

Occasional Review

Penis captivus—did it occur?

F KRÄUPL TAYLOR

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Summary and conclusions

The symptom of penis captivus during sexual intercourse has had a largely hearsay existence in medical history, and rumour has embellished the drama of its occurrence. It is not entirely mythical, however. It seems to have been a symptom of great rarity in former times and to have vanished perhaps completely in this century.

The story of a couple locked inseparably in sexual intercourse through penis captivus until their cries of anguish led to their mortifying detection has been doing the rounds for a very long time and still occasionally raises qualms in the minds of some sexually inexperienced girls. Ricci¹ mentions that the symptom was first described by Martin Schurig in 1729. Rolleston,² however, unearthed much earlier reports. He began his bibliographical searches after "personal inquiries of many eminent London gynaecologists, urologists, venereologists, sexologists, general surgeons, and medical antiquarians revealed the fact that they had not only never seen any cases of the kind but knew little or nothing of the literature of the subject which most of them seemed to regard as unworthy of serious consideration."

Rolleston delved into mediaeval sources and found passages that described the symptom of penis captivus in sinners who had indulged in clandestine intercourse in churches and were discovered only the following day, when prayers or a splash of cold water brought liberation. One gets the impression that these reports were largely based on hearsay and probably had only a tenuous connection with the actual facts. In particular the long duration of the symptom is suspect.

The latest report of the symptom, found by Rolleston, was published by Piltz.³ It ran: "We remember a case of vaginismus with penis captivus which occurred in 1923 at Warsaw and ended by double suicide. It was in the spring, a couple of young students stayed behind in the garden after closing time. In the midst of their amorous sport a violent spasm occurred imprisoning the penis. The keeper alarmed by the desperate cries of the young man ran up. The doctor of the municipal ambulance after giving an anaesthetic to the woman separated the couple. The matter might have been forgotten, but the journalists in their greed for sensational facts did not fail to publish the adventure. The next day two revolver shots put an end to the mental sufferings of the two lovers." Again, the validity of this report comes under suspicion through its aura of dramatic elaboration and its reliance on memory which is not authenti-

cated by a quotation from, or at least a reference to, the newspaper sources.

The relevant textbooks of the early part of this century mentioned the symptom of penis captivus, but only in a hearsay manner and without authentication. In Bloch's *The Sexual Life Of Our Time*,⁴ there is the following footnote: "A few years ago a remarkable case of this kind occurred in Bremen. One of the dock labourers was having sexual intercourse in an out-of-the-way corner of the docks, when the woman became affected with this involuntary spasm, and the man was unable to free himself from his imprisonment. A great crowd assembled, from the midst of which the unfortunate couple were removed in a closed carriage, and taken to the hospital, and not until chloroform had been administered to the girl did the spasm pass off and free the man."

Kisch, in his *Sexual Life of Women*,⁵ speaks of "more or less credible instances of penis captivus" being on record. He mentions an account by a medical man called Davis, not otherwise identified, who was one day called to a couple found in this "most compromising position. All the endeavours of the pair thus surprised to separate proved ineffectual, and their attempts to draw apart caused them intense pain. Davis . . . ordered an iced douche, which, however, failed to liberate the imprisoned penis. Release was impossible until the woman had been placed under chloroform. The swollen and livid penis exhibited two strangulation-furrows."

In his influential *Lehrbuch der Gynäkologie*⁶ Stoeckel had this to say: "Just as in animals (dogs), there are also cases of so-called 'penis captivus' in human beings. . . . The [coital] contractions [of vaginal and pelvic muscles] can suddenly turn into spasms which imprison the penis and cause it to swell up excessively. The cases encountered all concerned illicit coitus, performed furtively (behind bushes or standing in doorways). Fear of detection was obviously an important aetiological factor. . . . The event evokes ridicule, sneers, and scorn in bystanders and naturally puts those affected into a shocking position from which they can often be released only by a narcosis of the woman. Even then it is frequently still difficult to free the thickly swollen and dark-purple penis from its imprisonment, a task which is occasionally only possible through the forceful introduction of a finger" (personal translation). This account by Stoeckel has an authoritative ring, though he is wrong, as we shall see, in asserting that only illicit intercourse gives rise to the symptom. Moreover, he probably only repeats hearsay information; he would certainly have mentioned it if he had personally dealt with patients.

In the nineteenth century, two papers were published by German gynaecologists who had had personal experiences of such patients. Scanzoni⁷ remarked, almost as an aside, in a paper on female sterility: "At the moment of orgasmic excitation, there usually are quite obvious fast and strong [vaginal] contractions. Several observations have shown that, in certain clearly known circumstances, these may become so intense as to be painful for both man and woman. They may end in a spasm of the

London NW3 7RG

F KRÄUPL TAYLOR, MD, FRCPSYCH, consultant physician

constrictor cunni which occasionally lasts rather long and makes the withdrawal of the penis impossible. . . . Apart from several other cases which have come to my knowledge [through hearsay], I should like to mention that of a completely healthy young woman, married for six months and at present being treated by me. Her husband has had to refrain from intercourse for some time, because it always caused his wife to have spastic vaginal contractions. They are most painful to him and . . . did on several occasions end in a spasm of the constrictor cunni which sometimes lasted more than ten minutes and made it impossible for the couple to separate" (personal translation).

