

The Medical Fortnightly

A Case of Aspermatism.

BY G. FRANK LYDSTON, M. D.,

CHICAGO.

Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Chicago College of Physicians and Surgeons.

WRITTEN FOR THE MEDICAL FORTNIGHTLY.

A VERY interesting case recently came under my observation which, on account of its rarity, is worthy of report.

A young man, 30 years of age, was referred to me by Dr. O. P. Bennett, of this city, with the following history: He had masturbated for some years, beginning at the age of fifteen. For the last ten or twelve years he had intercourse at quite frequent intervals, latterly two or three times weekly. He had never been able either by masturbation or during sexual intercourse to have an ejaculation of semen. The act, he said, was pleasurable, but absolutely unattended by anything like orgasm or seminal emission. On inquiry he stated that he had tired himself out in the attempt repeatedly, but without success. He seemed to be aware that it was not the fault of secretion, as he stated that he frequently had after intercourse lascivious dreams with copious emissions.

On examination I found the sexual organs perfectly normal, with the exception that there was absolute anæsthesia of the prostatic sinus. Sounds produced no sensation whatever, nor was a strong faradic current more successful. The patient in all other respects is perfectly normal—indeed, he is an exceptionally robust man. During strong sexual excitement he states that there escapes from the meatus a small quantity of fluid, which, from his description, is unquestionably prostatic secretion. Sexual desire is well marked, which makes his condition particularly aggravating for the patient. He says that copulation is not unattended with gratification, else he would not have intercourse so frequently. The condition existing in this patient has been termed aspermatism, and has been described by several competent observers. The late Prof. Ultzmann, of Vienna, has related a very typical illustration of this condition.* The only explanatory theories thus far advanced are, on the one hand, that the semen is prevented from enter-

*1. Wien. Medical Presse, Nos. 2-3, 1878.

ing the prostatic urethra by spasm about the ejaculatory ducts. That this is not true is shown by the fact that relaxation of the spasm produced by sexual exhaustion is not followed by the dribbling of semen. The more logical explanation is that of Keys, who says: "The fault is evidently in the nerves. There is no pleasurable sensation, no call for the secretion of prostatic mucus, or for a supply of spermatic fluid. There is anæsthesia of the prostatic sinus, and although the power of having an orgasm and the ejaculation remains, as proved by dreams, yet there is some connecting link missing in the chain which transforms friction of the glans penis into pleasure at the prostate, and finally into secretion of the testicle."

As already remarked my patient does experience pleasurable sensation.

The Medical Fortnightly

It seems to me very possible that in some of these cases there may exist at the time of copulation some peculiar inhibitory mental influence that prevents culmination of the sexual act. Mental influences sometimes have this effect in perfectly healthy individuals. Once let the sexual act be naturally performed in these cases of aspermatism and the spell is apt to be broken. When once the sexual act is co-ordinated with the mental elements necessary to the proper performance of the sexual function, not only will ejaculation occur, but the impression is likely to be a permanent one, and the necessary sensibility be called forth in a normal manner on all proper occasions thereafter.

The prognosis in these cases is not particularly promising. Faradism is to be recommended both from its moral and physical effects. A strong faradic current applied to the prostatic sinus, daily if possible, thrice weekly at least—in combination with mildly irritant injections into the prostate from time to time seem to be the rational indications.

The patient under consideration has asked me regarding the question of matrimony, and as the matter of sterility as far as the male is concerned is of comparatively little importance, provided he be capable of performing the sexual act, I can see no reason why the patient should not get married, particularly as marriage is likely to afford the mental condition and the environment necessary to awaken the more or less dormant sexual sensibility.

Roubaud's suggestion of the use of antispasmodics, on the theory of the dependence of the disease upon muscular contraction, is, it seems to me, a little fanciful. Inasmuch as antispasmodics are usually sedative, success might be obtained by their administration through their effect upon the brain and incidentally the production of mental quiet where unfavorable circumstances of disquietude previously existed at the time of copulation. It is generally supposed that it is necessary for the semen to distend the prostatic sinus in order that an orgasm may occur. This may be true of individuals who have never had an emission of semen, but that it is not true in general is shown by the fact that individuals who expell no semen whatever may have an orgasm as keenly pleasurable as that of a healthy individual. Thus, in one of my cases in which I removed a tuberculous testicle and the remaining epididymis subsequently became occluded from epididymitis and chronic thickening, the patient had a restoration of previously impaired power, has intercourse regularly, and experiences the normal amount of pleasure therein, but has never since the involvement of the remaining epididymis had an emission even of prostatic fluid.

G. Frank Lydston