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A Study of Masturbation
AND
Its Reputed Sequelae

BY

JOHN F. W. MEAGHER, M.D., F.A.C.P.

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A Study of Masturbation *and* Its Reputed Sequelae

by

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TO
DOCTOR ERNEST JONES,
OF LONDON
A SCIENTIST
WHOSE WRITINGS HAVE ENRICHED
MODERN PSYCHIATRIC THOUGHT

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PREFACE

I have attempted to present as concisely as possible the essential features of this much discussed, and yet little understood subject. The views which I have propounded reflect, I believe, the modern medical thought on the subject of masturbation. Not only physicians but others interested in the psychological and sociological aspects of the topic have voiced the need of an essay such as this one.

While the issue in the management of this problem is essentially a medical one, the ethical or moral factor must be given considerable thought and study, if one is to appreciate the difficulties of most of these patients who consult us concerning masturbation. This is emphatically brought to our attention in the course of our investigating the character traits and trends of these patients, and their varying ways of reacting to their difficulties. The ones who react most severely to the habit are, as a rule, intelligent youths of the highest moral type. Contrariwise, those individuals of poorer moral fibre, *e. g.*, morons, —often show but few neurotic manifestations as a result of their indulgence in this habit. And this is what one would expect to find. For in these latter individuals, the moral conflict is extremely slight, or may even be absent.

Not only physicians, but clergymen and teachers are often consulted by parents, and by the youths themselves, for advice in regard to disturbances which they attribute to this habit. In fact, clergymen are probably more often consulted by those individ-

uals who in earlier years are bothered by the minor nervous and moral upsets which they attribute to indulgence in masturbation. This being true, it is incumbent on the clergyman not to depend entirely on the emotional hold which he has on the youth; but he should acquire a working recognition of the significance of masturbation.

The average one of these youths expects, both from the physician and from the clergyman, something more tangible than mere admonitions, platitudes, or vague generalizations. The clergyman will use good judgment if he confines his activities to those youths who are morally troubled, and sees that those whose psychic upsets tend to be serious, receive competent medical attention. For, after all, the physician is the only one whose training—medical, surgical, and particularly psychiatric,—permits him to study the problem from all angles.

The serious-minded physician who recognizes the great importance that the successful management of this problem may have for the future welfare of his patient, will not rest content with recommending, say a circumcision, for an existing phimosis. For he will realize that the solution of the difficulty which perchance has existed for years, cannot be so simple. He will readily understand that such a surgical procedure alone will influence only to a slight degree the psychosexual attitude of the individual.

Unless the adviser appreciates something of the biological significance of masturbation, he will not be successful in allaying the patient's morbid fears. So it is necessary for him to know something of the genesis of masturbation,—and not to regard it solely as a surgical problem, or a medical problem, or a mental problem, or a moral problem. Rather must he consider all of the factors related to each of these issues in every individual. And here, as elsewhere

in studying any phase of human conduct, he must give particular attention to the personality makeup of each patient. For success or failure in one's attempt to cure this habit depends in great part on the temperament and character of the individual who is being treated. After a rather extensive practice with this class of patients, I am convinced that if they are properly treated early in life, much subsequent post-adolescent illness will be avoided. The onus for much of the later upsets must be blamed on the failure of the parents to view the whole situation in a rational light.

Wishing to check up my own deductions concerning this subject, I consulted the writings of nearly two hundred investigators in order to get their consensus of opinion regarding certain phases of masturbation. One can readily understand that under the circumstances it was rather a difficult task to limit my discussion to the most important facts, and at the same time to eliminate all unessential details. For obvious reasons, I have omitted all case histories. Their inclusion here I felt would in no way enhance the general principles which I have advanced.

The designation of these sex manifestations of the pre-adolescent and infantile periods of life as "masturbation" might be criticized by some. It might be suggested that the term "autoeroticism" would be a more appropriate one for these earlier manifestations. And again it might be suggested that the term "masturbation" had better be reserved to express the adult type of this act. However on biological grounds, if for no other reason, such a criticism would hardly be a valid one. And at best, it would be an objection to terms, rather than to facts.

JOHN F. W. MEAGHER.

BROOKLYN, N. Y., *January, 1924.*

CHAPTER I

INTRODUCTION. SOME PSYCHOLOGICAL CONSIDERATIONS. EFFECT OF PUBERTY. THE MECHANISM INVOLVED. THE EQUIVALENTS OF MASTURBATION

Masturbation includes all methods of causing pleasurable sex sensations by an individual's own efforts. Those regions, especially muco-cutaneous, which when stimulated cause physical and mental sex reactions, are called erogenous zones. All masturbation is not genital, though when the term is unqualified, this is what is assumed. Nor is the occurrence of masturbation limited by the production of an orgasm, else one could not refer to masturbation in the child, nor in many women, more especially single ones, who are addicted to the habit. The reason for this I will discuss later.

As ordinarily practiced, masturbation is an act to produce a pure form of sensory pleasure bought at the expense of high moral tone. For when habitual, it interferes with altruistic aims. It is an infantile way of seeking sex gratification.

As Eulenburg and others have pointed out, the physical act is not the most important element, but rather the inseparable psychic reactions with their influence on the emotions and character. Though the physician primarily looks at this subject as a psychological and physiological problem, he cannot ignore the moral phase, which is an integral part of the whole question.

One must distinguish between occasional and excessive masturbation, as they present entirely different problems. Of course, the term "excessive," as applied here, is a relative one. For the habit can only be estimated in its effects, by studying in conjunction with it the constitutional make-up, and the mental and moral tone of the individual under observation. Moll says that there is nothing to prove that those who claim that they have never masturbated are any healthier than those who have practiced the habit moderately in youth.

It is well to emphasize here that infantile masturbation, by which we mean most of the autoerotic acts practiced before the age of puberty, presents an entirely different proposition from the adult type of masturbation. The act is chiefly to be regarded with concern, when it has become habitual.

This subject is too large to exhaust in a single thesis. My object here will be to bring out the important facts. Formerly, the subject received scant attention in our medical schools, and many of the students gave it no further study, subsequent to graduation. It is for this reason that many physicians show a lack of interest in this phase of human conduct.

It is essential that the physician approach the problem in a purely objective way. Injecting one's personal feelings into the study is, to say the least, unscientific, and such an attitude would prevent a proper understanding of the points involved. It is of vital importance to note carefully the patient's attitude toward his habit.

Much of the present misinformation on masturbation, held by the public, and still expressed in a few medical books, can be traced to the pessimistic literature written from 1760 to 1890, more particularly to Tissot's "De l'Onanisme," published in St. Peters-

burg in the last quarter of the Eighteenth century. Lallemand, Simon, and Voltaire, and Leitner even as late as 1844 wrote in a most exaggerated way of the various "diseases" resulting from the habit. Hippocrates, writing as long ago as 380 B. C., wrote in a similar vein. It was not till the last quarter of the Nineteenth century that the subject began to be studied in a scientific way, and the real facts concerning the habit carefully investigated. It is to men like Erb, Fürbringer, Jones, Stanley Hall, Healy, and many others after them, that we are indebted for separating facts and fancies in regard to the habit and its effects.

SOME PSYCHOLOGICAL CONSIDERATIONS

In order to understand the habit as practiced in the adolescent and adult, it is necessary to know something of the sex impulse, and the genesis of its expression in the child. It goes without saying that adult sexuality is an unknown equation to the young child. As Moll, Jung, and others say, the young child masturbates without employing erotic fancies. In fact, some women do likewise, not realizing the sexual nature of the act. Still this is none the less masturbation, as the aim is autoerotic pleasure. Also some women whose repressions against the conscious performance of the act are strong, have been known to masturbate during sleep.

The young child indulges in the habit with little or no thought as to its being right or wrong. As von Hug Helmuth says, the infant directs its feelings and reactions toward those realms which give him his most pleasurable excitement. Many parents overlook infantile masturbation. But as White, Kempf, and others say, some experimental masturbation is almost universal between the ages of two and

six years. It is to be remembered that before the age of six years all the erogenous zones have the same value as sources of pleasure to the child. But later masturbation tends to emphasize the primacy of the genital zone.

In infancy, the pleasurable sensation depends more on the quality of the stimulus than on the region stimulated. So that the young child selects the most convenient zone, and in this way comes to learn about himself.

Anyone who has carefully observed children will agree with Stanley Hall that the infant's curiosity leads him to have a great interest in the sexual (*i. e.* to him, the excretory) organs and their functions. It is strange that parents do not recognize the great importance that the organs of sex play in the fantasies of children, even though the parents usually suppress all attempts of the children to discuss their ideas. Parents should give more intelligent consideration to the psycho-sexual elements in their children's lives, and not think solely of the physical acts.

