

# Painful Sexual Intercourse Caused by a Disproportionately Long Penis: An Historical Note on a Remarkable Treatment Devised by Guilhelmus Fabricius Hildanus (1560–1634)

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**Abstract** Between 1598 and 1641, the famous surgeon Guilhelmus Fabricius Hildanus (1560–1634) published 600 medical and surgical observations in his *Observationum et curationum chirurgicarum centuriae I–VI*. One of the case reports bears the title ‘Pain and infertility caused by a too large penis.’ The woman described in this case report most likely suffered from positional deep dyspareunia. Hildanus invented in 1593 a remarkable made-to-measure device. This device was a very well-considered and faultless curative for the woman’s dyspareunia. It seemed that the dyspareunia had a simple cause: the disproportional large penis of the woman’s husband. Four hundred years later, Hildanus’ forgotten penis shortening device deserves a resurrection in today’s medical practice. This remarkable and almost forgotten case report is described and discussed.

**Keywords** Dyspareunia · Infertility · Long penis · Fabricius Hildanus

## Introduction

Between 1598 and 1641, the famous surgeon Guilhelmus Fabricius Hildanus (1560–1634) published 600 medical and surgical observations in his *Observationum et curationum chirurgicarum centuriae I–VI*. These collection of observations and cures was the best work of its kind in the seventeenth century. Each observation was illustrated by one or

more case histories. The natural history of both condition and invented treatment were discussed. One of the case reports published as *Observatio 61* in the sixth *Centuria* bears the title ‘Pain and infertility caused by a too large penis.’ This remarkable and almost forgotten case report is described and discussed.

## Short Biography of Hildanus

Guilhelmus Fabricius Hildanus was born in Hilden, Germany on the 25th of June 1560 as Wilhelm Fabry. In 1576, at the age of 15, Fabricius started a training in surgery at Neuss, a town near Düsseldorf. In 1587, he married the female surgeon and obstetrician Marie Colinet. She assisted her husband during many operations and took care of most obstetrical cases. Fabricius described his wife as a skilful surgeon, but emphasized that she did not neglect housekeeping and the care of their eight children. He lived and worked in Germany, Switzerland, France, and The Netherlands and spent a considerable part of his life travelling. He died on 15 February 1634 in Berne from bronchial asthma, and left a widow and only one son who survived him. He was buried at Berne (Jones, 1960a; 1960b).

Despite his travelling life, Fabricius was, with the publication of ten books on several subjects, a prolific author. He is best known from his ‘*Centuriae*.’ Six hundred medical and surgical observations, reflecting the practice of a skilled surgeon at the end of the sixteenth and first half of the seventeenth century, are described in the *Observationum et curationum chirurgicarum centuriae I–VI* (Hildanus, 1646). Each observation was illustrated by one or more case histories from the varied practice of Hildanus. Both the natural history of the patient’s condition as well as invented treatment were discussed. In case of surgical treatment, a detailed description

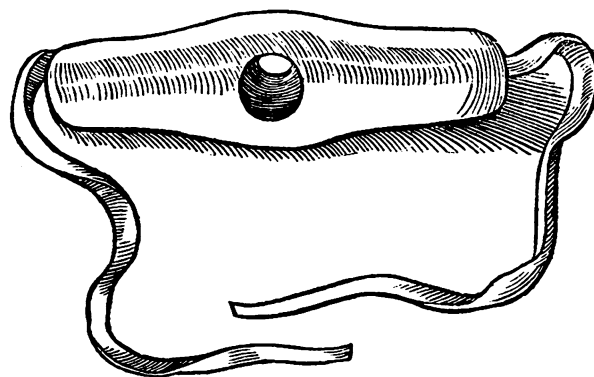
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of operation and surgical tools was provided. Many instruments were illustrated in clear woodcuts. Many patients were kept under observation for a long period of time, providing a clear view on prognosis and long-term results of his surgical procedures. Several observations included summaries of similar cases seen by Hildanus acquaintances and their views on treating the same condition or disease. No less than 348 scholars with whom Hildanus communicated are mentioned. The observations were published in various editions and translations between 1598 and 1780. Hildanus was a remarkable man. For centuries, Hildanus remained one of the foremost surgical authorities throughout a large part of Europe.

