obtained will then make it possible to select the proper form of treatment. It is better to go to a urologist when prostatic symptoms appear, for he has made a special study of such cases. While any physician knows the basic principles of the surgery and care of the prostate, the urologist is specially trained and has had more practical experience in treating prostatic troubles.

Many men will, for various reasons, reach the stage of advanced obstruction where an operation seems necessary. While early surgery in prostatism is unwarranted, and longevity, comfort and freedom from symptoms generally follow the treatments of a conservative urologist, each case must be judged upon its findings. Should "operation" be the verdict, it will be a rare case which requires the major operation of prostatectomy, or removal of the organ. A better understanding of the effects of obstruction on the upper urinary

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organs, the improvements in laboratory methods, the refinements in the application of remedial measures, the advances made in anesthesia and operative technique have made the path much smoother for prostatic patients no matter what measure is employed for the correction of their difficulty.

The ideal procedure, whether it be treatment or surgery, is to provide, in the shortest possible time, permanent and adequate relief of disability with minimum risk to life or invalidism to the patient. The advice as to the method of choice must rest with the urologist. The decision naturally rests with the patient.

CHAPTER X

PROSTATISM WITHOUT THE PROSTATE

PATIENTS frequently consult physicians with symptoms which they think point to the prostate gland. To the casual observer their diagnosis might seem correct. The practice of medicine would indeed be easy if the patient could come with the diagnosis already made, providing, of course, that he was always right. This can never be the case, for there are many conditions in the body which have symptoms simulating prostatic disorders. Every other reasonable cause must therefore be ruled out before coming to a final diagnosis.

A careful history in which leading questions often elicit valuable clues is followed by a thorough physical examination. In this are included the various systems of the body, and every possible aid is used such as laboratory examinations, the x-ray, and the cystoscope.

Cystoscopic examination may show that the

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patient already has had his prostate removed. He did not mention it when the history was taken. A tag of prostatic tissue may have been left attached to the internal urethral orifice, a polyp may have developed in the prostatic bed, the prostate may have been incompletely removed, a stone may have lodged in the prostatic cavity, or there may be a growth or closure in the urethra.

Examination of the urethra may disclose a stricture, a small meatus (external opening), a long adherent foreskin, and numerous other conditions.

The seminal vesicles may be found to be enlarged, infected, or involved in any of the ways mentioned in Chapter VII.

The functional capacity of the bladder may have become impaired in any number of ways, a stone or stones might be present, the bladder might be deformed by injury or from birth, there might be diverticuli or pockets in the bladder wall, tumors might be growing in the bladder or an endless variety of other conditions might be present.

In the ureters, or tubes which lead from the kidneys to the bladder, there might be stones, kinks, growths and various anomalies.

The kidneys themselves might be causing the trouble. Nephritis must be excluded. Entire books

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have been written upon this condition alone. There are many types. In the kidney there might be stones, tuberculosis or various other diseases, the kidney might be dropped, floating or have a number of anomalies.

In the rectum there might be hemorrhoids, polyps, fissures, cancer, inflammation, fistula, etc.

In the nervous system there could be found locomotor ataxia, general paralysis, birth defects of the spinal column, injuries to the nervous system, evidences of alcoholism, evidences of excessive smoking, drug addiction, etc.

Among the numerous blood diseases, syphilis and the anemias are examples.

There might be tumors of the various endocrine glands, diabetes, and other glandular disturbances.

The surface has been but scratched in an effort to give the reader a picture of some of the various conditions which might easily give symptoms of prostatic disturbance when the trouble is really elsewhere. Take the one symptom, the frequency of urination. A patient coming with this complaint alone would require a most careful examination, for it could indicate any of the above conditions or any combination of them.

CHAPTER XI

DIET AND SLEEP

NOT since the times of the ancient Greeks has healthful living, both mental and physical, been preached as it is to-day. "Mens sana in corpore sano" has become the watchword of our people and those suffering from prostatic trouble, or the fear of it, can be helped by many of the same practises which apply to amelioration of other abnormal conditions. Among them are diet and sleep. These are two rather delicate subjects. When one tells a man what he should or should not do, whether it pertains to morals, politics, eating, or sleeping, he is treading on dangerous ground.

Proper eating is essential for everyone. Certain articles of food irritate the prostate gland, and if it is at all involved they should be omitted from the diet. The diet of a patient with prostatism also depends upon his age, height, weight, physical type, physical condition, exercise, occupation, the climate he lives in, and what kind of a cook he has. The results of his general and special examinations

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also govern both the kind and amounts of food he may eat. The diet for each patient must, therefore, be determined by his particular requirements.