There are three stages in the development of sexuality in the child,—the dividing ages being somewhat arbitrarily selected. It is during the first stage—the first five or six years of life—where we see the primitive forms of autoerotic expression. The second stage, which we call the latent period, is from six to eleven years. During this stage, the infantile autoerotic acts are in great part repressed. There is developed in the children an attitude of shame or disgust toward their former interests by the parents, guardians, and other ethical and social agencies. If the culture of the family life is bad, there may be no latent period, in which case autoerotic habits are kept up throughout this period. The third stage is from eleven years to the onset of puberty, during which time the previous repressions

may fail. The child's interest may now be centered on its pelvis. Masturbation at this age and during adolescence is so common, particularly in boys, as to be regarded as usual.

PUBERTY

As Healy says, it is at puberty that the instinctive trends give most trouble, especially in neurotic individuals. And this is what we would expect. For at this time there is not only an excess of energy, but there coexists a poor inhibitory control. All investigators have noted that boys are more active sexually than girls at this period. And at this time boys are more apt to masturbate spontaneously, whereas girls may not do this unless seduced to the habit, for their repressions against sex manifestations are stronger. The habit is more apt to be indulged in by both sexes, if there is an accumulation of sex energy, because of a lack of suitable social contacts, acting as vicarious outlets, as games, all sorts of innocent play with good comrades, etc. For the energy must be neutralized (used up) in some way.

It is usually at the time of puberty that the child first becomes aware of the supremacy of the sex organs as sources of pleasure. He may first become aware of this through masturbation. It is for this reason that some writers refer to the act at this period as being physiological in purpose. As to whether masturbation in youth is normal or abnormal depends in part on whether the act expresses normal or abnormal wish constellations. And Kempf says it is abnormal at this period only if there is a narcissistic fixation,—a self-love which prevents the person from seeking to win the esteem of another personality. And the sexual aim becomes differen-

tiated at this time. From now on the sex activities of the child, which have been infantile in their expressions, tend to become adult in character.

The sexual trends of the child are the result of inherited tendency and environmental moulding. According to Bousfield, these trends vary at different ages, as follows—

	AUTOEROTIC TRENDS	HOMO- SEXUAL TRENDS	HETERO- SEXUAL TRENDS
Infant	100%
At 12 years	40%	50%	10%
At puberty (15 yrs.)	20%	30%	50%

As to the source of the sex impulse, whether it be the endocrine glands, muscle spindles, etc., we will not dwell on here. But the suggestion that the creation of sexual desire is due to tension in the seminal vesicles is hardly satisfactory, as it would not explain desire in women, nor in boys before the age when they have the power to ejaculate.

MECHANISM

Not all masturbation is genital, though when the term is not otherwise qualified, this is what is meant. In the case of the adult, there are more erogenous zones in woman than in man. The mind when called into play may act as a strong stimulus to the peripheral sex apparatus. The indulgence in erotic reveries is common in adolescents, usually stimulating only to the point of turgescence, and not to the extent of causing an orgasm. This psychic autoeroticism is bad, because it produces neither affective nor physical neutralization of the individual's feelings. It might be stated here that with the majority

of women, even physical masturbation usually stops short of orgasm.

In the male youth, the mechanism of masturbation is usually a simple matter, being produced by stimulation of the glans penis. In this thesis we are not concerned with any perversions associated with this habit, though recognizing the frequency of breast, perineal, anal and rectal masturbation etc. The last phase of this subject, I considered in an article which I published in 1921 in the *New York Medical Journal*.

In the adolescent girl and in the woman, masturbation is a more complicated affair than in the male. In the female, the clitoris chiefly, and next the labia minora are used for purposes of masturbation. My experience corroborates the views of Bloch and Moll as against those of Jones and Freud as to the great frequency of nymphae masturbation. Bousfield also differs with the views of Jones that clitoris masturbation prevents the later adult transition of the centre of gratification from the clitoris to the vagina (anaesthesia), and Bousfield says, again taking issue with Jones, that after marriage the clitoris normally remains the essential seat of gratification. In 150 apparently normal women, he found that

- 3 were completely anaesthetic,
- 14 had pleasure chiefly in the vagina,
- 133 had pleasure chiefly in the glans clitoridis,
with diffuse vaginal, perineal and anal
feelings also.

The use of foreign bodies in the vagina and urethra is much less common as a habitual method of masturbating than is ordinarily supposed. In fact, a large percentage of young girls do not know of the existence of the vagina. Manual masturbation is by far the most common. Many aesthetic women

have a repugnance to touching the mucous membrane directly, and yet masturbate by means of thigh movements, or by rubbing the external genitals against various objects. It is not uncommon for parents to deny the existence of masturbation in their children because they do not use their hands. And while admitting the children practice autoeroticism by means of thigh movements, they try to minimize the importance of this performance. This is a distinction without a real difference.

The attempt to cure an adolescent of the habit of masturbation by illicit intercourse is always unavailing, to say nothing of the immorality of such a proposition. And further, coitus without affection is merely a form of masturbation.

Psychiatrists are aware that psychotic patients get satisfaction from their sex fancies and hallucinations. Their abnormal ideas and hallucinations relieve their sex cravings, usually in a veiled, symbolic way.

EQUIVALENTS OF MASTURBATION

Pleasure seeking equivalents for tabooed direct sex expressions are common in children and in neurotics. The equivalents depend on the association of tabooed with permissible modes of gaining pleasure. Jung, however, taking exception to the views of other writers, cautions that obtaining pleasure is not identical with sexuality, and the latter designation should not be all-inclusive.

Consider the act of thumb-sucking, which is rather a common way in which many young children derive pleasure. This act is frequently practiced as a substitute when the habit of masturbation has been forcibly prevented. Nail-biting is really a variant of thumb-sucking. Obtaining pleasure from his own

body is all that both masturbation and thumb-sucking do for the child; and likewise both would certainly be regarded as eccentric ways of getting pleasure later in life. There are instances where the child goes from thumb-sucking to masturbation. As von Hug-Helmuth says, older children after sucking the thumb for a long time often show signs of sexual excitement, followed by an attitude of comfortable relaxation. It is only when followed by sexual excitement, that thumb-sucking is to be regarded as an equivalent for masturbation. Practically every investigator, except Moll, agrees as to the sensual nature of thumb-sucking. This fact is also substantiated by the reactions of psychotics who are given to this practice. It might be well to again emphasize that infantile sexuality has no sex object.

We have already referred to the great interest young children take in the excretory organs and their products. In this regard we need only refer to certain games of young boys. In weaning the child away from such interests, care must be exercised in inculcating repressive measures. A basis may be laid for the assumption in adult life that all of sex is "unclean." From this there might follow abnormal ideas and behavior in regard to their adult sex life.

Bed-wetting occurring in adolescence is not uncommon. Freud claims that where enuresis nocturna does not represent an epileptic attack, it corresponds to a sex pollution. This is almost incomprehensible to the normal adult who can no longer feel like the child, nor appreciate emotionally the care and attention bestowed on the child after such an occurrence. These phenomena and their associations must be studied from the child's and not from the adult's point of view.

Most of us will agree with Jones and others in

their claim that the mucous membrane of the mouth, urethra and anus have erogenous potentiality, and so may be used for sexual excitement. Skin eroticism may be manifested in various ways. Rhythmical rocking movements (muscle eroticism) may replace the forbidden act. Other equivalents, in certain cases only, of course, are the habitual taking of enemas and vaginal douches (especially where self-prescribed), rectal massage etc. Some individuals give up masturbation, and substitute exhibitionism or some other abnormal trend or expression.

CHAPTER II

CAUSES. PREVALENCE OF THE HABIT

CAUSES

I have already referred to some of the psychic causes of masturbation. Agreeing with most of the other investigators, I feel that the psychic factors are by far the most important. However, as Bloch says, in considering a condition which may have numerous etiological factors, it is hardly correct to speak of only one cause. We must not forget that some children have a multiplicity of bad habits, and not merely one. One must look for any physical condition, general or local, which might have some contributory value in keeping up the habit of masturbation. A careful study of the social setting of the patient is also essential. One reason why I regard the average local cause as only contributory, is because it is usually easily removed, whereas the habit itself takes some time to cure.

Oppenheim's hypothesis that heredity is an important etiological factor is probably true, though of course rather difficult to prove. It is unquestionably true that some people practice abstinence with less, and others with greater difficulty.

Authorities differ sometimes as to where a cause leaves off, and an effect begins. And so we see opposing views, not only in relation to this subject, but in regard to other questions. For example, Bloch says neurasthenia is the cause of masturbation, whereas Freud claims it occurs as the result of mas-

turbation. The latter view is the one held by nearly all modern investigators,—at least in respect to the actual neurosis, neurasthenia. Persistent, excessive masturbation is more often a symptom of a psychopathic state than the cause of it.

In as much as our knowledge of the endocrines is still rather chaotic, we will not discuss their influence on the sex impulse here. Without doubt they are important in determining the strength of the sex impulse, but here we are studying not the impulse itself, but rather one of the ways in which it is expressed.

