THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

Original Communications.

ON THE PHYSICAL CAUSES OF SEXUAL DEBILITY IN THE MALE, AS DISTINGUISHED FROM THE PSYCHICAL CAUSES.*

BY F. R. STRUGIS, M.D. NEW YORK.

Until within comparatively recent years, it was the custom among surgeons, when consulted by patients suffering from sexual debility, to refer the causes entirely to a disturbed condition of the mind, overlooking altogether the possibility that there might be some physical cause to account for the symptoms—symptoms which undoubtedly, in many cases, are conveyed through the nervous system, but which have not their seat alone in either nervous debility or in nervous depression.

Before calling your attention to the physical causes which I think underlie a large majority, if not all cases of sexual debility, I shall ask you first, to consider with me the symptoms for which patients consult a surgeon, under such conditions. There are two points which enter into all the symptoms that I have heard made by patients who suffer from this cause. One is the imperfection of erections, sometimes their entire absence; and secondly, the prematureness of the emissions, followed immediately by a subsidence of the erection, supposing this function to have been perfectly normal at the start. Associated with this latter condition, there may also be an entire lack of emission, or else if the emission takes place, the amount ejected is very small, and if examined under the microscope, is oftentimes found devoid, or but imperfectly endowed with spermatozooa, constituting the condition of affairs which is known as azo-ospermism.

The former may be considered as the earlier stage, which tends towards the development of the second; the first point noticed by the patient being imperfect erection, associated with premature emissions and followed by an absence of erection. Since the introduction of the endoscope into urethral surgery, it has been possible to examine the urethra, to see, if there were any pathological conditions in this canal, which were either associated with, or perhaps caused, this condition of affairs; but even before the introduction of this useful instrument, the older surgeons recognized the fact, that these symptoms occur most frequently in patients who had been persistent masturbators, and in these, upon examination with sounds or bougies, a stricture, more or less definite, was found in certain portions of the urethral canal, and some went even beyond this, ascribing a hyperæsthetic condition of the canal as possibly one of the causes, or at any rate, one of the concomitants of this condition of affairs. This is exemplified by the use which the older surgeons made of the instrument known as Lallemand's "porte-castique" which they used to cauterize the deeper portion of the urethra. But although the principle was perfectly correct, the application of it was defective, inasmuch, as most of the work was done entirely in the dark; portions of the canal were cauterized, which were not the seat of the disease, and the instrument, being at best a rough and cruel one, oftentimes produced laceration of the mucous membrane, with profuse hæmorrhage. The dangers resulting from its use finally led to its abandonment. But with the endoscope, we are now able to see the whole length of the canal, and to note those portions of the urethra which are normal, and those which are not. Since the days when Desormeaux and Cruse introduced their instrument for the examination of the urethra to the profession, the endoscope has been materially modified, in so much as its length and its capacity for illumination were concerned. The older instruments were long, and it was impossible to thoroughly illuminate the deeper portion of the urethra with them. The present instrument is short, and by telescoping, the anterior and pendulous portion of the penis, may be passed as far as the neck of the bladder, and its shortness allow of better and more perfect illumination. This is derived in a two-fold way; by gaslight, kerosene or the electric lamp, any one of which methods gives

*Read before the New York State Medical Society, February, 1894.