

## Sawbones 477: The Ejaculation Panic

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**Clint:** Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

**Justin:** Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

**Sydnee:** And I'm Sydnee McElroy.

**Justin:** This episode to me, Syd, feels like a scene from *Speed*. You know? Where the pressure's really on, and they don't know how long they have before the bus explodes.

**Sydnee:** Well, we really decided to make this as intense as possible by recording while our children are awake. And... with us. Like there's no other adults.

**Justin:** They're here.

**Sydnee:** To help us.

**Justin:** They're here.

**Sydnee:** With them. At the moment. And so... We're letting the television babysit [chuckles] our children.

**Justin:** Yes, and thank you to Lanky Box.

**Sydnee:** [laughs]

**Justin:** For all the help today. This episode brought to you by Lanky Box.

**Sydnee:** No, that's not true.

**Justin:** That's not.

**Sydnee:** No, that's not— No.

**Justin:** They can afford to give us some money if they wanted to.

**Sydnee:** No, that's not true. But we are gonna do our best to... record a whole podcast—

**Justin:** [wheezes]

**Sydnee:** — without parenting. [laughs]

**Justin:** And if they— If we don't succeed in this run, you'll never know.

**Sydnee:** Yeah.

**Justin:** Because we'll find some other magical [chuckles] mysterious time! That we haven't discovered yet.

**Sydnee:** No, and it's especially important— So our children, while they are not being watched, they're right outside the door. I don't wanna misconstrue that they're not safe. They're right outside the door.

**Justin:** They're right outside the door.

**Sydnee:** They're fine.

**Justin:** It's fine.

**Sydnee:** Absolutely fine. They're right there. They can—

**Justin:** But! At any moment, that could cease being true.

**Sydnee:** [laughs]

**Justin:** And the episode will stop.

**Sydnee:** But I did also not want them like physically right next to us as we talked about this topic, because this topic is of a sexual nature.

**Justin:** [saucily] Oooo-ahhh.

**Sydnee:** And I am not ready to discuss this topic with our nine- or five-year-old.

**Justin:** Okay, that's more than fair.

**Sydnee:** And I tell you this so that if you have anyone younger who listens to our show, we are— we will be discussing a sexual topic.

**Justin:** Oooo.

**Sydnee:** So, use—

**Justin:** And—

**Sydnee:** Use your own discretion as to who is—

**Justin:** And I can tell how—

**Sydnee:** — mature enough to hear this.

**Justin:** I can tell how comfortable you are with that by your completely normal tone of voice.

**Sydnee:** [laughs]

**Justin:** The same way you always sound, like a greeter at Medieval Times.

**Sydnee:** [laughs]

**Justin:** Ushering people to their table for their... mutton.

**Sydnee:** I can talk a— It's the po— There are some younger people who listen to our show and I don't want to make anyone uncomfortable. Adrian sent us this topic, thank you Adrian. I had never heard... of spermatorrhoea.

**Justin:** Umm, me either.

**Sydnee:** Nor had I heard of spermatomania.

**Justin:** Whoa, that one's a little bit more wild, huh.

**Sydnee:** Which is related to spermatorrhoea. So Justin, you're not familiar with spermatorrhoea?

**Justin:** I am not.

**Sydnee:** It is an— Could you guess what you think it is? There's a— There's— Sperm is at the top there.

**Justin:** Yeah.

**Sydnee:** And there's that "rrhea."

**Justin:** Uh-huh.

**Sydnee:** Which is an R-R-H-E-A "rrhea."

**Justin:** Mmmm...

**Sydnee:** O-R-R-H-O-E-A, that's how—

**Justin:** "Rrhoea" like how you spell "diarrhoea."

**Sydnee:** Yeah.

**Justin:** Tons— So tons of sperm shootin' out everywhere.

**Sydnee:** Yeah, that's basically it.

**Justin:** Okay, great.

**Sydnee:** That's more or less it. Yeah, it's— So it's not necessarily shooting out though. It's sort of just like the cons— the constant. [chuckles] Consistent leakage of sperm. Of semen.

