

and that he had lost all sexual power. Under the use of strychnia he recovered to a great extent the use of his limbs, but he has never been able to have intercourse since.

In another case the patient, who had never before adopted that posture, was induced to do so by a rather lascivious woman with whom he was cohabiting. The effect was a sudden loss of power in both lower extremities, syncope, lasting several minutes, and on recovery from this, a partial paralysis of both lower extremities with incontinence of urine, owing to insufficiency of the sphincter of the bladder. In the course of a few weeks recovery took place under the use of electricity and strychnia, except as regarded the bladder, the sphincter of which still, after five years, remains weak.

From these remarks it will be seen that though we are justified in recommending or sanctioning any posture in sexual intercourse which bodily peculiarities may render necessary for the accomplishment of the act of procreating the species, yet, that all changes from the position that physiology teaches is most suitable for the purpose are made with risk, and that all such deviations are otherwise not to be countenanced.

CHAPTER IV.

ABSENCE OF THE ABILITY TO EXPERIENCE PLEASURE
DURING THE ACT OF COPULATION AND DURING THE
EMISSION OF THE SEMEN.

The essential parts of an act of sexual intercourse are the emission of semen and the experiencing of a sensation of physical pleasure for a short period before the ejaculation takes place, during its continuance, and for a short time after its cessation. This sensation, originating in the glans penis, is not confined to that part of the body, but extends to the neighboring regions, and in some persons is felt as a voluptuous thrill through the spine and upper and lower extremities. But for the experience of these voluptuous sensations, which the average adult man acquires, it is quite certain that he would abstain, to a great extent, if not altogether, from sexual intercourse. But it sometimes happens that, while the desires are in general strong and the sexual power all that can be desired, there is a deficiency of pleasurable feeling attendant on the ejaculation of the semen, and that at times there is a complete absence of such feeling. This may be either relative or absolute; that is, it may exist only as regards some particular woman or women, or it may be a permanent condition present at all times of sexual intercourse and with all women.

It is undoubtedly true that with most men the voluptuous feelings experienced during sexual intercourse vary greatly in accordance with the degree of eagerness with which any particular act may be approached. If the individual is impelled by the emotion of love the pleasure is infinitely greater than when he is actuated by a mere animal feeling, such as he might experience for a prostitute, or when doing the duties of the marriage-bed from a sense of obligation from which he would gladly be relieved. In the one case there is desire stimulated by love, and, as a consequence, all the physiological phenomena of the procreative act are of the most exalted kind; in the other there is sexual indifference, and the legitimate result is not only a minimum of pleasure, but also a diminution of the other accompaniments of copulation.

For this condition there is, of course, no remedy which the physician can apply. In fact it is not in any respect pathological, and though patients often consult us in cases of this kind, ignorant of the physiology of the subject, the functions of the medical adviser are fulfilled when he gives them a little instruction in regard to the laws of their being and some advice relative to the influence that might be exerted through the emotion of love. The matter, in fact, is one which is entirely within the control of the patient, unless, indeed, there be some other manifestation than deficiency of pleasure.

But in the other kind, that in which there is deficient pleasure under all circumstances of love or variety, the

state is abnormal, and is a proper instance for medical intervention. In cases of the kind the patient is actuated by affection as well as by animal passion, the desire is powerful, the erections are vigorous, and yet the orgasm, perfect in all other respects, causes little or no pleasure. The condition is analogous to loss or impairment of the sense of taste. In such instances the tactile sensibility of the tongue is unaffected, but the gustatory faculty is lessened or abolished. In the other category of cases the sensibility of the glans to friction is undiminished, but, either the nerves, which are concerned in the transmission of the pleasurable sensations, have had their impressionability obtunded or there is some derangement of the nerve centre in relation with these nerves. In other words, the trouble is either in the penis or it is in the brain.

Now, as regards the ordinary sensibility of the glans, and its capacity for being excited by friction, there is, as I have said, in these cases, no derangement. It is probable that the centre for this action resides in the spinal cord, and that the centres for erection and excitability by ideation, as well as that for pleasure, reside in the cerebral cortex. For the due physiological functioning of this centre, two anatomical points must be in a normal condition: the nerves in which the sensation originates, and by which it is transmitted to the brain, and the cortical centre by which it is received and appreciated. If either of these be diseased or tem-

porarily deranged, the function will be correspondingly impaired.

