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A PRACTICAL TREATISE

ON

Disorders of the Sexual Function in the Male and Female

BY

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PREFACE.

The great majority of cases of sexual disorders which come to the observation of the practitioner, and which are at the same time amenable to treatment, are those which fall under the heading of sexual neuroses, and it is these, therefore, which require our chief consideration.

Some time ago, while preparing a paper on Sexual Neuroses* which was subsequently read at a meeting of The Harlem Medical Association of New York City, I asked several genitourinary specialists to discuss the paper, but was met with the reply either that they were not at all interested in the subject, or that they were so ignorant of the theme as to be unable to discuss it. One of the gentlemen went so far as to doubt the very existence of such a condition as sexual neurosis. Thus, although some of these gentlemen had made an enviable reputation for their achievements in genitourinary work, not only in this country, but also abroad, they had entirely neglected this portion of the specialty, and I was therefore compelled to resort to the services of a neurologist to open the discussion.

As a matter of fact, it must be stated that most of the literature on sexual neuroses comes, not from genitourinary specialists, but from neurologists. Nevertheless, valuable as the work of neurologists has been in this direction, the genitourinary specialist finds much that is lacking, and this
for very obvious reasons. What neurologist, for instance, is able to perform a posterior endoscopy, or to interpret correctly the conditions thus seen in the posterior urethra? How many neurologists, if any, are there, who can correctly interpret by rectal examination the difference in the feel of the prostate and seminal vesicles, as pathologically influenced by masturbation and withdrawal on the one hand, and gonorrhea, tuberculosis or senility on the other? These matters are clearly beyond their domain, yet how necessary are these data for a correct understanding, and for the proper treatment of the conditions under consideration! As I will show, and repeatedly emphasize hereafter, the apparently simple procedure of massaging the prostate is really an art, and I do not hesitate to state that many genitourinary specialists, especially those who do not treat sexual neuroses, do not know how to perform it properly. That being the case, how then can we expect the neurologist, with little if any training in genitourinary work, to perform it? Yet this method of treatment in sexual neuroses is of the utmost value. The application of silver-nitrate solution to the delicate urethral mucous membrane (which is especially hypersensitive in the sexual neurasthenic), either by instillation through the urethral syringe or by direct application to the diseased area through the posterior endoscope, is an art that requires special training in intra-urethral manipulation, and is clearly outside the domain of the neurologist. Many other examples might be given to explain why the treatment of sexual neuroses belongs to the genitourinary rather than to the neurological specialist, but the above illustrations are sufficiently striking without further examples.
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In discussing this very point with a neurologist, I was informed that he considered himself perfectly competent to treat impotence in the male. His method of procedure, he informed me, was to send his patient to a genitourinary specialist for examination, and if the latter found nothing abnormal, he would treat the patient by the administration of bromides or tonics or spinal douches, etc., sometimes also passing a cold sound into the urethra.

I have cited this little episode in order to bring out another important point in connection with sexual neuroses. The failure to find any gross lesion in the genitourinary tract by the ordinary method of examination is by no means a guarantee that the neurosis in question is not caused by reflexes from these organs. Any of the distinguished gentlemen mentioned in the first paragraph of this preface could easily have given a clear bill of health to the genitourinary apparatus in any particular case, and yet the latter might nevertheless be the cause of marked neurotic symptoms affecting remote organs of the body. The genitourinary specialist who but occasionally peeps through the posterior endoscope, or one who even employs it more often, but has not paid particular attention to sexual neuroses, and consequently is familiar only with the gross lesions in the posterior urethra, which are the sequelae of chronic gonorrhea, would doubtless be surprised to be told that some insignificant lesion, such as a slight congestion in the region of the verumontanum, which to him might seem entirely unworthy of notice, might be the very cause of the most profound reflex symptoms, while, on the other hand, the most gross pathological lesions, such as
polypi or cysts, are apparently borne without protest, either by the genitourinary apparatus or by the general nervous system.

It should be remembered, in this connection, that the major portion of the sexual neurasthenics come, not to the genitourinary clinics, but to the neurological clinics. And one who is fully familiar with the feel of the gonorrhea-infected prostate, the tuberculous, the carcinomatous, or the senile prostate, might still be entirely unfamiliar with the prostate of the sexual neurasthenic. I repeat, therefore, that the finding of nothing abnormal, in the ordinary genitourinary examination, counts for very little in the diagnosis of sexual neuroses. And, as for the treatment of impotence by the passage of a cold sound into the urethra, it is like the giving of digitalis for heart disease,—it does good where it is strictly indicated, but its indiscriminate use is merely guesswork.

