

CHAPTER III.

ABSENCE OF THE POWER OF EJACULATING THE SEMINAL FLUID INTO THE VAGINA.

Impotence, from the cause to be considered in the present chapter, may be due to malformation, disease, or some other anomaly of the penis, to like conditions of the testicles or their annexæ, or to some condition existing in the body as a whole, preventing the emission of the seminal fluid into the vagina.

THE PENIS.—*Absence of the penis.* The penis may be absent from birth. Cases of the kind have been cited by authors, and among them is one referred to by Foderé.* The case was that of a young soldier, full of courage and strength, who had well-formed testicles, but where the penis ought to have been, had only a button like the nipple of the mammary gland, in which the urethra terminated. He declared that he was born so, and that sometimes, in presence of young persons of the other sex, the button swelled, and that by friction, a thin white liquid was expelled.

Nélaton reports the case of an infant brought to him for examination by a midwife. The child was two days old, and was perfectly well formed and healthy, except

* "Traité de médecine légale et d'hygiène publique." Paris, 1813, t. i. p. 364.

that there was an entire absence of the penis. There were no traces of that organ, no cicatrix, nothing. The scrotum was well formed, and the testicles were in the proper places. The urine escaped by the rectum. There was, in fact, a kind of cloaca, such as is met with in birds and some other animals.

In such cases impotence is the inherent condition of the organism. In the other cases it may be acquired, though just as absolute, from the *amputation or destruction of the penis*, but in such cases the organ must have been removed to a very considerable part of its extent. How much this must necessarily be in order to prevent entrance and ejaculation into the vagina, it is difficult to determine *à priori*. I know of a case in which the organ was wounded by the accidental discharge of a pistol carried in the trousers pocket, and in which a surgical operation removed all of it but about one inch; but the man in whom this occurred assured me that he was able to discharge semen into the vagina; at any rate, he got married after his mutilation, and within a year thereafter his wife had a child. There was never any complaint from either party in regard to the manner in which the conjugal duties were performed.

Less than an inch, I think, would not be sufficient to effect entrance and emission into the vagina, though it might be enough to give the sexual orgasm and pleasurable sensations.

During the recent war, and since its close, several cases of partial destruction of the penis from gunshot

injury have come under my notice, but in all these enough of the organ remained to serve the purposes of sexual intercourse.

In surgical operations requiring the amputation of the penis as much of the organ should be left as possible. I have only removed it twice, and in both these instances not more than half an inch could be spared to the patient. I never heard of the result so far as intercourse or the orgasm was concerned.

Smallness of the penis as a cause of impotence cannot be very effective. Foderé * is scarcely inclined to admit it as a factor. Occasionally, however, it exists, and Roubaud † gives the following case as in point :

“A student of medicine, nineteen or twenty years of age, and a Brazilian by birth, came to consult me. He was thin, his voice feminine, the muscular system scarcely developed. His face and chest were devoid of hair, and there was very little on the pubes. Before showing me his organ the patient informed me that he not only had desire, but also frequent erections, and that when he masturbated, the emission took place with all the ordinary voluptuous sensation, but that when he had intercourse, no matter how great an effort he might make, ejaculation never occurred. The case was singular, and before losing myself with hypotheses relative to a nervous sur-excitation which might have placed an obstacle to the free circulation of the semen,

* Op. cit. p. 366.

† Op. cit. p. 93.

I asked to see the organs of generation. What was my astonishment to find a penis almost imperceptible, of which it was difficult to discover the glans. The scrotum, the testicles, the vasa deferentia, all the apparatus were equally liliputian. The penis when in a state of erection was of about the circumference of the quill of a porcupine, and about two inches in length. The testicles were hardly of the size of a filbert, and were difficult to find when the scrotum, becoming relaxed, left them without its support.”

A case in which the penis was no longer than that described was some years since under my observation. It was of about the circumference of an ordinary lead pencil, and about two inches in length. It was well formed in other respects and copulation was performed not very satisfactorily, I was led to believe, but yet not altogether without pleasure.

