

# PARTIAL PARALYSIS

FROM

REFLEX IRRITATION CAUSED BY CONGENITAL  
PHIMOSIS.

ALSO,

CONGENITAL PHIMOSIS AS A CAUSE OF IMPO-  
TENCY—WITH CASES.

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READ BEFORE THE DUVAL COUNTY MEDICAL SOCIETY, APRIL  
2, 1877, AND, BY REQUEST OF THE MEMBERS, READ  
BEFORE THE FLORIDA STATE MEDICAL  
ASSOCIATION, APRIL 19, 1879.

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BY E. T. SABAL, M. D., JACKSONVILLE.

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*Mr. President and Gentlemen of the Duval County Medical  
Society :*

The subject which I will present to-night for your consideration and discussion, is one which I have been led to investigate, a few cases having fallen under my observation. To me they have been of unusual interest, and it is this fact which induces me to lay them before you.

Congenital Phimosis is a more common malformation than physicians in general practice are aware of. In Metropolitan cities, in hospitals devoted to the treatment alone of venereal diseases, very many cases are met with ; an excellent opportunity, also, for the observance of this defect is to be found in military practice, in the examining of recruits at a rendezvous. Even our smaller cities furnish their quota, and if we were to institute a rigid examination, I am of the opinion that the number of cases would surprise us no little. In 1849, Dr. M.

D. Delaney, surgeon United States Navy, wrote a paper on Congenital Phimosis, based upon his experience in examining recruits, in which he proves that it is a source of impotency. In one examination, out of 117 men, he found 12 affected with congenital phimosis. Of these, *ten* were impotent. All had attempted sexual union, but two only succeeded according to their own statement, which, judging from appearances, he considered doubtful. The feeling of amativeness was so weak in these men that they had essayed a connection with women rather from a sense of curiosity than passion. He goes on to say, "I have scarcely ever seen twelve men with more ample muscular developments in all parts save the organs of generation. The respective ages were: One of 28 years, one of 26, one of 24, one of 23, four of 22, three of 21 and one of 18 years. The penis was invariably small, or the size of that of a boy of 12 years. Coronal glans very small, and prepuce opening but little larger in diameter than the meatus. The testes, from having been but rarely excited, corresponded in size with the penis. The want of sexual desire, or the existence of impotency in these cases, was manifestly owing to the phimosis. This misfortune, he concludes, "can only be remedied by a surgical operation—circumcision." In 1852, M. Fleury wrote a paper on the "Consequences of Congenital Phimosis." He terminates this subject with the following conclusions:

"1. Congenital phimosis possesses a pathogenetic importance that has been almost entirely overlooked.

"2. This is exhibited in three orders of phenomena to which it gives rise. These are (a) accidents relating to the genital organs. The penis and testes frequently small, and the mucous membrane of the glans delicate, red, and morbidly sensitive. Coition is painful, and ejaculation incomplete, difficult, and often attended with severe perineal pain. Exhausting erections and nocturnal pollutions are of frequent occurrence, as are urethral discharges, even after the purest connection. The genital sense is sometimes so excited as to give rise to almost continual erection, immoderate venereal desire, mastur-

bation, and involuntary emission; while in other cases it is, so to say, extinct, a more or less complete anaphrodisia prevailing. (b) Phenomena referable to the urinary organs. These are, frequent desire to pass urine, pain at the orifice of the urethra, and other symptoms which are usually attributed to a vesical neuralgia, disease of the prostate, stone or some other disease of these organs. (c) Various disturbances of the nervous system, presenting a great analogy to those observed in women suffering from uterine disease or displacement of the uterus, such as gastralgia, hypochondriasis, and hysteriform attacks; the true cause of which symptoms is always overlooked.

"3. Excision of the prepuce is the only remedial means. In twenty-three out of twenty-seven cases in which this was resorted to, success was complete, the four others being lost sight of soon after the operation.

"4. Whatever form of treatment may be had recourse to, these cases cannot be relieved until the vicious confirmation has been remedied."