There seems to be a concerted effort at present to make the public vitamin conscious. The truth is that vitamins are important, and that one vitamin is just as important as another. The easiest and surest way to solve this otherwise perplexing problem of how to get your vitamins, is to eat a large variety of different foods. In case of doubt, milk, vegetables, fruit, eggs, meat, and bread give one a wide margin of safety, for by eating them there is no danger of vitamin deficiency. Our grandparents never heard of vitamins, yet many of them ate sufficient vitamins to reach a satisfactory old age without too many mishaps. Most of us prefer white to whole wheat bread or bran bread. For those who do, it is the sensible thing to eat it. It is true that whole-grain flour contains vitamins and roughage that are lacking in white flour, but what of it? Bread is not the only item of the meal, and in the other foods of the daily menu the deficiency may be more than made up.

No man should eat any article of food if he knows that this food does not agree with him. A man with prostatic difficulty should avoid greasy,

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or fried foods, insufficiently cooked vegetables, heavy breads and pastries, raw vegetables such as radishes and cucumbers, excessive use of salt, condiments, and highly seasoned foods.

To be efficient a diet should be properly balanced. This can be accomplished only by study of the individual case, for a balanced diet in one instance would be horribly unbalanced in another. A great many factors determine this question of balance. It is needless to discuss them here. An unbalanced diet in a human being is much like a faulty mixture in a car. Whenever either is present for any length of time, things begin to happen. The list is a long one, but anemia, scurvy, rickets, marasmus, acidosis, acne, constipation, and gout are a few examples of conditions which may result from improper diet.

Next to eating, sleeping is probably the most important thing that man does. It is something that he must do. Some men seem to require little sleep, others cannot get enough, but whatever time is consumed, sleep is necessary, for it is a healer. The time spent in sleeping is not half as important as sleeping well. It is particularly important for men in this dangerous prostatic age to learn how to sleep well.

Doctors Donald A. Laird and Charles G. Muller

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conducted a series of studies on sleep at Colgate University and have published their observations in a book called *Sleep*. It will prove interesting and instructive to those who wish more data than can be given here.

Sound, relaxing sleep for seven hours is preferable and more beneficial than eight or nine hours of fitful, restless sleep. The first step in improving conditions conducive to better rest is to procure the proper bed, spring, mattress and covers. Adequate ventilation, the elimination of unnecessary light and noise and the position of the bed are also important.

Blue or green are soothing colors. Bedrooms so decorated have been found more conducive to restful sleep. Not only does the exclusion of light give great benefit, but the bed should be placed so that the sleeper does not face a window. Light in early morning streaming on the face of one sleeping is disturbing, and in case of sickness, where the patient is confined to the bed, facing this light all day long prevents relaxation and injures the eyes. Mufflers for windows may now be purchased. These greatly reduce disturbing noises.

Sound relaxing sleep is seldom obtained on any mattress less than thirty-nine inches wide, but a double bed is really best for one person. A vertical

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coil spring is far superior to a horizontal or link spring.

A soft mattress on soft springs is not a good place to sleep. A night in a bed of medium softness gives more recuperation than a night spent in a very soft bed. Improper bed covers can offset the perfect combination of bed, spring, and mattress. Extra wide blankets and sheets give the sleeper more comfort and warmth as well as mental assurance conducive to better relaxation. Strange what a bit of cloth hanging over the edge of a bed will do! These covers, by the way, should hang freely and not be tucked in. In this way freedom of movement without fear of exposure is given the sleeper.

Soft wool or camel's hair blankets are best. They are light, flexible, and give maximum warmth with minimum weight.

Fluids should be greatly restricted after five o'clock in the afternoon. In this way those taken during the day are eliminated before bedtime, the work of the urinary system is minimized, and sleep is not disturbed by an over-distended bladder.

CHAPTER XII

PSYCHIC AND PHYSICAL HARMONY

As a rule we bring most of our troubles on ourselves, and by clear thinking combined with well-directed action we can remove or alleviate them. This is true with marriage. In a happy, well-regulated, harmonious marital life, many prostatic disturbances never occur, and in cases where they are unavoidable the severity and suffering are greatly lessened.

No two people are exactly alike. They differ in looks, physical, mental and emotional equipment, and in their philosophy of life. It is important that a man and his wife should not only realize this but profit by it, for failure to adjust themselves to each other in every respect is the cause of marital uneasiness, distress, unhappiness, discord and failure.

Love is an art. To acquire real possession of a woman's soul and body is a task that requires the whole of a man's best skill and insight as well as the woman's complete coöperation. All normal

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women as well as men have within them the instinctive cravings and necessities of physical love together with the potentialities for idealistic or spiritual love. Neither of these loves can ever be properly realized without the other.

