

## KORO — A CULTURAL DISEASE

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It has been known for quite a long time that a strange disease occurred amongst the Chinese, especially in those who originated from Southern China. Those afflicted presented with a picture of having experienced a sudden feeling of retraction of the penis, and were beset with a great fear that should the retraction be permitted to proceed, the penis would eventually be drawn into the abdomen with a fatal outcome. In their anxiety to prevent such a mishap, they held on to the penis either manually or with instrumental aid. In some instances, relatives took turn to hold on to the penis to curb its supposed "wanderings", in others, a clamp, a cloth peg, a loop of string, or even a safety pin was employed to restrain the recalcitrant member. Occasionally, the pans (lie-teng-hok 整程鎖) of a small weighing instrument used by jewellers were employed to grasp the penis (Stitt 1945). In spite of the fears, however, a fatal outcome was unknown, although many instances of trauma to the penis, in some cases quite severe, had been seen.

It is also generally accepted that this is a form of neurosis although the psychodynamics are not clearly known and the natural history of the complaint has not been worked out.

Stitt<sup>1</sup> stated that it was a form of anxiety neurosis seen amongst Buginese and Macassarians in the Celebes and North Borneo, and also occurred among the Chinese who called it "Shook Yong".

Manson-Bahr<sup>2</sup> ascribed the original description to Blonk in 1895 and stated that the sufferers were generally neurotic and the anxiety arose out of sexual conflicts.

The following is a report of 3 cases followed up for 7 years:—

Case 1. — C.C.H. Male Chinese, schoolboy aged 8. On 27.7.56, he had an insect bite on the penis. A couple living in the house inspected the penis and detected some retraction of the penis going on. Immediately, the penis was held on to and vigorous local applications of balms began. The boy was fed several spoonful of brandy which was regarded as a "heaty" medicine by the Chinese. The condition abated after 1 hour. Next day, in the evening, the boy thought the penis was again retracting. Straight-

away, the penis was anchored with a loop of string and he was brought to the outpatient department of the hospital. The doctor in charge gave him 3 injections one after another and he improved. Two days later, at night, he woke up with the complaint. The penis was clamped with a pair of chopsticks and local applications of balms given with good effect. Next day, however, he had the attack again with pain in the hypogastrium and was brought to the hospital, and referred for consultation by the doctor in the outpatient department. When seen, the boy had a loop of string round the mid-shaft of his penis, and his right hand held on to the string. The penis was bruised, but no serious injury was seen. He was obviously very frightened and his parents accompanying him looked every inch as alarmed as he was. No sexual hair was evident, and both the testes were descended. The boy and the parents were reassured, and after several hours of lengthy persuasion, the symptoms abated and he never had an attack again up till the time this report was written.

Case 2. — H.K.F., a male Chinese, aged 34, was seen on 24.3.56. He was at a cinema show when he felt the need to micturate. He went out to the latrine in the foyer, and as he was easing himself, he felt suddenly a loss of feeling in the genital region, and straightaway, the thought occurred to him that he was going to get penile retraction. Sure enough, he soon noticed that the penis was getting shorter. Intensely alarmed, he held on to his penis with his right hand and shouted for help which however was not forthcoming as the latrine was deserted during the show. He felt cold in the limbs, and was weak all over, and his legs gave way under him. So he sat down on the floor, all this time holding on to his penis. About half an hour later, the attacks abated. He went to see a medical specialist and was prescribed some pills. Since then he became nervous and jittery especially when coming face to face with a member of the opposite sex. He was single and a subject of spermatorrhoea during defaecation for several years, and in his school days was generally nervous. At the age of 15, he had his first "wet" dream, and felt very weak after it. Nevertheless, he had regular "wet" dreams. At 24 years of age, he exposed himself to a prostitute, and was infected with gonorrhoea, and since then he abstained him-

self. He heard of "shook yong" from his friends and also heard about some fatalities during intercourse previous to the present attack.

Treatment: He was vigorously reassured and given some talk on sexual anatomy. No further attack occurred.

Case 3. — N.C., male Chinese, aged 38, and married for 16 years with 7 children.

His first attack began at the age of 18 when he took a purgative which acted so vigorously that his penis retracted. The attack however was transitory and did not occasion much alarm. In the last 2 years, he has been feeling very weak, and each time he defaecated, he thought there was a tendency to penile retraction which did not materialise but caused great fear and distress. He had no extramarital affair, and had regular intercourse with his wife, but felt that each time he was considerably weakened physically. He heard about "Shook Yong" during school days and had also understood it to be very dangerous and likely to be fatal.

Present attack occurred during intercourse a few months ago. He recovered spontaneously after holding on for 20 minutes. Since then, he dared not have intercourse again for fear of a new attack.

On examination: A mentally sedate and well-orientated man. Physical examination showed normal sexual development with no organic disease. The penis was of average size.

Treatment: He was given several talks on sexual anatomy and reassured, and he began to have a normal sexual life again and was free from attacks for the last 8 years. However, he had cut down the frequency of his intercourse and thought he felt better as a result.

## DISCUSSION

Koro may have been derived from the Malay word "Kuru" meaning to shake, but the real origin was not ascertainable locally from Malay scholars. On the other hand, the Chinese terms "Shook Yang", "Shook Jong" have been in use for some time, and in a book known as New Collection of remedies of value (驗方新篇)<sup>3</sup> allusion is made to the term "縮陽" (Shook Yang), also referred to as Yin type of cold affliction (陰症陽寒).

This book was published in the Chin Period, and its description was as follows:—

"During intercourse, the man may be seized suddenly with acute abdominal pain. The limbs

become cold and the complexion dusky, the penis retracts into the abdomen. If treatment is not instituted at once and effective, the case will die. The disease is due to the invasion of cold vapours (寒氣) and the treatment is to employ the "heaty" drugs (熱藥)".