I would quote from other authorities to corroborate what has been said above, but I deem it unnecessary to occupy too much of your valuable time. The discoveries pertaining to the science of surgery and practice of medicine has developed some astounding facts in the past twenty-five years, and one has only to read those four articles entitled "A Century of American Medicine;" I. "Practical Medicine," by Edward H. Clarke, M. D., A. A. S., late professor of *Materia Medica* in Harvard University, and "A History of The Discovery of Modern Anæsthesia," by Henry J. Bigelow, M. D., professor of Surgery in Harvard University. II. "Surgery," by S. D. Gross, M. D., L. L. D., D. C. L. Oxon, professor of Surgery in the Jefferson Medical College of Philadelphia. III. "Obstetrics and Gynæcology," by T. Gaillard Thomas, M. D., professor of Obstetrics and diseases of women and children in the College of Physicians and Surgeons, New York. IV. "Literature and Institutions," by John S. Billings, M. D., Assistant Surgeon U. S. Army, to realize what wonderful progress

has been made. These four articles will ever remain enduring monuments to the genius of the American Medical Profession.

Among the many interesting and valuable articles contributed at different times to the Transactions of the American Medical Association, was a short paper presented in 1870, by Professor L. A. Sayre, of New York, upon "Partial Paralysis," from reflex irritation caused by congenital phimosis and adherent prepuce, illustrated by several cases, and published that year. This paper produced a marked effect upon the professional mind, and he received letters from all parts of the United States as well as from some of the most distinguished surgeons of Europe, thanking him for the explanation given, and confirming the views expressed, by the narration of cases which had come under their own personal observation, but which, until this explanation had been offered, they had not thoroughly comprehended. This report antedates the one by Mr. Barwell, of London, who, in his lectures on Infantile Paralysis, gave a very vivid description of this peculiar form of paralysis, dependent upon irritation by adherent prepuce, and related that the fact had never before been observed; but upon reviewing a copy of the Transactions containing professor Sayre's article, wrote a beautiful letter, acknowledging his priority of observation and description, and fully confirming the views expressed, and stating that he had seen a number of cases which he had traced distinctly to this cause, and which recovered by proper treatment. Subsequently, Professor Sayre had occasion to notice similar nervous phenomena in children of the opposite sex; and in the Transactions for 1875, he published a paper with cases headed, "Irritation of the Genital Organs." Also discussion on a paper, by Louis A. Sayre, M. D., entitled "Reflex Paralysis and Want of Co-ordination from Genital Irritation," read before the Society of Neurology and Electrology, March 1, 1875, and published in the Transactions for 1875. The cases reported are truly remarkable and astonishing, and I only regret that I have not the time to lay them before you in detail, couched in the beautiful language of the distinguished author. To Professor L. A. Sayre, of New York,

is undoubtedly due the honor of having first presented these cases, and first suggested their proper treatment, thereby conferring a great boon upon that class of sufferers. In examining the English Medical Literature from a complete file of Braithwaite, in my library 1840 to 1877, I can find no allusion to anything which embodies Dr. Sayre's views.

Below, I append the history of four cases occurring in my practice, which fully confirms the reflex theory.

#### CONGENITAL PHIMOSIS AS A CAUSE OF IMPOTENCY.

*Case 1.* I was consulted in the summer of 1871 by a young man in apparently good health, aged 22 years. He stated that as far back as he could recollect he had suffered more or less from incontinence of urine; that for the past five years he had been annoyed by erratic dreams and nocturnal pollutions. He was contemplating matrimony, and mentioned the fact very reluctantly that he thought he was unable to accomplish the sexual act, except very imperfectly. In fact, from his remarks, I was led to infer that he was impotent to a very great extent. I prescribed for his condition, but no relief resulted from the treatment. Finally, I did what I should have done when he first presented himself. I examined him very carefully, and found that he had a congenital phimosis with redundant prepuce. I felt satisfied that the key to all his trouble was the phimosis. I suggested an operation and explained my reasons for such a procedure. He readily assented, and without any anæsthetic save a pretty good drink of brandy, with an opiate, I performed the operation of circumcision; ordered cold water dressing and an anodyne, and to remain in bed. The operation was followed by a marked and speedy amelioration of the symptoms. The results surprised him, and were no less gratifying to me. The following night he slept well, and from that time appeared perfectly well. I saw this patient in New York last summer, and examined him and questioned him closely. He informed me that he was perfectly well and vigorous, and that the sexual act was accom-

plished with pleasurable emotion, such as he never experienced before he submitted to the operation.