Great size of the penis. This can hardly be a cause of impotence except in regard to some women. As Foderé * says, the extreme dimensions of the penis may cause the sexual act to be painful to both parties, and may give raise to contusions and abrasions. Zacchias cites the case of a Roman courtesan who always had an attack of syncope when she had sexual relations with one of her lovers who possessed a very large penis. Neither extreme smallness of the penis, nor its great size, are capable of being alleviated by remedial mea-

* Op. cit. p. 365.

tures. The apparatus of Mondat previously mentioned has been recommended for the former condition, but it is quite useless for such a purpose, or indeed for any other.

Bifurcation of the penis, either of itself or with its ordinary accompaniment, extrophy of the bladder, may be a cause of relative impotence, but scarcely of the absolute loss of the power of ejaculating the semen into the vagina. Goré (de Boulogne) communicated in 1844 to the Academy of Sciences the case of a double penis, of which the two corpora cavernosa were perfectly separated and provided each with a urethral canal, and Isidore Geoffroy Saint Hilaire reported the case of an adult in whom the two organs were separate and placed one above the other. In this instance the urine and semen flowed through both penises.

Suture of the penis. By this term is understood a condition in which the under surface of the penis does not exist; being merged in the scrotum, a single cutaneous envelop therefore encloses both the penis and testicles so that the organ is incapable of erection.

In a case of the kind which came under the care of J. L. Petit, an operation was performed by which the penis was separated from its attachment, but it still continued to preserve its abnormal curve. Bouisson operated in a similar case, and with better success, for the

* Comptes rendus de l'Académie des Sciences. June 1, 1844.

† Ibid., 1844.

individual was able to eject the urine to some distance and even to have emissions with erections.

Anomalies of the urethra may lead to impotence of the kind under consideration. *Hypospadias*, in which the orifice of the urethra is on the under surface of the penis, is one of these, provided the opening is so far back as to cause the semen to be ejaculated externally to the vagina. In some of these cases a surgical operation may be effective in closing the original opening, and making one far enough in front to allow of emission into the vagina during sexual intercourse.

In *epispadias* the opening is also farther towards the proximal extremity of the penis than is normal, but it is on the superior surface. Here, again, if the opening is sufficiently far back the emission during intercourse will take place outside of the vagina. In other cases in which it is nearer the distal extremity emission into the vagina is possible.

Besides these vices of conformation the penis is subject to certain diseases which interfere more or less effectually with the ejaculation of semen into the vagina. *Strictures of the urethra* are among the chief of these.

In stricture of the urethra the calibre of the canal may be so greatly reduced as to prevent the passage of the semen from the penis. It is obstructed by the narrowed portion of the urethra and flows backward into the bladder. Besides this there is no doubt that strictures of the urethra can, when not so great as to pre-

vent the passage of the semen, interfere very materially with the capacity for erection, and hence they become another cause of impotence. Civiale pointed out this fact when he said:

"Among the other local effects of strictures of the urethra which are worthy of the attention of the practitioner, since they furnish valuable indications for the establishment of a diagnosis and for appreciating the progress of the disease, are those which relate to the function of generation. Erections do not take place as they do ordinarily in healthy men, either because the penis cannot, owing to the rigidity of the canal, assume the proper position, or because the blood does not come in sufficient quantity to the corpora spongiosa and corpora cavernosa."*

Several cases, partly confirmatory of these remarks of the great French surgeon, have come under my observation, in which not only the power but the desire was also extinguished; but I am inclined to think that these results were to be attributed altogether to the moral associations of the condition. A patient, for instance, has a stricture, and, as is often the case, in diseases of the kind, allows his mind to dwell on the subject, till a state of hypochondriasis is induced. No phase of mental derangement is more calculated to abolish sexual desire than this, for not only is there a condition of aber-

* "Traité pratique sur les maladies des organes genito-urinaires," Paris. p. 148.

ration, but the mind is constantly preoccupied with a single engrossing subject to the exclusion of all other topics and even of so absorbing a one as the sexual feeling. Besides, there are some men, and it would be well if there were more of them, who think it dishonest while suffering from any disease of the generative organs to have intercourse, and if under peculiar circumstances they are carried away for the moment by the height of their passion the power is apt to fail at the very moment when it is required. The principle to which allusion has already been made is also influential. The individual with a stricture is often doubtful in regard to his ability to accomplish the sexual act in a satisfactory manner. To doubt is to fail.