**Justin:** Oh.

**Sydnee:** It's just kind of like... dripping out.

**Justin:** ABJ. A, always. B, be. J, well, you know.

**Sydnee:** Do you mean "E?"

**Justin:** A, always. B, be.

**Sydnee:** Uh-huh.

**Justin:** [whispers] J.

**Sydnee:** Oh, I thought you meant "ejaculating." Like you—

**Justin:** That's actually better. Let me switch to yours.

**Sydnee:** Yeah. Always—

**Justin:** A, always. B, be. E, ejaculating.

**Sydnee:** Mm-hmm. Yes.

**Justin:** That's better.

**Sydnee:** That's what it was. Well, and see I assume what you were making reference to was a crude euphemism.

**Justin:** Yes. Inappropriate.

**Sydnee:** For masturbation.

**Justin:** No. For— For, um... Orgasming.

**Sydnee:** Ohhhhhh.

**Justin:** From the penile area.

**Sydnee:** Another “J.” A lot of “J” works associated with that there.

**Justin:** [quietly] Yes. I don’t know what that might be.

**Sydnee:** Okay. No, I— But it’s interesting though because specifically there was a concern. And by the way, I wanna focus on the s— like the spermateria kind of panic that happened [chuckles] mostly—

**Justin:** I would bet.

**Sydnee:** In Western medicine, especially when we’re looking at like the 1800s.

**Justin:** Okay.

**Sydnee:** This is really something that by the time we hit like the turn of the century into the year 1900, this is something that would fade away really quickly.

And now, if you talk about spermateria, for the most part in like Western medicine, it’s not something that exists. There’s still some corollaries to what I’m talking about in like Ayurvedic medicine.

**Justin:** Mm-hmm.

**Sydnee:** Or traditional Chinese medicine. Because the— I think it depends on what your culture, like— what sort of stress and importance it places on semen and sperm and what that means to your general health and wellness.

**Justin:** Okay.

**Sydnee:** But I’m focusing specifically on this chapter of medical history, where mainly... I mean like European, American, mainly British mean got really worried about sperm constantly leaking out.

**Justin:** Okay.

**Sydnee:** Because what's interesting about it is that it probably wasn't happening. But it became in— It was like the hysteria equivalent. For people. With penises.

**Justin:** We talking about like urban legend? Like, "I heard from—"

**Sydnee:** No.

**Justin:** "— a friend of a friend that this as— there was a guy that was always ejaculating?"

**Sydnee:** Well like no, like um... There's no such thing as hysteria, really, right?

**Justin:** Right.

**Sydnee:** Like nobody's uterus is moving around inside their body and making them do different things, right.

**Justin:** Correct.

**Sydnee:** Okay. Nobody was just... constantly leaking— Well at least, the people who were diagnosed with spermateria were not actually walking around leaking semen all the time.

**Justin:** Okay. They were...

**Sydnee:** A victim of—

**Justin:** Doing a magic trick?

**Sydnee:** — the... the... restrictive Victorian culture.

**Justin:** [intrigued] Ohhhhhhh.

**Sydnee:** Okay. So, at the time, there was already this concern about masturbation. And this is really kind of where spermateria starts to arise. So we already have, published back in the 1700s, books about the dangers of masturbation.

**Justin:** Yes.

**Sydnee:** And how... not just from like a religious perspective, a moral perspective, like, "masturbation is like something you should feel guilty about," but also like it has a physical... effect on how strong you, how healthy you are.

**Justin:** That— Basically—

**Sydnee:** How virile you are.

**Justin:** Right, so basically you're robbing your virility by masturbating.

**Sydnee:** Right. Right. Because like keeping the right balance of semen is incredibly important.

**Justin:** Right.

**Sydnee:** To your health.

**Justin:** Yes.

**Sydnee:** And this like even dates back to kind of like the humours. Semen was one of the things that you had to either—

**Justin:** Keep in balance.

**Sydnee:** Like even in the Greek tradition, like you could release. You could intentionally— Now the Greeks were okay with masturbation. They were like, "Yes." I mean, you know they were, right?

**Justin:** Shocker! Shocker!

**Sydnee:** Like they were okay with it 'cause sometimes like you needed to masturbate in order to get rid of extra semen, and certainly something like a nocturnal emission.

**Justin:** [in a high-pitched voice] Yeeeeeah.



**Sydnee:** Do you know what that is?

**Justin:** Yeah, [chuckles] Syd, I do.

**Sydnee:** Would you like to share the, in layman's terms, what is a nocturnal emission?

**Justin:** Oh, I'm— You always come to me for the layman's stuff. I appreciate it. I believe that would be what we, in the medical community, do not call a "wet dream."

**Sydnee:** A wet dream. And that would've been like something that you needed, your body needed to do, perhaps. To balance out.

**Justin:** Mm-hmm.

**Sydnee:** The amount of semen. But either way like we already had this kind of cultural understanding that semen is very important.

**Justin:** Yes.

**Sydnee:** And having the correct amount is very important. It ref— There's this reference from— This is from an Ayurvedic text where they say that "it takes 40 meals to make a drop of blood. It takes 40 drops of blood to make one drop of bone marrow. And it takes 40 drops of bone marrow to make one drop of semen." So there you go.

**Justin:** That's—

**Sydnee:** That's where semen ranks.

**Justin:** That's wild to think about, Syd. The fact that that is true is—

**Sydnee:** No wait, that's not true.

**Justin:** Really?

**Sydnee:** That's definitely not true, but that's— I think just to show you that like this idea that we— as we enter the 1800s, we have a lot of people who are very concerned about not [chuckles] masturbating.