PHIMOSIS WITH REFLEX IRRITATION, AND SYMPTOMS SIMULATING VESICAL DISEASE.

*Case 2.* In 1870, I attended Mrs. H. in her third confinement. She gave birth to a fine boy; mother and child did well. Shortly after the child's birth, he became very fretful and would scream out as if in great pain. I was repeatedly requested to prescribe something to quiet him at night. I concluded that he was a great sufferer from colic and plied him with assafoetida and anodynes. When a year old, I noticed symptoms of vesical irritation, intermittent flow, with pain. At three years my attention was called to a great difficulty he experienced in passing water, with persistent attacks of priapism. I now examined him, and realized the situation: I found he had a congenital phimosis, and I attributed all his sufferings to that cause. I at once suggested an operation as the only means of relief. My friend, Dr. R. P. Daniel, saw this case with me, and approved the course I had recommended. The parents assenting, Dr. D. kindly administered chloroform, and I proceeded to circumcise the little patient. Ordered cold water dressing, an anodyne and rest. In a few days the little fellow appeared perfectly relieved, and is now a large, healthy boy, and no longer annoys the household by day and by night, as was the case previous to the operation.

PARTIAL PARALYSIS FROM REFLEX IRRITATION, CAUSED BY CONGENITAL PHIMOSIS AND ADHERENT PREPUCE.

*Case 3.* This I consider a typical case, such as described by Professor Sayre.

December 12, 1876, Mrs. L., from Volusia county, in this State, brought me her little boy, nearly three years of age, and gave the following history of his case. "Child to all appearance was well at birth, but never slept more than two or three consecutive hours at a time. Is quite sure he has not slept one entire night since he was born; is restless, fretful,

cries out and jerks in his sleep; mother worn with watching and taking care of him night and day, and to quiet him, would administer paregoric. Upon questioning her as to the probable cause of all these troubles, she could not say; she had, however, noticed that just before and during the time he passed water, had some severe crying spells, and seemed to suffer pain. This was noticed principally during the day; at night he was in the habit of wetting his bed. She stated that the water would collect in the folds of skin and form a round ball, and would then be discharged spasmodically; supposed his kidneys must be out of order. (I try to give as near as possible her exact language.) At 12 months child commenced to try to walk, but he seemed to experience considerable difficulty. I directed her to put the little fellow on the floor, and to induce him to walk, when I at once noticed a decided loss of co-ordinating power, (partial paralysis). I now proceeded to examine the child, and found he had congenital phimosis and adherent prepuce. The prepucial opening was very minute. I informed the mother that I thought I understood the case perfectly. That the case was one which could not be reached by medicine, but that a relief, and most probably a cure, would follow a simple operation. She gladly consented to anything I might suggest. She and the child "had suffered too much and too long." She insisted upon an operation at once. I invited my friend Dr. Huau to administer chloroform, and at four o'clock of the same day I proceeded to circumcise the child. The prepuce was firmly adherent to the left side. "You all know that, in infancy, there is an agglutination of the glans penis to the prepuce normally; and that in a few years there is an unfolding of the prepuce from the glans. The adhesions, however, referred to are entirely different from the normal agglutination of the parts. It is where there is an absolute adhesion of tissue to tissue, and the glans and prepuce become consolidated into one mass."\* Such was partly the case in this instance, and I experienced no little difficulty in entirely uncovering the glans. Behind

\*Sayre's Lectures.

the coronawas a stratum of hardened smegma, which I removed, and washed the parts in a weak solution of persulphate of iron. This soon put a stop to all hemorrhage. Ordered cold water dressing, an anodyne and quiet—no other treatment. Case progressed very favorably, and in four days from the date of the operation, his mother took him home, with a promise to report progress. December 29th, 17 days after the operation, I received this letter, which I will read ; it speaks for itself—

VOLUSIA, VOLUSIA COUNTY, 29th Dec., '76.

