SEXUAL MEDICINE HISTORY

A Brief Historical Survey of "Peyronie's Disease"

Sergio Musitelli, MD,* Maurizio Bossi, MD,† and Hussein Jallous, MD‡

*University of Pavia—Andrology and Sexology, School of Urology, Pavia, Italy; †University of L'Aquila—Sexology and Andrology, L'Aquila, Italy; ‡S. Matteo Hospital IRCCS of Pavia—Urology, Pavia, Italy

DOI: 10.1111/j.1743-6109.2007.00692.x

ABSTRACT

Introduction. Historians of medicine and urology, sexology, and andrology in particular maintain that many other physicians, surgeons, anatomists, and pathologists have already described "Peyronie's disease" some centuries before the author after whom it has been called, François Gigot de La Peyronie (1678–1747).
Aim. To perform a brief historical survey of Peyronie's disease.
Methods. A literature review was performed.
Results. The main surgeons and anatomists who previously observed and described penile curvature prior to François Gigot de La Peyronie are Theodoricus Borgognoni (1205–1298), Guilielmus of Saliceto (circa 1210–1276), Gabriele Falloppio (or Falloppia) (1523–1562), Andreas Vesalius (1514–1564), Giulio Cesare Aranzi (or Aranzio) (1530–1589), Claas Pieterzoon Tulp (Nicholaus Tulpius) (1593–1674), and Anton Frederik Ruysch (1638–1731), who was said to have left the first "postmortem" illustration of the disease in a copperplate engraving in 1691.
Conclusion. The original texts could easily prove that none of the alleged "precursors" of La Peyronie did ever describe, treat, and cure real cases of Peyronie's disease, and that to award them this merit was somewhat far-fetched, with only Guilielmus of Saliceto and Falloppio possibly excepted. **Musitelli S, Bossi M, and Jallous H. A Brief Historical Survey of "Peyronie's Disease". J Sex Med 2008;5:1737–1746.**

Key Words. Warts; Albuginea; Cavernous Bodies; Condylomas; Erectile Maintenance Deficiency; Folliculus; Ganglions; Mucous Membrane; Urethral Chordee

Introduction

"Peyronie's disease," or *Induratio penis plastica* (IPP) is a benign condition of still somewhat unknown etiology, characterized by the development of plaques or masses of dense fibrous tissue in the fascia about the corpus cavernosum of the penis, resulting in either dorsal, or ventral, or lateral deformity, and pain of the penis. Sometimes the disorder (or the fibrosis) may be marked to the point of preventing penetration and disturbing micturition [1–7].

Medical historians, especially those interested in urology, sexology, and andrology, maintain that many other physicians, surgeons, anatomists, and pathologists had already described Peyronie's disease some centuries before the author after whom it has been called, François Gigot de La Peyronie (1678–1747). Such surgeons and anatomists typically referred to include Theodoricus Borgognoni (1205–1298), Guilielmus of Saliceto (circa 1210–1276), Gabriele Falloppio (or Falloppia) (1523–1562), Andreas Vesalius (1514–1564), Giulio Cesare Aranzi (or Aranzio) (1530–1589), Claas Pieterzoon Tulp (Nicholaus Tulpius) (1593–1674), and Anton Frederik Ruysch (1638–1731), who is said to have left the first "postmortem" illustration of the disease in a copperplate engraving in 1691 [8].

Study of the original texts can readily show that to ascribe the description of Peyronie's disease to these authors is a fetching, but rather far-fetched thesis.

This article will examine passages from the work of each author before discussing about their real content and possibly their real meaning.

Theodoricus Borgognoni's passage [9] begins with suggesting certain rather absurd pharmacological treatments (the use of quicklime to burn the unnatural growths excepted) and concludes as follows:

> *Si nondum sufficiant, suspendantur cum uncinis, et incidantur. Deinde cauterizetur cum ferro candenti; et si patiens non toleraverit, et ligetur cum filo serico strictura vehementi, et dimittatur ligamentum, donec verruca ab alio corpore separetur, et cadat. deinde apponatur medicamen acutum, et curetur sicut convenit. Et cum accidunt in capitre preputii, et sunt molles, scindantur cum forficibus, et mundificentur. Item abstrahatur verruca radicitus et impleatur sale tota concavitas et prematur cum digito longo tempore*" (should [the pharmacological treatment] have been still unsuccessful, pull (the warts or the condylomas) with the little hooks, cut them out and cauterize the wound. But if the patient cannot tolerate the cauterization, tie them with a silk thread most tightly and let they tied up until they have separated from the circumjacent part and fall by themselves. Then apply a strong medicament and treat them as due. However, should the warts occur on the tip of the prepuce, and be soft, cut them out with the scissors, cleanse the wound. In the same way extract the wart together with its root, fill the wound with pulverized salt and press it with a finger for a long time).