**Justin:** Yes.

**Sydnee:** Or masturbating the appropriate amount, if there is such a thing.

**Justin:** Right down the middle.

**Sydnee:** Right. The person who picks up on that is Claude Francois Lalamond, who publishes, in this practical treatise, about lots of different stuff about medicine.

**Justin:** Mm-hmm. Mm-hmm.

**Sydnee:** 'Cause he was a me— He was a professor. He also talked about, specifically that whether we're talking about masturbation or nocturnal emissions, wet dreams, these are things that are degrading men.

These are things that are... sort of like disrupting your... your general health and wellness, and that will not just make you like less masculine, but will make you generally sick.

**Justin:** Men don't need help degrading themselves.

**Sydnee:** [laughs]

**Justin:** We're doing fine.

**Sydnee:** And this really seized on— It's interesting because I think that... we have this perception that like our concept of masculinity and how it relates to like sexual virility has always been kind of static. Like... if you're really masculine— And I'm talking in very like generic stereotypical, you know.

**Justin:** Yeah.

**Sydnee:** Heteronormative terms. If you're very masculine, then you like to have sex. And you... want to do that a lot, and so you would engage in sexual activities a lot, whether those be alone or with others, right?

**Justin:** Right.

**Sydnee:** And that all of that is acceptable, and even like applauded in someone who is masculine.

**Justin:** Mm-hmm.

**Sydnee:** This is not true if we look at the 1800s, specifically there is a definition of masculinity that has a lot to do with self-restraint. Your ability to recognise those urges.

**Justin:** And triumph over them.

**Sydnee:** Exactly.

**Justin:** Yes.

**Sydnee:** In order to preserve that... you know, vital essence, very literally. The— [chuckles] liquor of life, if you will. [chuckles]

**Justin:** Mm-hmm.

**Sydnee:** Your semen. And so it wasn't enough just to be tough and be strong and be masculine, you did want to have sex.

**Justin:** Don't get it twisted.

**Sydnee:** But as— specifically, and this was really like a disease that mainly plagued middle-class men.

**Justin:** Mm-hmm.

**Sydnee:** Because is you were... If you were very wealthy, then there was this sort of societal understanding that you were prone to decadence.

**Justin:** Mmm...

**Sydnee:** There were things that the very wealthy could engage in—

**Justin:** The pleasures of the flesh.

**Sydnee:** And we don't talk about it or think about it.

**Justin:** Mm-hmm.

**Sydnee:** Well, no. We think about it.

**Justin:** We do.

**Sydnee:** But we're very Victorian, so we certainly don't talk about it. And— But we accept that like there's a level of wealth where we don't question—

**Justin:** You're just gonna have to do it a bunch. Yeah.

**Sydnee:** And then there is a le— And then there is a— On the other end of the spectrum.

**Justin:** Mm-hmm.

**Sydnee:** You know, people in the lower classes were considered to be more like, "Well, they would give into their animal instincts."

**Justin:** "Makes sense."

**Sydnee:** You know, they would engage in sex with somebody like a sex worker, you know.

**Justin:** Yeah.

**Sydnee:** And that was not something that if you were like in that middle-class, you were not supposed to do those things.

**Justin:** Right.

**Sydnee:** You wouldn't— Those were considered morally incorrect, so you wouldn't engage, you know, with a sex worker. You were supposed to wait til marriage. And that was across the board.

**Justin:** Yeah.

**Sydnee:** Like everybody was s'posed to wait til marriage.

**Justin:** Yeah.

**Sydnee:** That was very much an ideal of the time. So you wouldn't just go have sex with people to, you know, enjoy it.

**Justin:** Yes. [chuckles] There has to be a purpose.

**Sydnee:** [chuckles] But you couldn't be decadent and then like go masturbate, because...

**Justin:** You get chaffed.

**Sydnee:** Well, and that— Again, that was— that would betray— Like you have no self-control.

**Justin:** Okay.

**Sydnee:** And so enter into this sort of attitude this concept of the— 'Cause doctors started writing up these case studies of men who are walking around with— And there— here are the symptoms that they started to have of spermateria. They could have the continual leakage of semen from their penises.

**Justin:** Well documented.

**Sydnee:** They could have frequent... ejaculations without being able to like predict control. Basically like every t— There were men who reported "Every time I look at an attractive woman, I just ejaculate."

**Justin:** [snorts]

**Sydnee:** "And I can't stop it."

**Justin:** [snorts]

**Sydnee:** Um... [chuckles]

**Justin:** [wheezes]

**Sydnee:** That could be a symptom of spermateria.

**Justin:** I think I saw that in a *Porky's* movie.

**Sydnee:** There were definitely cases were people said, "You know, I have premature ejaculation." Or impotence could be a symptom of spermateria.

