

# THE MAN WHO COULD NOT...

Folks with major problems down there have but one hope – ace clinical andrologist and microsurgeon Sudhakar Krishnamurti. What we've got here is one of the Hyderabad-based doc's favourite case histories from his highly readable new book, *Sexx is Not a Four Letter Word* (Rupa).

THE OTHER DAY MY OFFICE telephone rang and a gentleman asked to speak with me. "I have a problem, doc," he began, "I'm speaking from Delhi. I cannot come."

"First tell me what the problem is, then I'll tell you if you need to come to Hyderabad," I said.

"No, no, doc, you just do not understand, I just cannot come," he persisted.

"Now, please listen to me, will you? I am not asking you to come here. Can you at least tell me what the problem is?" I countered, trying to remain calm.

"What I am trying to say is....doc....my semen does not come out. I just cannot ejaculate," he concluded, helpfully.

"How long has this been going on?" I enquired.

"All my life, doc," he cried, 'I have never ejaculated in my whole life. But now that we've been married for four years, my wife is desperate to have a baby. That's why I'm calling you.'

The number of husbands who call me because their wives are desperate for one thing or the other is not funny. Unfortunately, there are social, legal, and moral restrictions on the way in which I can mitigate their desperation. Therefore, I only treat the husband.

"Do you ejaculate at least during masturbation?" I asked.

"No, doc, never. I told you, I have never ejaculated in my whole life."

"Do you at least from time to time ejaculate in your sleep?"

"A little bit only doc, maybe once in a while. But why are you asking me the same thing again and again? I am telling you, I have never ever even once ejaculated in my life during sex, and that ought to tell you something about my case."

I told him to calm down and that I should be the one getting exasperated, not him. First of all, he is obtaining a professional consultation on the telephone without either an apology or a modicum of thankfulness. Over and above this, he is being argumentative. I

told him not to waste my time and that I was going to hang up if he continued like this. I wanted to tell him to call my secretary, obtain an appointment, and show up in person, but softened eventually, and continued after he apologised for all the inconvenience caused in a volte face that is prototypical of his ilk. He uttered about thirteen obeisant 'haan jis' in under one minute. I actually counted.

"What about orgasm? Do you reach orgasm during intercourse at least?"

"Well doc, I do attain some sort of climax, if you can call it that in the absence of ejaculation," he said dryly.

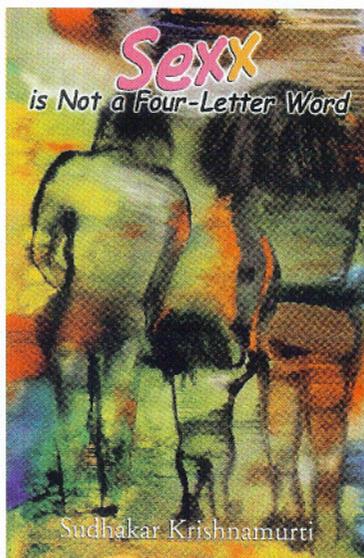
"Have you undergone any tests so far?"

"Well, I've got something called the post-ejaculatory urine examination done, though that seems like a bit of a misnomer when I don't ejaculate at all, and my doctor couldn't explain it either."

I was beginning to like this chap's English, and his ability to turn a glib phrase. It was even more admirable that he could intersperse 'haan ji' so smoothly everywhere, like the term itself was borrowed from the English. However, I had to remind myself that this was a seminal discussion and not a semantic one. That's one of the downsides to being a doctor. People always expect you to be serious. It's like we guys are some morbid ogres without any sense of humour or other interests in life. Had I commented on this guy's English, or his 'haan jis', he would have thought me not serious

enough, so I went back to my funereal demeanour. That always impresses patients, even if the subject of discussion is something as pleasurable as multiple orgasms or ultra long-lasting erections. Occupational hazard, some call it. I call it curse. My mental peregrinations were rudely interrupted by another 'haan ji'. This was the guy's way of telling me that this is a long distance call. My mind came back at once to the present subject of discussion.

"Yes, indeed, 'post-coital' or 'post-masturbatory' urine might have been better terms," I concurred. "What did the report show?"



"No sperm in that either, doc, but the lab wasn't sure, and they wanted me to repeat it."

"Any other tests?"

