

Dec. 17, 1957

R. B. FREEMAN

2,816,542

PROPHYLACTIC TUBE WITH DIFFERENTIAL WALL THICKNESS

Filed March 17, 1955

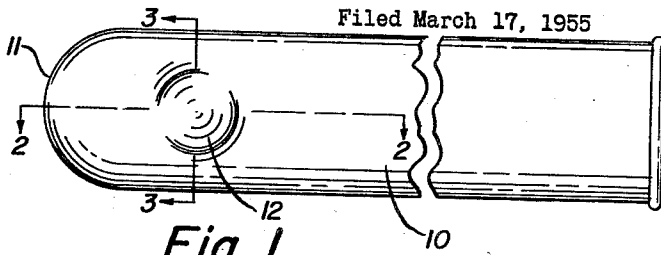


Fig. 1

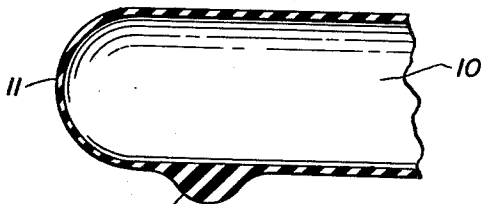


Fig. 2

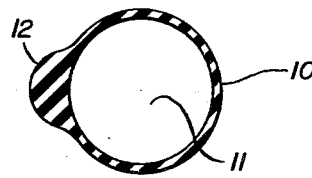


Fig. 3

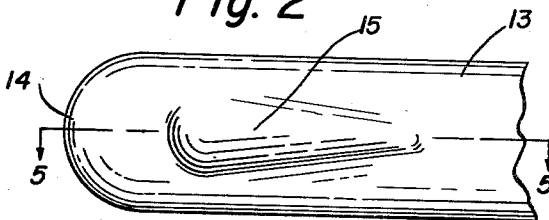


Fig. 4

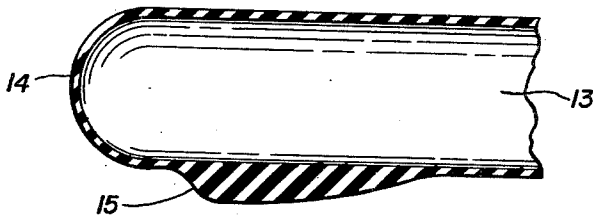


Fig. 5

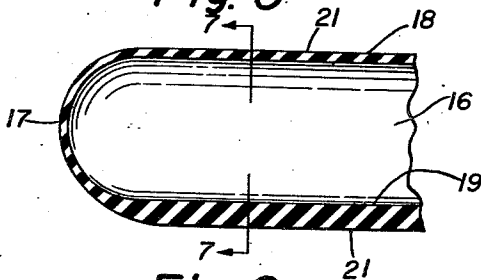


Fig. 6

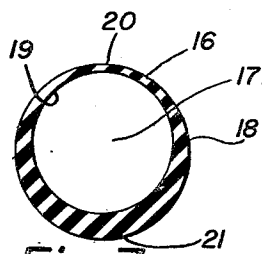


Fig. 7

INVENTOR.
RICHARD B. FREEMAN

BY *Isler & Orinstein*
ATTORNEYS

1

2,816,542

PROPHYLACTIC TUBE WITH DIFFERENTIAL WALL THICKNESS

Richard B. Freeman, University Heights, Ohio

Application March 17, 1955, Serial No. 494,953

6 Claims. (Cl. 128—132)

The present invention relates to improvements in prophylactic tubes and more particularly to a structural arrangement of differential wall thickness in such a tube to influence sensory perception in the male during sexual intercourse.

It is known that, in the human sexual relationship, the responsiveness of the female may vary to a great extent from the responsiveness of the male. The psychological and physiological factors which influence such response generally seem to favor the male, with the result that the male tends to reach the climax of sexual intercourse before the female does so. This disparity and lack of unity in attaining climax is recognized by psychologists and domestic relations counselors as a significant, and often basic, factor leading to incompatibility and general matrimonial difficulties.

