

beliefs involving sexual guilt. Meninger (1935) viewed circumcision among Jews as a 'practical substitution' of the foreskin for the entire genitalia. In India, we have not before come across any report of penile auto-amputation.

A 24-year-old male was referred from a surgical ward for psychiatric evaluation after he had severed his penis with a knife. He came from a rural farming background and had received four years of formal education (up to 8 years). From childhood, he was preoccupied with religious matters and was always ready to eschew material gains for the betterment of his fellow man. In adulthood, he decided to adopt a true religious life after deciding to forego married life and a family of his own. He became popular in his village and the people would come to him to seek his blessings and guidance. He wanted to fulfil all the

obligations to attain *Moksha* (salvation). His extreme step of penile self-mutilation was also a step in the same direction as he did not want any sexual impulses to disturb him on his way to salvation. There was no past or family history of any psychiatric illness, chronic medical illness or drug misuse. On examination of his mental state, the patient was a pleasant and polite individual. Rapport was easily established. There was no evidence of any thought disorder, depression or perceptual abnormality. His orientation, memory and other higher mental functions were also normal. His explanation for penile self-mutilation was that he did not want to succumb to any sexual temptation which could obstruct his way to salvation.

The case is rare as he did not have any underlying psychiatric illness. His over-valued idea that sexual or married life is

contradictory to religious life is also not compatible with Hinduism. The subject did not have any sexual preoccupations but in his apprehension to save himself from any forthcoming sexual temptations, he performed penile self-mutilation.

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## One hundred years ago

### General paralysis in the Navy

IN the November number of the *Edinburgh Medical Journal* Surgeon F. H. A. Clayton, R. N., assistant medical officer at the Royal Naval Hospital, Yarmouth, publishes an analysis of the statistics of general paralysis as observed in the Royal Naval Asylum for a series of years, and discusses the question of its etiology, with especial reference to sexual excess, syphilis, and alcoholism. An investigation of this disease as it occurs in the navy possesses the advantage that the inquiry is limited to a distinct class of men who are particularly subject to it, whose medical history since entry has been recorded, and whose physical condition, environment, and even mental characteristics are much alike. That seamen are more liable than officers to this disease appears

from the fact that of 274 officers admitted in the last 25 years only 48 were paralytic cases, 12 of whom were warrant officers coming originally from the seamen class, whereas of 839 men 188 were paralytic cases. At present among 27 commissioned officers in the asylum there is no case, but, on the other hand, four out of six warrant officers and 18 out of 97 men come under that head. With respect to etiology Surgeon Clayton summarises his conclusions as follows: "Altogether, one inclines to accept the view that although syphilis or its toxins in many cases, by interference with nutrition, render liable to general paralysis many persons otherwise free, there is no evidence of direct connexion. The influences which act remotely are usually conditions tending to interference with nutrition and to promoting the growth of less

highly organised tissues while the proximate influences probably act by lowering vitality. A 'specific' cause, as yet unknown, capable of developing the disease *per se*, though often aided by various factors, and which usually selects those apparently most healthy and vigorous both in mind and body, seems to be indicated by all the evidence." As is well known, general paralytics always become bed-ridden and in the concluding paragraphs of his article Surgeon Clayton gives some useful hints for the prevention of bed-sores.

### REFERENCE

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