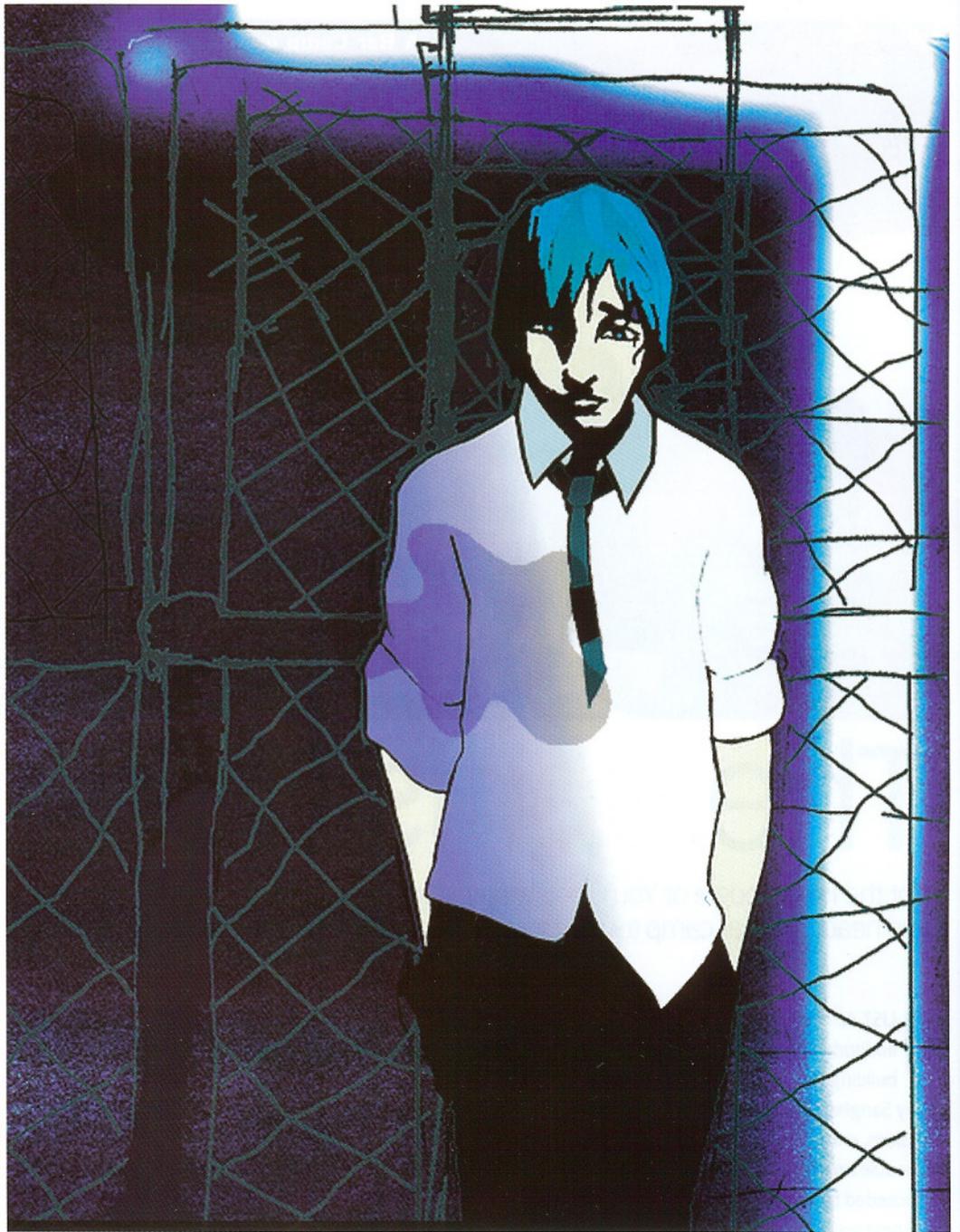
"Yes, I did something called a TRUS. They inserted some huge horrid probe in to my rectum to examine something. I tell you. I was thoroughly disgusted. Anyway, that test too was normal. Now, the doctor wants to do a vasogram. He wants to poke some needles near my testes, inject some dyes, and take some X-rays, but I wanted to check it out with you first.'

"You don't need a vasogram,' I told him categorically, 'it's not going to add any diagnostic value and is needlessly invasive. Besides, even if it is at all necessary, it has to be done in a particular way. I'd like see you in person, so please make an appointment with my front desk.'

This time he didn't tell me that he couldn't come. His last words on the telephone line were...you've guessed it ...haan ji!'

History-talking disclosed that Mr Haan ji had no predisposing causes. He has no spinal cord injury, no previous pelvic or retroperitoneal surgery, no diabetes, infections or neurologic disease, and no history of drug use or injury. He thought that he had undergone some operation on the urinary system during his childhood but couldn't tell me details. A psychosexual screening was performed and found to be quite normal. For all other practical purposes, the couple seemed to be very happily married.

Finally, as is quite common in medical practice, the bombastic diagnosis of 'idiopathic (of unknown cause) anejaculation' was made. Mr Haan ji's problem was solved a few months later using a machine known as the electroejaculator. The electroejaculator allows the application of an electric current trans-rectally to the ejaculatory apparatus. This electrical stimulation causes ejaculation. Newer machines assure nearly 100 per cent success rates. The semen is collected and inseminated into the wife at the time of ovulation. Mr Haan ji from Delhi now has a bonny baby and his wife



seems unlikely to hassle him at least for some time!

Ejaculatory disturbances constitute a complex group of common conditions, which are sometimes very difficult to treat. Anejaculation is a condition where there is no ejaculation at all during sexual intercourse. Sometimes, the anejaculation is total, that is the man does not ejaculate under any circumstances, not even in his sleep. Obstructive causes are usually cured by surgery. Others will require vibrator therapy or the electroejaculator.

Mr Haan ji was passing through Hyderabad recently and called me. "Doc, can I call you Dr Nokia?" he asked.

I wondered what it was this time, and asked what that meant.

"Doc, you're always connecting people, isn't it? So tell me, can I call you Dr Nokia?"

What could I say? 'Haan ji,' I replied.