Children are sometimes taught masturbation by companions, and also by perverse adults. But Dana is incorrect when he says that the habit is usually so learned; and he is also incorrect when he says that the act is usually done because of local irritation. For the mechanism of the habit is not so simple. What Healy says is true, however, that adolescent girls often learn of the habit from conversations with other girls. Many writers caution against even innocent, undue fondling of children, for while the motive is most laudable, the effect on some few children may not be good. Masturbation is more often spontaneously learned by boys than by girls. Moving picture shows, newspapers, books, etc., may be the source of erotic fancies. But Stanley Hall claims—and Brill says about the same—that the reading of a serious book on the subject of sex never causes the habit. If instances were given to contradict this view, the assertion is made by him that it is safe to assume that the intention was there first to indulge in the habit.

While the adult type of masturbation is most common during adolescence, it is not rare even as late as the menopause. Some patients, more particularly women, masturbate without employing any erotic

reveries. In fact, some of them do not recognize the sexual element in the act. The deed is done in many such cases because it acts as a sedative, and relieves insomnia and various nervous tensions; or because it acts as a temporary relief from various painful mental states, as anxiety, depression, or ennui. But the average patient of good moral tone is very apt to have these painful states accentuated as the result of masturbation. For a moral conflict with its sequelae usually follows.

The habit is very common in hysterics and in epileptics. In fact, in hysterics, the major motor phenomena may represent a sexual equivalent. Among defectives (morons etc.), little attempt is made to inhibit masturbation.

A pathological idea held by a few male patients is that semen is an excretion, and should be gotten rid of as a physiological necessity.

In some cases an obsessional neurosis, homosexuality, etc., may be back of the habit. I shall have more to say about the causes of masturbation when I discuss its treatment.

PREVALENCE OF THE HABIT

We have already referred to the universality of the habit at some period in the young child. Most investigators will agree with Moll, Kempf, Aschaffenburg and others that it is practically universal in the male adolescent for a varying period of time,—usually for a few years. Moll says it is the commonest bad habit among boys; that while all boys do not smoke, they all masturbate at some time. There may be a few exceptions, as is true of most rules. Stanley Hall says it is mere hypocrisy to deny how widespread the habit is. Youths naturally are prone to deny the habit—especially to an unsym-

pathetic examiner—as they fear a loss of social esteem. In fact, they will invent all sorts of subterfuges to hide the fact that they masturbate. A girl will often deny the habit, unless she is allowed to give an ethical excuse—*e. g.*, that the act is done to relieve some physical discomfort, as pruritus. She is more apt to confess to the habit when she is enabled to give an apparently legitimate motive for her actions.

Girls are more closely guarded in the home, and so are less exposed to erotic stimuli than are boys. And their repressions in regard to any expression of the sex impulse are also stronger. Not only because of ethical and social reasons, but also on anatomical grounds, the young girl learns of sexual sensibility later than the young boy does. But a girl who is addicted to masturbation, may very well indulge in the habit more to excess than the boy, as the physiological warnings (effects of orgasm, etc.) are less urgent in her.

Among adults the habit is most common in seclusive, shut-in types who have few or no personal or social outlets, and particularly in those whose cravings for social esteem are slight. Many of this class have a propensity for justifying all their acts, no matter how selfish. And as Kempf states, the habit is common in adults isolated from the rest of society. Again let me repeat here that one must differentiate the occasional from the habitual masturbator.

In answer to the question whether adult masturbation is more common in men or in women, I would say that the majority of writers agree that it is more common in the latter. My own experience corroborates this, as my case files show that it is four or five times as common in women as in men.

Lawson Tait, Spitzka, and Metchnikoff are among

the prominent writers who say that it is less common in women. Mercier tries to show that it is not so common in cultured women. Deslandes states that there is no difference in its practice between the two sexes. Ellis states that after puberty it is more common in women. Otto Adler says it is quite common in women, as do Löwenfeld, Eulenburg, and the gynaecologist, Kisch. Gutceit claims that masturbation is less common in girls 10 to 16 years old than in boys of that age; but above the age of 18 years, it is extremely common in single women. Moll excepts to the high incidence of masturbation in women claimed by Gutceit. And Bloch also excepts to Rohleder's statement that 95% of women have masturbated. (Berger gives even a higher percentage—99%).

However, it is often difficult if not impossible to scientifically substantiate such statements as to percentages, and other broad generalizations on a subject like this one. For social conventions force women to be secretive about all their sex expressions and so naturally they are apt to be deceptive about their indulgence in this habit. And as is well-known, the majority rarely consult the physician for this habit alone. The fact of its occurrence is brought out incidentally in the history or in the examination. It is safe to assume, however, that the habit in women is more common than is ordinarily supposed. And if psychic masturbation be included in our estimations, then the percentage is much higher still.

Even among married women, the habit is by no means rare. According to my experience, to say that 10% of married women masturbate is a conservative statement. Among married men it is very rare. The habit is found especially in unhappily married women who belong to the repressed erotic type, and who superficially are often regarded as frigid. To

a lesser degree, in unethical types, extra-marital coitus is indulged in by some of these women. But we might repeat here that coitus without affection is really a form of masturbation.

The statement of Frink agrees with my experience, *i. e.*, that many married women, anaesthetic in coitus, are nevertheless chronic masturbators. It is found especially where there is a fundamental dys-harmony in their marital relations. Against Bloch's idea that frigidity is due to the blunting of local sensibility as a result of over-stimulation, is the fact that the same sort of physiological reaction is not observed in other fields,—*e. g.*, one rarely sees a permanent loss of taste for food from over-eating etc. Rather the anaesthesia is due in the majority of instances to various psychic causes, just as a dislike for certain foods is often due to certain mental associations.

It is true as Kempf says that a girl may be conditioned against normal heterosexual ideas and expressions, and after marriage may develop an autoerotic habit. Also, fear of pregnancy may cause a dislike for coitus, with a secondary development of masturbation,—as a substitute. As a matter of fact, among certain psychopathic adults, it is well recognized that masturbation may be the only adequate form of sex gratification. A situation not unknown is for a patient to give up the habit, and then to indulge in the act during sleep.

It might be well to mention here that not a few men and women marry, hoping that a normal marital relationship will cure them of autoeroticism and homosexual trends. This is a sad motive for marriage and the results are often disastrous to both parties to such a contract.

CHAPTER III

EXAGGERATIONS OF THE HARMFULNESS OF THE HABIT. THE EFFECT OF SECRECY

THE ALLEGED EFFECTS EXAGGERATED IN THE OLDER LITERATURE

It goes without saying that occasional masturbation in the adolescent can be harmful only in the psychic and moral spheres. The effects will depend in great part on the individual's make-up, the number of healthy trends inculcated by his guardians, his moral tone, and particularly his own attitude toward the habit; *e. g.*, the presence or absence of pathological fear in regard to the effects of his habit. We know that seclusive, introverted types, who often indulge in the habit excessively, and also withdraw much of their energy from reality to indulge in erotic reveries, are the ones who later on have the most fears as to the possible consequences of their habit.

Habitual masturbation will lessen an adolescent's ideals and it will tend to cause emotional upsets.

Nearly all modern scientific investigators agree that a large part of the so-called dangers and sequelae of the habit portrayed by ancient writers, and some modern lay writers, are exaggerations or even myths. Such ideas come down as relics from the writings of Tissot and his contemporaries. To Aschaffenburg, Jones, Moll, and others belongs the credit of showing the real facts in regard to masturbation. There are some men (*e. g.* Stekel) who go to the opposite extreme, and speak of the absolute

harmlessness of the habit. But as Jones says, the truth lies between the two extremes,—of absolute harmlessness on the one side, and of causing all sorts of unrelated human ills on the other. One could hardly deny its psychic effect on cultured adult patients, whose mental and moral feelings have been offended by the habit.

Healy, whose observations have been almost entirely with adolescents, says that worry does more harm than the habit itself. Moll writes similarly, referring to the individual's self-reproach on moral grounds, and to the fear of having done irreparable physical injury to himself. It might be apropos to mention here that some patients have the erroneous idea that the loss of semen does all the harm. Jelliffe and White write that "the physical act of masturbation is perhaps relatively unimportant as compared with the crippling effect of the autoerotic introversion." Bloch and Hall write along similar lines. So it must be admitted that while the physical dangers have been greatly exaggerated in the older literature, still the psychic and moral reactions are very important. This is also proven by the statements of nearly all our patients. And even on the physical side, excessive repetition of the act will favor the development of certain physical syndromes; *e. g.*, numerous pathological vasomotor phenomena, and particularly the neurosis known as Primary Neurasthenia. Moll makes the assertion that the act is less harmful when spontaneously done, than when artificial bodily and mental stimuli are employed.

