

CHAPTER XV

MALADIES INVOLVING THE GENITAL FUNCTION

IMPOTENCE

IMPOTENCE is usually a symptom of some physical morbid condition entailing inability to accomplish the sexual act. It is a complaint not infrequently submitted to the surgeon; not always frankly and openly as such, but often by implication, as though it should be recognised and inquired about in answer to remote indications which the patient has scantily furnished. Indeed, the surgeon who would meet the daily wants of his fellow-men in reference to troubles of this sort, must possess an accurate knowledge of the physiology of the sexual function and of its various derangements, and be ready to anticipate the reticence of patients; otherwise he will fail to sound many of the depths of human nature where suffering lurks—which suffering is for the most part preventable or relievable.

Impotence signifies that an individual cannot beget children because he cannot perform the sexual act properly, no matter what the obstacle may be, whether he have spermatozoa or not. The term must be carefully distinguished from sterility, which signifies inability to beget offspring on account of defect in the semen, whether the individual can have sexual intercourse properly or not. Undoubtedly the two are often associated in the same individual, but they may be totally distinct, as the following examples will illustrate. Thus, in the East, there are two methods of making eunuchs: either the penis is removed together with the testicles (and such a eunuch is necessarily both impotent and sterile), or the testicles alone are removed (and such a eunuch, though sterile, may be still partly potent), and does not bring so high a price as the eunuch who has no penis. It is a well-known fact that both animals and men, from whom the testicles have been removed after puberty, still retain sexual desires, and may have intercourse, with venereal orgasm and ejaculation of prostatic mucus, during a period of many years. A cryptorchid is rarely impotent, but is very apt to be sterile, and such is the case of many patients after double gonorrhœal epididymitis; while, as causes

of impotence without sterility, may be mentioned deformities preventing sexual intercourse, though the spermatic fluid is normal, such as exstrophy of the bladder, and extreme incurvation of the penis, with or without hypospadias.

The distinction between impotence and sterility being now clear, a few words regarding each of these complaints will perhaps serve to dispel the mists of uncertainty which often envelop them.

Impotence may be true or false.

TRUE IMPOTENCE

This is exceedingly rare in the male. Any one who can perform the sexual act is potent. This act implies two conditions, namely, sufficient erection to make intromission possible, and a mucous fluid leaving the body by ejaculation.

That lack of desire before the act and pleasure during its accomplishment are not absolute essentials to sexual intercourse is exemplified by the two conditions, priapism from cantharides, in which there is no desire, and yet intercourse is possible with perfect intromission and ejaculation, and certain diseases of the cord attended by more or less paraplegia, where intercourse followed by conception may take place, and yet there be no pleasure in the act of ejaculation, the patient being unconscious at what moment it occurs.

Conditions involving True Impotence.—1. Absence of penis (p. 652). In such cases, if there are healthy testicles, the patient cannot be called sterile.

2. Minute size of penis may involve impotence. That small size is only relatively a cause of impotence is evident, and that it by no means involves sterility is shown by Orfila, in a case where an action for rape was brought against a man with only the stump of a glans in place of the entire penis, by a woman who was impregnated by him. Orfila decides that impregnation may take place under these circumstances, but only through the consent of the woman, and that consequently rape is impossible. The numerous cases on record where impregnation has taken place without rupture of the hymen show that a deposit of semen within the ostium vaginae may fertilize an ovum, and such a deposit of semen *might* be accomplished by the smallest possible penis. Intromission and ejaculation might take place, and impotence, though possible, is not essential. The patient is not sterile.

3. Extreme size of the penis is a relative cause of impotence.

4. Extreme epispadias and hypospadias, with or without incurvation and exstrophy of the bladder, likewise involve impotence, without sterility; for though copulation might be possible with

exstrophy, yet intromission of semen would not take place, and impotence would be inevitable. The female with exstrophy is neither impotent nor sterile. Slight hypospadias may, but does not necessarily, involve impotence. The semen is not properly ejaculated into the upper part of the vagina, and impregnation sometimes fails to take place on this account. A very short frenum may have a similar effect.