**Justin:** Right.

**Sydnee:** I know that sounds like the opposite, right? Like what do you me—

**Justin:** "Hey, what— Which one is it?"

**Sydnee:** Yes.

**Justin:** "Is it all the time or is it never? Come on, choose a side."

**Sydnee:** And so because there was already so much conversation around when and how and who can [chuckles] ejaculate.

**Justin:** Yeah.

**Sydnee:** As doctors, and especially surgeons, this really was— And this was a time in medical history where physicians and surgeons were very separate. And they occupied different realms of—

**Justin:** Right.

**Sydnee:** — sort of like the social strata. And I think that's important in understanding why this became so incredibly popular for a very brief period of history and then vanished. So physicians were regarded as like of a higher status.

**Justin:** Than surgeons.

**Sydnee:** Yes.

**Justin:** Yeah.

**Sydnee:** Than surgeons. And so like a physician didn't spend a lot of time touching people. Their—

**Justin:** Most surgeons— Surgeons used "Mr," right?

**Sydnee:** Mm-hmm.

**Justin:** Like most surgeons were—

**Sydnee:** At the time, yeah.

**Justin:** Yeah.

**Sydnee:** Yeah, they didn't even use the term "doctor," and their training was totally dif— They were derived from the Barber surgeons.

**Justin:** Right.

**Sydnee:** So their training often times was more like an apprenticeship.

**Justin:** Mm-hmm.

**Sydnee:** And was very unstructured.

**Justin:** Okay.

**Sydnee:** Whereas at this point in medical history, you would've expected someone who had the title "physician" to have gone to a university, to

have studied, and was probably what we would consider kind of like your like Renaissance... mainly men at the time, man who like understood the classics, spoke multiple languages. You know, was very cultured.

**Justin:** Yes.

**Sydnee:** And ha— And went through a formal training. Whereas a surgeon at the time could've been anything.

**Justin:** Right.

**Sydnee:** You know, there were surgeons who actively had done surgery, and then there were people who...

**Justin:** Lot harder to fa—

**Sydnee:** Bloodletting.

**Justin:** Separate the good from the bad back then, by and large.

**Sydnee:** Exactly. And so you have physicians who do not touch the body. Really.

**Justin:** Right.

**Sydnee:** I mean they have limited examination, but most of what they do is within the mind and then they tell you what to do.

**Justin:** Yes.

**Sydnee:** Surgeons... touch.

**Justin:** Yeah.

**Sydnee:** Humans. And so there was this sort of like— Their status was considered lower because there was something inherently kind of...

**Justin:** Common?



**Sydnee:** Common about that. Yes, about engaging with a physical body.

**Justin:** You have to use your hands. It's like a baby game.

**Sydnee:** [chuckles] And surgeons were the ones who really focused on spermateria, in part probably because this would've been the same strata of society who was suffering. From spermateria.

**Justin:** Yeah. For the—

**Sydnee:** They were also these same middle-class men.

**Justin:** The doctors, it's beneath them. This isn't a problem that we have.

**Sydnee:** No, doctors would never. Doctors would never.

**Justin:** [laughs]

**Sydnee:** But surgeons.

**Justin:** Surgeons.

**Sydnee:** But surgeons. And so what happened is that surgeons really seized upon this concern for spermateria.

**Justin:** Mm-hmm.

**Sydnee:** And began advertising very heavily that this is something that can strike anyone anywhere. That can be a real plague on not just a person's health but on their family. You know, on the— on society, their productivity in the workplace, the health of their marriage. If they're masturbating or seeking, you know, sex elsewhere outside their marriage.

**Justin:** Mm-hmm.

**Sydnee:** These are things that are concerning and so they ver— They really started publicising this as kind of the scourge of our times.

**Justin:** So because it was surgeons, were they— Did they start looking for a surgical fix?

**Sydnee:** Yes. And by the way, just to give you an example of some things that like they would tell you, like spermateria— These are all the things it could present as, and they would warn you like, “Anything can trigger this.”

**Justin:** [snorts]

**Sydnee:** “By the way. Anything can trigger this.”

**Justin:** “Be on the lookout.”

**Sydnee:** So be on the lookout, because soft beds, flannel trousers, sitting in front of a fire, a full bladder [chuckles], sleeping on one’s back, thunderstorms, or sitting in railway carriages could all be triggers... for spermateria.