The use of prophylactic tubes in sexual intercourse has received general acceptance and the use of such tubes does have some tendency to delay the response of the male. However, the delaying effect is ordinarily insignificant and inadequate to retard the response of the male to the desired degree. This is primarily due to the fact that the prophylactic tubes are deliberately and necessarily formed with a very thin wall so that interference with the stimulation of the male organ shall be minimized. Any effective overall thickening of the wall section would not only insulate the male organ from stimulation but would also result in a general loss of response which would be unsatisfactory to the male.

It is known that there are two areas of response in the penis; the one is a general area, and the other is critically sensitive area. The entire penis has a general tactile sensibility which is effective to transmit the sensation of sexual intercourse to the male. However, the area of the penis comprising the lower edge of the glans and the undersurface of the penis directly below the cleft of the glans is the area which is critically sensitive to tactile stimulation. The control of stimulation in this critical area can effectively delay orgasm in the male without minimizing the general sensation of sexual intercourse.

It is a primary object of my invention to provide a prophylactic tube having means for inhibiting the degree of stimulation of the critical area of sensitivity in the male organ, while at the same time minimizing the inhibiting effect on the general area of the penis so that the general sensation of intercourse is not lost.

Other objects and advantages of my invention will be apparent during the course of the following description.

In the accompanying drawings forming a part of this specification and in which like numerals are employed to designate like parts throughout the same,

Fig. 1 is an elevation of a prophylactic tube embodying my invention.

Fig. 2 is a fragmentary longitudinal cross-sectional view taken on line 2—2 of Fig. 1.

Fig. 3 is a cross-sectional view taken on line 3—3 of Fig. 1.

2

Fig. 4 is a view similar to Fig. 1 showing a modified form of the invention.

Fig. 5 is a fragmentary cross-sectional view taken on line 5—5 of Fig. 4.

Fig. 6 is a view similar to Fig. 5 but showing still another form of the invention.

Fig. 7 is a cross-section of the form shown in Fig. 6, taken as indicated by line 7—7 on Fig. 6.

It is to be noted that for purposes of clarity, the wall sections shown in the drawings have been exaggerated in thickness.

Referring more particularly to Figs. 1—3 of the drawings, I have shown a prophylactic tube, generally indicated by the reference character 10, which is formed of flexible sheet material, such as latex or the like, and is provided with a closed end or tip 11. As best shown in Figs. 2 and 3, the tube 10 has a substantially uniform wall thickness having a dimension comparable to that of the wall in conventional prophylactics. This thickness may be on the order of 0.003 inch, the general range of thickness customarily being from 0.001 to 0.005 inch.

At a point or area which is adjacent the end 11, but spaced rearwardly therefrom by about one to two inches, a sensory insulator or barrier 12 is provided which consists of a section of increased thickness. The location of the barrier 12 corresponds with the critical sensitivity area of the penis, heretofore mentioned, and underlies said area when the prophylactic is utilized. Inasmuch as the critical sensitivity area is very localized, the barrier 12 need not extend circumferentially nor longitudinally to any great extent. As shown in Fig. 2 it may be a substantially hemispherical protuberance having a diameter of about $\frac{1}{2}$ to $\frac{3}{4}$ of an inch, and having its center located between one and two inches from the tip or end 11.

The thickness of the sensory barrier 12 is subject to variation dependent upon the degree of inhibitory influence which is desired. In general, the thickness of the barrier 12 may be from two to twelve times the thickness of the wall section of the tube 10, it being understood that the particular thickness best suited to a particular condition is a matter of individual selection.

In a prophylactic tube having a nominal diameter of 1 to $1\frac{1}{4}$ inches, the barrier 12 occupies only a small percentage, usually less than 5%, of the total circumferential or surface area of the tube, and thus does not interfere with the general sexual sensation, although the barrier is so located that it is effective to insulate, to a predetermined degree, the critical sensitivity area of the penis and thus inhibit the rate of response.

Although I have shown the barrier 12 as unitary with the wall of tube 10, it will be understood that the barrier 12 need not necessarily be of the same material as the tube 10, and may be a separate element which is integrated to the tube 10 by adhesion or the like.

