

[Krafft-Ebing, Psychopathia sexualis, translated by Dr. Wedeck - suite]

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evil in its earlier stages than when the individual so tainted has already been lost in the quagmire of sexual perversion.

The lines of *treatment*, when antipathic sexual instinct exists, are the following:

1. Prevention of onanism and removal of other influences injurious to the *vita sexualis*.

2. Cure of the neurosis (sexual and general neurasthenia) arising out of the unhygienic conditions of the *vita sexualis*.

3. Mental treatment, in the sense of combating homosexual, and encouraging heterosexual, feelings and impulses.

The momentum of the treatment lies in fulfilling the third indication, particularly with reference to onanism.

Only in very few cases, where acquired antipathic sexual instinct has not progressed far, can the fulfillment of 1 and 2 be sufficient, as a case fully reported by the author in the *Irrenfreund*, 1885, No. 1, proves. Cf. Case 128, Ninth Edition of this book.

As a rule, physical treatment, even though it be reinforced morally by good advice with reference to the avoidance of masturbation, the repression of homosexual feelings and impulses, and the encouragement of heterosexual desires, will not prove sufficient, even in cases of acquired sexual inversion.

Here a method of mental treatment—hypnotic suggestion—is all that can really benefit the patient.

I know of but one case in which autosuggestion proved successful, cf. Case 129, Ninth Edition.

As a rule, only *suggestion coming from a second person*, and that by means of *hypnosis*, promises success.

In such cases, the object of posthypnotic suggestion is to remove the impulse to masturbation and homosexual feelings, and to encourage heterosexual emotions with a sense of virility.

A prerequisite is, of course, the possibility to induce hypnosis of sufficient intensity. It is, unfortunately, in these very cases of neurasthenia that this proves impossible, since

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the subject is often excited, embarrassed, and in no condition to concentrate the thoughts.

By reason of the great benefit that can be given to such unfortunates, and with Ladame's case in view (*v. infra*), in all such cases, everything should be done to force hypnosis—the only means of salvation. The result, in the three following cases, was satisfactory:

Case 169. *Antipathic sexual instinct acquired through masturbation.* Mr. X., merchant, aged twenty-nine. Father's parents healthy. Nothing nervous in father's family.

Father was an irritable, peevish old man. One brother of the father was a man-about-town, and died unmarried.

Mother died in third confinement, when the patient was six years old; she had a deep, rough, masculine voice, and coarse appearance. Of the children, one brother is irritable, "melancholic," and indifferent to women.

When a child, patient had scarlet fever with delirium. Up to his fourteenth year he was lighthearted and social, but, after that, quiet, solitary, and "melancholic." The first trace of sexual feeling appeared in his tenth or eleventh year, and at that time he learned masturbation from other boys, and practiced mutual onanism with them.

At the age of thirteen or fourteen, ejaculation for the first time. Patient had felt no evil results of onanism until the last three months.

At school he learned easily, but was troubled with headaches. After the age of twenty, pollutions, in spite of daily practice of onanism. With pollutions occurred "procreative" dreams, as man and wife might perform the act. In his seventeenth year he was seduced into mutual onanism by a man having a love for men. He found satisfaction in this, inasmuch as he was always very passionate sexually. It was a long time before the patient again sought new opportunities for intercourse with males. He did it simply to rid himself of semen.

