

Shufeldt (R.W.)

On a Case of Female Impotency

BY R. W. SHUFELDT,

CAPTAIN MEDICAL CORPS, UNITED STATES ARMY.

Member of the Medico-Legal Society of New York City; British and American
Societies for Psychical Research; Fellow of the American
Association for the Advancement of Science,
etc., etc., etc.

WASHINGTON, D. C.

1896.



INTRODUCTION.

In the spring of 1896 the author submitted to the Medico-Legal Society, of New York, a paper entitled, "On the Medico-Legal Aspects of Impotency in Women." This paper was, at a regular meeting of the society, duly submitted to a committee for a "Report," prior to its acceptance for publication. The paper contained, among other causes for impotency in women, a complete abstract of the case treated in the present brochure. The committee consisted of three members of the society, being no less distinguished ones than its honored President, Dr. S. B. W. McLeod; Judge Abram H. Dailey, of Brooklyn, N. Y., Senior Vice President of the Medico-Legal Congress, of New York; and Albert Bach, Esq., its Secretary.

A copy of the report of this committee is now before me, and from it I make the following extracts: As to the object of the paper, they are pleased to say, that if it be "to summarize in a plain, logical, and scientific manner the main facts of the subject of which he treats, then indeed he is to be congratulated on the presentation of this dissertation, and the society on the addition of another useful paper to its present file." * * * * *

"The illustrations given by Dr. Shufeldt in the form of cases are most aptly chosen, and the entire paper merit a careful perusal. The author concluded with a reference to existing statute laws on the subject, and suggests valuable and important changes therein, chiefly in the interest of protection to those who are suffering from the infelicity endured in their marital relations as the result of impotency or sterility. The whole paper is practical, suggestive, and we believe in accord with a consensus of opinion in the medical and legal professions."

This paper and report will appear in some of the future publications of the society.

Here in America, cases of this nature are unfortunately but very rarely printed. Intelligent physicians, however, with a far-reaching knowledge of their profession, will read what I have here written without surprise. Such cases are plenty enough, but their very nature militates against record being made of them, or even their being discussed. So my chief object in publishing this case is to place in the hands of such medico-legal jurists as may be inconveniently situated with respect to large libraries of medical works, or even the opportunity to consult directly with those expert in such subjects, the leading facts in a disease and disability of this kind, with reference foot-notes to its literature.

R. W. S.

ON A CASE OF FEMALE IMPOTENCY.

By DR. R. W. SHUFELDT, U. S. ARMY.

Member of the Medico-Legal Society of New York City.

In the present account it is proposed to discuss the medical aspects attending the cause of separation of a widower with three children, who had married his second wife.

The man, living upon very slender means, was in his 45th year; the woman, two years his junior, had never married before, was living in comfortable circumstances, and had a large expectancy in the near future.

The parties on both sides are from distinguished families, and the man married to gain a wife and mother for his home.

Both before and immediately after marriage the union seemed to offer everything that could be desired, when in about *two months* a separation suddenly took place and the wife left her husband to reside elsewhere.

A little later the wife filed a suit for divorce, against the advice of many of her friends; this suit had the effect of compelling the husband to file his cross-bill, that up to the time had been withheld.

In this counter-suit the husband claims that his wife is impotent, and as the claim presents many features of both medical and legal interest, an account of them will here be entered upon.

The claim sets forth that when the husband came to consummate the marriage he was defeated, after many attempts, owing to the fact that he found the vaginal secretions of his wife so acid in their reaction that from the discomfort thus engendered he was rendered powerless to effect the act of coitus by reason of his inability

to have an erection. It is further claimed that his wife became repugnant to him, inasmuch as he, as a physician, was soon convinced that this acidity of the genital secretions in her case was due to onanism.

The condition not only prevented his having sexual intercourse with her, but it also rendered her *sterile*, and the husband greatly desired a son by this marriage.

During the first month or more, and before the pair ceased to occupy the same bed and bedroom, a state of affairs that subsequently existed, the husband discovered that the wife was without hymen at the time of marriage; that she was largely lacking in sexual passion; that her menses appeared at least once after marriage; that shortly following this event, after an imperfect attempt at copulation, he further discovered that no erection of the clitoris took place, and the wife informed him that she felt that she could not satisfy him or bear him children, and suggested that he seek other women. She was also unchaste in bed, and on one occasion aroused the husband from sleep by handling his genitals, and he, when thought by her to be asleep, discovered, in one instance at least, that she resorted to masturbation.