The second and most complete account of the symptom of penis captivus in a personally treated patient came from Hildebrandt.⁸ He remarked that he had occasionally heard of the symptom but had been doubtful about the possibility of its actually occurring. Yet the observation of a typical example convinced him that "there is a form of tonic cramp among the muscles of the female genitalia which occurs during coitus, or more exactly just before the end of coitus, in such a way that the erect penis is forcibly held back in the vagina, gripped in a tight muscular cramp, unable to move forward or backward until, after a few minutes of agitation and fear, the cramp relaxes and the shrunken penis can be removed." The patient observed was a woman who had been married for a year. She was "very excitable and apparently also of a very erotic nature. She had suffered from uterine symptoms already as a girl and these got worse during marriage, though they did not prevent intercourse which was always painless. Because of these symptoms, treatment was started [elsewhere] in the spring which involved the application of a probe, speculum, compressive sponge, glycerine tampons etc which I believe had been used carelessly, too often, and perhaps not with the skill required, since this young and chronically neurotic woman grew every week more agitated and excitable so that she eventually responded to the smallest aggravation with compulsive crying fits."

"During the course of this treatment and despite her severe nervous irritability, she had intercourse on one occasion. [The husband] described his experience on that evening, when, incidentally, his wife had appeared less ill than usual, though she felt very agitated. He reported that just at the moment, when he thought intercourse, which had been quite normal till then, had come to an end, he suddenly felt that he, or rather his glans, was held back deep in the vagina, tightly gripped and imprisoned, while his whole penis was in the vagina. All attempts at withdrawal failed. When he forced the attempts, he caused severe pain to himself and his wife. Bathed in perspiration through agitation, alarm, and his failure to free himself, he was finally forced to resign himself to waiting in patience. He could not say how many minutes this lasted, his imprisonment seemed endless. Then—the hindrance vanished on its own; he was free" (personal translation).

Hildebrandt disagreed with Scanzoni's opinion that the constrictor cunni muscles were responsible for the symptom of penis captivus; those muscles at the entrance to the vagina were not strong enough to prevent movements of the penis. He argued that the culprits were the levator ani muscles, which could powerfully compress the lower part of the vagina. This conformed with the husband's report that his penis had been held fast at the glans deep within the vagina, and not at its base. Moreover, in patients with vaginismus, Hildebrandt had observed spastic contractions of the levator ani muscles which were strong enough to prevent the passage of even a thin probe. This observation has been confirmed by modern authors. Jeffcoate,⁹ for instance, remarks that vaginismus "is a condition of spasm affecting the sphincter vaginae and levatores ani muscles, especially the latter. The spasm may be so great that the lower vagina is practically closed and both husband and wife have the impression that there is an organic obstruction."

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In both vaginismus and penis captivus muscular spasms occur that affect the levatores ani. The timing of the spasm differs. In

vaginismus it occurs before the introduction of the penis (or of some gynaecological instrument) into the vagina and thus prevents normal sexual intercourse. In penis captivus, the spasm occurs during normal sexual intercourse and prevents the termination of the coital connection of the partners. Vaginismus is a relatively common symptom, but penis captivus is obviously rare. It is so rare that it is often regarded nowadays as no more than a prurient myth. Indeed almost all the cases mentioned in medical publications and in textbooks are based on hearsay and rumour, which have tended to aggravate the drama and trauma of the event. Yet the descriptions published by Scanzoni and more especially by Hildebrandt leave no doubt about the reality of this unusual symptom. At the same time one is struck by the fact that these descriptions lack the spectacular characteristics of the hearsay reports. The spasms lasted only minutes and not hours; and they relaxed spontaneously without the need of admission to hospital or an anaesthetic.

One might argue, however, that the symptoms in the patients of Scanzoni and Hildebrandt were so mild because they occurred during the legitimate intercourse of spouses in the privacy of their bedrooms. The symptom of penis captivus might be more severe when illicit intercourse takes place in a hidden public location. In these cases, sexual impetuosity tends to be at a high pitch and mingled with the fear of the forbidden and hazardous. This could conceivably increase and prolong the muscular spasms and thus make detection and humiliation more likely. Such a reaction cannot be dismissed offhand as impossible. It is theoretically quite possible. Yet it does not seem to have occurred in the past 100 years or so. If there had been, during that time, a case of penis captivus that needed medical intervention or admission to hospital it would have been eagerly reported in a medical journal with as much detail and evidence as possible. It is the absence of any such reports which suggests that penis captivus is not only a rare but also a relatively transient symptom with consequences that are less sensational than those fabricated by rumour.

References

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A pregnant patient has not developed her usual bout of hay fever this year, as has occurred during previous pregnancies. Is there a simple explanation for this phenomenon?

It has been known for many years that a wide variety of immunological reactions may be altered during pregnancy or indeed during menstruation—for example, transient depression of delayed hypersensitivity skin-test responses to such agents as tuberculin can occur during pregnancy. It is also well known that both asthma and rhinitis may either improve or indeed get worse when a woman becomes pregnant. In one study of asthmatic patients who became pregnant 40% experienced dramatic remission of symptoms while 35% showed no change. In 25%, however, the asthma became much worse. Occasionally the first episode of rhinitis or asthma occurs during pregnancy. It is not known how the physiological changes occurring during pregnancy have this variable effect on the symptoms of asthma and rhinitis. At present there is little information on the effects of pregnancy on immediate type I allergic reactions, which are so important in the pathogenesis of allergic rhinitis and asthma.