5. Large size of the prepuce, or excessively tight and narrow orifice of the same, may involve impotence, as may also any tumours or growths upon or about the penis, elephantiasis, fatty tumour, hydrocele; or neighbouring deformity, as faulty position of the thigh from ankylosis of hip, excess of abdominal fat, etc., all of which may mechanically interfere with copulation without in the least implying sterility.

6. Very tight stricture of the urethra, especially if there be large and multiple fistulæ behind it, may involve impotence if the semen does not escape by ejaculation, but dribbles away after erection subsides. A similar cause of impotence exists in a vicious direction of the orifices of the ejaculatory ducts, by which during ejaculation the semen is turned backward into the bladder and escapes afterward with the urine. According to Grimaud de Caux, such a condition of things may be caused by the action of a certain class of Parisian prostitutes, who, fearing pregnancy, watch for the moment of ejaculation, and then press forcibly upon the urethra of their partner just in front of the prostate, by inserting a finger into his rectum, thus causing the semen to be ejaculated into the bladder. A similar condition has been known to result from prolonged posterior urethritis. When, from these or any other causes, there is no ejaculation, the condition is known as *aspermatisms*.

7. Imperfect, irregular, or bent erections, due to inflammation, injury or tumour of one of the erectile cylinders of the penis, may sometimes prevent intromission and entail impotence.

8. Eunuchs, and those having atrophy of both testicles, are usually impotent, always sterile.

9. Injuries or diseases of the central nervous system sometimes cause impotence by interfering with either erection or ejaculation.

10. Impotence may be *symptomatic*—not to speak of the physiological impotence of childhood and old age—and then is only conditional or temporary, and usually disappears with the removal of its cause. Critically speaking, impotence depending upon most of the conditions already enumerated is symptomatic; but the term “symptomatic” is used to make a class apart. A single example will illustrate the point: A has double syphilitic orchitis; has no desire, no

erections—has, in short, impotence symptomatic of syphilis. Prompt treatment is employed; his testicles regain their normal state, his erections reappear, and he is well. B has the same condition of the testicles, the same impotence, but he employs no treatment; both testicles go on to atrophy, and he passes from a condition of symptomatic into one of true impotence, with sterility as well.

In symptomatic impotence there is always lack of erection, and often also temporary sterility. Such impotence is always associated with severe acute febrile diseases and with conditions of lowered vitality, whether due to wasting disease, to shock, or to other causes. Long-continued sexual excess, whether by masturbation or otherwise, produces impotence, though this is commonly a false impotence, an inability of the jaded body to keep pace with the lecherous mind. Finally, all drug habits—opium, tobacco, cocain, etc.—tend to produce impotence; and above all may be placed alcoholism. When a man is thoroughly drunk he is impotent; when a steady drinker, his sexual powers are always diminished, sometimes lost. Partial erection, attended by rapid ejaculation, is a common variety of impotence, due usually to sexual overexcitement, etc., and observed in animals as well as in men. In such cases a neuralgic condition of the prostatic sinus usually exists, and the most effective treatment is that for neuralgia of the vesical neck, with instillations of nitrate of silver, the cold sound, local external applications of cold water, and general hygienic measures.

The alleged efficacy of stripping the vesicles I have not been able to verify, but the hot rectal douche is useful. These means, aided by the confidence with which a physician should inspire his patient, and the counsel to be deliberate in the sexual act, and to practise it in the early morning rather than in the evening, or even to trust to a second effort, rather than to place all hope on the first, will often overcome this variety of impotence in time. Circumcision is sometimes useful to diminish hyperesthesia of the glans penis.

FALSE IMPOTENCE

False impotence is an affection which the practical physician is often called upon to treat. True impotence calls for treatment of the physical irregularity, deformity, disease, cachexia, etc., giving rise to it. False impotence requires treatment of the individual, and not of any disease. In false impotence the cause is a nervous, or, it may be, a moral one; and there is no impotence whatever except in the mind of the patient. Here the surgeon requires all his delicacy, all his sympathy, in order to obtain the confidence of his patient, to overcome his suspicions, and to lead

him gently to a cure, which is always possible if only the patient have faith.