Healy has shown that masturbation is a factor in 10% of the delinquencies occurring in adolescents,—that in such individuals there is a breaking down of the moral stamina.

The somewhat popular lay idea that masturbation may cause imbecility, consumption, etc., is not only

without foundation, but is ridiculous. Yet a patient may unfortunately accept such a false idea and react accordingly. And it may be very difficult to wean him away from such a belief, at least by logic alone. The fears of some credulous patients in this respect are made worse by reading quack literature, which abounds in this sort of nonsense.

For a person whose position in life gives authority to what he says, to exaggerate the dangers of the habit, is uncalled for. By a false statement, he may be the unwitting cause for the patient's developing a neurosis. His remark may also be the cause for a patient making the decision not to marry. He may thus change the whole subsequent life of an individual. According to Moll, exaggerated teaching may help to cause hypochondriasis.

The fact is that if early masturbation produced all of the evil results ascribed to it, a large part of mankind would be in a bad way mentally and physically. The youth, by all means, must be weaned away from the habit, but not by falsely exaggerating its effects. To falsely tell a suggestible patient that he will surely die or go insane as a result of the habit, does no real good. And it may produce lasting fears, even after the habit has been given up. And we are all agreed that the fears do more harm than the habit itself.

Let me repeat that masturbation while almost a normal phenomenon for the child and the adolescent, is not to be so regarded in the adult. When persisted in by the latter, it shows a failure of psychosexual development. It is a bad way to meet sex cravings. It increases his selfishness, and interferes with his social progress. And it is hardly necessary to say that if kept up, it will alter the later sex relations in marriage.

THE EFFECT OF SECRECY

Where the adolescent maintains absolute secrecy in regard to his habit, the harder it is for him to conquer it. With the assistance of a sympathetic adult, it will be easier for him to assimilate the whole subject later on. Kempf says that the bad effects are lessened where the adolescent felt justified (though erroneously) in practicing the habit on physiological grounds; that also the effects were lessened where the youth shared his secret with some one who was able to convince him of the real effects of masturbation, and of the fact that he was by no means alone in its practice.

The adolescent's dependence on the assurance of an authoritative adult will do much to help dispel many of the accompanying fears and dreads, and his feeling of being inferior. This is particularly so if he can be convinced that his fear of ruin, social ostracism, etc., are groundless. And the intelligent parent or teacher will assist the youth to find proper outlets for his energies, not forgetting at the same time to strengthen his moral tone; and teach him to live a life of ethical reality, instead of one of erotic dreams. Of course we are assuming a desire on the part of the youth to overcome his baser cravings, and to conquer the habit; and that his own self pride and his desire for social esteem are normal.

Intelligent sympathy will often do more good than drugs or surgery. A youth will frankly discuss his habit with one in whom he has confidence,—whether it be parent, physician, or clergyman. But where the parent or teacher assumes an unfriendly or harshly critical attitude, the youth's secretiveness will be increased, and in addition he will probably show resentment, or else a broken spirit. Where a youth reacts with arrogance, this frequently is com-

pensatory for a real feeling of lowered self-esteem. It might not be out of place here to note that secret sex knowledge may be as morally and emotionally harmful as physical sex experiences.

Healy has brought out that youths who are very secretive about the habit will often blame their complaints of lassitude, weakness, etc., on coffee or smoking, rather than to tell the truth concerning their habit of masturbation. For naturally they realize what they are doing is asocial, and wish to avoid the stigma attached to asocial acts. It is quite evident, even on physiological grounds, why the continual struggle to be secretive results in all sorts of nervous tensions in the chest, abdomen, eyes, etc.

CHAPTER IV

SYMPTOMS AND SEQUELAE

SYMPTOMS

Inasmuch as masturbation is rather a habit than a disease, it is questionable whether it is quite proper to speak of its symptoms and signs. But as some writers speak of effects as symptoms, we will briefly refer to some of them here. Later on I will consider in more detail the effects which are said to result from excessive indulgence in the habit.

As I said before occasional masturbation can have only mental and moral consequences. Even in excess, as the gynaecologist Graves says, one is more apt to see psychoneurotic than gynaecological symptoms. In a temperamental, religious person, the act is more apt to cause greater mental conflict than in an inactive person of lower moral tone. Thus we can understand why in a very sensitive, ethical individual, an act of masturbation done on only one occasion may cause a severe psychic reaction, whereas another individual with no conflicts about his conduct may practice the habit for some time with very few after-effects. And it is evident that it is hard to state what constitutes excess in regard to this habit. It depends in part on the general physical health, the constitutional nervous make-up, the personality, the moral tone, the severity of the mental conflict, and the accompanying motor reactions etc. to the habit. So it goes without saying that some types of individuals are more upset by the habit than others.

The reactions are quite different in the infant, youth, and adult. We have previously made some reference to this distinction.

It is hardly necessary to say that a careful study must be made of each patient's personality, and the environmental influences must be estimated as to their effect on character. Sex is no exception to the rule that most psychopathic types usually choose the easiest way to achieve their aims. The struggle for such people to be pure or to win a suitable marital object is too great. As many of them are not ethically well-grounded, excessive masturbation with them is common.

Many of these patients suffer from a loss of self-pride. Their conviction of sin with feelings of unworthiness, and numerous self-reproaches form quite a characteristic picture. This state of affairs soon leads to egocentricity, undue reticence, a loss of interest in school work, friends, etc. There comes a feeling of loneliness, depression, and even despair. In deeply religious youths, not those who are merely formally so, there is an accentuation of the above trends. In some cases, over-scrupulousness is a reaction against the habit. Where the patient's feeling of guilt is very marked, he may be indifferent to the physician's explanation that the act is not physically as harmful as he fears, and that the psychic phenomena can be overcome after a manly struggle.

The continual mental conflict, the compensations and over-compensations, cause a chronic feeling of fatigue. This state of turmoil uses up energy which had better been utilized in other acceptable and useful ways. Some of these patients have a feeling of having been polluted. Others who have a feeling of moral impurity develop, as a compensation, a compulsive washing of the hands. A compulsion neurotic will usually not accuse himself of indulgence in

the habit itself, but may complain of a pathological fear of contamination. Psychotic types often say that they have wasted their vital forces through the practice of the habit.

So we now can understand why the worry and fears over adolescent masturbation can change an individual's whole career. This might all have been avoided had he learned the truth, not only about the prevalence of the habit and its real effects, but also the reason for his being upset. So it behooves regular physicians and guardians to give some attention to this phase of human conduct, in order to assist these patients in their serious struggle to overcome the habit.

APPEARANCE

Most authorities agree with Hall when he says that there is no characteristic attitude nor expression by means of which an expert can pick out a youth who masturbates. Dana mentions a long list of phenomena as proving evidence of masturbation, many of them indicating vasomotor instability and timidity, which might just as readily and reasonably have been ascribed to anaemia or some other condition. Much of the popular description of the appearance of a chronic masturbator would be more applicable as the description of a psychopath. True, many of the latter masturbate, but one should not confound the evidences denoting a psychopathic character with the effects of masturbation. As Healy says, there are some cases where the effects of the habit are noticeable, but the rule is that moderate masturbation in the normal youth is not reflected in his face. Unfortunately, many of these depressed patients fear that anyone can pick them out by a mere inspection. Quacks recognize this failing in

some patients, and are glad to foster it. This, of course, increases his shyness and depression. The greatest mistake a youth or his family can make is to consult a charlatan for advice as to masturbation.

EFFECTS OF THE HABIT

In studying the results of excessive masturbation, it is best to consider separately its effects on the character, the mental and moral conditions, and the physical status. All physicians have noted how many neurotic individuals in telling their stories, often connect their difficulties with masturbation.

I will leave the discussion of neurasthenia and mental aberration as sequelae of masturbation till later. But it is well to reiterate here that when certain writers say that moderate masturbation in youth, is harmless, they are without doubt thinking chiefly of the physical effects, for such a conclusion could not hold true in regard to the mental and moral spheres in ethical individuals. It might be possible to disregard the moral factors in a certain type of male, and in that type of female known as the demi-vierge, described by Kisch and Bloch as women who are physically virgins, inasmuch as they still retain their hymens intact, but who are morally not living on a high ethical plane. The chronic autoerotic activities of this type often condition them to be perverse in their later expressions of sex.

EFFECTS ON CHARACTER

White says that as ordinarily practiced, masturbation has not the serious significance usually given it, but that if indulged in excessively, its greatest danger lies in the crippling limitations it places on the individual's personality. And Dejerine asserts

it is not the physical exhaustion which does the harm, but rather the moral reproaches, or the fears of having inflicted physical harm by the habit. The deleterious effects on character are especially to be noted in adult masturbation.

