

rarely reported side-effect of antidepressants, especially the newer drugs.

A 59-year-old man with recurrent depression had normal sexual function while euthymic and mild decrease in libido while depressed. Although his previous episode of depression responded well to fluoxetine he was not keen on trying it again because of fluoxetine-associated diarrhoea. During a depressive relapse he was treated with venlafaxine 75 mg daily which was later increased to 150 mg daily. The antidepressant response was good. Unfortunately, he developed painful ejaculation. It was sharp and burning in nature and located deep in the shaft of the penis. It would begin just before ejaculation and lasted until the penis became flaccid. This was so unpleasant that it not only interfered with the pleasure of intercourse, but also led him to avoid sexual intercourse. The pain persisted despite reducing the dose of venlafaxine to 75 mg. When venlafaxine was stopped the pain disappeared. Later, he made a good recovery on citalopram 40 mg daily.

He denied experiencing pain or any other sexual side-effects and also denied having ever previously experienced painful ejaculation.

This is the first report of venlafaxine-induced painful ejaculation. Painful ejaculation/orgasm have been reported with various tricyclic antidepressants (Kulik & Wilbur, 1982; Aizenberg *et al*, 1991). Some of the people in question improved with dosage reduction or after changing to other tricyclics, but others improved only when they stopped the medication. Hsu & Shen (1995) reported a case of fluoxetine-induced painful ejaculation that improved when the dosage was reduced from 20 mg daily to 20 mg on alternate days. Thus, painful ejaculation, when it occurs, could be a dose-dependent side-effect in some individuals. It has been suggested that partial blockade of peripheral sympathetic adrenergic receptors could interfere with coordinated contractions of smooth muscles involved in semen transport and thus induce painful spasms or retrograde ejaculation (Kulik & Wilbur,

1982). However, venlafaxine has little if any adrenoceptor-blocking action. Thus, the mechanism of antidepressant drug-induced painful ejaculation remains elusive.

Sexual side-effects of antidepressant drugs cause distress, strain relationships, impair quality of life and reduce compliance with treatment. Enquiring routinely about side-effects, especially sexual side-effects, of antidepressants would help to improve compliance with treatment.

Aizenberg, D., Zemishlany, Z., Hermesh, H., et al (1991) Painful ejaculation associated with antidepressants in four patients. *Journal of Clinical Psychiatry*, **52**, 461–463.

Hsu, J. H. & Shen, W. S. (1995) Male sexual side effects associated with antidepressants: A descriptive clinical study of 32 patients. *International Journal of Psychiatry in Medicine*, **25**, 191–201.

Kulik, F. A. & Wilbur, R. (1982) Case report of painful ejaculation as a side effect of amoxapine. *American Journal of Psychiatry*, **139**, 234–235.

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One hundred years ago

The duties of an asylum superintendent

A RECENT number of the *Portadown News* (May 19th) contains an account of the monthly meeting of the Board of Management of the Lunatic Asylum at Portadown, at which various opinions were expressed by the members concerning what they conceived should be the duties of a medical superintendent. Among such duties – in addition to the professional duties – expected of the medical superintendent appeared the following: keeping the subsidiary financial account of the institution, the care and supervision of china and crockery, and the planting of potatoes. The question of acquiring additional land was negatived [*sic*] as the committee were unanimously of opinion – considering that Mr G. R. Lawless (the resident medical superintendent) did not know when potatoes should be planted – that there was no need of additional land. Among other things which fell

within the medical superintendent's province was the selling of old clothes belonging to the patients as ordered by the board, though he (the medical superintendent) was of opinion that such clothes should be destroyed. On the motion of Mr Best, seconded by Mr Armstrong, "the board further instructed the medical superintendent to have mortar made on the grounds," and to keep a supply of the same for the needs of the institution. A member of the committee inquired if they could feed more pigs than they had at present and Mr Lawless replied that they had not accommodation for more. The *Portadown News* concludes its report as follows concerning the committee and their doings: "After the meeting was over several of the governors visited the piggeries, and on finding that a number of them (the pigs) were over two hundredweight and that in the ordinary course it would be two months before they could be disposed of by tender, it is said that some unprintable expressions were

used regarding the management of the institution in general." It appears clear that the medical and professional duties required to be performed by the medical superintendent as the responsible physician in charge of the patients and of the administration of the asylum could not be performed were he to have to do the other work required by the committee. Evidently some of the committee think that the superintendent should be made a beast of burden and a jack-of-all-trades – a state of things which is not conducive to the best interests of the public asylum service if a medical officer in charge of patients is required to do the work of a steward, an accountant-clerk, a farm-bailiff, a housekeeper, and a manager of the piggeries.

REFERENCE

Lancet, 9 June 1900, 1672–1673.

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