**Justin:** All things. All the modern dangers could be triggers for— The new American import, base-ball.

**Sydnee:** [chuckles] And—

**Justin:** Perhaps a peach— A peach melba that’s too decedent—

**Sydnee:** [laughs]

**Justin:** — could cause it.

**Sydnee:** Any of these things could trigger you to have spermateria, and it’s certainly of course masturbation was one of the worst things you could do. And so surgeons had pretty... I would say drastic solutions to this.

**Justin:** Okay.

**Sydnee:** Because it was considered such a big deal.

**Justin:** Right.

**Sydnee:** Right?

**Justin:** Correct.

**Sydnee:** Like I'm— When we're talking about threatening with the very essence of who, at that time in history, a man would've thought he was. You're losing it. And so... in the face of such a dire ailment... I think inserting something into the urethra's the very least we can do.

**Justin:** It's worth a shot at least.

**Sydnee:** So I'm gonna tell you exactly what you're gonna put in there.

**Justin:** Oh, wait, no no no. You need to watch your pronouns.

**Sydnee:** [laughs]

**Justin:** 'Cause I'm not puttin' anything in there.

**Sydnee:** But first we gotta go to the Billing Department.

**Justin:** Let's go.

[transition music plays]

[ad break]

**Justin:** Alright Syd, are we fixin' this or what?

**Sydnee:** I mean, it's not really a problem.

**Justin:** [laughs]

**Sydnee:** But like if it was, we would be fixing it.

**Justin:** But if it was, we would totally be fixing it—

**Sydnee:** Yeah.

**Justin:** — right now.

**Sydnee:** And by the way, a lot of this— There's a great article... called "Body Doubles – the spermateria panic" by Ellen Biarosenmen from the Journal of History and Sexuality. Or Journal of History of Sexuality and— from 2003. And thank you to my friend John for helping me get this.

**Justin:** Thanks, John.

**Sydnee:** Get this article. That details a lot of like the psychological side of this, like that helped me understand the time period and like what was going on societally that made it so right for something like this.

So anyway, a treatment that they would commonly use is cauterisation. And so first of all, you empty the bladder. So first we're gonna stick a catheter in there and get all the pee out of you. Okay?

**Justin:** Okay, thank you.

**Sydnee:** Then we're gonna take something called a "bougie," which is a long, thin...

**Justin:** [laughs] It's what?

**Sydnee:** "Bougie."

**Justin:** A "bougie?"

**Sydnee:** Mm-hmm.

**Justin:** Okay.

**Sydnee:** It's a long, thin, metal instrument. And then—

**Justin:** Cute name for somethin' that doesn't sound so cute.

**Sydnee:** — you put something on the end that's caustic, something that's going to irritate and blister the skin.

**Justin:** Okay.

**Sydnee:** A very common thing would be like silver nitrate.

**Justin:** Ahhh.

**Sydnee:** Which we've even use today, like you might see silver nitrate applied to stop like bleeding or like granulate— like if a wound isn't healing correctly.

**Justin:** Oh, okay.

**Sydnee:** Sometimes you'll see a surgeon do this.

**Justin:** Okay.

**Sydnee:** Anyway, I— So silver nitrate is something that we still use today for so— for certain things, but not in this way.

**Justin:** Okay.

**Sydnee:** So what you would do is you put some silver nitrate on the end of the boujie, and you would insert it into the urethra. And what you are trying to do... is basically kill any nerve endings.

**Justin:** Oh no.

**Sydnee:** Yes.

**Justin:** Oh no.

**Sydnee:** Yes.

**Justin:** Aw gosh. [chuckles]

**Sydnee:** Yes. Um... Now... Like... Doctor's would tell you like, "This is... gonna hurt."

**Justin:** [emphatically] Yeah.

**Sydnee:** "It will not be pleasant."

**Justin:** It will not be pleasant.

**Sydnee:** And it... could kill you. [chuckles] That was part of the warning.

**Justin:** Are you kidding?

**Sydnee:** 'Cause it was a very drastic—

**Justin:** Like let it go. Like— Wow. Yikes.

**Sydnee:** So, but they would th— And I mean most of the time it wasn't gonna kill you, but they did preface with that, like, "This is a big intense serious thing we're doing." And... after you inserted it in there, and it might take a couple, although many doctors noted that like usually they didn't come back for a second one.

**Justin:** Yeah. They were good.

**Sydnee:** The idea is that it would help you master...

**Justin:** Bate.

**Sydnee:** No. It would help you master [chuckles] the urge to masturbate. It would help you master your penis.

**Justin:** Mmm...

**Sydnee:** Because it would not be so sensitive anymore, it would not— you would not feel urges and excitement and arousal like you did before.

**Justin:** Okay.

**Sydnee:** And so you would be in more control of that.

**Justin:** Got it.

**Sydnee:** And then— And I mean part of this too, this isn't like an attempt to never have sex. The ideal is to rein it in so that you can just use it when you should, and when you do use it, it works really well. That's the other part of it. Because what they would promise you is like, "You won't get aroused... on the train anymore."