I do not wish it to be inferred, however, that I underrate the value of the work of the neurologists. Far from it. They have done most excellent work, indeed the most important work in sexual neurasthenia. The works of Freud and his followers, of von Krafft-Ebing, Havelock Ellis, Hammond and Max Herz are but a few examples of their achievement in this direction. As already mentioned, most of the sexual neurasthenics find their way into the neurological clinics, complaining of the most divergent symptoms, in many cases not at all suspecting that their sexual apparatus has anything to do with their symptoms. It is the work of the skillful neurologist to differentiate these symptoms from those of other organic or
functional neuroses, and this obviously cannot be done by the genitourinary specialist. But once having made the diagnosis, or rather having excluded other nervous ailments as a possible cause of the symptoms, I believe it to be no more their province to make intra-urethral applications than it is their duty to prescribe glasses for a headache they have found to be due to eyestrain, or to do gynecological operations for neurotic symptoms resulting from pathological female genitalia.

There has existed for some time a peculiar state of affairs with regard to sexual neuroses. On the one hand, as mentioned in my opening paragraph, there are very many genitourinary specialists who are so engrossed with the major surgical work of the specialty, such as kidney, ureteral, prostatic and bladder surgery, that they do not care to bother with the less exciting and very often tedious work of treating sexual neuroses; while, on the other hand, we have the neurologist, who by his training is particularly well adapted to study this subject, but has not the genitourinary training for urethral diagnosis and treatment. For this reason it came to pass that, although I have done special genitourinary work for over twenty years, and have worked in many clinics both here and in Europe, it was not in these genitourinary clinics that I became acquainted with sexual neuroses, but only after I had associated myself for several years with the neurological clinic of Dr. I. Abrahamson of the Mount Sinai Hospital Dispensary, and studied these cases, employing the urethroscope wherever necessary, and frequent palpation of the prostate and seminal vesicles in the sexual neurasthenic, that I have been
able to make a special study of the various forms of these conditions. In other words, one of the objects of the present work is to bridge the gap between the neurologist and the genitourinary specialist.

I desire to express my thanks to Dr. I. Abrahamson for his uniform courtesy in referring to me considerable clinical material from his neurological clinic at the Mount Sinai Hospital Dispensary, and also for valuable suggestions in connection with his own specialty. My thanks are likewise due to Dr. Charles Herrman for placing at my disposal the cases of enuresis which came to his attention at the Vanderbilt Clinic, and to the Medical Record (New York), the New York Medical Journal, The Urologic and Cutaneous Review, and the Interstate Medical Journal, for their courtesy in permitting the use herein of articles of mine heretofore published in those periodicals.

In the following pages I will not go into the purely neurological aspects of the subject, except in so far as they become necessary to elucidate. I will not discuss such conditions as psychoanalysis or the various forms of sexual degeneracies or perversions. These belong strictly to the neurologist, as their pathology belongs rather to the field of abnormal psychology than to the genitourinary apparatus. Nor will I discuss herein the purely venereal diseases, gonorrhea, syphilis, and chancroid, as these form a distinct class by themselves and are generally, and properly, accorded a separate treatise. The subject of Sterility has also been omitted, as I have treated it in a separate work, to which the reader is referred.

The subjects to be discussed in this work will be Mas-
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Turbation, Impotence, Pollutions, Priapism, Clitorism, Clitoris Crises, Satyriasis, Nymphomania, Frigidity, Vaginismus, Dyspareunia, Dyspareunia in the Male, Absence of Orgasm in the Female during coitus, Enuresis, Withdrawal, Continence, and Some Unusual Forms of Sexual Neuroses. Most of the material herein represents the result of original investigation and study, never before published. Some of the subjects discussed have never before found their way into English medical literature, and some have never been discussed at all; so that even their names had to be invented by me. Especial attention is given throughout to treatment so as to make the book as practical as possible. It has also been my intention to make the discussion of each subject complete in itself, so that readers who happen to be interested in some particular subject only, need not be referred to other chapters of the work.

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