To assuage the pain and discomfort caused by his attempts to fulfill his marital obligations, the husband was compelled to bathe the parts in cold water after each attempt. By this means any inflammation was prevented, though the sexual act became more and more impossible for him, and, for the reasons given, never proved successful.

From this it would appear that the wife in this case was not only impotent, but likewise sterile, in so far as her husband was concerned.

Leaving out of the question, however, the matter of *sterility*, a condition often confounded both by physicians and jurists with the allied disability of *impotence*, the latter only, as affecting this case, will here be dealt

with ; and it becomes necessary at the outstart to define, from a medico-legal standpoint, exactly what is meant by *impotence*.

One of the best definitions given for impotency in females has been rendered by Dr. John J. Caldwell, of Baltimore, Md.,* and according to that authority "impotence may be applied to any morbid state which may impair or destroy the vitality of the ova or spermatozoa after their secretion, or which may prevent that contact necessary to fecundation."

In other words, the old opinion formerly entertained, that a woman to be impotent must present some *anatomical defect*, is no longer adhered to, while on the other hand the ground is covered completely by the definition just given.

That this is so is amply supported by the opinions rendered in the latest and authoritative works upon legal medicine. For example, Simeon E. Baldwin, LL. D., when treating of "Marriage and Divorce," in the second volume of "A System of Legal Medicine" (p. 518, 1894), remarks, "If while sexual intercourse is not physically impossible, it is practically so, because possible only under conditions to which the other party ought not to be expected to submit, the case would be one of legal impotence, furnishing a sufficient ground for divorce."

The husband in the case now being considered had, up to a few years since, a large and varied practice in medicine, and had treated not a few cases of both impotence and masturbation in men and women. His experience is quite in keeping with what is found throughout all medical literature for all time ; that is, the detection of masturbation in many females, when the latter are of a mind to conceal it, is one of the most difficult tasks that can confront the practitioner. It is only when a

* Neuroses of the Genito-urinary System—Impotence and Sterility in Man and Women. Virginia Med. Monthly. Vol. 8, Art. IV, p. 668.

sufficient number of general symptoms are established as due to this cause that diagnosis can no longer remain a matter of doubt. Even then the patient will frequently, and with great indignation, deny the charge amidst tears and temper.

On this point Dr. Dayton, of New York, has said, "Unfortunately the sexual instinct in polite life is too little thought of as a source of irritation: whereas it is not infrequently abused, often furnishing a practitioner with mysterious cases of the origin of which he knows nothing, and into which it might be considered by interested parties, at least, improper to inquire." (*New York Med. Record*, XX, 1881, p. 596.) And the eminent German authority, Schrenck-Notzing, remarks, "Another of my patients had practiced onanism eight years, and completely destroyed her nervous system before the physician discovered the cause of the trouble." *

Again, in a very recent paper contributed to *The Daily Lancet*, of Philadelphia (Tuesday, July 28, 1896, p. 612), Dr. Hiram Elliott says, in the course of his excellent remarks upon the "Insanity of Pubescence," we must "remember that this habit may be carried on without manipulation, and may exist, lack of evidence on physical examination, failure of the attendant to observe it, and the denial of the patient notwithstanding. One patient of mine, seventeen years old, whom I brought through a severe attack of insanity, in whom no evidence of this habit could be found, afterward boasted to me that she had masturbated all through her sickness."

Even as early as 1849, Dr. W. D. Purple pointed out in his excellent article, entitled, "On the Morbid Condition of the Generative Organs," the difficulty in discovering the practice of masturbation in females, and explaining the symptoms it gives rise to (*New York Medical*

* *Suggestive Therapeutics in Psychopathia Sexualis*. Trans. by Chad-dock, 1895, p. 26.

Journal, 1849, III, 207-218); and any number of equally good authorities might here be quoted to the same end. This is the more remarkable in face of what Dr. Howe has made clear when he says: "Masturbation is a universal vice in civilized countries. A very large majority of human beings of both sexes indulge in the habit from early childhood."

