MASTURBATORY INSANITY: THE HISTORY OF AN IDEA

By

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INTRODUCTION

A hundred years ago it was generally believed by the medical profession, and particularly by alienists, that masturbation was an important and frequent cause of mental disorder. Today no one believes this; and the masturbatory hypothesis (as we may call it) has in all probability been finally abandoned. If we enquire into the history of this change we find, somewhat surprisingly, that medical references to the harmfulness of masturbation are vanishingly rare before the 18th century. For practical purposes, the whole history of the masturbatory hypothesis is contained within the last 250 years. This history is not one in which the present-day psychiatrist is apt to feel much pride. Yet it is worth studying, not only for its own sake (and the history of psychiatric ideas is a much neglected subject), but also for the light it throws on the peculiar difficulty of refuting causal hypotheses in psychiatry. The aim of the present essay is, first, to give a short history of the idea that masturbation is an important cause of mental disorder and, second, to examine some of the reasons for the rise and fall of this idea and why it persisted for so long (1).

PART I

1. The Eighteenth Century

Men have no doubt always been aware that frequent repetition of the sexual act is often followed by a feeling of lethargy; and from the time of Hippocrates, physicians have recorded their belief that over-indulgence in sexual activity is harmful to health. This was still the authoritative medical view at the start of the eighteenth century. Boerhaave, for example, in his Institutes of Medicine (1708) says, “The semen discharged too lavishly occasions a weariness, weakness, indisposition of motion, convulsions, leaness, dryness, heats and pains in the membranes of the brain, with a dulness of the senses, more especially of the sight, a tabes dorsalis, foolishness and disorders of the like kind.” However, none of the classical writers appears to make specific reference to the ill-effects of masturbation; and from the absence of such passages (2) we
MASTURBATORY INSANITY [Jan.

may reasonably assume that, although masturbation was perhaps included in the terms "sexual activity" and "loss of semen", yet there was no general belief before the eighteenth century that masturbation was specifically harmful to health or that it was more harmful than an equivalent indulgence in sexual intercourse.

We can scarcely imagine a sudden change in the climate of opinion, yet all writers on the subject are agreed that the medical dangers of masturbation first became widely popularized throughout Europe as the result of the publication in London, early in the eighteenth century, of a book entitled Onania, or the Heinous Sin of Self-Pollution (3). There is some reason to think that its anonymous author was a clergyman turned quack. Certainly he was not a reputable physician. His book is more concerned with the sin than the harm of masturbation; his medical knowledge is slight and shaky; and he advertises a secret remedy, efficacious not only against the evils of masturbation but against impotence and sterility as well, at half a sovereign a box. It would be superfluous to enumerate the very varied bodily diseases which, according to this author, await the masturbator; among the "spiritual" consequences of masturbation he notes "the troubles and agonies of a wounded conscience", the vapours, and "lying, forswearing, perhaps murder". Although masturbators "sometimes fall into a slight madness", serious mental disorders are surprisingly absent from his catalogue of woes, but we find here what must be one of the earliest statements of the view so widely held throughout the nineteenth century that masturbation (as opposed to sexual intercourse) is a common cause of epilepsy. The assertions of the Onania did not go unchallenged (4) but that the book was very widely read we may presume from the fact that it had reached its 15th edition by 1730 and, at the time when Voltaire was writing about onanism in his Dictionnaire Philosophique (1764), it was in its 80th edition (though, as Voltaire suggests, this high figure might represent only a bookseller's method of enticing new readers). Moreover, the use of the word "onanism", which the author of the Onania was first to use as synonymous with the terms "masturbation" and "self-abuse", became widespread and indeed ousted the older terms during the next century and a half, in spite of the fact that Onan's sin had nothing to do with masturbation (5). Nevertheless, reputable English physicians did not refer to the book, and it seems probable that the Onania would now be forgotten but for the fact that its name and its assertions were both adopted by the celebrated Swiss physician, Tissot.

Coming from an unimpeachable medical authority, Tissot's book, Onania, or a Treatise upon the Disorders produced by Masturbation, first published at Lausanne in 1758, had a profound effect on medical thought. Schwartz (1815), who agreed with it, said it "made a tremendous sensation", as also did the anticlerical Lallemand (1838, p. 313), who disapproved of its exaggerations. The scholarly Christian (1881), who thought it all rubbish, observes that it went through "innumerable" reprints and adds, "we are hard put to explain the prodigious influence of this work not only on the public but still more on the physicians of his time". Havelock Ellis (1901) says that this book "raised masturbation to the position of a colossal bogey", and accuses Tissot of combining his reputation as a physician with the fanaticism of a devout believer. Briefly, Tissot's teachings were that the author of the English Onania is right and that sexual excess of all types, but masturbation in particular, can cause a whole host of serious disorders both bodily and mental. Bodily illnesses result from loss of semen, which occasions general debility and so opens the way to consumption (6), deterioration of eyesight, disorders of digestion, impotence, and
so on. In both sexes, however, the more serious effects are on the nervous system and this is due to the sexual act causing an increased flow of blood to the brain. “This increase of blood explains how these excesses produce insanity. The quantity of blood distending the nerves weakens them; and they are less able to resist impressions, whereby they are enfeebled” (1766, p. 61). Eight reasons are given why masturbation is more pernicious than excesses committed with women, the last reason being “the shame and shocking remorse” which must follow masturbation “when illness has opened the criminal’s eyes to his crimes and dangers”. “Although exhausted by perpetual fatigue, they (masturbators) are seized with all the disorders incident to the brain, melancholy, catalepsy, imbecility, loss of sensation, weakness of the nervous system and a variety of similar disorders” (p. 75). Like so many later physicians, Tissot was incapable of dealing dispassionately with his subject. His book abounds in moral censure; the “flagrant crime” of masturbation reduces its victim to a state “which more justly entitles him to the contempt than pity of his fellow creatures” (p. 76); and his punishment by disease in this world is only a prelude to his punishment by eternal fire in the next (p. 152).

Between the publication of the English Onania in about 1716 and that of Tissot’s book in 1758, there appear to be very few medical references on the effects of masturbation (7) and it is not until after the appearance of Tissot’s book that writings about masturbation become numerous (see the references given by Fournier and Régis, 1819). We may accept Lallemand’s view (1838, p. 313) that these later eighteen century works did not more than reiterate the opinions of Tissot; but from their very number and from the whole tone of the early nineteenth century writings (see below), we may reasonably conclude that by the end of the eighteenth century the masturbatory hypothesis was widely accepted throughout Europe and America. The Church had always taught the sinfulness of masturbation; its harmfulness was now asserted by a considerable, perhaps a major, part of the medical profession; and if a sceptic was unmoved by these two sources of authority, he might yet tremble to read the strictures of Voltaire and Rousseau on the subject (7a).

2. “Insanity ex Onania”

The vague and all-embracing doctrines of Stahl and John Brown, and later of Broussais, provided a climate of opinion in which the masturbatory hypothesis could be applied with equal facility to every kind of bodily and mental disorder. But by the beginning of the nineteenth century the idea that masturbation could cause specific structural disease must have come to appear fanciful when laid alongside the anatomical and pathological observations of such men as Morgagni, the Hunters and Laennec. Whether for this reason or not, we find that the emphasis on masturbation as a cause of bodily disease gradually fades out during the early decades of the nineteenth century (8). The new attitude is clearly seen in the 3-volume work, Involuntary Seminal Losses, by Claude-François Lallemand (1842), Professor of Medicine at Montpellier. Lallemand taught that all discharge of semen was weakening to the body and therefore dangerous to health, but he held that masturbation was a relatively unimportant cause of such discharge when compared with local inflammation, gonorrhoea and rectal disorders (Vol. 3, p. 200). Although not doubting that seminal loss may lead to mental disturbances of all sorts, he denies that dorsal consumption or indeed any other disease associated with pathological change can be directly due to this cause. “All observers agree”, he says, “that mental illness is very commonly provoked by self-abuse or venereal excess” (p. 198);
but "the symptoms produced by abuse, by excess or by involuntary pollutions are purely nervous; they do not call for any of the treatments applicable to organs which are functioning pathologically" (p. 215). Lallemand believed that masturbation was a menace to the future of civilization (p. 479) but he does not lard his prose with moral epithets and he reasonably restricts the consequences of masturbation to those nervous disorders of unknown aetiology. His approach is altogether more sensible and objective than that of Tissot, and the ridicule in which his work was often held towards the end of the century was to a large extent undeserved.

Thus from the early nineteenth century, medical interest in the effects of masturbation becomes increasingly confined to the realm of mental and nervous disorders, and the views of those medical men who made a special study of these disorders—the alienists—assume a greater importance in our history. However, when we examine the writings of the early alienists we do not immediately find any reference to masturbation as a cause of insanity. It is impossible to suppose that they were unaware of the hypothesis, but whether their silence was due to disbelief or to their sense of decorum we do not know (9). Pinel does not mention masturbation in the first edition of his Traité (1801), and although he discusses the subject in the second edition (1809, Secs. 79, 81) he does not state or imply that masturbation may be the cause of mental disorder (9a). The earliest definite statement by an alienist that I have been able to find is in the Medical Inquiries upon Diseases of the Mind by Benjamin Rush (1812), Professor of Medicine at Philadelphia. In this, the first textbook of psychiatry by an American, Rush mentions onanism as among the causes which induce madness. "Four cases of madness occurred, in my practice, from this cause between the years 1804 and 1807. It is induced more frequently by this cause in young men than is commonly supposed by parents and physicians." Four cases in as many years does not sound too serious, but "the morbid effects of intemperance in sexual intercourse with women are feeble and of a transient nature compared with the train of physical and moral evils which this solitary vice fixes upon the body and mind" (p. 33), and onanism (excessive or not) "produces seminal weakness, impotence, dysury, tabes dorsalis, pulmonary consumption, dyspepsia, dimness of sight, vertigo, epilepsy, hypochondriasis, loss of memory, manalga, fatuity and death" (p. 347).