In later periods, sporadic accounts, mostly folklores and old wives' tales reported instances of "Shook Yang" with fatal or near fatal results. The general description is one of sudden onset in a male, usually but not necessarily associated with the sexual act. The attack may come on spontaneously with micturition or defaecation, but characteristically during or soon after the act, *but never before*, and always accompanied by intense alarm with pallor, sweats, coldness in limbs, and occasional abdominal pain. Because of its frequent association with the sexual activity, it is also referred colloquially by the Cantonese as "Seon-Ma Fuun" (a seizure of vapour during the act of mounting a horse 上馬風, being an allusion to the sexual activity).

In Singapore and Malaya, cases of this nature are frequently seen practically all in the Chinese, and a patient may have one attack only, or several recurring ones. No fatality has been observed, although instances of sudden death during intercourse were frequently cited as being due to the complaint. Fortunately, sudden deaths in Singapore and Malaya were liable to postmortem examinations, and so far of 4 cases stated to be of this nature traced by me in Singapore, death had been due to coronary thrombosis in 3 and cerebral haemorrhage in one, and also there was no real account in these cases to show that they did exhibit the characteristic picture of Koro prior to death.

From the three cases reported above, and the information gleaned locally, it seems reasonable to assume that Koro or "Shook Yang" is an acute hysterical panic reaction arising as a result of a deluded belief which has been current in folklore. The patient learns through hearsay that the retraction of the penis can result in death; and under circumstances favourable to the development of the condition, the slightest subjective feeling in the genitalia sets in motion the fear that this particular complaint is afoot! Thereupon, he grasp his penis and summons aid, and the mounting anxiety together with a sympathetic crowd of relatives sharing a common belief does the rest.

## PSYCHODYNAMICS

It will be easy to attribute the aetiology of such a complaint to half a dozen psychological

reasons. In fact psychological reasons are as a rule so facile that it would be strange if reasons could not be found to explain away any condition. However, it is interesting to note that castration is practised in China to create eunuchs for the Court, and also that in ordinary conversation, children are frequently threatened with castration for misdemeanour in micturition habits. Further, promiscuity is frowned upon by Chinese culture in spite of the public sanction of multiple wives, and literature abounds in exhortations to avoid illicit sexual relationships with all sorts of supposed ills that may arise as a result of such practices. Also, Chinese medicine, which has a wide appeal, attaches great importance to the spermatic fluid, stating that 10 grains of rice form a drop of blood, and 10 drops of blood form a drop of spermatic fluid, and that a Man's health can be seriously jeopardised if there is an excessive loss of spermatic fluid. In fact, a Han emperor (漢成帝)<sup>4</sup> was said to have died after taking some aphrodisiacs because his spermatic fluid flowed continuously! The formation of spermatic fluid is supposed to be attributable to the kidneys, and round about the kidneys is situated a mysterious point referred to as the Gate of Life (命門). Hence it can be seen that as far as Chinese culture goes, the ground is adequate to give rise to the concept that sexual excesses, apart from being a social and religious taboo, can literally through the loss of the spermatic fluid result in the loss of life.

It remains to be discussed why should the belief of penile retraction occur.

In very old Chinese medical books,<sup>5</sup> the retraction of penis with distension of abdomen (probably peritonitis with abdominal wall oedema) was described as a certain sign of death. In books on calisthenics, a boxer is said to achieve near invulnerability when he, by dint of hard work and complicated training, manages to toughen up his hide so that it can withstand blows from clubs and knives, and also that he could withdraw his testis into his abdomen so that they could not be attacked. A blow on the testis is regarded as fatal, and a particular kick—Liau Yin Tui—(撩陰腿) aiming at the genitals of the opponent is listed as a lethal weapon. Fatality and retraction of penis seem therefore well correlated in the Chinese mind for many years, and a bit of imagination on the part of a physician can easily conjure up such a condition. Thus it would appear that the disease is probably a result of the free play of imagination of a physician on top of a culture which links fatality with geni-

tal retraction and sexual activity with risk to life. The popular appeal of Chinese medicine soon propagates such a belief until it becomes a common knowledge found in popular books of household remedies like the New Collection of remedies of value.

A study of the 3 cases reported above together with other cases seen from time to time would seem to suggest that this condition is one of acute hysterical panic reaction brought on by auto- or hetero-suggestion and conditioning by the cultural background. In the first case of the boy, he was taught the concept of Koro by a couple, and soon he learned to develop the complaint *at home in the evenings*, and his condition was on each occasion reinforced by the sympathy, alarm and anxiety of his parents. In the other two cases, prior information about Koro was obtained through hearsay, and the first subjective feeling in the genitalia led to a realistic attack.

Thus the cycle of the disease would appear to be as follows:—

Information about Koro on hearsay plus some sexual fears and subjective sensation in genitalia either of a normal nature such as associated with sexual act, defaecation or micturition or of an abnormal nature such as an insect bite plus fear → Koro → Fear → Koro.

The rapid improvement and ease of radical cure following education would indicate that the condition is not psychotic, but more like a conversion hysteria which is usually radically cured. The only difference between it and conversion hysteria is that in the latter, the motivation is not apparent and the patient's emotional content towards the disability is one of indifference, whereas in Koro, the active cause is frankly sexual in most cases with the belief that sexual activity is bad or weakening and the emotional state is one of extreme alarm amounting to panic.

### SUMMARY

3 cases of koro were reported after a follow-up of some years. A brief discussion of the possible mechanism of the disease in Chinese was made.

The opinion is expressed that this is an acute hysterical panic reaction brought on by auto- or hetero-suggestion.

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3. 驗方新編：卷七—陰症傷寒。
4. 飛燕外傳。
5. 中藏經。

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