**Justin:** Mm-hmm.

**Sydnee:** You know, "You won't get aroused every time you sit in front of a fireplace."

**Justin:** [snorts]

**Sydnee:** [chuckles] That was one of the warnings. But when you are with your wife, in your marital bed...

**Justin:** Near your fireplace.

**Sydnee:** You can get... hard. And... have... an orgasm. [giggles]

**Justin:** [laughs] "Doctor, I've been coming to see you for a while."

**Sydnee:** [laughs]

**Justin:** "And I'm not sure you're comfortable talking about this." [snorts]

**Sydnee:** [chuckles] I—

**Justin:** "Every time you do these— you put bigger and bigger gaps between your words, and doctor, I'm not sure that you're as comfortable with this procedure as [chuckles] you say."

**Sydnee:** Now this was one of the treatments, and this was a pretty common one. There were other ways that they went about treating it. You could apply leeches to the anus.

**Justin:** Perfectly reasonable.

**Sydnee:** The gen— The usual things. Diarrhetics, things that make you pee, laxatives and enemas. Clean you out, make you poop. Because I mean we're still in a time where like constipation is such a scourge, right.

**Justin:** Mm-hmm.

**Sydnee:** Like we're not into the real thick of that, when constipation is like responsible for all the evils of mankind.

**Justin:** Right.

**Sydnee:** But we're getting there. And then— And like a variety of like suppositories that you could insert with like opium and things like that. There are some diagrams of these metal rings.

**Justin:** Oooo. Oooo.

**Sydnee:** That you could put around your penis. That would... And I mean I feel like if you put this four-pointed urethra ring... around your penis, like you're not gonna do anything with it.

**Justin:** Aww, noooo. Oh noooo! Sydnee!

**Sydnee:** It's just like a— It's a ring, it's got a cute little bow on one side and it's got four spiky things pointing out of the inside of it. I know.

**Justin:** How could you show me that?

**Sydnee:** It's like a little iron maiden for your penis.

**Justin:** Ahhhh!

**Sydnee:** How've we never covered this chapter of medical history before?

**Justin:** This is rou— Well, I mean, I will say that it is... I— Do you know what I think it— a part of it is? Well I don't know why we've never



covered it, but it— I keep thinking this sounds— I think it's— just seems so surprising that this happened to men. [wheezes]

**Sydnee:** Right?

**Justin:** It just seems like some— so, so much like what we would do to people who were not... cis men. It's very strange.

**Sydnee:** Middle-class cis men. I know, it really— And I— Even in that article that I referenced, that's discussed early on is that like this kind of thing fits very firmly into what we understand about medical history. Like we... medicalise and sort of science something. [chuckles] If I'm using science as like an adjective of—

**Justin:** Yeah, you science— Yeah.

**Sydnee:** We science up something that's really just like—

**Justin:** [laughs]

**Sydnee:** — a moral thing, or a religious thing, and we try to science it up so that we can then inflict some sort of order on humans. And it's generally used on marginalised populations of people, people who like we want to control.

**Justin:** It's like a tool of oppression.

**Sydnee:** Exactly.

**Justin:** Right.

**Sydnee:** It is unusual to see it used... on middle-class cis probably largely white men.

**Justin:** Yeah.

**Sydnee:** It is unusual.

**Justin:** It's chilling, for me. I think we're all pretty unnerved by it. I think— I feel like we all are.

**Sydnee:** But that— [chuckles] The undoing of it is that it was clearly so... ridiculous and... painful. And—

**Justin:** Unpopular.

**Sydnee:** Yeah.

**Justin:** I mean, I have to imagine.

**Sydnee:** Unpopular and— 'cause what happened very quickly is that... as... As actual surgeons— And I mean I think this is kind of the way this seemed to break down. Actual surgeons were actually concerned about something that might— they thought was real.

**Justin:** Mm-hmm.

**Sydnee:** And they came up with treatments that they thought would help. They publicised this very strongly to try to gain legitimacy.

**Justin:** Right.

**Sydnee:** "Look. It's— We are not bad. It's a sickness." [chuckles]

**Justin:** "Don't blame us."

**Sydnee:** "Don't blame us, it's an illness." What immediately happened, as happened with a lot of different ailments of the time, and heck even now, is that a bunch of quacks...

**Justin:** Got 'em.

**Sydnee:** You know, got on board.

**Justin:** Yeah.

**Sydnee:** And said, "Yeah, we're really concerned about it too!"

**Justin:** [wheezes]

**Sydnee:** “All of us, who are surgeons as far as you— You don’t know what a surgeon is.”

**Justin:** “Yeah, yeah. This—”

**Sydnee:** “It’s like anybody could be a surgeon right now. I’m a surgeon and I’m very concerned about it too, and I have a lot of treatments for you, and they do cost money. But I can fix it.”