It was a melancholy fact, in the opinion of Havelock Ellis, that the great Esquirol gave his authority to the belief that masturbation caused insanity. Yet Esquirol only affirmed what was already very generally believed. In 1816 he wrote, "Masturbation is recognized in all countries as a common cause of insanity"; and in 1822, "onanism is a grave symptom in mania; unless it stops at once it is an insurmountable obstacle to cure. By lowering the powers of resistance it reduces the patients to a state of stupidity, to phthisis, marasmus and death" (10). These views are repeated and extended in his textbook, Des Maladies Mentales (1838): "it (masturbation) may be a forerunner of mania, of dementia and even of senile dementia; it leads to melancholy and suicide; its consequences are more serious in men than in women; it is a grave obstacle to cure in those of the insane who frequently resort to it during their illness" (I, p. 68). He also asserts that onanism predisposes to epilepsy and may be its exciting cause, even in infancy (I, p. 300). Esquirol did not elaborate any theory about how masturbation acts as a cause of insanity, but contented himself with the brief observation that its effect is similar to the abuse of alcoholic drinks—"these two exhaust the faculties and lead to apathy and hopelessness" (I, p. 591).

Some of Esquirol's ablest pupils (Calmeil and Georget, for example) do not
appear to mention masturbation in their books, and it may be that their silence represents a respectful disagreement with their teacher's opinions. In Britain, however, Esquirol's views were probably decisive. The first reference to masturbation by a British alienist that I can discover is that of Burrows (1828, p. 96) who, in the middle of a learned and critical discussion on the physical causes of insanity, inserts a single paragraph on the subject of masturbation, which begins, "The lamentable vice of masturbation is a frequent and formidable cause of insanity"; but which ends with the observation that, according to Pinel, masturbation is sometimes the result rather than the cause of the disorder. Prichard (1835) says (and it is his only observation on the subject), "Sensual vices are frequently causes of insanity, as the tables of M. Esquirol sufficiently illustrate." A few years later (1839), Sir William Ellis, then Superintendent of Hanwell Asylum, takes the extreme view that "by far the most frequent cause of fatuity is debility of the brain and nervous system . . . in consequence of the pernicious habit of masturbation" (p. 336). But unlike Tissot, who thought masturbation caused madness by congestion of the brain, Ellis believed the damage was due to the cerebrum being deprived of its proper share of blood, for during the act of masturbation this blood was diverted to an unusual degree through other portions of the body. Early nineteenth-century British views on the masturbatory hypothesis are summed up in the article on "Insanity" in Copland's Dictionary of Practical Medicine (1844). Here the general opinion is expressed that "whatever greatly exhausts organic nervous power both predisposes to, and directly occasions, insanity". The three great exhausting factors are masturbation, libertinism and intoxicating stimulants; but libertinism causes insanity "neither so frequently nor so certainly" as does masturbation.

German alienists began to write on masturbation during the 1830s (11). With some exceptions (for example, Ellinger, 1845), they seem to have taken a much more moderate view than the French or English. Thus Flemming (1838) feared that his mild opinions might expose him to attack by moralists and found it advisable to say, "I hope I shall not be accused of having written an apologia for self-abuse; my object has simply been to question the correctness of the view that self-abuse is so very often the only or the principal cause of mental disorder." He admits that "against my view there can be brought the almost innumerable cases of insanity, of both sexes, which are collected in asylums under the rubric ex onania", but he adds—and this must be almost the earliest instance of rational argument on the subject—that, because so little is known of the aetiology of insanity, we are apt to suspect as causal what may in fact be only a consequence or a symptom of the illness (12). Nevertheless, Flemming believed that masturbation led to "all those bodily and psychical manifestations which Tissot and his school have so excellently described", though these, he thought, developed only slowly into insanity "unless the onanism has been very excessive or unless there are other factors determining the evolution of the illness, such as suppressed haemorrhoidal flow" (13). The authoritative views of Griesinger (1861) are on the whole still milder than those of Flemming, though the somewhat muddled and contradictory nature of his remarks suggests that even the clearest-sighted alienist of his time had difficulty in penetrating the mists of prevailing opinion. "Onanism", he says (p. 173), "is an important and frequent cause of insanity as of all other physical and moral degradation." But having offered this sop to Cerberus, he goes on to express his belief that by far the most harmful effects of masturbation are due to the shame and distress caused by inability to resist the desire; and he says further that the increase in sexual excitement often shown by patients at the beginning of
insanity is a symptom and not a cause of the disease. A similar note of hesitancy may be seen in other Continental writers of the mid-nineteenth century. Thus Guislain (1852) can say that "the habit of solitary vice gives rise to a host of evils" among which are hysterical attacks, asthma, epilepsy, melancholia, mania, suicide, dementia, and "above all dementia with paralysis"; yet in his own experience he could suspect masturbation as a cause of insanity in no more than 3 or 4 cases per year (14) and he observes that, although masturbation is certainly very common among asylum patients, yet "many of them contract the habit only after they become ill". Morel, in his Traité des Maladies Mentales (1860), takes much the same view. He thinks Ellis and Ellinger overstated the case, yet at the same time he feels it important to contradict the opinions of those who belittle the dangers of masturbation. He quotes Guislain with approval, adding that in the treatment of hysteria it is "extremely important" for the physician "to direct his attention to the vice of onanism"; but he also adds that it is not always easy to be sure who masturbates and who does not.

These incipient doubts and general softening of views which had occurred among Continental alienists by the mid-nineteenth century were not yet paralleled in the English-speaking world. In Britain, partly perhaps from bigotry but more from acuteness of observation, the hypothesis that masturbation caused insanity was taken one stage further before it finally collapsed towards the end of the century. This stage we must now examine.

3. Masturbatory Insanity

Some of the earlier nineteenth century alienists thought that the insanity due to masturbation had certain characteristic features. Thus Esquirol (1838, I, p. 391) held that when insanity is caused by onanism or coitus it "has a bad prognosis and quickly passes into dementia". Ellis (1839), as we have seen, attributed most cases of "fatuity" to this cause. In America, Luther Bell and Ray (1844) described the insanity of masturbation as a form of moral insanity, its particular features being "a tendency to dementia, loss of self-respect, a mischievous and dangerous disposition, and an irritable, depressed state of mind". Griesinger (1861) says, "the mental disorders which originate under the influence of onanism have no constant specific character, but in the majority of cases they betray themselves by profound dulness of sentiment and mental exhaustion, by hallucinations of hearing, by a religious character of the delusions, by a rapid transition to dementia and a consequent frequent incurability"

However, the first person to maintain that there was a particular and specific type of insanity due to masturbation was probably the Scottish physician David Skae. In his paper of 1863, Skae lays down the principle that mental disorders should be classified according to their natural history rather than by their associated symptoms. For example, a patient should be assigned to the group of puerperal mania or general paralysis according to the history and progress of the disease and irrespective of whether the symptoms are of dementia, monomania or melancholia. In such a classification, idiocy and epilepsy are the first two natural groups. "The third natural family I would assign to the masturbators. Although I designate this family by the cause only which originates the insanity, yet I think it cannot be denied that that vice produces a group of symptoms which are quite characteristic and easily recognized, and give to the cases a special natural history: the peculiar imbecility and shy habits of the very youthful victim; the suspicion and fear and dread and suicidal impulses and scared look and feeble body of the older offenders, passing gradually into
Dementia or Fatuity.” Later, in his Morisonian lectures (1874), Skae tells his audience that he thinks they can hardly fail to admit that he has made out a good case for there being a distinct type of “insanity of masturbation”. But he has now broadened his concept and is somewhat less gloomy about the prognosis: “If these cases are put under proper care and treatment before the mind has become too impaired to exert self-control when reasoned with, they generally recover. But when dementia has begun to show itself in impaired memory and energy, silly vanity and self-satisfaction, the cases assume a very hopeless aspect with a tendency to gradually increasing dementia if the vice is persevered in.”

Skae’s views do not seem to have influenced the Continental outlook, but in Britain and America they were adopted by many of the most eminent specialists. They are repeated, for example, by Blandford (1871), by Bucknill and Tuke (1874) and by Clouston (1883). Clouston, however, was to change his opinion. In his Presidential Address to the Medico-Psychological Association (1888) he asks the plain question, “Does the habit of masturbation cause dementia?”; he observes that although “no doubt in certain adolescent cases . . . constant masturbation tends strongly towards brain exhaustion and stupor and these conditions may end in dementia”, yet dementia may occur without masturbation and excessive masturbation may not end in dementia; and he concludes that masturbation and dementia “cannot be put as cause and effect” (15).