Too few couples when about to marry stop to consider anything. They think that they love each other. Nothing else matters. If either one of them were considering a business partnership they would insist upon a thorough investigation. They would learn whether the future partner was selfish, intolerant, honest, frank, open-minded—in fact everything to determine the success or failure of the venture.

The partnership of marriage should be approached in much the same way. It is difficult for certain types to live together in a congenial manner; it is next to impossible for others. If a man and woman wish to marry and they are unable to learn whether they are mutually compatible, or if a man and woman who are married wish to insure greater happiness in their wedlock, they may consult physicians trained especially for this service. From these men counsel may be secured concerning the numerous problems related to and resulting from marriage. It is well to learn how to avoid or relieve those prodigious difficulties, dis-

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couragements, sacrifices and fatalities which so often infest the matrimonial affairs of all types of people under various conditions of social stress and economic pressure.

Much study is often required when two human beings of opposite sex desire readjustment. They are bound by numerous intangible ties, yet forced apart by equally intangible emotional distresses. Inasmuch as many individual problems determine the solution of each case, only general suggestions and but few of these may be given here. A comprehensive work on the subject would be monumental.

When two people first meet they are practically independent of one another. During courtship there is an interplay of various reactions, emotions, and showmanship from one to the other. When married, the independence ceases, and the reactions and emotions must be stabilized in order to maintain marital harmony. This is brought about largely by unifying the common interests of each mate without destroying individual morale. An amplification of zeal, spirit, hope, and confidence should result from these unified interests.

Tremendous variations occur between various types. These variations, termed personalities, grow largely from social experience and relationship.

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They are modified by living habits, adaptability and reactivity under difficult social, economic and physical situations. All personalities, however, have certain basic factors in common, but of these we need only concern ourselves with three trends which we will call those which pertain to self, to others, and to sex. Without analyzing these specifically it is obvious that any man or woman may have wide variations in any one of these, whether they are emotions, instincts, or socially controlled forces. For a normal happy marital life a man and woman must be able to combine their basic trends pertaining to self, others, and sex, at any time into a single mutual object. Unless they do, situations and eventually conflicts will arise in which self, the outsider, or sex predominates.

A few examples of failures to combine these basic trends are: economic difficulties, social disparities, inequality of intellect, dissimilar ideals, friction, wrangles over friends or relatives, physical ill-health, emotional instability, mental peculiarities, sexual incompatibility, sexual dissatisfaction. The list is endless, but the condition of the prostate gland depends largely upon a sane marital relationship.

There are very few people who do not show marked improvement physically, mentally, sex-

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ually and morally after education in sex matters and regular habits of physiological sex living. For this to be possible the mates need the will and the ability to learn properly, and the desire or the tolerance to be sexually agreeable at all times.

The wife should take her cue from her husband after she finds out what his real sex nature is. She should endeavor not to tax him too severely either by repression or by over-indulgence. She is benefitted if intercourse is moderately frequent, providing she desires it and derives complete satisfaction each time.

If a man, however, whose natural aptitude for intercourse is twice a week persists in indulging twice or three times that amount, or in any other ratio in which he attempts to gratify artificially stimulated passion or a more sexually active wife, his mental and physical efficiency would be reduced, and prostatitis, vesiculitis, and impotency will follow.

The wife who withholds her sexual favors should know and always remember that if she restricts a man whose natural rhythm is two or three times a week, to once a fortnight or once a month, he will probably be more seriously injured than the man who made excessive use of his sexual

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powers. In addition to his prostatism, her husband will probably develop a neurosis, instability, irascibility, and impotence.

The husband should remember that women vary in sex desire and capability. It is hard to determine their real sex nature. They are not so frank about it as men; their psychic inhibitions are greater and harder to overcome. As a matter of fact, comparatively few women have a tendency to spontaneous sex excitement except after long periods of repression. This is an important reason why there are so many men in prostatic difficulty. If the man and wife are intelligent and mutually in love, and if he knows how to court her and prepare her for intercourse, he is most fortunate. Otherwise he may either develop a prostatitis or seek an alliance outside the fold. And this we know is neither safe nor satisfactory.

Once a man has convinced his wife that fears should be abolished, that their mutual health, efficiency and love require it, she will welcome intercourse. This will prove true with two-thirds of all women who love their husbands. For those who do, harmony is assured.