"In savage lands it is of rare occurrence. Savages live in a state of nature. No moral obligations exist which compel them to abstain from a natural gratification of their passions. There is no social law which prevents them from following the dictates of their lower nature. Hence, they have no reason for adopting onanism as an outlet for passions."

"The moral trammels of civilized society and ignorance of physiological laws give origin to the vice. The dread of the consequences of sexual intercourse begets continual indulgence in the other sin because it is less liable to be found out."*

Bearing in mind, then, what really constitutes impotence in the female; the nature of legal impotence; the universality of the vice of masturbation; the fact that it occurs largely in those representing the highest social planes; and also what the husband in the present case claims as set forth above, it becomes necessary next to inquire into the question of the cause and effects of an acid condition of the genital secretions in the female. That this condition is frequently found to be the case admits of no doubt, and physicians well know that it is at least one of the causes of sterility in prostitutes, and frequently gives rise to painful coitus for men attempting the act with them.

This acidity is due to a long practiced excitation and abuse of the genital apparatus—either from undue coitus

* HOWE, JOS. W., *Excessive Venery, Masturbation, and Continence*. New York and London, 1883. P. 62.

or from onanism. The husband in the present case, when a student of medicine in 1876, killed, as a matter of experimentation, living human spermatozoa with a $\frac{1}{4}$ per cent. solution of acetic acid, and that in a few seconds. The same solution when applied to the distal entrance of the urethra caused a very active smarting that required cold water bathing to alleviate. The distinguished gynecologist, P. Müller, remarks: "The influence of the vaginal mucus in causing sterility is but little understood. * * * Still, under certain pathological conditions, the secretion may become so acid in reaction, that it acts as any other acid and induces sterility. It is furthermore proven that under such circumstances, after cohabitation, spermatozoa are found rigid and dead." *

And the eminent medico-legal jurist, Dr. F. R. Sturgis, has recently pointed out that "Another source of sterility in the female seems to be due to an exceedingly acid condition of the uterine and vaginal secretions, in which the spermatozoa are killed almost immediately, or shortly after being deposited in the vagina and in the cervical canal, and so fail either to find their way into the body of the uterus, or else if they do find a lodgment there, practically arrive in a dead or dying condition." (Sterility in the Female.) †

Dr. Sturgis further believes that such cases constitute "a bar to matrimony, and a just reason for divorce."

In the event of a court ordering a medical examination to seek the proof of the presence or absence of such a condition, which is the usual legal procedure, there may be some difficulty in the way of obtaining that proof. In the first place, the conditions are so utterly

* Cyclop. of Obstet. and Gynecology. Vol. II. *Sterility*. P. 116

† A system of Legal Medicine. Hamilton and Godkin, vol. II, pp. 504, 505. Article by Dr. Sturgis, Genito-Urinary and Venereal Affections in their Medico-Legal Relations, p. 497.

and entirely different—for in the first case we would have the vaginal and uterine glands giving up their secretions under the act of sexual excitement, while in the second we would have all that checked under the emotions arising from everything attending and depending upon a medico-legal examination. Under the latter circumstances the two glands of Bartholin would in all probability not yield up their secretion, and these, in acidity of the vaginal secretions, are the ones largely at fault. Moreover, this acidity may be intermittent both in presence as well as in intensity. That in cases of female masturbation other local symptoms, such as congestion, ulcers, or elongation of the labiæ, and the like, may be practically absent in women past forty, there is no manner of a doubt. Any number of cases, in both men and women, are met with by the physician where neither the face, the general physique, or the local appearances of the genitals betray any very marked change, and the patient had practiced the vice for years. In females, frequent cold bathing and local cleanliness will do much towards keeping down the various evidences of congestion and hypertrophy of parts, and *the type of the onanism* will also have to be taken into consideration, and the recent French writer, Dr. Pouillet, has much to say upon this point in his work. (*L'Onanisme chez le femme.*)

However this may be, there sooner or later comes a time in the life of every female masturbator, when the general and special symptoms presented by the case leaves no doubt in the mind of the intelligent physician as to its nature.

For, in the first place, if the examiner can get at the *family history* of the patient, and this shows a decided record of a neuropathic taint, then a long step has been taken towards a correct diagnosis, especially if this is sustained by the presentation of psychopathic sexual

symptoms on the part of the woman herself. Now, the *family* and *personal history* of the case here being considered are both very bad.