The actions of certain drugs afford us valuable information in regard to the subject. Thus, cantharides may produce priapism and strong desire, sometimes reaching to the extent of veritable insanity, and yet the pleasure derived from the sexual act, or that of masturbation, is very slight, and often is not experienced at all. In other cases, it excites priapism, without either desire for the act of intercourse, or pleasure during its performance. Thus, Stillé* quotes Dieu to the effect that, while in twenty-five cases in which the drug was administered, priapism was a constant occurrence, and sexual desire was very rare, in a case of poisoning by this drug, in a man, which came to my knowledge, though the patient was not under my charge, it was stated, that while the individual had intercourse with his wife thirty-one times in a single night, besides masturbating frequently, there was intense desire and permanent priapism, though there was entire absence of pleasure.

Again, in priapism due to central disease, there is often a tendency to sexual intercourse, toward which the individual feels impelled, but from which he derives no pleasure. In a previous chapter, I have cited a case from Lallemand to this effect, and there are many others that could be adduced.

* Therapeutics and Materia Medica. Philadelphia, 1864, vol. i. p. 355.

It is seen, therefore, that the centres for erection are different from those for pleasure, and that there is, probably, a special set of nerve-fibres in the glans, and other parts of the penis, whose function it is to be excited to the point of causing them to transmit pleasurable sensations to the brain.

When proceeding from a centric cause, the loss of pleasure during sexual intercourse is unaccompanied by other abnormal phenomena, and when there is no feeling of satiety, indifference or disgust, it is almost always attended by certain symptoms of disordered brain-action. Cases of the kind usually occur in men who have severely overtaxed their brains, and who, in consequence, are less impressionable than when in a normal state. The same persons, frequently, do not appreciate the flavor of different articles of food; they complain that "things do not taste to them as they did;" they may even lose the appreciation of things of beauty which once would have infallibly delighted them, and music no longer gives them pleasure. These are the indications of an exhausted brain, and there are others of a more local character, such as pain in the head, vertigo, and an inability to concentrate the mind, which are generally present.

Such cases require moderate sexual indulgence, a cessation of the excessive mental work, in which the patient is engaged, and a mode of life calculated to give the brain a change from the labor to which it has become habituated. At the same time, medical treatment

will generally be of very decided service, and this should consist mainly of cod-liver oil, strychnia, iron and quinine. The strychnia may be advantageously given according to either of the formulæ already specified, and in gradually increasing doses, up to the twenty-fourth or twentieth of a grain. The other remedies have nothing special about their administration.

The diet ought to be full and nutritious, animal food forming a considerable proportion of it, and a glass or two of Bordeaux or Burgundy at dinner will generally prove of service. Moderate physical exercise cannot be dispensed with. It is very certain that sedentary pursuits interfere materially with the development of pleasurable sensations during sexual intercourse, mainly, probably, for the reason that such work is chiefly of a mental character. On the other hand, excessive bodily exertion is still more prejudicial to the production of the full physiological feeling. I have had gentlemen addicted to severe athletic exercises tell me, that one of the results was the decided diminution of the voluptuous sensations of copulation. The element of fatigue, mental or physical, is antagonistic to sexual enjoyment.

Again, there are cases in which mental pre-occupation is fully as efficacious in destroying pleasure, as we have already seen that it is, in abolishing desire and power. If there are engrossing subjects engaging the attention, other than that which ought to be promi-

ently in the mind of the individual, it is very certain that the pleasure of the act will be at its minimum.

In the other form of the affection, the seat appears to be in the penis. The desire is strong, the power sufficient, the mind is in concurrence, the emission and the orgasm occur, and yet there is scarcely the vestige of a voluptuous sensation. Instances of the kind are quite common and they are most apt to be met with in those who have been excessive in sexual indulgence. That this is a cause can be readily ascertained by questioning those persons who have had repeated connections in the course of a single night, or other short period of time. The information is invariably given, that, though the pleasurable feeling was great during the first act, it gradually became less, till, after half a dozen or more, there was no longer the slightest degree of enjoyment accompanying the performance.

Again, it is a normal circumstance, that, as the individual advances in life, after he passes about the forty-fifth or fiftieth year, the sensibility of the nerves of the glans becomes blunted, and the pleasure of the act of sexual intercourse is, accordingly, correspondingly lessened. Physicians are constantly consulted in regard to these cases, by men who cannot be satisfied with the condition, though it is as natural as gray hair or a wrinkled face. Nothing, so far as I know, can be done to restore the sensibility of youth.

And there are persons in whom the voluptuous sensations ordinarily experienced, are inherently deficient.

They are, for the most part, individuals who have not only been chaste in act, but also in thought. For such, time and opportunity will be all that are necessary to develop the feeling to its normal standard. But for those who cannot allege chastity as the cause, the prospect of relief is not so promising. These subjects appear to be analogous to those who are blind to certain colors, deaf to certain sounds, or whose gustatory nerves cannot appreciate certain flavors, or whose olfactory nerves cannot distinguish certain odors. I have only met with one such case, and, I presume, they are exceedingly rare.