And so what you had was like this... basically made-up. And I’m not saying there’s no reason that you might not ever leak semen, or that certainly these other issues like—

**Justin:** Yeah.

**Sydnee:** — premature ejaculation or, you know, erectile dysfunction. All those things are real things, but this as a sort of like hysteria. As a one fit— You know, one size fits all catchall, anything that’s wrong that makes you like less masculine than we think you should be is all spermateria. That is not a thing, right?

**Justin:** Yeah.

**Sydnee:** Like that is not a real thing. You had both surgeons who were legit saying, “Well, no it’s real, but we have the real treatments,” and then quacks saying, “Yeah, no it’s definitely real,” and—

**Justin:** [laughs] “We’re with those guys.” [giggles]

**Sydnee:** [chuckles] Yeah. “Yeah! They’re right!”

**Justin:** [laughs]

**Sydnee:** And so that was really where you see like the undoing of spermateria, is as there became this huge— And I mean there were tons of pamphlets and advertisements. I mean you can imagine what like

newspapers filled with advertisements, it very much reminds me... of the commercials for low T.

**Justin:** Really. Yeah.

**Sydnee:** This is very—

**Justin:** That makes sense.

**Sydnee:** — much the vibe of what this would've been. Like are you...

**Justin:** Low testosterone, Sydnee's talking about.

**Sydnee:** Yes, low testosterone.

**Justin:** If you haven't seen the ads.

**Sydnee:** Well, I mean if you've seen the commercials on TV—

**Justin:** They s— They pitch it as low T. And that's—

**Sydnee:** They say "low T." 'Cause it sounds like—

**Justin:** That's the rebrand! That's the low testosterone rebrand, right?

**Sydnee:** Right? But and like— and it's the same thing where... there are real legitimate medical concerns, certainly some people have low testosterone. There are real reasons why we prescribe testosterone, they're myriad reasons.

However... everything that makes you feel bad cannot be blamed on low testosterone, and those commercials would lead you to believe otherwise. And I say it's— I would say it was probably the same at the time for spermateria. There were real reasons you could be sick, but everything was blamed on this.

And so you could go to any of these, you know, fake doctors with fake cures, and fake surgeons with fake cures, and they would probably not do— I mean and this is another common theme. They probably weren't

doing the same things that the surgeons were doing. Their treatments were probably a lot milder.

**Justin:** Yeah.

**Sydnee:** Most of the time you probably would walk away happier, just 'cause nobody stuck silver nitrate in your penis.

**Justin:** Yeah. And they would— They were absolutely selling that. Like, "Don't go to those butchers over there."

**Sydnee:** Yeah.

**Justin:** "They're just gonna..." Yeah.

**Sydnee:** You would go to one of these guys, who would just like give you some herbs. You know. Or like, heck, it was probably some sort of syrup made with like opium and maybe cocaine too and also alcohol.

**Justin:** Yeah.

**Sydnee:** And they were like, "Take this," and you were like, "Yeeees!" [chuckles]

**Justin:** "Okay, yes. I'll just that guy away with the knives and what all."

**Sydnee:** "I love this stuff!" And then you don't even think about it anymore. But anyway, the actual surgeons started to kind of pull back from spermateria as this... sort of hysteria-like ailment that plagues all men, and started to say "You know what? Actually we probably were wrong. This probably... was a lot. It probably is a lot less common. Actually..."

**Justin:** "Actually..."

**Sydnee:** "It's super uncommon."

**Justin:** [wheezes] "We're really sorry."

**Sydnee:** “Actuallyyyyy, maybe nobody has it. Now that we really think about it.” And so just as you have certain like... doctors like writing non-stop about like, “Everybody has spermateria and every patient I see has spermateria.” And like even one doctor who wrote about like, “I actually... I like to make sure and cauterise my urethra every single day, just as a matter of...”

**Justin:** [whispers, aghast] What?!

**Sydnee:** “— maintaining—” Which by the way, like if that’s your thing, that’s fine, but do not give that as medical advice. [chuckles]

**Justin:** [laughs]

**Sydnee:** Do not...

**Justin:** [laughs]

**Sydnee:** We all have your things.

**Justin:** Yeah, everybody’s gotta do their thing. It’s fine.

**Sydnee:** Everybody’s got a thing. It does not mean it’s medical advice.

**Justin:** Don’t project your thing onto all of us.

**Sydnee:** No. I—

**Justin:** [laughs]

**Sydnee:** I leave any things out of this podcast.

**Justin:** [laughs]

**Sydnee:** You don’t get to know things.

**Justin:** [laughs]

**Sydnee:** You— Actually, you don’t get to know medical advice either.

**Justin:** Yeah.

**Sydnee:** You just get to know what not to do. So... even as this was happening, you had actual surgeons of the day who were coming out and saying "Oooh, okay."