Among the causes of false impotence may be mentioned sexual indifference, either temporary and spontaneous or more or less prolonged, as a result of sudden shock, grief, excessive joy, fright, repugnance, or lack of affection for the individual with whom copulation is attempted. Under the last two circumstances, the patient can sometimes think of another person than the one with whom he is lying, and thus maintain erection and effect ejaculation. The sudden flooding of the vagina with warm mucus will sometimes cause erection to cease at once. Roubaud mentions a curious case where impotence came on with an indigestion, and remained long after its cause had disappeared. He speaks of another man who became impotent on drawing a prize of 30,000 francs in a lottery. The various forms of sexual perversion afford numerous examples of false impotence.

Treatment.—This form of moral impotence requires special attention to all the agencies which may act as causes, and the exercise of tact and sympathy to acquire and retain the patient's confidence, a point of treatment most essential to success. The surrounding hygienic conditions must be made favourable, the advantages derived from change employed, and all indications of deviation from health in any respect appropriately met. It is necessary to arouse the moral sentiment of carnal desire, as well as the power of the organs to respond. The first is attained by favourable relations to the sex—opera, theatre, etc. The second, by general dry frictions of the whole body, by massage and flesh-brush, cold bath, sea-bathing, generous diet, and the internal use of tonic medication; the mineral acids, strychnin, ergot, and especially phosphorus and cantharides, or the two combined, commencing at a fair dose, $\frac{1}{40}$ of a grain of the former to 10 drops of the tincture of the latter, three or four hours before the desired erection, and increasing the dose carefully. Cantharides produces erection without desire; phosphorus and damiana directly increase desire. Cold and heat, by the douche, electricity, and local applications of mustard, are sometimes serviceable in recalling erection. In such cases the opportunity of the quack and the charlatan is unlimited. If he can, by whatever preposterous claims, once drive the obsession from the patient's brain, cure is assured. The regular physician cannot debase his self-respect by lies and trickery, but he can and must marshal all the strength of truth and virtue that lies in him to impress upon the patient's mind a respect for himself and his personal decency, as well as an appreciation of the subjective character of his defect.

NERVOUS IMPOTENCE

In a sense, all false impotence is nervous impotence; but there is a distinct and very common class of sufferers conveniently grouped under this heading. These are mostly young men who, from one cause or another, have got into the habit of acting abnormally in sexual congress. They get either no erection or a very slight one. Emission is absent, or premature, or without any sensation of pleasure. Each case has some peculiarity fondly alluded to by its possessor as proof that he is quite unique. Indeed, the patient's sole desire sometimes seems to be to persuade the physician that he has never before seen a case quite like this one. No possible classification of such cases can be satisfactorily minute, but the following may suffice:

1. The individual's potency is quite normal, but not what the patient thinks it ought to be.

2. The potency has been diminished by some early impression or by excesses.

3. The potency is congenitally slight.

1. The first class may be passed over lightly. Unhappily, there will always be among us a class of men, of splendid physique and infinite endurance, who elect to spend their lives in ignoble homage to Venus. And such men have their followers, their admirers—puny, dyspeptic, rabbit-eyed creatures—whose sole ambition is to flog their bodies on to wondrous feats of venery and bestiality. And since Nature never cast them in this mould, they come crying out because their bellies are not so big as their appetites, instead of thanking God for it.

2. Here is lost manhood! What a picture it recalls of errors of youth, thirty years' experience, electric belts, and what not! Here is the man of fifty, sixty, seventy, whose habits have him in their clutch. "Just once more!" "Days of my boyhood!" Here is where the moral lecture is the most deserved and does the most good. Or it may be the young man with premature ejaculations, weak erections, or nocturnal emissions. He has masturbated more or less, and has nocturnal pollutions. He has usually plentiful evidences of virile power. His desires may be excessive. He awakes with erections. He can provoke erection, or even emission, at will; but, in presence of a woman, and when he desires to have sexual intercourse, his organs will not respond; or, if erection comes on, it lacks energy, and is liable to fail at any moment during the act. In short, the patient can do anything he wishes, except rely upon an erection at the critical moment.