A partial examination of the former goes to show that she is either connected with, or descended from, a stock exhibiting both erotic and neurotic constitutions in the highest degree. Her father's brother died a drunkard, and was while living a man of passion; his insane son, still living, exhibits the same disease, with a mind given over to lewdness. He is at present the inmate of an asylum. His daughter never married, and was a great coquette in early life. The patient's half sister had a child five months after marriage, and her daughter committed the same indiscretion. Her own sister was intensely erotic in passing the period of the menopause. She was declared partially insane by New York physicians, and at the time of her sister's (the patient's) engagement, or only twenty-four hours thereafter, would talk to her about little else save the "horrors of copulation," the "pangs of labor," etc., and later on desired her to read works upon "The age of consent," "Prostitution within the bond of marriage," etc. She is a maiden sister, fifty-four years of age). Another *unmarried* half-sister is filled with peculiarities, and among others a certain uncontrollable fascination for *shoes*. She delights in *new* shoes, and changes her shoes all day long at regular intervals of exactly three hours each. She keeps this row of shoes out in plain sight in her apartment. Such an instinct as this exhibited in a *woman*, the member of a neuropathic family, is, from a psycho-medical point of view at least, interesting—especially when taken in connection with the extraordinary chapter on "shoe-fetichism" among *male* masturbators, found in Chaddock's translation of Krafft-Ebing's *Psychopathia sexualis*. Finally, one of the patient's brothers was a peripatetic drunkard, and rambled in a meaningless

way, all over the country, until the day of his death, and the patient, when once laboring under powerful emotion, told her husband that "no [mentioning the name of her family] woman had ever succeeded yet in making a man happy, and she believed the family to be sexually accursed." The family is of French extraction, and of the very type in which we would look for erotics, especially as the family has produced one or two members of eminent musical and artistic abilities, but these have been far outnumbered by its neuropaths.

This much for the *family* history, and it is far worse than many a family history given by Krafft-Ebing as forming a part of the record of some of his most incurable cases.

The *personal history* of the patient is equally bad, and it is a fact well worthy of notice that just prior to her marriage to her present husband she was engaged to another man for a period extending over *twelve years*. The disastrous effects of long engagements upon the minds of a certain class of females is too well known and appreciated to require especial comment here. To those predisposed to onanism, the man in time is set up in the mind of the woman as her sexual fetich, that excites her passion while she gives way to the masturbatic act, being unable to receive satisfaction by the natural method. (The only safeguard for such women is to marry early.)

In physique and appearance the patient is inclined to be stout in person, with a severe, determined cast of countenance, overspread by one of profound melancholy. She talks much of morality, and pretends to know little or nothing of sexual matters. Often when conversing with people she has that peculiar blank stare so graphically described by the French writer, Pouillet, in his history of onanism among females.

She, during her engagement to her present husband, wrote him upwards of two hundred letters, and these are

of great value in throwing additional light upon her case. They show her to be of a low order intellectually; that she has been *melancholic* from girlhood; has led largely a monotonous life, mostly in one place, and had a room to herself. The effect of all of which would, in any case, be extremely unfortunate, or undesirable for a woman predisposed, by virtue of her hereditary taint, to onanism. Moreover, both in her letters and in her conversation it is evident that at all times she is deeply imbued with religion, and possesses an uncontrollable fascination for church ceremonies and forms. This constitutes one of the *distinct* characteristics of both male and female onanists.

Dr. Howe, in his work on "Excessive Venery," says of the typical masturbator, quoting Dr. Richie, "that these cases chiefly occur in members of families of strictly religious education, and those who from this cause become insane generally, to all appearances have been of strictly moral life and recognized as persons who paid much attention to the forms of religion." Rosse remarks in his "Sexual Hypochondriasis and Perversion of the Genesic Instinct," that "many hypochondriacs pass for religious when they are only suffering from sexual neurasthenia; and it is a fact known to physicians that so-called religious and erotic debauchery often go together (pp. 18, 19); and the eminent authority Kraftt-Ebing speaks of "the motley mixture of religious and sexual delusions that is so frequently observed in psychoses, but particularly in masturbatic insanity." (*Psychopathia Sexualis*, p. 8.) Every well-read physician knows that any number of authorities could be quoted to sustain this conspicuous character in the majority of both male and female onanists.