Where the habit has become uncontrollable, Kempf states that it may lay the foundation for a wretched personality. It is because of the fact that masturbation is an infantile method of sex gratification, that persistence in it causes a limitation of normal psycho-sexual development. And naturally normal socialization of the individual also becomes difficult, for he eventually comes to feel that he has lost the appreciation of his fellow men. So the habit tends toward exclusiveness, and in some cases to a narcissistic fixation on self. Among asocial types, cultural repressions are weak, and so masturbation is common.

In studying a patient, one must be careful not to blame every character defect on the masturbation, for many of the bad traits and trends of the introverted psychopath exist independent of the masturbation. Moll states this in a different way, when he says that it is often difficult to tell which symptoms are due to congenital predisposition and which to masturbation. But certain traits and trends may be caused by, or if present, accentuated by the habit, *e. g.*, seclusiveness, secretiveness, laziness, abnormal timidity, scrupulousness, a lack of altruism, resentment and grudge. The chronic masturbator is often indifferent to other people, because of the fact that he is his own love object.

PSYCHIC EFFECTS

It is in this field where we look for the most numerous sequelae of masturbation. And it is par-

ticularly in this realm where we see the reactions which mostly demand treatment, *e. g.*, the great remorse, and the conviction of sinfulness and moral depravity, the depression accompanying the feeling of guilt, the numerous fears, etc. A lack of tact on the part of the examiner may unwittingly increase the patient's self-consciousness. According to Jones, the remorse in measure depends on the fact that the act is a revivifying of infantile activities and phantasies. Psychotic patients indulge in all sorts of self-accusations, and also develop self-mutilation compulsions, as their way to cure their difficulties. A severe depression may be accompanied by suicidal ideas and tendencies.

The feeling of guilt experienced by these patients is often undifferentiated; the masturbation may be the carrier of guilty feelings from other sources. Feelings of shame and reproach are socially useful as they are antagonistic to this selfish manner of expressing the sex impulse.

Abnormal self-consciousness and morbid introspection are commonly observed. For interest in this form of sexual activity draws the patient away from healthful mental and physical occupations, and is inimical to a normal family and social life. The youth who persists in this form of selfishness may later become deceitful, jealous, cruel, and obstinate. Some girls instead of being timid, exhibit a cold, blasé manner, and are very bold and egotistical.

The youth may develop a very disabling feeling of inferiority, or if it already exists, have it greatly accentuated by the habit. With this goes a loss of self-confidence and an uncertain will. Harsh criticism by a parent may increase the feeling of inferiority, particularly if the parent's struggle against the habit in the child has been almost futile. Incidentally,

I might mention that punitive measures to correct the habit often have quite the opposite effect.

Healy says that chronic masturbation can contribute to the causation of mental dullness. In such patients, there is poor attention, a lack of concentration, and a great desire to change positions, because of a loss of interest in their work. Many of them show great irregularity in intelligence tests. In another type of patient, there results a search for all sorts of artificial and stimulating amusements with bad mental habits and a bad imagination. Masturbation favors delinquency, though in only six out of one thousand of Healy's cases, was it the sole cause of mental dullness and delinquency. One must be careful not to mistake some of these youths for morons.

It may possibly be true, as some writers claim, that masturbation is less harmful physically (and socially) in women than in men. But in the case of adolescent girls, who are more emotional than boys, the psychic bad effects may be worse. So the statements of Bloch, Löwenfeld, Mercier and others, that it causes less harm in girls can only be true if there are no mental or moral scruples involved. What might be referred to as a social bitterness not seldom follows masturbation in adult women.

FEAR

Fear is one of the commonest and most persistent sequelae. The fear or fears relate to some form of mental, moral, or physical failure or ruination. The youth's fear of his practice of masturbation acts as a steady irritant and wears him out. Insomnia is a natural sequence of all forms of pathological fear.

To well-intentioned but foolish parental threats to amputate the penis or hand of the young child in

order to cure the masturbation can be traced some cases of psychic impotence in later life; also various hysterical vasomotor symptoms in the hands and arms.

Fear usually causes a simple depression, without this developing into a psychosis. A fear of being followed and watched may be due to the projection of a guilty conscience, and is often seen in psychotics. Some psychotic women also have a fear that masturbation is the cause of some disorder or disease from which they suffer. They sometimes think, too, that it can be the cause of pregnancy. This latter idea is often a wish-fulfillment.

FEAR OF INSANITY

The fear of insanity is very acute and disturbing in many of these patients. Jelliffe and White sum up the modern view concerning the relation of masturbation to insanity by saying that masturbation is more often a result than a cause of mental aberration. Bloch and Rohleder write similarly. J. R. Hunt says it may cause neurasthenia, but not insanity *per se*. However masturbation is undoubtedly an important factor in some cases of acute psychoses. This is particularly so in some sensitive religious patients. It is Healy's opinion that masturbation can favor erratic conduct. It might be mentioned here how frequently we observe psychic upsets after the habit has been given up. Any tendency to resume the habit is sure to cause an acute mental conflict. If a neurosis develops, it is to be regarded as a compromise formation. The masturbation and the neurosis both express similar trends,—one positively, and the other negatively. Few observers could endorse Aschaffenburg's statement that he never met a single

serious nervous disorder unquestionably due to masturbation alone.

The laity have an erroneous idea that masturbation is a potent and frequent cause of insanity. For example, many dementia praecox patients are chronic masturbators. And it is hard to convince some parents that the habit is the result, not the cause of the dementia praecox. Likewise some patients connect their mental upset with masturbation. On recovery they may over-react against the whole subject, even to the point of not bearing to hear the name of the habit mentioned.

It is well-known that the lack of self control characteristic of dementia praecox, favors the excessive practice of this habit; which in turn increases the demoralizing or deteriorating effect of the original mental disorder.

As Brill says, most of the cases designated by writers in former days as "Masturbatory Insanity" were really cases of dementia praecox,—a disorder which had not yet been recognized in those days. Healy says, "The earlier writers spoke of an insanity of masturbation (*e. g.* Mercier). If it ever does cause insanity, it must be very rare." Marro (in his "Evolution Psychologique Humaine à l'Ecole Pubère") is the only modern authority who refers to an insanity of masturbation. No modern psychiatric text book uses the term at all.

PHYSICAL EFFECTS

Let me reiterate what I stated previously, that where masturbation is indulged in moderately, there are usually no physical sequelae. Gynaecologists and genito-urinary specialists in mentioning the somatic after-effects refer to cases where masturbation is practiced excessively.

In studying the mechanism of this habit, one can distinguish between masturbation limited by the production of sensory gratification, and masturbation going on to the production of an orgasm. The latter is associated with convulsive motor reactions and increased secretory reactions. The former is the usual female way, the latter, the usual male way of reacting. So the statement of Eulenburg that not only the physical, but also the psychic effects are less marked in women needs some qualification. For physiologically, this certainly is not so for all women. And psychologically, there is no reason why the two sexes should show such discrepancies in their reactions to a mental conflict. For though most women—particularly single women—do not masturbate to the point of orgasm, still if the woman realizes that what she is doing is a sexual act, and has to overcome scruples in its performance, why should she exhibit less mental conflict? In fact, in many instances the contrary is true.

In the case of young boys, Moll denies that masturbation is more deleterious if practiced before the boy is old enough to have an orgasm, for the reason that most boys begin the habit before that time.

NEURASTHENIA

By this term I refer to the neurosis known in modern nomenclature as Primary Neurasthenia,—a pure fatigue neurosis. I will discuss this condition, but very briefly. As a primary condition, it is rather uncommon. It must not be confounded with those various “neurasthenic” syndromes of the older writers, occurring secondary to other diseases. Nor must we confuse it with the various forms of hysteria. Modern investigators as Kisch, Gattel, Jones, etc. attribute primary neurasthenia to years

of masturbation, which has been practiced in excess, both in frequency and in length of time. Löwenfeld and Eulenburg agree to this view, but state other factors must be added. The statement of Kisch that this disorder is less common in women is quite true.

The cardinal signs of a primary neurasthenia are fatigue, pains in the legs, arms, and spine, a feeling of pressure in the head, headaches, and a flatulent dyspepsia. Various temporary vaso-motor phenomena are common. Bloch calls attention to the numerous subjective complaints of the eye and heart. A hypochondriacal trend is frequent. Among the symptoms enumerated by Kisch, besides the above, are backache, insomnia, palpitation, and some few gynaecological complaints, which I will enumerate later. Some of these patients are anaemic and complain of an intolerable weakness. Many of them feel a little better in the morning but are tired and irritable at night.

There are some writers who dissent from the views just mentioned. Thus Bloch says that masturbation is the result not the cause of neurasthenia. Stekel says that he knows no neurasthenia; that all such cases are psychogenic disorders.

Few authorities can be found who will agree with Aschaffenburg when he says that "the sexual life exerts no dangerous influence worth mentioning on the nervous system," if in his statement he includes the psyche. Even the genesis of pathological fears in these cases is recognized by the laity. Jones gives the accepted modern view when he says that the neurasthenia resulting from excessive masturbation is only an exaggeration and fixation of the fatigue and general slackness that so commonly follows a single act of masturbation which has been accomplished after a moral struggle. This struggle uses up en-

ergy, and this is a greater factor in producing fatigue than is the physical act itself.