This evolution from certainty to doubt and disbelief may be seen still more clearly in the writings of Maudsley. In 1867, discussing the effects of excessive sexual indulgence and of continued self-abuse, he says: “Nothing is more certain than that either of these causes will produce an enervation of nervous element which, if the exhausting vice be continued, passes by a further declension into degeneration and actual destruction thereof. The habit of self-abuse notably gives rise to a particular and disagreeable form of insanity, characterized by intense self-feeling and conceit, extreme perversion of feeling and corresponding derangement of thought, in the earlier stages, and later by failure of intelligence, nocturnal hallucinations, and suicidal or homicidal propensities.” His article of 1868 is devoted entirely to “that kind of insanity which is brought on by self-abuse”; “the interest of these cases does not lie in what we can do for them by medical treatment, but in the characteristic features which they present, so that they form a natural group or family having certain definite characteristics” (16). Under the heading “Insanity of Self-abuse”, these views are repeated in the first edition of Maudsley’s Pathology of Mind (1879, p. 452), but there is now less moral censure and in other parts of the work (pp. 276 and 280) he suggests that the precocious feelings which lead to self-abuse are commonly the result of an inherited trait. By 1895, when the second edition was published, Maudsley’s views are further modified. The heading “Insanity of Self-abuse” now reads “Insanity and Self-abuse” (p. 399); “mental disorder due to self-abuse is not always to be distinguished from simple adolescent insanity, for the early symptoms of both are the same and are due to the processes of adolescence and not to the particular vice”; and even where there has been positive evidence of masturbation, one cannot be sure that masturbation “is not really more a symptom than a cause”.

On the American continent, the belief in a characteristic form of “masturbatic insanity” was upheld notably by Spitzka, Professor of Medical Jurisprudence in New York. According to Spitzka (1887) the typical age of onset of masturbatic insanity is between 13 and 20 years; it is at least five times as common in males as in females because of the greater rarity of masturbation in females; in the majority of cases there is a rapid decline into agitated dementia,
but where deterioration is less rapid "the obtrusive selfishness, cunning, deception, maliciousness and cruelty of such patients" is such that "the most kind-hearted and philosophical alienist may find it impossible to reconcile himself to regarding them as anything else than repulsive eye-sores and a source of contamination to other patients, physically and morally". Although, compared with hebephrenia, this type of insanity shows more day-to-dayvariability and more mental ruin, yet in general "hebephrenia is very difficult to differentiate from true masturbational insanity" (17). Spitzka also discusses the question of whether a similar form of insanity could be caused by excessive sexual intercourse during adolescence, but concludes that this is improbable.

From such descriptions, from the case histories accompanying them and from the observations of later writers (18), it is clear that the name "masturbatory insanity" stood for the same syndrome which later became known as the hebephrenic type of dementia praecox or of schizophrenia. Nor is it difficult, from our present standpoint, to see how this came about. Masturbation is most commonly and most frequently practised during adolescence and therefore most likely to be observed when mental disease insidiously deprives an adolescent of his normal social inhibitions. It is to Skae's credit that he recognized adolescent insanity as the last and most strongly defensible bastion of the general hypothesis that masturbation caused insanity; and had it not been for his unlucky choice of nomenclature he might be remembered today as having given one of the earliest descriptions of the syndrome which Hecker, in 1871, first designated hebephrenia (19).

The careful study of the supposed effects of masturbation had another consequence; it led to the delineation of a cluster of signs thought to be indicative of "the masturbator". Youths who developed an insanity associated with masturbation were observed to have often displayed characteristic personality traits before they became frankly disordered (20), and these traits were held to be the early effects of the habit of masturbation which, if it were continued long enough, would lead to their exaggeration into insanity. Thus Flemming (1838) says that masturbation at first causes a downcast or vacant appearance, pallor, easy blushing and so on, to be followed later by a tendency to solitariness, marked vacuity, loss of attention, and a frequent absorption in thought "as though brooding about something". Lallemand (1842, p. 133) emphasizes the cold and callous qualities of the masturbator: "He has no other interests; he loves no one; he is attached to no one; he shows no emotion before the grandeur of nature or the beauties of art; still less is he capable of any generous impulse or act of loyalty; he is dead to the call of his family, his country, or of humanity." When a patient of Allnatt's (1843) "entered the room with a timid and suspicious air and appeared to quail like an irresolute maniac when the eye was fixed steadily upon him"; that surgeon was left in no doubt of the cause of his patient's complaint (and the patient, "on being directly charged with masturbating"); immediately admitted it. Pouillet (1876), in his essay on onanism in females, held that although no single sign was pathognomic of masturbation, yet there were a number of signs which, taken together, "create a strong, even an almost certain, presumption of this vice, in spite of denials"; these signs included an unsteady and peevish disposition tending towards anger, an exaggerated timidity in the presence of parents and a surly attitude towards strangers, profound idleness, a tendency to lying and "finally, a certain aspect, a je ne sais quoi, easier to recognize than to express in words" (p. 25).

In this group of signs, by which the nineteenth century writers thought the masturbator could be detected, it is not difficult to recognize what we now call
the schizoid constitution; and the observation that such signs were common in adolescents who later developed "masturbatory insanity" was, we may fairly concede, a perfectly correct one (21).

4. Masturbation and Neurosis

During the last 15 years of the nineteenth century, there was a great decline in the belief that masturbation could cause insanity and epilepsy. The belief still lingered in the writings of some older psychiatrists: Clouston (1904) and Savage and Goodall (1907) in England, Stanley Hall (1904) in America, Bianchi (1906) in Italy, for example; but these were vestiges, and by the beginning of the twentieth century the majority of writers had adopted the view of Kraepelin (1896) that insanity "is never caused by onanism". This decline, together with the renewed interest in the neuroses aroused by the writings of Beard, Charcot and Janet, raised into prominence the second aspect of the masturbatory hypothesis, the belief that masturbation was a common cause of neurotic disorders.

The change of emphasis is apparent in the later writings of Maudsley. By 1895, Maudsley had practically abandoned his earlier views on masturbatory insanity, but he is now of the opinion that there is another class of chronic disorders due to masturbation which "present certain tolerably distinctive features", these features being obsessional thoughts, compulsions, ruminations, folie de doute and phobias (pp. 407, 413). Havelock Ellis (1901) summarizes (but does not analyse) the general state of opinion at the turn of the century. Masturbation as a cause of insanity is a subject which no longer claims serious attention, but authorities are divided on the importance of masturbation in neurasthenia. Its causal importance is emphasized by Krafft-Ebing, Freud, Erb and Rohleder; denied by Charcot and his school, by Gilles de la Tourette and by Binswanger. Ellis himself adopts what he considers to be a middle view: "We must steer clearly between the opposite errors of those, on the one hand, who assert that heredity is the sole cause of functional nervous disorders, and those, on the other hand, who consider that the incident that may call out the disorder is itself a sole sufficient cause" (p. 259). In the constitutionally disposed, however, masturbation may lead (says Ellis) not only to neurasthenia but to ejaculatio praecox, impotence and aversion to coitus—the latter helping to "furnish a soil on which the inverted impulse may develop" (p. 261). Krafft-Ebing, Moreau and Bloch were also among those who believed that masturbation might lead to homosexuality.

Many of the most prominent members of the psychoanalytic school held opinions similar to those of Ellis. Ernest Jones, for example, wrote in 1918 that "true neurasthenia . . . will be found to depend on excessive onanism or involuntary seminal emissions"; and "persistence of clitoris masturbation is one of the most important agents leading to (sexual) anaesthesia because it means fixation on the infantile, male form of sexuality". The views expressed by Freud himself in 1912 are recalled and affirmed by Stern (1930); and that these views were still taken very seriously between the wars is evident from the summaries of contemporary opinion presented by Menzies (1919) and Meagher (1924, 1936). The masturbatory hypothesis still finds a place in the psychiatric textbooks of the 'thirties, though the bold assertions of earlier decades are now emasculated and become coupled with the opinion that the harmful effects of masturbation are not due to the act itself but to worry over "exaggerated opinions" of its consequences (22).

By the irony of history, this view—that masturbation is harmful only if,
from ignorance or misinformation, the patient worries about it—is all that now survives of the masturbatory hypothesis. Two centuries of indoctrination have taught the public a lesson which it can forget less quickly than can its teachers; and today the principal concern of medical writers on the subject is to persuade the public that its fears of the consequences of masturbation are groundless.

5. The Prevention of Masturbation

To the physician who accepted the truth of the masturbatory hypothesis, the prevention of masturbation was clearly a matter of importance. It was important in the treatment of patients with mental disorder because of the belief (dating from Pinel and Esquirol) that the disorder would worsen if the patient continued to masturbate (22a); and it was also important as a straightforward measure of hygiene in children and adolescents.

The eighteenth century writers on masturbation concerned themselves mainly with the treatment of physical and neurotic ailments in adults. They seem to have taken the view that their patients would stop their bad habit once they were apprised of its dangers; or, if they did not stop, then they had only themselves to blame. At all events, we do not find any particular account of preventive measures other than a call to repentance and to abstinence. A simple regimen is prescribed, one which we should still agree is well suited to the needs of a neurasthenic patient or indeed to anyone anxious to lead a healthy life. Thus the author of the Onania (c. 1716) advises a spare and cooling diet, the avoidance of salt meat, "pretty much exercise (though not too violent)", and "proper medicines". Tissot (1766) is in the same vein and adds cold baths, fresh air, not too much sleep, and the avoidance of boredom.

But in the early nineteenth century, physicians became concerned with the prevention of masturbation by other means than moral exhortation. I cannot find that Esquirol discusses this, but medical methods of prevention must have been common in his day. Schwarz (1815, p. 31) says that "the local application of camphor is recognized as the most effective anti-aphrodisiac" and he also recommends the operation of infibulation (23). Sir William Ellis (1839, p. 339) thought (strangely enough) that "tincture of cantharides is the most efficacious means of cure" but he mentions a surgeon of Paris who "informs me that he has discovered an effectual mechanical preventive".