But I have been consulted in cases in which there was no such mental trouble and in which the only function lacking to the act of intercourse was the non-ejaculation of the seminal fluid into the vagina. It may be said that such cases come under the head of sterility, an assertion which would be very true so far as the practical results are concerned, but as the act of sexual intercourse consists in the essential features, intromission, a pleasurable orgasm and ejaculation of semen into the vagina, it follows that one of the elements of the perfectibility is wanting. Besides, the non-ejaculation of semen interferes, there is reason to believe, with the voluptuous sensations experienced by both parties.

Impotence depending on this cause is to be treated by the surgical means proper in the management of ure-

thral stricture, by dilatation, electrolysis, or incision, as the case may appear to require. With the relief of the condition, the sexual act can of course be performed in its entirety.

Spasmodic Stricture.—Although there probably is no such thing as a permanent spasmodic stricture of the urethra I am quite sure that there is such an affection, lasting from a few minutes to an hour or more, and which, while it lasts, effectually prevents the emission of semen or the passage of the urine. In speaking of this subject MM. Grimaud de Caux and Martin Saint-Ange say :

“ Finally we must admit the existence of another form of stricture of the urethra: it is that which is caused by a nervous state of the canal which becomes so much contracted as to entirely obliterate its calibre, the sides being brought in contact with each other. Such an obstacle to the passage of the urine is never more than temporary, lasting at most only an hour or two, although by its frequent repetition causing much suffering to those who are its subjects. It was an affection of the kind in question which rendered J. J. Rousseau so unhappy, and so unsupportable to himself and others. He was supposed to suffer from stone in the bladder. Morand, however, could never detect such a body by sounding, so Rousseau had recourse to ‘Frère Côme,’ who, having penetrated, though with difficulty, to the bladder, found it to be free from a calculus. This examination rendered him for the time a little more quiet,

but the spasms of the urethra having reappeared, hypochondria supervened to darken the mental horizon of the philosopher and to disgust him, as every one knows, with all the objects of his love and friendship. If the author of “Emile” had lived in our day, under the influence of the progress of science in the treatment of diseases of the urinary passages, it is more than probable that the greater part of his life, especially its end, would have felt the full power of his character and genius, which being of late development would have illuminated his existence in his old age.”

I have seen several cases in the course of my experience in which the condition of the author of the “Confessions” was almost exactly repeated, leading to great unhappiness, both as regarded its effect upon the marriage relation and the mind generally. The description of one or two of these instances will tend more distinctly to the elucidation of the main points of the affection than any merely didactic account.

A gentleman who had never been addicted to women before marriage but who since that event had been excessive in marital indulgence had suffered for many years with a degree of nervous irritability which put him out of humour with himself and all the rest of humanity with which he had anything to do. He was apt to be attacked periodically with neuralgia of the fifth pair of nerves, sometimes on one side and again on the other, and at these periods he was particularly liable to the occurrence of morbid feelings, which affected