We will examine Guilielmus of Saliceto's (who seems to be exceptionally original) and Ruysch's copperplate engraving later in this article to focus instead on Falloppio's passage [10], which reads as follows:

> [260r] *Penem in intimo canali non cauum sed spogiosum esse* [260v] *constat fungosa quadam materia repletum non carnea quidem (ut ipse Aristotele* [sic] *asserit) sed neruea, ac ita dura ut quasi nerui duritiem excedat. Per hanc spongiosam materiam usque ad summam glandem uasa feruntur insignia, arteriae nempe, quae ita aliquando conspicuae sunt, quam quod maxime conspici potest. Ad penem duo genera uasorum feruntur. Alterum cutaneum quod non curo. Alterum uero illorum uasorum, quae per corpus nerueum ipsius penis distribuuntur, deque his loquor. Sunt enim gemini nerui, qui per mediam illam bifurcationem, a qua originem trahit penis, ascendentes ad dorsum ipsius, et per dorsum idem currentes, propaginibus non paucis subiecto neruo communicatis tandem in glandulam* [sic! To be corrected into "*glandem*"] *ac totum extremum colem inseruntur. Nerui sunt insignes ac ualde manifesti, ita ut nisi lusciosos latere possint, iique sunt, in quibus, ac simul in ipsorum inuolucris fiunt ganglia non dolorosa, uel glandulae uocatae, quae postea sunt in causa, ut dum pudendum erigitur ueluti arietinum cornu intortum turgeat, et non distendatur, quod genus morbi mea sententia immedicabile est* (Everyone knows that the interior of the penis is not hollow, but spongy and full of a substance like that of the stalks of the mushrooms (as Aristotle himself maintains [according to Aristotle the penis is *cartilaginous* and *tendinous* [11]) but not fleshy and nervous and is so compact that it nearly exceeds even the compactness of the nerves. Conspicuous arterial vessels run along this substance, reach the tip of the balanus and are sometimes so remarkable that they can easily be observed. Two kinds of vessels reach the penis: the one is superficial, but I have no intention of dealing with it. I'll rather deal with the other pair of vessels that run along the nervous body of the penis. Indeed there are a couple of nerves, which rise through the crotch from which the penis arises, run along its back, send a lot of branches to the underlying nerve and, at last, are attached to the glans and the whole tip of the penis. These nerves are remarkable and exceptionally visible, to the point that they could only escape a blind observer. These nerves and their sheath are just those parts into which painless ganglions form, that are also called "little acorns." These ganglions are the cause why, when erection of the penis occurs, it doesn't swell straight, but like a ram-horn. In my opinion it is impossible to cure this kind of disease by medicines).

As we shall see, it is not impossible to consider this passage as a description of Peyronie's disease.

As for Andreas Vesalius, to identify a description of this disease in his treatise [12] is quite impossible.

Indeed the only passage a rather rash reader could mistake for something like a description of a "distortion of the penis" (Book V, Chapter XIIII, p. 528, l. 30 ff.) reads as follows:

> *Atque haec duo penis corpora ad glandem usque privatim singula nerveum retinent involucrum, et fungosam hanc substantiam summa diligentia a naturae operum studioso expendendam. Quum autem ad eam usque penis regionem perrepsere, in qua iam glandem efformatura sunt, in acutum feruntur, et carnosa glandis substantia ipsis obnascitur, quae meatum urinae seminique communem non subnatum duntaxat ut corpora illa exigit, verum eum in se complectitur, meatumque ambit, qui hic reliquo ipsius ductu amplior efficitur: et rursus suo fine extremove arctatur, non secus quam si Natura in concubitu seminis moram, ac proinde intensiorem pruritum in glande (quam affrictus potissimum occasione adauxit) esse cupivisset. Unde etiam involuntario seminis fluxu laborantes, hac sede plurimum ulceribus infestantur, propter seminis in hac amplitudine asservati acrimoniam urinarium meatum impense exulcerantem: qui profluentis urinae mordacitate, dum urina redditur, in glande insigniter infestatur, non minus sane quam rigido pene eiusdem meatus sedes inter anum et testes, ubi perinaeum nobis vocatum habetur, consistens, graviter eo malo affectis cruciatur: quod imprimis meatus obliquitatis ac reflexus, et deinde declivis etiam sedis ratione accidit. Quum enim meatus hac primum sub penis corporibus sursum reflectitur, haecque sedes humillima est, seminis copia a quo meatus exulceratur, non minus hic quam in glande consistit, ac proinde magis quam in reliqua meatus sede erodit, et deinde erosus meatus quando una cum pene tenditur, solutionem unitatis vehementius inibi percipit* (Each of these two bodies of the penis is endowed with a nervous sheath and those who want to know the works of nature have to consider their fungous substance most carefully. When they have reached the part of the penis where they begin forming the glans, they taper and the fleshy substance of the glans forms round them. The common duct of both the urine and the sperm runs through the middle of this fleshy substance and not through its lower part as the two bodies do. However this duct becomes here wider and narrows again at its end, as if Nature wanted to slacken the ejaculation during the coitus and to cause a more intense tingling of the glans (which nature has enlarged most of all in order to make it be excited by the chafing). This is why more than often ulcerations occur into this wider tract of the urinary duct of those who suffer from pollutions, owing to the acrimony of the gathered semen, which ulcerates very severely the urinary duct, whose tract through the glans does not suffer less severe pains caused by the pungency of the urine when it is passed, than the tract of the same duct between the anus and the testicles – i.e., the zone we have called "perineum" – when the erection of the penis occurs in those who suffer from such disease. This is mainly due to the siphon shape of the urinary duct. In fact, the tract of it that lies between the anus and the testicles is the lowest. By consequence, as soon as it bends again upwards towards the bodies of the penis, a no lesser amount of sperm – that ulcerates the duct – settles into this bent tract than into the glans, and therefore erodes the duct more severely here than there. This is why the eroded duct suffers a much more violent solution of continuity when it stretches together with the penis) (Figures 1 and 2).

It appears this passage has nothing to do with any case of Peyronie's disease.