**Justin:** "Ehhh, alright."

**Sydnee:** "Okay. I think— Heeey, fellas. I think we got carried away." And so what you started to see, and like specifically there was a surgeon, Mr Cortiney was his last name.

**Justin:** Hmm...

**Sydnee:** And he wrote a ton about cases of spermateria. And what you really see are the beginnings of some really healthy discourse.

**Justin:** Mm-hmm.

**Sydnee:** About like the psychological impact of toxic masculinity, and like, your, like, constrained gender role in society, and also like religious trauma from like why it's bad to masturbate, and all this stuff.

And you see these kinds of conversations he's having with patients, where he's like, "You know, maybe... Maybe the reason you couldn't make love to your wife is because you just told me that you went overseas and had a ton of affairs, and then you [chuckles] came back and you felt really guilty."

**Justin:** Yeah.

**Sydnee:** "And like maybe it's that, and not spermateria."

**Justin:** Maybe.

**Sydnee:** "And maybe we don't need to cauterise [chuckles] your urethra. Maybe you just need to like have some couple's therapy. You know?"

**Justin:** Yeah.

**Sydnee:** Like— And you start to see the beginnings of some real conversations about that. And again, and that's not to say— I am not in any way suggesting that all cases of erectile dysfunction or premature ejaculation or anything like that are psychological in nature.

But it was beginning to recognise that sexual behaviour and sexual function is very much tied up, right? With our morals and our ethics and our beliefs and our spirituality, like all of that is in us.

**Justin:** Mm-hmm.

**Sydnee:** And when it comes to the sex act, sometimes you can't untangle it.

**Justin:** Yeah, it's always mixed up in it.

**Sydnee:** And it can impact like your sexual health and your sexual function, and your ability to achieve whatever your sexual goals are. [chuckles]

**Justin:** Go— Your sexual goals!

**Sydnee:** Whatever they are. And so you see more and more surgeons starting to write like, "Ehhh... I don't think spermateria is anything." And it really, like James Paget who's a famous surgeon from the time period, you know write towards the end of the 1800s like, "There is— I— You know, this is not— Whatever Lalimond was describing is not a thing. I have never seen a case," basically.

**Justin:** It's like—

**Sydnee:** Like, "Here I am, a famous surgeon. I've seen tons of people with tons of problems."

**Justin:** "You all know how famous I am, right?"

**Sydnee:** "I—" [chuckles]



**Justin:** "I've never seen it."

**Sydnee:** "I've never seen a case, and you know, maybe we kinda got carried away with this whole thing about spermateria. And maybe we were all just talking about masturbation too much." And so then it kinda goes away.

**Justin:** "Sowwy."

**Sydnee:** And like it really— By like the 1900s... at least in the West, we're not talking about it as much. And now again, I know there are other medical traditions, like I said.

**Justin:** Of course.

**Sydnee:** Like traditional Chinese medicine and Ayurvedic medicine, where like the concept of keeping your semen in balance—

**Justin:** Sure.

**Sydnee:** — with other, you know, vital fluids and stuff like that does persist. But in terms of Western medicine, that was really the end of it. And it really is this sort of— I think it— I think you can liken it to hysteria. Hysteria was often used— It was a fake thing.

**Justin:** Mm-hmm.

**Sydnee:** And it was a way of controlling women of the time, to make them behave the way "women," in parentheses, were su— Or in quotes, not parentheses. [chuckles] "Women" in quotes were supposed to behave.

**Justin:** Yes.

**Sydnee:** I think this is a very similar thing that happened to men. And—

**Justin:** Woow.

**Sydnee:** I just now learned about it.

**Justin:** Sydnee. I accept your apology. On behalf of all—

**Sydnee:** For what now?

**Justin:** From doctors, to... people with penises, we accept your apology. It's hard, you know.

**Sydnee:** Mm-hmm.

**Justin:** History's not kind... to us very often.

**Sydnee:** What, to you cis men?

**Justin:** Well that's gonna do it for us, folks.

**Sydnee:** [chuckles] Would you like to expand on that?

**Justin:** [laughs] That's gonna do it for us, folks. Thank you so much for listening. Thanks to the Taxpayers for the use of our song "Medicines" as the intro and outro of our program. And thanks to you! For listening. I appreciate it.

[theme music fades in]

**Justin:** That's gonna do it for us for now. Until next time, my name's Justin McElroy.

**Sydnee:** I'm Sydnee McElroy.

**Justin:** And as always, don't drill a hole in your head.

[outro music plays]

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