By the second half of the nineteenth century the use of surgical and pharmacological methods of preventing masturbation was certainly widespread. The London surgeon, Baker Brown, in the belief that hysteria, epilepsy, and cognate disorders in the female were due to and maintained by masturbation, drew the rational but unfortunate conclusion that these disorders would be cured by clitoridectomy, an operation he introduced in 1858. But the results "were by no means satisfactory" and both the operation and its originator fell into disfavour during the next decade (24). Alexander Robertson (1869) reported that, in one American asylum, bromide of potassium had become the treatment of choice for patients who masturbated; the superintendent "had formerly tried the effect of a silver ring through the prepuce to prevent its retraction, but in their efforts to continue the vile practice it had been torn out (25)". Bucknill and Tuke (1874, p. 760), however, found potassium bromide of only temporary value because it soon led to weakness and emaciation; faradization of the spine, blistering of the prepuce, or "a constant attendant by day with mechanical restraint by night" were also only temporary in their effects. They regretfully concluded that no satisfactory means of prevention had yet been devised and they doubt whether more radical measures are appropriate: "if it could be
1962] BY E. H. HARE

supposed”, they say, “that any great mind likely to be of use to the human race was in danger of being destroyed and lost through this habit, the question might fairly arise whether an effectual operation was justifiable; but those miserable helots of sensation who are the usual victims of this despicable vice are not worth the responsibility even of such a thought”. Castration, ovariotomy and section of the pudendal nerves were certainly urged and sometimes performed (26), but in any case, as Yellowlees (1892) noted, “sexual desires are not destroyed and their prurient indulgence will not be prevented” by these measures. The recognition that no method achieved lasting success led many who believed in the masturbatory hypothesis (Maudsley, Blandford and Clouston, for example) to condemn all forms of local interference.

Spitz (1952) has enlarged upon the “extremely cruel persecution of the masturbator” which developed in the mid-nineteenth century and which continued, though with decreasing severity, until the outbreak of the second world war. But this is a wrong, or at least a sentimental view. Treatments are justified not by their harmless but by their efficacy; and only when we are sure that there is no appreciable difference in the efficacy—or inefficacy—of two treatments, should we necessarily be ready to adopt the shorter, safer and less painful one. A believer in the truth of the masturbatory hypothesis was bound to take very serious steps to prevent masturbation, and the development of anaesthesia and the increased safety of surgical operations in the second half of the nineteenth century permitted him a wider range of experiment than had hitherto been available. With “radical” procedures such as clitoridectomy or castration, it was quickly realized that the results were not commensurate with the damage and suffering caused by the treatment. Nor can it be urged that the search for lesser (though still harsh) measures of prevention should have been dropped as soon as it was evident that those tried were without benefit to the patient; for these measures did not effectively prevent masturbation and so their failure did not necessarily indicate that the masturbatory hypothesis was untrue. The only moral we can draw properly is that where an apparently rational method of treatment proves both inconvenient and of uncertain value, we should return to a closer consideration of the validity of the hypothesis on which it is based.

PART II

1. The Rise of the Masturbatory Hypothesis

It is easy to understand why the masturbatory hypothesis (that is, the idea that masturbation is a cause of mental disorder) should have been proposed. Many mentally disordered patients masturbate openly and frequently, whereas in sane persons the act of masturbation is rarely observed. There is an obvious association between masturbation and mental disorder and, as Flemming (1838) pointed out, we tend to suppose as causal of a disease any associated activity which is itself thought to be harmful.

When we enquire why the masturbatory hypothesis should first have become widely accepted towards the end of the eighteenth century, we can distinguish a number of probable reasons. Firstly, the old ideas that madness was due to possession by evil spirits or to witchcraft had by then fallen into disrepute (in England, the penal laws against witchcraft were repealed in 1736), and no satisfactory hypothesis had replaced them. Even the belief that lunatics were affected by the moon was effectively discredited by Pinel and Haslam (1). Secondly, the great advances in pathological anatomy made during the
eighteenth century led to increased interest in the effect of bodily disturbances on the mind, and prepared the way for the acceptance of a physical theory of the cause of madness (2). Thirdly, asylums for the insane became common in Europe only towards the end of the eighteenth century, and certainly it was under the conditions of asylum care that the association between masturbation and insanity would be most clearly manifested.

We are on less sure ground when we come to consider why medical interest in masturbation first arose in the early eighteenth century. The problem has intrigued many writers, and one of the commonest suggestions is that the practice of masturbation must formerly have been rare and only become widespread during the late seventeenth century. To Lallemand (1842, p. 477), this was evident from the fact that "the ancients did not mention this scourge and it is only during the last century that physicians have been thoroughly concerned with it"; and he attributes the increased prevalence of masturbation "to the absence of regular and vigorous physical exercise, to the greater strictness of morals, to the increase of contagious disease, etc.". Havelock Ellis (1901, p. 277) also argued that masturbation must have been comparatively rare in classical times because of the freer scope for heterosexual and homosexual activities. Christian (1881) disagreed with this view on the rather inadequate grounds that the eighteenth century was no more vicious an age than the fifteenth and sixteenth centuries (when the vices most inveighed against were sodomy and bestiality); and that masturbation must always have been common because sexual depravity has always been common. We are unlikely to reach any certainty in this matter, but when we bear in mind these considerations: that very few, if any, medical writers before the eighteenth century refer to masturbation as harmful (3); that the fear of venereal disease must, after the fifteenth century, have driven many people to seek sexual relief by other means than sexual intercourse; that the rise of Puritanism in England and of the bourgeoisie in France was accompanied by an increased moral strictness; and that there are many countries today where masturbation is uncommon and is certainly not regarded as harmful (4); then it is not unreasonable to accept the probability that the prevalence of masturbation increased markedly in Europe during the seventeenth and eighteenth centuries. Spitz (1952) has attributed the shift from religious to secular interest in masturbation to the spread of Protestantism and to the Protestant's difficulty in distinguishing a venial from a mortal sin; but this would scarcely account for the fact that by the end of the eighteenth century the consequences of masturbation were as much feared by the Catholic as by the Protestant physicians of Europe.

2. Its Fall

Belief in the idea that masturbation could cause insanity declined rapidly during the years 1885 to 1900. It was replaced by the belief that masturbation could cause neurotic disorders, and this in turn declined over the next 40 years. The reasons for these periods of decline are not discernible in any straightforward way, for, as Malamud and Palmer (1932) pointed out and as is evident from Havelock Ellis' discussion (1901), most authorities were content to state opinions rather than facts, and I have not been able to find any critical assessment of the evidence for and against the masturbatory hypothesis at a particular time. From a study of the literature, however, I suggest that the fall of the masturbatory hypothesis may be attributed to four general reasons. These reasons were sufficient to erode both the nineteenth century view that masturbation caused insanity and the twentieth century view that it caused neurosis;
but their effect was more obvious on the former view and this would account for the fact that it succumbed the more rapidly.

The first reason, and the one which had the most effect during the nineteenth century, sprang from the argument that masturbation might be a symptom rather than a cause of mental disorder. This possibility was always recognized, but it did not necessarily lead to doubt or to a closer examination of the problem. The phrenologist Gall, for example, was content to state in his *Fonctions du Cerveau* (1825) that mental weakness is the cause and not the result of excessive masturbation. With equal but opposite dogmatism, many writers asserted that masturbation was *often* the result and not the cause. Thus Griesinger (1861, p. 173) says that at the beginning of insanity, patients often show an increase in the sexual instinct and this is due to the mental disease; and Sankey, in the first edition of his *Lectures on Mental Diseases* (1866), makes a similar statement—"onanism is often supposed to be the cause of the pale and emaciated looks and feeble health of a patient whereas in some at least the irritability and debility has induced the onanism". In his second edition (1884) however, Sankey puts the case objectively: "that the habit of masturbation is found to a great degree in the insane cannot be denied . . . but it leaves the question of masturbation as a cause of insanity entirely unproved".

The attempt to distinguish cases of insanity caused by masturbation from those in which masturbation was merely a symptom led Skae and his followers to delineate the syndrome of "masturbatory insanity". But still closer investigation showed that the distinction between masturbatory insanity and hebephrenia (or adolescent insanity) was an artificial one, and that the same clinical picture might or might not be accompanied by masturbation. As we have seen, this was the view that Clouston had reached by 1888, and Kraepelin summed up the situation when he said (1896), "there are many confirmed onanists who never become hebephrenic and vice versa there are hebephrenics, especially females, who seldom or never masturbate in spite of strong sexual excitement". Precisely the same argument was later used (e.g. by Stekel, 1951) to maintain that masturbation could not be the cause of neurosis.

There was another aspect of the cause-versus-symptom controversy. From the time of Pinel the belief prevailed that where insanity was associated with masturbation the disorder would become more severe if the patient continued to masturbate and would remit or be ameliorated if he ceased to do so. The strength of this belief is reflected in the vigorous and often drastic measures proposed during the nineteenth century for the prevention of masturbation among the insane. But increasingly careful observation would have failed to confirm this postulated co-variance and, although I can find no references to such observations in the nineteenth century, yet Bleuler was presumably voicing a widespread opinion when he wrote on the subject in 1911. "It is certainly true", he says, "that most of our patients masturbate or have masturbated. However, if one looks at the matter a little more closely, one can find no relationship with the course of the disease. Very excessive masturbators, who masturbate almost continuously, can and do recover from their acute episodes or may remain on the same level of deterioration for years."