As a result of conflict, there is an increased bodily tension, due to a damming back of energy. Though legitimate orgasm in coitus lowers physical tension, this is not so in cases of masturbation, where the feelings are pent up, there being no emotional outlet. In fact this same mechanism applies in those cases of unsatisfactory coitus, where marked dysharmony exists between husband and wife. So when Anstie, a gynaecologist, says that these cases are cured by marriage, one has to accept such a statement with reservations. For as a matter of fact, if other bad traits and trends co-exist, marriage may very possibly make the patient worse.

It must be admitted that many of the so-called symptoms mentioned as characteristic of masturbation might with equal justification be ascribed to other conditions. For example, Kisch says that many of these girls are weary, pale, and have rings under their eyes; that they spend much time in bed. But the same might be said of an anaemic girl living a sedentary life, who was not addicted to the habit of masturbation. And if you will have a series of blood pictures made in some of these apparently anaemic girls, you will be surprised to find the blood normal. Instead of anaemia in such cases, the paleness is the result of a chronic vasomotor constriction (tension).

The fatigue and languor so regularly complained of by these patients is partly of psychic, and partly of physical origin (mental conflict added to depleting motor and vasomotor reactions.) For it must be admitted that persistent bodily tensions will naturally cause fatigue. In fact, some adolescents exhaust themselves with a continual battle with their sex difficulties. And yet a continent person may

stay well by avoiding a damming up of his sex energies, by means of working them off in sublimations and non-erotic aims; (physical exercises, social pleasures, study, etc.)

According to Freud, four neuroses may result from masturbation,—Primary Neurasthenia, Anxiety Neurosis, Hysteria and Compulsion Neurosis.

Kempf claims that excessive masturbation, as is observed chiefly in psychotics, may in part be the cause of refusal of food, vomiting, headache, weakness, and emaciation. And Jones and other writers say that excessive masturbation may cause frigidity and anaesthesia in women, and psychic impotence in men. Other factors, as fear, dysharmony, etc. enter into the causation of these pathological states, of course.

LOCAL PHYSICAL EFFECTS

Gynaecologists differ in their estimation of the physical effects in women, resulting from the habit. Graves of Harvard has summed up this phase of the question very well. Kisch in his "Sexual Life of Woman" says that local signs of chronic masturbation in the female are an enlarged, elongated, reddened clitoris; nymphae which are attenuated—often assymmetrically so,—thickened, wrinkled, and pigmented. My own observations are in agreement with this statement of Kisch. However one must remember that if masturbation is only occasionally practiced, or if local manipulation is not employed, these signs, may all be absent. The labia majora and hymen in some cases are flaccid and the vaginal outlet is red. In some instances there is a chronic pelvic congestion, and endometritis with leucorrhoea, menorrhagia or metrorrhagia. With all this, some

diminution of sexual sensibility may be present in some of the patients.

The gynaecologist, Montgomery, adds to the above signs—swelling of the groove between the urethra and the clitoris; a clear abundant secretion from the Bartholinian glands; local hyperaesthesia, and pruritus in some patients; pains referred to the ovarian regions. In the married woman, dyspareunia is frequent. Some of these patients show an exaggerated prudery to any local examination. Some gynaecologists claim that the uterus may be enlarged, and that there may be a varicocele of the broad ligament, corresponding to the scrotal varicocele as found in the male.

Some genito-urinary specialists stress without sufficient foundation in most cases, the claim that in the male one usually finds trouble in the posterior urethra. They even claim that this acts as a potent cause of masturbation. I think I express the views of most modern authorities, when I say I could not subscribe to such an opinion.

As to the question whether the hymen is not often ruptured by masturbation, Moll answers in the negative. He says that such a method of rupture would be too painful,—that the individual would not persist in the act under the circumstances. And Maschka said that it is rare for the hymen to be ruptured, except by ordinary defloration and surgical measures. There are a few cases where the rupture is probably due to masturbation, wherein foreign bodies have been suddenly inserted into the vagina. For a fall or inflammation to cause this trouble is very unlikely.

CHAPTER V

MASTURBATION AND COITUS COMPARED

DISSIMILARITY OF THE TWO ACTS

It might be well to make a few comparisons between the acts of masturbation and normal coitus. Coitus is the normal adult way of expressing the sex impulse. It involves two elements,—the affective (emotional) and the physical. It is quite evident, if one will consider the physiology and psychology of the two acts, why masturbation cannot be a satisfactory equivalent for coitus. There could be no emotional satisfaction to any normal adult in an act of masturbation; but rather it would cause dissatisfaction, remorse, and revulsion. But it must be remembered that while masturbation as a source of sex gratification is an impossibility to a normal adult, nevertheless some neurotic types get more physical satisfaction from masturbation than from coitus. But even in them, this is rarely done without a feeling of guilt.

Bloch rightfully takes issue with the statements of Sir James Paget, Erb, and Curschmann, that in some people masturbation may be less deleterious to the nervous system than coitus. Normal, *i. e.*, legitimate coitus of itself has no bad effects; whereas no normal ethical adult could possibly indulge in masturbation without suffering great mental distress, and experiencing a lowering of his self-respect. Anyone who has carefully studied these patients,

will have to admit that no matter what the physical reaction, the psychic reaction in a normal adult is bad.

From what I have already said, one can see that these two acts have nothing to harmonize one with the other. The mechanism of the two acts, the sexual attitudes related to them, the sensations aroused, and the reactions induced by the two acts,—not only local, but general,—are quite dissimilar.

Masturbation is begun earlier in life. It is more apt to be practiced excessively than coitus; and so it soon necessitates stronger stimuli for its completion. Masturbation is a more precipitate act; it does not call into excitation the secondary sex factors; instead imagination replaces reality, which is an infantile attitude. So ontogenetically, masturbation is a regressive phenomenon. It causes a feeling of ill-being and unrest, whereas legitimate coitus causes a feeling of well-being and relaxation. As White and Jelliffe say, coitus reaches its full biological development when in addition to affording individual gratification, it is of social value (as increasing the love of the couple, one for the other; the producing of a child, etc.). In contradistinction to this, masturbation is purely selfish, with no other aim than sensory gratification. Let me reiterate that most extra-marital coitus is masturbatory in character, and even marital coitus where no affection whatever exists between the couple, belongs in this category.

There are some married women—exceptions to the general rule—in whom the physical component of sex far outweighs the affective element. Such a type of woman craves almost solely sensual gratification. If she be married to a sexually unsuitable man—as one suffering from *ejaculatio praecox*—she often resorts to masturbation to complete the act. The stim-

ulus furnished by her autoerotic act is longer and more definite than her marital act.

Women who fear or who despise pregnancy, not infrequently come to prefer masturbation to coitus for self-evident reasons. This type of woman having no ethical scruples about her acts may escape a neurosis, and so not consult a physician. As a rule, she has no desire to be cured of her habit. But it is not hard to see why the sexual life of herself and her husband becomes abnormal.

There are some married women who because of faulty early training, are convinced that they are "victims" of sex, which they feel is purely a male attribute. Many of them develop the habit of masturbation as their relief from coitus, which they dislike.

It is safe to say that almost any strong fear will favor sexual anæsthesia in women. And all writers agree that chronic masturbation favors frigidity in woman and sexual impotence in man. And, of course, there is always the possibility in both of developing a neurosis later, because of their abnormal sex life.

CHAPTER VI

TREATMENT OF MASTURBATION

As Stanley Hall of Clark University has said, this branch of sex hygiene has hitherto been almost criminally neglected. Physicians and clergymen especially should have a comprehensive knowledge of all phases of masturbation if they will give the greatest aid to those individuals who consult them for aid in conquering the habit of masturbation.

DUTIES OF THE PHYSICIAN

Some knowledge of psychopathology is of great value in order fully to appreciate these patients.

It goes without saying that no advice should be given these individuals which would be contrary to the standard of ethics observed in the community, nor which would offend the normal moral tone of these individuals. Fortunately very few regular physicians ever give such bad counsel as to indulge in extra-marital coitus, which would be productive of nothing but harm.

Any recommendation to marry in order to cure the habit is abominably bad and unfair; and if followed would very likely be disastrous to both of the individuals concerned. This is not a laudable aim for marriage, nor would it be an incentive for making any marriage successful.

The truth only must be taught in regard to masturbation. The evolution of the habit as it affects the

average youth may be told. Exaggeration of the effects of the habit only does harm.