DR. E. T. SABAL :

*Dear Sir :* By this day, I can say that my boy is fully recovered from that operation. He can walk and run twice as fast as before you saw him. He is full of play and mischief. Thanks to your understanding, he is now a pleasure to us, whereas before he has been a great deal of trouble and care. Care, because we did not understand his ailings. Also my wife gives you her best thanks and well-wishes, for she particularly has had to carry him, as he would not walk. Carrying him when sick herself has nearly brought her to a skeleton, but we think she is now gaining flesh again, for your prompt treatment has also cured her.

\* \* \* \* \*

Yours respectfully,

J——— L———

I think from what I saw of this case, that if it had been allowed to progress without surgical interference, that paralysis and idiocy would have been the result.

#### CONGENITAL PHIMOSIS AS A CAUSE OF IMPOTENCY.

*Case 4.* I was consulted in March last by a young man, eighteen years of age, apparently in excellent health, physically strong and compactly built ; weighs 148 pounds. He complained of no particular pain or discomfort ; had suffered during his youth, and still suffers at times from incontinence of urine ; has little or no sexual desire ; has never had what he thinks he might call "satisfactory sexual intercourse ;"

has never masturbated. An examination revealed a congenital phimosis. No adhesions; penis and testes small. I suggested circumcision; but as he entertained a horror for the knife, I concluded to try the new method of curing phimosis recommended by Dr. G. De G. Griffith, in the *British Medical Journal*, of October 7th 1876, p. 464. This surgeon advises to inject some oil under the foreskin and to dilate gradually the aperture in the prepuce by means of a forceps, something like the ordinary uterine forceps. This should be repeated every other day, till relieved. The pain, he says, is very trifling. Under chloroform, the dilatation might be rapidly accomplished. I commenced the process of dilatation, and after a few sittings, attended with considerable pain, he became impatient, finding relief slow, and requested me to operate. I circumcised him April 15th, and I am happy to state that he appears perfectly well, and expresses himself very much pleased with what he calls "his changed condition;" sexual desire has improved and the *morale* of the patient is excellent. (I saw him June 26, 77.)

Having reported the few cases which have fallen under my observation, with many others which I could refer to which have been all relieved by operation, I would suggest that all cases of congenital phimosis in children, who have attained the ages of one to three years, be operated upon, with the view of preserving the health and cleanliness of the parts; as a preventive in a certain degree of venereal disease; as a removal of the cause of impotency and reflex irritations which develop in after life.

In the adult the operation recommended and practiced by Ricord, will be found to answer our purpose, while in the majority of very young children, circumcision, as practiced by the Jews, is all that will be required. In all cases the glans must be well uncovered, and any organized secretions removed. Vaseline or cold-water dressing will soon heal the parts.

For the information of such of you who may wish more light upon this interesting subject, I would refer to a few articles which I have noticed in our periodical medical literature.

Paralysis from Peripheral Irritation. By Professor L. A. Sayre, Medical and Surgical Reporter, Oct. 14, '76.

Paralysis and Inco-ordination from Congenital Phimosi, with Cases. By Professor L. A. Sayre, Medical and Surgical Reporter, Jan. 13, '77.

Convalescent Cases; Results of Operation for Phimosi. By Professor L. A. Sayre, Medical and Surgical Reporter, Apr. 7th and 14th, '77.

Phimosal Paraplegia. By E. C. Beardsley, M. D., Medical and Surgical Reporter, Aug. 21, '75.

Phimosi with Reflex Irritation and Symptoms Simulating Stone in the Bladder. By Hugh M. Taylor, M. D., *Virginia Medical Monthly*, Nov. 18, '76.

Phimosi with Lithuria; Circumcision; Recovery. By E. P. Hurd, M. D., Medical and Surgical Reporter, Nov. 11, '76.

Phimosi with Reflex Irritation, Causing Symptoms Simulating Stone in the Bladder. By E. T. Brooks, M. D., *Virginia Medical Monthly*, Feb. '77.

Phimosi Inco-ordination of Movements, with loss of Equilibrating Power; Circumcision; Recovery. By E. P. Hurd, M. D., Monthly Abstract, March, '77.

Convulsions from Prepuceal Irritation. By W. A. Tyree, M. D., Medical and Surgical Reporter, March 17th, 1877.

And now, gentlemen, it only remains for me to offer you an apology for the imperfect manner in which I have presented my subject, and to express the hope that your attention may be directed to the relief of some sufferer. This accomplished, I could desire nothing more.