This form of impotence is the result of unnatural excitement of the sexual functions. It may come from prolonged ungratified desire or excessive erotic excitement at the moment. It is not infrequently accompanied by involuntary emissions during sleep, and by urethrorrhea, especially after the matutinal erection and defecation. Encouraged by the flaming advertisements of the omnipresent quack, the patient's fevered fancy pictures his condition as one of incurable gleet or wasting spermatorrhea. Probably the entire train of mental association can be traced back to some occasion, perhaps his first attempt at coitus, perhaps his last, when things went wrong through some external circumstance. He was frightened; he tried again, with worse result than before. Immediately his mind reverted to his youthful experiences. He had masturbated either too much or too little. He lays the blame of his condition upon his unusual chastity or his abnormal passions. He broods over his hopeless lot. False promises of a cure often tempt him to a trial, and their failure relegate him, more than ever deeply despondent, to the surgeon.

Treatment.—The treatment is threefold:

1. *The Patient's Sexual Coefficient must be Discovered.*—By the sexual coefficient I mean the amount of sexual power with which he is endowed by Nature. Mankind at large is possessed of the notion that, although men's noses and digestions need not all be cut of the same pattern, it is to be expected that the sexual capacity of every one should be all-embracing. Thus, while it is no disgrace to be dyspeptic about the stomach, it is to the last degree shameful to be dyspeptic about the genitals. Theoretically, such a distinction is absurd; but practically, no man is willing to brand himself a sexual laggard. In some way, by dint of enumerating emissions, copulations, masturbations, the physician must learn what ideal he can set before the patient. If a man's natural capacity for sexual congress is only once a month, it is hopeless to try and tune him up to three times a night.

2. *The Patient must be Encouraged.*—The first point of encouragement must be to depress him by bidding him look for a protracted and relapsing convalescence. Then he must be made to understand that his sexual possibilities are just so great and no greater; and that, however well he may get, overstepping his allotted bounds will call down swift retribution upon him. Finally, he must really be encouraged to feel that his malady is a functional disorder, a dyspepsia, which, like other dyspepsias, is curable, but only at the cost of a prolonged fast. He must abstain from coitus, from masturbation, from lewd companions, from obscene thoughts and things. The more thoroughly he abstains, the more certain his cure. Usually

he will try to adopt half-way measures, caring more for his "pot of ale" than for body and soul together. But such a course may not be countenanced. The ideal of absolute purity must be forever set before him and, as it were, hammered into him.

3. *He must be Assisted Physically.*—When possible, an entire change of scene presents the best opportunity for a man to get out of his old rut. Nothing could be better than a hunting or fishing trip. But if this is impossible, tonics may be given him, and sounds, nitrate-of-silver instillations, rectal douches, according to the choice of the physician. To some hyperesthetic individuals, massage of the vesicles is so nearly a suggestion of the sexual act that I fear it is quite as likely to do harm as good. If a strong moral influence, as that of father, brother, or priest, can be brought to bear, so much the better.

But all these measures are frankly palliative. When a man has once got into the habit of concentrating his whole mind upon his sexual organs, it is not to be expected that he should be entirely diverted to higher things. Chastity all can aim at, but celibacy is beyond the reach, beyond even the understanding of the many. Hence the proper cure for such a man, if he can be got into such a condition that he has an erection ever so rarely, is to instruct him in sexual physiology and hygiene, to acquire his confidence by sympathy, and to get him married, with the advice to attempt no intercourse, to be entirely frank and honest with his wife (who will more than equal him in timidity and ignorance), and, awaiting some morning when awaking with a vigorous erection, to accomplish coitus promptly, without delay, as a matter of imperious duty. The act once accomplished, the charm is broken. He knows he is a man and his confidence in himself returns.

STERILITY

The consideration of sterility is so interwoven with that of impotence that but little remains to be said. Sterility is an inability to beget children on account of absence or imperfection of the semen. In many cases there is impotence as well. All eunuchs are sterile. When both testicles are degenerated or destroyed by disease or atrophy sterility results.

The spermatic fluid, though ejaculated, may contain no spermatozoa (*azoöpermia*). This condition results from any obstruction to the formation of spermatozoa, any obstruction to their passage from the testicles to the meatus, or any inflammation in the seminal canals of sufficient intensity to destroy the spermatozoa. Without

enumerating all the possible causes of azoöspemia, three may be especially designated:

1. Obliteration of both epididymes or both vasa deferentia by (gonorrhæal) inflammation.

2. Debilitating diseases and, above all, alcoholism. Simmonds¹ estimates that 61% of alcoholics are sterile.

3. Inflammation of the prostate or vesicles. If the inflammation is severe the spermatozoa may be killed *in transitu*; but only a mild catarrh is required so to alter the quality of these secretions as to deprive them of the property of nourishing the spermatozoa.