The second, and ultimately the most decisive, reason sprang from the researches which showed that masturbation was a very common habit among healthy people. The author of the *Onania* (c. 1717) had blandly stated that masturbation was a universal practice in both sexes, a bare assertion which others (e.g. "Philo-Castitatus") had as blandly denied. What is curious, however, is the fact that until late in the nineteenth century no writer seems to have asked
the question, “How prevalent is masturbation in the community?” and very few seem to have appreciated that the answer to this question might have a bearing on the validity of the masturbatory hypothesis (5). One of the earliest to appreciate it was Sir James Paget (1879) who, in his lecture on Sexual Hypochondriasis, delivered in 1870, remarked on the numbers of sensualists and drunkards who do not go mad and concluded that “to determine the influence of excesses in producing insanity you must count not only the insane, but the sane who have committed excesses and retained their mental power”. The argument was reiterated by Sankey (1884): masturbation, he says, “is a habit of which no one can say when it exists nor in whom it exists; and whether it is more common among one class than another is an undiscovered fact: we have therefore no data on which to make a comparison or conclusion”.

We must presume it was statements like these which led to studies on the prevalence of masturbation in normal people. In 1884, Dukes, physician to Rugby School, stated that in his experience 90–95 per cent. of boardingschool boys masturbated. Moraglia (1897) found that 60 per cent. of lower-class Italian women admitted masturbation. Later surveys in Europe and North America, made with increasing thoroughness (and, we may suspect, with increasing frankness from the participants), reached essentially similar conclusions (6). Such findings did not, however, deal an immediate death-blow to the masturbatory hypothesis. The additional postulates were made that masturbation was only dangerous in persons of weak constitution or only when practised to excess, and these sufficed to bolster for several decades the view that masturbation could cause neurotic disturbances. However, it seems gradually to have become accepted that many normal persons masturbated to excess; that there was anyhow no satisfactory definition of “excess”; that the definition of “weak constitution” in this context was a circular one; that many persons who were inadequate, neurasthenic, frigid or impotent masturbated infrequently or not at all; and finally, that the hypothesis of innately different strengths of sexual drive would account for the facts better than the masturbatory hypothesis.

A third argument against the masturbatory hypothesis was the difficulty of being sure whether a patient has masturbated or not. For a long time, this difficulty was solved on the principle of Morton’s fork: those who admitted masturbation were believed, those who denied it were disbelieved. Thus, case histories of patients who attributed their wretched state to the effects of masturbation are frequently quoted (by the author of the Onania, Tissot, and Rush, for example), and the confessions are used as evidence for the correctness of the writer’s views. But the melancholic’s tendency to exaggerate or to invent sins in order to account for his present misery is a circumstance which has been more often neglected than remembered in the history of psychiatry (7), and it was not until towards the end of the nineteenth century that the unsatisfactory nature of such evidence was clearly pointed out. Clouston (1883, p. 492), for example, says, “Do not believe all melancholic patients who attribute their bad symptoms to the former practice of this vice in youth. It is a common self-accusation.” Kraepelin (1896) is characteristically more emphatic.

In a similar way, patients who denied masturbation got short shrift if they were considered to be suffering from insanity due to that vice. “There is no faith to be put in their most solemn assertions,” says Maudsley (1868), “their moral nature being thoroughly vitiated.” “We must take care”, says Schroeder van der Kolk (1870), “not to be put off the right scent by audacious denial” (8). While it was no doubt true that many of those who denied masturbation were
lying, yet, as other evidence accumulated against the masturbatory hypothesis, its support by assertions which the patient denied and for which there was no objective evidence must have come to appear increasingly unsatisfactory.

A fourth weakness of the masturbatory hypothesis was its continued inability to provide a satisfactory physiological explanation of the mode of action of masturbation in causing insanity. By itself, this weakness was not a serious one, for there are many undoubted causal factors in medicine where the mode of action remains obscure. But it raised the awkward question: is masturbation more harmful than sexual intercourse, and if so, why? Of the many early writers who discuss this question, I have found only one—John Hunter (1786)—who could “affirm that this act itself (i.e. masturbation) does less harm to the constitution in general than the natural”. Only a few, until towards the end of the nineteenth century, believed that masturbation and sexual intercourse were equally harmful. “Philo-Castitatus” (1723), Lallemand (1842) and Paget (1879) were of this number, Paget putting the case in these words: “I believe you may teach positively that masturbation does neither more nor less harm than sexual intercourse practised with the same frequency . . . Practised by the very young, that is, at any time before or at the beginning of puberty, masturbation is very likely to produce exhaustion, effeminacy, oversensitiveness and nervousness; just as equally frequent copulation at the same age would probably produce them.” The great majority of those who held to the masturbatory hypothesis, however, believed that masturbation was more harmful than sexual intercourse. To explain why this should be so, when there was no obvious physiological difference between the acts, two reasons were advanced. The first, and earlier, reason was that masturbation is accompanied by a sense of secret shame and guilt which, by depressing the mental faculties, increases the physically debilitating effects of the orgasm. The inadequacy of this explanation as a cause of insanity lay in the obvious fact that many insane patients masturbated without any sense of shame; and, as a cause of neurosis, in the fact that many normal persons who masturbated with shame did not become ill. The second and much the more commonly expressed reason was that masturbation, being an “unnatural” act, was associated with inadequate gratification and so caused a greater strain on, or a less complete detensioning of, the nervous system (9). In as far as this was a physiological explanation, it received no experimental support and it could hardly survive in an age where understanding of pathological processes in the nervous system had greatly increased.

In this discussion, I have made no reference to the studies of Kinsey et al. (1948, 1952) on the masturbatory habits of normal people. The masturbatory hypothesis, which was still flickering feebly in the 1930s, appears to have burnt itself out during the second world war; but if there had still remained any glowing embers, they must have been extinguished by the Kinsey reports, in which we have by far the largest and most thorough study that has been made of the natural history of masturbation.

3. Reasons for Its Persistence

Viewed from the vantage point of history, the surprising thing about the masturbatory hypothesis is that it lasted so long. Its fall was not brought about by fresh discoveries or new techniques. The evidence which destroyed it could, in principle, have been obtained in the time of Pinel. Indeed, except for the prevalence surveys, the evidence had always been there for the taking. We are left wondering why the fall was so long delayed, and our interest in this problem may perhaps be heightened when we recollect that for many decades the
masturbatory hypothesis called forth “rational” measures of prevention and therapy which seem strange to us now and which left, and still leave, a legacy of fear and distress in the minds of unsophisticated people. The reasons why the masturbatory hypothesis proved so resistant to overthrow may, I think, be grouped under three general headings: (1) conservatism, (2) the poverty of scepticism, and (3) certain fallacies of reasoning. Of these, the first two belong to unchanging aspects of human nature and of medicine, but the third concerns the application of scientific method to medicine, and this is a field in which we may claim some, and hope for further, progress.

1. Conservatism exerted its influence under the guises of authority and morality. In an underdeveloped branch of medicine, a hypothesis is more likely to be accepted on authority than on evidence, and between 1800 and 1880 the masturbatory hypothesis was very widely accepted on the authority of such men as Esquirol, Luther Bell, Griesinger and Maudsley. There was need for a bold man to express his doubts in print and to rely on “the candour of cultivated minds”; and in fact it was not until 1881 that the Frenchman Christian became the first (as far as I can determine) to deny the hypothesis in toto—and he was much ahead of his time. Before this, there were many partial doubters, but none who attempted any critical assessment of the evidence or who made any controlled test in the way that Haslam, for example, had tested the hypothesis that lunatics were affected by the moon. We can scarcely doubt that one of the reasons for the lack of such criticism or experiment lay in the relation between the masturbatory hypothesis and the moral law. To a pious mind, the moral conviction that masturbation was wicked must have seemed an adequate justification for the medical belief that it was harmful; and the physician who criticized the masturbatory hypothesis exposed himself to the retort that he was attacking morality—a retort against which the earlier sceptics had had to be at pains to defend themselves.

2. The poverty of scepticism (as we may call it) reflects the circumstance that in medicine any hypothesis is better than none. A scientist is apt to find this circumstance distressing, but it nevertheless accounts for the fact that, at least until very recently, medicine has been concerned less with the search for effective treatment than with the performance of traditional ritual. We read that Harvey’s practice declined after the publication of the De Motu Cordis, and the fact that a practitioner, to be successful, must be fairly conventional may explain the former rarity in medicine of that kind of man whom Sir Thomas Browne described as “complexionally propense to innovation”. It was all very well for Isaac Ray (1873) to write, “In all philosophy there is no error more obstinate, or more fatal to true progress, than that so often witnessed—of believing that any conclusion, however defective, is better than none”; but, as A. N. Whitehead was later to observe, it is more important for a hypothesis to be useful than for it to be true. If the masturbatory hypothesis were to be shelved just because it might not be true, then there was nothing left from which the alienist could draw the comfort of having a rational approach to prevention and therapy (10).

But it was not only alienists who were concerned with the validity of the masturbatory hypothesis, nor was insanity the only consequence to be feared from masturbation. There were more subtle dangers. It was believed that every youth who masturbated endangered the vitality of his future children; and for 200 years the horrid phantom of racial decay terrified the physicians and educators of the western world. From Tissot to Sachs, physicians saw themselves as the guardians of civilization (11); they proclaimed it the duty of parents and
teachers to prevent by all means the habit of masturbation in the young; and they believed that whereas in adolescence an appeal to reason or the picture of future disease might suffice, in children the most satisfactory method of prevention was the threat of an immediate and alarming punishment (12). In this respect, the masturbatory hypothesis was like Pascal's religious hypothesis. One doubted it at one's peril or at the peril of one's race; and, with so much at stake and in the absence of definite disproof, the reasonable man was prepared to act on the assumption that it was true.