The problem of each one of these patients is somewhat different, so that every one requires individual study and attention. Sympathy and encouragement are great aids in the hands of the medical adviser and teacher. The patient will frankly unburden his difficulties, if there is a good rapport between himself and the physician. But on the contrary, if the physician does not show tact, the patient may show resentment at questions asked him; proving that one's attitude may cause greater offense than one's questions. The patient must never be made to feel humiliated, nor that he is an inferior being because of his habit. Nor must anything be said which will increase his own feeling of moral depravity and hopelessness; nor increase his unwarranted fears of physical ruination.

The physician must show the youth how to divert his sex energy into other non-sexual channels, the latter acting as vicarious outlets for this energy. Normal cultured adults follow this course on their own initiative. Stimulate his desire for social esteem. The youth must be encouraged to conquer the habit for moral reasons and to please his parents; and also to show that by so doing, he has left infantile reactions behind him, and so is ready to enter adulthood. And as von Hug-Helmuth says, the youth must give up the habit because it not only is not nice, but is wrong, and if kept up will cause selfishness and abnormal sensitiveness. These are all strong incentives if properly suggested. Every normal youth both consciously and unconsciously craves the love and esteem of his parents and guardians; and he must have them if he will enjoy perfect mental health.

So again, I will repeat that it is not necessary to exaggerate concerning the effects of the habit. To

tell the truth will be sufficient, if in addition, constructive measures are employed to cure the youth.

DUTIES OF PARENTS AND GUARDIANS

Much of what already has been written can be considered with profit by parents and guardians.

More attention should be given by parents to the friends their children make. They should also take more time to inquire into the thoughts and wishes of their children. For mothers and fathers should remember that the inner mental conflicts and worries regarding a habit like masturbation can do vastly more harm (particularly if over a long period) than the act itself. Unfortunately the parents as a rule only concern themselves with outward physical acts.

Many highly optimistic parents overlook masturbation in their own children. In fact, many of them do not want to believe it is possible. Such an attitude will prevent their being of any aid to the children, in their later efforts to correct the habit. Other parents become unnecessarily excited when they learn the truth, not knowing of the prevalence of masturbation, nor of its biological significance.

The mother who has a psychologically bad attitude toward everything pertaining to the habit,—who is shocked and repelled by any reference to it in any form—is as a rule not only intellectually but temperamentally unfitted to be of much constructive help in aiding her child to rid himself of masturbation. These remarks apply to teachers and guardians as well. It is the attitude rather than the sex of the instructor which is most important.

Prudishness and unnecessarily severe expressions of horror, and also undue censure only cause a youth to draw a circle of defense around himself. This will favor a seclusive way of behaving. One should

never try to instil abnormal fear into these children, for this is apt to result in much harm. But of course, a child must be shown the benefits of self-restraint, in all spheres, and not only in regard to his sex life.

In young children, rewards may be useful to stimulate further effort. A little spontaneous sympathy now and then will help the youth to gain self-confidence. Physical punishment is mentioned merely to be condemned.

SEX ENLIGHTENMENT

All investigators know that a child has a natural curiosity for knowledge regarding himself. The parent and teacher should acquaint himself concerning psychosexual development in children, if he wishes to be in a position to intelligently advise the child. A certain amount of sex enlightenment has nothing to oppose it, and if given by the right person, it may help to keep the child from senseless and harmful preoccupation with questions of sex in the following years.

But if the child's serious questions are met in a prudish or even in a threatening way, he will naturally seek information from unreliable sources (as other children). From such sources he usually gets not only misinformation, but also learns many things which he should not know till later in life; and which because of the irritating emotional states they create, may cast a shadow over him for years to come. As Stanley Hall says, for science to refuse to do openly and properly what the press, movies, and ultra high life do by example and in a bad way, is not only illogical but decidedly wrong. Telling the truth about the habit under discussion, certainly never tends to increase it.

A failure to give any instruction whatever to these

individuals who need it, only lays a basis—because of ignorance or misinformation—for all sorts of fears subsequently. Later in life, particularly in those who develop a neurosis, there is apt to be loss of confidence in, or even resentment toward, their elders, for their omission to impart any helpful knowledge.

Though masturbation is common in schools (chiefly because at this age it is almost universal, among boys at least), the subject is rarely handled in a constructive way. As a rule, it is treated with silence as being something "unclean." It is true that knowledge alone will not cure this habit. There must be an overwhelming desire to conquer it if a successful issue is to be obtained. A psychopathic youth will continue the habit even after being cautioned. Great tact must be used, as to the amount of knowledge to be imparted. Too sudden or too much information—especially if it is neither understood nor digested—may cause an emotional upset. In such a case, good intentions will produce results neither anticipated nor desired. It may have as bad an effect as exaggerated or fanatical teaching.

Some writers advise teaching only enough to satisfy curiosity. Others say to talk frankly, while still others say to talk in a symbolic way. But as I stated before, each individual must be handled differently. All writers agree that complete repression of all information on the subject is bad. Both Jones and White feel that instruction as to the effects of masturbation should be limited to those who need it, because of their conflicts, doubts, fears, etc.

Personal individual instruction is of greater emotional value, and hence is better than public instruction, which must needs appeal almost entirely to the intellect. Children are not adults and are influenced more by their feelings than by their intellect. And

also the same amount of knowledge cannot be digested by all children alike.

The best plan to follow in giving instruction is to be guided by the age (intellect), attitude, and questions of the child. I refer chiefly to the child, because results can be obtained so much more easily in him. The adult who persists in practicing masturbation needs psychotherapy more than mere advice. Remember to teach not only physiological facts, but also the moral obligations which demand sexual refinement. The proper scientific management of this habit in the adolescent is very important for his subsequent character development.

RELIGION AS AN AID

We are all aware that not all people can suppress or repress their sex impulses with the same ease, nor with the same degree of comfort. Everyone cannot attain to exactly the same level. But everyone should strive to do his or her best. A good moral and religious tone is a potent barrier against all abnormal methods of sex expression. A superficial formal religiosity is but little helpful. But the development of idealistic thinking by means of genuine religion is one of the greatest aids in inhibiting this habit. For the genuine practice of religion is disciplinary.

It is true as I stated before that knowledge alone will not always control the sex feelings of youth. The inspiring aid of religion must always be utilized in treating these youths. Knowledge aids on the theory that the individual can better manage a situation of which he knows something, than he can one which is shrouded in darkness. We must remember that ignorance is not a protection for innocence. But civilization demands a certain amount of renunciation and a great amount of refinement of an individual's

sex energy. It does not demand the annihilation of the sex impulse, however. The normal adult expression of sex is usually deferred for many years. But in carrying out the ordinary repressions demanded by civilization, it is not necessary to teach the individual to regard everything pertaining to sex as vulgar. Such a concept is not only untenable and demoralizing, but it will favor the development of abnormal sexual trends in adulthood.

On the psychological assumption that example has greater influence on the child than mere advice or admonition, it naturally follows that a high ethical family and social life, combined with deep and sincere religious practices will be the physician's greatest aid in curing an adolescent of masturbation.

SOCIAL OUTLETS

Those adolescents who have numerous active social contacts and whose associates have a fine moral tone, have less need to resort to this habit than do individuals who live a sedentary, uninteresting, stupid life, and who tend toward seclusion. Laziness in a youth favors masturbation. The healthy boy and girl should use up their energies in ardent pursuit of their studies, athletic games, and all sorts of active play, with happy lively companions. Rivalry is a potent means of relieving nervous tension.

Some exercises as bicycling, horseback riding, etc., may be bad in certain cases. Music and the cultivation of the arts and sciences, and good clean literature are all helpful to stimulate a good moral tone. And there is nothing better than hard work, which should be with tasks that are not only productive but pleasant. In general, I might say that all forms of innocent pleasures furnish vicarious outlets for sex energy. And if parents furnish enough of these,

there will be little necessity for the youth to fall a victim to the habit of masturbation, which has not a single ethical aim.

As Healy says, the treatment of these patients in great part depends on building up new interests and new ways of pleasant living. Besides this, the youth must be protected from bad associations, and the temptations that go with them. Co-operation is easily obtained from the normal youth,—but not from the youth full of psychopathic tendencies.

Every child should have a regular daily régime. Then his interests would not be centered on himself. Parents should see to it that their adolescent children lead good, clean, active lives. They should go to bed, tired, and enjoy a long restful sleep in a well-aired room. The recommendation of Moll not to permit the youth to stay in bed late in the morning is apt, for erotic reveries in those so inclined are commonly indulged in at this time. It is best if the occasion be avoided.

Successful results in a youth addicted to excessive masturbation, will be shown by an improvement in his school work, and in his general behavior.

Puberty, a time when the habit is very common, is also the time when normal object love,—*i. e.* interest in a person of the opposite sex outside the family group,—is first noticed. This trend is often utilized to spiritualize the youth's feelings, and to divert his interests away from his physical sensations. This psychosexual transition at puberty is usually more sharp and sudden in the male than in the female. And according to Frink, even in the adult, female love retains more of the infantile character than does male love.