Many men are responsible for the indifference of their wives and the resulting condition of their

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prostate glands. These men may be divided into two groups. The first suffer from premature ejaculation of which, while it has been discussed, it might be well to recount some of its principle causes; psychic; excessive repression; overwork, anxiety, anatomical peculiarities and pathological conditions; intense desire, and withdrawal. These, as we have mentioned, need treatment. The second group are cases where the man's ego exceeds or completely submerges his love for his wife. Such a man is easily excited and has an orgasm soon after intromission. His wife is left with her desires aroused but not relieved by orgasm. This is injurious to her, for she remains in a restless, unsatisfied, irritable state which almost invariably leads to insomnia, bad temper, a hysterical condition, and local disorders. Intercourse now becomes not only painful but distasteful to her, and she either refuses altogether or consents at very infrequent intervals. The man is not only responsible for her condition, but for their marital unhappiness and his ensuing prostatitis.

Few couples are prepared when first married to live in complete sexual harmony and in amicable physiological adjustment. They never will be prepared until each party to the contract has learned

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the normal sex rhythm of the other and they have both agreed to necessary compromises. To do this they must both enter wholeheartedly into an exhaustive study and a judicious practise of the art of love.

CHAPTER XIII

A WORD TO THE WIVES

IT may be presuming too much to think that some wives will read this book. However, there must be many women who are interested in trying to discover why their husband's tender and unselfish nature suddenly seems to be going sour, and in finding out what can be done about it.

It is a bit puzzling to any wife, after living with a man of pleasing manners, sunny disposition, and of apparently good health, to have him grow overbearing, irascible, prone to bad temper and sulking moods. Where once she was conscious of his manliness and zest whenever he was with her, she now dreads his homecoming. Where she could once single him out of the crowd, proclaiming by his sprightly step that he was sitting on top of the world and didn't care who knew it, he now has lost his sense of well-being and everything seems an effort.

The causes have been discussed in previous

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chapters. Wives who read this treatise before such a condition befalls their husbands may help to prevent it. Others, less fortunate, have it in their power to lighten or remove the burden.

It takes but a little love, respect and effort on the part of one mate to make the other contented and happy. The desire and the effort of each to help the other is retroactive and the very thought that one's mate is trying, helps the other. Little things, whether thoughts or deeds, often make life sweet or barren.

Since modern contraceptive methods give practical freedom from worry of becoming pregnant, there is no reason why a normal healthy woman should withhold from her husband that which is necessary to his health, his well-being, and his good disposition. Woman is seldom hurt by intercourse. She is greatly benefited by it, as it helps to keep her in good physical condition and gives an outlet for her nervous energy.

During intercourse there is an interchange of internal secretions between the male and the female as well as a liberation and an acceleration of the secretions throughout the bodies of each mate. This tends to keep their bodies in such a healthy condition that any difficulties attending the menopause, or change of life, will be minimized. This change

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of life in woman, as previously stated, corresponds to the dangerous or prostatic age in man. They are very similar.

In life, especially in married life, one must give as well as take. The more one gives, the greater is the return. In this case the woman will be repaid in congeniality, greater harmony, and in keeping her mate physically fit. Even if she cannot be sexually spontaneous, a little unselfish exertion will be fruitful, and the results their own reward.

An adoring husband with a good disposition is certainly far more desirable than a sulky, bad-tempered one. There are without doubt many husbands who appear to their wives to be notional, mean, and unendurable. They might be changed by regular, consistent treatments of a little affection, a few caresses and the consummation of love. Although love has palled, the health and happiness of her life partner should be sufficient reason for a wife to continue what may now be just an act of graciousness.

Some women acquire an aversion to the sexual act as they grow older and some while they are yet young. This may be the fault of the husband due to his lack of knowledge and technique in performing the sexual act. Or, it may be his lack

THE DANGEROUS AGE IN MEN

of tactful understanding of the nature of his mate or a lack of delicacy in his approach. It is his duty to solve that problem as we have previously indicated, and the sexual symphony will grow more melodious through each succeeding year.

Shame and timidity are unnatural and destructive of the perfect understanding and harmony which this particular phase of married life demands. Do not be ashamed of your body. It is a work of art to be admired. Never be ashamed to speak freely of your enjoyment, and by the same token never suffer pain, hurt, or discomfort in silence. If there is the slightest discomfort or pain, be frank and tell your mate about it. Some change in position may be all that is necessary. If the condition persists, see a physician. In most cases some simple treatment will remove the difficulty.

There are times when every man and woman wishes either to be left alone or to be alone. These times should be respected. There should be no surmises or guesses about the matter, but a frank statement graciously understood by the other partner.

There are times when the marital bark, even in true love, goes through shallow water. Without a guide it may become grounded, or it may dash

A WORD TO THE WIVES

against a rock. Intolerance and failure of either partner to understand the difficulties or suffering that the other endures, are the rocks which may spell "shipwreck" to what was intended by nature to be—always "Bon Voyage!"



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