### Case Report

Observation 61 in the sixth *Centuria* bears the title '*Pain and infertility caused by a too large penis.*' The translation below comes from the original text (Hildanus, 1656):

A nobleman, of stout, healthy, and exceptional large constitution, was married to a noble, beautiful and sprightly woman who—during the two years of married life—not only showed infertility, but also a declining health. The mother of the woman, most circumspectly asking for the cause of her daughter's illness, obtained at least one answer: the exceptional length of her husband's penis in the fervent embrace was not only causing her severe pain, so that long after the gathering she still felt herself; yes, that her miserable parts showed signs of it. The mother, seeing the mouth of the womb covered with ulcers, brought her daughter to me in Cologne, in the year 1593. I was consulted, and understood, through the mother, the complete details of her ailment. I gave the advice, that she should deny her husband's company and fervent embrace, purify her body gently from time to time: instructing the mother that she twice or three times a day bring [ointments made of herbs] into the vagina and the mouth of the womb. The disease cured due to these measures, so she was visited by her husband at Koln, and seriously supposing that, the work will succeed, as previously: but anxiety overwhelmed her, thinking about the past suffering: I was addressed again, I gave her advice, that her husband, before going to battle, should cover his belly with a shield, made of cork, as drawn in the figure (reproduced here in Fig. 1), which was covered with soft linen and wool, which should prevent the deep penetration of the penis: being as thick, as was sufficient to us, leading to a shortening of the too large length, in the middle a hole; on the outside smooth and even, on the inside hollow, for prominent hucklebones, but overall well lined. This shield he put on, making the art well: even she felt no pain, and she even fancied it; which was shown by the result: because



**Fig. 1** The device, invented by Hildanus in 1593. Original woodcut from Hildanus (1656)

she was soon fertilized, and gave birth to a beautiful, well developed daughter, as I saw in the year 1611, with her mother and other children, born from her, at the city of Cologne. Serious diseases can be prevented by simple measures; because here, without any doubt, filthy, rotten, and incurable ulcerations should have been the consequence. This is a drawing of the masculine shield, with bandages, which should be tied together on the back, but its size should be determined from the size of the body and the size of the private parts.

### Discussion

This case report mentions three problems: a disproportional long penis; dyspareunia (recurrent genital pain associated with sexual activity, experienced during and after intercourse) in the woman, and infertility. Based on the information in the case described by Hildanus, it can be surmised that, according to size, the robust man had a remarkably long phallus and the woman a normal vagina, not related to any pathology.

Beside vaginismus, dyspareunia is an extremely frustrating sexual dysfunction for women. Dyspareunia can be classified as primary, when pain always occurs during sexual activity, or secondary, when it occurs after a period of painless coitus. Usually the term is used to describe pain during or after penetration, but pain might also occur during genital stimulation. Superficial dyspareunia (at or around the vaginal entrance) is often described to have a psychogenic origin, whereas deep dyspareunia is likely to have an organic cause.

Deep dyspareunia, often described as pain resulting from pelvic thrusting during sexual intercourse, is common and has many causes (Butcher, 1999; Fauconnier & Chapron, 2005; Ferrero et al., 2005; Heim, 2001). Inadequate lubrication causes problems with dryness or friction with penile movements. The vaginal barrel may not distend and elongate in response to the arousal phase, causing pain and discom-

fort, particularly in certain positions, with penile impact on the cervix (Heim, 2001).

Although it is impossible to draw a pertinent conclusion on the etiology of the dyspareunia in this case, the combination of local infection or irritation (“... the mouth of the womb covered with ulcers ...”) and the disproportionately long penis of her husband (“... the exceptional length of her husband’s penis in the fervent embrace ...”) seems to be the most plausible cause. I believe that the infertility described by Hildanus was merely coincidental.

Hildanus had a rational view of disease and medical problems and took into account several factors as age, sex, constitution, and habits of his patients. This was not a common practice in these days. The way Hildanus proceeded in this case is noteworthy: assessing the case by even consulting the patient’s mother, providing a number of treatments, creating the device, and providing follow-up data. Also compelling is the fact that he gave the male partner a device as part of the treatment, rather than treating the woman as a sole source of the problem, a common error often made in the treatment of infertility, even in today’s practice.

Although the diagnosis can never be established with 100% confidence, the description of a combination of dyspareunia in the woman and an exceptional long penis of her husband, as described in Hildanus Centurio VI, Observatio 61, are suggestive of a diagnosis of positional deep dyspareunia. Positional deep dyspareunia can be minimized with the use of woman-superior positions or other position changes. Hildanus did not give this advice, but advised to take some rest and sexual abstinence and invented a remarkable made-to-measure device.

This device was a well-considered and faultless curative for the woman’s dyspareunia. It seems that the dyspareunia

most probably had a simple cause: the disproportional long penis of the woman’s husband. Sometimes simple solutions offer great relief in suffering. Even today, a modern version of Hildanus’ more than 400 years old device could prevent pain in case of positional dyspareunia in women, in cases where counselling and changes in sexual position do not result in relief.

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