Those who have been addicted to self-abuse also suffer from anæmia, functional disorder of the heart, vertigo, and other symptoms referable to the nervous and circu-

latory systems. At various times this patient has suffered from these affections, and her husband is informed, in a letter from her family physician, that he had treated the patient for "anæmia," and relieved her, and the patient herself admits in a letter (March 26, 1895), speaking of herself, that "she has suffered from a great variety of ailments." From personal experience, her husband knows her to be a victim of pronounced *insomnia*, and Howe, in his work, says, on page 73, that "Sleeplessness * * * and palpitation of the heart are common accompaniments of sexual as well as of solitary indulgence," and she also presents the symptom of a tendency to *relaxation of the perspiratory system*.

In a great many onanists of both sexes *the desire to resort to alcoholic stimulants* to sustain the marked depression from which they frequently suffer is seen, and this is most decidedly marked in the present case, for the patient drank quantities of whiskey during the time she lived with her husband, and, usually, when he was not present. It has been stated above that she was at times addicted to unchaste practices, and this was first observed by the husband on the evening of the day of their engagement, when alone with her, at the place where she resided, and between the hours of 10 and 11 p. m. When the patient came to kiss her intended husband good night upon that occasion she was standing up, and, passionately throwing her arms about him, forced her tongue into his mouth, and before he could recover from his surprise, resorted to a rapid bucco-lingual copulation so graphically described by many authors in medical works. In a few moments her lover departed, but after the street door was closed, and he was descending the steps to the street, he returned, with the purpose in his mind of breaking off the engagement—but the door was locked, the patient was probably retiring, and the intent passed, though the suspicion never did. A

few days afterwards she writes him a letter in which she distinctly refers to this occurrence, and expresses regret at her "boldness," and concern as to what he might have thought of it.

After this unfortunate marriage had taken place, the husband states that when his wife desired to kiss him he was obliged to keep his lips tightly compressed in order to defeat her constant desire to resort to this revolting practice. That bucco-lingual copulation has been, and is resorted to, by erotics, ever since the dawn of history, is attested to by simply hundreds of works by hundreds of authors, and requires no comment in the present connection. It is mentioned in the old theological works as the *oscula more columbino*, and was ruled against by at least one of the Christian sects.

No capable physician who had so much of the history of this patient known to him, as has been set forth above, would in any way be surprised if told, in addition, that he had under observation a female who had practiced masturbation; indeed, he would look for something of that very nature. But now we come to a class of symptoms, exhibited on the part of the patient, that are not only *objective*, but positively diagnostic of some neurotic condition.

It is a well-known fact that those who have long been victims of self-abuse, whether there be any local evidences of it in the genitals or not, suffer, when greatly worried, from nervous twitchings of the hands, that more or less completely incapacitate them for work. In a number of her letters to her intended husband the patient had referred to and described this disability, and it was very noticeable by every one after she was married. Howe remarks (p. 73) that those given to solitary indulgence exhibit nervous twitching of the muscles, especially those of the extremities, and the husband of the patient has treated cases of female masturbators

wherein this was a marked feature, and corresponded exactly to the form of it presented on the part of the case now being described.

The patient likewise suffers from a distinct and well-marked type of *melancholia*, that under certain conditions takes on a *suicidal tendency*. Both of these affections are symptomatic of the vast majority of cases exhibiting the general effects of masturbation.*

The melancholia in the present case is absolutely typical of that form of the disease found in these cases, and described in a great many works devoted to such subjects. It is also associated in this patient with deficient memory, of which she often complained; an inability to keep the mind upon one subject for any length of time; and with a very slight regard for the truth. That it occasionally had a *suicidal impulse* was evident from the fact that she tried to secure chloroform from her stepson after marriage, upon several occasions, distinctly stating that she intended taking her life, as she was "being cruelly treated." Her fancied notions of "cruelty" were simply the emanations from her demented brain, and purely illusionary. But the nature of her dementia amply explains her extraordinary melancholic letters—nearly two hundred in number—written to her intended husband during the eight months preceding her marriage. It was then that she claimed that she suffered from insomnia, intense nervousness, shaky hands, and melancholia on account of the annoyance caused her by her demented sister with whom she lived. She upon many, many occasions in those letters deceived the man she intended to marry by having him believe that her melancholia was but temporary, and that she would be all right after marriage. But that day never came, and when the *terrible cause* of her wrecked mind and nervous system became at last evident to her husband, when it was too late, then her real nature asserted itself, and she

tried to carry further ruin into a home already nearly destroyed by her brief residence in it.