The instance in question was that of a gentleman about thirty years of age, a manufacturer of silverware, and in excellent health. In his youth he had never masturbated, though he had had repeated emissions during sleep. At the age of twenty-five, he married a healthy and vigorous lady five years his junior, to whom he was much attached. On his wedding-night, he had intercourse which was characterized by an emission, attended with the ordinary convulsive movements, but without the least sensation of pleasure. In the morning, feeling a strong desire, and having a vigorous erection, he again had connection, but again there was no pleasure. There was, he said, a certain degree of mental satisfaction almost amounting to positive enjoyment on both occasions, but not the slightest feeling in the glans or in any other part of the body.

Previous to his marriage he had never had sexual intercourse, although he was frequently visited by strong desires and erections. A high sense of morality restrained him from any illicit indulgence. About once in ten days he had had an emission at night, but though he always awoke at the time, he had never been conscious of any pleasurable feeling attendant on the orgasm.

He had frequently heard the sexual act spoken of as one attended with very intense pleasure, and hence upon his marriage he had to admit a certain degree of disappointment. So far as his wife was concerned everything was satisfactory. The trouble, he was convinced, resided entirely with himself.

It was about six months after his marriage that he consulted me. His wife was then far advanced in pregnancy, so that there could be no question in regard to his sexual ability. On examination I could detect no sign of disease or derangement in any part of the sexual apparatus. The glans appeared to be endowed with the normal degree of tactile sensibility and sensibility to heat and pain. It was only the sensibility to venereal excitement that was absent.

I advised electricity—galvanism—applied daily to the glans by means of a wet sponge, and also faradism through the medium of water. But after six months' use of these agents there was no improvement, and he discontinued them. Several years have now elapsed. He has three children, but he tells me that never once

has sexual intercourse given him any more pleasure than the feeling of *bien aise*, of which he formerly spoke.

I am inclined to think that the operation of *circumcision*, when performed in early life, generally lessens the voluptuous sensations of sexual intercourse, and that even when done in later years the same result sometimes follows. In regard to the former point it is almost impossible to arrive at positive conclusions, owing to the want of a fixed standard. It is something like the question which some two or three hundred years ago agitated medical philosophers; that is, whether the man or the woman had the more pleasure in the act of sexual intercourse? After wasting elaborate arguments on one side and the other, the problem remained as undetermined as ever, and it always must be unsolvable, unless we can be men and women alternately.

But the information afforded us by some who have been circumcised soon after puberty, and who have subsequently indulged in sexual intercourse, is to the effect that when there had been a possibility of uncovering the glans during intercourse, the operation had very decidedly diminished the voluptuous feelings afterward experienced. In the cases where there had been no possibility of retracting the prepuce, the operation has not only increased the pleasure, but has in some cases developed it from nothing.

I believe that nature intended the glans to be habitually

nearly covered by the prepuce when the penis is in a non-erect state, and that this is necessary for the preservation of the full degree of sensibility of the glans, and that circumcision, by allowing the glans to be constantly exposed to the atmosphere and to friction from the clothing, has the effect of toughening the delicate membrane covering it and of diminishing its sensibility. It acts just as exposure to all kinds of weather and hard manual labor do on hands that have hitherto been kept gloved, and which have done no work. The skin is rendered thick and rough and the tactile sensibility of the fingers is greatly lessened. The ends of the fingers of a man who has never done any hard work will distinguish the two points of an æsthesiometer at less than $\frac{1}{8}$ of an inch apart, while those of a bricklayer, for instance, can not feel the two points at double that distance.

Extreme narrowness of the prepuce, by which there exists an impossibility of uncovering the glans, is an effectual bar to the pleasure of sexual intercourse. For this condition, an operation, either of circumcision or of slitting up the prepuce, removes the difficulty, and in a short time the sensibility of the glans, if not always existing, is developed to its normal extent.

I have seen one case of insensibility of the glans which was apparently the result of frequent and long-continued immersion in the sea. The patient was a Jewish gentleman, and one summer, while residing at the sea shore, it was his habit to take three baths in the

ocean each day, remaining in the water about an hour each time. Whether this was the cause of his partial impotence from insensibility of the glans, which came on gradually before the summer was over, may admit of some question, but the relation of cause and effect seems probable. By keeping the glans enclosed in the end of a condom, having previously lubricated it well with vaseline, the sensibility was restored in the course of a couple of months.

SECTION II.

Sexual Impotence in the Female.