In Figs. 4 and 5, I have illustrated a modification of the invention in which a prophylactic tube 13 having a closed end 14 is provided with a tear-shaped barrier 15. The barrier 15 is located in the same position on the tube as the barrier 12 and serves the same function. Its area of maximum thickness is localized in correspondence with the critical sensitivity area of the penis. However, instead of being hemispherical in form like the barrier 12, it extends rearwardly for a somewhat greater distance. The somewhat greater area of barrier 15, as compared to barrier 12, is not of any significant functional importance, as the significant inhibiting effect of the barrier 15 is still restricted to that area of the barrier which underlies the critical sensitivity area of the penis. However, the contour of the barrier 15 is somewhat less abrupt than that of the barrier 12 and it therefore may, in some instances, be preferred. The barrier 15 may also be a separate element which is integrated with the tube 13.

In Figs. 6 and 7, I have shown another modification of the invention in which a prophylactic tube 16, having a closed end 17, is provided with a cylindrical outer surface 18 which is eccentric in relation to the bore or cylindrical inner surface 19 thus providing a differential in wall thickness.

The eccentricity of the tube 16 provides a wall section which varies from a point of minimum thickness 20 to a point of maximum thickness 21, which serves as the sensory barrier.

In the three forms of the invention herein described and illustrated, the prophylactic tube includes a wall section of maximum thickness which is 180° removed from a wall section of conventional or minimum thickness. The wall section of maximum thickness defines the underside of the prophylactic tube and constitutes a sensory barrier which is adapted to underlie the localized critical sensitivity area of the male organ. The effective area of the sensory barrier comprises less than about 15% of the surface area of the prophylactic tube and preferably does not exceed 5% of said exterior surface area. The effective area of the sensory barrier is centralized at a point which is adjacent the closed end of the tube and is spaced from 1 to 2 inches rearwardly therefrom. This area corresponds generally with the area of critical sensitivity to response in the penis as heretofore defined. Therefore by means of the differential wall thickness provided in the prophylactic tube, the sensitivity of sexual response in the male may be controlled to a predetermined degree by appropriate selection of an effective thickness of sensory barrier.

It is to be understood that the forms of my invention, herewith shown and described, are to be taken as preferred examples of the same, and that various changes in the shape, size and arrangement of parts may be resorted to, without departing from the spirit of my invention or the scope of the subjoined claims.

Having thus described my invention, I claim:

1. A prophylactic tube having a homogeneous localized area of increased wall thickness solely on the underside thereof, said area being of sufficient thickness to provide a sensory barrier, and the wall of said tube being imperforate throughout the length of the tube.

2. A prophylactic tube having a closed end and a localized sensory barrier homogeneous with the wall of said tube solely on the underside thereof and spaced from

said end, and the wall of said tube being imperforate throughout the length of the tube.

3. A prophylactic tube provided with a homogeneous localized surface area of maximum wall thickness disposed diametrically opposite a general surface area of minimum wall thickness, said localized surface area providing a sensory barrier, and the wall of said tube being imperforate throughout the length of the tube.

4. In a prophylactic tube having a closed end, a surface area of maximum wall thickness commencing at a point from 1 to 2 inches from said end and disposed diametrically opposite a surface area of minimum wall thickness of said tube, the wall of said tube being imperforate throughout the length of the tube.

5. In a prophylactic tube having a closed end, an area of maximum wall thickness and an area of minimum wall thickness, said maximum wall thickness being from two to twelve times the thickness of said minimum wall thickness, said area of maximum wall thickness being spaced from said closed end and disposed diametrically opposite said area of minimum wall thickness, and said area of maximum wall thickness comprising less than 5% of the total surface area of said tube, the wall of said tube being imperforate throughout the length of the tube.

6. A prophylactic tube having a closed end, an area of maximum wall thickness spaced from said closed end and constituting a localized sensory barrier, an area of minimum wall thickness, said area of maximum wall thickness being disposed diametrically opposite said area of minimum wall thickness and comprising less than 15% of the total surface area of the tube, and being from two to twelve times the thickness of said minimum wall thickness, and the wall of said tube being imperforate throughout the length of the tube.

References Cited in the file of this patent

UNITED STATES PATENTS

1,916,921	Dougan	July 4, 1933
2,567,926	Dunkleberger	Sept. 18, 1951
2,577,345	McEwen	Dec. 4, 1951
2,586,674	Lonne	Feb. 19, 1952

OTHER REFERENCES

Dickinson: "Control of Conception," 2nd edition, 1938. (Copy of p. 126 in Div. 55.)