

[Galien. Des lieux affectés - suite]

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It appears plausible that the arteries in each part of the body should have the same activity which they evidently perform; for the arteries of the entire organism dilate at the same time in an identical manner. It is (K 448) unlikely that the arteries entering the genital organ acquired an activity other than that which is common to them throughout the whole body. But it seems reasonable that they are endowed with larger openings than the other arteries, since this makes them adapted to the speedy inflation of the empty spaces. Nature always seems optimally to accomplish each and every function. Thus the arteries [of the penis] have no exceptional function on entering the genital organ. It is reasonable to assume that, when the loins get warm, the arteries likewise become warmer and their orifices widen more, in order to propel in this manner a large amount of pneuma into the tendinous cavities [of the penis]. This pneuma gradually will inflate and stiffen the penis, because its entire structure is made up of sinewy tubes. If we understand these things, we will comprehend the conditions of priapism.

From the preceding explanation it becomes evident that this affection of the penis is produced by an enlargement of the openings of the arteries or by the formation of a vaporous pneuma in its sinewy channels. We have to find out which of the two causes should preferably be considered. I believe that priapism can be attributed to both but occurs more frequently if the arterial orifices are enlarged (K 449). Thus, it is easier [to believe] that the arteries become widened than that a vaporous pneuma develops in the sinewy tubes of the penis.

I think that I have only once observed an [abnormal] condition of the sinewy [cavities], but I frequently encountered an [enlargement of the openings of the] arteries. I came to this conclusion from the preceding symptoms and the form of the cure. Since there initially was a continuous throbbing in the penis, a gassy pneuma was the cause [of priapism]. When I directed the whole therapy against this complaint, I cured the patient. However the patients whose arterial orifices were enlarged did not present any preceding symptoms. One patient abstained, contrary to his habits, from intercourse for a long time; another had consumed food of poor quality and high acidity; another had worn a belt during a two-month trip, although he was not used to wearing it. I assumed that the enlargement of the opening of the arteries resulted in the one case from the acidity and the poor quality of the food, but in the other patients from the production of a gassy pneuma which moved around in an irregular and violent manner.

Medicine which increases the tension in the penis, whether taken [orally] as a fluid preparation or directly applied to the perineum or to the lumbar area (K 450), is always hot and causes flatulence, whereas opposite drugs do not develop gas and are cooling rather than warming.

You should listen attentively to my lecture and take it not lightly. For I here spoke of medicine, not of food. There are some foodstuffs which produce

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