Naturally the longer masturbation is practiced, the longer it will take, as a rule, to conquer the habit. This is especially true if the youth has numerous

other associated bad traits and trends which prevent full co-operation with parent or physician. It is the duty of the parent to work through those incentives which will carry the greatest weight with the particular child,—whether it be religion, self-pride, or desire for social esteem. A child's mind may be likened to a flower garden. Even with much attention, weeds are apt to find their way into the garden; where there is no attention given, the weeds will outnumber the flowers. And good character traits are as flowers and bad ones as weeds. It is as sensible to expect a flower garden to take care of itself and be beautiful to the eye, as it is for a child's character to be allowed to just "grow" with no directing influences, and expect to have no disastrous traits and trends in later life. The wonder is that so many badly brought up children are as good as they are.

TREATMENT AT THE PHYSICAL LEVEL

While I feel, in common with most modern investigators of this subject that the essential management of masturbation must take place at the psychological level, I have not failed to consider the medical and surgical, and also the social aspects of the problem. So a careful medical examination should be made in all cases. Any disease or defect, general or local, which might favor the habit, either directly or indirectly, should be cured or remedied. But again I must emphasize that the medical and surgical factors are in most cases only aids in our treatment of these patients. For a definite psychological adjustment is necessary in every case, whereas a physical one is needed in only a limited number.

While I admit the importance of the ductless glands in the genesis of the sex impulse, it is a question in the light of our present knowledge how much

or how little of this energy depends on the gonads, the thyroid, the pituitary, etc. But though we are in doubt as to how much the endocrines influence the strength of the sex impulse, we have no doubt whatever that any attempt to control this abnormal expression of the sex impulse—masturbation—by endocrine therapy alone, would be a farce. Disorders of human conduct cannot be treated in any such simple fashion.

So we see that there is no panacea nor any rapid road to recovery from this habit. Victory comes only after a struggle,—in some cases a long one. A hygienic way of living must be insisted on, and of course all forms of erotic stimuli must be avoided.

The recommendation of one writer to sit up all night in order to watch the child and prevent his practicing the act is rather silly. For no parent or guardian can be with his child every minute of the day and night. If the parent cannot get a moral and intellectual grip on his child, the situation is rather a bad one. For the same reasons, mechanical means advised for the control of the habit, are quite useless. This includes tying the hands. The latter is especially useless in the case of girls, who could still continue the habit by thigh movements. And how would any of these means prevent bad mental imaginations?

These adolescent patients should scrupulously avoid liquor in all forms, for the ethical feelings are the first ones to be inhibited by alcohol. Considering that a prime factor in treatment is a strengthening of the moral tone, one can see why abstinence from liquor is essential.

MEDICAL TREATMENT

The following are some of the purely medical measures recommended in the treatment of this

habit. They may be an aid in certain cases, if used in conjunction with the principles of treatment already given. They must not be depended on alone.

Baths—Sitz, cold, spinal douches, sponges, swimming.

Electricity—Contraindicated in most cases.

Drugs—Sedatives, as bromides, camphor, belladonna, etc. As von Kraft-Ebing says, the effect of drugs given for their anaphrodisiac effect is slight, and we can expect to accomplish little by them used alone. At best, they only lessen irritability, but do not cure. The impulse asserts itself as soon as the effects of the drugs have worn off.

Moll states, other writers to the contrary notwithstanding, that the character of the food eaten has little to do with the sex impulse in the child. The strength of the impulse does have a relationship to the general good health of the child.

Proper attention should be paid to the functions of the bowels. Local genital cleanliness should be maintained to prevent pruritus, which if present might eventually lead to masturbation.

Most modern text-books on Neurology and Gynaecology give only a perfunctory discussion on masturbation. The best descriptions of the subject are to be found in works on Psychopathology. The genito-urinary specialists confine most of their attention to the posterior urethra, congestion of which they regard as of prime importance in causing masturbation in the male. Their reasons for so doing, certainly in the vast majority of cases, seem to me to be without justification. And in fact local treatment directed to the posterior urethra, by fixing the patient's attention on this part of his pelvic region can do harm. This form of treatment (instillations into the posterior urethra, the passing of cold sounds etc.) would

not apply at all to women and children,—in whom masturbation is most common. This in itself is sufficient to discard the theory that congestion in the posterior urethra is an important etiological factor in masturbation. As Eulenburg of Berlin says, it is a mistaken notion to blame masturbation on congestion in the posterior urethra. The idea is a relic of the teachings of Lallemand and some of his contemporaries. Treatment directed solely at such a supposed cause is usually without results.

Apropos of this method of treatment, I might refer to some of the statements of Hühner, a genito-urinary specialist. Few psychopathologists would agree with most of his views. He blames the cause of masturbation in children on phimosis, acid urine, etc. And he says that masturbation in the male adult is not a nervous disease, nor a "disease of the imagination"; that tonics, sports, etc., are of no use in curing the habit, in as much as it is due(?) to irritation in the prostatic urethra. He treats masturbation by massage of the prostate through the rectum, and by instillations of a silver nitrate solution into the deep urethra. Practically every psychopathologist would severely condemn this form of treatment in the majority of cases.

LOCAL SURGICAL TREATMENT

The usefulness of surgery to cure masturbation is limited, both in the number of patients who need such treatment and in the scope of the treatment itself. Such operative treatment as is sometimes indicated, is limited almost entirely to the external genitals. For needless to say, major pelvic operations can have little or no direct influence in curing the habit of masturbation.

In the male, about the only operation of importance

which is done is circumcision for phimosis, for the prevention of local genital irritation. But as Healy says, where grooves of habit are already worn deeply, an operation for phimosis in itself, rarely cures masturbation. It must be supplemented by such treatment already outlined as would apply in the individual case.

In the case of females, operations on the external genitals are but seldom to be recommended. Kisch, the celebrated gynaecologist, refers to the failure to cure masturbation by clitoridectomy. And Crossen in his text-book says that such an operation is only rarely practiced. Inasmuch as woman's sexual sensibility has a wider distribution than man's, it is evident why ablation of the clitoris for sexual hyperaesthesia does not cure masturbation. As a matter of fact, the operation is more apt to be harmful, and is condemned by most authorities.

The chief minor operations done on females are for the correction of adhesions of the clitoris, and minor plastic operations here, on the nymphae, and on the hymen or its residuals. In a few cases, the surgical removal of a urethral caruncle is necessary.

The gynaecologists, Ashton and Montgomery, recommend operation where adhesions cause irritation, or where they retard development of the glans clitoridis. Hirst recommends retraction of the prepuce of the clitoris and the prevention of adhesions where indicated. Eden does not go into the subject in his book. Graves gives the best résumé on masturbation from the gynaecologists' standpoint.

Whether any local surgery is needed or not should be decided by a reputable physician. Parents of these patients must be careful to avoid quacks,—one class of whom I described in an article which I published in the *New York Medical Journal* (Feb. 21, 1923). This class make a cult out of operating on the

female external genitals, recommending such operations for the most absurd reasons (as anaemia, hay fever, goitre, etc.) Parents should be warned of the danger of consulting such charlatans.

As Healy again says, these operations on the females do not alter predisposed paths of nervous conduction. But he writes that if nymphomania be present, it requires both mental and medical treatment. His investigations had to do chiefly with delinquents, who would naturally not be as susceptible to moral influences as normal refined girls would be.

Those of us who served on special mental boards of the army during the World War saw instances of attempted cure of the habit of masturbation by self-mutilation. Such reactions are only seen in psychotic individuals.

In writing this thesis in this way, I have purposely reiterated some of my contentions to make them stand out more emphatically. I have also stressed the psychosexual factor, though not neglecting the physical factor, because the former is so often neglected by many writers, or else treated in a cursory manner. For all those engaged in the study of human conduct, and particularly for those whose duty it is to ameliorate the mental and physical sufferings of mankind, the subject of masturbation demands some attention; which hitherto has not been given by most of those to whom these individuals must look for help and encouragement. My aim has been to present the modern scientific teachings on the subject as clearly and briefly as possible.

CONCLUSIONS

1. Infantile masturbation is practically universal; in adolescents, it is the rule with boys, and is very common in girls; in adulthood, it is more common in women than in men.

2. Physiologically, masturbation is not abnormal in young children, but the habit is always abnormal in adults, in whom it shows a psychosexual mal-development, or a regressive phenomenon.

3. The harm resulting from excessive indulgence in the habit is chiefly in the mental and moral spheres, rather than in the physical sphere.

4. In the adolescent and in the adult, a cure of the habit is easiest where the traits and trends of the individual are predominantly good, where the wish to give up the habit is strong, and where numerous good incentives are actively present.

5. Sympathy and encouragement are great aids to the patient, whereas an antagonistic attitude, censure, and punishment are usually harmful.

6. The problem is more often a psychopathological one, than a medical and surgical one.

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