3. A wide variety of clinical observations were believed to support the masturbatory hypothesis, but we can now see that these beliefs were founded on a number of fallacies of reasoning. We may point first to the fallacy of the biased sample. This arises from the fact that doctors tend to study only sick people. They make the correct observation that a sizeable proportion of their patients masturbate (or have unconscious conflicts, or experience "stress") and, in jumping to the conclusion that the association is a causal one, forget that the supposedly harmful event may occur with equal frequency among healthy people (13).

A second fallacy lay in the argument from false analogy. The effects of masturbation were compared with those of alcohol. No one doubted that alcohol, taken in "excess" for a long time, could cause mental disorder, and it was also evident that not all alcoholics became mentally disordered. Add to this the facts that the immediate effects appeared more severe in young persons, that many of the patients improved when they stopped taking alcohol and that the physiological mechanism by which alcohol damaged the mind was by no means clear, and the analogy between the effects of alcohol and of masturbation seemed fairly close. But, as we can now see, the analogy was deficient in two important respects. In all individuals, a sufficiently large dose of alcohol is followed by a temporary mental disturbance; and the mental disorders accompanying chronic alcoholic intoxication are (as Burrows—1828, p. 94—observed) very generally associated with demonstrable and characteristic pathological changes in the bodily organs. It is the one-to-one correspondence of the association in the first of these respects, and the objective and characteristic nature of the changes in the second, that form the real basis of our belief in the causal effects of alcohol in mental disorder.

Sound reasoning about the masturbatory hypothesis was further inhibited by causal nomenclature. It was a considerable achievement for Skae to isolate the syndrome of adolescent psychosis, but by naming it "masturbatory insanity" he shut the door on further enquiry into its cause. Again, some of the character traits of a particular type of constitution (which we now recognize as the schizoid type) came to be collectively labelled "signs of the masturbator"; and the fact that young people who showed these signs often went on to develop "masturbatory insanity" was taken as additional evidence of the correctness of the nomenclature.

Another source of error, widespread in medicine, may be termed the therapeutic fallacy. A causal hypothesis of disease commonly suggests a rational method of treatment. If such treatment is given and is associated with an improvement in a patient's condition, there is a tendency to conclude that the improvement is due to the treatment and that therefore the causal hypothesis is substantiated. To jump to such a conclusion is fallacious for at least two reasons: the improvement, though contemporaneous with the treatment, may have been due to other factors; or, if the improvement was due to the treatment, this may have been for reasons other than those postulated by the hypothesis. The second
circumstance is illustrated by the discovery of the use of bromide in epilepsy. Sir Charles Locock (1857) believed that "a great number of cases of epilepsy, both in girls and boys, arose from the practice of onanism. This cause was very frequently overlooked and might account for the great increase in the disease of late years". Having read an account "of some experiments performed by a German on himself with bromide of potassium" which led to temporary impotency, Sir Charles concluded that the drug, by causing impotence and so preventing masturbation, ought to be of value in epilepsy. He tried it, and "out of 14 or 15 cases treated by this medicine, only one remained uncurèd" (13a). Much more common, however, is the fallacy of attributing to treatment an improvement which has occurred spontaneously. Many mental illnesses remit spontaneously or run a phasic course, so that the administration of any form of treatment, particularly if long-continued, must often coincide with the beginning of a remission (14).

We may examine one other source of fallacy. The influence of a prediction upon the event which it predicts has been termed by Karl Popper (1957) the oedipus effect. The same phenomenon was referred to by William James in his phrase, "the belief creates the fact", and by Florence Nightingale (1861) when she said, "Patients do what they are expected to do". It was because masturbation was widely believed to be both sinful and harmful that patients suffering from depressive illness were so ready to attribute their troubles to this habit. For the same reason, patients whose illness did not induce a tendency to self-blame were apt to deny masturbation. No doubt, too, the reluctance of healthy people to discuss the subject was one of the reasons why prevalence surveys were not made until towards the end of the nineteenth century, when moral standards were becoming less severe. But the reluctance to be frank remained strong (15), and the prevalence surveys, especially among women, were often incomplete and led to differing conclusions. Thus, of 10,000 university graduates and club women approached by Davis (1925), only 1,203 replied to her questionnaire on sexual topics; and although the 40 per cent. of these who admitted masturbating at some time were sexually no less well adjusted in their marriages than the rest, yet a physician who believed that masturbation led to frigidity or aversion to coitus could reasonably have discounted this conclusion on the ground that the sample was not representative. Estimates of the prevalence of masturbation among patients were apt to be even more unsatisfactory. Zilboorg, for example, in a series of patients with puerperal psychosis, found that all but one were chronic masturbators; while among a similar series of patients studied by Anderson (1933), only six out of fifty admitted masturbating.

4. Conclusion

Progress in the application of scientific method to medicine enables us to see more clearly than did our predecessors the best way of assessing the validity of a causal hypothesis. We see now that the problem presented by the masturbatory hypothesis is the problem of assessing whether an association is a causal one. Confronted with this hypothesis today, a psychiatrist would begin—as very few in the eighteenth and nineteenth centuries began—by defining his terms so that his readers would know precisely what he intended by the words "masturbation" and "mental disorder". Next he would consider by what methods the fact of masturbation could be ascertained, and with what degree of reliability. Then he would proceed to determine how often the habit of masturbation (practised with stated frequency and over stated periods of time)
was present in patients suffering from various types of mental disorder and in healthy persons; and how the prevalence in these groups varied with sex, age, social class and cultural background. He would search, too, for an association between masturbation and pathological changes in bodily systems. Finally, he would investigate whether there were practicable methods of preventing masturbation among patients and, if so, he would determine by a controlled trial whether its prevention had any significant effect on the course of the disorder. In short, he would recognize that, in the absence of any clearly related anatomical or physiological changes susceptible to quantitative assay, the causal effect of masturbation in mental disorder could only be gauged in terms of the closeness of the association. There is no way of disproving the masturbatory hypothesis—or, indeed, any causal hypothesis in psychiatry where there is no associated objective and measurable change in the patient; all we can say, from the evidence, is that the association between masturbation and mental disorder is weak and inconstant and that therefore, if masturbation is a causal factor, it is probably not a very important one.

We can see today with some clarity how the masturbatory hypothesis should have been examined. Its history, dealing with times “not long enough past to be romantic, but full of instruction and warning” (16), shows how in fact it was examined. The contrast ought to be a measure of our progress; it may at least lead us to consider how far, in attempting to establish new causal hypotheses in psychiatry, we have been able to avoid the errors of the past.

NOTES TO INTRODUCTION AND PART I

1. As is indicated by the innumerable references in the literature of the past two centuries, the effect of masturbation on health is a subject on which almost every medical writer has felt competent to express an opinion. Of these references, I do not pretend to have studied more than a fraction. On the other hand, there seem to be relatively few accounts that deal with the historical aspects of the subject and none at all that deals specifically with the history of masturbation in relation to mental disorder. My most useful sources of general reference and criticism have been Christian (1881), Ellis (1936), Spitz (1952) and Kinsey et al. (1953), but I have as far as practicable consulted the appropriate originals. There are several much quoted books that I have been unable to consult; these include Poullet’s second treatise (1883) and Rohleder’s Die Masturbation (1899).

2. The well-read Tissot could find nothing on the subject, and he is reduced (1766, p. 4) to allowing his readers to suppose that Hippocrates, Celsus and Aetius, in referring to the dire effects of the abuse of amorous pleasure, included masturbation as one of the forms of abuse; but there is no positive evidence at all for this. Celsus (De Medicina, Bk. VII, Ch. 25) may be referring to masturbation when he says, “Some have made a practice of inflicting boys, sometimes on account of their health”; but he adds that for this purpose the operation “is more frequently needless than necessary” (Grieses, 1756).

3. This at least is the title of the 4th edition (undated, but usually assigned to the year 1726), which is the earliest edition still generally available. The identity of the author and the year of first publication have been the subject of some controversy. Tissot (1766, p. 20) says, though without giving any reasons, that “Dr. Bekker at London must necessarily be the author”. I cannot discover any more about this Dr. Bekker but from internal evidence and in the opinion of a contemporary critic (“Philō-Castittus”), the author of the Onania was probably not a medical man. Pouillet (1876, p. 4) attributed the work to the German Boerner; but, as Christian (1881) supposes, Boerner was probably only its German translator. Several writers (e.g., Kinsey et al., 1953) refer to the author as Crouch but it is clear from the 15th edition (1730, p. 46) that Mr. Crouch was only the bookseller who undertook to forward readers’ letters to the author.

As to the date of the 1st edition, we know it must have been before 1723, for in that year “Philō-Castittus” published his criticism of the Onania, in which he refers to it as “a book which has so long made so much noise in the world”. In the 4th edition of the Onania there are reproduced letters received by the author from grateful or perplexed readers of earlier editions; and the earliest of these letters is dated 5.6.1717 (p. 60). We may conclude that the 1st edition was published shortly before this date, i.e. probably in 1716 or early in 1717.

4. The “extreme” views of the Onania, viz. that masturbation is a universal practice in both sexes and that it is more harmful than sexual intercourse, were challenged in the “Onania Examined and Detected; or the Ignorance, Error, Imperimperious and Contradiction of a Book call’d Onania, Discovered and Exposed” (1723). Its author, who wrote under the pseudonym
MASTURBATORY INSANITY

"Philo-Castitatus", claimed to be and probably was a medical man. His book may have had a temporary salutary effect, but later it was forgotten. I have not found a single reference to it and it is not mentioned in the Catalogue of the Surgeon General of the United States Navy (1889, 1905). There is a copy in the library of the Royal Society of Medicine, London.

