

One hundred years ago

The results of masturbation

To the Editors of THE LANCET

SIRS, – I shall be much obliged if you or any of your readers will assist me with advice in the following case. A patient, now aged 27 years, was in the habit of practising masturbation from the age of 16 to 20 years, at which latter period he abandoned the habit. From that time he was accustomed to have nocturnal emissions in connexion with sexual dreams, and though he often attempted intercourse could never succeed, erection not being sustained. Since the age of 24 years up to now the emissions have been numerous, quite unattended by any sexual sensations, and occur two or three times a week and occasionally more often. He is getting seriously alarmed and

looks and feels bad. I have exhausted every method of treatment with which I am acquainted and should be glad to hear any suggestions as to treatment from those who have had similarly bad cases.

I am, Sirs, yours faithfully,
F. HARRIS, L.R.C.P. Lond., M.R.C.S. Eng.
Cape Town, March 13th, 1900.

Some of our readers may have met with cases the treatment of which will suggest some useful point to our correspondent. These cases are very difficult to manage for many reasons, but in our experience they are quite capable of recovery. 1. The patient must abstain absolutely from all attempts at sexual intercourse and avoid carefully all that stimulates sexual desire. 2. He should take all the usual means to secure

good general health. 3. He must carefully avoid constipation. 4. He should sleep lightly clad and should bathe the genitals with cold water before going to bed. 5. A tonic of iron and strychnine may be prescribed with advantage. 6. The patient must be encouraged to anticipate with confidence a complete recovery and he must as far as possible dismiss all thoughts about the whole subject. 7. The recovery will be slow. – ED. L.

REFERENCE

Lancet, 28 April 1900, 1256.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

Corrigendum

Three-year prognosis of depression in the community-dwelling elderly. *BJP*, 176, 453–457. The authors have discovered an error in their analysis of the data, due to the misclassification of some subjects. After

reanalysis, the data differ slightly from those published, but the significant results stand and the authors' original conclusions are unchanged. Amended tables of results are available upon request from Dr Aisling

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