Aspermatism, absence of ejaculation, is another less frequent form of sterility. It may be idiopathic, associated with anesthesia of the prostatic urethra, and due to the loss of some link in the nervous chain connecting ejaculation and sexual intercourse. More frequently it is due to operations upon the bladder and prostate that obliterate the seminal ducts. Such cases are not often encountered nowadays, but in former times, perineal lithotomy and Lallemand's porte-caustique made many a man sterile. Grimaux de Caux remarked of the latter that it made more eunuchs than did the demands of all the harems of the East.

Treatment.—Sterility from obstruction is incurable. Sterility from inflammation or from systemic disease is usually as curable as its cause.

SELF-ABUSE

Self-abuse is the production upon one's self of the venereal orgasm. The term masturbation signifies that an orgasm is produced by means of friction with the hand. Masturbation is not a malady. It does not necessarily produce disease unless carried to excess. Its practice is not confined to man. Monkeys are often masturbators; bears have the same habit; goats, making use of the mouth, indulge in it; turkeys sometimes practise it. In the human being it is practised by both sexes at all ages, females being much less addicted to it than males. The majority of women have very little passion, and suffer the first approaches of a lover or husband largely as a matter of complaisance. Undoubtedly there are numerous exceptions to this rule, but still a rule it is that the female, naturally modest, retiring, refined, learns what passion is only as the result of experience. With the male it is different. His passion is natural. He often has erections while yet a child, and has sexual yearnings long before puberty. Planque mentions two children four years old whose sexual organs were so developed that they could have sexual inter-

¹ Deutsch. Archiv f. klin. Med., 1898, lxi, 412.

course. Rarely does a boy escape initiation into forbidden pleasures by his school-fellows or his elders, and, though he escapes these, he is still very likely, when handling himself during erection, to find the sensation agreeable, and to go on, really ignorant of what he is doing, until he becomes a confirmed masturbator. Male babies are sometimes handled by their nurses to keep them quiet, a practice which is certain to beget the habit even in the earliest years of life. Stone in the bladder, irritation of the prepuce from retained smegma, traumatic stricture and bladder disease, ascarides, etc., lead a child to handle himself, and end in masturbation, if long continued; indeed, there are so many causes, natural and unnatural, why a boy should masturbate that few escape. But the most common cause is undoubtedly instruction, and this is usually received from other boys at school.

It may be safely assumed that a large proportion of mankind have masturbated more or less at some period in their lives, and it is equally safe to assert that at least 90% of such masturbators are not physically injured by the habit. If carried to excess, sexual indulgence in the natural way will produce evil effects, yet sexual intercourse is not only harmless, but even beneficial in moderation, as it can be only in the married state. It is not the loss of seminal fluid which is of the first importance in producing disease from sexual excess, but the nervous shock of the oft-repeated orgasm. Babies and young children lose no seminal fluid, women have none to lose, yet, in all of these, evil results follow excess as certainly as they do in the male after puberty. It is probable that any succession of nervous shocks as sharp and decisive as the sexual orgasm, even although purely intellectual, such as joy or fear, would shatter the vitality and nervous tone of an individual as much as masturbation.

Such writers as Lallemand, Acton, Belliol, certainly make too much of the solitary vice, while quacks find here the largest and most lucrative field for their nostrums. These men scatter their books and circulars broadcast over the land, and often, under alluring titles, thrust them within the eager grasp of the young, the inexperienced, the hypochondriacal, the nervous, overworked, unmarried youth, whose sexual needs, stimulated by his impure thoughts, find no adequate relief. Their tenets find ample faith and ready acceptance in the ingenuous mind, and errors are implanted which years of sober after-thought and experience, aided by the surgeon's careful and conscientious advice, are scarcely able to eradicate. Self-abuse is not confined to youth; middle and old age are not free from it. The numerous foreign bodies found in the urethra and bladder