5. In his preface, the author of the Onania says he has decided to use the term "onania" to refer to self-pollution in both sexes "because I cannot think of any other word which would so well put the reader in mind both of the sin and its punishment at once, as this". There is some evidence that the words "onanism" and "onanist" were already in use at this date, but all authorities are agreed that the author of the Onania was the first to give these words their modern sense. In medical literature, the use of "onanism" was generally preferred to that of "masturbation" until towards the end of the 19th century.

There is little doubt that, etymologically, "onanism" is a bad substitute for "masturbation". From the social point of view Onan's sin was his refusal to comply with the Hebrew custom of the levirate (see Jeffreys, 1951); and clerical and medical writers are in general agreement that the physiological aspect of the sin was coitus interruptus. Onan's punishment was, of course, death—"the thing which he did displeased the Lord; wherefore he slew him" (Genesis, 38, 9).

We may note in passing that the word masturbation occurs in the Onania of 1726 (e.g. on p. 18), although the Oxford English Dictionary does not mention its appearance in English literature before 1766 (when Hume's translation of Tissot's book was published). Eighteenth-century medical writers were in no doubt that the word was a corruption—via masturpration (used by Burton, 1621)—of masturpration or manual stipulation (Latin, stuprare, to defile); but according to the O.E.D. the origin of the word masturbation is obscure, its variants being only etymologizing forms.

6. The general quality of Tissot's style and reasoning may be gathered from a typical case history: "Whilst I was studying philosophy at Geneva, a time which will be ever dear to me the rest of my days, one of my a fellow-students had arrived at such a horrid pitch in the practice of these abominations (i.e. masturbation) that he was incapable of abstaining from them, even at the time of his receiving his lessons: he did not long await his chastisement; he died miserably of consumption at the end of two years" (p. 77).

7. According to Tissot (p. 14), the English physician Lewis took a serious view of the effects of masturbation in his book, A Practical Essay upon the Tubs Dorsalis (3rd edition, 1749). Tissot quotes Lewis as saying, "All the ills that are occasioned by excesses with women, more quickly follow in youth the abominable practice of seminal pollution, and it would be difficult to paint in colours so glaring as they merit the practice to which youths devote themselves, without being acquainted with the enormity of the crime and all the ills which are its physical consequences. The soul is sensible to all bodily disorders but particularly to those which arise from this cause". I have been unable to find a copy of Lewis' book.

7a. Voltaire (1784) accepted the views of the English "Onania" and of Tissot on the effects of onanism which he refers to as "a shameful and disastrous habit". Observing that Tissot also quotes cases of illness due to sexual continence, he asks, "What then ought we to do with the precious liquor that nature has made for the propagation of the species? Released incautiously, it may kill you; retained, it may also kill you". He concludes that, in healthy people, both masturbation and rash vows of continence are a sacrilege against the Creator.

Rousseau warns against a too youthful gratification of sexual desires, but if Emile's temperamen demands an outlet then "je t'arracherais plus aisément aux femmes qu'à toi" (Emile, 1762, Book IV).

8. I have found only a few exceptions to this rule in the English literature. The surgeon Allnatt (1843) wrote confidently to the Lancet of a case of testicular atrophy due to excessive masturbation; Hagenbach (1879) supposed that masturbation was "in some way" the cause of many urethral strictures; Stanley Hall (1904) thought that Basedow's disease was "perhaps" among the consequences of masturbation. Bloch (1908, p. 424) quotes H. Cohn as having "proved by investigations that the eye suffers manifold injuries" from this habit.

9. Among English authors it was probably for the latter reason. Many of them wrote for the general public and would not wish to shock their readers. I have not found any reference to masturbation in the principal works of Harper, Fawcett, Haslam, Arnold, Black, Crowther, Hallaran or Knight. Even as late as 1839, Sir William Ellis, in his Treatise on Insanity, felt it necessary to apologize for introducing "this painful subject", the details of which, being "not exactly suited to the eye of the general reader", he relegated to an appendix.

9a. The habit of onanism, says Pinel, is common in states of mania, and usually disappears during convalescence; but "the condition may become so ingrained that some patients fall into a chronic and fatuous state or into extreme emaciation and a true consumption".

10. Reference is often made to Esquirol's remark that insanity associated with paralysis is incurable. We do not hear so much of his similar remark about insanity complicated by masturbation. The first observation was true if, as seems certain, it referred to cases of dementia paralytica; and if, as seems reasonable, the second observation referred principally to cases of hebephrenic schizophrenia, then this also was true in the main.

11. Griesinger (1861, p. 173) refers to an article by Jacobi and Nasse in 1835 on "Self-abuse as the Cause of Insanity", but I have been unable to consult this.
12. In addition, Flemming gives three sound reasons why masturbation cannot be the cause of dementia paraëtica; the disease is more common among married people (who presumably masturbate less than the unmarried); among unmarried people, it is more common in the sexually promiscuous; and it does not occur in chronic asylum patients, who masturbate excessively. This reasoning should, we might think, have been sufficient to settle the matter. But years later the Belgian Gusslain (1852), the Englishman Blandford (1871), the Frenchman Pouillet (1876) and the American Spitzka (1887) continued to assert the fact or maintain the probability that masturbation was a causal factor in dementia paraëtica.

13. The belief that insanity might be caused by suppression of the flow of menstruation, milk, epistaxis, etc., had an astonishing vitality. Not being a subject for moralizing, it did not claim the same attention as the masturbatory hypothesis, but it appears to have been at least as widely held. Even as late as 1904, Clouston discusses it and still believes it to be true “in some few cases” (p. 527). Its particular origin may perhaps be traced to Stahl’s theories (1708) on Vollbildigkeit; but more generally it may be seen as a logical consequence of the belief that the discharge of coarse fluids from the body (by bleeding, purging, sweating, blistering and so on) was beneficial to health.

14. Statistics on the frequency of insanity due to masturbation are sparsely scattered through the literature. As may be seen from the table below, the proportion of cases assigned to masturbation varies from 2 to 20 per cent. Christian (1881) used this wide variation to sustain his argument that there was no such entity as masturbatory insanity, but a similar argument might be used to deny the existence of schizophrenia.

<table>
<thead>
<tr>
<th>Author</th>
<th>Place</th>
<th>Type of Case</th>
<th>Number Due to Masturbation</th>
<th>Per cent, Due to Masturbation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esquirol (1822)</td>
<td>Bicêtre</td>
<td>Mania due to physical causes:</td>
<td>6 of 26</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>2 of 51</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esquirol (Prichard, 1835)</td>
<td>Charenton</td>
<td>Male admissions due to physical causes, 1826-28</td>
<td>23 of 254</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>83 of 383</td>
<td>22.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Females</td>
<td>105 of 477</td>
<td>22.0</td>
</tr>
<tr>
<td>Jacobi (Prichard, 1835)</td>
<td>Wurttemburg</td>
<td>Melancholia</td>
<td>6 of 165</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>41 of 1,474</td>
<td>2.8</td>
</tr>
<tr>
<td>Ellinger (Gusslain, 1852)</td>
<td>Illinois</td>
<td>Melancholia</td>
<td>6 of 165</td>
<td>3.5</td>
</tr>
<tr>
<td>Bucknill and Tuke (1874)</td>
<td>Pontiac</td>
<td>Melancholia</td>
<td>15 of 603</td>
<td>2.5</td>
</tr>
<tr>
<td>Hagenbach (1879)</td>
<td>Pontiac</td>
<td>Male admissions due to physical causes, 1826-28</td>
<td>41 of 362</td>
<td>11.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>8 of 401</td>
<td>2.0</td>
</tr>
<tr>
<td>Spitzka (1887)</td>
<td>Private practice</td>
<td>Males</td>
<td>10 of 121</td>
<td>8.3</td>
</tr>
</tbody>
</table>

15. The opinion expressed in the 1st edition of Clouston’s Textbook (1883, p. 485), that “there is a form of mental disorder in which masturbation is the chief cause of the malady”, is repeated unchanged in the 6th edition (1904). But we should regard this repetition as an oversight rather than a relapse.

16. This article is not one on which admirers of Maudsley could wish to dwell, but it may profitably be read as a warning example of that besetting sin of psychiatrists—a tendency to confuse the rules of mental health with those of morality. In the life of the chronic masturbator, says Maudsley, “nothing can be so reasonably desired as the end of it”, and “the sooner he sinks to his degraded rest, the better for himself and the better for the world, which is well rid of him”.

17. On account of the moral reprobation associated with the one, but not with the other, of these diseases, differential diagnosis must have presented a problem of some delicacy.

18. Kraepelin (1896), for example, referring to “that type of insanity which hitherto has been thought to be the particular result of onanism”, says, “we see there without any difficulty the picture of dementia praecox, the insanity of adolescence” (p. 51).

19. Unlike Hecker and unlike Kahlbaum (who in 1869 gave the name catatonia to a syndrome which he believed was chiefly caused by prolonged and excessive masturbation), Stern (1930) has reminded us of the dangers of this mistake.

20. This sequence of observations, from the type of insanity to the nature of the pre-morbidity, might have been made in the reverse order. But I have been unable to find any descriptions in the 18th century writers of that cluster of traits which became accepted as indicating the early effects of masturbation.