Still another symptom is to be added to this melancholia with suicidal impulse.

It has been stated above that the vaginal secretions in this patient have, at various times, been more or less acid. In those cases where this acid secretion is present, it will, unconsciously, at times reach the anal orifice, and, sooner or later, give rise to an *anal fissure*, or an *anal ulcer*. Prior to marriage the patient on one occasion informed her husband-to-be that she had suffered from *anal fissure*, and to cure it was obliged to be operated upon by a surgeon. The British surgeon, Dr. Holmes, in his work on "Surgery, its Principles and Practice" (p. 660), says of "Fissure of the Anus," that "It is more common in women than in men, and may be produced by the irritation of discharges." Anal fissure differs materially from anal fistula, though masturbators may also suffer from the latter trouble.

In female masturbators it is by no means an uncommon thing to find an anal fissure present, or the results of a surgical operation to cure one. In making the medical examination in these cases, either the anal ulcer or fissure must be looked for, or else the cicatrix resulting from the use of the knife. This latter must be done with great care and skill, for if it were a superficial ulcer alone that the acid secretion had caused, the attending surgeon may have cured it by the application of a caustic only, in which case the eschar resulting therefrom would be superficial and leave no visible cicatrix; but on the other hand, were the knife used, a definite scar, if carefully searched for, would doubtless be revealed. If much pigmentation existed around the orifice of the anus another difficulty would be added to the search, while, again, the cicatricial furrow resulting from the operation may at once be evident upon examination.

The symptoms present in this case at once relegate it to the category of neurotic diseases, and by the methods of differential diagnosis there is no difficulty in distinguishing which one it is. The *family* and *personal history*, *age*, and *erotic practices*, associated in the patient with *religious exaltation*, *prudism*, *alcoholism*, *insomnia*, *cardiac palpitation*, *anæmia*, *occasional vertigo*, *muscular twitchings of the hands*, *deficient memory* and *lack of mental concentration*, *marked melancholia with suicidal impulse*, *anal fissure*, and *acidity of the vaginal secretions*, would alone be sufficient to establish the fact that at some time in the life of the patient masturbation had been practiced, and for a long time carried to excess.

Taking the *age* of the patient into account, it is clear that the act of copulation, even were it possible for the husband to perform it, can now only *aggravate* the condition she is in, and so marriage can in her case only prove to be a detriment. Consequently the *prognosis* in her case is bad, and unless for the latter half of her life her surroundings are favorable, either the insane asylum or else suicide will surely be her fate.

From such manual examination as the husband could make, he is of the opinion that this practice in the patient has not been as active during recent years as it was doubtless during earlier life, so the local evidences may be more or less subordinated. This is most frequently the case, as the practice in women commonly extends between the age of puberty to thirty or thirty-five years of age, or during the most passionate period of life. After this, and after the nervous system has to a greater or less extent been destroyed, then the fires of passion grow less in intensity, and the indulgence is only occasionally resorted to, and local evidences of the damage done, subside. Even the acidity of the vaginal secretions may be intermittent, but normal copulation would surely in time reinstate this symptom, and, under the circumstan-

ces, with the growing repugnance for her as a companion that this patient's husband has for her, she is, in so far as he is concerned, quite as *impotent* to satisfy his sexual demands as though she were a victim of the worse type of *atresia vaginæ*.

The presence of such a person in a true home simply means its ruin in very short order. She is not fit to be a mother at the head of a household of children, nor can she expect to command their love and respect. In both of these particulars this woman utterly failed in the few weeks she occupied her new home. She brought only profound unhappiness, where happiness and prosperity formerly reigned.

In closing this paper the writer desires to thank his friends for many useful suggestions offered, as well as for calling his attention to many points touching the literature of the subject. Chief among these are Dr. Irving C. Rosse, Vice President of the International Congress of Medico-Legal Jurists, etc.; Dr. Jos. Taber Johnson, the distinguished gynecologist of Washington, D. C.; Dr. H. Witmar, of the United States Government Asylum for the Insane; and Dr. D. S. Lamb, the pathologist of the United States Medical Museum.