

Editorials.

THE RELATIVE FREQUENCY OF STERILITY IN MAN AND WOMAN.

Sterility is of interest in practice almost wholly in the married class, and therefore presents for consideration of the obstetrician who, it might be paradoxically stated, is called in by the fruitless wife because he has not been needed. As the responsibility for an existing sterility is necessarily uncertain as between husband and wife, and, moreover, the tendency of those accustomed to treating women only is to consider the latter as usually at fault, it should be of interest and profit to note the following resumé from Sturgis (*Sexual Debility in Man*, page 372) regarding the relative frequency of sterility in man and woman:

“Up to recent times the belief has generally been held that the woman is oftener at fault than the man in cases where marriages prove unfruitful, but both gynecological and genito-urinary surgeons are rapidly coming to the conclusion, after observation and investigation, that the man is more frequently to blame than has been supposed; the frequency, however, with which he is responsible for the sterile marriage is yet a mooted point among medical men, the proportion in which the responsibility rests with the male varying much with the statistics given by different authorities. Thus Busch puts the percentage at 27 from azoöpermia. Kehrer, in 40 cases of sterile marriages, found the male at fault in 16 cases (40 per cent.), the woman in 24 (60 per cent.). Of these 16 cases, in 14 (87.5 per cent.) sterility was due to azoöpermia and in 2 (12.5 per cent.) to impotence. Manningham states that there is one sterile man for every 30 sterile women, or a proportion of about 3.5 per cent. Courty states that the woman is at fault nine times out of ten, or in the proportion of 90 per cent, while

Noeggerath, on the other hand, puts the female proportion as 6 in 14 (42-43 per cent.) Blake and S. W. Cross state that the man is at fault once in every eight sterile marriages (about 12 per cent.) Vedder, of Christiana, in Norway, reports the result of his examination of 310 married women who had never been pregnant though married at least one year. In 50 cases he was enabled to examine the husband also. From the examination of these 50 couples he comes to the conclusion that in 70 per cent. of the cases the husband is to blame for the sterility. Seeligmann states that in a large number of cases of *sterilitas matrimonii* which he had had the opportunity of examining in the space of two years, in 75 per cent. the man was to blame, and in nearly all the cases the sterility was due to azoöspemia from double epididymitis of gonorrheal origin.

"From a study of these figures it is evident that there is such a wide difference in opinion as to the proportion in which the male is blameworthy as possibly to vitiate the value of these statistics; but on one point there is no doubt whatever, to wit, the old idea, that in cases of sterile marriages the female is always at fault is an erroneous one. Perhaps the cause of difference in these statistics may be due to the reasons pointed out by Pajot, who, in 1866, stated that out of 80 sterile marriages the woman was to blame in 7 (less than 10 per cent.) In 1880 he puts it as high as 20 in 200 (10 per cent.), while in 1889 he stated that it was about 20 in 100 (20 per cent). He states that it would be very desirable that gynecologists should publish their statistics, for only by the consideration of a large number of examinations would it be possible to arrive at some definite and trustworthy conclusion as to the true proportion in these cases of sterile marriages. Within a few years Lier and Ascher have published three tables which are worthy of careful study, as being the best statistics on the subject at present obtainable. In the first table the total number of cases comprised 76 married couples. Of these 76, 30 of the men were not examined from one cause or another; 46, however,

were. Of these 46, 21 (45.6 per cent.) were found to be suffering with azoöspemia; 6, or 13 per cent. were impotent, besides being afflicted with spermatorrhea; 7, or 15.2 per cent., were found to have gonorrhea and spermatorrhea, and in only 12, or 26 per cent., were the men sexually healthy.

The second table consists of 151 married couples. In these 65 of the males were not examined; 86 were. Of these 86, 21, or 24.4 per cent., were the subjects of azoöspemia; 5, or 0.6 per cent., were suffering from impotence and spermatorrhea; 34, or 40 per cent., had gonorrhea together with spermatorrhea, and in only 26, or 30 per cent., were the males sound.

The third series of cases comprised 227 married couples; of these, 195 of the men were not examined; 132 were. In 42, or 31.8 per cent., the semen was devoid of spermatozoa; 11, or 8 per cent., were impotent and suffering with spermatorrhea; 41, or 31.1 per cent., had gonorrhea with spermatorrhea, and only 38, or 28.8 per cent., were sexually healthy.

"These figures are worth pondering over. In these three tables the percentage of healthy males ranges from 26 per cent. as a minimum, to 30 per cent. as a maximum—say on an average of 28 per cent., leaving 72 per cent. of men who, from one reason or another, are sexually damaged and incapable of procreation. With these figures before him the surgeon is compelled to reverse the famous dictum of Vidocq. Instead of looking for the woman he must look for the man, and, while the doctor may be unwilling to accept the fact that in cases of sterile marriages, 72 per cent. of the men are to blame, still he is forced to the conclusion that there is quite a notable proportion in which the man is at fault. In the cases where a surgeon is called upon for a professional opinion as to the cause of the sterility, no accurate diagnosis can be arrived at until both husband and wife have been examined, and, in the husband's case, no opinion of any value can be given unless a microscopical examination of the semen is made, not once only, but repeatedly, in order to avoid any possibility of error, such

as might be caused from the azoöspemia being temporary. It is well in all such cases to insist that the specimen of semen sent for examination shall be the first which has been ejaculated after a period of continence of at least a couple of weeks, and even longer if necessary."