21. The belief that masturbation leads to characteristic personality traits persisted until quite recently. See, for example, the descriptions given by Yellowlees (1892), Stanley Hall (1904), Meagher (1924, 1936) and Stern (1930). Huthner’s contribution (1944)—he lists separately for each sex the signs and symptoms of masturbation—is perhaps the last outlier of this range.
22. See, for example, Henderson and Gillespie (1936) and Rosanoff (1938). In one of the very few attempts (indeed, as far as my reading goes, the only real attempt) at a scientific study of the masturbatory hypothesis, Malamud and Palmer (1932) found masturbation to be apparently the most important cause of disorder in 22 of 500 patients consecutively admitted to the Iowa State Psychopathic Hospital. The majority of these 22 were "misinformed" about the effects of masturbation and there was no definite temporal relation between the masturbation and the illness. The authors concluded that it was the mental conflict engendered by masturbation rather than the habit itself which led to the illness, and they believed this conclusion to be supported by the efficacy of psychotherapy directed towards readjusting the patient's ideas about masturbation. Yet the fact that 13 of the 22 patients suffered from depression must raise doubts about the validity even of this temperate conclusion, for the depressed patient is not only prone to blame himself for neglect of what he believes to be the rules of health, but also tends to recover from his illness whether treated by psychotherapy or not.

22a. Although this particular belief was very widely held, it was not of course a necessary consequence of the masturbatory hypothesis, for masturbation may be conceived as inducing an insanity associated with irreversible changes. This possibility was recognized by Gowers (1881).

23. Infibulation was the procedure of placing wires through the prepuce in such a manner as to prevent its retraction behind the glans penis. Celsius, who describes the operation in his De Medicina, says that its main use is where a person chooses, "for the sake of decency", to have his glans covered (Bk. 1, Ch. 25). It was also performed in boys "on account of their voice" (Grieses, 1756), presumably in the hope that the breaking of a chorister's voice would be delayed if he were prevented from masturbating.

24. Isaac Baker Brown (1812-1873) achieved fame as an ovariotomist and was elected president of the Medical Society of London in 1865. He grew unduly enthusiastic about the benefits of clitoridectomy and was expelled from the Obstetric Society after the publication (in 1866) of his book on the subject. He defended himself on the grounds that it was "more honest to attempt a radical cure than to accept fees for an attendance confessedly useless"; but against this it was urged that, of his alleged cures, a very large number were not permanent. See a correspondence in the Lancet (1866) and his obituary notice in the Medical Times and Gazette (1873).

Clitoridectomy also had some vogue in America (e.g., Eyer, 1894) and was particularly adopted by the disreputable school of "orificial surgery", whose quackery is ridiculed by Meagher (1923).

25. In Scotland, however, Yellowlees was using silver wire with success in 1876. He had done 12 cases and "the sensation among the patients themselves was extraordinary. He was struck with the conscience-stricken way in which they submitted to the operation upon their penises. He meant to try it on a large scale and go on wiring all masturbators". In 1892 he still considered wiring the best method of prevention.

26. Burrows (1828, p. 279) observes that castration has been advised as a cure for insanity on the grounds that violent sexual irritation has been the cause; "but", he continues, "how many affecting instances are there of self-emasculation and yet the mental delusion which impelled it has remained the same!" This sound argument did not have the decisive influence it should have had, and in 1891 Hutchinson, a president of the Royal College of Surgeons, was still able to avow his conviction that "measures more radical than circumcision would, if public opinion permitted their adoption, be a true kindness to many patients of both sexes".

Spratling (1895) considered that for the treatment of masturbation among insane males "section of the dorsal nerves of the penis is a rational procedure but not to be radical for constant routine practice"; for females, however, "nothing short of ovariotomy will be found to deserve even the term palliative". Clark and Clark (1899) cut the pudendal nerves in an insane man of 48 so as to prevent sensation and erection of the penis, and "the mental result in this case justified the operation".

NOTES TO PART II

1. "To ascertain how far this opinion (that lunatics are affected by the moon) was founded in fact, I kept, during more than 2 years, an exact register, but without finding in any instance that the aberration of the human intellect corresponded with, or was influenced by, the vicissitudes of this luminary" (Haslam, 1809, p. 216).

2. In his book, A New System of the Spleen, Vapours and Hypochondriack Melancholy (1729), Nicholas Robinson attributes all "disorders of the fancy" to an "irregular motion of the spleen and liver" and asserts that these ailments should be treated by mechanical means and drugs rather than by discussion and advice. One of his patients, a sufferer from the spleen, believed himself a hobby horse and "all the philosophy I was master of could not dispossess him of this conceit; till, by the application of generous medicines, I restor'd the disconcerted nerves to their regular motions and, by this means, gave him a sight of his error". Here, perhaps, we see an early example of the conflict between the organic and the psychological approach to the therapy of mental disorders.

3. Galen (quoted by Christian, 1881) records that Diogenes and many of his contem-
poraries used to masturbate in public. They did this, however, "not from pleasure but that they might be preserved from harm". Their belief that sexual intercourse was harmful evidently did not extend to masturbation.

4. Havelock Ellis (1901) observes that Mohammedan theologians regard masturbation as a Christian vice and that there is little reprobation against masturbation in Islam. I am assured by physicians who know the countries well that masturbation is uncommon and uncensored in rural Ghana and in Ceylon.

5. John Hunter (1786) was one of the few. Discussing sexual impotence, he says, "the complaint is by many laid to the charge of onanism at an early age; but how far this is just it will in many cases be difficult to determine; for upon a strict review of this subject, it appears to me to be by far too rare to originate from a practice so general".

6. We may note the surveys of Kohler (1899), Davis (1925), Haire (1952) and of course Kinsey et al. (1948, 1953); and also of Berne (1944). The inference to be drawn from these epidemiological studies was supported by at least one clinical study. In 1897, the American McClanahan published case histories of 12 persons who admitted to very frequent and prolonged masturbation but who had all been healthily successful both in their careers and in their married lives; the composure of two had been temporarily shaken on their learning that masturbation was supposed to be dangerous. These 12 cases are, of course, just as strong an argument against the masturbatory hypothesis as the publication of 12 cases of insanity associated with masturbation would be for the hypothesis; but the latter type of publication was as common as the former was rare.

7. The fact was recognized, of course, by those who in earlier centuries had believed the self-accused witch to be a lunatic (see Field, 1955).

8. Not all patients denied masturbation. Discussing masturbatory insanity, Maudsley (1868) found it "a curious thing that to such a state of moral degradation have patients of this class come, that they will actually defend their vice on some pretense or other".

9. This reason was being put forward as late as 1936, when Meagher wrote, "Though legitimate orgasm in coitus lowers physical tension, this is not so in cases of masturbation, when feelings are pent up, there being no emotional outlet" (p. 43). Similarly, William Brown, of Oxford, wrote in 1934, "In masturbation there is incomplete stimulation followed by a complete reaction, in coitus interruptus there is a complete and normal stimulation followed by incomplete reaction. In both cases the strain set up in the nervous system is apt to produce an anxiety-neurosis."

10. As far as schizophrenia is concerned, the masturbatory hypothesis has not been replaced. When it had to be abandoned, the rational treatment based on it was replaced by a succession of empirical treatments which, being founded on practice rather than on theory, were perhaps a little more effective. The most striking advances in the management of schizophrenia, however, came when psychiatrists paid less attention to treatment (in the traditional sense) and more attention to care.

11. Johann Frank, in his Medizinische Polizey (1780), says that onanism has become so widespread in schools and colleges and its consequences are so dreadful, that the authorities "cannot take too much care to stamp out such a plague". Lallemant (1842, p. 479) feared that if masturbation became any commoner it would "menace the future of modern societies; therefore it is urgently necessary for us to try and extirpate this public calamity". Pouillet (1876) begins his treatise with the words: "Of all the vices and of all the misdeeds which may properly be called crimes against nature, which devour humanity, menace its physical vitality and tend to destroy its intellectual and moral faculties, one of the greatest and most widespread — no one will deny it—is masturbation."

12. In the treatment of masturbation, says Bloch (1908, p. 427), the method of the older physicians, "who appeared before the child armed with great knives and scissors, and threatened a painful operation or even to cut off the genital organs", may often be found useful and may effect a radical cure. Huschka (1938) found that, of 320 problem children, 46 remembered being threatened with genital injury if they were caught masturbating. It is certain that during the latter half of the 19th century little boys (and little girls too) commonly suffered the threat of genital amputation, and we may deduce that the frequency with which Freud's early patients remembered this threat reflected the fashionable belief of their parents in the importance of preventing masturbation. Viewed from this perspective, Freud's universal "castration complex" is seen to be no more substantial than Tissot's ghost.

13. The fallacy is not confined to medicine. As Wootton (1959) has noted, the same fallacy inheres in a facile acceptance of the belief that the association between juvenile delinquency and broken homes is a causal one.

13a. The difficulties of believing that masturbation is a cause of epilepsy were summarized by Gowers (1881). Yet he concluded, "I am inclined to think that it [masturbation] is much less frequently the cause of true epilepsy than of untypical attacks, sometimes hysteroïd, sometimes of characters intermediate between hysteroïd and epileptoid forms. I have so frequently in boys met with this form of attack in association with the practice that I can scarcely doubt their etiological connection".

14. It is becoming generally accepted that, if continued long enough, the psychotherapy of depressive states is almost certain to be attended with success.
15. "For the older generation of males of every social level it is simpler to get a record of pre-marital intercourse than to get a record of masturbation. With many females it is simpler to get a record of homosexuality than a record of masturbatory activity" (Kinsey, 1948, p. 46).


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1962] BY E. H. HARE


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