him acutely and which plunged him into the lowest depths of despair. Frequently at such times he had thought seriously of suicide, and upon one occasion had made elaborate preparations for its perpetration. Fortunately the paroxysm disappeared as suddenly as it had supervened, and his thoughts underwent an immediate change. At these periods there was often an incongruous desire for sexual intercourse and of the most irresistible character, and, strange to say, he never had desire at other times. But though he made frequent attempts at sexual intercourse, and though there were strong erection and orgasm attended with a certain amount of pleasure, there was no emission; but the convulsive movements of the muscles concerned were almost immediately followed by a sharp pain deep in the urethra, and which extended apparently to the rectum, though in this situation being a dull dragging sensation, as though the organ were greatly distended. This did not happen once only, but every time that he had connection the like series of phenomena took place, and as he could not explain the circumstance it caused him a great deal of additional distress. He would have abstained from intercourse, but his sexual appetite at these times was very active, and although he controlled it to a great extent, he could not altogether obtain the mastery of his desire. He was rapidly getting to be hypochondriacal on the subject, as the belief was being entertained that he was becoming sterile owing to a non-secretion of semen. He was very much averse to attempting sexual inter

course at other times than when his paroxysms of mental depression and neuralgia attacked him, as he had no desire during these intervals; in fact, the idea was extremely repugnant to him. But at my earnest suggestion he consented to make an effort in that direction, and the result was his entire satisfaction, that he was in every respect capable of the physiological performance of the act of sexual intercourse.

Repeated examinations with sounds had previously convinced me that there was no organic obstruction of the urethra, and the fact that there had never been any difficulty in voiding urine was of itself sufficient evidence on this point; but to make it absolutely certain that there was an ejaculation of semen, which, however, failed to reach the meatus, I desired him to bring me the urine which he passed immediately after the act of intercourse while under the influence of one of his attacks. This he did, and on examining the sediment with the microscope it was found to consist almost entirely of semen, with the normal proportion of spermatozoa, dead, however, from the influence of the urine. It was very certain therefore that my patient was suffering from a spasmodic contraction, of the urethra which closed the canal and caused the seminal fluid to be thrown back into the bladder.

I treated this patient by galvanism. A urethral electrode was passed down to the veru montanum every day while he was exposed to the affection, and a current from ten of Hill's gravity cells was passed through it to

another electrode introduced into the rectum. This was done for about five minutes at each seance. At the same time and during the intervals of health the bromide of sodium was administered in doses of fifteen grains a day.

I began this treatment at the very beginning of one of his paroxysms, and continued the galvanism for the ten days that it lasted. During this period there was no improvement, but during the whole of the next paroxysm, intercourse was performed in a perfectly satisfactory manner, and moreover there was a notable diminution in his desire, which had become more like that of a man in a normal condition.

In the other case the patient, a young man twenty-five years of age, had been guilty of gross excesses, though thus far there had been no notable diminution of sexual power. One night, however, while in the act of sexual intercourse, he was surprised by an intense pain in the rectum, and by the non-emission of semen. The pain was of such an agonizing character that he almost fainted. It lasted, however, only for a few seconds, but it was more than an hour before he had entirely recovered from the nervous shock of the occurrence. For several days thereafter he was afraid to make a further attempt at sexual intercourse, but finally his desires overcame his discretion, and again there was the intense pain in the rectum and the non-emission of semen, with all the subsequent phenomena which characterized the former attack. The following morning he came under my notice.

In answer to my inquiries he informed me that he had passed a full stream of urine ever since the first attack and that he had never suffered from gonorrhœa or any other venereal disease. On examination with sounds I found that there was no evidence of a stricture; I therefore came to the conclusion that his case, like the other, was one of spasmodic contraction of the urethra and of the muscles of the perineum. I treated him with electricity as in the foregoing instance, giving him the current from ten cells daily for about five minutes. This was continued for two weeks. At the end of that period he made another attempt at sexual intercourse, but owing to the condition of his mind and his apprehension that the pain would return he was unable to obtain an erection. The next day, however, he met with better success, and this time without pain, and with a free ejaculation of semen.

This condition appears to present some analogy with the spasm of the urethra sometimes observed in nervous individuals and which prevents them passing urine while they are particularly desirous of so doing. They will stand sometimes for an hour with the bladder nearly full, making every effort to evacuate it and yet unable to cause a single drop to flow.

Again, it presents some features similar to the state called by Sir James Paget* "Stammering with the urinary organs," but the cases that he adduces and the

* Surgical Lectures and Essays. New York, 1875, page 77.